

MADNESS, PSYCHIATRY AND ANTI-PSYCHIATRY IN ENGLISH AND FRENCH
WOMEN'S WRITING AND FILM

By

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A thesis submitted to the University of Birmingham for the degree of
DOCTOR OF PHILOSOPHY

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November 2016

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Abstract

This thesis examines the theme of women's madness in the 1960s and 1970s through the works of four English and French writers and film-makers: Chantal Akerman, Emma Santos, Jane Arden and Mary Barnes. It examines how these four writers and film-makers inscribe madness into their texts from a sociological angle, presenting the texts and films discussed as socio-historical artefacts while analysing each writer and film-maker's representation of women's madness.

Inspired by psychologist Phyllis Chesler, who argues that madness is tied to socially defined gender roles and used to demarcate violations of expected gendered behaviour, this research analyses various manifestations of 'madness' from the everyday madness of Chantal Akerman, to psychiatrically incarcerated madness in the texts of Emma Santos, to madness influenced by anti-psychiatry through the works of Jane Arden, to complete immersion in anti-psychiatry with Mary Barnes. The interdisciplinary and cross-cultural nature of this thesis combines fields from both English and French studies, from the study of female writers and film-makers, psychoanalytic theory, the history of psychiatry and how they intersect with gender combined with contemporary feminist writings of philosophy, psychology, and theology.

Acknowledgements

Many thanks to my supervisory team, Dr Kate Ince and Professor Lisa Downing, and my academic advisor Dr Stephen Forcer for all your guidance and support.

Many thanks also to the staff in the department of Modern Languages at the University of Birmingham, particularly Dr Sarah Fishwick for the teaching opportunities you have given me.

I dedicate this thesis to my parents without whom none of this would have been possible; to my wonderful friends especially, Katie, Manal, Anna, Mike, Will, Alex and Luca, all of whom have made the study of this thesis much more bearable; and to my husband Faisal – thank you for all of your undying love and support.

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Introduction

What is madness? Madness is a nebulous concept that almost defies definition as it goes beyond clinical relevance, yet its legacy as a term for demarcating forms of behaviour which are considered socially deviant is profound. Throughout history, madness has been imbued with a variety of social, legal, medical, religious and, ultimately, gendered meanings. The word 'mad' 'has been used as a common vernacular term to refer to a behaviour deemed strange, extreme or ridiculous but not necessarily insane' (Pietikänen, 2015: 6). In contemporary Western society, madness is still employed as a term derogatorily to describe those who suffer from conditions typically referred to as mental illness. The term madness has a strong socio-cultural value, with individuals in popular culture often haphazardly referred to as 'mad', 'mental' or 'crazy' if acting in a peculiar manner. Madness is used to describe those who deviate from the norm in terms of behaviour, looks and language. The discourses of madness have historically been and continue to be gendered: from the witch trials¹ to hysteria, to the gender bias in terms of invasive treatments such as electroconvulsive therapy (ECT)² and to the 'hysteria' of recent years – anorexia nervosa.³ Elaine Showalter argues in *The Female Malady* (1987) that from the beginning of the nineteenth century, the face of madness, as exhibited through art, literature and medical discourse, became

¹ Occurring in Europe from the fifteenth to the seventeenth century.

² 'The available statistical evidence shows that in England and the United States women to this day outnumber men as ECT patients by a ratio of two even three to one' (Showalter, 1987: 207).

³ This is not to assert that anorexia nervosa is not a real and potentially deadly disease but rather that it has been taken up by the general public and the medical community as a female illness, often to the detriment of male patients suffering from the condition.

increasingly and distinctly feminine. This gendering of madness as female in Victorian popular culture is exemplified through Tony Robert-Fleury's 1887 painting *Pinel Freeing the Insane*, about which Showalter astutely observes that:

Robert-Fleury depicts 'the insane' as madwomen of different ages, from youth to senility. Some are crouched in melancholia, others crying out in hysterical fits, while one gratefully kisses the hand of Pinel. The representations of sanity in the painting are all men, and this division between feminine madness and masculine rationality is further emphasised by the three figures at the centre. (Showalter, 1987: 2)



Figure 1: *Pinel Freeing the Insane* (Source: Tony Robert-Fleury, 1887)

Madness is not, of course, exclusively a women's problem, as socially problematic behaviours that are often viewed as symptoms of madness, such as anger, violence, excessive alcohol consumption and depressive states, are experienced by both men and women. Both men and women are also subject to psychiatric diagnoses, albeit not with the same frequency and/or likelihood. Certain behaviours such as anger, violence and brooding are much more typically

'male' behaviours and when experienced by men are far less likely to result in a psychiatric diagnosis in comparison with their occurrence in women (Ussher, 2011:12) Madness therefore must be understood as a gendered phenomenon. From the nineteenth century, madness has been and continues to be 'signified by femininity' (Ussher, 2011: 13) regardless of whether this madness occurs within men or women. The gendering of madness has a deep-rooted history with its origins spanning numerous fields from medicine to philosophy and theology, as will be discussed in this thesis.

The reasoning for examining women and madness in the 1960s and 1970s is attributable to the unique position this epoch occupies in European history, specifically in England and France. It was a two-decade melting pot of revolutionary activism that featured European counter-culture, second wave feminism and anti-psychiatry, all movements and theories that are central to this thesis. The existence and the interaction of these movements arguably makes this era one of the most fascinating periods of modern European history and women's history. The counter-culture movement that swept across Europe challenged dominant political and cultural ideologies, exposing their rigidity. This period of activism combined with the sexual revolution of the 1960s gave rise to second wave feminism, with France and England developing two distinct feminist cultures. Anglophone feminists such as Germaine Greer in *The Female Eunuch* (1971), Betty Friedan in *The Feminine Mystique* (1963) and Kate Millett in *Sexual Politics* (1970) strove to make the personal political and attacked prevailing negative attitudes towards female sexuality and patriarchally defined female roles. In the Anglophone context, the second wave also inspired new literary criticism that

brought women's writing into academic focus. On the French side, the theorists branded as 'French feminists', such as Luce Irigaray, Hélène Cixous and Julia Kristeva, were psychoanalytically inspired and argued for the creation of an appropriate female language. The writings of Cixous, in particular, gave rise to the literary movement termed *écriture féminine*. The counter-culture radicalism of the era saw film-makers challenge dominant strategies of cinematic representation in a movement termed counter-cinema, which was spearheaded by French director Jean-Luc Godard. Counter-culture was appropriated in the development of feminist film theory, which argued that feminist cinema must be counter-cinema and destroy the male gaze that perpetually objectifies women on screen. The counter-culture that sought to challenge dominant institutions saw an increasing amount of criticism levelled at psychiatry. The likes of Thomas Szasz, R.D. Laing and David Cooper drew inspiration from French theoretician Michel Foucault and criticised the orthodox psychiatric rhetoric and practice. Feminist thinkers of both French and Anglophone backgrounds also began to question how discourses of madness and psychiatry related to women. Much like the anti-psychiatry movement, the feminist re-readings of madness and criticism of psychiatry were Foucauldian in inspiration.⁴ Madness also became a feminist preoccupation in the 1970s, when it was read as the result of patriarchal oppression and as a means of controlling 'deviant women' (by labelling them as 'mad' when they defy expected

⁴ Susanne Dow states that 'in the wake of the republication of Foucault's *Histoire de la folie* in 1972, several feminist theorists, both in France and in the Anglo-american academy, [began] to publish texts that consider the specific relationship between women and madness. These studies are [...] significantly influenced by Foucault's idea of madness as *déraison* even as they present themselves as a critique of Foucault in his failure to take sufficient account of gender in his treatment of the repression and confinement of the *fous*' (Dow, 2009: 9).

'female' behaviour) by, for example, psychologist Phyllis Chesler and as a means of defiance by the likes of Cixous, who re-appropriated the figure of Freud's Dora as a figure of resistance against patriarchal psychoanalysis.

Since the renewed academic interest in women and madness, many feminists have pointed out the link between women's madness and patriarchal culture. A lengthy quotation from Chesler illustrates the problem of women and madness that persisted well into the twentieth century:

During the 1950s and 1960s, clinicians were still being taught that women suffer from penis envy, are morally inferior to men, and are innately masochistic, dependent, passive, heterosexual and monogamous. We also learned that it was mothers – not fathers, genetic predisposition [...] and/or poverty – who caused neurosis and psychosis. None of my professors ever said that women (or men) were oppressed or that oppression is traumatizing – especially when those who suffer are blamed for their own misery and diagnostically pathologized [...] We believed that women cried 'incest' or 'rape' in order to get sympathetic attention or revenge [...]. In my time, we were taught to view women as somehow naturally mentally ill. Women were hysterics [...] malingerers, child-like, manipulative, either cold or smothering as mothers, and driven to excess by their hormones. We assumed that men were mentally healthy. We were not taught to pathologize or criminalize male drug addicts or alcoholics, men who physically battered, raped or even murdered women or other men. [...] [W]e were trained to understand and forgive such super-manly men ('boys will be boys'). Chesler, 2005: 1–2

This thesis undoubtedly owes a great deal to the authors who have contributed to the ever-expanding field of literature on women and madness, of which there are several key volumes. My work is indebted to Jane Ussher's numerous texts on women and madness, namely *Women and Madness: Misogyny or Mental Illness* (1991), *Body Talk*⁵ (1997), and *The Madness of Women: Myth and Experience* (2011). Ussher's work provides invaluable context to many of the issues dealt with in the corpus of literature considered in this thesis.

⁵ Full title *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*.

As a clinical psychologist, research director of the Women's Health Research Unit in Sydney and former senior lecturer in psychology at UCL, Ussher analyses the inherent misogyny in the discourses surrounding women's 'madness'. Ussher's readings are heavily informed by feminist thinkers such as Dworkin, Kristeva and Irigaray, and additionally by her only personal experience with madness through her frequent references to her mother, who suffered from various mental health issues. The focus of Ussher's work is exclusively women, an emphasis that has come under criticism. Joan Busfield in *Men, Women and Madness* criticised the renewed academic interest in gender and madness for having too exclusively focused on women and madness to the detriment of the study of gender relations. Citing Ussher and Phyllis Chesler, Busfield states that such an exclusive focus on women functions as a 'simple reversal of the previous masculine vision' (Busfield, 1996: 6). In her most recent work *The Madness of Women: Myth and Experience*, Ussher responds to Busfield's critique of a too-exclusive focus on women, stating that she concurs that it is important to look at gender and madness but that her focus is 'unashamedly women [...] because [she] want[s] to explore constructions of *women's* madness, the ways *women* are treated by the psy-professions and *women's* lived experience of distress and psychiatric diagnosis' (Ussher, 2011: 13).⁶ Ussher does not ignore men nor does she pretend that they do not suffer from madness; rather she argues that some 'symptoms [are] judged differently in women and men, and certain diagnostic categories [are] more likely to be applied to women' (Ussher, 2011: 12). Moreover, Ussher argues that her reason for

⁶ Italics in original text.

focusing on the gendered social constructions of madness has implications for men. She asserts that

unravelling women's madness also provides insights into the gendered nature of social and familial life, the consequences of inequality and discrimination for both women and men, and the gendered patterns in certain aspects of psychological processing which occurs within a relational and cultural context. (Ussher, 2011: 13)

Ussher displays a Cheslerean understanding of madness, as she writes 'examining the constructions and treatment of madness provides insights into the cultural construction of what it means to be "woman" and "man", as madness is often defined as a deviation from archetypal gendered roles' (Ussher, 2011: 13).

Elaine Showalter's *The Female Malady* is a thorough account of the effects of psychiatry on women in England from the 1800s to 1987. Showalter is one of the few critics who engage with how the discourses of anti-psychiatry appealed to feminists. She argues that for women, anti-psychiatry offered a new standpoint on madness and femininity and their links with repression and oppression within the family. She observes that for some readers of Laing, madness was an intelligible strategy to cope with the demands women faced in patriarchal society and that schizophrenia was a protest against the female role. 'Laingian therapy not only listened to the woman's words, as psychoanalysis had done, but also attended to her social circumstances [...] and promised a psychiatry responsive to the nuances of silence as well as to the systems of language.' (Showalter, 1987: 222). She does not, however, see anti-psychiatry as the answer to women's mental health problems. Showalter is an important scholar in the field as she is one of the few who, along with Lisa Appignanesi, have examined the question of women and

madness in the Anglophone world, with a focus on literature, art and the life writings of women patients, from the 1800s to the 1980s in the case of Showalter and to the present day for Appignanesi. Currently, there is a significant gap in the literature on women and madness as there are no such parallel cultural studies carried out in the French context that extend beyond the nineteenth century.

This thesis advances discussion of women and madness in France to a thorough discussion situated in the twentieth century. Yannick Ripa's *Women and Madness: The Incarceration of Women in Nineteenth-Century France* (1990), which originally appeared in French as *La ronde des folles* in 1986, adds to the field of literature that assigns women's madness as a social construct and a means of patriarchal control. Ripa argues that the nineteenth-century saw an increase in women being institutionalised, and that this functioned as a means of social control, and 'alienist science as applied to women was at its birth a socially coercive form of medicine' (Ripa, 1990: 161). Ripa, from a Cheslerean reading of female madness, analyses the gendered power dynamic at play in nineteenth-century understandings of female madness. She argues that those in positions of power both in the public sphere (police officers and judges) and the private sphere (husbands, fathers and sons) often had women incarcerated for effectively breaking their gendered behavioural rules. Women who violated the sanctity of public life, such as prostitutes, fell under the power of public officials and women who violated the sanctity of the family, such as those who had children out of wedlock, fell under the power of their male guardians. Ripa's thesis draws on a dual understanding of female madness, from male authors epitomised in medical texts and the writing of prominent authors of the time such as Zola, to selected

writings of female inmates such as Hersilie Rouy, which attest to their madness and their psychiatric incarcerations. Another key work on French women's madness of the nineteenth century is Susannah Wilson's *Voices from the Asylum: Four French Women Writers 1850–1920*. Wilson's book is a close textual study of four female authors incarcerated between the late nineteenth century and early twentieth century: Hersilie Rouy, Marie Esquiron, Pauline Lair Lamotte and Camille Claudel. Wilson's four chosen authors are a step away from the 'hysteric' that dominates narratives of nineteenth-century women's madness; rather they display what would contemporarily be understood as some form of psychosis. Wilson persuasively argues through her four studied authors that early psychiatry was a 'socially coercive form of treatment that functioned [...] as a medico-legal arm of a misogynistic society' (Wilson, 2010: 2). Wilson observes the dramatic increase in women institutionalised after the passing of the 1838 'Loi des aliénés', 'a post-Revolutionary solution to the problem of insanity, in recognition of the emergence of psychiatry as a medical discipline' (Wilson, 2010:2).⁷ Wilson too adopts a Cheslerean understanding of madness as she accounts for this disproportionate increase by arguing that 'the boundaries between normality and madness were more blurred in the case of women and the pathological considered closer to the essence of femininity' (Wilson, 2010: 21–22).

This thesis centres on the works of four 1960s and 1970s writers and filmmakers – Chantal Akerman, Emma Santos, Jane Arden and Mary Barnes – and is a cross-cultural and interdisciplinary interrogation of women and madness. There

⁷ The 'loi des aliénés' is further discussed in the section entitled 'Mental Health Legislative Reform in France' in Chapter One 'The Gendered History of Madness, Psychiatry and Anti-psychiatry'.

are two works that consider the question of women and madness in France in the twentieth century: Susanne Dow's *Madness in Twentieth-century French Women's Writing* (2009) and *Quand la folie parle: The Dialectic Effect of Madness in French Literature since the Nineteenth Century* (2014) by Ni Cheallaigh et al. Dow's work examines female madness from 1946 to 1976 in the works of Violette Leduc, Simone de Beauvoir, Marie Cardinal, Marguerite Duras and Jeanne Hyvrard. The madness studied in Dow's work is textual rather than the predominantly psychiatric madness studied in this thesis. Dow reads the texts through a perspective of Derridean deconstruction and takes the overarching theme of madness or 'la folie' as a larger metaphor for the creativity of the female writer and the stigma attached to her. *Quand la folie parle* presents the proceedings of a 2011 conference entitled 'The Many Faces of Madness: Representations of Madness in French Literature', and, as such, is a collection of essays that examine the various aspects encompassed by the umbrella term of madness from the nineteenth century to the present day. Most pertinent to this thesis is the second section of the volume, which examines the writings of French women of the 1970s, and specifically Emma Santos. The essays, although written by different authors, explore how the women have, through writing, converted their madness into a form of creativity and resistance against patriarchal oppression. The texts discussed in this thesis can be distinguished from those discussed in *Madness in Twentieth-century French Women's Writing* and *Quand la folie parle*, as they are, with the exception of Akerman's work, concerned with institutional forms of madness and their interaction with normative gender expectations, rather than more literary or textual forms of madness.

Evidently the question of women and madness is not new, in either the French or English context. However, to date there has been minimal cross-cultural analysis of women's madness in all of its manifestations from the benign to the blatant. A cross-cultural – English-francophone – analysis of women and madness is of importance because of the mirroring counter-culture movements that were a prominent feature of the 1960s and 1970s, namely the two countries' distinct emergent feminist practices and critiques of psychiatry. It is of significance because the key figure in the renewed study of madness and the power dynamics inherent in psychiatry as cited by many feminist thinkers and the anti-psychiatrists was Michel Foucault and his 1961 text *Folie et déraison: Histoire de la folie à l'âge classique*.⁸ In both cultural contexts there are limited studies of women's madness that focus on this revolutionary epoch, and those that exist make no mention of Akerman or Arden and refer only in a limited way to Barnes and Santos. The cross-cultural aspect of this thesis allows for a comparative analysis of how women's madness manifests within two psychiatric and counter-cultures. This thesis is therefore situated at the intersection of numerous fields of knowledge within and beyond English and French studies, namely: feminist theory – encompassing the literary, filmic and philosophical; feminist psychology; film theory; continental philosophy; and the history and texts of the 'psy' scientists.⁹ This research is unique insofar as I examine the texts of Akerman, Santos, Arden and Barnes from a sociological angle, presenting the texts and films discussed as socio-historical artefacts and analysing each writer and film-maker's representation of women's madness. All the writers and film-makers discussed in

⁸ Herein after to be referred to as *Folie et déraison*.

⁹ An umbrella term to refer to psychology, psychiatry, psychotherapy and psychoanalysis.

this thesis leave, to varying extents, an imprint on their texts. This imprint points to the quasi-autobiographical nature of all the considered texts. The investigation of these texts from the point of view of feminist psychology, combined with feminist theory, reveals how literature and film can be used to illuminate a key period in psychology and women's history. The questions posed by Peterson in his volume *A Mad People's History of Madness* are of interest for this thesis. He asks:

Is there meaning in madness [...] Is [madness] a disease or is it simply a private religion, a little harmless deviance of thought and action? Which is better, institution or no institution? Which is better, psychiatry or no psychiatry? Are we all, in our own obscure ways, mad and is madness really so close to sanity? (Peterson, 1982: xiv)

Peterson's questions are reminiscent of both feminist and anti-psychiatric statements and questions regarding madness and psychiatry. While I do not attempt to provide any definitive answers to these questions, they are nonetheless recurrent themes in the work of all four studied writers and film-makers and make interesting points of reflection. This thesis draws from and advances on a corpus of literature as established by Chesler, Ussher, Appignanesi, Ripa, Ni Cheallaigh et al. and Wilson, by taking the discussion into the twentieth century in the French and English context and beginning analysis on the role anti-psychiatry played in women's madness. This research brings together several important research fields covering the range of the humanities: the study of female writers and film-makers across the fields of film and literature and across French and English culture; writings from the history of psychiatry and how they intersect with gender, including psychoanalysis and the anti-psychiatry of the 1960s and 1970s; and contemporary feminist writings from the philosophical to the psychological and the theological. This thesis tracks 'madness' from the everyday, to a madness

incarnated in orthodox psychiatry, to that influenced by anti-psychiatry, and to a madness completely immersed in anti-psychiatry, as manifested in the works of four English and French women writers and film-makers and contemplates the question, to what the extent to which the anti-psychiatrists impacted on the representation of women's madness?

Chantal Akerman is one of Europe's most prolific directors with *Sight and Sound* naming her one of only two female directors whose films featured in their 'Top 100 Greatest Films of all time' list, alongside fellow francophone director Claire Denis. Her films discussed in this thesis – *Saute ma ville* (1968), *Je Tu Il Elle* (1974) and *Jeanne Dielman* (1975) – have received, both individually and collectively, a substantial amount of critical attention. Akerman's filmic preoccupation in the 1960s and 1970s was primarily domestic space. The concept of madness in relation to Akerman's films of this period has not received previous scholarly attention. This thesis seeks to explore a new way of reading Akerman's oeuvre that considers madness in relation to gender norm violations. Akerman's status as a prominent European film-maker means that there have been numerous books written on her and her work, but until this point there has been no discussion nor mention of the subtle themes of female 'madness' and alienation present in Akerman's work. Akerman leaves an imprint of the self on her texts by physically starring in two of her films, *Saute ma ville* and *Je Tu Il Elle* and by basing *Jeanne Dielman* on childhood memories of her mother. Akerman is therefore crucial to any discussion of representations of women's madness in the 1960s and 1970s as her works reveal the everyday and ordinary manifestation of

madness that can be read through a Cheslerean lens – as the complete enactment or complete rejection of societally-accepted ‘feminine’ behaviour.

Emma Santos is one of the most understudied French authors of the 1970s. She published eight books over the course of her career from 1971 to 1978, yet she remains largely unknown, with only Gillian Ni Cheallaigh and Elsa Polverel having made significant headway in the academic study of her work. Of the writers and film-makers studied in this thesis, the works of Santos, along with those of Barnes, are the most autobiographical, as in her texts she recounts her decade of psychiatric internment through auto-fiction wherein she tells and retells of the same traumas that led to her institutionalisation. Santos’s madness is unique in terms of this thesis, as the madness inscribed into her texts is institutional insofar as it is incited by trauma and situated in the orthodox asylum. The madness of Santos contrasts with that of Akerman, which is everyday in its nature, and with that of Arden and Barnes, whose madness is directly influenced, at least partly in the case of Arden, by anti-psychiatry. As with all the texts discussed in this thesis, Santos’s madness can be read in relation to gender norm violations and ‘unacceptable’ female behaviour. In terms of literature, Santos has received a modest amount of attention but her work remains largely unknown. I aim to contextualise Santos in the larger field of women and madness of the 1970s and explore how her ‘madness’ is attributable to the violation of normative gender behaviour.

The most unknown and arguably perhaps the most crucial film-maker to be studied in this thesis is Jane Arden. To date there is no published academic work or even passing reference to Jane Arden’s films. The lack of information on Arden

is a result of the suppression of her films following her suicide in 1982. In 2009 the British Film Institute (BFI) remastered and re-released her films *Separation*, *The Other Side of the Underneath* and *Anti-Clock* for purchase, but the academic silence on Arden continued. This thesis is the first to begin analysis on Arden in any substantial way. The only literature on Arden's films that exists, prior to this thesis, are the short articles commissioned for the DVD release, 'Separation; Through a Glass Darkly: A Woman on the Edge' (2009) by Maria Walsh, and 'Always too early' and 'Long live the ghosts' (2009) by Claire Monk. These articles provided a useful yet analytically sparse starting point for analysis and contextualisation of Arden as a second-wave feminist film-maker, yet they leave interpretation of Arden's Laingian inspiration relatively untouched. The specially commissioned DVD reviews for *The Other Side of the Underneath* present a similar level of analysis to those for *Separation*. The personal account by Penny Slinger provides limited insight into Arden's directorial aims and emphasis. Sophie Mayer's article 'The Other Side of the Underneath' forges links between Arden's style of 'counter-cinema' and her anti-psychiatric inspiration that could be used as a 'consciousness-raising [...] or altering tool' (Mayer, 2009: 14). Claire Monk's article 'Long live the ghosts' (2009) provides some critical analysis of Arden's works and stresses that they are virtually incomprehensible without a thorough understanding of the Laingian anti-psychiatry that underpins them. The few online articles on Arden written by Sean Kaye-Scott for *Vertigo*, while providing a superficial overview of Arden's work, do not contribute to academic analysis. One finds a similar situation with personal interviews with her contemporaries and family that also provide little in the way of verifiable and objective information to

support academic analysis yet do provide useful context for Arden as an individual. Arden was also a playwright and her plays have garnered slightly more attention than her films. One of the few published works on Arden is Michelene Wandor's discussion of Arden's plays *Vagina Rex and the Gas Oven* and *A New Communion for Freaks, Prophets and Witches* in her work *Carry on understudies: Theatre and sexual policies* (1986) and *Look back in gender: Sexuality and the family in post-war British drama* (1987). Wandor's analysis of Arden is brief and exclusively concerns the aesthetics of Arden's plays and her directorial style, and she does not mention Arden's filmography, yet she does highlight her artistic influences. Although there are similarities to be drawn between Arden's polemics as featured in her plays, such as a female protagonist and 'the negativity of feminine conditioning' (Wandor, 1987: 96), these texts provide limited insight or analysis into Arden's subsequent films. Arden also starred in her films, thus leaving a physical imprint on the text: the madness present in her films can be said to have an autobiographical or at least personal aspect insofar as Arden too suffered from mental illness. Arden's work is central to any discussion of women's cinema of the 1970s and important to include in any discussion of women and madness, not only because her work is unknown but also because *Separation* and *The Other Side of the Underneath* constitute a criticism of the inherently patriarchal structure of psychiatry while postulating a feminist alternative inspired by anti-psychiatry.

Mary Barnes's significance to this thesis is that she is the only complete case study of the renowned 'anti-psychiatrist' R.D. Laing. Her autobiography, which is collaboratively written with one of Laing's colleagues at Kingsley Hall, attests to

her descent into and recovery from madness under the tutelage of R.D. Laing and his colleague, Joseph Berke. Barnes's autobiography is, as a result, presented in the language of anti-psychiatry. Barnes's text has received minimal critical attention and any it has attracted is in reference to R.D. Laing. At present there is no study that examines and analyses Barnes's autobiography as a work of literature in its own right. Barnes's text *Mary Barnes: Two Accounts of a Journey through Madness* (1972) should be considered of paramount importance in the discussion of women and madness in the 1970s as it is the only text that details woman's experience inside anti-psychiatry.

This project's theoretical framework will be drawn from a great diversity of sources that includes: feminist philosophy such as that of Luce Irigaray and Julia Kristeva; the work of thinkers opposed to the field of psychiatry such as Foucault on the French side and Thomas Szasz and R.D. Laing on the English side; and, most crucially, the expanding field of literature on women and madness. These two French and English psychiatric cultures will be bound together by feminist theories, feminist psychology and feminist theology. The overall methodology for the thesis will thus be an alternate form of feminist filmic and literary analysis drawn from an original synthesis of philosophical, psychoanalytic, psychiatric and crucially feminist readings of madness. Through my project's comparative analysis of four writers and film-makers, I aim to provide new insights into their respective works. The themes of female 'madness', alienation and imprisonment are explicit in the works of Arden, Barnes and Santos yet also provide a previously unexplored theoretical framework for analysis of Akerman's polemics. The thesis is structured by works of feminist philosophy, feminist film and literary theories,

anti-psychiatry and feminist psychology and sociology. Due to the interdisciplinary nature of this thesis, which draws theoretically from film studies, gender and sexuality studies, feminist psychology, literary theory and historical archival research, this thesis sits at the intersection of many fields within the humanities.

The seminal text in the field of literature on women and madness and one of the most important secondary texts in terms of this thesis is *Women and Madness* by Phyllis Chesler. Chesler's text was originally published in 1972, at the heart of second wave feminism and counter-culture activism, and was revised and republished in 2005. *Women and Madness* is crucial to this thesis's theorisation of madness as rooted in gender norm violations. The theoretical framework for this thesis is Cheslerean in its inspiration, insofar as I argue that the madness manifest in the oeuvres of the four writers and film-makers studied can best be understood in the context of archetypal gender expectations. Chesler's work provides valuable links between anti-psychiatry and feminist theory, and her understanding of madness in terms of gender non-normativity ties together the variant types of madness manifest in this thesis, from Akerman's subtle and off-kilter actions that can be read as everyday madness, to Santos's incarceration in an asylum, to Arden's critique of orthodox psychiatry and radical revision of a feminist anti-psychiatric therapy, to Barnes's total immersion in anti-psychiatry. All of the apparent themes within their work, which have been deemed to indicate madness, deviance or minimally a cause of significant distress, can be read in terms of the Cheslerean understanding of madness as rooted in gender norm violations.

In *Women and Madness*, Chesler questioned the social construction of mental illness, arguing that deviations from accepted attributes of masculinity and

femininity are often culturally and psychiatrically branded as madness. She also argued that madness, as a cultural phenomenon, should be understood in terms of sex roles and the pervasive dichotomy that places the dependent female as inferior to the active male. As a result of this, women rather than men were more likely to be deemed 'mad' because of the inherent characteristics of the 'well-adjusted' woman, who was meant to be submissive, emotional and dependent. Crucially however, Chesler does not believe that most women judged as mad are genuinely mad i.e. suffering from psychiatric illness, rather that they are merely labelled mad by patriarchal society, she asserted that 'there are very few genuinely madwomen in our culture' (Chesler, 2005:85) and that 'most women [from her experience] were not mad, merely seen as such' (Chesler, 2005:27). Chesler stated that what is often deemed as madness may in fact be expressions of female powerlessness and attempts to overcome it. She stated that the female role is largely unsatisfying, leading to unhappiness, which in turn may take the form of anxiety or depression, which are often incorrectly labelled by society as 'madness'. She stated that 'many women who are psychiatrically labelled [...] are not mad [...] they may be deeply unhappy, self destructive, economically powerless and sexually impotent – but as women they're supposed to be' (Chesler:2005:85).

Chesler explains that madness in the socio-cultural sense, regardless of the sex of the person, is either the complete acting of the devalued female role or the 'total or partial rejection of one's sex-role stereotype' (Chesler, 2005: 116). The dynamic of expected gender behaviour is, however far more pernicious where women are concerned, as women who take their gendered identity to its logical

extreme are viewed from both a social and medical point of view as 'neurotic' or 'psychotic'; one only needs to reflect on the cultural legacy of hysteria for this to ring true. Even clinical diagnoses are gendered, with women typically being read as displaying more "feminine" symptoms such as depression, frigidity, paranoia, suicide attempts, anxiety and eating disorders' (Chesler, 2005: 100). Yet women who 'act outside' of their female role are in fact so disruptive that they are more than likely to receive a prompt psychiatric diagnosis and to be ostracised from society through a period of internment in a psychiatric facility. According to Chesler, these less-than-female behaviours include 'schizophrenia, lesbianism or promiscuity. Promiscuity, like frigidity, is both female and "non-female": either can mean a flight into or a flight from femininity' (Chesler, 2005: 116). On the other hand, 'women are seen as "sick" when they act out the female role (are depressed, incompetent, frigid and anxious) and when they reject the female role (are hostile, successful, and sexually active – especially with other women)' (Chesler, 2005: 177). This is of importance in analysing why the theme of the failure to become a mother in the work of Santos and Barnes is particularly distressing and a common theme in their 'mad' works, as motherhood is the ultimate gendered expectation placed upon women in patriarchal society. This stepping out of their feminine role and being culturally and psychiatrically branded as madness is epitomised by women who kill in a violent manner, which contrasts with men who accentuate their male role through violence and therefore are branded as criminals and not mad. Chesler wrote 'in the years between 1960 and 2005, it became clear to me that men, not women were jailed for dysfunctional, unbalanced and anti-social behaviour, but were not necessarily diagnostically

pathologised for it [...] in this same period of time, more women than ever before were also jailed for drug -and aggression-related crimes, but they were often viewed as “mentally ill” (Chesler, 2005: 175). These assertions will prove profitable when analysing the violent climaxes of *Saute ma ville* and *Jeanne Dielman*. It is this understanding of societally deemed female madness, as the stepping out of gender roles, specifically in a violent manner, that underpins my reading of the protagonist in *Saute ma ville*'s deathly explosion and Jeanne's murder of her final client as Akerman's demonstration of madness as stemming from incarceration in domesticity. The analysis of Arden's critique of traditional psychiatry also benefits from consideration of Chesler's argument that institutions of private practice such as the mental hospital have a similar power hierarchy to marriage and the family.

This line of thought, that the predominance of branding women, as opposed to men, as mad may in fact be largely due to constructions of femininity and masculinity, was not only taken up by psychologists with feminist inclinations such as Chesler, but also by historians and sociologists fascinated with the social constructions that underpin mental illness. Raymond Cochrane (1983) cites a study in which participants were asked to differentiate between a mentally-ill man and a 'normal' man; the participants did this with ease. Conversely, the participants of the study had much more difficulty distinguishing between the mentally ill woman and the normal woman, if they could at all. Cochrane draws the following conclusion:

The concepts chosen to describe the normal man were almost diametrically opposite those chosen to describe the mentally ill man, but the characteristics of normal women were not seen as in any way the opposite of those chosen to describe the mentally ill woman. Thus it may well be that mental illness is seen as essentially a 'feminine' quality. In general men are

seen as closer to the general norm of psychological health than are women. The distance to be travelled between stereotypically normal and mentally ill behaviour is small for women and to a certain extent, therefore, this behaviour is seen as less deviant than it is for males. (Cochrane, 1983: 49)

In her second edition of *Women and Madness* (2005) with an extended preface, Chesler explains that many of the key gendered issues that she spoke of in 1972 have undergone little to no change. She cites the work of Drs Paula Caplan and Lisa Cosgrove, who collaborated together on an anthology called *Bias in Psychiatric Diagnosis* published in 2005. Chesler goes on to assert that they confirm that the areas that she raised such as 'sexism, racism, classism and homophobia still exist' (Chesler, 2005: 15). She also cites another study to prove that gender bias still exists not only in the diagnostics of psychiatry but in the teaching of it too. She cites a study conducted by Autumn Wiley in which she reviewed ten commonly used abnormal psychology textbooks and found that none of them include nor even mention the feminist criticism of psychiatry that emerged from the 1970s onwards. Wiley concluded this study to find that 'decades of feminist criticism have had little impact on the way that authors of abnormal psychology textbooks present the DSM' (Chesler, 2005: 15). The resulting conclusion is that Chesler's work is as relevant now in the twenty-first century as it was at its original time of publication.

Chesler's overall argument, however, is not without flaws: she argues that women who reject their unsatisfying female role are deemed mad rather than those who unhappily accept it and suffer grave consequences to their emotional and even mental health which can be argued is paradoxical and self-contradictory. Chesler also does not address the ambiguity surrounding whether psychiatric

treatment and thus madness is exclusively the result of violations of socially expected gender norms or if women are driven mad i.e towards psychiatric illness because of the pressure of maintaining the female role. Additionally, on the surface of the matter it may appear that Chesler is endorsing a normative understanding of gender, with her argument that madness is the transgression of gender-based norms. With that in mind, it is worth considering Judith Butler's discussion of the term 'normativity' featured in the preface to the 1999 edition of *Gender Trouble: Feminism and the Subversion of Identity*. It is Butler's first explanation of normativity that is most useful in relation to Chesler's usage of norm violations. Butler writes:

'Normative' clearly has at least two meanings in this critical encounter, since the word is one I use often, mainly to describe the mundane violence performed by certain kinds of gender ideals. I usually use 'normative' in a way that is synonymous with 'pertaining to the norms that govern gender'. (Butler, 1999: xx)

Butler acknowledges that the term 'normative' mandates some sort of ethical justification so her account of gender subversion does not become prescriptive.

She then continues to state that:

a normative account seeks to answer the question of which expressions of gender are acceptable, and which are not, supplying persuasive reasons to distinguish between such expressions in this way ... the very description of the field of gender is no sense prior to, or separable from, the question of its normative operation. (Butler, 1999: xxi)

She also makes the crucial point, a point also pertinent to Chesler's work, that 'it is not possible to oppose the "normative" forms of gender without at the same time subscribing to a certain normative view of how the gendered world ought to be' (Butler, 1999: xxi).

Chesler's argument that little to no change has happened in psychotherapeutic practice, whilst arguably true in some contexts, is overly simplistic and does not consider the changes academics have sought to make. In the preface to the 1999 edition of *Gender Trouble*, Judith Butler states that she and a group of radical psychotherapists were in the process of collaborating on a new academic journal that hoped to challenge normative assumptions of gender and sexuality, entitled *The Journal of Studies in Gender and Sexuality*. The inaugural issue of the journal outlines their ethos, to draw on existing scholarship on psychoanalysis, feminism of the second wave, the resultant psychoanalytic feminism, post modernism, queer theory and clinical literature pertaining to gender in order to 'intensify and accelerate this kind of critical work by publishing scholarship that sharpens our understanding of how sexuality and gender come to function as ideologically charged categories of experience and meaning' (Goldner, 2000: 4). The journal also promised to pose more intersectional questions pertaining to race, ethnicity and class. It sought to

turn the arrow in the other direction, bringing the insights of clinical psychoanalysis to the theorizing projects of the academy as academic scholarship on sex and gender has been hampered by insufficient exposure to the psychological disciplines and in particular to the wide range of highly evolved clinical perspectives that depart from the classical canon. (Goldner, 2000: 4–5)

While this journal and the efforts of its contributing scholars and clinicians might be negligible in terms of clinical practice, it is worth noting that there have been significant challenges to the normative hegemony of the meta-discourses of the 'psy' sciences.

Feminist Texts and Contexts: Film, Literary Theory and Philosophy

The 1960s and 70s were the heart of second wave feminist activism and theorisation, which has its roots in Simone de Beauvoir's *Le deuxième sexe*. Although published in 1949, it is one of the seminal texts of the second wave and as applicable to the present day as it was to when it was written. Beauvoir's meticulously researched thesis brought the question of woman to the forefront of discussion. The feminist second wave spawned not only activism for bodily and sexual autonomy through the right of access to contraception, but also radical feminism, lesbian feminism, psychoanalytically inspired so-called 'French feminism' from Julia Kristeva and Hélène Cixous, a renewed academic interest in women's writing, and the emergence of feminist film and feminist film theory.

Akerman and Arden were cutting their filmic teeth during the height of the counter-culture and the second wave feminist movements. As Schmid (2010) rightly states, in order to appreciate Akerman's early work one needs to read it in the context of its political epoch, 'on the one hand with the counter-culture of the 1960s and 70s, which vigorously attacked oppressive structures of power and domination and explored new forms of identity, and, on the other hand, with the avant-garde practices in film [...] that gave artistic form to these interrogations' (Schmid, 2010: 16). A similar assertion can be made with regards to Arden's work, especially when one considers that she is the first woman in 1970s British film to have sole directorial credit for her film *The Other Side of the Underneath*, and that her employment of various counter-cinematic techniques pre-dates Laura Mulvey and Claire Johnston's call for a feminist counter-cinema. Feminist critics of the cinema claimed that Woman as a category in conventional cinema functioned

purely on a decorative level; they argued that women in cinema were conventionally denied subjectivity and treated as blank canvases onto which traditional patriarchal notions of femininity are projected. Woman signifies merely an enigma or conquest for the male protagonist and an object for the presumed male gaze. The epitome of this is found in John Berger's 'Ways of Seeing' (1972), whose most memorable quotation is:

Men act and women appear. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed female. Thus she turns herself into an object – and most particularly an object of vision: a sight. (Berger, 2003: 37)

Laura Mulvey's article 'Visual Pleasure and Narrative Cinema' (1975) rigorously theorised the cinematic fetishisation of women as a result of the dominating male gaze. Feminist film theorists such as Mulvey and Claire Johnston looked towards the emerging avant-garde/counter-culture movements for strategies of representation in order to etch out feminist discourse away from patriarchal norms. This new wave for feminist film theory took inspiration from Peter Wollen's theory of 'counter-cinema' as outlined in 'Godard and Counter-Cinema: Vent d'Est' in which Wollen set out what he termed the 'seven cardinal virtues of counter-cinema': 'narrative intransitivity, estrangement, foregrounding, multiple diegesis, aperture, unpleasure, reality' (Wollen, 2002: 75). Akerman too, having been heavily inspired by Godard, inevitably picked up many of his counter-cinematic aesthetics and applied them to her own work, which is arguably why her work, specifically that of the 1970s, has been hailed somewhat problematically as a prime example of feminist counter-cinema. Feminist counter-cinema theories

aimed to break the male gaze and exalted the need to destroy the visual narrative pleasure of the spectator and thus counter and challenge conventional (read masculine) cinema. The newly emerging canon of feminist film criticism echoed French feminist thought that feminist practices 'can only be negative and at odds with what already exists' (Kristeva, 1986: 137).

In the discussion of the history of woman's film, women's cinema and feminist film, one encounters the problem of terminology. The terms woman's film and women's cinema, sometimes used interchangeably, are much debated yet woman's film and women's cinema should be understood to have very distinct meanings. Women's cinema is a slippery concept: 'it suggests without clarity, films that might be made by, addressed to, or concerned with women, or all three' (Butler, 2002: 1). Feminist cinema carries a similar definition, with women involved in the production of the film, a film with an active female protagonist, a film that interacts with many feminist concerns on a textual level, or a film that prioritises the female gaze. 'Woman's film' as a genre within mainstream cinema, however, suggests a melodramatic text, a sub-genre of lesser importance, exclusively addressed to women. Molly Haskell echoes this disdain for the 'woman's film' stating, 'what could be more damning on men and women's relations than the concept of something called "woman's film"' (Haskell, 1987: 153) as the concept implies that woman's film should be bracketed off and considered as a separate category thus 'implying a shared world of misery' (Haskell, 1987: 153). Haskell then goes on to slam the genre of the woman's film, which, according to her, produces films that are 'at best are over romanticised escapist fantasies or at the lowest level soft-core emotional porn for the frustrated housewife' (Haskell, 1987:

155). The term woman's film carries an implication of separateness and arguably suggests that the emotional problems of women, as featured in the given text, are of lesser importance. The term 'women's cinema' is not considered so negatively, as prominent feminist film theoretician Teresa de Lauretis states:

If there has been one trait most markedly characteristic of women's cinema [...] it has been the project to work with and against narrative, shifting the place of the look, playing with genre / gender crossing and reversal, image-voice disjunctures and other codes of narrative construction. [...] The importance of narrative cinema as a mode of working through the relations of female subjectivity, identity and desire cannot be understated. (de Lauretis, 1990: 9–15)

This definition would place Akerman's and Arden's work firmly within the bracket of women's cinema, yet it is a label to be applied with caution, knowing Akerman's refutation of such labelling. Alison Butler (2002) also distinguishes the 'woman's film' from 'women's cinema' in her work *Women's cinema: The contested screen*, in which she charts the development of women's cinema as it evolves from the counter-cinema to what she terms 'minor cinema' in the 90s. Theories of the feminist counter-cinema movement are central to the analysis of both Akerman and Arden. Of importance in deciphering and analysing the ways in which both directors create a sense of narrative displeasure is Laura Mulvey's article 'Film, Feminism and the Avant-garde' in which she bemoans the 'depressing picture of discrimination and marginalisation of women' (Mulvey, 2009b: 117) within the history of cinema. She argues that the first productive step for feminist film-makers has been tackling cinematic language. I shall use her argument that feminist avant-garde cinema 'tear[s] off the veil [of visual pleasure], but no ready-made answer lies behind it' (Mulvey, 2009b: 123) to analyse the 'counter' aesthetics present in both Arden and Akerman's work.

The literary movement dubbed *écriture féminine* dominates discussion of feminist literary theory of the 1970s. It was a result of several 'French feminist' scholars' critique that Western historical and contemporary thought had been founded on the basis of oppressive phallogentric logic and thus on an effacement of women's subjectivity, voice and experience. These prominent 'French feminists', as they are often known, include Julia Kristeva, Luce Irigaray and Hélène Cixous among others. Their arguments were based on deconstructing the discourses of the psychoanalysis of Freud and Lacan, Western philosophy, theories of language and those discourses surrounding social practice. Their resulting conclusion was that all systems of representation, primarily language, continually 'position femininity outside symbolisation, as somehow exceeding or defying representation under patriarchal structures' (LeBihan, 2001: 134). Cixous exalted the need for women to enter the literary domain and reclaim a language that was once confiscated from them, arguing 'écris-toi : il faut que ton corps se fasse entendre' (Cixous, 1975: 43) thereby unearthing the previously repressed female discourse. In *La jeune née* Cixous highlights a patriarchal hierarchy that creates a series of linguistic binary identifications that favour the masculine terminology thus relegating its feminine counterpart to subordination. These oppositional terms include 'activité/passivité, lune/soleil, culture/nature, père/mère [...] tête/sentiment [...] homme/ femme' (Cixous & Clément, 1975: 115) and that these binaries exist due to phallogentrism, the preferential treatment of masculine logic in the construction of meaning. As it stands, *écriture féminine* was driven by the impetus to write the body and enable 'the inscription of the female body and female difference in language and text' (Showalter, 1981: 185).

A criticism to *écriture féminine* is arguably its essentialism, which arguably binds women's writing to their bodily existence. This emphasis on writing the body, as outlined by Cixous, can be seen to play into the hands of the patriarchal dualism that aligns women with the body, and thus the inferior, and man with logic and the mind, the superior category. In this sense, the term *écriture féminine* runs the risk of functioning as a label that can bracket off and ghettoise female writers 'into a marginalized position as extraneous to the "real" canon of serious French literature' (Wardle, 2007: 3). In turn this arguably reduces female-authored literature to a status that is inferior to male-authored literature. The term *écriture féminine* is even a problematic label when attached to the theorists who are said to define it, most commonly Luce Irigaray, Julia Kristeva and Hélène Cixous. As a result, these prominent theorists are often thought of as identical parts of the homogenous mass that is *écriture féminine*, when in fact their works are actually 'grounded in different disciplines, highly individual and still developing over time' (Holmes, 1996: 216). As Margaret Whitford argues, reading Cixous, Kristeva and Irigaray as

high priestesses of *écriture féminine* [...] blurs the differences, both theoretical and political, between the three women. But it also reduces the complexity of Irigaray's work to the simplicity of a formula – 'writing the body', and conveniently ignores that Irigaray's brief comments on women and writing in *This Sex Which Is Not One* have been made to represent more or less the totality of her work. (Whitford, 1991a: 2–3)

Despite their evident differences, two works of Irigaray and Cixous have been appropriated as the seminal texts defining *écriture féminine* as a theoretical movement: *Ce sexe qui n'en est pas un* (1977) and 'Le rire de la méduse' (2005)

respectively. Although Cixous's text clearly speaks of the need to create a female-centred writing, Irigaray's concept of *parler-femme*, first found in *Ce sexe qui n'en est pas un* is more complex. Despite being somewhat ambiguous in nature, *parler-femme* refers to speech and not writing. As Sarah Cooper writes '*parler* as a term relates to speaking rather than writing and is central to Irigaray's work' (Cooper, 2000: 129). *Parler-femme* therefore refers to the need to forge a female-centred language that appropriately reflects female subjectivity. It is this emphasis on speech over writing as a more authentic form of communication that distinguishes the writing of the body of *écriture féminine* from *parler-femme*. A further distinction must be made between *parler-femme* and *écriture féminine* on the grounds of essentialism. The dualistic logic and essentialism that it can be argued *écriture féminine* mirrors, at points, is avoided by Irigaray as Diana Fuss argues that for Irigaray 'essentialism represents not a trap she falls into but rather a key strategy she puts into play, not a dangerous oversight but rather a lever of displacement' (Fuss, 1989: 77).

The works of Luce Irigaray are of central importance to this thesis. Irigaray as a theorist is invaluable to the analysis of female writers and film-makers due to the large array of 'visual metaphors, physical gestures and conceptual challenges' (Bolton, 2011: 4) that feature in her work. As a theorist of sexual difference, Luce Irigaray's theories, focusing on those featured in *Speculum de l'autre femme* (1974) and *Ce sexe qui n'en est pas un* (1977), can be used as a profitable philosophical analytical tool for all the writers and film-makers discussed in this thesis. Irigaray's strong critique of the phallogentrism of psychoanalysis creates the possibility of linking anti-psychiatric theories with feminist theories. Drawing on

Freudian and Lacanian psychoanalysis, Irigaray argues that identity and sexuality are defined for women under patriarchy and that 'woman' is not allowed a voice, stating that the only identity available to her is 'castrated'. She argues that female sexuality is a historical phenomenon of patriarchal cultures and 'femininity' is a role, image and value imposed on women by phallogocentric systems of representation. Irigaray questions 'what it means to speak as woman and indeed to think as a woman – to conceive of oneself and to relate with the other' (Bolton, 2011: 4). Taking inspiration from Irigaray's poetic, symbolic and visual language, I will use her work to analyse some of the more 'symbolic' elements present in Arden and Akerman's work, notably the theme of the mirror present in *The Other Side of the Underneath* and *Saute ma ville*. In *Ce sexe qui n'en est pas un*, Irigaray articulates that there might be a different, 'feminine' discourse as 'le problème, c'est celui d'une altérité possible du discours masculin ou par rapport au discours masculin' (Irigaray, 1977: 138). Irigaray therefore introduces the notion of *parler-femme*, 'speaking (as) woman', which I shall use for a literal analysis of the group therapy scenes in Arden's *The Other Side*, arguing that in their dialogue, Arden's women break the silence to which they have been confined by taking back language (*la langue*) and creating a new female discourse (*le langage*). I use *parler-femme* more metaphorically with interpretation of the kiss between Slinger and Fraey in *The Other Side*, with reference to Irigaray's essay 'Quand nos lèvres se parlent' in *Ce Sexe qui n'en est pas un*, where Irigaray invokes the metaphor of a kiss between two female lovers to illustrate her concept of *parler-femme*. The notion of *parler-femme* is also useful for deciphering the

literary style of Emma Santos who has hitherto largely been situated within *écriture féminine*.

Speculum de l'autre femme is a critique of psychoanalysis from the inside, in which Irigaray uses psychoanalytic theories to criticise Freud's ignorance of the historicity that informed his theories, and more generally the inability of psychoanalysis to recognise its own unconscious motives and its phallogentrism. The Irigarayan *speculum* is a critique of Lacanian theories of the mirror which Irigaray argues are not adequate for female representation, as the Lacanian mirror perceives the body from the outside and as lacking. Instead, she postulates her idea of a curved mirror able to see 'inside' woman. The idea of the *speculum* can also be used, as argued by Lucy Bolton, as an analogy for the feminist filmmaker's camera and furthermore in terms of its visual qualities as I argue in the section entitled 'Knives and Mirrors' in Arden's *The Other Side of the Underneath*.

This thesis focuses on literary and filmic representations of female 'madness' in the 1960s and 1970s, the heart of second wave feminism and the psychiatric revolution. It is based on the work of the writers and film-makers Chantal Akerman, Emma Santos, Jane Arden and Mary Barnes. The trajectory of this thesis will form a *telos*, a progression in madness from the elusive and the gestural to evident madness that has been incarcerated in the psychiatric system, then to a madness critical of orthodox psychiatry and featuring glimpses of the alternate practices of the anti-psychiatrists, then finally to madness as steeped in anti-psychiatry. Chapter One is dedicated to an overview of the gendered history of madness, psychiatry and anti-psychiatry. The chapter will attempt to succinctly chart the development of madness and its treatment from a social phenomenon to

a medical one, highlighting where possible the implications of the evolution of madness in women. The aim of Chapter One is to provide much needed historical and theoretical context to the thesis as a whole. The first *auteur* to be examined is Chantal Akerman and her metaphorical and everyday manifestations of madness: Chapter Two 'The Everyday Madness of Chantal Akerman', discusses what I have termed Akerman's everyday madness as depicted in her 1960s and 1970s films, namely *Saute ma ville* (1968), *Jeanne Dielman* (1975) and *Je Tu Il Elle* (1974), whose unrelenting focus on the domestic 'female' sphere poses questions about female incarceration and alienation in domesticity and motherhood. Chapter Three of this thesis, 'Emma Santos and her "Episodic Traumatic Reliving"', centres on the writings through which Santos attests to her decade of confinement in orthodox psychiatry. The texts examined are *L'illulogicienne* (1971), *La malcastrée* (1974) and *La loméchuse* (1978), where she recounts her decade of depression and hospitalisation through a repetitive cycle of trauma. Chapter Four discusses Arden's films *Separation* (1967) and *The Other Side of the Underneath* (1972), which confront the detrimental effects of female social conditioning and patriarchal psychiatry while offering glimpses of a more feminist humanist discourse that recognises female subjectivity. The final chapter, 'Chapter Five, Anti-Psychiatry Embodied — *Mary Barnes: Two Accounts of a Journey through Madness* (1972)' analyses her co-authored autobiography of the same title. Mary Barnes was the only case study of anti-psychiatrist R.D. Laing, and her memoir recounts her descent into and recovery from madness told through the prism of anti-psychiatry, with prominent themes as Barnes's repressed sexuality and her resultant Catholic guilt.

Chapter One: The Gendered History of Madness, Psychiatry and Anti-Psychiatry

Introduction and Ancient Madness

The history of psychiatry as a discipline is short, merely two centuries, but the history of 'madness' and its treatment is as old as civilization. The origins of psychiatry are various and diverse.¹⁰ Roy Porter and Mark S. Micale write that 'its disciplinary origins lie scattered in a multitude of areas of past activity and inquiry, including primitive medicine, mythology, hypnotism, theology, philosophy, law, anthropology, literature, and popular healing' (Porter & Micale, 1994: 5), all of which converged into one singular discipline of psychiatry in the late nineteenth century. It was also at the end of the nineteenth century that the "mind doctors" came to be known as alienists, psychiatrists, psychologists, psychoanalysts and psychotherapists' (Appignanesi, 2008: 1). This chapter maps the development of cultural, medical and gendered understandings of madness, its aim being to provide a historical and theoretical context of madness and psychiatry and thus for the writers and film-makers examined in this thesis. Discussion will be limited to the key moments in the history of madness, from religious understandings of madness to an overview of the 'key figures' in the anti-psychiatry movement of the nineteenth century, while avoiding the pitfalls of a 'Whig' history of psychiatry.¹¹

The chapter begins with an overview of the religious and spiritual manner in which

¹⁰ Porter and Micale exclusively discuss the genesis of psychiatry, but not the other 'psy' sciences.

¹¹ Whig histories hold the nineteenth century as the turning point in the discussion of treatment of the mad and are, of course, completely blind to the question of gender. Porter and Micale argue that 'Whig narratives were presentist, progressivist and tenaciously internalist. They typically presented a dual historical movement, from cruelty and barbarism to organized, institutional humanitarianism, and from ignorance, religion, and superstition to modern medical science' (Porter & Micale, 1994: 6). The authenticity of these 'Whig' narratives was called into question by the likes of Szasz and Laing.

ancient and medieval societies interpreted madness. This religious understanding read madness as a sign of demonic possession or a form of divine punishment, and it permeated the witch trials that swept across Europe in the seventeenth century. I argue that the witch trials are a key moment in the history of women and madness. Drawing from the work of Christine Lerner, I argue that women were often deemed witches for transgressing the expected gender norms of the time. After the witch trials, traces of the madwoman of pre-industrial Europe virtually disappear until the increase in mental health legislation in the nineteenth century. I then turn discussion to the moral therapy of Phillippe Pinel and William Tuke in France and England respectively. A brief mention of these two figures is important to this thesis, primarily because Pinel and Tuke were among the first to emphasise the curability of madness and thus informed the development of psychiatry, and additionally because they are the two individuals that Michel Foucault reads as synonymous with the 'great confinement'. The subsequent reforms in mental health law that took place in England and France, I shall argue, are of importance for this thesis as this is when we see the governments of the time take greater interest in the management and treatment of the mad. Along with the reforms to the law in the treatment of the insane came an increased scope of 'mad' behaviours. It is at this time that the number of women incarcerated in mental asylums doubled, arguably the result of a greater focus on madness that resulted in higher levels of scrutiny on so-called deviant behaviours. I then discuss the birth of psychiatry and anti-psychiatry and some of the key thinkers in its (gendered) formation and contemporary understandings of gendered madness.

The earliest theories of madness positioned it as largely spiritual. Madness and other deviant behavioural abnormalities were thought to be the workings of a/the God(s). By the time of Greek philosopher Hippocrates (460–377 BC), most illnesses were perceived as a result of various bodily imbalances with the notable exception of madness, which was still considered to be in the hands of the gods. Hippocrates challenged this assumption and argued that there were natural rather than divine origins to the ‘mad’ disease of epilepsy. Hippocrates also described other forms of madness in natural rather than divine terminology, thus as well as identifying epilepsy, he also postulated the existence of such conditions as mania, melancholy and paranoia. He also theorised the four basic humours that dictated personality.¹² For Hippocrates, all physical illnesses and madness were a result of these four humours. Following in line with Hippocratic thought was Roman court physician Galen in the second century AD. Galen put forth his pneumatic theory, a reconfiguration of Hippocrates’ theories of the four humours. He stated that there were three fundamental members, the liver, the heart and the brain, and each was dominated by a different pneuma. The importance of Hippocrates and Galen respectively, lies in their divergence from the ‘gods’ and their ‘recognition of the inadequacies of traditional and popular lore’ (Peterson, 1982: 4). Their theories represented a leap in the thinking of the time: the origins of madness were no longer thought to be the work of the gods; instead, madness could be understood in logical and natural terms. Madness, as a result of the Platonic emphasis on

¹² The first of these four humours was black bile from the liver, which resulted in solitary behaviour; the second, yellow bile, which resulted in angry or violent traits; the third, blood, which contributed to a cheerful temperament; and finally phlegm, which was cold and moist and resulted in a more sluggish manner.

reason was thus interpreted as unreason, the antithesis of what was to be strived for.

However, after Galen's death in the second century, popular conceptions of madness regressed, and madness once again was configured as the work of God or demons. The Ancient Hebrew Bible and the New Testament are strewn with many references to the divine punishment of madness, from the Book of Daniel, to the tale of King Saul in Samuel, to the accounts of madness as a form of demonic possession in the New Testament, where Jesus casts out demons. This religious understanding was prevalent in pre-industrial Europe's treatment of the mad. Although madness was not always conflated with demonic possession in medieval times, the madman often fell victim to certain religious understandings. This understanding was common well into the seventeenth century, when demonology and witchcraft were commonly believed in: even King James I wrote a dissertation on demonology, entitled *Daemonologie* (1597), detailing how to identify a witch.

Madness and the Witch Hunts

The witch hunts of Europe that occurred throughout the Middle Ages are of great pertinence when discussing social deviance and madness in women's history. The witch hunts spread across Europe and culminated in mass trials and executions in the fifteenth, sixteenth and seventeenth centuries, from France, Germany and Switzerland to England and Scotland. There was a peak in prosecutions in England and Scotland coinciding with the thesis *Daemonologie* (1597) of King James I and his investigation into sorcery as treason. Witchcraft and sorcery were ideological crimes in a conservative Christian Europe, as the individual had sold

their soul to the devil for worldly power and was thus an enemy of God. The eighteenth century, which brought the Enlightenment, saw a drastic reduction in the prosecution of witches. The witch hunts occurred during a period in history where women had the legal status and rights of children, and the hunts and the subsequent trials present a unique point in history, one of the first instances in which women were held legally accountable for their 'crimes'. The mass convictions that occurred during this period represent the 'first time that women appear as criminal in any large number' (Larner, 2000: 51). In England figures reveal the extent to which the debate on the witch hunts was very much a gendered one, with 80% of convicted witches being women (Larner, 2000). Witchcraft in Europe was thus a woman's crime. Such statistics have led to witch-hunting being referred to as 'woman-hunting' (Larner, 2000: 100). In discussion of witches there existed the stereotype that all women were potential witches. This pervasive and negative view of women was well established before the witch trials began. Larner in *Enemies of God* states that this stereotype 'rests on the twin pillars of the Aristotelian view of women as imperfectly human – a failure of the process of conception – and the Judeo-Christian view of women as the source of sin and the Fall of Man' (Larner, 2000: 92). Because of their fatal flaw, women were therefore inherently less reasonable than men and thus far more inclined towards evil. It was feared that the witch seductress, who was often accused of having demonic orgies, would be able to lead good men astray and into the path of the devil. In his work *Daemonologie*, King James I explained in detail the reasons why women were more naturally disposed to evil and witchcraft than men. He wrote:

The reason is easie: for as that sexe is frailer then men is, so it is easier to be intrapped in these grosse snares of the Devill, as was well proved to be true, by the Serpents deceiving of Eve at the beginning, which makes him the homelier with that sex ever since. (King James I, cited in Lerner, 2000: 93)

The logic here is clear-cut: since the temptation of Eve, women are witches because they are both more inherently wicked and more susceptible to temptation than men. Many of the accusations of witchcraft were heavily influenced by an overtly negative image of female sexuality. Women, through their fertility, were trapped in a dualistic mode of thinking that confined them to their bodies, which in Cartesian thought is subordinate to the mind, which was more closely associated with men. In patriarchal Christian Europe, the fecundity of women also incited fear of the abject female body, the fear that women were possessors of potentially dangerous reproductive powers through their childbearing and their menstruation. Female witches were blamed for a variety of ills pertaining to sexuality and fertility in general. They were accused of preventing conception, causing male impotence, miscarriage, terminations of pregnancy and stillbirths, they were accused of both seduction and promiscuity with both man and the devil, and of birthing demons (Barstow, 1988). These accusations completely contravened socially prevalent views on the appropriate and proper female behaviour as in an inherently patriarchal Christian Europe women possessed the civil and legal rights of a child and the role of the average woman was limited to that of wife and child bearer. The crime of witchcraft can be read as the perceived 'stepping out of' the expected gender role. With this in mind, Lerner offers an explanation of women who embraced witchcraft that is evocative of Phyllis Chesler's argument in *Women and Madness*. Lerner argues that women of the time had no real means of venting

anger and aggression due to a narrow societal definition of 'feminine' behaviour and thus those women who actively participated in witchcraft did so as a way of manifesting aggression. This is as opposed to men of the time for whom there were a number of contexts in which they might express violence or even kill. She states:

In situations of domestic stress and tension in which men resort to violence, women use witchcraft. The female witches in the seventeenth-century Scottish courts may be the equivalent of the male accused of slaughter and murder [...] women may turn to cursing to give vent to aggression or exercise power. (Larner, 2000: 96)

Chesler argues that women who step out of their feminine role perhaps with aggression or violence are labelled mad, but arguably in the context of the witch trials, those who violated the norm of medieval femininity or transgressed it completely, were labelled witches. In light of the gendered discourses surrounding the witch hunts, Larner concludes her argument by stating that 'witch-hunting *is* woman-hunting or at least it is the hunting of women who do not fulfil the male view of how women ought to conduct themselves' (Larner, 2000: 100). Given that witchcraft bears a homology to Chesler's reading of female madness, the transgressing of accepted gendered norms of the time, it stands to reason that madness or other behavioural abnormalities would have been attributed to the crime of witchcraft. In his 1889 thesis *The Insane in Foreign Countries*, William Letchworth identifies that even as late as 1716 a woman and her daughter were sentenced to death at Huntington for the crime of 'selling their souls to the devil' (Letchworth, 1889: 5). Letchworth continues by stating that it is fairly evident that these women and others who suffered the same fate were mad. The sentencing of

the insane to death under the rubric of demonic possession was not exclusive to England, but was also found in Scotland and Spain.

The Moral Therapy of Phillippe Pinel and William Tuke

Through the eighteenth century, cultural perceptions of madness began to evolve. This evolution led to an emphasis on the curability of madness through a more moderate style of treatment and re-education to encourage rehabilitation of the patient. Philippe Pinel revolutionised the French asylum in 1792 when he was appointed to oversee the Bicêtre Hospital for men. Pinel was inspired by the philosophy of the Enlightenment and went to Bicêtre with notions of humanitarian and therapeutic reforms. Pinel also became director at the Salpêtrière Hospital for women and abolished the use of chains in 1795. He criticised attitudes of the time towards madness, writing 'Un préjugé des plus funestes à l'humanité, et qui est peut-être la cause déplorable de l'état d'abandon dans lequel on laisse presque partout les aliénés, est de regarder leur mal comme incurable' (Pinel, 1801: 158–9). He continued, stating that 'le régime moral et physique, suffit le plus souvent pour produire une guérison complète' (Pinel, 1801:159). Pinel showed society that mental illness was not merely an incurable brain disease but could in fact be treated and perhaps even cured. Wealthy philanthropist William Tuke founded the York Retreat in 1796 after a young Quaker widow mysteriously died in the York asylum. The Retreat and its practices were heavily influenced by Quaker philosophy and structured by a religious framework, and spiritual values were stressed. Treatment at the retreat included a range of non-medical treatments designed to encourage an active recovery in the patients. This treatment was deemed 'moral therapy' and was characterised by kindness and pleasant

surroundings designed to induce calmness in the patient with the aim of building up the morale of the patient. Moral treatment has been adequately summarised by George Jepson, superintendent of Tuke's York Retreat; he commented that at the Retreat, the madman was not 'an object outside the boundaries of human reason [...] but a man or woman whose disordered mind could be steadied by calm kindness.' (Jepson, cited in Digby, 1985: 55). By the mid-nineteenth century moral therapy became the dominant means of treating the mentally ill and had 'largely replace[d] the older regimes of physical coercion and medical depletion in English asylums' (Digby, 1985: 52).

The lunacy reform of Pinel and Tuke had a gendered origin. The immediate roots of Tuke's reform were the mistreatment of a Quaker widow in the York Asylum, which was emblematic of the general mistreatment of fragile women in asylums. Showalter argues that the case and its aftermath of the gradual exposure of abuses of power in madhouses were central to the change in public consensus regarding the mad in general as well as the mad woman.¹³ She argues that although the general public might accept that men might, in fact, warrant violent treatment and heavy restraint, this did not hold true for the 'fairer sex'. Showalter asserts that the case of the widow at the York asylum and other similar 'accounts of the abuse of "delicate" women inspired a public outrage and a change of

¹³ The madhouse of the Victorian era, particularly Bethlem Royal Hospital displayed its mad and charged the public for admission leading Roy Porter to state that Bethlem's 'primary attraction was as a freakshow'. (Porter 1987a: 122) Andrew Scull also argues that Bethlem's madmen were exhibited and showcased like 'unwilling actors in a theatre where the throngs of visitors might inspect the product (and price) of immorality, the wreck of the human intellect, the door of the downcast, and the rages of the raving' (Scull, 2006:56). For a full discussion of the mistreatment of the mad see Scull, A. (1979) *Museums of Madness: Social Organisation of Insanity in 19th Century England*. London: Allen Lane.

consciousness that led to a series of legislative reforms' (Showalter, 1987: 10).

Pinel and Tuke's approaches to treatment, which closely examined the individual's patient history, although they cannot be said to be 'feminist', nonetheless acknowledged women's struggles on an individual basis rather than as mere norm violations.

Mental Health Legislative Reform in England

National lunacy reform began in England with the 1808 County Asylums Act. This act was the first of much British governmental legislation to regulate conditions in public asylums and thus the conditions of inmates.¹⁴ The 1845 Lunacy and County Asylums Act aimed to ensure that adequate medical care was provided to the mentally ill patients while protecting them from exploitation. This Act was groundbreaking, as for the first time in history it required all the counties in England and Wales to make sufficient provisions for the care of the mentally ill. As a result of this legislation, a record number of asylums were built: in as short a period as two years 36 asylums had been built (Showalter, 1987). As more asylums were built, the number of patients naturally increased. The growth in the number of patients

¹⁴ The Act comprised eight main provisions, although only provisions 4, 5, 6 and 8 were pertinent to patient care or welfare and thus to this thesis. As outlined in Kathleen Jones' *Asylums and After*, the relevant points are:

4. They were to 'fix upon an Airy and Healthy Situation, with a good supply of Water, and which may afford a Probability of constant Medical Assistance.

5. There were to be separate wards for men and women, and also for 'Convalescents and Incurables', together with day rooms and airing grounds for the different classes, and 'dry and airy Cells for lunatics of every description'.

6. The buildings were also to be exempt from the window tax. Patients were to be admitted as 'dangerous to be at large' under the 1744 Vagrancy Act, or under the various provisions of the Criminal Lunatics Act of 1800.

8. Patients were to be discharged by the visiting justices on recovery. Any officer or servant of the asylum who made possible, either through neglect or connivance, the unauthorised absence of a patient, was liable to a heavy fine (Jones, 1993: 37).

was not equal for the two sexes and the numbers of women began to substantially outweigh the numbers of men. In the case of Bethlem Royal Hospital, between 1791 and 1799, women only slightly outnumbered men: about 206 women were admitted in that time compared with around 183 men. However, when one consults the archives, a mere fifty years later in 1842, one finds that women outweigh men by almost two to one, with 105 women admitted in comparison with 55 men.¹⁵ Where it had previously been the home, the asylum became the correct place to house and tame female madness. As a result of the Victorian emphasis on female domesticity, it was hoped that homely asylums would be able to 'tame and domesticate madness and bring it into the sphere of rationality [...] through paternalistic therapeutic and administrative techniques' (Showalter, 1987: 17).

Mental Health Legislative Reform in France

Lunacy reform began in France with the 1838 Statute which continued to be used by French psychiatrists until June 1990, when it was revised (Laffont & Priest, 1992: 843). The 1838 Statute was therefore still in place and still used during the period in which Santos was writing. The 1838 Statute allowed the mentally ill to access proper treatment in the appropriate institutions best suited to their individual needs. In a similar fashion to the 1845 Lunacy and County Asylums Act, the first article of the statute necessitated the need for an asylum in every French *département*. There were two components of 1838 Statute:

the *placement d'office* and the *placement volontaire*, which reflected the theoretical ambiguity with which 'insanity' was considered in those times.

¹⁵ This is based upon my own consultation of Bethlem's archives, specifically from 1797 to 1842.

On the one hand, mentally ill patients were considered to be dangerous individuals who needed detention in order to protect society. On the other hand, following Pinel's treatise, they had also come to be regarded as ill people whose illness was treatable and who deserved medical attention. It was some indication of progress that lunatics were no longer regarded in the same light as delinquents. Although they would be detained, this would not be in the company of criminals (Laffont & Priest, 1992: 843).

The two methods of admission to an asylum outlined in the text, *placement volontaire* and *placement d'office*, are of particular importance in the shaping of French psychiatry because the 1838 Statute remained until 1990 the sole means for admitting patients to asylums, and both forms of admission were compulsory. The *placement volontaire*, contrary to its title, was not a voluntary admission. It necessitated, at the request of the family, the compulsory admission to an asylum of a mentally ill patient who had refused previous attempts at necessary care.¹⁶ The *placement d'office* was reserved for those mentally ill patients who were deemed to be dangerous to either themselves or others or who posed a risk to public order.¹⁷ The 1838 Statute also enshrined the rights of patients and made provisions for the protection of all institutionalised patients. This specified that when the *procureur* made his six-monthly visit to each asylum and received the

¹⁶ Given the epoch's ambiguities surrounding madness, what constitutes a mental illness or disorder is not defined in the text. The formal proceeding for admission into an asylum equated to a written request signed by a relative or close friend of the mad person and a medical certificate confirming the patient's mental disorder. A doctor from the admitting institute would then have to supply the *préfet*, a senior civil servant of the *département* who represents state authority, with a certificate attesting the need for institutionalisation. Unlike England at this point, where patients would stay in asylums such as Bethlem for a matter of months, there was no maximum period of stay. Psychiatrists were to keep monthly records of the progress of their patients, and institutionalisation could be terminated by either the doctor or the relatives, although in the case in which the psychiatrists perceived the patient to be a danger to either themselves or others, the psychiatrists' could usurp the relatives' decision and apply for a *placement d'office* (Laffont & Priest, 1992:844-845).

¹⁷ The proceedings for *placement d'office* detailed that an application should be put together by the head of the local police (*commissaire de police*) complete with a medical certificate testifying to the danger posed to the individual or society at large, but in the case of absolute emergency, Laffont and Priest argue the medical certificate 'was not an absolute requirement' (Laffont & Priest, 1992: 845). As with the *placement volontaire* there was no maximum length of stay, and psychiatrists were required to make monthly progress forms to the *préfet*, but in the case of *placement d'office* the decision to revoke the institutionalisation lay exclusively in the hands of the *préfet*.

appeals for release of the inmates, patients were also permitted to write to the judicial and administrative authorities, and the patient or a relative could appear before a court and ask for the discharge of a patient after an enquiry was made into the case (Laffont & Priest, 1992).

The Birth of Psychiatry and Psychiatric Diagnosis

Foucault states that since the moral therapy of Pinel and Tuke, the mad were subjected to a 'regime of confinement' for over 150 years. It is true that from the late eighteenth and well into the nineteenth century, psychiatry began to constitute itself as a legitimate discipline, and that it is partially attributable to the work of Pinel and Tuke as well as the lunacy reform movements in England and France. The practitioners of this new discipline were referred to as alienists, those who treat mental alienation, a term defined by Jean-Étienne Esquirol as a 'cerebral affection, ordinarily chronic, [...] characterized by disorders of sensibility, understanding, intelligence, and of the will' (Esquirol, 1845: 21). This term held until the twentieth century when the discipline took on the name psychiatry, coined in 1816 by German psychiatrist Johann Christian Reil as 'psychiatrie', a shortened form of his original 1808 term 'psychiaterie.' The following years saw a variety of up-and-coming 'alienists' make their mark on the field of psychiatry as the 'concept of psychic medicine as science' (Shorter, 1997: 17) was born.

Jean-Martin Charcot and Hysteria

Hysteria, although dismissed by contemporary psychiatrists and theorists as 'the joker in the nosological pack' (Roy Porter, cited in Ussher: 1991: 75), was central to the formation of the discipline of psychiatry. Hysteria also plays an undeniably

large role in the history of women and madness. One of the first European theorists of hysteria was Jean-Martin Charcot.¹⁸ Charcot began his work on hysteria in 1870 in the Salpêtrière clinic in Paris, the clinic once headed by Pinel. His influence over psychiatry of the time cannot be overestimated. In fact, Shorter states, almost all of Europe 'came to believe in Charcot's hysteria which willy-nilly had become the centrepiece of French psychiatry' (Shorter, 1997: 85). The concept of hysteria as a diagnosable illness began to collapse shortly after Charcot's death. Hysteria has a long and gendered history: the word itself, derived from the Greek word *hysteros* meaning womb, can be found in the texts of the ancient Greeks and Egyptians. The notion of hysteria is based on idea of the womb as a mobile entity which, when a woman was unhappy, could move around the body causing chaos. Hysteria caused both physical and mental symptoms. As stated by Plato:

The womb is an animal which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings the sufferer into the extremist anguish and provokes all manner of diseases. (Plato cited in Appignanesi, 2008: 162)

Charcot believed that hysteria stemmed from a hereditary defect that weakened the body's nervous system, and that the disorder had psychological roots. As part of his research, Charcot experimented with hypnosis as a means of alleviating its symptoms of paralysis and fits, proving that although hysteria manifested itself in physical symptoms, it did not have physical origins such as injury or trauma. Rather the causes were emotional but not under the conscious control of the

¹⁸ It is worth noting, however, that although Charcot is viewed as one of the greatest psychiatrists of his time, he was 'in fact an internist and pathologist and understood almost nothing of major psychiatric illnesses' (Shorter, 1997: 84).

patient. Charcot defined some of the hysteric's characteristics, stating that 'she is in her hypnotized, sleeping, paralysed or mute state – a parody, an excessive, caricatural version of that Victorian vision of the feminine which would have woman passive, angelic, malleable and utterly desirable while undesiring, her skin anaesthetic' (Charcot, cited in Appignanesi, 2008: 143). Charcot also 'proved' that men could too suffer from hysteria; in fact, a wing at the Salpêtrière clinic was reserved for male hysterics. Despite this fact, hysteria remained culturally and in the eyes of Charcot a predominantly female disease, as the vast majority of his hysterics were women. Hysteria was central to Charcot's work and at the height of Charcot's career and research in 1883, over 17% of his patients were diagnosed hysterics, a dramatic rise from the 1% diagnosed in 1845 (Showalter, 1987). To demonstrate his corpus, Charcot created a theatre of hysteria through his lectures and the *bal des folles*, where famed hysterics such as Blanche Wittman were the star attraction. The climax of these performances would be a full hysterical fit from one of the star hysterics. Charcot even hired professional photographers to photograph his hysterics in various stages of their hysteria, and as a result created 'an environment in which female hysteria was perpetually presented, represented and reproduced' (Showalter, 1987: 150). Charcot destabilised the paradigm that equated hysteria with female sexuality, through proving that men too could suffer from hysteria, while simultaneously reinforcing it. The photographs of his famed hysterics were often captioned in a way that suggested a link between hysteria and female sexuality such as *Supplication amoureuse* (1878), *Extase* (1878) and

Érotisme (1878).¹⁹ In addition to the photographs were Charcot's efforts to locate the nexus of hysteric convulsions, from which he concluded that the areas surrounding women's reproductive region were particularly sensitive in this regard.



Figure 2: Photograph of Augustine entitled *Supplication amoureuse* (Source: P. Regnard, 1878)

¹⁹ The subject of these photographs was fifteen-year-old Augustine. She came to the hospital in 1875 after beginning 'hysterical' fits at the age of thirteen. She stated that she had been raped by her employer who was also her mother's lover.



Figure 3: Photograph of Augustine entitled *Extase* (Source: P. Regnard, 1878)



Figure 4: Photograph of Augustine entitled *Érotisme* (Source: P, Regnard, 1878)

Contemporary critics of hysteria see it as a means of controlling, even punishing, deviant females. They argue that hysteria had no real medical currency but instead operated as a 'metaphor for everything that male observers found mysterious and unmanageable in the opposite sex' (Micale, 2008: 159). As Foucault rightly states, 'l'hystérisation des femmes, qui a appelé une médicalisation minutieuse de leur corps et de leur sexe, s'est faite au nom de la responsabilité qu'elles auraient à l'égard de la santé de leurs enfants, de la solidité de l'institution familiale et du salut de la société' (Foucault, 1976: 192). Many feminists such as Hélène Cixous and Julia Kristeva have reinterpreted hysteria as a legitimate expression of women's rage and rebellion caused by their oppression and directed towards a patriarchal society that sets the parameters for correct femininity. Feminist reinterpretations of hysteria, as Showalter argues, stem from the fact that the sort of Darwinian psychiatry that hysteria represents 'intimidated many feminists with its prophecies of hysterical breakdowns for women who transgressed their destined roles' (Showalter, 1987: 147). With this in mind, certain parallels can be drawn between hysteria and the capital offence of witchcraft, as both were inherently patriarchal and often misogynistic diagnoses for those who transgressed social boundaries and norms.

Sigmund Freud and the Birth of Psychoanalysis

Psychoanalysis is indebted to Charcot's work on hysteria, as it was the hysterics' repressed sexual fantasies that Freud found so intriguing. As Showalter states, 'at the end of the nineteenth century hysteria, the classic female malady, became the focal point for the second psychiatric revolution, the emergence of psychoanalysis' (Showalter, 1987: 18). Freud studied at the Salpêtrière from October 1885 to

February 1886, during the height of Charcot's interest in hysteria. Freud then returned to Vienna to establish his own private neurology practice. In the infancy of Freud's career his treatment methods were fairly conventional. Freud met Josef Breuer by chance when Freud was invited to give a Charcot-inspired lecture on hysteria that was poorly received by his contemporaries. Breuer, a member of the audience, took pity on Freud on account of his audience's reaction and it was this chance encounter that arguably reignited Freud's interest in the study of hysteria and the unconscious mind. Breuer gave Freud a case of a young hysterical Jewish girl, Anna O, and in 1895 they jointly published *Studies on Hysteria*. Freud theorised that with his hysterical female patients, many of their hysterical symptoms had sexual roots such as trauma, abstinence or masturbation. He later revised his theories of the sexual origins of hysteria, subtracting the traumatic aspects to replace them with 'fantasies of incest in childhood that opened the wellspring of neurosis in his adult female patients' (Shorter, 1997: 149). Freud's most famous hysteric was Ida Bauer, whom he named Dora. Freud's Dora was an intelligent but uneducated girl who had a general indifference towards her mother and was kept in the domestic sphere by her father. Dora developed hysterical symptoms such as hallucinations, loss of voice, speaking in tongues and gagging. Dora's father was having an affair with the wife of a family friend, Herr K., who had in turn tried to seduce Dora when she was 14. Dora believed that her father had traded her with Herr K.'s wife. Dora's father then took her to see Freud after having discovered a note she had written detailing her anxieties about the situation. Seeing the potential in her case, Freud attempted to decode the sexual mysteries and secrets of his new patient, to the detriment of considering her family

circumstances. Freud believed Dora's hysteria was attributable to her incestuous and masturbatory fantasies about her father, a theory fervently denied by Dora. Disliking Freud and Breuer's style, Dora terminated the therapy and remained for the rest of her life a neurotic patient. Claire Kahane argues that Dora's case is significant to feminists as it is a 'paradigmatic text of patriarchal assumptions about female desire' (Kahane, 1985: 24). For Cixous, Dora represents the epitome of rebellion against patriarchal society as embodied by her father and Freud. She writes:

C'est toi Dora, toi, indomptable le corps poétique, vraie 'maitresse' du Signifiant. Ton efficacité, ou va la voir oeuvrer avant demain, quand ta parole ne sera plus rentrée, la pointe retournée contre ton sein, mais s'écrira à l'encontre de l'autre et leur grammaire. (Clément & Cixous, 1975: 176)

In 1896, Freud coined the term for which he is most famous, psychoanalysis, and considered his efforts to be a genuine exploration of the human mind. Psychoanalysis presented a sizeable theoretical challenge to psychiatry through the theoretical relocation of the roots of 'madness' from biology to psychology. Freudian theories emphasised the fact that madness or socially deviant behaviour often arose from unresolved past events, particularly those of a sexual nature. Psychoanalysis is thus primarily concerned with the relationship between past and present and the impact of the past on the present. Freud wrote about the symptom of hallucinations:

Perhaps it may be a general characteristic of hallucinations to which sufficient attention has not hitherto been paid that in them something that has been experienced in infancy, and then forgotten returns – something that the child has seen or heard at a time when he could still hardly speak and that now forces its way into consciousness, probably distorted and displaced owing to the operation of forces that are opposed to this return. (Freud, cited in Press, 2011: 40)

Psychoanalysis, often referred to as ‘the talking cure’, filled the emotional and sentimental void left by more orthodox and alienating forms of treatment, instead advocating dream analysis and free association to decode the unconscious. Through the very nature of psychoanalytic treatment ‘doctor and patient communicate in the enterprise of soul-searching, creating the suggestion that one is being cared for emotionally’ (Shorter, 1997: 147). The new discipline of psychoanalysis offered a viable alternative to the asylum for both doctor and patient.

Emil Kraepelin and the Dementia Praecox

Schizophrenia is one of the most prominent modern-day psychiatric illnesses and was defined around the turn of the century in the work of Emil Kraepelin, whose ‘ideas are said to mark the beginnings of the modern construct of schizophrenia’ (Boyle, 1993: 45). His contribution to the field of psychiatry began in 1886 when he worked at Dorpat asylum.²⁰ As many of his patients could not speak German, Kraepelin could not successfully interview them; instead, in order to understand his patients, Kraepelin would rigorously study their case notes. Kraepelin created data cards for his patients on which the fluctuations in the patients’ condition and behaviour were noted.²¹ In fact, Shorter states that Kraepelin’s data cards were the ‘single most significant insight that late nineteenth and early twentieth century had to offer into major psychiatric illness’ (Shorter, 1997: 100). One of the innovations that came from his data cards was the ‘psychic process of

²⁰ In present day Estonia.

²¹ These cards would be filled out with the patients’ initial diagnostic information, and after Kraepelin was able to study the patients, the information on the cards would be revised along with a revised diagnosis.

degeneration' – a diagnosis stating that certain types of mental illness end in dementia, the most prominent of these being what Kraepelin defined as the 'dementia praecox'. The 'dementia praecox' was Kraepelin's greatest contribution to the field of psychiatry. He defined the patient with 'dementia praecox' as someone whose:

hopes and wishes, cares and anxieties are silent; the patient accepts without emotion dismissal from his post, being brought to the institution, sinking to the life of a vagrant [...] he lives one day at a time in a state of apathy [...] One of the most characteristic features of the disease is a frequent, causeless sudden outburst of laughter. (Kraepelin, 1916: 33)

Kraepelin theorised a distinction and division between psychiatric illnesses with and without an affective component, meaning illnesses that manifested in terms of changes in the patient's mood, for instance mania, anxiety or depression. He was the first in his profession to distinguish between dementia praecox (schizophrenia) and manic depressive disorder.²² Kraepelin believed the majority of patients who suffered from dementia praecox would deteriorate to full-blown dementia. This was a problematic prognosis, as it became evident that patients who suffered from dementia praecox did not actually 'lose' their intelligence but suffered from a disorganised thought process that gave the illusion of unintelligibility. In 1908, Eugen Bleuler, a former student of Kraepelin and then professor of psychiatry in Zurich, having recognised that patients who suffered from dementia praecox were

²² As a result of this distinction he was able to consolidate all affective illnesses into one single diagnosis, which he termed 'manic depressive psychosis'. The process of diagnosis therefore became simpler: if patients displayed symptoms such as depression or mania, they were inevitably diagnosed as 'manic depressive' which had a cyclical nature. If they displayed a lack of emotional responsiveness, they had 'dementia praecox'. This distinction changed the course of psychiatry to the present day: Kraepelin's psychiatric legacy was that he 'elevated the two greater nonorganic psychoses to the top of the pyramid, where they remain [...] the object of endeavour of serious psychiatry' (Shorter, 1997: 107).

not in fact demented, proposed a new term for the illness; the term was schizophrenia.

Eugen Bleuler and Schizophrenia

Schizophrenia is the linchpin of modern psychiatry, with Thomas Szasz referring to schizophrenia as 'a sacred symbol of psychiatry, in the same sort of sense in which, say, the crucified Christ is a sacred symbol of Christianity' (Szasz, 1988: 87). In 1911, Eugen Bleuler published his book *Dementia Praecox; or, The Group of Schizophrenias*, a reconfiguration of the Kraepelinian concept of the dementia praecox. In actuality Bleuler's schizophrenia is 'basically Kraepelinian, but with a greater emphasis on the variety of manifestations and developments' (Stengel, 1957: 1174). Bleuler did not find the term 'dementia praecox' suitable because the it 'only designated the disease, not the diseased' (Bleuler, 1950: 7). He proposed the term schizophrenia, meaning 'split mind', which corresponded with the symptoms, as Bleuler writes that in almost every case doctors were 'confronted with a more or less clear-cut splitting of the psychic functions' (Bleuler, 1950: 11). Bleuler recognised the split present in schizophrenic patients between thoughts and emotions. He argued that the primary symptoms of schizophrenia were withdrawal from relationships along with disturbances in mood and thought. He described these symptoms that characterised schizophrenia as: autism – the withdrawal from relationships; affect – mood alternations; association – disordered thought process and ambivalence; and lack of motivation. He also stated that schizophrenics who were left untreated would eventually lose all emotional responsiveness. Speaking of the schizophrenia patient, he stated that:

They sit about the institutions to which they are confined with expressionless faces, hunched-up, the image of indifference. They permit themselves to be dressed and undressed like automatons, to be led from their customary place of inactivity to the mess hall and back again, without expressing any sign of satisfaction or dissatisfaction. (Bleuler, 1950: 40)

Bleuler, through his study of the experience of his patients, was more in favour of the psychological approach to psychiatry in line with the psychoanalytic thought of Freud. Alexander and Selensnick (1995) argue that Bleuler in fact shared a similar diagnostic approach to Freud, as he 'gave consideration to unconscious symbolic processes that are more archaic and less influenced by reality. He called these primitive thought processes' (Alexander & Selensnick, 1995: 254). Bleuler was briefly involved in the psychoanalytic movement that swept across Europe, but withdrew in 1910 due to the hierarchal structure of the movement.

Bleuler made a profound impact upon the development of psychiatry, with his revised definition and symptomology of schizophrenia. The term schizophrenia, however, has been a controversial one as there have been several debates, largely by the anti-psychiatrists and Szasz, that contest its legitimacy as an 'illness'. Szasz in fact poses the question 'What is schizophrenia?' and goes on to assert:

In its most elementary sense, we might say schizophrenia is a word – an idea and a 'disease' invented by Eugen Bleuler, just as psychoanalysis is a word – an idea and a 'treatment' – invented by Sigmund Freud [...] The point I wish to emphasise here [...] is that the claim that some people have a disease called schizophrenia [...] was based not on any medical discovery but only on medical authority. (Szasz, 1988: 3)

One of the issues that critics have discussed is that schizophrenia has become an umbrella term of illnesses, as it has been 'extended to cover a vast assortment of

odd behaviour, cultural maladjustments, and political deviations' (Showalter, 1987: 204). Showalter also argues that 'schizophrenia offers a remarkable example of the cultural conflation of femininity and insanity' (Showalter, 1987: 204), because despite statistics for schizophrenia revealing equal numbers of male and female patients, schizophrenia still carries certain gendered stereotypes. In the early to mid-twentieth century many of the treatments devised for schizophrenia were electro-convulsive therapy (ECT), lobotomy and insulin shock. The prominence and frequent use of these treatments, as they were deemed more 'suitable' for women, were some of the primary reasons for the criticism psychiatry faced in the 1960s and 1970s from both feminists and the anti-psychiatrists.

Psychiatric Controversy

The 1930s brought a wave of new controversial psychiatric treatments, the most prominent of these being the insulin coma, electro-convulsive therapy (ECT) and the lobotomy. The coma and ECT, although controversial, have proven their efficacy in treating depression; nonetheless, all of the aforementioned treatments were rejected by both the anti-psychiatrists and the psychoanalysts as a matter of principle. Insulin had already been used in psychiatry in the 1920s but underwent a resurgence in the 30s. The treatment's controversy stemmed its dangerous nature, with a mortality rate of 1 in 100, and required a full team of doctors and nurses in a specialist unit to prevent death.

Electro-convulsive therapy, still in use today, emerged from the ideas of Hungarian psychiatrist Ladislas Von Medua. Medua discovered that the brains of epileptic patients differed from those of schizophrenics, and in the latter part of the

1920s several other scholars and psychiatrists noted that epileptics who developed schizophrenia suffered less from epilepsy. Medua began to wonder if the inverse would be true, which it was. To induce fits he used a drug called camphor, but it was unreliable and caused significant distress to patients. The first use of electric currents to induce fits was by Ugo Cerletti in Rome. Electric currents although invasive were superior to drug-induced shock, as they produced instant unconsciousness and little anxiety in the patient. It became apparent that ECT was not a cure for schizophrenia, but rather a way of temporarily relieving some of the symptoms. ECT posed risks; the patients were in danger of breaking a limb while thrashing around in the midst of a fit. The anti-psychiatrists such as Laing and Cooper opposed ECT as they believed it damaged the brain and was used punitively rather than therapeutically. They also doubted its therapeutic efficacy.²³

The most controversial of these new treatments was the lobotomy. Brain surgery as 'cure' for mental illness was hardly an innovation at this point, and the lobotomy was arguably an extension of trepanation – the boring of a hole in the skull to drain away excess fluid in the case of neurosyphilis. Although it was found that lobotomies tranquillised patients, they generally deprived them of their judgement and social skills, leaving them dazed and unaware. There were two main forms of lobotomy: the prefrontal leucotomy and the transorbital lobotomy, each of which carried significant risk of irreparable brain damage to the patient.

²³ The controversy surrounding ECT has been dramatised in several films over the past few decades, the most notable of which is the 1975 filmic adaptation of Ken Kesey's *One Flew Over the Cuckoo's Nest*, directed by Miloš Forman. ECT as a form of punishment is also featured in Clint Eastwood's *The Changeling* (2008).

Although they had been shown to have tranquillised patients, considering the potential damage and issues surrounding consent, lobotomies were 'indefensible for ethical reasons' (Shorter, 1997: 229). These invasive treatments carried particularly gendered significance because they were predominantly recommended for use in female patients, with the majority of lobotomies being performed on women (Showalter, 1987). The logic behind this reasoning was woman's role in the domestic rather than the public sphere, as 'psychosurgeons consider that the operation is potentially more effective with women because it is easier for them to assume or resume the role of a housewife' (Smith, 1977: 29).

Erving Goffman's *Asylums* and Labelling Theory

American sociologist Erving Goffman published his controversial book *Asylums* in 1960, after spending a significant period at St Elizabeth's Hospital in Washington DC. Goffman believed that the asylum, along with other institutions of social control such as prisons, was, as he termed it a 'total institution'. Goffman defined a total institution as 'a place of residence and work where a large number of similarly situated individuals, cut off from wider society for an appreciable period of time, together lead an enclosed, formally administered round of life' (Goffman, 1961: 11). Goffman criticised the mental hospital as a 'total institution [...] [that] function[s] merely as storage dumps for inmates' (Goffman, 1961: 74) and often uses punitive methods to normalise inmate behaviour. Goffman painted a dismal picture of asylums, as he spoke in detail about how the process of institutionalisation strips the patients of their individuality, of 'many of [their] accustomed affirmations, satisfactions and defences and is subjected to a rather full set of mortifying experiences: restriction of free movement, communal living,

diffuse authority of a whole echelon of people, and so on' (Goffman, 1961: 137). In the asylum, expressions of hostility and even the patient's defence of himself, in explaining why he does not belong in the asylum, are taken as the very proof of the need for institutionalisation. The hospital was staffed and administered in such a way as to affirm this paradigm. A paradoxical situation arises within which, in order 'to get out of the hospital, or to ease their life within it, they must show acceptance of the place accorded them, and the place accorded them is to support the occupational role of those who appear to force this bargain' (Goffman, 1961: 386). Goffman's *Asylums* paved the way for the anti-psychiatrists to emerge and represented one of the 'most significant anti-institutionalist work[s] of the 1960s' (Grob, 1994: 265).

Emerging in the same epoch as Goffman's *Asylums* was labelling theory, which stemmed from sociological interest in the ways in which society identifies and labels deviant behaviours. In 1969, sociologist Thomas Scheff argued that labelling is central in establishing the identity of an Other. In Scheff's model of labelling theory, some people came to play the role of the mentally ill in a similar fashion to the way in which other social roles are acquired. Scheff's model argued that psychiatric diagnoses served as labels easily attached to those who had avoided societally acceptable behavioural norms. One of the crucial aspects put forth by labelling theory is the impact that a psychiatric diagnosis and the subsequent labelling as something other than normal has on the patient. The label 'mentally ill' remains one of the few residual categories of deviant behaviour. The real use of psychiatric diagnoses or labels was to 'reify and legitimate the existing social order' (Grob, 1994: 265). Labelling theory 'draws a distinction between the

initial occurrence of residual deviance [...] and the process of coming to occupy a stable role of mental illness and the consequential change in self-identity which goes along with it' (Cochrane, 1983: 151). The mental hospital itself helps facilitate this change in identity, providing a safe remove from the rest of society and through the 'guidance' of the psychiatrists. The psychiatrist thus represents an agent of normal society, who can formally and professionally apply the label of 'mad' to the patient. The hospital, then, provides the correct clinical environment in which the labelled individual can learn to adapt to and eventually adopt their new 'mad' identity. In labelling theory this adoption of a new identity is attributed to the fact that 'being regarded as different by important other people, has serious consequences for the self-identity of the person so labelled' (Cochrane, 1983: 149). Understandably, labelling theory with its emphasis on cause and effect was appealing to those who objected to psychiatry.

The Birth of the Anti-Psychiatry Movement

Several key figures and events that occurred in the 1960s gave rise to the anti-psychiatry movement, the previously discussed Erving Goffman's *Asylums*, psychiatric controversy surrounding certain treatments, and the labelling theory of Scheff. As the decade progressed, several more key texts emerged, such as R.D. Laing's *The Divided Self*, Thomas Szasz's *The Myth of Mental Illness* and Michel Foucault's *Folie et déraison*, each of which will now be discussed in the context of their contribution to the anti-psychiatry movement. By the end of the decade these key thinkers, along with psychoanalysis, the feminist movement and the mental patients' liberation movement, culminated in a comprehensive attack on psychiatry, and shaped the anti-psychiatry movement (Porter & Micale, 1994).

The term anti-psychiatry, although officially coined by David Cooper in 1967, has its roots in the early 1960s literature that began to criticise psychiatry. David Cooper drew heavily from Laing, Szasz and Foucault when he penned the germinal text of anti-psychiatry that gave the movement its name, *Psychiatry and Anti-Psychiatry* (1967). Cooper defined it as a ‘profound questioning’ of the methods and treatments involved in psychiatry that resulted in ‘conceptions and procedures that seem quite antithetic to the conventional ones [...] a germinal anti-psychiatry’ (Cooper, 1967: ix). Cooper was born in Cape Town, South Africa, in 1931 and received his medical degree from the University of Cape Town in 1955. He then came to London where he worked at several hospitals. It was in London that he directed an experimental facility for schizophrenics called *Villa 21*. According to the biographical information provided in his 1978 book *The Language of Madness*, ‘his principal concern has been to develop existential psychiatry in Britain and to elaborate principles to overcome the methodological difficulties and compartmentalization of the human sciences.’ Cooper explained that the movement was an attempt to alter the rules of the ‘psychiatric game’ and to challenge ‘medical power as embodied in the diagnosis [...] the secret dossier [...] [and] the system of compulsory detention [with] attentive non-interference aimed at the opening up of experience rather than its closing down’ (Cooper, 1978: 130–131). Anti-psychiatry was not merely a movement spearheaded by external critics of psychiatry; it was a “‘revolt from above”; that is, a revolt within the ranks of psychiatrists themselves’ (Crossley, 1998a: 878). The pertinence of anti-psychiatry for women of the second wave and in fact any other repressed group is that it is fundamentally a Sartre-inspired humanist discourse protesting

against othering. As prominently theorised by Chesler (1972) and Cixous & Clément (1975), women represent a secondary other in a patriarchal society, caught in a double bind of femininity and madness. Anti-psychiatry presented a theoretical alternate interpretation on female 'madness' insofar as it foregrounded connections between (female) schizophrenia and the violation of the (accepted) female role. Female schizophrenia could therefore be viewed as a product of society's repression and oppression of women. Madness was consequently an intelligible coping strategy and/or protest at the pressures of maintaining a patriarchally accepted femininity. Laing's theories of schizophrenia stressed the importance of individual 'experience', social circumstance and the detrimental psychological effects of societal norms, thereby echoing the stance of many feminist activists. Laing also rejected the notion of the schizophrenogenic mother arguing that it was the entire family, not only the mother, who was the 'cause' of schizophrenia. This ran counter to the psychiatric concept of the schizophrenogenic mother, held to be the main factor in the development of schizophrenia between the late 1940s and early 1970s. Laing in fact argued that 'one might do better to think of schizophrenogenic families, rather than too exclusively of schizophrenogenic mothers' (Laing, 1965: 192).

Yet despite the movement's potential to effect change in terms of gendered understandings of madness, anti-psychiatry was not remotely 'feminist', evidenced by Elaine Showalter's scathing critique of Cooper, who 'seems blind to the ethical issues involved when he picks up a beautiful twenty-year-old schizophrenic woman [...] a mute who he takes home and "makes love with"' (Showalter, 1987: 247). Laing, who resented his mother, would also come to marry three times and

father ten children, and presented in his work a fundamental ignorance of gender. Laing's co-authored study with Aaron Esterson, *Sanity, Madness and the Family* (1964), an investigation into the influence of the family on schizophrenia, had a distinct gender bias where the model patient was, once more, a woman. Laing and Esterson studied:

the families of (i) women (ii) between the age of fifteen and forty (iii) who had been diagnosed as "schizophrenic" by at least two senior psychiatrists [...] (vi) who had not been subjected to any brain surgery [...] (vii) who had not received more than fifty electro-shocks in the year before [...] and not more than one hundred and fifty in all. (Laing & Esterson, 1964: 1)

Laing's criteria yielded only 25 potential case studies, which were then narrowed down to 11. Despite this and his heavy later emphasis on the comprehension of experience, Laing seemingly ignored questions of gender and sexual difference in both society and psychiatry.

Thomas Szasz and *The Myth of Mental Illness*

Hungarian-born American immigrant Thomas Szasz launched the first 'conceptual missile' (Appignanesi, 2008: 349) at psychiatry and the mental health industry with the publication in 1960 of *The Myth of Mental Illness*. Szasz was committed to a '19th century libertarian ideology' (Micale & Porter, 1994: 7) and he fundamentally believed that institutional psychiatry was unnecessary because it was based upon the farcical claim of the validity of mental illness. Szasz was deeply committed to this philosophy, even refusing to undergo a training year in a state mental hospital while studying at the University of Chicago. It is a line of thought present in all his works. *The Myth of Mental Illness* is Szasz's best-known work and questioned the foundations upon which psychiatry is built. As suggested in the title, Szasz

contends that mental illness is a myth and a misleading term. Szasz insisted that mental illness cannot exist in the same manner as a bodily illness because the mind is not an organ and thus has no physical presence in this world. He clarifies his disdain for the 'disease model' promulgated by psychiatrists, explaining that:

the notion of mental illness derives its main support from such phenomena as syphilis of the brain or delirious conditions [...] in which persons are known to manifest various peculiarities [...] of thinking and behaviour. Correctly speaking these are diseases of the brain, not of the mind. According to one school of thought, all so-called mental illness is of this type [...] This implies that people cannot have troubles – expressed in what are now called 'mental illnesses' – because of difference in personal needs, opinions, social aspirations, values and so on. All problems in living are attributed to physicochemical processes which in due time will be discovered by medical research. (Szasz, 1991: 12–13)

Szasz argues that the very conception of mental illness stands as a metaphor for all that is wrong with the individual concerned. Using the analogy of a television set, he states that 'mental illness is a metaphorical disease [...] in other words, bodily illness stands in the same relation to mental illness as a defective television receiver stands to an objectionable television programme' (Szasz, 1972: 11). According to Szasz, psychiatry, although it speaks the language of science, is more of a pseudo-science. He argued that 'in the language of psychiatry and psychoanalysis infidelity to subject and method is expressed in the persistent imitation of medicine' (Szasz, 1972: 20). Psychiatry therefore functions on a rhetorical level rather than a medical one. Psychiatric discourse pathologises socially deviant behaviours while affirming acceptable ones through a process of 'medical' treatment and cure, but in reality this is merely lip service and a masquerade of the medical rhetoric of diagnosis, treatment and cure. Consequently, in order to understand what has come to be defined as 'mental illness', one need not understand medicine but rhetoric, because psychiatry 'has

much in common with the sciences concerned with the study of languages and communicative behaviour' (Szasz, 1972: 4). Szasz also took issue with the stigma attached to psychiatry and the social and personal consequences of someone deemed 'mentally ill'; he asserts that 'medical diagnoses are the names of genuine diseases, psychiatric diagnoses are stigmatizing labels' (Szasz, 1972: 12). Involuntary psychiatry is therefore an alienating discourse, as it functions as a process of social labelling cloaked in medical rhetoric and the disavowal of personal agency.

Szasz was not, however, actually against the entire field of psychiatry, as for him the problem with psychiatry lay within the matter of consent. As he writes in *The Myth of Mental Illness*, 'mental diseases are characteristically treated without his [the patient's] consent' (Szasz, 1972: 11). He clarifies his position in *Schizophrenia: The Sacred Symbol of Psychiatry* (1977), stating that 'I have always insisted that I am against the involuntary psychiatry, or the psychiatric rape of the patient by the psychiatrist – but I am not against voluntary psychiatry, or psychiatric relations between consenting adults' (Szasz, 1988: 49). It is in this way (among others) that Szasz differs from the anti-psychiatrists. Because Szasz and the anti-psychiatrist movement emerged during the same epoch, Szasz has often carried the epithet of 'anti-psychiatrist' by practitioners of and advocates of traditional psychiatry. Although their discourses share some basic ideological similarities, Szasz and the anti-psychiatrists in fact differed in numerous and substantial ways. Szasz did not view anti-psychiatry too favourably; he stated that he rejected the term 'because it is imprecise, misleading and cheaply self-aggrandizing' (Szasz, 1988: 48). Szasz considered anti-psychiatry and psychiatry

to be two sides of the same coin, both sharing a similar struggle for definition and both emphasising the helplessness of their patients that denies their autonomy. Despite the anti-psychiatric emphasis on revolution, Szasz states that anti-psychiatry means more of the same, 'a continuation of the tradition of moral treatment in psychiatry, it's nothing new; insofar as it is a political perspective on society and a set of practical policies about relations' (Szasz, 1988: 53). Szasz also argues that psychiatry and anti-psychiatry share more ideological similarities than either side would care to admit. Both disciplines believe they possess a monopoly on the causes and study of mental illness, to the extent that 'one cannot reason or argue with any of them' (Szasz, 1988: 54). Anti-psychiatry much like psychiatry and psychoanalysis, also operates on a rhetorical level. Szasz also objected to the anti-psychiatric exaltation of the madman as living a morally superior and authentic life. He compares this ideology with the way that the Communists sought to raise the poor above the rich by claiming that they were more virtuous than the rich through the anti-psychiatric idealisation of insanity. The biggest problem Szasz finds with anti-psychiatry, more specifically Laing, is the question of schizophrenia. Szasz was always consistent and clear in his complete rejection of the paradigm of mental illness. Consequently, in line with Szaszian thought, if the illness does not exist then one cannot treat it, therefore there is, as a result, no patient. Conversely, Laing often appears confused as to how he configures schizophrenia, thus making his discourse inconsistent and often paradoxical. Szasz writes, 'Laing has, on some occasions, rejected the idea that schizophrenia is a disease, but he has continued to "treat" it' (Szasz, 1988: 50). This is, of course, exemplified through his controversial Kingsley Hall experiment.

Ronald D. Laing and Anti-Psychiatry

Ronald D. Laing was a contentious and provocative figure in the psychiatric revolution and can be regarded as the figurehead of British anti-psychiatry. His psychiatric career began when he started to work as a psychiatrist in the British Army, then moving on to work at the Glasgow Royal Mental Hospital. In 1956 he started working for Glasgow University in the department of Psychological Medicine, which was followed by a stint at the Tavistock clinic from 1957 to 1961, during which time he wrote his inaugural text *The Divided Self* (1960). The Scottish psychiatrist and psychoanalyst was well versed in European philosophy, from Hegel and Kierkegaard to Sartre and Foucault, and his theories were a complex amalgamation of psychoanalysis, psychotherapy, existentialism and phenomenology. Shortly before his death, Laing defined his brand of therapy as 'psychoanalytic, some of it existential, some of it gestalt, some of it psychosynthesis, some of it primal – all these little bits and pieces were all fragments of an integrated whole array of possibilities' (Appignanesi, 2008: 416). Despite Laing's refusal of the label, it is easy to see how he became so easily identified with the anti-psychiatric movement. Through the course of his career Laing became increasingly experimental and lost his professional integrity along with his licence to practise medicine.

The Divided Self was the seminal text in which Laing attempted to render intelligible the concept of 'madness' and the process of going insane. He proposed a homology between the way schizophrenia is caused and the way it is treated. This notion bears homology to feminist theories of women and madness such as Chesler and Ussher, as they argue madness can be understood in part as a

response to women's treatment in patriarchal society. The emphasis Laing placed upon understanding the social aspect of 'madness' is, read in conjunction with feminist theory, a useful means of interpreting the theme of female alienation and madness dominant in the literary and filmic texts that form the corpus of this thesis.

Laing introduced the term 'ontological security', contrasting the state of the 'normal' person with 'ontological insecurity' (Laing, 1965: 41), that of the schizoid. The latter begins in infancy through an absence of reciprocity between mother and child, in place of which the mother moulds the infant's behaviour to fit her own. Consequently, the child learns to adopt a false self in order to meet expectations of others. The individual develops a sense of 'being-for-others' (Laing, 1965: 131), creating a 'false self' detached from the disembodied real self. The ontologically insecure schizoid is plagued by feelings of inauthenticity as the 'false self' becomes identifiable as the public body and threatens to annihilate the real self unless it is able to break free. Laing postulated that psychosis is 'the sudden removal of the veil of the false self' (Laing, 1965: 99), leaving exposed the underdeveloped real self. Laing's later work, notably *Self and Others* (1961) and *The Politics of Experience and The Bird of Paradise* (1967), marked an abandonment of the notion of ontological security as normality. His first account of normality postulated in *The Divided Self* was prescriptive, and positioned conditions of normality as ubiquitous with little consideration of circumstance. From *Self and Others* on, normality was considered to be immersion in a 'social phantasy system' (Laing, 1961: 38), and the shared assumptions that define a particular group that might not be held by others. Laing's notion of normality was

no longer monolithic and prescriptive but pluralistic and descriptive. This contributed to Laing's rejection of the psychoanalytic notion of the unconscious experience and engagement with social phenomenology, 'the science of [one's] own and of others' experience' (Laing, 1967: 16). That is, one person investigating the experience of another, yet experience is invisible as '[one] cannot have direct awareness of the other's experience of the "same" world' (Laing, 1961: 28). The study of experience is therefore to be based on humanist inferences and is crucial in understanding the 'mad' patient. This new theorisation of experience is profitable where analysis of Arden is concerned, especially when viewed in conjunction with the feminist scholarship of Irigaray, Showalter and Chesler. Laing also begins to appropriate Gregory Bateson's theory of the double bind, the 'no-win' situation of an individual who may develop schizophrenic symptoms due to two conflicting levels of communication in which the person cannot resolve an inherent dilemma. This notion is also present within feminist psychology and will be of use in discussing the 'double bind' of femininity present in Arden's and Santos's work: being labelled as inevitably 'crazy' whether women are complicit in their feminine role or rebellious and 'speaking out' against it.

Laing's criticism of traditional psychotherapy, an umbrella term that for him encapsulated psychiatry and psychoanalysis, was the 'abiding tendency to suppose that the schizophrenic's experiences are somehow unreal or invalid' (Laing, 1967: 76). Like many of his contemporaries associated with the anti-psychiatry movement, Laing at times refuted the legitimacy of schizophrenia. In the preface to the second edition of the co-authored volume entitled *Sanity, Madness and the Family* (1964), Laing and Aaron Esterson wrote:

We do not accept 'schizophrenia' as being a biochemical, neurophysiological, psychological fact, and we regard it as palpable error, in the present state of the evidence, to take it to be fact. Nor do we assume its existence. Nor do we adopt it as a hypothesis. We propose no model for it. (Laing & Esterson, 1964: 12)

The Politics of Experience introduced one of Laing's most radical concepts, the 'ten-day voyage', inspired by the experience of Jesse Watkins, who endured a ten-day psychotic episode, during which he was sent to a mental hospital by his wife, given medication, and even put in a padded cell, yet all to no avail. After these ten days, Watkins emerged from his psychotic state with a new sense of awareness. Watkins' account of his psychotic experience led Laing to the conclusion that periods of 'madness' were in fact 'a natural way of healing our own appalling state of alienation called normality' (Laing, 1967: 136), and that 'treatments' and even psychoanalysis prevented from occurring. Despite his change in emphasis, Laing continually emphasised the homology between the causes and the 'treatments' of schizophrenia.

The Politics of Experience and The Bird of Paradise is more radical than his previous works. His position changed here from a phenomenological understanding and corresponding model of treatment for schizophrenia to an idealisation and pursuit of schizophrenia. The second half of *The Bird of Paradise* is a break from the Laingian theorisation of the early 1960s and a move towards the more poetic, tautological and linguistically confusing poetry that would become Laing's 1970s literary style. His new literary style presented considerable thematic inconsistencies, a lack of a clear theoretical framework and oblique and often religious references. His work took the form of psychologically inspired poetry, a style seen in *Knots* (1970), *The Facts of Life* (1976) and *The Voice of Experience*

(1982). Despite his inconsistencies Laing is of tremendous importance for this thesis, namely because he is a primary source of inspiration for both the British figures to be discussed, Jane Arden and Mary Barnes. In fact, without a fundamental understanding of Laingian theories and concepts, their works, specifically those of Jane Arden, become incomprehensible.

The French Context

The anti-psychiatry movement that achieved prominence in Britain, America and Italy never found its equivalent in France. Dosse argues that this exception is probably a result of the 'French progress in the psychiatric sector, the introduction of theories from institutional psychiatry, and clinics such as La Borde' (Dosse, 2010: 334). Although several small groups that advocated anti-psychiatry existed in France, such as the *Asylums Information Group* (GIA), the movement had far less of a stronghold in France than in the aforementioned countries. However, Joshua and David Rissmiller (2006) argue that anti-psychiatry was globally promulgated due to the work of four seminal thinkers: Franco Basaglia in Italy, R.D. Laing in Great Britain, Thomas Szasz in America and Michel Foucault in France.

Michel Foucault and Anti-Psychiatry

Michel Foucault never positioned himself within the movement of anti-psychiatry but was heavily critical of many aspects of traditional psychiatry and institutionalisation. Foucault, unlike Laing, never postulated a superior treatment for the madman. Despite Foucault's dubious place within the trend of anti-psychiatry his work was of clear influence to many critics of the institution as a

form of discipline, particularly Laing and Cooper. Foucault's *Folie et déraison* was his most influential work in grappling with the sociology of madness. David Cooper, who wrote the preface for the 2001 English publication of *Madness and Civilization* by Routledge Classics, describes Foucault's thesis as a 'remarkable book'. Laing too penned a reader's report of the 1965 series entitled *Existentialism and Phenomenology*, stating that 'this is quite an exceptional book of a very high calibre – brilliantly written, intellectually rigorous and with a thesis that thoroughly shelves the assumption of traditional psychiatry'. Laingian theories of the intelligibility of madness can be seen as having roots in Foucault's concept of 'unreason'.²⁴

Foucault stated that unreason is not diseased or lost reason but rather 'reason dazzled':

Dire que la folie est éblouissement, c'est dire que le fou voit le jour, le même jour que l'homme de raison (tous deux vivent dans la même clarté); mais voyant ce jour même, et rien que lui et rien en lui, il le voit comme vide, comme nuit, comme rien; les ténèbres sont pour lui la manière de percevoir le jour. (Foucault, 1972: 262)

Foucault's *Folie et déraison* gives a thorough reconstruction of how social responses to madness have evolved and developed over time, from the Middle Ages to the early nineteenth century, to arrive at our contemporary understanding of 'madness'. He also notes how economic and social conditions have a fundamental role in defining madness throughout history. Foucault postulated that

²⁴ As Kotowicz states, Foucault's work was of importance to Laing on numerous grounds: '[F]irst that the meaning of madness has changed in history – with which historians now agree; second that there once was a period when reason and unreason were in dialogue – which is historically doubtful but opens an important theoretical perspective; and third that reason is a face of power – thus putting the question of power at the centre of the problem of psychiatry' (Kotowicz, 1997: 60).

the leper colonies that were prevalent throughout Europe around the time of the Crusades due to a leprosy epidemic became redundant when the Crusades ended and the disease faded. Foucault argues that over the following centuries, from the Renaissance to what he terms 'the classical age' of around the mid-seventeenth century, the madman began to occupy the same social space that the leper once had, that of the socially deviant sub-human. Akin to the leper who was confined in the colony, the madman was confined to the asylum in order to protect the rest of 'reasonable' society. Foucault observed that at the end of the eighteenth century madness had been redefined as an 'illness' and that madmen were forced into asylums. This process bore homology to the judicial system as 'souveraineté quasi absolue, juridiction sans appel, droit d'exécution contre lequel rien ne peut prévaloir - l'Hôpital général est un étrange pouvoir que le roi établit entre la police et la justice, aux limites de la loi: le tiers ordre de la répression' (Foucault, 1972: 61). Foucault postulates a period that he refers to as 'le grand renfermement', but gives no precise dates as to when this period began, stating that 'Depuis le milieu du XVII^e siècle, la folie a été liée à cette terre de l'internement, et au geste qui la lui désignait comme son lieu naturel' (Foucault, 1972: 59). In the second chapter of *Folie et déraison*, 'Le grand renfermement',²⁵ Foucault argues that the great confinement of the classic age rendered silent the madness that the Renaissance liberated. Foucault writes that 'la folie dont la Renaissance vient de libérer les voix, mais dont elle a maîtrisé déjà la violence, l'âge classique va la réduire au silence par un étrange coup de force' (Foucault, 1972: 56). Psychiatry is thus a primary form of social control. Borrowing some of

²⁵ Translated as 'The Great Confinement'.

its repressive measures from the penal system and inventing many of its own, the psychiatric hospital represents reason, and the figure of the doctor is representative of this reason and repression. Foucault states in the preface to the first edition of *Folie et déraison*.²⁶

[T]he constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue [...] thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry which is a monologue about madness has been established only on the basis of such a silence. (Foucault 2001: x–xi)

Foucault's understanding of the evolution of madness, and his emphasis on power, specifically reason as power, is crucial to many critics of the asylum, from anti-psychiatrist Laing to psychoanalyst Maud Mannoni, as it positioned power as central to the problem of psychiatry. Several historians of psychiatry dispute many of Foucault's more historical claims. Edward Shorter rebukes Foucault's notion of the 'great confinement' particularly in the English and French context. In the English context he writes 'it would be nonsense to speak as [...] Michel Foucault does, of any kind of 'grand confinement'' (Shorter, 1997: 5). He argues this is because of the proportionately small number of people who were confined in either private or public asylums, a number that he states to be around five thousand, derived from when national statistics became available in 1826. Shorter also states that the combined total inmates of both Bethlem and St Luke's is merely five hundred patients, a number that when viewed in the context of a country with a population of ten million, does not correspond to the notion of a great confinement (Shorter, 1997). Shorter makes a similar argument for the case

²⁶ I have been unable to consult the first edition of *Folie et déraison* that contains this preface.

of the great confinement in France, drawing on the examples of Bicêtre and the Salpêtrière, which until the late nineteenth century were hospices as opposed to asylums. In these institutions and others of a similar ilk, Shorter asserts that the numbers of psychiatric inmates were minimal and it was in fact beggars, the elderly and medically ill who made up the vast majority of the inmate population. On the subject, he comments, 'In France, Foucault's elect terrain with its almost thirty million people, it is absurd to insist on any kind of grand confinement. The number of psychiatric beds was miniscule in the context of these vast populations' (Shorter, 1997: 6). Roy Porter also disagrees with the historicity of Foucault's claims of the great confinement in England and France, arguing that such a moment did not exist, especially within Foucault's given time frame. In the co-authored introduction of the *Anatomy of Madness Vol. 1*, for which Porter is a collaborating author, Bynum et al. write that 'Michel Foucault's *Folie et déraison* is a truly magisterial work. But it would be a mistake to assume that on many topics its roots in historical evidence are very secure' (Bynum et al., 2004: 4). The doubts over the historical accuracy of some of Foucault's claims do not, however, detract from his importance as a theoretician nor his place as a key figure in revisionist histories of psychiatry. Foucault is often named as the inspiration for these revisionist accounts of madness and psychiatry that are now being 'self-consciously written not just as the history of a disease or affliction, but as the story of power relationships – paternalistic, legal, institutional, therapeutic [and] commercial. Psychiatric power, so long medicalised and normalised, masked and idealised, is itself being laid bare' (Bynum et al., 2004: 2) and this can no doubt be largely attributed to Foucault's work.

Félix Guattari and Anti-Psychiatry

In his introduction to Deleuze and Guattari's *Capitalisme et schizophrénie 1: L'Anti-Oedipe* entitled *Anti-Oedipus: An introduction to schizoanalysis*, Eugene Holland states that Guattari can be considered to be the French equivalent of Britain's R.D. Laing. The difference is that Guattari was not only a theorist at the La Borde psychiatric clinic but also a political activist who linked his '(anti) psychiatric reforms and theorization to working class and community-based revolutionary policies' (Holland, 1999: vii). Thanks to some revolutionary and unorthodox practices, the La Borde clinic is often presented as the embodiment of the French version of anti-psychiatry. However, this assumption was not well received, with Jean Oury, Guattari's colleague and director at La Borde, stating that the confusion was a result of Guattari's interest in the movement in the late 1960s. 'Il a été fasciné, vers la même époque, par les antipsychiatres. C'est de là que vient le nuage qui s'est fait, dans la tête mal informée des gens, entre La Borde et l'antipsychiatre ça me met toujours en rage' (Oury & Depussé, 2003: 223). Oury believed that institutional psychotherapy and anti-psychiatry were fundamentally incompatible. He heavily criticised Italian anti-psychiatrist Franco Basaglia for his irresponsible practices.²⁷ This drastically contrasted with the attitude at La Borde: although unorthodox in its practice, Oury insisted that staff took responsibility for its patients. The La Borde clinic was at Sologne in the Loir-et-Cher and received significant notoriety for unconventional practices such as its rejection of the traditional isolation of the 'mad'; instead at La Borde, psychotic

²⁷ Oury criticised Basaglia's version of the hospital that functioned as a pseudo-halfway house, where patients could leave in the morning and come back in the evening and consequently would often just disappear.

patients mixed with 'normal' people. However, La Borde diverged from anti-psychiatry insofar as although the 'mad' mixed freely with the 'sane', it was known that psychotic patients needed medical treatment. Oury opened La Borde in 1953, with the goal that the clinic would 'define new approaches as creatively as possible, letting chance and spontaneity play an important role, as the surrealists had done' (Dosse, 2010: 44). Guattari came to work at La Borde in 1955, attaining psychiatric training through Lacan's seminar series and his work at La Borde. Although quite strict beforehand, Guattari relaxed his approach after he was temporarily hospitalised in 1957 at Saint Alban, in order to avoid military service in Algeria. There he experienced what it was like to be a patient subject to overbearing doctors and nurses. Guattari wanted to challenge the paradigm that nurses and doctors were superior and that the mental patient was inferior. Thus nurses at La Borde did not wear traditional white smocks but instead wore normal day clothes so that they were virtually indistinguishable from the patients. 'The central intention is to abrogate various roles and stereotypes: to behave like a madman, a doctor or a nurse, to promote human relationships that no longer lead automatically to lesser roles and stereotypes' (Guattari cited in Dosse, 2010: 47).

Guattari was highly innovative in his clinical practice: Guattari and his colleague Nicole Guillet, a doctor at La Borde until 1974, both ran a large group meeting for fifteen or so seriously ill patients who could participate in the clinic's other activities. The aim of this group therapy meeting was that every participant would have the chance to speak. Additionally, as an intermediate position between groups that either were too large or consisted of one-on-one therapy, numerous smaller groups were created, with the focus of helping the participants

overcome their speech and behavioural difficulties (Dosse, 2010). Challenging the traditional psychoanalytic practice of transference, Guattari developed his typically 'Labordian' theory of transversality in 1964. Freud's concept of transference is 'the libidinal tie between the analyst and the analysand that is subject to analysis' (Genosko, 1996: 14–15). Freud's theory of transference proposed that strong emotional, often sexual feelings that were originally directed towards others are transferred and projected onto the doctor in the process of analysis. Patients thus relived previous emotions through analysis. Freud theorised that transference was an asset to psychoanalysis rather than excessive emotions that would hinder treatment. Through this process of transference patients could come to recognise repeated emotional behavioural patterns, work through them and ideally 'reattach them to the original figures who inspired those feelings (often their parents)' (Thurschwell, 2000: 39). Transference was largely considered the 'sine qua non of a successful treatment' (Genosko, 2000: 110). Guattari, however, found this psychoanalytic concept of transference problematic. In the chapter on 'transversalité' in his book *Psychanalyse et transversalité*, Guattari puts forth the idea that as a consequence of the psychiatric hospital's internal power relations, those between doctors and nurses for instance, this transference might become predetermined on the basis of existent stereotypes. This represents 'une forme d'intériorisation de la répression bourgeoise par la résurgence répétitive, archaïque et artificielle de phénomènes de caste avec leur cortège de fantasmes de groupes, fascinants et réactionnaires' (Guattari, 1974: 79). Guattari believed that transference could easily escape the analyst and analysand in the group setting. Therefore, instead of a dual relation, that is, where the analyst is the blank canvas

onto which the analysand could transfer and project their feelings, in the group setting this would become the other patients, which therefore transforms the group into the analyst. Guattari's concept of transversality, which was developed through Guattari's interest in developing a therapy suitable to the institutional context, is difficult to define. Guattari's premise was that, much as transference was the foundation of psychoanalysis, transversality would form the basis of institutional analysis in the group setting, and would therefore replace the psychoanalytic notion of transference. 'Transversality is the measure of an institution's influence on all its denizens' (Genosko, 2005: 288). Guattari argues of transversality:

Elle tend à se réaliser lorsqu'une communication maximum s'effectue entre les différents niveaux et surtout dans les différents sens, c'est l'objet même de la recherche d'un groupe-sujet. Notre hypothèse est la suivante: il est possible de modifier les différents coefficients de transversalité inconsciente aux différents niveaux d'une institution [...] [L]a transversalité est le lieu du sujet inconscient du groupe, l'au-delà des lois objectives qui fondent le support du désir du groupe. (Guattari, 1972: 80–82)

In 1972 Guattari, along with philosopher Gilles Deleuze, penned *L'Anti-Oedipe: Capitalisme et schizophrénie*. *L'Anti-Oedipe* is a difficult text and interestingly although Deleuze and Guattari use the term schizophrenia, they do not use it in the psychiatric sense; rather they use it 'to refer to a specific mode of psychic and social functioning that is characteristically both produced and repressed by the capitalist economy' (Holland, 1999: x). Schizoanalysis builds a model of the psyche based on psychosis rather than on neurosis as is the case with psychoanalysis. In this alternate model schizophrenia in the psychiatric sense is not a mental illness, rather it is a result of the 'reigning institutions of capitalist society – including *prima para omnes* the institutions of psychiatry, psychoanalysis, and the nuclear family' (Holland, 1999: 2). *L'Anti-Oedipe*

introduced the concept of schizoanalysis as a theoretical challenge to the Oedipal model of Freudian and Lacanian psychoanalysis. Deleuze and Guattari write:

Oedipe ne sert strictement à rien, sauf à ligaturer l'inconscient des deux côtés. [...] Nous sommes profondément las de ces histoires où l'on est bien portant par Oedipe, malade d'Oedipe, et de diverses maladies sous Oedipe. [...] Oedipe c'est comme Dieu, le père, c'est comme Dieu; le problème n'est résolu que lorsqu'on supprime et *le problème et la solution*. La schizo-analyse ne se propose pas de résoudre Oedipe, elle ne prétend pas le résoudre mieux que ce n'est fait la psychoanalyse oedipienne. Elle se propose de désoedipianiser l'inconscient pour atteindre aux véritables problèmes. Elle se propose d'atteindre à ces régions de l'inconscient orphelin, précisément 'au-delà de toute loi' où le problème ne peut même plus être posé. (Deleuze & Guattari, 1972: 96–7)

Although Guattari challenged existent psychoanalytic and psychiatric concepts and condemned the incarcerative structure of institutional psychiatry, Guattari, much like Oury, was still rather critical of the anti-psychiatry movement. In 'The Divided Laing' (1996), Guattari admits that anti-psychiatric theories must be appreciated, as the anti-psychiatrists including Cooper, Basaglia and Gentis had 'in several months, done more to change opinions about madness than decades of patient and serious research carried out' (Guattari, 1996c: 38) had accomplished. However beneficial certain tenets of anti-psychiatry were, Guattari also points to a fundamental flaw: 'no anti-psychiatric experiment has been long lasting. All have been only gallant last stands which have been liquidated by orthodox institutions' (Guattari, 1996c: 38). Guattari accuses Laing himself of being divided, stating that Laing's work often runs away from him, and questions whether Laing truly understood the implications of his works with his understanding of the nexus of the family and Bateson's double bind. Guattari ends his article with a scathing critique of Laing, stating that he hopes Laing:

returns to the concrete struggle against the repression of the mentally ill and that he will be able to define more rigorously the conditions of a revolutionary psychiatric practice, that is, of a non-utopian psychiatry that is susceptible to being taken up en masse by the avant garde of mental health workers and by the mentally ill themselves (Guattari, 1996c: 40).

Despite the prominence of these theorists and their clear disdain for the traditional means of labelling and treating madness, neither Foucault nor Guattari explored the role that gender plays in the diagnosis and the treatment of madness.

Anti-psychiatry as a movement peaked in the mid-1960s and early 1970s and had fizzled out by the late 1970s. Anti-psychiatry was a symptom of European counter-culture of the period and when the radicalism of counter-culture started to fade, so did anti-psychiatry. Contributing to the movement's collapse was its dubious medical ethics: rumours swirled that R.D. Laing often gave his patients in Kingsley Hall psychotropic drugs in order to induce episodes of psychosis. The ethical doubts over Laing were such that he lost his licence to practise medicine in 1985, four years before his death in 1989. Laing's increasing level of radicalism as well as his deeply tautological prose also diminished Laing's medical and theoretical credibility and further contributed to the dwindling influence of anti-psychiatry.

The Late Twentieth Century, the Twenty-first Century and Biological Psychiatry

The late twentieth and early twenty-first century, with significant advances in neurobiology and genetics, has ushered in an age of medicalisation of the aspects of mental health previously thought to be more social. This medicalisation of madness has engulfed the field of mental health, and arguably overshadows social and individual contributing factors. It acts as a means of absolving

contemporary Western society and culture of any blameworthiness or even toxic aspects that might contribute to driving the individual 'mad'. By emphasising the genetic or neurological aspect(s) of social ills, from obesity to anorexia nervosa and from violent criminal tendencies to depressive ones, their inevitability and predetermination is implied. Ian Hacking writes:

we try to biologise, to recognise a biological foundation for the problems that beset some class of people. More recently, we hope to geneticise as much as possible. Thus overweight and obesity, once regarded as a problem of incontinence, or weakness of the will, become the province of medicine, then of biology, and at present we search for inherited genetic tendencies to become fat. A similar story can be told in the search for the criminal personality. (Hacking, 2006: 3)

The same too can be said for the mad personality, that of the schizophrenic (Strauss & Carpenter Jr, 1981),²⁸ (Joseph, 2004),²⁹ and that of the eating disorder (Watkins, 2011).³⁰ Eating disorders like anorexia nervosa and bulimia nervosa, despite having some male sufferers, are overwhelmingly perceived by society and the medical profession as 'female illnesses': as Busfield argues, '[anorexia] has replaced hysteria as the women's disorder *par excellence*, with studies indicating that in clinical contexts more than 90 per cent of cases occur in

²⁸ Strauss and Carpenter Jr write that 'investigations have established beyond reasonable doubt that some forms of schizophrenia have a genetic component although the exact genetic component is unknown [...] (Strauss & Carpenter Jr, 1981: 13).

²⁹ Joseph addresses the concept of genetic predisposition to schizophrenia highlighting that often this predisposition, which relies on a significant number of external environmental and social factors in order to have any effect on the individual, is often simplified by the general public and medical professionals to a direct genetic and thus entirely medical cause. He writes of the genetic predisposition concept 'the most accepted causal framework for schizophrenia is the "diathesis-stress theory"' as it was called by Rosenhal in 1963. According to Rosenhal what is inherited is a constitutional predisposition to schizophrenia. [...] Unfortunately, members of the public as well as many professionals frequently misinterpret "genetic predisposition" as being synonymous with "it's genetic"' (Joseph, 2004: 161).

³⁰ Regarding a psychiatric predisposition to eating disorders Watkins writes 'there are high levels of comorbidity between eating disorders and other psychiatric disorders and the question remains whether there is a unique genetic risk for the development of eating disorders or whether the genetic vulnerability may be shared with other disorders' (Watkins, 2011: 29).

women' (Busfield, 1996: 15). The over-emphasis on medical causes both neurological and genetic erodes the host of social contributing factors that lead to this sort of gendered 'madness'. This is evidenced by discussions of eating disorders. The emphasis on biological psychiatry and mapping brain activity in the anorexic (Uher et al., 2003) (Jimerson et al., 2006) postulates that the brain of the anorexic functions differently from that of a 'normal' individual. This overlooks the fact that eating disorders occur primarily in the developed world where thinness is equated with beauty, especially in the case of females, and are almost non-existent in the developing world and cultures that prize a more voluptuous female body. The thin, fit body as the epitome of female beauty is compounded by countless television programmes, magazines, books and DVDs that all promote thinness not only as beauty but also as success, and which describe ways in which to attain said success and beauty through quick-fix diets and exercise regimes. The emphasis on thinness is such that numerous studies have observed that over sixty per cent of white middle class girls aged between 12 and 19 at any given time are dieting, a statistic with obvious links to disordered eating (Nichter, 2000). As argued, the scientific community's focus on the anorexic brain overlooks the social factors that contribute to the development of anorexia nervosa. The same can be said for depression and anxiety, particularly among women. The overlooking of individual subject history, according to Leader, is a common feature of contemporary psychiatry. He observes:

The psychotic subject has become less a person to be listened to than an object to be treated. The patient's specificity and life-story are often just airbrushed away. Where old psychiatry books were once filled with reported speech of patients, today all one sees are statistics and pseudo-mathematical diagrams [...] The individual has vanished. (Leader, 2012: 4)

In contrast to this trend within psychiatry and in fact much contemporary discourse, this thesis therefore represents a return to the individual and to the social nexus of madness. Each auteur and her texts are analysed separately in light of her social and theoretical milieu, the issues that afflict her and texts that inspired her. The texts are read with a close textual analysis in order to shed light on the themes present in each auteur and in order not to erode each auteur's individuality by presenting them and their works as a homogeneous mass, because they are, after all, grounded in different motivations and inspirations. They are, of course, united by the overarching theme of this thesis, madness, which although multifaceted in its manifestations, is ultimately to be understood in relation to gender norm violations. It would seem, as Leader argues, that despite academic efforts and 'the warnings of progressive psychiatrists over the years and the anti-psychiatry movements of the 1960s and 1970s, psychosis is still too often equated with the ways in which some people fail to fit the norms of society' (Leader, 2012: 4).

Chapter Two: The Everyday Madness of Chantal Akerman

Introduction: Chantal Akerman

Chantal Akerman was born in 1950 in Brussels, the daughter of Holocaust survivors. With a filmic output spanning more than five decades she is one of the most prominent francophone auteurs. Akerman committed suicide in October 2015. Akerman's affinity with film began when she saw Jean-Luc Godard's *Pierrot le Fou* and was enamoured with his avant-garde directorial style. Akerman made her filmic debut in 1968 at the age of 18 with a zero budget production *Saute ma ville*, which she wrote, starred in and directed. Akerman came of age in the midst of the French counter-culture of the 1960s, the second wave of feminism and the burgeoning field of feminist film theory. Guy Austin (1996) writes that 'the year 1968 was a watershed for French Feminism and consequently for women's filmmaking in France' (Austin, 2009: 81) with Akerman alongside prominent auteurs Agnès Varda with *Cleo de 5 à 7* (1962) and *Daguerréotypes* (1975) and Marguerite Duras with *La femme du gange* (1974), *India Song* (1975) and *Son nom de Venice dans Culcatta desert* (1976) heavily impacting the French cinematic landscape of the 1960s and 70s.³¹ Akerman's filmography of the 1970s reflects this political climate. Following *Saute ma ville* was another short entitled *La chambre* (1972), a film without actors except herself, consisting of long panning shots around an unspecified apartment in an unspecified location. *La chambre* highlights the themes of the interior and domestic space, themes first touched

³¹ For a full discussion of the work of Agnès Varda and Marguerite Duras see: Smith, A. 1998. *Agnès Varda*. Manchester University Press: Manchester and Günther, R. 2002. *Marguerite Duras*. Manchester University Press: Manchester & New York, respectively.

upon in *Saute ma ville* and that would become central to Akerman's 1970s oeuvre. The film also showcases Akerman's emerging signature style: a combination of cinematic minimalism, hyperrealism and an unrelenting focus on domestic space. The same year, Akerman also made *Hôtel Monterey*, an inquisitive piece about the down-and-out residents of a New York hotel. In 1974, she made *Je Tu Il Elle*, which also stars the young and, in places, nude Akerman. Then in 1975 came Akerman's most celebrated film, *Jeanne Dielman, 23, Quai du commerce, 1080 Bruxelles*.³² *Jeanne Dielman* catapulted Akerman to fame and drew both critical and academic acclaim. Akerman was 24 when she made *Jeanne Dielman*, and despite her later vehement denial of any clear feminist agenda in the film's production, the film's crew was almost entirely made up of women. Despite *Jeanne Dielman* being Akerman's most commercially and critically successful film, the film had a low budget of around \$100,000. Akerman enjoyed an illustrious career until her suicide in 2015.³³ Over the course of her career, Akerman's cinematic interests evolved: where one could say that in the 1970s, Akerman was primarily focused on the domestic and the 'real' reality of women, her work in the 1990s reflected an interest in travelling and movement, perhaps intentionally moving away from the 'feminist' label that was assigned to her in the 1970s. As the aim of this thesis is to discuss the polemical relationship between gender and 'madness' during the late 1960s and 1970s, the heart of the counter-cultural

³² Hereinafter referred to as *Jeanne Dielman*.

³³ After *Jeanne Dielman*, Akerman went on to make *News from Home* (1977), which consists of her reading letters from her mother back in Brussels set to the scenic backdrop of filmed images of New York City, where Akerman was living at the time. Akerman's last film of the 1970s was *Les rendez-vous d'Anna* (1978), a film about a young film director who arrives in Germany to showcase her new film. Her most recent feature film was *La folie Almayer* (2011), and in 2015 she made a documentary film entitled *No Home Movie*. Her filmography includes many successful films such as *D'Est* (1993), *La Captive* (2000), a cinematic adaptation of Proust's *La Prisonnière*, and *Toute une nuit* (1982), to name but a few.

movements and feminist movements that swept across Europe, discussion of Akerman's work will be limited to *Saute ma ville*, *Jeanne Dielman* and *Je Tu Il Elle*, taken from her 1970s works.

The importance of Akerman's 1970s films to representations of women's madness has been underexplored. During this epoch, Akerman exhibits a clear interest in the depiction of the real and 'maddening' conditions that are commonly aligned with the category of woman. These conditions, as highlighted by her oeuvre, can be summarised as domesticity and banality, alienation and confinement, female sexuality and more observations surrounding the patriarchally defined female role. A brief overview of the films' plots makes evident Akerman's scarcely observed theme of a sort of everyday madness and its correlation to women's lived realities. *Saute ma ville* features an 18-year-old Akerman as an unnamed protagonist who returns to her apartment in an unidentified HLM. She enters her kitchen, seals herself in with tape and starts acting out ordinary domestic chores in the most un-ordinary manner, to the sound of extra-diegetic, off-key and unmelodic singing. The film ends with her turning on the gas, setting fire to a letter and not only blowing herself up, thereby committing suicide, but also blowing up her entire apartment block and *quartier*. The film showcased Akerman's 'thematic concerns and [the] cinematic style herald[ed] the oeuvre to come' (Schmid, 2010: 18).

Jeanne Dielman's lengthy plot revolves around its eponymous protagonist, a widow with an adolescent son, and her rigorously regimented daily life. Jeanne is a full-time mother and homemaker and a part-time prostitute. The film's climax occurs when after her encounter with her third client featured in the film, Jeanne

stabs him to death with a pair of scissors for no apparent reason. Jeanne does not turn herself in or exhibit any visceral reaction to her crime; she merely sits at her dining room table for the remaining seven minutes of the film. The emphasis on the domestic in these two texts is evident: what has been only minimally discussed in much analysis of them, however, is their clear commonality, the inherently maddening nature of women's confinement to the domestic sphere. *Je Tu // Elle*, differing from the previous two dramas, consists of three tableaux called 'the time of subjectivity', 'the time of the other' and 'the time of the relationship' and is narrated by Akerman in the first person. The plot follows a young woman (Akerman), the *Je* of the film, in the wake of a break-up and confined to a room for around a month where she subsists only on sugar and writing letters to her former lover, the *Tu* of the film. In the credits, the protagonist's name is revealed as Julie. As part of Julie's enigmatic self-confinement, she systematically removes all furniture and possessions from her apartment before she then leaves and flags down a lorry, the lorry driver being the *//* in the film's title, whom she rewards for her transportation with a sexual favour. She then arrives at the flat of *Elle*, her female lover, who though initially unwilling to let her stay agrees, gives her food and lets her spend the night; the pair make love and the film ends. These two works, *Jeanne Dielman*, and *Je Tu // Elle* challenge how women are traditionally presented on screen both in terms of leading the narrative and in terms of sexual agency. This is exhibited through *Jeanne Dielman* where the entire plot revolves around Jeanne's life and her dual role as mother-cum-prostitute and again in *Je Tu // Elle* where the protagonist's sexuality is made visually accessible to the spectator, although not from the objectifying gaze of traditional patriarchal cinema.

Although it does not particularly feature in *Je Tu Il Elle* and *Saute ma ville*, the figure of the mother and the relationship to the mother is an important factor comprising Akerman's 1970s aesthetic, which can be seen in Jeanne Dielman's distant and clinical relationship with her son, Sylvain, and again in *News from Home*.

Akin to the other writers and film-makers examined in this thesis, all Akerman's works discussed in this chapter contain varying degrees of autobiography or some sort of imprint of 'self' onto the film. In the case of Akerman the imposition of the self onto the text is undoubtedly linked back to the figure of the mother: as Bergstrom writes, 'her films were openly autobiographical, yet in a stylised, indirect manner and that aspect of her life she often represented concerning her relationship with her mother attracted great interest' (Bergstrom, 2015). This imprint of self on the text can be seen from Akerman herself starring in her films, *Saute ma ville* and *Je Tu Il Elle* and her basing of *Jeanne Dielman* on memories of her mother from her childhood. Speaking of her inspiration for *Jeanne Dielman*, Akerman states 'je suis partie de quelques images très précises de mon enfance: ma mère que je voyais à l'évier; ma mère portant des paquets' (Akerman, cited in Trémois, 1976). This quotation conjointly demonstrates the importance of the figure of the mother and the imprinting of memory and the self onto the text, which becomes a visual signature of Akerman's 1970s work. *Saute ma ville* and *Je Tu Il Elle* both defy the concept of a fixed identity as Akerman has a dual role in the production of the film as director and as actor. *Je Tu Il Elle* is also semi-autobiographical in its narrative as it is based on the encounters she had with people she met on three trips. Judith Mayne argues that the imprint of the

self in the text is particularly prominent in *Je Tu Il Elle* where 'there is hardly a single moment [...] when Akerman's presence is not marked, either by her literal presence on screen or by the presence of her voice' (Mayne, 1990: 129). A similar observation can, of course, be made with regards to *Saute ma ville*, where Akerman also occupies a dual role as auteur and actor. As is the case with *Je Tu Il Elle*, the 'je' or 'I' of the film's title refers to both Akerman as actor and Akerman as director therefore reflecting her role as the female subject and the female auteur. This duality is best exemplified in the moments after she masturbates the truck driver. After he climaxes, he looks momentarily into the camera, not only breaking the fourth wall but also as if to acknowledge that it is Akerman behind and in front of the camera as Julie. As Mayne argues, 'Akerman as the female subject of *Je Tu Il Elle* occupies in this scene, the same metaphorical position behind the camera as it were, as the cinematic author' (Mayne, 1990: 130). With *Saute ma ville*, the marking of the self into the text speaks additionally to the self, struggling for recognition, as Akerman plays herself as herself and is surrounded by props that reflect this questioning of identity and self-recognition, such as mirrors and photographs of herself, accompanied by the 'c'est moi' the protagonist traces on the mirror. Akerman marks her work with an imprint of the self, ranging from her physical presence, her oratorical presence or by the presence of her memories that are used to create the narrative of the film. Akerman's printing of the self onto her films, through her physical presence and through memory, functions as a filmic signature that when combined with her hyperrealist style, further grounds her films in the real. By cementing her films' place within the real

everyday Akerman also highlights the very real and relatable nature of everyday women's madness.

Akerman's Feminist Aesthetic?

Despite her seeming alliance with feminist cinema, at least in the theoretical sense, Akerman has a complex and often contradictory relationship with identifying as a feminist or woman film-maker. Highlighting Akerman's ambivalent feminist position, she stated in a 1979 interview:

I'm a film-maker, but I won't say I'm a feminist film-maker. Immediately you do an interview, they say – oh, you're making a woman's film. No, I'm not making women's films; I'm making Chantal Akerman's films. I didn't decide to make films with feminist points or to change social structures; I decided to make films, to work in that medium, with that art. It so happens I'm a woman and aware of certain problems, but that isn't my main concern in making movies. But, you know, the way I am feminist – to a certain extent – is that I'm very confident in my feelings about what I should do. I'm not someone who thinks that because I'm a woman my thoughts are less good. In that respect I can say I am feminist but not in others. (Akerman & Martin, 1979: 28)

Akerman's hesitation to identify herself as a woman film-maker or feminist film-maker may have been to avoid the pigeonholing that these terms evoke, that is films of minor significance which of course would lead to lower commercial success, or films of the same ilk as Haskell described as the quintessential 'woman's film' (Haskell, 1987: 153).³⁴ Given the subject matter for Akerman's 1970s films, it is relatively easy to understand how her works have been labelled by scholars and critics alike as feminist. Her films are removed from the

³⁴ Akerman's filmic interests progressed from her ambiguous feminist polemics of the 1970s: the films of the latter part of her career were more concerned with her Jewish ancestry and travel rather than the lived reality of women, perhaps with an attempt to 'ditch' the feminist and women's cinema labels that were attached to her early work.

sexualised glamour of mainstream Hollywood cinema, her female characters are complex and multi-dimensional, her work is 'both politically challenging and aesthetically innovative, or more precisely a work where formal and thematic innovation go hand-in-hand in offering a new representation of gendered identity, female subjectivity and minority existence' (Schmid, 2010: 17). This concern with representing women's subjectivity and lived experience is even stated by Akerman, talking to the French newspaper *Le Monde* in 1976 about the plot and hyperrealism of *Jeanne Dielman*, when Akerman stated 'je voulais dire des choses très précises sur la condition des femmes' (Akerman cited in Siclier, 1976). From this quotation one can see that Akerman is clearly trying to highlight the maddening banality of life lived almost solely in the domestic sphere and emphasising women's minority existence. In fact, her debatable feminist aesthetic is one multi-dimensional in its representation, as Akerman also insists 'that her films' modes of address rather than their stories alone are the locus of their feminist perspective' (Bergstrom, 2015). The implication here is that Akerman's filmic techniques, her uncomfortably long takes and her lingering camera also represent a 'gestural feminism' (Kinsman, 2007a: 261). Despite Akerman's unwilling identification with feminist film or women's cinema, her 1970s films do conform to many working definitions of feminist cinema: Akerman's films foreground women's consciousness, thereby challenging the male-dominated hegemony of mainstream cinema. Her work confronts 'the most basic structures of the cinema [and] the unconscious mechanisms underlying them (visual pleasure, gendered spectatorship, narrative causality, identification and fantasy) in order to articulate a totally new language of cinematic desire' (Flitterman-Lewis, 1999: 28).

Madness as a Gender Norm Violation

Informing my reading of the coded madness present in Akerman's films is psychologist Phyllis Chesler's *Women and Madness*. Chesler argues that madness should be understood in terms of gender roles, the binary and dichotomous categories that continually align women with the characteristics of passivity, shyness and dependence amongst others, the opposite of those characteristics assigned to men. The nucleus of Chesler's argument provides valuable links between theories of anti-psychiatry, feminism and social constructionism. Despite her training as a psychiatrist, Chesler's thesis pays much more attention to questions of the social construction of 'madness'. Moreover, she states that female madness is in fact an expression of female powerlessness and the attempt to overcome it. According to Chesler, this powerlessness is a result of patriarchal society, and madness, as so sociologically defined, may in fact represent the only escape from crippling social norms that women must adhere to in order to be deemed 'normal' or perhaps even healthy. She states 'women have already been bitterly and totally repressed sexually; many may be reacting to or trying to escape from just such repression, and the powerlessness it signifies, by "going mad"' (Chesler, 2005: 98).³⁵

In her revised introduction to the second edition of *Women and Madness*, published in 2005, Chesler restates her methodology and impetus to write. She

³⁵ Luce Irigaray echoes this observation of the inherent patriarchal bias of the psy sciences: she states: 'Scientific discourse is still the privilege of men [...] as is the management of the political in general and of most private aspects of our lives as women. Their discourses, their values, their dreams and their desires have the force of law, everywhere and in all things, [...] they define women's functions and social role, and the sexual identity they are, or are not, to have. They know they have access to the truth; we do not' (Irigaray, 1991d: 35).

states that what drove her to write *Women and Madness* was to find out how 'patriarchal culture and consciousness had shaped human psychology for thousands of years. [She] was charting the psychology of women who, as a caste, did not control the means of production or reproduction and who were, in addition routinely shamed: sexually and in other ways' (Chesler, 2005: 5). Through a social constructionist lens, Chesler argues that manifestations of madness are linked to typical understandings of appropriate masculine and feminine behaviour and so-called 'mad' behaviour could and perhaps should be seen as a range of 'gender norm' violations. Due to norms of femininity that culturally mandate passivity, submissiveness, emotionality and dependence, women are much more likely than men to be deemed 'mad'. She asserts that the typical female role is largely unsatisfying, leading to unhappiness which in turn may take the form of anxiety or depression, incorrectly labelled by society as 'madness'. What is culturally and even medically branded as madness is, according to Chesler, the fact that women have fewer socially acceptable behaviours than men do and are so often confined to the domestic sphere. As a result of this social regimentation, women will commit more unacceptable or perhaps 'mad' behaviours. All of the above are captured in one way or another in Akerman's films. Chesler's understanding of madness in the context of gender evokes the concept of the double bind. This notion of the double bind was first conceptualised by Gregory Bateson: it is, in essence, the 'no-win' situation of an individual who may develop schizophrenic symptoms due to two conflicting levels of communication in which the person cannot resolve an inherent dilemma. This notion is also present within feminist psychology, particularly that of Chesler: the understanding is that women run the risk of inevitably being labelled

'mad'. In Chesler's own words, 'women are often psychiatrically incarcerated for rejecting their "femininity" as defined by those close to them – and are released or considered as "improved" when they regain it' (Chesler, 2005: 154).

Everyday Madness

Madness is no longer a clinically relevant term; it is, however, contemporarily used to describe any behaviour that appears out of the ordinary. It is clear from viewing Akerman's oeuvre that she is not concerned with madness in the psychiatric sense, but it is my contention that a depiction of a certain sort of everyday madness is seen in her films *Saute ma ville*, *Jeanne Dielman* and *Je Tu Il Elle*. This everyday madness, as I shall term it, lies in the protagonists' actions – the subversion of the everyday and the acts of violence committed by the protagonists of *Saute ma ville* and *Jeanne Dielman*, and the erratic behaviour depicted in *Je Tu Il Elle*. Akerman's 'madness' is not only narrative madness but also one of style conveyed through her excessive focus on the domestic and the interior enhanced through her filmic techniques which combine to create a *mise en scène* of claustrophobia and suffocation. Everyday madness is highlighted by Akerman's hyperrealism that is attained 'through a fake impression of depth, the excess of detail resulting from a fixed stare' (Margulies, 1996: 46). Akerman's signature style, crafted in *Jeanne Dielman*, is made possible through her taking of Hollywood conventions to their logical extreme: she 'hyperbolizes perspective, linear chronology, ellipsis and the naturalistic conventions of having single actors perform single characters. Insisting on, indeed amplifying narrative elements, Akerman defines a homogenous texture that subverts the codes of cinematic transparency from within' (Margulies, 1996: 67). Akerman's skilfully crafted

'hyperrealist world [...] resists classical representation of women: Jeanne as combination of housewife and prostitute who leads a monotonous life, shatters the positive image of domesticity as a life-fulfilling occupation by showing the drudgery of the quotidian' (McFadden, 2014: 88). What is inescapable when viewing Akerman's 1970s films, specifically *Saute ma ville*, *Jeanne Dielman* and *Je Tu Il Elle*, is her preoccupation with the interior, the domestic, the space most synonymous with woman. I argue that through her signature 'combination of minimalism and hyperrealism' (Margulies, 1996: 7), Akerman foregrounds the locus of female 'madness' in domestic space and rituals. Akerman's focus on the banality of the domestic 'female' sphere provides a framework for questions of female incarceration and alienation in domesticity, female identity and the 'maddening' nature of women's 'minority existence' (Schmid, 2010: 17). Akerman alludes to a continuity between *Saute ma ville* and *Jeanne Dielman*, stating in an interview:

C'est novembre 1968, j'ai 18 ans et je joue, moi-même, dans un registre de tragi-comédie burlesque. On retrouve dedans en partie de mes facettes un côté Charlot ou Tati. Il faut tout faire sauter et soi-même avec, mais dans la folie. C'est le message et la réponse anticipée à l'ordre de *Jeanne Dielman*. (Chantal Akerman, cited in Morice, 2004)

Akerman here alludes to causality between the violent climax at the end of *Saute ma ville*, and the maddening nature of imposed domesticity. Akerman's signature minimalist restrained style and hyperrealist aesthetic may have a more subversive purpose than merely being a set of cinematic techniques. In terms of the filmic style used for *Jeanne Dielman*, Akerman cites a reasoning that is feminist in its implication: she states that 'it was the only way to shoot that film – to avoid cutting the woman into a hundred pieces, to avoid cutting the action into a hundred

pieces, to look carefully and to be respectful' (Akerman, cited in Fowler, 2004). Akerman's encouragement of a distant observation carries particular significance when viewing Jeanne's routine, the significance that Akerman's filmic technique may be viewed as an alternate way of representing women on screen, separate from the objectifying gaze of mainstream and thus patriarchal cinema. In mainstream cinema, women are typically dissected by the film-maker's camera, captured as freeze-frame spectacle of their body parts that are fetishised as objects, only functioning in relation to the film's male lead. Or as Luce Irigaray states, 'le féminin est défini comme le complément nécessaire au fonctionnement de la sexualité masculine, et plus souvent, comme un négatif qui l'assure d'une auto-représentation phallique sans défaillance possible' (Irigaray, 1977: 68). In her 2011 work *Film and Female Consciousness*, Lucy Bolton proposes the Irigarayan concept of the speculum, a curved mirror or device that unlike the flat Lacanian mirror could 'pénétrer à l'intérieur' (Irigaray, 1974: 180) of women and reveal their true subjectivities, as a tool for feminist film analysis. Bolton argues that in the case of feminist film, the 'film-maker's camera [can act as an] Irigarayan speculum, rather than a flat, reflective device, film can be conceived as a means of "getting inside" the subjectivities of women, revealing and examining interiority and consciousness' (Bolton, 2011: 37). This sort of understanding arguably allows Akerman's filmic techniques to be read as 'a means of creating a cinematic register of female consciousness' (Bolton, 2011: 37). Akerman's filmic techniques may therefore be an extension of her subject matter. Her hyperrealism refuses to dissect woman but instead forces the spectator to observe with respect and caution, and to observe the inherent theme of everyday madness as rooted in

compulsive repetition, order and chaos, domesticity and ultimately the lived reality of women. As Bolton asserts, Irigaray's 'analysis of the problem of a lack of sexual difference in Western society informs our understanding of reasons why feminine consciousness had failed to be represented on screen in any meaningful way' (Bolton, 2008: 51). This fundamental problem of accurate and meaningful cinematic representation is something that Akerman, particularly in her 1970s oeuvre, has sought to challenge.

Madness and Confinement of Domestic Space and Ritual

The madness of domesticity is a prominent theme in Akerman's 1970s oeuvre and manifests through the performing of habitual actions in an unusual manner.

Akerman takes typical 'feminine' behaviour such as cooking and cleaning and subverts it to show the madness of such gendered behaviour. This subversion of the everyday is the bedrock of Akerman's everyday madness and can therefore be regarded as a demonstration of the inherent madness of such gendered confinement. The connectedness between domestic ritual, 'madness' and a violent climax is both expected and delivered in *Jeanne Dielman*, where the 'feminine encoded space [acts as] a veritable prison cell, traversed by the familiar signs of customs that evoke [...] the stifling domesticity that has turned [Jeanne] into [a] robot, monster or both' (Flitterman-Lewis, 1999: 28). The theme of confinement in domesticity and its inherent madness is an important one. *Saute ma ville* and *Jeanne Dielman* and to a lesser extent *Je Tu Il Elle* represent a journey into four walls, with only brief glimpses of the exterior. In patriarchal culture, domestic space is synonymous with the category of woman just as the public space is synonymous with the category of man. The home retains

significance as a specifically feminine concern in patriarchal society: as Beauvoir states, 'la femme est vouée au maintien de l'espèce et à l'entretien du foyer, c'est-à-dire à l'immanence' (Beauvoir, 1973b: 442). Despite the seemingly punitive nature of this patriarchally determined destiny, Beauvoir remarks that some women have internalised this fantasy and the home is therefore of intrinsic value: she stated 'la femme s'efforce encore de donner à son "intérieur" le sens et la valeur que possédait la vraie maison' (Beauvoir, 1973b: 510). This is arguably because the home, in its decoration, routine and cleanliness, is a signifier of how successful or otherwise a woman is at her role of mother, wife and homemaker. Betty Friedan in her key work of the second wave, *The Feminine Mystique* (1963), remarks on the retreat of women back into the home, after the first wave of feminism: suffrage, the fight for an education on equal terms and the right to work outside of the home. She puts forth the argument that

over and over women heard in voices of tradition and Freudian sophistication that they could desire no greater destiny than to glory in their own femininity. [...] They learned that truly feminine women do not want careers [...] all they had to do was to devote their lives from earliest girlhood to finding a husband and bearing children. The suburban housewife – she was the dream image of the young American women and the envy [...] of women all over the world [...] She had found true feminine fulfilment. (Friedan, 1963: 15–18)

The socially acceptable catalogue of supposedly feminine behaviour has a long and global history, a history drawn upon by many feminist thinkers, such as Cixous who outlines in *La jeune née* that the quintessentially feminine characteristics of passivity, motherliness and pathos are defined in opposition to masculinity. Chesler also draws on this global history in the development of her argument of madness and gender norm transgressions. The catalogue of

accepted and expected behaviours for women are those of wife, mother and homemaker. The domestic role has been naturalised through women's role in biological and social reproduction. Given this persistent ideal of woman as domestic goddess, it is of little surprise that the domestic sphere is a considerable concern for feminists, both of the second wave and present day, including Akerman. Although domestic spaces are undoubtedly of high concern to Akerman, their manifestation and her protagonists' reaction to them varies throughout the course of her films. The interior takes many forms in Akerman's oeuvre, and it is clear when viewing the 'trilogy' discussed here, that the interior is synonymous with confinement and 'confinement is Chantal Akerman's subject' (Bellour, 2002: 32). In the case of *Saute ma ville* the protagonist's actions inside her tiny HLM kitchen are deeply subversive and culminate in her literal destruction of her, her domestic cell and her entire town. *Jeanne Dielman* focuses almost entirely on the domestic reality of Jeanne the full-time homemaker and part-time prostitute. In *Je Tu Il Elle*, the first of the three tableaux is fixed in the singular room of the protagonist. The camera relentlessly focuses on the interior of the 'petite chambre blanche, étroit comme un couloir' through long takes and long panning shots, capturing the room and the protagonist as she removes all the furniture, writes letters to a lost love, the gender of whom is ambiguous, referred to with the indirect object pronoun 'lui', when she says in her voice-over 'je lui écris le sixième jour', and sustains herself, in a way evocative of Akerman's theme of everyday madness, by small repetitive spoonfuls from a bag of sugar. Interestingly, the English subtitles to the film impose a heteronormative paradigm onto the recipient of these letters, translating 'lui' as 'to him'. Despite the second and third tableaux

of the film not taking place within the domestic space, it is nonetheless clear, due to the first tableaux, that the domestic space is an imprisoning one.

The repetition of domestic drudgery 'infuses Akerman's cinema from her earliest work *Saute ma ville* [...] thus threading an umbilical cord between *Jeanne Dielman* and *Saute ma ville*, which challenges the heterogeneity ruling each work' (Block, 2009: xlix-1). Domestic labour is the first of many threads that weave these two films together. *Saute ma ville* can arguably be viewed as the adolescent prelude to *Jeanne Dielman*, with the stifling nature of its domesticity met with adolescent fury as opposed to the begrudging resignation of *Jeanne Dielman*. In an interview with *Télérama*, Akerman speaks of both films stating 'on y voyait [...] une adolescente de 18 ans, entrer dans une cuisine, faire des gestes quotidiens, mais décalés et finalement se suicide. Le contraire de Jeanne Dielman: Jeanne c'est la resignation, sans même la conscience de cette resignation. Là c'était la rage et la mort' (Akerman, cited in Trémois, 1976). In both films 'order is the mask for chaos' (Margulies, 1996: 1), order precedes chaos; this is most evident through the frantic attempts to clean in *Saute ma ville* that result in devastation. The spectator is first presented with the theme of (dis)order in *Saute ma ville*, where the attempts to clean and restore order actually create disorder. The cleaning products, predominantly the shoe polish and the soap power, surpass their usual function and paradoxically become the means for creating mess and disorder thus 'stain[ing] the regime that she tries to impose' (Margulies, 1996: 1). The young Akerman on screen destroys the order she imposes on herself by taking gestures of order to their extreme. The excessive cleaning and order exhibited in *Saute ma ville*'s compulsive shoe polishing that continues to the polishing of the leg is

paralleled in Jeanne's compulsive order and Julie's compulsive sugar eating in *Je Tu Il Elle*. *Saute ma ville* introduces the theme of the interaction of order and chaos, not merely as opposites but as interconnected. It is this interconnectedness that is shown through the unnamed protagonist's (Akerman's) cleaning actions that have the opposite of the intended effect. Her entrance into the film seems nothing out of the ordinary at first, collecting the mail to the soundtrack of everyday humming, but the longer the spectator spends inside this narrative world, the more its disorder is manifest. Even the still shot of the back of the kitchen door displaying a picture of a smurf with the epithet 'go home' suggests order masking disorder, commanding the spectator to leave and not see inside the mad everyday. The protagonist enters this small kitchen in the non-descript Belgian apartment; depositing her mail and flowers then sitting down, she is captured in a profile shot as she meaninglessly plays with her keys, throwing them up and down until she drops them on the floor. In picking the keys up from the floor, with the camera tracking her movements, the confined space of the kitchen becomes apparent, as does the lingering manner Akerman picks up her keys. The picking up of the keys therefore becomes a significant moment in the narrative of the film, marking the fracture in order and the descent into the madness of disorder. Akerman then locks herself in the kitchen, the space to which she has, as a woman, been assigned in patriarchal society. The camera follows Akerman in direct proximity as she starts to prepare a meal, and then takes a step back to a mid-range shot as she climbs on a chair and begins to tape up the room to seal herself inside it. There is then a cut to a close-up of the pot of pasta that Akerman swiftly takes off the hob, followed by another cut to Akerman sitting at the table

eating her meal. Her domestic chores of washing up and boiling the kettle are interspersed with her sealing herself inside the kitchen, preventing any more access from the outside, exemplified in how she throws the cat (an intruder) out of her space. The erratic camera and editing highlight the frenzy of the narrative as Akerman climbs onto the counter and throws objects out from her cupboards, including soap powder. After climbing down from the counter and casting more items out from her cupboard, the camera tracks Akerman as she rummages under the sink, pulling out and adorning herself in a raincoat and headscarf. She then clumsily begins to 'clean up' the mess she created, the camera closely following her. Yet her attempts at cleaning only result in more disorder; she throws a bucket of soapy water over the floor which is still strewn with pots and pans from moments earlier. The camera focuses on the chaos of the floor as Akerman pushes a mop around the pans in silence. The film cuts to a still shot of Akerman sitting among the mess, polishing her shoes, with increasing vigour rubbing the boot polish up her leg. It becomes clear that mess and cleanliness, order and disorder and normality and madness co-exist to 'reciprocally wipe each other out' (Margulies, 1996: 2). By taking examples of mundane domestic behaviour revolving around an uncompromising sense of order, Akerman exposes this interdependence and the maddening nature of the everyday.

The theme of the domestic space and its maddening consequences is most prominent in *Jeanne Dielman*. This is evidenced by the full title of the film (Jeanne's name and address), through which Akerman signals to the spectator how Jeanne's existence is bound to her home. Nothing is revealed in the title about the plot of the film, just that the home is the foundational point of Jeanne's

identity and serves almost as the antagonist in the film as the home and its inherent monotony and madness arguably drive Jeanne to murder. Jeanne exists largely in the 'frozen perimeters of domestic space' (Flitterman-Lewis, 1999: 28). It is not until over thirty minutes into the film that the spectator is teased with a few seconds outside the apartment, in the dark, the next outing being Jeanne's visit to the post office at almost hour two of the film, at which point the spectator most likely breathes a sigh of relief at being finally allowed to break free of Akerman's skilfully crafted *mise en scène* of claustrophobia. *Jeanne Dielman* is set over three days and structured to emphasise the importance of routine. The second day is the most complete day that the spectator witnesses, and also the day that unravels the routine that structures Jeanne's life. The gravity of Jeanne's routine becomes apparent the more her routine unravels, an unravelling that is shown in relation to her routine and the ensuing micro chaos that marks the rest of the day. Prior to the haphazard timing that leads Jeanne to stay with her client longer than her routine allows on the second afternoon, the afternoons of the first and second day mirror each other almost entirely. She seamlessly moves around the kitchen in an identical manner. The mimesis extends to Jeanne's smallest gestures: moments before the arrival of her clients, as the static camera captures Jeanne from the other side of the kitchen door, she walks to the door adjusting her cardigan and turns off the lights as she leaves the kitchen. Although these actions are small and may seem inconsequential, they highlight the similitude that unites Jeanne's existence therefore serving as a direct comparison with moments when the order that Jeanne strives for is disrupted. This uniformity of time and action continues to the arrival of her clients: the door sounds, Jeanne answers the door,

they hand her their coats and silently make their way down the corridor. On the first and second day, this is the extent of the interaction Jeanne has with her clients that the spectator is permitted access to. In Jeanne's world of order, the 'obscene' act of sex is obscured from view. The repetitive nature of Jeanne's days is emphasised through her clients, white, middleclass, ageing businessmen. Her clients are practically mute, because they simply constitute part of her routine. Their function is thus to emphasise Jeanne's repetitive and ritualistic life and the disorder that occurs when it is nudged out of kilter.

Akerman's emphasis on domestic ritual makes it more uncomfortable for the spectator when Jeanne's routine is disturbed. This small imbalance, occurring with the seemingly trivial burning of potatoes, marks the beginning of Jeanne's unravelling. This small act represents 'the rupture of the homology that had unproblematically correlated narrative and story levels' (Margulies, 1996: 76), the similitude that linked the domestic order of Jeanne's day (captured in long takes) to the shorter scenes and ellipses of Jeanne's client scenes. The ensuing disorder is shown by small but telling signifiers: the potatoes have burned and Jeanne's coiffed hair is messy; it is from here on in that the film's once overbearing order is disrupted. Jeanne's timing error with her client ignites a domino effect, leaving not enough time for her to 'fix' her appearance after her client and causing her to burn the potatoes. 'After the first link is established between Jeanne's dishevelled hair (the obscene) and the burned potatoes (the scene) there is no way back' (Margulies, 1996: 76): matters further degenerate. Jeanne's dishevelled appearance contrasts to her immaculate appearance of the first day: her once pressed twinset is ruffled and her once coiffed hair becomes messy and tousled.

Signalling this change in order is Akerman's camera angle: the camera now is facing the door, statically poised for a few moments before Jeanne enters the shot. After discovering she has over-cooked the potatoes, Jeanne is visibly distressed and 'starts on one of cinema's greatest choreographies of displaced anxiety' (Margulies, 1996: 76): walking out of the kitchen to walking back in, unsure of how to process the anxiety created by the disruption of her routine. Jeanne can only do what she knows, start the ritual again, but because everything in Jeanne's world is planned to the smallest detail, she has no potatoes left, therefore requiring an unplanned outing to get more which further disturbs her carefully crafted schedule. Jeanne returns, captured in a still mid-range shot as she silently peels the potatoes once more, her hair still out of place. Jeanne's hair is a visual signifier of the disorder encroaching on the immaculate everyday. Her life goes from order to disorder to abandonment. This abandonment is signified by the way she pauses for a moment while peeling the potatoes for the second time: this momentary lapse of composure is practically the only clue to what Jeanne is thinking. Directly after this the door clicks and her son enters.

The film has a suffocating ambiance, in which both the spectator and the protagonist are caught in a cycle of highly ritualised routine of repetition, as Jeanne habitually carries out her day-to-day existence, the majority of whose actions are set in the almost prison-like confines of her home. 'Jeanne's routine behaviour and the spectator's endurance in the face of boredom all constitute parallel yet distinct registers of sameness' (Margulies, 1996: 69). Although this excessive focus on the ordinary strips the film of much of the viewing pleasure associated with conventional cinema, *Jeanne Dielman* is a film that practically

demands excessive attention from the spectator, for it is the most minute of details, such as Jeanne's dishevelled hair and the absence of previously meticulously performed gestures such as the readjustment of a cardigan, that signals the much greater fracture in the routine. It is evident that Jeanne has wholeheartedly devoted herself to the domestic, to the meticulous acting out of her feminine routine as homemaker and mother and very little else. While this is perhaps the ideal held up for women to attain in patriarchal society, the complete surrender to and full acting out of the female role is part of what Chesler refers to as madness. Chesler does not expand much further on how madness can be a flight into femininity, that is 'the acting out of the devalued female role' (Chesler, 2005: 116); she does, however, make clear that as women have far fewer and more rigidly socially defined roles, women are more likely to transgress these behavioural boundaries than men. It is therefore clear that not only do women have certain types of behaviours to enact – passivity, nurturing and domesticity – they also have to do them in a certain fashion. In order to be deemed 'normal', women must strike a balance between not enough, which entails rejecting the conditioned female role, and too much, the over-zealous total acting out of the female role, both scenarios being deemed 'mad'. Jeanne's compulsion to order, to enact her female role in the most precise fashion, can be read as a flight into femininity. This sort of 'madness' is best exhibited in Jeanne's daily order that is in turn mimicked and accentuated through Akerman's *mise en scène*, specifically the positioning of a camera whose height and location is unchanged for the majority of the film. Margulies argues that Akerman's theoretically informed narrative and filmic style creates 'an aesthetic of homogeneity' (Margulies, 1996: 67), a sense of

sameness and repetition that is consistent throughout the entirety of the film. This is in part achieved by the aforementioned rigid camera work combined with lack of 'action' on the first two days, and in part by the ambiance of confinement and by minimal dialogue. From a spectatorial point of view it is perhaps the waiting and cyclical nature of Jeanne's life and thus the film that is the most maddening.

Jeanne's daily routine centres on 'folded action – once the action is completed we return to where we started' (Fowler, 2004: 137). This pattern highlights Jeanne's ordinariness as the everyday woman, the mother and the housewife and her identification with women in general. After all, 'every woman discovers this "compulsion to repeat" in the routine tasks of housework. The behaviour pattern has been drilled into us more or less successfully, but isn't easy to shake off since at some level it functions as a defence, a protective wall for the territory (the kitchen) we have won' (Dubroux, 2000: 281). '*Jeanne Dielman* is not realism, it's hyper-realism schematizing a reality in such a way that when we see Delphine (Seyrig) make a coffee we see all the women in the world making coffee (Martin & Akerman, 1979: 40). The camera's fixed focus draws the attention of the spectator to every action and micro action in the frame. Jeanne's departure from the frame breaks this excessive focus yet the spectator is left still fixed upon the space that Jeanne once occupied, waiting for her return into the shot.

In *Jeanne Dielman*, Akerman creates a 'formal and dramatic equivalence between major and minor events' (Margulies, 1996: 66) with the more 'mundane' aspects of the film – the routine of Jeanne and the preparation of meals – given excessive focus and filmed largely in real time, yet the more salacious actions – encounters with the client – almost completely elided. The overcompensation on

the everyday is so successful that for brief pockets of time the spectator temporarily 'forgets' that another client is just around the corner. The ellipses prioritising the ordinary over the extraordinary are rigorously created and mirror the precision with which Jeanne adheres to her routine, through which Jeanne's order attempts to 'clean up' the disorder of the less-than-meticulous aspects of Jeanne's life. Akerman interrogates the convoluted relationship between identity and action, which reveals fundamental questions pertaining to the representation of women, both cinematic and otherwise. The hyperrealistic focus on Jeanne's everyday functions at a feminist level too: 'by seeing the monotony of daily tasks on screen, the spectator is invited to reconsider women's historic gendered labour that created confined domestic bodies' (McFadden, 2014: 88). Despite the film's hyperrealist aesthetic there are only a few actions shot in real time, predominantly Jeanne's cooking and preparation of food. Through this reversal of attention wherein the domestic routine is emphasised over Jeanne the prostitute's sexual encounters and the murder she commits, Akerman 'shift[s] the hierarchies of importance' (Fowler, 2004: 131). This destabilisation of normality not only reflects the fundamental monotony of Jeanne's rigid routine and Jeanne's numbness to it all but can be read as Akerman's challenge to the logic that would propose 'a kiss would be shown over someone cleaning their shoes' (Fowler, 2004: 131). Akerman subverts this logic, challenging the inherently patriarchal bias that exists within the mainstream, which dictates that action and dramatic shots inherently deserve more cinematic attention: these high-action, high-tension shots are typically gendered male, showing the male star in his hypermasculine glory or featuring the film's female lead in a melodramatic meltdown of the kind that

dominate the woman's film genre. In doing so Akerman is asking a fundamental question about not only cinematic representation but also social representation: Is women's lived and often repetitive reality not worthy of attention, both socially and cinematically? Through *Jeanne Dielman*, Akerman prompts the spectator to experience, through total immersion, the details of the film where 'significance is present but not pointed out' (Fowler, 2004: 133). Her hyperrealism and steadfast and respectful gaze breaks traditional cinematic viewing pleasure by 'forcing the viewer to endure a new kind of tension and engage as an active subject through a new kind of attentive open-ended unfinalising gaze' (Allen, 2008: 259). Akerman's heroine

Jeanne Dielman, simply doesn't correspond to those sorrowful archetypes of human suffering [...] she is just a housewife, a housebound mother, one of those ordinary, inconspicuous people you meet in the grocers or at the school gates. She has never occupied centre stage, she is elsewhere, she is in us, she is our mother, everybody's mother, strangely transformed into a spectacle, transported to the screen in her daily gestures endlessly repeated, those gestures that we finally look at and stop to question. (Dubroux, 2000: 281)

Akerman clearly shows the maddening nature of the feminine everyday as exemplified through the domestic sphere, echoing the thoughts of Ussher and Chesler through an arguably Irigarayan strategy of mimesis. Irigaray's notion of mimesis is widespread throughout her corpus of writings but first mentioned in *Ce sexe qui n'en est pas un* (1977). Mimesis, according to Irigaray, is a strategy of subversive imitation, insofar as for an informed subject 'il s'agit d'assumer délibérément ce rôle' (Irigaray, 1977: 73). The scenarios in which women are typically the object of dominant patriarchal discourse or ideologies are replicated, therefore exposing the farcical nature of the patriarchally constructed original.

Mimesis is therefore a process that acts from within patriarchal discourse, exposing its fallacies. Irigaray states that for a woman to play with mimesis is

pour une femme, tenter de retrouver le lieu de son exploitation par le discours, sans s'y laisser simplement réduire. C'est se resoumettre – en tant que du côté du 'sensible' de la matière [...] à des 'idées' notamment d'elle [...] mais pour faire 'apparaître' par un effet de répétition ludique, ce qui devait rester occulté. (Irigaray, 1977: 74)

Through the protagonist in *Saute ma ville* who manically performs household chores, and Jeanne's excessive routine in *Jeanne Dielman*, one could argue that Akerman employs this strategy of Irigarayan mimesis that is undoing by overdoing. Akerman's cinematic style and the 'overdoing' of household chores of the protagonists combine with the violent climax of the film's functions to undo the patriarchal ideology that aligns women to the domestic by exposing its maddening nature.

A Madness of Alienation and Silence

In the eighteenth and nineteenth century, the mad or the psychiatrically interned were referred to as 'les aliénés', the alienated, and those who treated their condition of mental alienation, the alienists. A comparison can be made between this initial vocabulary of psychiatry and the social conditions in which both Akerman's protagonists are to be found. As Downing notes in *The Subject of Murder*, the term alienism clearly demonstrates key features of the movement's (the precursor to psychiatry) ideology: 'an alienated person was one who had "lost possession" of himself, who was dislocated from the codes of reason that shaped accepted subjectivity' (Downing, 2013: 15). While none of Akerman's protagonists are *aliénées* in the medical sense of the term, they are clearly isolated and

alienated characters. Their alienation, which manifests in various ways, is exaggerated and is arguably presented as a contributing factor to their 'everyday madness'. Their isolation is often manifested through their confinement to the domestic sphere. The protagonists of the corpus of films discussed in this chapter are isolated and confined in this way, particularly in *Saute ma ville* where the protagonist is the sole actor to feature in the film. Jeanne is the only woman featured in *Jeanne Dielman*, others are mentioned and even heard such as the voice of the neighbour but are of minimal appearance, like the woman who has taken Jeanne's place in the coffee shop on the second day, the implication being that they are also of minimal importance in Jeanne's life. Jeanne is isolated in patriarchy, surrounded by male characters, her clients and her son. This distinct lack of sorority further contributes to the ambiance of alienation, for most of the 201 minutes of the film are filmed within the confines of Jeanne's Brussels apartment in solitude. The spectator is therefore trapped with Jeanne in her apartment and 'Akerman's static camera visually limits the space in such a way that both the setting of the apartment and the camera create the effect of a cage' (McFadden, 2014: 88). Akerman enhances this sense of isolation on a visual level (through her lingering camera, jump cuts, unmatched shots and non-diegetic sound), on a narrative level, and through characterisation where her characters remain ambiguous, all of which combine to create a sense of spectatorial alienation, a distance between the viewer and the actions unfolding on screen.

Akerman presents an attentive detachment from her characters. The male gaze of conventional cinema as Mulvey asserts is manifest in the gaze of the (male) director, the male characters objectifying the female character in the

diegesis of the film and the male spectator objectifying her extra-diegetically. Although the spectator is presented with little to no insight into her protagonists, they are not objectified by Akerman's camera, the cinematic narrative or the spectator. Perhaps she is trying to suggest that women's subjectivity is too complex to reflect on screen with simple dialogue, perhaps she resists using language to articulate the sentiments and subjectivity of her protagonist, because as Irigaray states, language in its essence is gendered male and therefore cannot correctly and clearly articulate female subjectivity. Her largely silent protagonists therefore arguably reject language rendering their performances entirely subversive in nature. As Bolton argues in her reading of Irigaray in relation to cinema, 'silence might be used to challenge the visibility and accessibility of character and to complicate representation and reception' (Bolton, 2011: 51).

Irigaray writes:

Is it not safeguarding silence, including in her discourse, that women can reach a language appropriate to her subjectivity, both external and internal? Is not silence a key of a secular mystery attributed to woman? [...] Certainly, I am not speaking of a silence imposed on the woman but of an economy of silence consciously founded by woman herself. (Irigaray, 2002: 103)

Silence can therefore be viewed as an important element of women's self-discovery. Bolton argues that in terms of cinema 'as the spectator watches in silence, so they witness the woman on-screen experiencing self-reflection and repose' (Bolton, 2011: 51). Through her abstraction of dialogue or interior monologues and more general use of silence and pauses, Akerman is arguably creating a more visual language of feminine subjectivity in which the protagonist's innermost workings are not articulated through language but rather through silence.

The lack of dialogue and tactical use of silence featured in *Jeanne Dielman* is also a feature of *Saute ma ville* and *Je Tu Il Elle*. Both films feature a distinct lack of speech, interior monologues or point of view shots to identify with the protagonist, thus keeping a sense of emotional distance between the spectator and the protagonist. In *Saute ma ville* the visuals are set off-key and extra-diegetic singing matches the use of extra-diegetic sound in *Je Tu Il Elle*, through the voice-over of the protagonist lamenting the unfolding events. The voice-over, however, consists of mere descriptions of Julie's actions. Just as with *Saute ma ville*, the spectator is left to ponder the protagonist's thoughts, as they are not articulated. The sentences that are uttered are fragmented, not quite the interior monologue of conventional voice-overs. Julie, much like the nameless protagonist of *Saute ma ville* and Jeanne's subjectivity, is kept at arm's length from the spectator. The protagonist's impetus to stay confined to this small room 'étroit comme un couloir' remains unknown, even as her actions (removing all the furniture from the apartment and blocking the window, the only source of natural light, with her mattress) become increasingly mystifying. By the fifth day the accoutrements of the once-full room have been displaced out of view of the camera. The once-cluttered 'petite chambre blanche' now resembles a veritable prison cell, with Akerman hugging the corner of the room, enveloped in shadow, an aesthetic of incarceration that is accentuated through the black and white cinematography. The same minimal use of dialogue to create a sense of alienation between the spectator and the protagonist is used in the two other tableaux. The second tableau, 'the time of the other' when Julie takes a ride from a truck driver, also features a hyper-minimalist style of dialogue. The lack of dialogue is replaced with

overbearing background noise, creating further distance from the characters. For the majority of the truck ride, the two sit in silence in the dimly lit truck, Julie largely obscured from view, with the diegetic sounds of the radio and noises of traffic heightening the silence between them. The truck ride is broken up with several pit-stops for food and or drink, during which Akerman continues with the theme of tactical silence. In the almost empty café, the two are captured sitting side-by-side in a mid-long shot; Julie once more is cast into relative darkness and 'il' bathed in light. The pair eats in silence, the noise of the off-camera television accounting for the sound of the scene. During another rest-break the truck driver is visibly seen to be introducing Julie to a group of people he seems to know, yet the diegetic chit-chat of the bar combined with the humming of indistinct conversation drowns out the specific dialogue. The spectator is scarcely able to decipher a few indistinct words yet is offered no subtitles, therefore 'the sense to which voice is routinely bound is underplayed, it becomes senseless sound. The habitual acoustic privilege accorded the listener in classical cinema is ignored; we cannot listen in' (Turner, 2003: 96). The distancing between the protagonist and the spectator is heightened. One rare instance of personal revelation by Julie occurs when 'il' wakes her from the back of the lorry and she states she saw the back of his neck 'large et belle sa grosse tête de cheveux roux [...] j'ai pensé que j'avais l'envie de l'embrasser'. As the voice-over remarks upon his neck, the camera lingers on his hand running over the back of his neck and then cuts back to a shot of Julie lying in the dark. The first dialogue in this tableau comes courtesy of 'il' as Julie masturbates him, during which 'the camera focuses on the side of his face, accentuating the transposition of his bodily experience into speech' (Turner, 2003:

97). In fact, during this short portion of a scene through his confessional monologue, the truck driver reveals more biographical and intimate information than Julie does throughout the entire course of the film. This contrast between Julie's relative filmic silence and the truck driver's speech highlights the difference between male and female modes of communication and emphasises Akerman's feminist aesthetic of silence.

The same minimal use of dialogue is found in *Jeanne Dielman*, her world largely existing in silence save for mundane chit-chat and the sounds of the home. *Jeanne Dielman* epitomises this use of silence and distanciation. There is a distinct lack of meaningful dialogue, which is 'limited predominantly to the quiet, softly chattering conversations between Jeanne and the shop-owners she visits to mend shoes, find a button, to obtain a new ball of wool' (Chamarette, 2013). The film offers the viewer no point-of-view shots, no shot-reverse-shots to encourage identification with Jeanne, to help guide the narrative or to increase dramatic tension. This emotional distance between the spectator and Jeanne is best exemplified through Jeanne's reaction to her fracturing routine. On the third day, in the midst of the breakdown of her order, at the time when Jeanne was heading to the post office on day two, she is so far ahead of 'schedule' that she has already prepared dinner and almost exhausted her list of chores. Captured in Akerman's signature mid-shot, she sits still in the kitchen, the notion of leisure is absent. After attempting to busy herself around the kitchen, she sits back down again and pours herself a cup of coffee: caught in side profile, she gets up and walks off shot as the camera remains still, filming her absence. When she walks back into the shot the camera switches angle to capture Jeanne head on. This mid-shot, capturing

Jeanne's blank face, leaves the spectator searching Jeanne's faces for visual clues as to how disorder is affecting her, but we are offered nothing. She abruptly gets up and pours the coffee down the sink, presumably tasting something is 'off' in the coffee. Pouring some milk, she tastes and sniffs it to see if the issue is with the milk. After deeming the milk suitable, Jeanne gets sugar, playing with it before adding it to the coffee and stirring the coffee for an oddly lengthy period of time, as if desperate to extend the most mundane aspects of her day in the hope of getting back on track with her routine. The scene is set to the soundtrack of silence with no verbal clues offered, yet 'the unspoken within the film is also one of its most potent elements. Silence is not silence: it is inflected with the ticking of an alarm clock which never rings' (Chamarette, 2013). Jeanne silently sips the coffee only to determine that the sense of 'offness' lies in the coffee; the solution to this is to re-brew the coffee, an action filmed in real time. After this Jeanne sits back down again until she finds another possible activity to fill this void in her routine. Over the course of the third day we are often confronted with various lingering shots that capture Jeanne's face in mid-range close-ups but her face consistently gives nothing away: any manifestation of 'surface emotion is denied and we are forced to engage in the rituals that sustain Jeanne's desperate existence' (Fowler, 2003: 54). A further example of this is on the lift ride back up from the fruitless attempt to check the mail again. Jeanne is dead centre, framed by the wooden panels of the lift, with the lighting showing the lift's movement moving up floors. Jeanne gazes rather vacantly off centre, depriving the spectator of any insight into her interior; rather the spectator is forced to follow Jeanne on her descent into chaos.

'Mad' and Deviant Sexualities

As previously discussed, every aspect of Jeanne's life is immaculately ordered, and that same order extends to manifestations of her sexuality. Sharon Smith observes that the role of the woman in conventional Hollywood cinema 'almost always revolves around her physical attraction and the mating games she plays with the male characters' (Smith, 1999: 14). The actress Delphine Seyrig's appearance is pared down through a housewifely housecoat and dressing gown. Her characterisation and costume in her role as Jeanne are contrived to connote the opposite of the 'to-be-looked-at-ness' (Mulvey, 2009: 19) of the typical women of mainstream cinema, especially a character who gains income through selling her sexuality. Although she is marked by work as a part-time prostitute, her clients and her 'mating games' largely go unfeatured within the diegesis of the film. The first two meetings with clients are elided and 'covered up' by the order of Jeanne's routine. Akin to this, every aspect of pleasure in Jeanne's life is elided and obscured: Akerman shows this through Jeanne's ordering of sexuality, whereby sex is akin to mess and disorder so is covered up and obscured to protect domestic order. The most telling insights into how Jeanne conceives of her sexuality are the nightly conversations she has with her son. The conversation on the first night is the first interaction of length the spectator witnesses between Jeanne and her son. In the dimly lit living room, Sylvain lying on the pull-down bed and Jeanne standing in the doorway, Sylvain asks how his mother and father met, a question Jeanne answers in a blasé fashion. She reveals that after his father hit some financial difficulty, her father and sister warned Jeanne against him, her sister feeling that he was not attractive enough for Jeanne. She also states 'je

n'avais pas d'envie de me marier': it was, she confesses, just something that one did, especially considering she wanted a child. Sylvain comments that if his father was ugly like his aunts say, how could his mother 'make love' to him, and in the same monotone voice Jeanne replies 'faire l'amour comme tu dis, c'est un détail'. For Jeanne 'making love' to her late husband as with his replacements, her clients, is merely a detail, a small part of her routine akin to her domestic chores. It is a detail that

she once shared with her husband; [...] like many married women 'doing their duty' without pleasure or involvement, she simply exchanges her body for money that will pay for her teenage son's studies, a situation similar to that of the non-working wife, whose husband/money relationship is the same as Jeanne Dielman's with her clients. (Dubroux, 2000: 282)

Sylvain asks his mother if she would ever remarry, a suggestion that she rejects from both her son and sister as the thought of getting used to someone else is too much for Jeanne to adapt to, as the domestic order must be protected at all costs. Her idealistic son then replies that if he was a woman he would never make love to someone he was not in love with, and Jeanne asks him how he can know since 'tu n'es pas une femme', perhaps implying that a sort of prostitution is simply part of being a woman. A prominent feature of feminist discourse is the comparison between marriage and prostitution. As Beauvoir asserts, 'entre elles qui se vendent par la prostitution et celles qui se vendent par le mariage, la seule différence consiste dans le prix et la durée du contrat' (Beauvoir, 1973b: 863).³⁶ Beauvoir continues to clarify that the differences between the wife and prostitute

³⁶ Beauvoir is most certainly not alone in drawing this comparison: many feminists of the second wave such as Andrea Dworkin considered marriage to be synonymous with compulsory domesticity, motherhood, and thus a lack of freedom and inherent exploitation.

are largely in terms of societal acceptance and respect: nonetheless both are oppressed by their identities. She writes

la grande différence entre elles [la femme et la prostituée] c'est que la femme légitime, opprimée en tant que femme mariée, est respectée en tant que personne humaine; ce respect commence à faire sérieusement échec à l'oppression. Tandis que la prostituée n'a pas les droits d'une personne, en elle se résument toutes les figures à la fois de l'esclavage féminin. (Beauvoir, 1973b: 867).

A similar point can be made with regards to Jeanne: once married, she suffered the loss of her husband but was still left with the responsibilities of domesticity and motherhood, therefore turned to prostitution and as a result swapped one form of prostitution for another. The ordering and repression of any aspect of Jeanne's sexuality to preserve the pristine integrity of the domestic corresponds to Chesler's reading of madness as the overacting of one's gender role. For Jeanne, this overacting equates to the compulsion to preserve the rigorously strived-for domestic routine and space, and the effacement of any aspects that may compromise its integrity. Any trace of sexual intercourse must be expunged.

Motherhood, as for many women, is a key part of Jeanne's sexual identity, and Akerman connects Jeanne's isolation to her social roles of mother and wife. After the death of her husband and with Sylvain reaching adolescence, Jeanne's son replaced her husband as a 'representative figure of patriarchy [...] a masculine presence that defines and confines his mother's world' (Flitterman-Lewis, 1999: 29). The nightly conversations with her son not only illustrate how Jeanne conceives of her sexuality but how her maternal relationship with her son functions. The relationship is not one of exuberant affection, it is as ordered as every other aspect of Jeanne's life. It is on the second night, Akerman's camera

and *mise en scène* mirroring that of the previous night, when she is tucking Sylvain into bed, that he brings up the subject of sex to discuss with his mother. His friend Yan told him a few patriarchal myths that likened the penis to the phallic-shaped object of power, the sword, and penetration to fire causing pain. Jeanne gets up from the side of the bed where she is sitting and makes her way to the door, telling Sylvain that he should not speak of such things, arguably illustrating that for Jeanne there is no pleasure in sex, like there is no pleasure in the rest of her life, thus making the events that occur with her client on the third day more disastrous. The static camera placed in the corner of the room captures Sylvain lying in his bed facing away from his mother in the corner of the shot as he reveals his unresolved Oedipus complex. In an impassioned voice, he reveals that how when he learnt that his mother and father were physically intimate, and not merely for the purposes of procreation, he was filled with anger towards his father and wanted to protect his mother from his father's penis. Sylvain's confession about how her son perceives sex goes largely ignored by his mother: perhaps because it is a stain on the cleanliness and order that is Jeanne's universe, she cuts the conversation short stating 'il est tard', turning the lights out on him and exiting the shot. The camera holds fixed in the darkness for a moment as Sylvain lies motionless, as if contemplating the space that Jeanne has left before cutting to a new shot of Jeanne getting into bed. Jeanne's sexuality is defined by repression and this repression is epitomised through her motherhood. Patriarchal society defines the institution of motherhood and thus what is defined of the ideal mother: under patriarchy, the ideal woman is defined as the good mother and the good housewife. The good mother is defined patriarchally speaking in relation to

the ideal mother, the Virgin Mary. The repression of sexuality is therefore central to the ideal of the 'good mother'. The repression of any display of sexuality, despite her profession being rooted in sexuality, is a necessary extension of the need to attain and maintain domestic purity. This excessive need entails the repression and masking of sexuality in any of its manifestations and, as already argued, represents a Cheslerean understanding of gendered madness as the overdoing of one's given gendered role.

Akerman's earlier *Je Tu // Elle* has been read as 'a study of the shifting boundaries of identity and sexuality' (Summers, 2005: 1) through the fluid sexuality of Julie, the stark contrasts portrayed between a heterosexual and lesbian existence, and the way Akerman captures this sexuality on film. The heterosexual encounter with the truck driver comes after a long build-up from the silent truck ride interspersed with silent pit stops. Julie begins to masturbate the truck driver during which he launches into a confessional monologue combined with instructions for Julie on how to pleasure him. The truck driver's monologue reveals how he often struggles to get an erection for his wife, how he finds his young daughter sexually appealing and how his daydreams often lead him to have an erection. The overall portrayal of their sexual encounter is somewhat dingy, as it is shot in relative darkness and on grainy film, an extreme contrast to the lesbian sexuality depicted in the third tableau, which is the film's most vivid display of sexuality, 'the time of the relationship', and features the lesbian sex scene between Julie and 'elle'. Classical depictions of sexuality on screen, whether in mainstream cinema or pornography, are made by men for men, are highly voyeuristic and often fetishise the female body or female sexuality. Masculine-

centred definitions of sexuality represent the majority of all representations of sexuality be it pornographic or other, and *Je Tu Il Elle* poses a legitimate challenge to this seemingly monolithic depiction of sexuality. Dyer observes that the goal of the pornographic film is 'ejaculation, that is visible coming. The emphasis on seeing orgasm is [...] part of the way porn (re)produces the construction of male sexuality' (Dyer, 1990: 293). *Je Tu Il Elle*'s lesbian sex scene is filmed in an 'uncomfortably direct yet distanced manner' (Summers, 2005: 2), but the camera's gaze is not a fetishising pornographic gaze zooming in on specific body parts or severing them from the rest of the female body.

Akerman's lesbian sex scene is part of a larger minimalist narrative, that of the film, but the sex scene itself does not subscribe to the formulaic nature of male-centred depictions of sexuality. There is no explicit seduction, although the previous scene ambiguously hints that the pair are going to make love. The women are already in the midst of intercourse when the scene begins. The depiction of sexuality in *Je Tu Il Elle* challenges the pornographic narrative in a fundamental way according to Dyer; he states 'there is no sense of a progression to the goal of orgasm; nor is there any attempt to find visual [...] or even aural equivalents for the male ejaculation. In particular, there is no sense of genital activity being the last and getting-down-to-the-real-thing, the stage of experience' (Dyer, 1990: 294). The sex scene is captured in three long takes with no editing or zooming: the cuts shift from one long take to the next, shifting perspective, and cut across the eroticism and the potential for visual pleasure in the scene. The *mise en scène* of Akerman's love scene breaks its eroticism; the stark white lighting that does not cast an idealising light over its stars is in complete contrast to the dim

'romantic' lighting of mainstream cinema's sexual scenes. The scene is devoid of external detail: the white sheets on which the women make love, in conjunction with the white walls of the room and the harsh white lighting creates a *mise en scène* of abstraction, 'contributing to the effect of representing [female] sexuality as more dissolving and ebbing' (Dyer, 1990: 294) than male-centred representations of sexuality. The potentially voyeuristic lesbian sex scene is 'flattened out and drained of any pornographic interest by the detachment of the medium – the long shot and by the framing that crops the sexually active areas of the actors' bodies' (Summers, 2005: 2). It can be argued, however, that Akerman's inclusion of a lesbian sex scene is as much a question of representation as it is of sexuality. As argued by Terry Castle, 'the lesbian remains a kind of ghost effect' in the cinema world of modern life: elusive, vaporous, difficult to spot – even when she is there, in plain view [...] at the centre of the screen' (Castle, 1993: 2). The erasure of the 'lesbian existence (except as exotic and perverse) in art, literature and film' (Rich, 1980: 640), in addition to chastity belts and child marriage are some of the ways in which patriarchal society, according to Adrienne Rich, forces heterosexuality upon women. Rich's 'lesbian continuum', as she terms it, does not exclusively refer to sexual orientation but also to a 'primary intensity between and among women' (Rich, 1980: 648). Rich also argues that lesbianism is resistance against patriarchy as it 'comprises both the breaking of a taboo and the rejection of a compulsory way of life. It is also a direct or indirect attack on male right of access to women' (Rich, 1980: 649). Lesbianism is also a 'profoundly *female*³⁷ experience' (Rich, 1980: 650), and the attempts by patriarchal society to stifle the

³⁷ Italics in original text.

representation of the lesbian can be read as the stifling of profoundly female experiences.

Through placing a lesbian sex scene dead centre of screen with an unwavering yet un-fetishising focus, Akerman reaffirms the lesbian's representational right to exist, therefore placing women's sexuality and representation back into their own hands. Madness or mad behaviours are those deemed unacceptable and/or deviant by 'sane' and 'normal' society. While promiscuity or lesbianism are by no means madness qua madness, they are none the less examples of deviant displays of sexuality as defined by heteropatriarchy. Akerman displays lesbian sexuality as defined by woman as distinct and entirely removed from the fetishising gaze of pornographically inspired definitions of lesbian sexuality. Chesler argues that the transgression of behavioural norms extends to sexuality, as she argues that 'schizophrenia, lesbianism or promiscuity' (Chesler, 2005: 116) transgress correct 'feminine' behaviour and are thus forms of patriarchally defined madness. Akerman's unwavering displays of 'deviant' sexualities pose a direct challenge to the limits hetero-patriarchal society places on appropriate female behaviours.

The Madness of Violence

Saute ma ville is a film concerned, at least partly, with female self-representation. The film 'creates a mirroring *mise en abyme*' (Spaas, 2000: 24) of self-references that lead to (self-)destruction. There is a photo with the words 'c'est moi' pinned underneath, and before letting the gas run, Akerman stares at her reflection in the mirror, drawing 'c'est moi' under her image, an obvious allusion to Lacan's mirror

stage and the inadequacy of two-dimensional media such as photographs and mirrors to reflect the complexity of female subjectivity and selfhood. Luce Irigaray criticised the Lacanian supremacy of the phallus and the theorisation of the body in the mirror stage as always male. Taking the concept of the mirror as a reflexive device, Irigaray argues that the Lacanian mirror is flat, one dimensional, that it can only see women's bodies from the outside and, as a result, sees them as 'lacking' due to their lack of the penis. She argues that the simplicity of the mirror cannot sufficiently represent woman, rather it merely sends man back an inverted image of himself and one 'mis en cause dans son unité, unicité, simplicité' (Irigaray, 1974: 58). She argues that the purpose of this is to reassure the male ego: 'pour que ce moi [masculin] soit valeureux, il faut bien qu'un "miroir" le rassure, ré-assure, sur sa validité. La femme étayera ce redoublement spéculaire, renvoyant à l'homme "son" image, le répétant comme "même" [...] La femme donc sera le même – à une inversion près' (Irigaray, 1974: 63). Irigaray further describes the flat mirror:

le miroir presque toujours nous sert de moyen pour nous réduire à une pure extériorité, et pas n'importe laquelle. Il intervient comme possibilité de constituer des écrans entre l'autre et moi [...] Le miroir signifie la constitution d'un(e) autre fabriqué(e) [...] Le miroir, et d'ailleurs le regard, s'utilisent fréquemment comme armes ou instruments non tactiles, étanches, interrompant la fluidité du toucher, y compris celui de regard'. (Irigaray, 1987: 77–78)

As noted earlier, Lucy Bolton argues that the Irigarayan criticism of the mirror is 'analogous to the conventional cinema screen and its function for women, both on screen and in the audience' (Bolton, 2011: 38). Bolton sees the male cinematographer's camera as a flat device akin to the Lacanian mirror; one can also argue that other sorts of one-dimensional images, such as the photograph, in

this case the photograph of Akerman with 'c'est moi' underneath, serve a similar purpose, reducing women to exteriority and thus rendering them an equally flat and one-dimensional object. Akerman plays on the trope of the image as self twice during *Saute ma ville*, the first being the photograph and the second occurring moments before the protagonist's suicide when she stares at her mirror reflection and traces the words 'c'est moi' in the image. Here Akerman is arguably making a profound statement about self-representation and the representation of women as a caste, especially considering that the film is structured around disordered domestic chores. The film therefore interrogates the link between identity and action. The explosion arguably represents a visualisation of a sort of Marxist feminist destruction that might lead to revolution. By blowing up her kitchen, Akerman arguably destroys the link between woman as the ego-soothing mirror image of the man and 'figuratively blows open women's historic space: no longer confined to the kitchen, women's gender roles may change and expand' (McFadden, 2014: 89). By blowing up her kitchen and town, she is figuratively and physically rejecting her patriarchally deemed female space and therefore her female role. As Chesler observes, 'women who succeed at suicide are, tragically, outwitting or rejecting their "feminine" role, and at the only price possible: their death' (Chesler, 2005: 109). The explosion of *Saute ma ville* also represents Akerman's politics, the 'leap from the personal (the intentional self-annihilation by lighting a match over a gas stove) to the public (the "blow up my town" of the title) figures her reach, which is both formal and political' (Margulies, 1996: 2). The final act of violence in Akerman's cinematic debut is part of the thread that weaves together *Saute ma ville* and *Jeanne Dielman*, a linkage that can be both seen and

heard. The sound of the running gas on full force as Akerman bends over the stove setting alight a letter is subtly picked up when Jeanne turns on the stove to prepare dinner. The similar acts of violence tie these two films together, making *Jeanne Dielman* the pseudo-sequel to the adolescent *Saute ma ville*. The violence moves away from the self to the other, as Block writes:

It is as if *Jeanne Dielman* were written on a palimpsest, a re-education, an expansion and correction of the adolescent vision in *Saute ma ville*, progressing from suicide – which psycho-analysis interprets as a would-be murder of another – to the actual murder of the Other. In the second edition of Akerman's narrative the criminal act moves outward from introversion to extroversion from the murder of the self to the murder of the other. (Block, 2008: 1)

The explosion in *Saute ma ville* can be read as the active rejection of the female space and thus the female role through violence, so that they may be reformulated. *Jeanne Dielman*, however, presents a watered-down version of this resistance 'since Jeanne appears to acquiesce to the confinement of gender roles until the end of the film [therefore] suggesting the difficulty of reformulating them' (McFadden, 2014: 89) when they have become part of the self.

The anti-climactic ending of *Jeanne Dielman* sees Jeanne, in a sudden outburst of hitherto repressed drama, stab her third client to death with a pair of scissors then wait out the duration of the film silently in her dining room. It is the culmination of the domino effect of disorder that was unleashed through Jeanne's overstaying with her second client and signals the total release of the previously rigid order that Jeanne upheld. The murder of the client is treated with the same equivalence and suspense as the peeling and boiling of potatoes. The murder is tethered to the most monotonous aspects of Jeanne's life like the brewing of

coffee and peeling of potatoes as Akerman presents them both to the spectator in real time. The murder scene is significant for many reasons: not only is it the film's much anticipated climax or moment of action, but it also represents a series of aesthetic 'firsts' for the film as well as blending reality and fiction. The murder is fictitious (neither based on the maternal memories that inspired the film nor grounded in the everyday), incorporated into a film based on memories and otherwise grounded in hyperreality. In playing on the cliché of the dramatic ending in such a way, Akerman 'doubles the arbitrariness suggested by the act of murder. Two different registers – literal and fictional – are joined, made equivalent, but there is no apparent break in the film's cohesive texture or narrative consistency' (Margulies, 1996: 88). The scene also depicts uncharted territory as far as the spectator and Jeanne are concerned, as it is the first time in which we see Jeanne and her client interact in any significant way and the first time that the spectator sees Jeanne inside her room with anyone: up until this point it has been exclusively Jeanne's domain. It is also the first time we see Jeanne from a different angle, an overhead yet still a mid-length shot, and, most notably, it is the first instance of anything that could be termed emotion from Jeanne. The scene begins with a still shot of Jeanne in the mirror stoically unbuttoning her blouse. The film then cuts to an overhead shot of Jeanne struggling, a struggle endless in its interpretations, underneath the weight of her paunchy client. There is a moment of much speculated intensity during this encounter wherein Jeanne is visibly writhing and then turns her face into her sheets as if to mask the half smile that has crept across her face. The sequence then cuts to a shot of Jeanne standing back in front of the mirror, eyes lowered, re-fastening her blouse while her client

sprawls across the bed. The shot is once again filmed through the perspective of the mirror, the mirror taking up the majority of the frame. Jeanne fixes her appearance, fastening her blouse, tucking it into her skirt, smoothing out its creases and 'in a continuum from [these] gesture[s] her hand goes from her skirt to the scissors, which are lying on the dresser' (Margulies, 1996: 87). Jeanne then briefly walks out of frame, re-entering and throwing her body onto her unwitting client, plunging the scissors into his neck with no seeming premeditation or outburst of emotion. Jeanne then pulls the scissors out of her now dead client's neck and walks out of the shot: 'the abruptness of the act and its understated depiction have a dramatic impact on the viewer and this is amplified by the contemplative shot that follows' (Flitterman-Lewis, 1999: 35). Akerman then cuts to a shot of Jeanne sitting motionless in her blood-stained blouse in her dimly lit dining room, once more devoid of any emotion or signs of regret, a still shot held for over seven minutes. The final shot of the film is this 'unendurable long take of the woman sitting at a table for several minutes after the murder [that] discourages audience identification' (Foster, 1999: 2). The spectator is therefore left clueless about Jeanne's emotions once more, or her 'motive' or what happened to the body. The murder creates questions around its significance, perhaps representing a rejection of the female role she had previously performed, the rejection of course enabled by the gradual degradation of the order she imposed on her daily life, embodied in an action (murder) that severs ties between Jeanne and any normative (patriarchal) definition of femininity. The film's cryptic climax has been interpreted largely in the context of the moment of intensity Jeanne endured with her third client, with critics interpreting Jeanne burying her face into the sheets as

her achieving an orgasm with her client. Constance Penley reads the murder in correlation to the orgasm stating that 'the obsessive routine of Jeanne Dielman's daily life, as both housewife and prostitute, is radically broken only by an instance of an orgasm [...] which is immediately followed by the murder of the man' (Doane, 1988: 227). Catherine Fowler echoes this interpretation, arguing that 'on the third day her schedule is interrupted, and she later experiences an orgasm with her male caller. Her response to these unfathomable alterations in her routine is to thrust a pair of scissors into the man's throat' (Fowler, 2004: 131). This interpretation is also supported by Akerman, who when speaking of Jeanne in the context of her sexual pleasure and the murder states, that to 'not have pleasure is [Jeanne's] only protection' (Akerman cited in Longfellow, 1989: 83). The orgasm can be read as the final fracture of previously meticulously distant and maintained order, yet another stain on her routine, therefore when the protection of her pleasureless order is dissolved, chaos and unpredictability ensue and Jeanne must restore order at any cost. In her comparative analysis of *Jeanne Dielman* and Germaine Dulac's *La souriante Madame Beudet* (1923), Sandy Flitterman-Lewis points out a genealogy of downtrodden women acting out through murder. She observes that the two protagonists, Jeanne and Mme Beudet, undergo a 'critical moment of jouissance (suggested as a phantasmic symbolisation of unconscious desire) resulting in an act of murderous revolt' (Flitterman-Lewis, 1999: 28). The moment of intensity, however, is not an explicit act of sexual pleasure, it is yet another micro gesture involving Jeanne's writhing body, her burying her face into her sheets and the hint of a smile. With the question of Jeanne's orgasm, Akerman in her typical style 'assert[s] nothing and suggest[s]

everything' (Flitterman-Lewis, 1999: 37). The 'did she, didn't she?' orgasm is arguably only one side of an interpretation of the film's violent climax. Raymond Bellour convincingly argues that the climax has to be read in the context of the film's thematics, and that monotony and 'banalities [...] explain her desperation and violence' (Bellour, 2002: 4). Bellour's reading corresponds to a Cheslerian reading, as Chesler's thesis on gendered understandings of madness in patriarchal society argues that madness is the complete enactment of one's socially constructed gender behaviour or the transgression or stepping out from the boundaries that define normal gender-specific behaviour. One of the most glaring examples of this gender norm transgression is women who kill, as diametrically opposed to the patriarchal logic that eternally posits women as passive and meek. Therefore, the banality of the female role that Jeanne hitherto embodied has driven her to kill and therefore transgress and step out of the socially (and psychologically) constructed norms of female/feminine behaviour. Both arguments are convincing and should be viewed in conjunction with one another, for that is the overall strength of *Jeanne Dielman*: 'its meaning is intrinsically bound up with each viewer's subjectivity, thus placing the spectator at the very centre of the film's meaning process' (Flitterman-Lewis, 1999: 34). Jeanne held tight to her role as mother/homemaker through an obsessive ordering and when that order began to collapse, Jeanne was vulnerable to a further attack on her sense of order and cleanliness, her orgasm. Fraught with tension and the trauma of the breakdown of her routine, Jeanne lashes out in an act of violence, fundamentally severing all ties with her previously meticulously observed feminine socialisation. As Judith Mayne argues, 'there may not be an exact and identifiable

cause for the murder of Jeanne's client, but the threat of randomness, of an interruption which is not immediately regulated and defined within cycles of repetition and ritual, looms over the film from the outset' (Mayne, 1990: 205). As is the case with the violent climax of *Saute ma ville*, Jeanne's murder of her client conforms to a Cheslerean reading of madness. The murder can be read as the violent, flooding return of repressions. Prior to the climax of the film Jeanne's life was structured through a regimen of order to mask and repress her own desire(s), with all forms of joy, pleasure and leisure abstracted from Jeanne's quotidian. The crack to the order that began with overstaying with the second client, then extended to the overcooking of potatoes and culminated in the ultimate break of order, the unexpected orgasm that opened the floodgates for all previously held repressions to return. The act of murdering the final client, a representative figure of patriarchy, can be read as the ultimate rejection of patriarchy.

Akerman's 1970s films represent a vastly understudied corpus in discussion of the field of women's madness. The madness manifested in Akerman's work is not institutional but rather that of the everyday; the subverted normal, the everyday action enacted bizarrely. Through her 1970s oeuvre Akerman highlights the inherent madness in patriarchally-defined femininity through her emphasis on domestic space, alienation, female sexuality and violence. Through *Saute ma ville*, *Je Tu Il Elle* and *Jeanne Dielman*, Akerman employs the act of mimesis: the process of undoing by overdoing, to deconstruct the inherent madness present in the female confinement to the domestic sphere. The acts of violence as presented in *Saute ma ville* and *Jeanne Dielman*, as I

have argued, represent the ultimate culmination of the maddening nature of the 'female' domestic.

Chapter Three: Emma Santos and her ‘Episodic Traumatic Reliving’

Marie-Annick Le Goff³⁸ published eight books between 1971 and 1978 under the pen name Emma Santos, which was derived from the initials of her first name, M and A, and the surname of her Portuguese lover, Santos, who features in her works as ‘L’homme’. In 1967, Emma Santos worked as a teacher in the Parisian suburbs and was advised by her doctor to stop working as a result of a thyroid condition that developed as a result of a childhood car accident. In order for her to receive ‘sick pay’ from the *sécurité sociale*, her doctor declared she was suffering from nervous depression and gave her a certificate for a long-term mental illness. Santos was therefore required to be ‘treated’ for several months. This event marked the beginning of her battle with ‘madness’ and her decade of psychiatric internments. Santos had strong feminist ties: as Elsa Polverel (2014) points out, Santos participated in numerous feminist activities both writing and publishing artwork for feminist magazines such as *Des femmes en mouvement* and *Sorcières*. She was also active with ‘le mouvement de libération des femmes’ (MLF). Further, the majority of her works, with the exception of *L’Illulogicienne* and *la punition d’Arles*³⁹, were published through Éditions des femmes, a publishing house known for its connection to the MLF. Many of Santos’s themes in fact mirror

³⁸ There is a substantial amount of contradictory biographical information about the author known as Emma Santos. These discrepancies extend even to her true name. Sarah Anaïs Crevier Goulet in her article ‘Malcastrée et Mediquée’ states that ‘son vrai nom [est] Marie-Anne Le Rouzick’. However, Gillian Ni Cheallaigh noted in her doctoral research and her subsequent collaborative publication *Quand la Folie Parle: The Dialectic Effect of Madness in French Literature since the Nineteenth Century*, that Santos’s name was in fact Marie-Annick Le Goff. As a result of Ni Cheallaigh’s rigorous research on Santos, which includes contact with her living family, I have accepted that the biographical information put forth by Ni Cheallaigh is the most authentic that is presently available and it can be concluded that Santos’s true name was in fact Marie-Annick Le Goff.

³⁹ Published through Flammarion and Stock respectively.

feminist concerns of the period: castration anxiety and the greater French feminist academic interest in Freudian and Lacanian psychoanalysis, the struggle for a female language, abortion, motherhood, the body and, of course, madness.

Santos is said to have committed suicide in 1983: the specifics of her death are unknown but in her books she records 28 suicide attempts ‘mes vingt-huit morts [...] depuis le départ, vingt-huit réanimations’ (Santos 1978b: 83). This quotation, which crucially is made towards the latter part of her writing career, emphasises her mental distress manifested in suicide attempts but also arguably carries double meanings, insofar as it does not refer exclusively to her attempted suicides but to a more spiritual death that occurs with each of her internments and the subsequent lows and moments of ‘madness’ they bring. Santos’s texts are clear examples of autofiction insofar as they are autobiographically inspired and blur the lines between fact and fiction and reality and fantasy. Her texts recount her decade of depression, madness and psychiatric institutionalisation within which several key incidents are told and retold in a *mise en abyme* of trauma and madness.⁴⁰ Santos perpetually rewrites the same tale; her work resembles a ‘multifaceted room with mirrored walls, reflecting the theatre of Emma Santos which is played out again and again in its centre’ (Kuizenga, 1989: 348). Santos’s work presents a complex and somewhat contradictory relationship with anti-psychiatry. In her texts, she details the alienation and the depersonalisation that she feels at the hands of *la Dame Psychiatre*, who though referred to by different names, becomes emblematic of the whole psychiatric system that promises to

⁴⁰ Santos writes that her battle with mental health began in 1967, writing in *La punition d’Arles* ‘en 1967. Je tombe malade. J’ai perdu le corps’ (Santos, 1975: 60).

cure and comfort, is in fact cold and clinical. Despite the ambivalence of their relationship, *la Dame Psychiatre* remains a focal point of Santos's narrative universe. Madness is the linchpin of Santos's oeuvre but contrary to the anti-psychiatric doctrine of Laing and his contemporaries, whose height of influence was during the period in which Santos was active, Santos does not present her 'madness' as a higher plane of existence or any form of liberation: rather her traumatic experiences in the psychiatric system are recycled throughout her work and are presented as profoundly disturbing as her condition deteriorates.

In this chapter I will explore three texts by Santos spanning her writing career from 1971 to 1978. The first is *L'illulogicienne* (1971) and the first instalment of her traumatic narrative in which the reader is introduced to the incidents that recur throughout her oeuvre. Here one first discovers her family situation, which consists of a large family of eight women, an alcoholic father and a bitter mother who assumes the position of head of the household, along with the car accident in which a piece of shattered windscreen almost severed her throat and caused the thyroid condition that plagues the rest of her work. The reader is also immersed in her relationship with 'L'homme', her Portuguese lover with whom she lives, and the abortion he pressures her to have. The significance of this first narration of the abortion is that it subsequently relates to the second abortion that she is coerced into having by medical officials as described in the texts that follow. *La malcastrée* is the second text that informs my study, a complex and more coherently crafted narrative, written partly as a fellow patient who had committed suicide and partly the narrator. The text begins with the narrator's abduction of a child with Down's syndrome from a care home and retells many of the issues dealt

with in the first text, but with more focus on the cruel nature of the psychiatric treatment the narrator endures and her attachment to '*la femme psychiatre*'. The final text of my analysis is *La Loméchuse* (1978), a text which presents a substantially less lucid narrative structure than the previous texts, with a 'deeply ironic tone and a ludic triumphalism' (Ni Cheallaigh, 2012: 130). Once again the themes of the trauma pertaining to her abortions, thyroid illness and her psychiatric internment reappear with the addition of her strong bond with her psychiatrist, now named Elisabeth, whom Santos merges into a composite identity with herself to become Elisabemma, only to be separated when Elisabeth has her returned to the asylum at the end of the novel.

The Genesis of Trauma Theory

In order to provide a thorough reading of Santos's texts one must understand the repetitive cycle of trauma that structures them. Contemporary understandings of the genealogy of trauma theory create, as Ruth Leys argues, an inaccurate understanding of a 'timeless diagnosis, the culmination of a lineage that is seen to run from the past to the present in an interrupted yet ultimately continuous way' (Leys, 2000: 3). Trauma was originally conceived as a medical or surgical term referring to a physical wound on the body, normally on the grounds of a skin rupture which could have grave consequences for the human being as a whole. This perception began to shift in 1860 with British physician John Erichsen, who identified the trauma syndrome in people who had experienced railway accidents: the victims often suffered from amnesia yet they had no injuries that explained these symptoms. Erichsen thus proposed that the accidents were causing significant distress and shock to the patient and resulting in their amnesia – his

diagnosis of 'Trauma Neurosis'. In *The Aetiology of Hysteria* (1896), Freud argued that the roots of hysteria could be traced back to a repressed traumatic experience, primarily childhood sexual 'seduction'; this was Freud's 'seduction theory'. Freud problematised the 'experience' as the inherently traumatic factor by arguing for 'its delayed revival as a memory after the individual had entered sexual maturing and could grasp its sexual meaning' (Leys, 2000: 20). Freud termed this deferred action *Nachträglichkeit*. Trauma, then, for Freud, was created through a collision of two mildly traumatic events followed by a latency period after which the original events were relived through an unstable process of remembering that was subject to the Freudian understanding of the unconscious; this traumatic reliving would occur after psychosexual development. Freud stated that 'dreams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright' (Freud, 1955: 13). The prominence of physically and psychically scarred soldiers at the time of the World War One cemented the relationship between hysterical reactions and traumatic events. Society of the time classified this reaction as 'shell shock', and by and large was unsympathetic towards the traumatised soldier and reluctant to accept shell shock as a legitimate condition other than a sign of effeminacy, weakness and madness.

After World War One, however, critical interest in trauma waned, only to be revived around the time of the Vietnam War. What was once 'shell shock' became Post-traumatic Stress Disorder (PTSD) which was officially recognised by psychiatric bodies in 1980 when the American Psychiatric Association (APA) added PTSD to the third edition of the Diagnostic and Statistical Manual of Mental

Disorders (DSM III). PTSD has proven to be a powerful diagnostic tool on account of its all-encompassing nature, which covers responses to warfare, rape, or any other violent occurrence. Although a clear-cut definition of PTSD is contested, the general consensus is that it is a sometimes delayed response to an incident or incidents which ‘takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviours stemming from the event, along with numbing that may have begun during or after the experience’ (Caruth, 1995: 4). The trauma therefore stems from the event(s) which were not thoroughly processed at the time but only after the fact, thus haunting the subject who experienced them. Thus to be ‘traumatized is [...] to be possessed by an image or event’ (Caruth, 1995: 4–5). The study of Holocaust survivors has provided new material for the field of trauma studies. Dori Laub suggests that trauma often leaves a void in the psyche, suggesting that this stems from a ‘collapse of witnessing’: ‘the very circumstance of *being inside the event*⁴¹ [...] made unthinkable the very notion that a witness could exist’ (Laub, 1995: 66). Although referring directly to the Holocaust, this rationale is applicable to trauma theory which can enrich understanding of Santos’s work. In the context of her oeuvre one can therefore assert, somewhat paradoxically, that her direct involvement and proximity to the events that have befallen her is the very reason why she cannot bear witness to them. It is ‘the inherently incomprehensible and deceptive psychological structure of the event (in this case the psychiatric institution) [that] precluded its own witnessing, even by its very victim’ (Laub, 1995: 65). Laub’s concept of the collapse of witnessing describes the individual’s inability to fully witness an event as it happens, because

⁴¹ Italics in original text.

of their direct involvement in it: it is therefore an 'event [that] produced no witnesses' (Laub, 1995: 65). Laub contends that a witness needs to possess a certain degree of objectivity, that is, a person who remained outside of the event itself can be termed an 'outsider witness' (Laub, 1995: 65). Laub clarifies that a witness is 'someone who could step outside of the coercively totalitarian and dehumanising frame of reference in which the event was taking place, and provide an independent frame of reference through which the event could be observed' (Laub, 1995: 66). This characterisation of the witness as someone with the potential to withdraw from the event is pertinent to the analysis of Santos's recitations of her trauma and her psychiatric internment. Santos creates a narrative universe in which most the characters are nameless, untraceable entities who simply disappear as the narrative progresses. The notable exceptions to this are the narrator and *la femme medicine / la Dame Psychiatre* who is finally named in *La loméchuse* as Elisabeth. However, her doctor Elisabeth, as the perpetrator, is far too involved in the events of 'treatment' and too committed to orthodox psychiatry to fit the criteria of a witness. Furthermore, the very nature of the psychiatric facility as a total institution, complete with a cell-like structure and clear delineated lines that demarcate both patient and doctor, is thoroughly incompatible with the notion of an outsider. The patient is alienated and isolated through confinement to a small cell-like room apart from one-to-one therapy sessions, which renders the notion of a witness who could attest to the dehumanising 'treatment' Santos endures virtually impossible, and thus reinforces the cycle of trauma.

Reliving Trauma

Freud pondered the unusual ways in which traumatic events tend to recur and repeat for those who have endured them. In the third chapter of *Beyond the Pleasure Principle*, Freud draws attention to trauma with reference to Torquato Tasso's 1581 *La Gerusalemme Liberata*:

Its hero, Tancred, unwittingly kills his beloved Clorinda in a duel while she is disguised in the armour of an enemy knight. After her burial he makes his way into a strange magic forest which strikes the Crusaders' army with terror. He slashes with his sword at a tall tree, but blood streams from the cut and the voice of Clorinda, whose soul is imprisoned in the tree, is heard complaining that he has wounded his beloved once again. (Freud, 1955: 22)

This quotation illustrates the haunting effect of an original traumatic incident that cannot be confined to the past, as the protagonist unwittingly re-enacts the same action that led to the killing of his love. It is of significance that Freud turns to a piece of literature to illustrate how traumatic incidents of the past resurface to haunt that present. Cathy Caruth argues that this is because of the shared commonality of psychoanalysis and literature, particularly literature of trauma that is 'the complex relation between knowing and not knowing. It is at the specific point at which knowing and not knowing intersect that the language of literature and psychoanalytic theory of traumatic experience precisely meet' (Caruth, 1996: 3). This understanding of the partial merging of the known and unknown, in conjunction with psychoanalytic, literary and trauma theory, is of importance in the understanding of Santos's texts, which are coded in metaphors of trauma and occupy a liminal space between fantasy and fact. Santos's 'episodic traumatic reliving' (Binion, 2011: 7) sees her revive and repeat some of the traumatic events that led to her internment. Her traumatic reliving sees her in a state of stasis,

unable to move past events: the reader and the narrator are therefore caught in a perpetual cycle of repetition, comparable to 'une performance sans fin, un retour incessant, une relecture' (Polverel, 2011: 9). Rather than moving forward with the narrative, the reader is forced to revisit the traumas of the accident, subsequent thyroid condition and abortions which are the centre of Santos' narrative universe.

Santos's oeuvre can be also understood in the context of the imperative need to tell one's tale as a means of survival: Laub notes in his work with victims of the Holocaust that 'survivors did not only need to survive so that they could tell their stories; they also need to tell their stories in order to survive' (Laub, 1995: 63). Santos's need to testify to the trauma that has befallen her, therefore, can be read in the context of the fundamental need to process and tell one's story in the hope of being able to move past it. In line with Freud's concept of *Nachträglichkeit*— there are two particular incidents that haunt Santos and her oeuvre. The first incident occurs during childhood, at the age of 12, when she is involved in a car accident in which a shard of windscreen slices her throat, an incident which leads to her subsequent thyroid troubles. The second incident occurs in adulthood and, according to Freud's theory, would be the incident that ignited her narrative of trauma: this is the set of abortions that she is coerced into having by people who claim authority over her. As the term trauma originally meant a 'surgical wound, conceived on the model of a rupture of the skin [...] of the body resulting in a catastrophic global reaction in the entire organism' (Leys, 2000: 19), it stands to reason that the wounds inflicted upon Santos as a result of her car accident and abortions have transitioned from physical wounds to psychological wounds.

The Trauma of 'Castration'

The first narration of the car accident, the primary trauma which nearly claimed Santos's life, is given in *L'Illogicienne* and written in the first person as a struggle to survive both the initial trauma and its after effects. The car accident is given larger significance that does not exclusively pertain to the accident in and of itself: 'Le monde m'a blessée. Ma tête et mon corps se séparent. On me noue une ficelle au cou jusqu'à m'étouffer. Ils sont tous, autour de moi, les hommes avec des mains qui s'enfoncent dans ma gorge coupée. Tranchée. Eventrée' (Santos, 1971: 36). Santos portrays her survival of this incident as firmly within her own hands, taking it upon herself to reject the dichotomy that places woman as lesser and subjects her to phallogentric logic. 'Quand à douze ans, j'ai ramassé ma tête sur le trottoir. Quelqu'un venait de me la couper sans faire exprès [...] J'ai remis ma tête sur les épaules et j'ai crié que je ne voulais pas mourir' (Santos, 1971: 36–37). Santos's physical separation of her head from her body reflects the historical and contemporary philosophical thinking postulating that the human subject exists in a state of dichotomy, the oppositional nature of the mind and body and thus 'thought and extension and reason and passion' (Grosz, 1994: 3). This dichotomous notion of the human subject polarises these oppositional entities and thus forms a conceptual hierarchy that places one as superior to the other. The superior term is then defined by its supremacy over the subordinate term: in the case of the human subject the mind is superior to the body. The body is unruly and subsidiary to the 'defining characteristics of mind, reason or personal identity through its opposition to consciousness [...] and other privileged terms within philosophical thought' (Grosz, 1994: 3). In this polarising of the mind and the body,

the mind is synonymous with reason, activity and logic, and by dint of their oppositional state of being, the body is rendered a site of unreason and passivity. Thus, the body is devalued. The discussion of this mind/body dualism has been a feature in the work of many philosophers from Plato to the late twentieth century. Some of the earliest discussion of the mind and body can be dated to ancient Greek philosophy which 'founded itself on a profound somatophobia' (Grosz, 1994: 4), essentially the belief that the body functions as a threat to the reason of the mind. For Plato, the body is the prison that confines reason. Plato put forth the argument for a rational hierarchy in which reason and logic should preside over the body, a sort of hierarchy that would result in the harmonious existence of the human subject. The argument for the mind/body dualism put forward by Descartes claims that the mind is the essence of a person, does not take up space, and neither has shape nor can be divided into parts. He stated that since physical things like the body take up space and have shape, it thus has different properties from the mind. Descartes concluded that the mind could not be a physical thing, so the mind and the body thus exist as two separate entities. Cartesian dualism thus postulates the mind as the 'self', and the body as a physical entity that is alien to and threatens the 'self' (Malson, 1997). The topic of the mind/body dualism has had significant impact in the field of theology, particularly Cartesian dualism, and has been refigured within the Christian tradition to explain the existence of the soul. It has been used to distinguish between what is immortal (the mind or the soul) and what is mortal (the body). Both of these entities are united when the individual is alive, but are separated at death. As Judith Butler asserts, in both Christian and Cartesian thought the body is conceived of as

‘signifying a profane void, the fallen state: deception, sin, the premonitional metaphors of hell and the eternal feminine’ (Butler, 1990: 129). In this light, it stands to reason that the opposition of the mind and body has pernicious consequences in terms of gender subordination ‘where man and mind, woman and body become representationally aligned’ (Grosz, 1994: 4). This alignment has associated women with the lesser category of the body because of the specific nature in which dualist discourses imagine the body, ‘as the Other of the self and as potentially eruptive, dangerous and excessive’ (Malson, 1997: 233). Phyllis Chesler argues that this pervasive dichotomy that places the dependent female as inferior to the active male is in fact part of the social aspect of mental illness. Chesler went so far as to state that female ‘madness’ was an expression of female powerlessness in this dichotomous structure, and an expression of the attempt to overcome it through the appropriation of so-called male characteristics.

This living dichotomy is illustrated by Santos’s description of the separation of the head – symbolic of the mind, and its signified concepts of rationalism and logic (read man) – from the body, which is in turn linked with irrationalism and emotion (read woman). This set of homologues is outlined in Cixous and Clément’s *La jeune née* (1975), they write ‘où est-elle? Activité/passivité, Soleil/Lune [...] Père/Mère, tête/sentiment [...] Logos/Pathos [...] Homme/Femme’ (Cixous & Clément, 1975: 115-116). Santos’s description of the car accident arguably carries a second more symbolic meaning and can be read in terms of the stifling and suffocation of the traditionally accepted and dualist dichotomy of logos over pathos and thus of man over woman. This division of self is evident in Santos’s re-telling of the trauma of the car accident in *La loméchuse*, because in contrast to

the previously discussed extract from *L'illulogicienne*, this extract is written in the third person, which exhibits a distance from the self.

Une voiture explosa face aux fillettes au moment où le mystère devenait clair, elles allaient tout savoir, elles avaient enfin trouvé [...] La voiture la décapitant moitié, elle seule, les autres s'échappaient. Elle petite fille qui criait dans l'affolement, mais c'est comme ça mais c'est comme ça qu'on fait des enfants dans le cul son cou sa gorge sa tête tombe dans le cul sa gorge au secours elle va mourir [...] Sa tête pendante, sa tête demi-coupée dansait d'un côté à l'autre. [...] sa tête allait tomber.... (Santos, 1978a: 70)

The dualistic thinking that eternally positions woman with the body, and thus the abject Other, carries significant implications for women's experiences of living such an abject, even monstrous existence. The notion of the unruly body as outlined by theories of dualism, intertwined with those of biology and femininity, is that the unruly and scarred body is a sign of distress and a site of abjection for Santos. Her near head (mind) and body separation then arguably takes on metaphorical connotations of the alienation Santos feels between her 'self' (the speaking subject) and her abject body. Her texts are peppered with references to her scar, the signifier of the car accident which thus highlights the detrimental effects it has on her identity. Julia Kristeva In *Pouvoirs de l'horreur*, defines the abject, is that which inspires revulsion and horror, and is 'essentially corporeal' (Rogers, 1997: 230). It is arguably inherently tied to female fecundity as even the 'l'évocation du corps maternel et de l'accouchement induit l'image de la naissance comme acte d'expulsion violente par laquelle le corps naissant s'arrache aux substances de l'intérieur maternel' (Kristeva, 1980: 120). Kristeva also references the Old Testament or Torah, specifically chapters 13 and 14 of Leviticus which places impurity on the surface of the skin in the form of leprosy. Such skin abnormalities, as Kristeva argues, act as an 'atteinte à l'enveloppe garante de

l'intégrité corporelle, plaie sur la surface visible, présentable' (Kristeva, 1980: 120). Santos's scar functions in the same way as the sores of the leper that permanently mark his body, insofar as they both 'affecte la peau, frontière essentielle sinon première de l'individuation biologique et psychique' (Kristeva, 1980: 120). Her scar marks her body as a sign of disruption, abjection and the monstrous. The eruptive and excessive danger of the female body is exemplified by its fecundity 'with its creases and curves, secretions and seepages [...] signifies association with the animal world [...] and stands as the antithesis of the clean, contained, proper body' (Ussher, 2006: 6). The alignment and confinement of woman to the body, her body, also evokes the notion of the abject. Kristeva states that a body must be clean and unscathed to enter the symbolic order: 'le corps ne doit garder aucune trace de sa dette envers la nature: il doit être propre pour être pleinement symbolique' (Kristeva, 1980: 121). Through a Kristevan understanding of the female body and abjection, one can assume that Santos is dually tied to notions of the abject, first through dualistic thought that representationally aligns woman with the unruly body and secondly through the physical scar she bears as a result of her near-decapitating car accident. Her body, by dint of its scar, is no longer 'clean and proper' but marked and dirty, which according to Kristevan thought prevents her from wholly entering the symbolic realm and thus from becoming a fully-fledged subject; instead she exists as the liminal abject Other.

Castration is a consistent theme throughout Santos's oeuvre. This quasi-decapitation carries heavy psychoanalytic significance, as in simplistic Freudian terms to be decapitated is to be castrated. This trauma of her 'metaphoric botched castration' (Ni Cheallaigh, 2012: 8) is evidenced by the title of the second book

that I shall analyse, *La malcastrée*. Santos writes 'Ils coupent tout [...] Ils m'ont châtrée, moi aussi, mais ils l'ont mal fait, incomplet, pas assez ou de trop pour être comme il faut. Ils se sont trompés. Ni dehors, ni dedans. Je suis maladroitement châtrée, la malcastrée' (Santos, 1976: 82–3). As exemplified in this quotation, this metaphoric castration is portrayed as an awkward affair.

Pioneering the notion of the castration complex was Freud. The castration complex can be summarised as the psychical and behavioural reaction to either the threat that one's penis may be cut off (the case for little boys) or the belief that one has already been castrated due to one's lack of penis (the case for little girls).⁴² Freud proposed that the female child does not fear castration, because in her eyes she is already castrated, so her superego as a result does not develop in the same way that a little boy's would. Consequently, the female child does not psychologically develop to the same extent as the boy because 'they had nothing to lose, they did not gain as much' (Eilberg-Schwartz, 1995: 7). The wish to

⁴² Freud's notion of the castration complex is rooted in the Oedipus complex and first appeared in the case of Little Hans (1909). In the case of Little Hans, his mother had reportedly threatened that the doctor would cut off his penis, as a deterrent to him touching and playing with it. However, Freud soon came to realise that it was not immediate and explicit threats to the little boy's manhood that was at the core of castration anxiety, rather that castration anxiety was a male child's response to much more subtle insinuations of castration. According to the Freudian school of thought, both male and female children, by the age of three or four, already believe that everyone possesses a penis. Castration anxiety in young boys occurs upon seeing female genitals for the first time, either those of his mother or sister: the little boy is horrified, he rejects what he has seen for he cannot believe that anyone does not have a penis. The little boy later becomes both horrified and terrified and believes the female genitals to be mutilated in their castration. The boy fears he might suffer the same fate as his mother or sister and be castrated by his father as a result of his Oedipal amorous advances to his mother, who is the object of his affection. Through this schema, we come to understand that the male fear of the female body is rooted in the belief that the woman is castrated, thus representing a dangerous and mutilated Otherness. Rather than risk the horrifying punishment of castration, the male child abandons his sexual desires towards his mother, although still indulging in unconscious sexual fantasies about his mother. For Freud this repression of sexual desire for the mother signals the end of the Oedipal period in young boys. Female children have a distinctly different reaction to male children when they realise that they in fact lack a penis. Their reaction to this lack is to deduce that they have already been castrated, and consequently they feel at a great disadvantage due to their castration. Because of this feeling of lack, Freud theorised that little girls begin to envy boys for possessing the penis that they have been robbed of, and this envy leads to a desire to possess the penis and to thus become a man.

physically possess the penis and to become a man then has the potential to resurface in 'any neurosis that may arise if they meet with a mishap in playing a feminine part' (Freud, 2003: 263). The little girl also holds resentment for her mother because of the lack of a penis, as a result of which she transfers the affection she held for her mother onto her father and tries to vie with her mother for her father's affections. The little girl's resentment for her mother grows as a result of jealousy regarding the love of the father and from the shame that results from being denied a penis. This resentment over a supposed castration is exemplified in *La malcastrée* in Santos's statement 'les mains criminelles de ma mère m'ont castrée' (Santos, 1976: 53).⁴³ The power of Freud's concept of castration anxiety is that 'it seemed to live behind all neuroses, to dominate all dreams and perversions, to account for the social inferiorization of women because they were without a penis and for the glorification of men as the proud possessors' (Mitchell, 1974: 76). Santos's scar acts as a signifier of her decapitation/castration and marks her body as excessive, dangerous and threatening, because 'castration [is] inferred from the abnormality of [the] body, the disdain of physical differences supports the normative structure of the able body, insofar as the able-bodied is defined by the threat of castration' (Inahara, 2009: 53).

Freud used the mythological imagery of the monstrous Medusa's head to further elucidate his castration concept. Freudian theories state that decapitation

⁴³ Freud's theory states that the girl wishes at first to have her father's penis but over time this wish transforms into the desire to have a baby from him. Eventually the wish for a baby takes precedence, although the desire for a penis is long lasting. The gendered implication of Freudian theories of castration anxiety has its roots in the almost exclusive focus on the development of the male child, to the point of neglecting the female child's development.

is akin to castration, therefore the fear the Medusa instils is the 'terror of castration that is linked to the sight of something' (Freud, 2003: 84), much like the female genitals instilled fear into the little boy at first sight. Hélène Cixous challenges Freudian conceptions of the Medusa in her 1976 article 'Le sexe ou la tête', arguing that the fear of decapitation could be thought of as the female version of the male castration anxiety. Cixous argues that 'si l'homme fonctionne à la menace de castration, si la masculinité est ordonnée dans la culture comme menacée de castration, eh bien on peut dire que le coup [...] la répercussion de cette menace de castration sur la femme, c'est sa prolongation en tant que décapitation, en tant qu'exécution de la femme, en tant que perte de la tête' (Cixous, 1976: 6). The decapitation Cixous is referring to is a symbolic one. Cixous's analysis of this symbolic process illustrates how women's heads are thought of in culture, from mythology to religion and medical texts, and the impact this has upon women's identity. Cixous asserts that women can only keep their heads conditionally: 'elles ne la gardent qu'à condition de la perdre, c'est-à-dire, dans le plus total silence et transformées en machines' (Cixous, 1976: 6). Such is the case when women's speech is denied, silenced, dismissed as gossip or idle chit-chat or, as in the case of Santos, madness. By invoking the same metaphor as Freud of the Medusa's head for decapitation, Cixous is thus able to simultaneously follow Freud's link between castration and decapitation, subvert the gendered implications and redress the imbalance of psychoanalytic theory and practice. If women possess the same 'fear' of losing a part of their body as men, then women are no longer passive entities complying with gendered identities but rather actively responding to the threat of losing their heads, akin to the way men

react to the threat of losing their penis as in the Freudian model. This re-reading of castration and decapitation means that women are no longer defined as a site of lack (lack of the penis); that is not to say that she, somewhat paradoxically, 'manque de manque' (Cixous, 1976: 8), as the process of becoming woman entails potential for greater loss than becoming man. Rather than see decapitation as a mere symbol of castration anxiety, Cixous postulates that the beheading of women is the result of male castration anxiety. Cixous's 'decapitation anxiety' presents a strong critique of psychoanalysis, which itself decapitates woman by silencing female experience. For Cixous, to be decapitated is to be silent and to be devoid of subjectivity. This understanding of decapitation is particularly pertinent in discussing the work of Santos, as the nearly decapitating accident that continues to haunt her throughout her oeuvre can therefore arguably be interpreted as her struggle to hold on to her subjectivity in the face of 'madness' and the psychiatry that Laing argues would reduce her to 'automata, as robots, as bits of machinery, or even as animals' (Laing, 1961: 23). Santos's emphasis on madness in relation to subjectivity and language is also evocative of the Jaques Lacan, particularly his work on the *stade du miroir*, and thus inviting comparison between Santos and similar themes found in the work of Jane Arden. The Lacanian mirror stage is discussed in further detail in relation to Jane Arden in Chapter 4 'Jane Arden: If you're a woman, you're mad'.⁴⁴ Similar to Cixous's swipe at psychoanalysis in 'Le

⁴⁴ For a full discussion of Santos in relation to Lacan see, Thiher, A., 1994. Lacan, Madness and Women's Fiction in France. In: T. D'haen and H. Bertens eds., *Liminal Postmodernisms: The Postmodern, the (Post-)Colonial, and the (Post-)Feminist*. Amsterdam & Atlanta: Rodopi B.V., pp. 223–254.

sexe ou la tête', Santos's title *La malcastrée* is 'déjà en lui-même un appel à la psychanalyse, une provocation voire une attaque' (Polverel, 2011: 9). It invokes the Freudian concept of the castrated woman, but instead adds the prefix *mal*, thus labelling her silencing more mutilating and traumatic.

The woman as monstrous is a well-established concept, from the myth of the Medusa – who turns her male victims to stone – to the castrating woman of folklore with her toothed vagina. Rosi Braidotti argues that because woman is defined as the Other of the male, women are monstrous: 'woman, as sign of difference, is monstrous. If we define the monster as a bodily entity that is anomalous and deviant vis-à-vis the norm, then we can argue that the female body shares with the monster the privilege of bringing out a unique blend of fascination and horror' (Braidotti, 1994: 81). Freud argues that female genitals are a paradoxical source of both pleasure and horror. The female genitals horrify, according to Freud, because they are castrated, a castration anxiety that is further compounded by woman's fecundity, or to be more precise her menstruation. Menstrual blood acts as a signifier not only of the leaking abject body, but also of the unknown and potentially castrating power that may lie inside the vagina. Erich Neumann suggests that 'among the symbols of the devouring chasm we must count the womb in its frightening aspect, the numinous heads of the Gorgon and the Medusa [...] and the male-eating spider' (Neumann, 2003: 96). He asserts that female fecundity is a site of intrepid danger, arguing that the 'open womb is the devouring symbol of the uroboric mother' (Neumann, 2003: 96). These notions of the Gorgon, Medusa and the devouring womb all point to the woman and her genitals as possessing castrating power. This contrasts to Freud's argument that

the female genitals passively incite castration anxiety because she is castrated. The fear of the woman as castrator occurs in the myth of *vagina dentata*, the toothed vagina, found in ancient folklore from the native Americans of North America to India and to the Maoris of New Zealand. The stories vary in their details but the general theme is consistent, 'Men fear women. They fear that in intercourse with women they may be castrated, that they may be laughed at, that they may die. The woman's power must therefore be neutralized by "pulling the teeth" from her vagina or by killing her first and then remaking her as a nonthreatening, procreative partner' (Raitt, 1980: 418).⁴⁵ Santos seems to mimic this quotation, but her version posits a resistance to the hegemony of pacifying the female threat. After mentioning that 'they' treat her in an inhumane fashion, arguably like the image of the female monster portrayed in the myth of *vagina dentata*, she begins to describe an alternate state of existence, where language is reclaimed and reinvented according to her fellow 'mad' women and where

nous mordrons les testicules de ton mari et nous les recracherons, des fruits pourris. Nous l'empoisonnerons. Nous échapperons de la prison des hommes. Nous ne serons plus martyrisées. Nous serons femmes à vulve volcanique. Nous nous ouvrons comme terre trop chaud et délivrons l'enfant. (Santos, 1976: 44)

Santos confronts the notions of the intrepid womb, the myth of *vagina dentata* and the patriarchal fear that surrounds this myth, that of sexual inadequacy, but

⁴⁵ This rhetoric is exemplified with the Baiga story from India, the tale of a beautiful maiden who was full of passion and had many lovers. Unknowingly the girl had three teeth in her vagina and whenever she lay with a man she would cut his penis in three. The landlord of the village was captivated by her beauty and was desperate to marry the girl, agreeing to do so if four of his servants slept with her first. The first slept with her and was castrated, but the second threw a cloth on her face and knocked out the teeth from her vagina. 'The girl wept with the pain, but she was consoled when the landlord came in and said that he would now marry her immediately' (Elwin, cited in Raitt, 1980: 416). The girl's sexual aggression was punished, the threat she posed to the male was neutralised, and her castrating power was destroyed so that she might be married.

arguably, rather than citing these as a site of shame and abject horror, Santos seems to be citing them as a form of empowerment. Santos invokes the imagery of *vagina dentata* in another instance in *La malcastrée*, this time drawing associations between the serrated scars on her neck due to her accident and her subsequent thyroid surgery. In this case, the psychological effect of her near decapitation on how she perceives her sexuality becomes clear.

Je suis triste. Je ris. Mon rire tire et bouscule mon souffle. Mon rire crie rouge. Vagin dentelé. Gorge dentelée. Je triomphe magnifique. Mon cri déchire ma gorge. Je voudrais bien rejeter ma vie dans un flot de sang. Convulsion. Hémorragie douce. Délivrance. Orgasme de vieille femme seule. Juste un petit crachat même pas net. Une petite toux. (Santos, 1976: 67)

Santos presents her sexuality as abject, as synonymous with her injuries; the serrations on her throat are transferred to her vagina, but in the form of teeth. Her red cry, which signifies the bloody complications of the injuries to her throat, takes on a secondary significance through her mention of 'vagin dentelé'. This red cry now signifies both the abject menstrual blood which stains the 'corps propre' (Kristeva, 1980: 120), but more crucially, it invokes the image of the 'man eater' who castrates her lovers. This association is strengthened with the imagery conflating Santos's throat and the orgasm of an old woman. Santos's frequent references to her botched 'castration' and the separation of her body and head, her fecundity and sexuality, highlight the abject way in which she perceives her body and thus her existence in the world. Her disdain for her scarred body as a sign of abjection underpins her position in society as dangerous, deviant, Other to the norm and even monstrous.

The Trauma of Abortion

Contributing significantly to the trauma of Santos's repeated and unwanted abortions is France's long and complex history with the issue of abortion itself. In 1975 'la loi sur l'interruption volontaire de grossesse' was passed and confirmed in 1979, with reimbursements from the *sécurité sociale* introduced in 1982. As *L'Illulogicienne* was published in 1971, it is worth noting that Santos undertook all her abortions when abortion remained a criminal offence in France.⁴⁶

In detailing the first of several abortions, the narrator states that she had her first at the age 18 out of fear that her partner would leave her: this experience is described in *Écris et tais-toi* and *L'Illulogicienne*. This event lays the foundations for the future terminations that haunt her and her work, because as Herman observes, 'atrocities [...] refuse to be buried' (Herman, 1992: 1). In the case of *L'Illulogicienne*, after the narrator informs her Portuguese lover of her pregnancy with the statement 'j'aurai un enfant' (Santos, 1971: 124), he in turn violently demands that she has an abortion. Compliant with her partner through fear of losing him, the narrator undertakes the necessary illegal backstreet abortion. Because of when this book was written (1971), the solution to this unwanted

⁴⁶ French women had a long and slow struggle to gain autonomy over their fertility. It took 182 years to repeal article 317, 'a relic of the repressive Napoleonic code' (Allison, 1994: 222), which criminalised abortion and those who underwent it. This was the case until many prominent French feminists and public figures, notably Simone de Beauvoir, Agnès Varda, Monique Wittig and Marguerite Duras, came forward in 1971 with 'Le manifeste des 343 salopes' published in the French weekly magazine *Le Nouvel Observateur*, in which they testified that they had all undergone abortions. The declaration was written by prominent French feminist Simone de Beauvoir and read: Un million de femmes se font avorter chaque année en France. Elles le font dans des conditions dangereuses en raison de la clandestinité à laquelle elles sont condamnées, alors que cette opération, pratiquée sous contrôle médical est des plus simples. On fait le silence sur ces millions de femmes. Chaque année 1 500 000 femmes vivent dans la honte et le désespoir. 5 000 d'entre nous meurent. (de Beauvoir, 2007)

Beauvoir's statement in the declaration highlights the dangerous and often deadly consequences of these clandestine abortions that were carried out by people with little to no medical training.

pregnancy is presented as a disorganised and shambolic affair, largely due to its illegality; 'c'était une dame aux cheveux blancs qui s'essuyait les mains dans un petit tablier. Elle m'a fait entrer dans sa cuisine' (Santos, 1971: 128). Her abortionist tells her to lie on her bed, legs spread apart in front of a crucifix, and to lay her head upon a pillow. The narrator details the procedure, writing of the white-haired woman:

Elle nettoyait la tige de fer à l'alcool et l'enfonçait dans un tube de caoutchouc rouge. Enfin, elle vous enfilait le tout. Je restais là, jambes écartées, fixée sur l'image du Bon Dieu ... Les draps commençaient à être sales. Les couvertures usées. Les rideaux dépareillés. Il y avait la poussière sous l'armoire ... La mariée, le petit-fils sur la plage, les fleurs artificielles ... me pénétraient. M'écorchaient. Le sang jaillissait. Une grossesse interrompue toute seule, d'une façon bien naturelle. (Santos, 1971: 130)

Throughout all of Santos's oeuvre she utilises a semi-Woolfian stream-of-consciousness technique that is unstructured, presenting a moment in time or capturing, as Woolf said, the 'myriad impressions – trivial, fantastic, evanescent, or engraved with the sharpest of steel' (Woolf, 1984: 160) that the mind receives. This literary style is particularly evident in the description of Santos's first abortion. Her use of short, sharp sentences suggests a sense of panic or nervousness as her eyes dart around the room, looking to distract herself from the reality of her situation. The traumatic emphasis of the abortion lies within the 'non-dits' and the lack of description pertaining the abortion itself, and Santos's feelings suggest that, although she is recounting the tale of her first abortion, its specifics may be too painful to relive. Her use of ellipses indicates the narrator's nervous disposition during this particularly traumatic time, as well as symbolically inscribing that which cannot be said. The bathetic description of the abortion undercuts its melancholia and emphasises the narrator and Santos's inability to process and move on from

the incident. As post-traumatic stress is 'fundamentally a disorder of memory' (Leys, 2000: 2), it stands to reason that this narration of this and her subsequent abortion would take a disorganised style, as the narrator is struggling between the simultaneous wish to highlight her illegal and forced abortion and the wish to deflect attention from it.

Santos's second and equally (if not more) traumatic abortion because of her desire for a child, is the one she was coerced into having by medical the authorities. The dramatic telling and re-telling of this abortion occurs in *La malcastrée* and *La loméchuse*, where *la Dame Psychiatre* / Elisabeth blames and shames and arguably forces Santos into terminating her much-wanted pregnancy. In the recitation in *La malcastrée*, *la Dame Psychiatre* scorns her for falling pregnant and hiding her pregnancy. The pair dispute how they perceive the unborn child. Santos insists that she is not merely pregnant, stating 'j'ai un enfant dans le ventre, c'est différent. Je ne suis pas enceinte. J'ai un enfant. Je ne suis plus seule' (Santos, 1976: 111). Santos's desire to have a child and to become a mother is omnipresent throughout her work, as evidenced by the introductory section to *La malcastrée* in which she describes taking 'un enfant mongolien définitivement rejeté du monde des vivants' (Santos, 1976: 11). Santos presents her maternal desire as desire to create a life, to overcome her 'SO LI TU DE' (Santos, 1976: 20). *La Dame Psychiatre*, however, doubts Santos's maternal capabilities because her mental illness and her medications. *La Dame Psychiatre*'s coercive tactics stem from her assertion that because of the various medications that Santos has taken, the child will most likely be deformed, and a scandal such as that cannot be attributed to the hospital. 'Vous avez eu des

medicaments, la maladie ... le foetus se développe mal ... Nous ne voulons pas de scandale dans l'hôpital' (Santos, 1976: 112). The abortion that *la Dame Psychiatre* imposes upon Santos is also done to protect the hospital's reputation, insofar as it would be far more suitable for Santos to undergo an abortion than to give birth to a disabled child on their watch. Santos argues that it is a child, while *la Dame Psychiatre* disputes this, stating that the child is just an illness that needs to be treated and that the treatment is its termination. She states 'l'enfant sera anormal [...] pour le moment c'est une maladie. Ce n'est qu'une maladie, il n'existe pas d'enfant' (Santos, 1976: 112). She describes the fate of the foetus or as *la Dame Psychiatre* calls it 'une matière organique pleine de microbes qui peut contaminer les gens [...] le foetus sera enlevé puis brûlé comme un organe pourri et dangereux' (Santos, 1976: 114). This explanation, that clearly pains her patient, exhibits the cold and alienating nature of the 'treatment' that Santos receives. *La Dame Psychiatre* is adamant that the abortion must take place and despite Santos's numerous protests, the procedure is carried out. 'Ils m'ont donné des médicaments, des médicaments pour moi. Ils ont blessé l'enfant et sauvé la loque endormie muette. Ils ont détruit l'enfant qui détenait les mots' (Santos, 1976: 115).

The abortion that is featured in *La malcastrée* is restated in *La loméchuse*. Santos emphasises the scolding she receives from *la Dame Psychiatre* who is now referred to as Elisabeth, and says 'Quelle idée de tomber enceinte à ce moment-là tu l'as fait exprès' (Santos, 1978a: 149). The same rhetoric of the foetus being merely that and not a child continues.

Les chats policiers d'Elisabeth se jettent sur elle et la dévorent par l'intérieur. Elle ne sent rien, elle ne souffre pas c'est un foetus. Ils ont expliqué les médecins logiques de l'hôpital, le foetus n'a pas peur de la

mort car il n'est pas encore né ... Les yeux bleus d'Elisabeth la regardent avec douceur. Elle sourit. Elle a dit oui. (Santos, 1978a: 144)

The narrator thus must surrender her bodily autonomy to Elisabeth and the institution of psychiatry. Elisabeth controls every aspect of her life, from her 'treatment' to her freedom and her fertility. Santos states, 'Elle a choisi la vie quand on a tué l'enfant. Elle a choisi la vie en silence sans savoir la mort inexplicable d'un enfant' (Santos, 1978a: 150). This incident, narrated numerous times, carried significant traumatic value for Santos, as it was not only revisiting the site of a past traumatic experience but also directly involved Elisabeth, the figure of absolute power and the object of Santos's conflicted and ambivalent love.

From a Freudian point of view, the reason Santos's repeated abortions are so traumatic is because she has not been able to resolve her Oedipal penis envy.⁴⁷ As Santos's abortions continually prevent this satisfaction from ever coming to pass, through a Freudian analysis one could state that the reason for her trauma, if not her madness, is the fact that she has yet to achieve or is constantly being prevented from achieving her 'femininity'. This essentialist analysis, however, may provide an all-too-simplistic reading of femininity. A constructionist argument that exposes the trauma and often madness in the destabilisation of gender-based roles, the most prominent being the feminine role of woman as mother, is more fruitful when analysing Santos's trauma of abortion. Such an argument asserts that an innate sense of gender identity does not exist: rather, gender identity is socially constructed, and women's 'inherently' maternal

⁴⁷ Freud argued that, 'a mother is only brought unlimited satisfaction by her relation to a son; this is altogether the most perfect, the most free from ambivalence of all human relationships' (Freud, cited in Irigaray, 1985: 107).

disposition is a socially constructed one. Therefore, rather than the nexus of Santos's trauma and madness stemming from her failure to 'get' femininity, it can be read as the failure to 'do' her femininity as defined by patriarchal culture. This failure to 'do' her femininity can therefore be read as the transgression of accepted norms of female behaviour which, we learn from Chesler, is culturally and often psychiatrically defined as madness.

The issue of motherhood has received much attention from both Anglo-American and 'French' feminists. In her criticism of the position and value of women within patriarchal society, Simone de Beauvoir argues that motherhood is perceived by patriarchal society as the culmination of female destiny (Beauvoir, 1973b: 657). Adrienne Rich asserts that a crucial distinction should be made between what she terms motherhood as an institution (as under patriarchy) that has held up motherhood as the pinnacle of female accomplishment, and mothering as separate from patriarchy – the lived experience of mothers. She writes that there are 'two meanings of motherhood, one superimposed onto the other: the potential relationship of any woman to her powers of reproduction – and to children; and the institution – which aims at ensuring that potential – and all women – shall remain under male control' (Rich, 1986: 13). Throughout most history, the notion of the ideal or perfect mother has been held up as the pinnacle of female existence. This is what Rich would define as the institution of motherhood, as she argues that patriarchy 'has created images of the archetypal mother which reinforce the conservatism of motherhood and convert it to an energy for the renewal of male power [...] the vast majority of literary and visual images of motherhood comes to us filtered through a collective or individual male

consciousness' (Rich, 1986: 61). This is epitomised through the reverence of the Goddess Mother of ancient mythology, and more pervasively the Virgin Mary of Christianity, who is captured in religious history and serves as muse for many great and influential works of art and poetry; the mythological and idealised notion of maternity has a firm place in contemporary culture. This sort of romanticised and sanitised portrayal of the figure of the mother through art, religion and popular culture not only reflects but discursively constructs the widely-held truths of what it means to be a woman.

Building on from Beauvoir's thought 'on ne naît pas une femme: on le devient' (de Beauvoir, 1973b: 7), Judith Butler argues that gender, which differs from the biological characteristics that denote sex, is a performance, discursively constructed and something that is not essential to the human being: gender is something one *does* as opposed to what one *is*. Butler argues that gender is 'the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory framework that congeal over time to produce the appearance of substance, of a natural sort of being' (Butler, 1990: 33). She argues that a specific catalogue of accepted gestures and behaviours are combined to create the effect of a so-called gendered identity that is masculinity or femininity. In *Bodies that Matter*, Butler develops her argument by stating that constructing a gendered identity based on a particular understanding of what it means to be either masculine or feminine has to be understood as a process of repetition of specific and acknowledged gender conventions. The discourses that surround gender identity have therefore to be understood historically, as their effectiveness of regulating gendered identities 'derives from the conventions that underpin them

[which] have been accreted over time' (Lloyd, 2007: 63). Understanding gender performativity therefore depends on viewing it as the 'forced reiteration of norms' (Butler, 1993: 53). In this light, one can appreciate that certain characteristics or behaviours, such as the notion of the ideal mother, are recognised as feminine because over time those specific characteristics have been anchored and relayed so that they are now represented as synonymous with femininity. As 'doing' gender can be conceived of as a mandatory or forced practice, Butler asserts that those who fail to 'do' their gender correctly are punished by heterosexist societies, cultures and laws that ensure the idealised constructions of woman and man as fixed and stable gendered identities. Butler's analysis of the social and discursive practices constituting the construction and performance of gender rely on her understanding of what she terms 'the heterosexual matrix'. She defines this as 'the hegemonic discursive/epistemic model of gender intelligibility that assumes that for bodies to cohere [...] there must be a stable sex expressed through a stable gender ([...] feminine expresses female) [...] that is defined through compulsory practice of heterosexuality' (Butler: 1990: 151). To Butler, the act of drag stands out as a primary example of transgressing gender norms, but as Ussher asserts, her argument can also apply to the 'construction and regulation of femininity through fecundity' (Ussher, 2006: 3). As the idealised, perfect mother who embodies patriarchally defined motherhood has been exalted as the ultimate in female achievement throughout history, this characteristic is inherently tied to femininity and a correct 'doing' of the female gender. Ussher argues that 'the reproductive body is central to the process by which women take up the subject position "woman"; central to the performance of normative femininity' (Ussher,

2006: 3). Santos's repeated abortions not only represent a painful and traumatic experience but also prevent her from carrying her pregnancies to term and give birth to a child, which arguably prevents her 'doing' motherhood and thus prevents her from 'doing' her gender correctly. This understanding arguably takes strength from certain biblical understandings of redemption. As the biblical narrative in Genesis goes, Eve gave in to the serpent's temptation and her husband Adam followed her example and because of her disobedience to God, she and womankind alike were cursed with the pain of labour. This view then translates to Paul's comments that as woman was the tempted and thus the sinner, 'women will be saved through childbearing' (Timothy, 2: 15). Santos arguably refers to this biblical women's redemption with her comment 'la femme trompe l'homme avec son propre corps. Il ne reste que l'enfant. J'existe maintenant, j'existe. L'enfant a fécondé la femme' (Santos, 1976: 113). The internal desire to fulfil her female destiny and have a child of her own is clearly a driving force for Santos, as *La malcastrée* begins with the author abducting a disabled child. Santos then forms a profound bond with this child, pouring onto it the sentiments she held for her aborted infants, as shown in the description of their time together. But this too is to be cut short and end dramatically as soon she is detained. Much like her coerced abortions, which deprive her of her maternal desires, this incident too robs her of her motherly potential and pushes her into deeper solitude and loneliness.

The pressured and arguably involuntary nature of these abortions, as well as being presented as a substantial trauma for Santos, can also be seen as the linchpin of her 'madness'. Ruth Leys argues that following significant trauma:

the mind is split or dissociated; it is unable to register the wound to the psyche because the ordinary mechanisms of awareness and cognition are destroyed. As a result, the victim is unable to recollect and integrate the hurtful experience in normal consciousness; instead [it is] haunted or possessed by intrusive memories. (Leys, 2000: 2)

Phyllis Chesler acknowledges the social creation and cultural understandings of gender norms and the failure to 'do' them correctly, and asserts that they are linked to certain gendered understandings of 'madness'. She argues that notions of madness are linked to conventional understandings of masculinity and femininity and could be seen as 'norm' violations. However, women are more likely to be 'mad' than men because of the socially accepted 'inherent' characteristics of the 'well-adjusted' woman, who was meant to be submissive, emotional, dependent and above all maternal. The woman who deviates from socially and culturally accepted norms is thus given the label of insanity as a punishment for these violations, a 'penalty for being female as well as desiring or daring not to be' (Chesler, 2005: 31). As there is no greater norm of femininity than that of motherhood, Santos's inability to become a mother, because of her abortions, can be read as a violation of patriarchally defined femininity and culturally deemed therefore as madness.

A 'Mad' Female Subject Position

A central concern in much 1970s French feminist writing was the quest for an appropriate female language to reflect female subjectivity. Some of the few scholarly articles that have begun analyses of Santos's work interpret her desire to create a female language as a sign that she is a writer of *l'écriture féminine*. Donna Kuizenga's article explores the way in which Santos inscribes her bodily trauma and bodily existence in relation to language into her texts. Kuizenga writes,

‘Santos’ insistence on her experience as a woman and her rooting of any possible authentic language in the female body links her work to *l’écriture féminine*’ (Kuizenga, 1989: 348). Given many of the recurrent themes of Santos’s texts, such as maternity, bodily trauma, ‘madness’ and language, and her abstract and complex Woolfian stream-of-consciousness literary technique, it is perhaps easy to see why her work has been analysed within the context of *l’écriture féminine*. Many authors active at the same period as Santos and with similar themes, such as Jeanne Hyvrard, Annie Ernaux and Chantal Chawaf, have also been grouped together as writers of *l’écriture féminine*.⁴⁸ However, as Cathy Wardle points out, the problem with an interpretation that confines a writer solely to a specific literary movement is that it ‘obscure[s] the specific qualities and significance of the individual author’s work’ (Wardle, 2007: 3). This statement is especially pertinent for Santos’s oeuvre, as such a focus purely on reading Santos within the framework established by *l’écriture féminine* neglects the wealth of imagery in her texts, from the trauma that structures her works to her position in and critique of the psychiatric system.

Kuizenga’s placement of Santos within *l’écriture féminine* is attributable to Santos’s focus on creating a new language. The possibility of a different form of language, for Santos, is tied up with finding the language of the body; she writes, ‘on écrira notre livre, nous, quand on aura trouvé un système différent, un autre système que les mots. [...] Nous on a cherché le langage du corps’ (Santos, 1976:

⁴⁸ In her work analysing Jeanne Hyvrard, Cathy Wardle is critical of this grouping and writes that Hyvrard ‘has been compared to such authors as Duras, Ernaux, Chantal Chawaf, Emma Santos and Monique Wittig’ and ‘such comparisons suggest an attempt by critics to establish Hyvrard’s status within the emerging canon of French women’s writing as it is defined in (principally Anglo-American academic circles)’ (Wardle 2007: 2–3).

15). This quotation lends itself easily to writing the body or *écriture féminine*, but this reading is over-simplistic as Santos, at least at times, seems to allude to an alternate form of language that is not based on the literal act of writing.

Surtout surtout il faut écrire vite sans s'entendre, il faut se saouler de mots. Si tu t'écoutes tu trouves tout idiot. Il ne faut pas, il faut parler pour parler. Ne parler jamais pour dire quelque chose. Évite la sincérité, fuis-la même, personne ne t'écouterait. Les mots, les vrais mots sont muets. Écris avec du vent, écris, écris vite. [...] Ne laisse pas les autres lire tes mots, ils ne voient que des mots. L'important ce sont les blancs, les espaces vides entre les mots et les lignes, la transpiration et le sourire. [...] Écris sans crayon sans papier. (Santos, 1976: 29)

At first, it would appear that Santos is referring to writing as based on the free association of the Surrealists but as the quotation continues one can see that Santos does not in fact prioritise the written word, but blank space, a writing without pen or paper. Kuizenga observes this shunning of the written word, arguing that Santos's 'revindication of a new female speech is doubled by a constant denigration of language and writing' (Kuizenga, 1989: 349). She, however, rationalises this disparagement of writing, Santos's emphasis on speech, the orality of her writing style and the contradictions it poses, to her own reading of Santos as a writer of *écriture féminine* by postulating that Santos has created an alternate form of *l'écriture féminine* that 'points up the dangers of an excessive emphasis on the body as the untroubled source of female creativity and the erroneousness of an uncritical revindication of madness as the true [...] desirable female state' (Kuizenga, 1989: 349). Despite Kuizenga contending that Santos belongs firmly within the ranks of *l'écriture féminine*, she acknowledges Santos's impetus to forge a female language and speak, rather than write, the body. Corresponding to the above quotations from Santos, she writes 'Santos locates

the source of language unequivocally in the female body. She writes of the creation of a new language which would speak the body' (Kuizenga, 1989: 348).

With this Santosian emphasis on speech, blank space and gesture it may be worthwhile to look at Santos as an author within the context of feminist philosopher Luce Irigaray's notion of *parler-femme*, as *speaking* the body rather than *writing* the body. Unlike *l'écriture féminine*, *parler-femme* pertains to speech rather than writing. Margaret Whitford rightly asserts that Irigaray is often associated with '*l'écriture féminine*, women's writing, [however] the terms which she privileges [*parler-femme* and *la sexualisation du discours*] are not about writing at all' (Whitford, 1991d: 38). Sarah Cooper affirms Whitford's reading of Irigaray, writing that 'the terms that Irigaray uses to refer to the possibility of positing a female/feminine specificity are, in fact, "*parler-femme*" and "*la sexualisation du discours*". The ambiguity of both phrases implies that *parler* and *discours* designate both the spoken and written word [yet] the spoken word seems more important to Irigaray' (Cooper, 2000: 129). *Parler-femme*, translated as to speak (as) woman, is a form of resistance through which women may reclaim their subjectivity. Irigaray argues that meta-language, theoretical arguments, such as those of philosophy, psychoanalysis and psychiatry, are gendered male and as a result women have no language of their own: 'Parler-femme has multiple meanings, not limited to but including speaking the feminine, speaking of and to women, speaking as woman-subject, and action of speech by or on behalf of women' (Irigaray & Green, 2008: 130). As Irigaray states, by '*parlant-femme*, on peut tenter de ménager un lieu à l'"autre" comme féminin' (Irigaray, 1977: 133). Psychoanalyst Maud Mannoni, a staunch critic of the psychiatric system, argues a

fundamental problem of psychiatry – that the patient is subjected to the metanarrative of psychiatry and that this leads to the disavowal of the individual's subjectivity. She claims, 'le fait de poser un diagnostic psychiatrique déloge donc le malade de sa position de sujet, l'assujettit à un système de lois et de règles qui lui échappent et inaugure ainsi un processus qui aboutira logiquement à des mesures de ségrégation' (Mannoni, 1970: 25). Referring to Mannoni's description of psychiatric diagnosis as a process of submitting the individual to a system of rules and laws devoid of subjectivity, we can see that Santos's speech-like writing may be an attempt to re-capture female subjectivity as articulated through women's language. *Parler-femme* is therefore a process that may counteract the meta-language of psychiatry that does not allow its patients (female patients represent the majority in psychiatric hospitals) to be present as speaking subjects. As Irigaray states, 'du "parler-femme" je ne peux simplement vous rendre compte: il se parle, il ne se méta-parle pas' (Irigaray, 1977: 141).

Central to Irigaray's work and *parler-femme* by extension, as Bainbridge (2011) argues, is the distinction between the terms *langage*, *langue* and *parole*. *Le langage* is at the core of Irigaray's work and denotes 'the process of language [...] the linguistic systems that perpetuate current linguistic practice' (Bainbridge, 2008: 10). The term *langue* is 'the corpus of language available to the speaker' (Whitford, 1991d: 41) i.e. French or English. *Parole* is speech as it is used. Santos states, 'la réalité n'existe pas, nous saurons l'inventer. Nous vérifierons l'existence de l'irréel. Nous imaginerons l'inimaginable. Nous réinventerons le langage'⁴⁹ (Santos, 1976: 43). Here, Santos declares that she has reinvented language,

⁴⁹ Emphasis is my own

specifically the ‘process of language’, the concept that lies at the heart of Irigarayan thought, the development of a female *langage*.⁵⁰ The choice of words here also signifies a Foucauldian resistance within language. Foucault stated that ‘le discours véhicule et produit du pouvoir; il le renforce mais aussi le mine, l'expose, le rend fragile et permet de le barrer’ (Foucault, 1976: 133). Instead of rejecting and destroying language, Santos chooses to reinvent it, to reclaim language but through a different system of representation so that she might subvert it for her own use. Or as Irigaray writes, ‘Ce qui est déjà retourner en affirmation une subordination, et, de ce fait, commencer à la déjouer’ (Irigaray, 1977: 73–74). Santos later states ‘nous inventerons *la parole*’ (Santos, 1976: 44): this quotation, in combination with previous ones, indicates her attempt to take back language (*le langage*) to create a new form of speech (*la parole*). In her work, there is a sense that words hold an ultimate power, even the power to challenge the meta-discourse of psychiatry: ‘nous briserons les voitures avec les mots, les asiles avec les mots. Les mots peuvent tout, des mots vivants’ (Santos, 1976: 44).

The reason for the efficacy of *parler-femme* in the analysis of Santos’s ‘mad’ writing style is its fluidity and malleability rendering it able to ‘keep up’ with Santos’s complex oral writing style, ellipses and changes in narrative voice. Santos’s texts are written in a style evocative of speech through her use of an informal register, the use of interior monologues, free association and unconventional syntax. Santos’s writing arguably echoes a Woolfian stream-of-consciousness technique which ‘was an effort to [...] present the multiplicity and

⁵⁰ Emphasis is my own

variety of association held simultaneously in the female mode of perception' (Showalter, 1977: 260). This writing style is found throughout Santos's oeuvre, just one example of which can be seen in the beginning of *La malcastrée*. Recounting her dialogue with *la Dame Psychiatre*, Santos states, 'je suis en mal d'enfant, si mal ... Je suis seule ... Un enfant ... [...] L'enfant imaginaire. Je l'aimerai l'enfant [...] Je veux un enfant. Fais-moi un enfant. Oh! fais l'enfant. Enfant. Fais fais fais ...' (Santos, 1976: 26).⁵¹ Santos's texts are evidently unconstrained by literary formalism as exhibited through her unconventional syntax, fragmented sentences and repetition. Furthermore, she often employs a distinct change in narrative voice, best exhibited throughout *La malcastrée* with the narrative oscillation between the dead female patient's notebook, the first-person pronoun referring to Santos and the ambiguous and sporadic use of the third person pronoun 'elle', and in *La loméchuse* where she forms her composite identity with Elisabeth, Elisabemma. Santos seems also to define her 'madness', at least in part, as returning to childhood and reclaiming infantile innocence, and this too is emphasised through her relationship with language, 'j'ai jeté mes chaussures et j'ai trouvé le langage de l'enfance. J'ai retrouvé la déraison, la dérision. Un langage tout blanc' (Santos, 1976: 123). This madness and the return to language of childhood is also demonstrated through Santos's use of nonsensical words found at the end of *La malcastrée*, 'Broum, Braoum, Vraoum, Brouang, Vrang, Vloumb, Vroub, Beuhh, Bu, Bu, Bu' (Santos, 1976: 124). Furthering Santos's contradictory relationship to words and language is that Santos often presents words and language as a comfort, creating an environment for development,

⁵¹ Ellipses without parentheses as featured in the original text.

arguably like that of the womb: 'Larve. Tout était lent, passif, cotonneux. Odeur de lait caillé entêtante. Les gens étaient gentils. On se comprenait. Les mots n'existaient plus. J'étais dedans' (Santos, 1976: 89). This comfort is, however, undermined by other sections of her texts. As previously mentioned, her contradictory relationship with language fluctuates between a means of asserting a female subject position and her struggle against this 'madness': 'la folie c'est une page blanche' (Santos, 1976: 107), the assumption here being that within writing lies some form of resistance to the psychiatric system. Yet on the other hand, words ultimately betray her and result in her internment, thus becoming a paradoxical force for her liberation and her internment. Santos's relationship with language becomes more volatile as her œuvre progresses and the narrator loses control of her words:

Comme je ne supportais plus les mots peut-être le contraire les mots ne me supportant plus, on m'a remarquée enfin. Les mots fuyaient ma bouche en hurlant ce que je ne voulais pas dire. Les gens autour riaient, rattrapaient les mots et les gardaient pour eux tout seuls. Ils parlaient entre eux derrière moi. On est venu me chercher dans un carrosse moderne, une ambulance, toute riante, clignotante avec des hommes fourchus cachés dans le blanc. On m'a isolée à l'asile. On m'a confisqué le cahier. J'ai été délivrée du langage. (Santos, 1976: 87)

In keeping with the idea of the power of (mad) language is Laub's theory of trauma, the need to tell one's story to survive. Laub argues that those who have experienced trauma – in his specific example, Holocaust survivors – 'needed to tell their stories to survive. There is, in each survivor, an imperative need to tell and thus to come to know one's story, unimpeded by ghosts from the past against which one must protect oneself. One has to know one's buried truth in order to be able to live one's life' (Laub, 1995: 63). This survival can be read as the survival of her abortions, her car accident and her resulting near decapitation, which as we

learn from Cixous, means silencing. Santos's relationship with words and language is complex and often paradoxical: in some instances, she presents writing as a means of survival, a struggle against the psychiatric medications that seek to silence patients and thus carving out a female 'mad' existence for herself. Santos's imperative to create her own reality and language may stem from this sort of understanding of trauma and psychiatry combined with Cixous's understanding of decapitation and silencing. With this in mind, language and words become vital tools of resistance against trauma, psychiatry and patriarchy. Words and language possess the power to tell one's traumatic experiences, to create a narrative universe and thus at least attempt to re-establish oneself as a fully-fledged subject.

Santos's Madness: 'Ils l'appellent la folle'

The most apparent motifs throughout the works of Santos are 'madness' and the subsequent treatment that she endures under psychiatry. On the back cover of *L'illulogicienne* there is a statement from Santos pertaining to the title of the novel which reads:

Ils l'appellent la folle. Ils ont peut-être raison. Ils ont sans doute raison ... ils sont plus nombreux [...] Elle préfère s'appeler l'illulogicienne. Elle suit la logique de ses illusions. Sa logique à elle. L'illulogisme c'est: tout contester, tout contredire. Plus pour le plaisir de contester, pour le plaisir de contredire.

This quotation bears resemblance to Foucault's assertion that unreason is not simply a lack of reason but an alternative perspective of reason, reason dazzled. It would also point to the Laingian concept of the intelligibility of madness. A Laingian understanding of psychosis and madness is based upon the 'conviction

that the psychotic's discourse can be made intelligible within the matrix of his/her communications' (Kotowicz, 1997: 49). For Laing, the intelligibility of madness is 'the set of social interrelationships in which a person is situated' (Mitchell, 1974: 232). Laing, seizing upon the notion that 'schizophrenia runs in families, but observes no genetically clear law' (Laing and Esterson, 1964: 17), theorised that the nexus of schizophrenia was located in family life. Laing and Esterson state that schizophrenia or madness emerges as an intelligible response to the interaction of its members. In *L'illulogicienne*, Santos too makes particular reference to her less-than-ideal family situation, describing a large, poor, religious matriarchal family consisting of grandmother, 'huit gosses' (Santos, 1971: 55) and the father. The narrator presents her father as a layabout, a drunk and a great source of shame and embarrassment, mentioning how he uses her car accident and near decapitation as a ruse to obtain drinks, keeping the pieces of glass extracted from her neck, taking them to cafés and bistros and telling the story of his daughter's near fatal accident in exchange for alcoholic drinks, bought for him by sympathetic fellow patrons. Santos presents neither her parents nor her family situation in a favourable light. Rather she attests to the shame that she feels for both: 'J'avais honte de mon père. Je ne l'aime pas. Je l'ai même détesté' (Santos, 1971: 42); and speaking of her mother 'j'avais honte de la mère. Elle avait toujours le ventre gonflé [...] j'avais honte d'appartenir à une famille nombreuse' (Santos, 1971: 44–45). The family's distaste for the father is clear, as her mother states 'votre père est un raté, un beau raté' (Santos, 1971: 59). The most scathing description, however, comes from Santos, who describes her father as turning a blind eye to the poor conditions in which his family lives, as 'un homme couperosé.

Rouge d'abord puis noir roulait dans l'ivresse. Pissait dans son pantalon. Marchait à quatre pattes. Injurait galopins et galopines. Imaginait dans un nuage d'alcool huit enfants bien habillés' (Santos, 1971: 55). Santos's description of her family is reminiscent of the Laingian theorisation of the family of the nexus of madness. Laing postulated that 'not the individual but the family is the unit of illness: not the individual but the family, therefore, needs the clinician's services to 'cure' it: the family [...] is now a sort of hyperorganism, with a physiology and pathology, that can be well or ill' (Laing & Esterson, 1964: 23). Laing attacked the family on both political and social grounds, attempting to discredit the location of psychosis in the child's *infantile* relationship with the mother. Laing argued that 'one might do better to think of schizophrenogenic families' (Laing, 1965: 192) rather than the previously held psychiatric assumption that the mother 'caused' schizophrenia or 'madness'. This is particularly true within the context of Santos's description of her family unity and its members, as it is not solely the relationship with the mother that was a source of significant distress to Santos.

Laing's theories of the intelligibility of madness are not exclusive to the family nexus of schizophrenia but also extend to the wisdom of the 'mad', the 'madness' of psychiatry and ultimately the process of going mad itself. Laing's notion of 'schizophrenese', the schizophrenic dialect that shares a striking similarity to the associational logic of dreams and thus to surrealist poetry, lends itself well to Santos's description of her 'illulogisme'. Santos's critique of the doctors and the psychiatric system is analogous to the critiques made by Laing. She writes:

Vous les médecins, vous préférez enfoncer le fou dans sa folie, lui maintenir la tête sous l'eau. Ne pas le laisser respirer ou tout juste un tout petit peu pour le conserver bien abruti à demi mort à votre disposition. Vous les médecins, vous ne pouvez vous passer de vos fous, vous en avez besoin pour vivre [...] Le médecin est malade, moi folle, je suis gorgée de sagesse [...]. (Santos, 1976: 42)

Santos highlights the nature of psychiatric treatment according to Laing and the other anti-psychiatrists. Laing saw a direct correlation between the cause and treatment of mental illness and asked 'why do we not regard a theory that seeks to transmute persons into automata or animals as equally crazy?' (Laing, 1965: 23). Santos too protests the dehumanising nature of psychiatry, stating 'ils me traitaient d'inhumaine quand j'étais trop humaine' (Santos, 1976: 43). Santos continues to compare herself to Jesus Christ, who paid the ultimate price and was executed as a result of his followers' disavowal of his humanity and exaltation of his divinity. As Christ was, so is Santos aware of her fate, which although not strictly speaking death, is still a long sentence of 'madness' and internment. But unlike Christ who, according to Santos, begs for his death sentence to be repealed, she writes 'Jésus Christ versait une larme en portant sa croix et suppliait : je suis un homme ordinaire, tout ça était des histoires [...] je suis un peu mythomane' (Santos, 1976: 46), the narrator instead accepts her fate. There is a substantial amount of dramatic irony pertaining to the claim that Jesus said he was a liar on the subject of his divinity, however, as she told a comparable lie in order to obtain her *sécurité sociale* which marked her unknowingly signing away her humanity and thus committing, at least part her to life to the psychiatric system. This dehumanising, or othering, of patients is reflected in Maud Mannoni's Foucauldian-inspired critique of psychoanalysis and psychiatry, as she reasons that 'les êtres de déraison sont venus occuper l'espace laissé vide par les lépreux, et leur place

dans la société a du même coup changé par rapport à celle qui était la leur dans les temps plus anciens' (Mannoni, 1970: 55). The 'mad' in this case occupy the same space as the leper and the abject, which is the 'objet chu [qui doit être] radicalement un exclu' (Kristeva, 1980: 9), confined at a safe remove from normal society.

Throughout her work, Santos echoes one of many complaints by the critics of psychiatry, the psychiatric industry's usage of certain alleged treatments that often hinder rather than help patients. Thomas Szasz, a staunch critic of psychiatry, writes on the psychiatric over-dependence on drugs; 'the depressive is low on himself; the psychiatrist makes him high through drugs. The manic is high on himself; the psychiatrist makes him low through drugs' (Szasz, 1973: 94). Santos's experience in this area highlights the relative routine and mechanical nature of distributing psychiatric drugs. In Santos's narrative world, the doctor is elevated to the status of the noble, decadently-clad clergy who give food to the starving, as the psychiatrists give out vital medications to desperate, stupefied and addicted patients:

Le psychiatre comme tous les psychiatres l'écoute peu, envoie des médicaments par téléphone. Un prélat tranquille vêtu d'or distribuant des bénédictions aux enfants affamés. Comme les pneumatiques à la poste c'est la machine psychiatrique. Le malade dressé intoxiqué à l'autre bout du tuyau reçoit le comprimé directement dans la bouche. (Santos, 1978a: 129)

Throughout Santos's body of work there are numerous sentences and passages that refer to violent psychiatric treatments, echoing Szasz's observation that 'the principal problem in institutional psychiatry is violence; the possible and feared violence of the madman, and the actual violence of society and the institutional

psychiatrists against him' (Szasz, 1971: xvii). Santos illustrates this violent nature of treatment from being doused with water: 'Ils lui jetaient de l'eau pour la calmer. Elle suffoquait sous leurs bonnes paroles d'hygiène mentale' (Santos, 1971: 16). To various stupefying drugs: 'je me sens si maladroit, mutilée, droguée par les piqûres' (Santos, 1976: 40). This understanding of her condition echoes Guattari's pervasive argument that the 'hospital' is not the element involved in the experience of the 'psychiatrized' (Genosko, 1996: 10), that is to say that the psychiatric hospital's repressive nature can be exacted through other means such as '[the] neuroleptic or chemical straitjacket [that] replaces a physical straitjacket' (Genosko, 1996: 10). Mannoni writes on the social structure of the psychiatric hospital: 'Les demandes du malade à l'asile se formulent ainsi dans des termes qui rappellent étrangement ceux des prisons. Une permission de sortie est assimilée à la limite à une sorte de levée de peine (ou d'écrou) tant est présent dans l'esprit du malade le critère de "bonne conduite"' (Mannoni, 1970: 22). Santos also attests to the punitive aspects of hospitalisation exemplified through the brutal treatment the narrator receives at the hands of the hospital staff upon her internment. Writing in the third person but speaking of her internment, Santos writes: 'Ils vont venir dans un instant, prendre son sac, fouiller, trouver la lettre, la déshabiller chercher en elle, la jeter nue dans une cellule et la piquer. Ils vont venir les gardiens de l'hôpital psychiatrique, la prendre de force et enfermer nue dans une cellule' (Santos, 1978a: 137–138). Santos's description of her admittance to the psychiatric hospital of Sainte Anne holds a strong resemblance to the necessary strip search and shower before being admitted to a penitentiary. This description echoes that of American sociologist Erving Goffman, who

criticised the mental hospital, describing it as similar to a prison, a ‘total institution’ (Goffman, 1961: 74). According to Goffman’s theory the ‘total institution’ functioned in the same way as a jail and army barracks, as an organisation that seeks to control deviant behaviours through often punitive means. In this light, the various treatments that Santos and other patients endure take on more the sinister tone of a corrective penalty than the alleged intended ones of therapy and well-being. Santos’s disdain for the institution of the mental hospital was shared by many anti-psychiatrists and critics of traditional psychiatry such as Guattari, who argues that ‘it is quite evident that one must urgently do away with all the incarcerative methods of accommodation’ (Guattari, 1996d: 58). The theme of incarceration is also evident in Santos’s description of her hospital room, which invokes the imagery of a prison cell, ‘Une fille folle nue écrit dans une chambre nue. Une chambre d’hôpital comme partout. Une chambre blanche. Sans rien. Un lit c’est tout. Une chambre nulle part’ (Santos, 1971: 1.) The emptiness of this room mirrors that of a prison cell, of an alternate bleak world separate from normal society. Gentis asserts that this is to create ‘un autre monde étanche où serait confinée la folie. Ailleurs, dans le monde *normal*, rien que raison, rien que bon sens – à l’asile rien de sensé’ (Gentis, 1970: 18).

Santos draws comparisons between psychiatry and another form of women’s persecution – the witch hunts. She writes ‘Au Moyen Âge on l’aurait accusée de sorcellerie [...] Dommage on évolue, on ne brûle plus. On interne maintenant, on fait taire sous médicaments. Le bûcher le Moyen Âge, elle serait morte en couleur et pleine de gloire’ (Santos, 1978a: 148). The figure of the witch and of the madwoman arguably share many similarities: they are both caught in

the double bind of femininity, the inevitability of being labelled as either a witch or mad whether they rebel against or comply with their feminine role and the charges brought against them. Witches or 'lunar lunatic women' (Gauthier, 1986: 199) have received the brunt of patriarchal persecution for centuries, and as Ussher asserts, 'witches have always been women, in reality and in imagination: as have the "mad"' (Ussher, 1991: 43). Like the witch, the 'mad' woman remains on the fringe of society as a result of a term that confines and scapegoats her as a perpetual disturber of the peace and as the abject Other. Both the witch and the madwoman are doubly stigmatised, for their roles as woman-as-Other and for their deviance from hetero-patriarchal norms. Thomas Szasz notes that there was a 'replacement of the theological concept of heresy with the medical concept of mental illness, and of the religious sanctions of confinement in a dungeon or burning at the stake with the psychiatric sanctions of confinement in a hospital or tortures called treatments' (Szasz, 1971: 138).

Santos's worst and unintentional criticism of psychiatry is her perpetual return to 'madness'. This illustrates the suggestion of many anti-psychiatrists and other critics of the institution of psychiatry such as Guattari that many of the institutional arrangements to treat those who are considered mentally ill are often in fact counter-therapeutic. Proving this point in *la malcastrée*, Santos states:

[...] il faut que tu saches, je sors de l'asile pour retourner à l'asile, il n'y pas d'autres routes. Je mourrai d'asile comme tous ceux qui ont été enfermés. La mort est là-bas, l'asile nous reprend un jour un autre. Je vis entre l'angoisse d'être dehors et le désir de retourner dedans. (Santos, 1976: 54)

As Cochrane argues, 'patients have more symptoms because they are patients and have been induced by labelling to play the role of the mentally ill which

includes *inter alia* having psychiatric symptoms' (Cochrane, 1983: 159). In Scheff's model of labelling theory, some people came to play the role of the mentally ill in a similar fashion to the way in which other social roles are acquired. One of the crucial aspects highlighted by labelling theory is the impact that a diagnosis and the subsequent labelling as something other than normal has on the patient. Labelling theory 'draws a distinction between the initial occurrence of residual deviance [...] and the process of coming to occupy a stable role of mental illness and the consequential change in self-identity which goes along with it' (Cochrane, 1983: 151). The mental hospital itself helps facilitate this change in identity, by providing a safe remove from the rest of society and through the 'guidance' of the psychiatrists. The psychiatrist thus represents an agent of normal society, who can formally and professionally apply the label of 'mad' to the patient. The hospital, then, provides the correct clinical environment in which the labelled individual can learn to adapt to and eventually adopt their new 'mad' identity.

Santos also takes a literary swipe at the talking therapy that is psychoanalysis. *La malcastrée* features clear references to the historical figures in psychoanalysis: Freud, Abraham, Jung, Mélanie and Marie. Santos takes this opportunity to express her distaste for the analysts of days gone by, whose methods, concepts and legacy live on. Santos writes, 'laissons les psychiatres à barbichette dans leur tombe' (Santos, 1976: 48). The imagery Santos invokes of bearded psychiatrists comes rather crudely from Freud and the more general and rather stereotypical pop culture notion of the bearded psychiatrist analysing his reclining patient in a dark office. This critique, when viewed in the context of her numerous other criticisms and observations about the brutal nature of psychiatry,

is interesting because she is arguing for leaving the methods of psychoanalysts in the past and stepping away from the discourses of psychoanalysis, while simultaneously being unsatisfied with the more 'medical' alternative. Santos would appear to be arguing for the total abandonment of all the methods that purport to treat and cure mental malaise, psychiatry, psychotherapy and psychoanalysis included.

The Psychiatrist: Love and Betrayal

Despite Santos's various descriptions about the unfavourable nature of her treatment, she develops a strong affection towards the person in charge of it, *la femme médecine*, *la Dame Psychiatre* and Elisabeth, who, although referred to by different names in each of Santos's works, represents the same person. Her attachment to the female doctor figure begins in *L'illulogicienne*, where, while interned in a mental hospital, Santos takes to writing and a young female doctor brings her new notebooks when she has filled the old ones. The young female doctor agrees to take the books away with her and keep them safe, despite an earlier belief that her doctors 'voudraient bien sûr confisquer le cahier. L'étudier. L'analyser. Le disséquer' (Santos, 1971: 12). The narrator begins to cast '[la] jeune femme médecine' into a maternal, familial and intimate role. Projecting on to her feelings of love and solidarity, she writes 'je l'attendais dès le matin. Je criais son nom au lieu d'appeler maman [...] Je pleurais dans les mains de cette femme [...] j'avais enfin trouvé une amie. Une soeur' (Santos, 1971: 17–18). The fact that Santos's therapist is in fact a woman can be seen to blur some of the gender lines that have been drawn between the psychiatrist as an 'agent of patriarchy' (Appignanesi, 2008:7) and the stereotype of the analyst and his 'muse', for

instance Freud and his Dora, and Lacan and his Aimée. As a result of *la Dame Psychiatre*'s sex, Santos projects onto her sentiments of maternity and sorority to the point of obsession. The narrator's maternal relationship with *la Dame Psychiatre* is often tinged with homoeroticism, Santos writes:

nous sommes enfin délivrées de nos vêtements et très pudiques. Tes seins se sont affaissés, ils on nourri l'enfant. Je les caresse.[...] Les défauts de ton corps, je les découvre, aime, honore.[...] Le Plaisir me fait exigeante, egoïste (Santos, 1976:23).

The homoerotic aspects of the relationship between the *La Dame Psychiatre* and the narrator appear to be the fantasy of the narrator as the love she feels towards *La Dame Psychiatre* appears unreciprocated and *La Dame Psychiatre* proves to be another cog in the psychiatric system and thus a tool of patriarchal oppression. Simone de Beauvoir stated in 1979 'at the bottom of psychiatry is still psychiatry. And it doesn't really address itself to women's problems' (Simone de Beauvoir, cited in Showalter, 1987: 228). One could assert therefore that *la Dame Psychiatre* further highlights this statement. Despite her femaleness, the treatment that she administers to Santos is generic: she is unable to tailor the treatment to take into account her subjectivity or her femininity and the psychological consequences of the trauma of her car accident, family or abortions. *La Dame Psychiatre* / Elisabeth, despite featuring heavily in Santos's work, is a far cry from the loving and 'mothering' therapist exalted by Laing and longer for by the narrator: instead Elisabeth is a product of the mainstream psychiatric system which, as argued by Laing reduces people to 'an automaton [...] an *it* without subjectivity' (Laing, 1965: 23). This is clearly exhibited through the fact that it was *la Dame Psychiatre* who

used the power she had over Santos, both medical power and emotional power, to coerce her into having her abortions. Although obsessional in her attachment to *la Dame Psychiatre* at some points throughout her work, Santos seems to be aware, at least in part, of *la Dame Psychiatre* / Elisabeth's true psychiatric agenda.

Elisabeth is thus the object of an ambivalent sense of affection, simultaneously beloved and resented. On the one hand, Santos's obsession with her is so strong that she fantasises that they become a composite identity, the character of Elisabemma, a personality referred to as separate but with the fused identity of Elisabeth and Emma. Santos refers to a literary hybrid with the personal pronouns, *je*, *elle* and *nous*, thus signifying their separateness and union. Yet on the other hand, Santos also often configures Elisabeth as a potentially treacherous figure. 'Elle peut être dangereuse [...] Elle veut détruire ma vie. C'est un monstre. Elle détruira ma vie' (Santos, 1978a: 103). Santos's suspicion of Elisabeth is confirmed at the end of *La loméchuse*, where Elisabeth writes a letter calling for Santos to be involuntarily interned. Upon hearing of this news, Santos is distressed, feels the bond she shared with Elisabeth has been betrayed and wants to make the betrayal disappear: 'Il faut manger la lettre d'Elisabeth. Elle dévore les mots de haine' (Santos, 1978a: 138). The clearest example of the ambivalent and often confusing relationship that the narrator has with Elisabeth is seen at the end of *La loméchuse*. The chapter, unlike the others, is nameless. Recognising her impending internment in a psychiatric hospital, Santos bids a long farewell to her psychiatrist. The chapter begins with the sentence 'Adieu Elisabeth', which is then repeated numerous times throughout the chapter. The most telling extract details the confusion that Santos herself feels about their relationship:

Adieu Elisabeth comment oublier ta tendresse quand tu passais tes journées dans sa chambre, ta tristesse quand tu as su que l'enfant ne vivrait pas, ta patience quand elle te persécutait et te rappelait la mort à chaque instant. Elisabeth comment oublier ta violence quand tu disais quelle idée de tomber enceinte à ce moment-là tu l'as fait exprès, va ailleurs où tu veux mais ne me mélange pas à cette histoire voilà de l'argent comme tu veux et disparais.' (Santos, 1978a: 147–148)

Trauma is the backbone of Santos's textual madness as the reader is trapped in a cyclical telling and re-telling of the traumas of abortion and castration. Santos's madness can also be understood in the context of a Cheslerean reading of female madness. The trauma of castration – the result of the car accident – inaugurated her into the world of psychiatry and contributed to the trauma of abortion, specifically the second abortion, performed under the instruction of her psychiatrist, which in turn led to her failure to 'do' motherhood and thus the transgression of her internalised and societally defined female role which we learn from Chesler is deemed as madness. A reading of Santos's texts within the context of *écriture féminine* may in fact correlate to some of Santos's more obvious thematics such as the body and language. It does not, however, do justice to two other prominent and often overlooked themes present in her oeuvre, those of the repetitive cycle of trauma, her critical position within the psychiatric system, and her mad subject position. Reading Santos through the prism of trauma theory provided by Leys, Caruth and Laub reveals the cyclical nature of trauma as exhibited through Santos's re-telling of her 'castration' and abortion. Trauma theory and the imperative to attest to one's traumatic experience seen in the work of Santos highlight the therapeutic aspects involved in telling one's story, thereby drawing attention to how words and language more generally can be used

not only to heal but to resist not only trauma but also psychiatry and patriarchy. It is through this understanding, combined with the Irigarayan concept of *parler-femme*, that we can read Santos's complex relationship to her trauma, her 'mad' identity, words and language as her attempt to reformulate language away from the meta-discourses of psychiatry and the other psy sciences, carving out in this way a mad female language. The repeated trauma that has befallen Santos, the falsified doctor's note that opened the door for Santos to enter into the world of psychiatry and her attempt to carve out a specifically 'mad' female language speaks to the Laingian intelligibility of madness in relation to both the madness of language and the process of going mad itself.

Chapter Four: Jane Arden – ‘If you’re a woman you’re mad’

Introduction

Jane Arden was arguably one of the most radical and provocative thinkers to have emerged during the British second wave feminism of the 1960s and 1970s.

Curiously, however, little is written or known of her work, which ranges from theatre to film to literature. Arden, a RADA graduate, was born in South Wales and began her exploration into female subordination with her script for the film *Logic Game* (1966), directed by her then husband Philip Saville. The film followed the isolation of a woman following the breakdown of her marriage and can be considered a forerunner to *Separation* (1967). The surrealistic and provocatively titled play *Vagina Rex and the Gas Oven* (1969), ‘a prophetic precursor’ (Wandor, 1986: 40) to many feminist polemics of the 1970s, was scripted from improvisation and cast experiences and featured a woman grappling with her internal sense of inferiority and subordination. These themes culminated in Arden’s most radical and explicitly feminist film *The Other Side of the Underneath* (1972).⁵² Arden’s final two films, the short *Vibration* (1975) and *Anti-Clock* (1979), moved away from feminism to attack societal conventions and rationality, a concept she nicknamed ‘Rat’. Arden suffered from mental instability and committed suicide in 1982. Following her death, her films were suppressed at the request of her artistic collaborative partner, Jack Bond, and remained forgotten until 2009, when they were re-released by the British Film Institute.

⁵² To be referred to as *The Other Side*.

Discussion of Arden is intriguing, because as encapsulated by the protagonist at the beginning of *Separation*, Arden declared herself 'much too early' (Monk, 2009a). Art arguably imitates life as Arden's engagement with several polemical matters pre-dates much of the recognised critical discussion. The theme of divorce and female struggles in *Separation* appears two years prior to the 1969 Divorce Reform Act, which rejected the concept of the 'guilty spouses' (Levin, 1970: 632). *Separation* also appeared prior to seminal feminist texts such as Greer's *The Female Eunuch* (1970) and Juliet Mitchell's *A Woman's Estate* (1971). Crucially, Arden pioneered a jarring visual aesthetics and fragmented narrative in *The Other Side*, thus making it one of the first instances of female-directed counter-cinema, pre-dating both Laura Mulvey's critique of the male gaze and Claire Johnston's call to '[disrupt] the fabric of the male bourgeois cinema' (Johnston, 1997: 37). Mulvey's 1977 *Riddle of the Sphinx*, co-directed with Peter Wollen, is considered to be the 'aesthetic companion piece' (McCabe, 2004: 116) to her article 'Visual Pleasure and Narrative Cinema' (1975). The film foregrounds the critical issues in her article: that mainstream cinema relies upon narcissism and voyeuristic scopophilia, creating an alternate form of cinematic representation that destabilises typical narratives of women on screen, 'interrogat[ing] cultural myths of woman and deconstruct[ing] unconscious textual relations' (McCabe, 2004: 116). It is important to note, however, that despite Mulvey's prominence as a theorist and practitioner of feminist counter-cinema, both her article 'Visual Pleasure and Narrative Cinema' and her film *Riddle of the Sphinx* post-date Arden's *The Other Side* by several years. As Arden's films are genuine examples of 'counter-cinema' it is almost impossible to understand them 'without a degree of

familiarity with the quotations and allusions which structure them' (Wollen, 2002: 79), which are derived from feminist and R.D. Laing's extensively philosophical discourse. *The Other Side* may be considered a surrealist jigsaw puzzle thanks to its episodic and incoherent structure and associational logic, which is problematic for any holistic interpretation.

The black and white *Separation* was written by and starred Arden. Although directed by Jack Bond, Arden's influence is unmistakable. The 'swinging sixties' London film, stylistically reminiscent of Jean-Luc Godard and the Nouvelle Vague, centres on a woman, Jane, dealing with the separation from her husband. The film is more visually accessible than the jarring *The Other Side*, in its presentation of the spectrum of feminist issues from maternity to identity. Arden's anti-psychiatric inspiration is evident, as the film grapples with the brutality of 'traditional' psychiatric treatments such as lobotomy and electric shock therapy (EST). The former is a theme revisited in Miloš Forman's 1975 screen adaptation of *One Flew Over the Cuckoo's Nest* and the latter treatment features heavily in Jane Campion's *An Angel at My Table* (1990). *The Other Side* (1972), written, directed by and starring Arden is an unrecognised landmark in British film history. Despite being the only film of the 1970s to have a solo female directorial credit and being described by BBC critic David Will as 'a major breakthrough in British cinema' (Kaye-Smith, 2007), it has received negligible critical acknowledgement. The film, the title of which was taken from a line in Arden's play *Vagina Rex and the Gas Oven*, was based on her play *A New Communion for Freaks, Prophets and Witches* (1971). *The Other Side*, heavy with anti-psychiatric theories and surrealist and psychoanalytic connotations, eclipses its predecessor *Separation* in its

portrayal of the detrimental effects of 'feminine conditioning' (Wandor, 1986: 28). The film, scripted from improvisation and set in a mental hospital, features a nameless all-female cast and follows its anonymous protagonist (Susanka Fraey) through a Laingian schizophrenic 'ten-day voyage', a psychotic journey 'back and in [...] [a] long way back to the reality we have lost contact with' (Laing, 1967: 137), which in Laing's thinking would bring a new sense of consciousness. Arden's polemics echoed and often advanced those of her era. The sexual and social rebellion and revolution of the 1960s, the accessibility to contraception, the decriminalisation of homosexuality and the rising tide of feminism rallied women to make the belief that 'the personal is political' permeate 1970s society. Brewing at the same time was a psychiatric revolution and the anti-psychiatry movement. Despite the gender blindness of anti-psychiatry, the movement, specifically R.D. Laing, was tremendously influential for Arden, which I argue enabled her radical critique and questioning of patriarchal institutions of psychiatry, normative femininity, the institution of marriage and motherhood and religion.

Jane Arden and Madness

Arden as a film-maker was unique where both the filmic landscape of the time and this thesis are concerned. While all four writers and film-makers tackle the subject of madness in one way or another, Arden explicitly attacks the gendered foundation of discourses of madness and psychiatry, while also presenting a feminist alternative. Despite Arden's filmic uniqueness in the 1960s and 1970s, she was not alone in her critique of the gender bias of 'madness' on a theoretical level: Simone de Beauvoir in *Le deuxième sexe* (1949) observes that definitions of proper masculinity and femininity were tied to definitions of madness and defying

these norms was akin to deviance and madness. Chesler, whose work provides much of the theoretical background of this thesis, also furthered discussion in *Women and Madness* (1972), questioning the gendered construction of mental illness and postulating that female madness is an expression of both female powerlessness and the attempt to overcome it. She asserted that, at its core, female madness could be viewed as the deviation from the accepted characteristics of 'submissiveness, obedience and unadventurousness' (Chesler, 2005: 100) of femininity. The 'traditional' accepted forms of femininity feeds into the 'insidious double bind' (Ussher, 1991: 280) that women face, that is, inevitably being labelled 'crazy' whether they are complicit in their feminine role or rebellious and 'speaking out' against it. Arden's work highlights the stifling and maddening nature of patriarchally defined femininity, madness, and their interconnectedness, all through the prism of Laingian anti-psychiatry. Arden captures Laing and his contemporaries' criticism of the depersonalising discourse of traditional psychiatry 'that seeks to transmute persons into automata or animals' (Laing, 1965: 23). 'Depersonalization' for Laing is a means of dealing with the bothersome other: it is the act 'whereby one negates the other person's autonomy, ignores his feelings, regards him as a thing, kills the life in him [...] One treats him not as a person, as a free agent, but as an it' (Laing, 1965: 46). The depersonalised person is still a person, not an object, but treated as such and devoid of subjectivity. The psychiatric institution for Laing was an extension of the othering of traditional psychiatry in its function of castigating those who deviate from 'normality'. He asserted that they were 'our society's only resolution to this unliveable impasse [...] it is our only way to keep people out of the company that can't stand them' (Laing,

1985: 5). The deviant schizoid therefore lives a liminal existence and is definable in accordance with Kristeva's theories of abjection. Inspiring fear as neither subject nor object, the schizoid is the abject 'objet chu, [qui] est radicalement un exclu' and her deviance is such that it '[se] tire vers là où le sens s'effondre' (Kristeva, 1980: 9). The abject, much like the schizoid in its otherness, paradoxically serves to affirm life, as the other against which normality is defined. In Arden's work, traditional psychotherapy⁵³ similarly represents a repressive patriarchal power which functions to exclude and silence the Other. Arden's representation and criticism of an asylum bears significant similarities to Erving Goffman's criticism of the mental hospital as a 'total institution [...] [that] function[s] merely as storage dumps for inmates' (Goffman, 1961: 74), seeking to regulate and silence any deviant behaviour, often through punishment. Arden's criticism of the mental hospital highlights the patriarchal psychiatric discourse and violent 'treatments' that silence women and rob them of their subjectivity.

Therapy — 'I'll say you need this'

Separation follows its protagonist, Jane (Jane Arden), grappling with her life in the midst of marital separation, and simultaneously examines the psychological price of conforming to and breaking away from her hegemonic feminine destiny. Jane is an alienated female Other, navigating a world of patriarchal domination, as exemplified through a distinct lack of sorority and the majority of her social interactions either with her husband (David de Keyser) or her lover (Iain Quarrier). Jane's husband plays a dual role, the parts of both psychiatrist and husband. His

⁵³ As referred to by Laing.

duality allies the nature of power struggles found in psychiatry to those found in marriage, as his relationship to Jane is analogous to the repressive institutionalised power structures of marriage and medicine that control women. His demeanour emphasises the alienating othering nature of both patriarchal society and psychiatry. This is emphasised by the husband's dominant stance; he stands over the young Jane, dictating her symptoms. His stature extenuates his privilege and power as both man and psychiatrist, whose knowledge is absolute. Jane's symptoms of 'panic, sweats, dry throat and palpitations' are anchored in the spectator's mind early on and reinforced through constant repetition. The vagueness of Jane's 'symptoms' evokes the once common and all-encompassing female malady of hysteria. The duality of the husband's character evokes the discourse of prolific feminists such as Friedan, Millett and Greer, for whom the therapist is considered an 'agent of patriarchy who trapped women in a psychology they attributed to her, stupefied her with pills and therapy and confined her to either the "madhouse" or the restricted life of conventional roles' (Appignanesi, 2008: 7–8). Arden's 'madhouse' is represented as a white-tiled room void of referential detail or personality, a sterile, cold space symbolic of both a mental hospital and a prison, 'a place of incarceration for women' (Irigaray, 1991c: 34–35). This homology is also reminiscent of Goffman's theory of 'total institutions'. Jane is seated in a sterile white room, wide-eyed and cross-legged, like a doll in a quintessentially feminine pose, her head cocked to one side as she silently watches her husband putt a golf ball. Jane's demeanour fulfils her obligation as the passive female 'rooted in place' (Young, 2005b: 41), which, contrasted with her husband's activity, arguably symbolises the disparity between

the extent to which women and men are permitted to engage with the world. The husband-cum-psychiatrist and Jane then proceed to discuss a nameless female (presumably Jane), defined by her negative characteristics. The camera zooms to the husband's hand as he bounces a golf ball and begins to purport that he 'would not' at which point his sentence is cut short and edited back to the close-up of the ball, a montage sequence that is repeated three times before the sentence is heard in its entirety: 'I would not call her a likeable child'. This discontinuity of time is one of the 'seven cardinal virtues' (Wollen, 2002: 75) of how counter-cinema disrupts narrative pleasure through the rupture of cinematic 'reality'. The repetition serves to highlight the comment that is influencing Jane's self-perception. Jane's remark – 'she was unlovable?' – questions her own identity and signifies the patriarchal power held over woman as 'la femme est par excellence la "pâte molle" qui se laisse passivement malaxer, et façonner, tout en cédant elle résiste, ce qui permet à l'action masculine de se perpétuer' (de Beauvoir, 1973a: 558). These remarks emphasise the patriarchal nature of psychiatry and the 'psy' sciences in general: as Irigaray states, 'scientific discourse is still the privilege of men [...] as is the management of the political in general and of most private aspects of our lives as women. Their discourses, their values [...] they define women's functions and social role [...] They know, they have access to the truth; we do not' (Irigaray, 1991d: 35). The husband's rigid posture and his spatial separateness from Jane highlight the isolation of the analysand at the hands of the analyst and traditional psychiatry. The reductive and rigid nature of psychiatry is revisited towards the end of the film, when a distraught and psychologically unravelling Jane is sitting outside on a swing. Jane is isolated, trapped within a close-up and encased by

images of her lover and her husband/therapist, who dually interrogate her. The lover starts the questioning, asking 'are you seeing things?' The husband finishes with 'clearly, fairly, distorted or deranged, please choose relevant reply.' This indicates how, to comply with psychiatry and society, Jane must fit into the roles offered, however limited they might be, without any consideration of her identity as a person and her individual experience. The definite yet interrogative style of speech and Jane's response of 'they said I was ill, but I'm not ill ... I'm trapped' highlights the potency of labels in dictating behaviour and further stigmatising mental illness, echoing that of labelling theories. These state that labelling is often the sole cause of chronic mental illness, as 'being regarded as different by important other people, has serious consequences for the self-identity of the person so labelled' (Cochrane, 1983: 149). Jane's assertion that she is 'trapped in this exercise yard' speaks to women's 'insidious double bind' (Ussher, 1991: 280), inevitably being labelled 'mad' whether she complies with her feminine role or rebels against it. Prolific scholarship surrounding the 'female malady' of hysteria from Plato to Freud implies a female destiny of 'madness', in which a woman could be hospitalised, and if she were to rebel against her feminine role, her deviance would also be interpreted as madness and would be sentenced to the same incarceration. This double bind of femininity speaks to abjection, as in order to be assigned a place within patriarchal society, woman must respect borders, positions and rules or else she risks being cast into the role of the abject 'ce qui ne respecte pas les limites, les places, les règles. L'entre-deux, l'ambigue, le mixte,' (Kristeva, 1980: 12), something so abhorrent that she must be radically excluded from society.

In opposition to the 'total institution' therapy of *Separation*, in *The Other Side* Arden presents the spectator with what is arguably her idealised therapeutic model (group therapy). In some of the film's more accessible sequences, the group therapy scenes are interspersed with the film's most jarring episodes. Here, the women are indistinguishable from one another by means of the Victorian night dresses that were compulsory attire throughout filming. The strategic usage of the Victorian night dresses is a visual signifier that harks back to what was, how women were treated at the height of the (male) psychiatrist's power, the nineteenth century or what Foucault termed the 'le grand renferment' (the great confinement). To illustrate the dismal conditions of the mad, Foucault cites Coguel, who describes the alleged state of the Salpêtrière:

[L]es folles atteintes d'accès de fureur sont enchaînées comme des chiens à la porte de leur loge, et séparées des gardiennes et des visiteurs par un long couloir défendu par une grille de fer; on leur passe à travers cette grille leur nourriture et leur paille, sur laquelle elles couchent; au moyen de râteaux, on retire une partie des malpropretés qui les entourent. (Foucault, 1972: 165)

The group therapy scenes of *The Other Side* were entirely improvised and performed by mostly untrained actresses who lived together during filming in order to enable uninhibited improvisation. The calm atmosphere of the group therapy is juxtaposed with the frantic nature of the previous episode, in which a group of doctors and nurses in white coats chase Fraey down a dark hallway and forcefully sedate her, declaring, 'I'll say you need this'. These sequences can be viewed as Arden's interpretation of Laing's 'science of persons [...] [the] study of human beings that begins from a relationship with the other as person and proceeds to an account of the other still as person' (Laing, 1965: 21). The camera pans out to see the women, united by their dress, except for Arden, identifiable in black. She

presides over the session, adopting the role of the Laingian loving therapist. Crucially, Arden listens and engages with the women, accepting and validating their individual neuroses. Arden's comment 'five thousand years of whips on our backs' create a sisterhood of suffering that abolishes differentiation between the therapist and patient. Arden, in acknowledging that she, the 'therapist', and the women 'patients' are equals in their oppression, is rejecting the deictic rhetoric that both Laing and labelling theory oppose. The women's 'madness' therefore becomes intelligible and a consequence of women's collective subjugation. Arden extends her sorority of subordination to women everywhere, stating that '[we] all need liberating, even those that aren't aware of it.' This feeds into the Laingian notion that 'we are all divided selves who can regain health by an exploration into the depth of subjectivity' (Mitchell, 1974: 239). Arden's discourse and caring therapeutic style acknowledges that 'the main agent in uniting the patient [...] is the physician's love, a love that recognizes the patient's total being, and accepts it, with no strings attached' (Laing, 1965: 165). The accepting sorority of the group therapy scenes in *The Other Side* constitutes the antithesis to the violent psychiatry encountered in previous episodes and to Jane's alienating experience at the hands of her husband/therapist in *Separation*.

The women in *The Other Side* can be said to form a Woolfian 'Outsiders society' (Woolf, 2001b: 136) that, through candid improvisation, delves into their 'personal and collective psychoses' (Slinger, 2009: 8). Slinger and Natasha Morgan, both present in the group therapy scene, speak candidly about the use of narcotics to descend into their unconscious. The use of narcotics to release the inner schizoid of the sane during filming meant that the women did not shy away

from expressing their Laingian unconscious: the desires and truths that 'we do not communicate to ourselves or to one another' (Laing, 1961: 17). This can, as Mitchell asserts, be 'rendered intelligible in exactly the same way as consciousness [...] if only we will look at it' (Mitchell, 1974: 255). The camera pans from woman to woman as they voice their pain from societal conformist pressures. One woman confides that she has 'colluded', to which Arden responds 'exclusion and collusion, the one contains everything'. The implication is that to some extent, women have become complacent and have thus been complicit in their subordination and relegation to silence, a critique that is, arguably, still resonant with regards to discussions surrounding third wave feminism and post-feminism. The women's unscripted dialogue is reminiscent of surrealist automatic writing and dream-like poetry. Arden utilised these surrealist practices to create a discourse evocative of 'Schizophrenese' (Laing, 1965: 158), a unique language of schizoids that provides a verbal alternative to the visual chaos of dreams. The dynamic of these episodes is evocative of Irigaray's *parler-femme*, speaking (as) woman. Given the overrepresentation of women in mental health discourse, 'a discourse of men about women' (Irigaray, 1991f: 48), psychiatric language is also 'meta-language' in which women cannot be present as subjects. As previously stated *Parler-femme* is a notion concerned with female subjectivity (Whitford, 1991d). Through their uninhibited discussion, Arden's women break the silence to which they have been confined by taking back language and creating a new speech that recognises their individual subjectivity. This permits the women 'to occupy the social and symbolic space as woman-subjects' (Whitford, 1991c: 51), and provides freedom for the female Other, who, under phallogocentric patriarchal law

was 'alienated, [and] therefore incarcerated in incomprehension' (Mitchell, 1974: 277). Particularly apt for Arden's group therapy and Laingian theories of the unconscious is Whitford's reading of the Irigarayan woman's language as 'the articulation of the unconscious which cannot speak about itself, but which can nonetheless make itself heard if the listener is attentive enough' (Whitford 1987, cited in Whitford, 1991c: 39). Despite the emotional pain in the therapy scenes, they offer a cathartic alternative to traditional psychotherapy's drugs and brutal treatments, which deny woman subjectivity.

The most controversial debate surrounding traditional psychotherapy concerns arguably its many popular and brutal 'treatments'. *The Other Side's* chapter 'Symptoms' features two women discussing the notion of schizophrenia and the ambiguity of the term. The sunlit garden in which the conversation takes place contrasts with and provides a respite from the rest of the film, which is either shot indoors or among grey mountainous surroundings. Their discussion highlights the uncertainty surrounding schizophrenia and the schizophrenic: when speaking of the symptoms of schizophrenia, one woman declares 'that depends on who you ask'. This comment echoes Laing's sentiment 'just about everything that can be known about the psychopathology of schizophrenia or of schizophrenia as a disease without being able to understand one single schizophrenic. Such data are all ways of not understanding him' (Laing, 1965: 35). Laing disavowed traditional psychiatry's focus on the patient from the outside, through imposition of predetermined 'textbook' diagnostic categories, with little consideration of the context of the patient's life. To exclusively look for the symptoms of schizophrenia is to look for an 'illness', and thus to ignore the human being. For Laing,

schizophrenia refers to a way of 'being-in-the-world' (Laing, 1965: 79) in a different way than sanity. This assumption rests on the principle that one does not 'have' schizophrenia; rather, one 'is' schizophrenic. Schizophrenia is a mode of experience, that of someone who experiences themselves as disembodied and separate from others, yet it 'can be rendered comprehensible [...] [if] we find a new language and reject the terminology [...] from the traditional school' (Kotowicz, 1997: 15). Laing's existential humanist argument compounds the potential comprehensibility of schizophrenia and highlights the unnecessary brutality of traditional psychotherapy. From the 1930s to the 1950s, the main English treatments for schizophrenia, despite serious questions surrounding their effectiveness and ethics, were insulin shock, electroshock and lobotomy. Statistically it was predominantly women who received these 'treatments' (Cochrane, 1983).

Separation's narrative is permeated by a series of both subtle and overt references to the brutal 'treatments' of traditional psychotherapy. In a segment to be reiterated towards the film's close, Jane is posing to have her picture taken, surrounded by various interchangeable hats. Shots of Jane, each time with a different hat, are 'violently montaged' (Walsh, 2009: 7) with the same image of Jane and her lover kissing, synchronised with the electric snapping of the camera shutter. Jane is the object of the spectacle, insistent that she is 'trying to tell a story'. Her face is caught in a close-up which is violated by the unseen photographer's camera lens and although he is not visually featured, the voice of her husband, as a representative figure for patriarchy and psychiatry, is unmistakably heard. The camera shutter snaps and the spectator is temporarily

directed to an image of Jane and her lover. Jane is never able to start her story. The scene returns to the studio again but as soon as Jane begins to speak, the camera shutter snaps again and we are redirected to the same image of Jane and her lover; this time, however, the image has been inverted. Jane's position as the seated object combined with the sharp clicks of the camera's shutter functions as a metaphorical example of the sharp currents of the 'very rough and ready and crude' (Laing, cited in Mullan, 1995: 262) electric shock therapy and its effects on the brain. Arden presents the spectator with several more instances of electric shock therapy. In the white-tiled room, symbolic of both psychiatric unit and hospital, Jane and a faceless woman play Snap. Tired of losing, Jane jokes with the other woman to let her play in her way: if she does not, she says, 'I'm going to kiss you when the matron comes in [...] the matron is going to give you lots of nasty shocks.' This provides an interesting point for discussion, as here Arden introduces the use of 'treatment' as a form of punishment for deviant behaviour. Such a lesbian kiss in front of an agent of patriarchal psychiatry would be defined as sexually deviant behaviour that must be corrected. The lesbian is one who chooses to be sexually active, yet not with a man, defying heteronormative sexual behaviour and thus falling outside of the 'heterosexual matrix'⁵⁴. In her 'abnormal' sexuality and her rejection of heterosexuality the lesbian deviates from and 'challenge[s] our concept of femininity, of fulfilment through children and marriage' (Ussher, 1991: 84). Another instance of the punishing treatments of psychiatry can

⁵⁴ Defined by Judith Butler as 'the hegemonic discursive/epistemic model of gender intelligibility that assumes that for bodies to cohere [...] there must be a stable sex expressed through a stable gender ([...] feminine expresses female) [...] that is defined through compulsory practice of heterosexuality' (Butler: 1990: 151).

be found in the pool scene of *Separation*, where a French woman is lying at the poolside, receiving a back massage. At first observation this seems tranquil, until she starts talking. Then a mysterious black gloved hand slaps her across the face. Her massage is contrasted with the violence against her, which arguably represents the duplicitous hospital that promises to be a place of therapeutic release but instead delivers punishment and incarceration. Arden's message is clearly about the difficulty of a woman living in a patriarchal society, when 'you have to make love to someone you really don't want'. Each sentence she utters against patriarchy is met with a slap, a short burst of energy evocative of ECT. The slaps that cut off her speech support Irigaray's argument that psychiatry 'returns [women] to silence' (Irigaray, 1991g: 48). The French woman's final line 'you have to be what they want you to be' highlights the strict code of conduct women abide by in order to exist in society.

Separation also contains references to the even more controversial practice of lobotomy, which, like ECT, was a treatment more frequently performed on women. As previously stated in Chapter One, the primary reasoning for this was women's inferior societal status, because 'psychosurgeons consider that the operation is potentially more effective with women because it is easier for them to assume or resume the role of a housewife' (Smith, 1977: 29). Arden's reference comes once again in a stark white 'hospital' room where Jane's husband is lying on a metal hospital bed watching Jane packing up her affairs, presumably after a hospital stint. From the bed her husband coyly asks 'what shall I do if your lover turns up?' While the question is unanswered Jane sings 'doctor's on his rounds, abound with great good humour, we'll cut your mother from your brain as though

she were a tumour'. This is a clear reference to the practice of lobotomy, and the removal of the deviant part of the brain. The rhyme makes connections too to a common psychiatric belief that it was through the maternal side that one inherited psychosis (Chesler, 2005), a theory held until the 1960s and one which further relegated women to the role of the negativised Other, underlining the 'cultural conflation of femininity and insanity' (Showalter, 1987: 204).

Constructing a Female Identity

The struggle to construct a cohesive female identity in a patriarchal society that exclusively privileges male experience, as Irigaray argues with '[un] respect exclusif de la généalogie des fils et des pères et la compétition des frères entre eux (Irigaray, 1987: 202) is a persistent issue represented in Arden's oeuvre. The sexual revolution of the 1960s in Great Britain, with access to contraception and legalised abortion, promised women control over their reproductive capacities, and freedom from an exclusively maternal destiny. These new laws were paradoxical; women were taunted with the promise of sexual autonomy yet retained a cultural status as second-class citizens, as sexual equality remained a distant concept. The ever-polemical question of female identity stems from this limited sense of empowerment; women began 'to expect equality and then [...] [were] expect[ed] to be happy with the crumbs from the table' (Ussher, 1991: 261). The question of female identity in an evolving society is then to (re)discover a place within society that offers 'some value in being women, and not simply mothers' (Irigaray, 1991b: 31).

Within Arden's oeuvre, the question of female identity and selfhood in a changing society is best evidenced in *Separation*, with Jane's fragmented and unravelling state. The narrative of the film revolves around three women of three ages: a young woman, ambiguous in identity, whom I argue to be Jane's 'false self'; Jane the main protagonist; and an aged Victorian-attired Arden. Although never formally presented as such, one can assume that the ambiguous young woman represents Jane's young, compliant 'false self'. The decision to cast two women to play the young Jane and older Jane further emphasises the vast difference between the true self and the false self. Laing proposed that schizophrenics were 'ontologically insecure' (Laing, 1965: 42), insofar as they feared the world would rob them of their identity. Terrified that the world will engulf them, they bury their true selves and offer the world a socially compliant false self. Supporting this notion is the fact that throughout the film, Jane and the young woman are often used interchangeably or featured in rapid succession. The first indication that this is a continuing trend is to be found in the fortune-telling scene. The scene starts with a close-up shot of female hands, notably wearing a wedding ring resting on a crystal ball; the camera zooms out to capture the young woman's face before cutting to the fortune teller and Jane. The camera follows the man as he lays tarot cards on a table, and is then redirected to the young woman's face and then back to Jane. This use of montage that rapidly interchanges the young woman and Jane suggests that Jane is reliving a memory of her young self. The fortune teller's line 'you seem to live in two worlds altogether' further supports Jane's divided state of being. Further glimpses of the young woman's identity can be seen in the numerous projection vignettes, in which Jane and her lover are

lying on her bed, Jane is looking up at a screen that shows various images of the young woman, to Jane, her lover and her husband. Jane views these images and then, as if acid were being poured onto them, they disintegrate in front of her and the spectator's eyes. Jane's witnessing of these unreliable and unravelling images in this darkened liminal space suggest that the inner workings of Jane's mind are unravelling as she revisits her past. In one of many of these segments, Jane watches images of the young woman (her young self) in her bridal gown on her wedding day. This featuring of her false self instead of Jane on her wedding day suggests silent compliance with the social norms that present marriage as the 'pinnacle of a woman's achievement [...] and the fulfilment of all desires' (Ussher, 1991: 263). The young Jane directly corresponds to Laing's model of the false self who is 'compulsively compliant to the will of others' (Laing, 1965: 98). For almost the entire duration of the film she remains silent, implicitly adhering to patriarchal notions of a passive femininity. One can therefore read the young Jane as a façade and Jane's unravelling mental state as the 'sudden removal of the veil of the false self' (Laing, 1965: 99) that conformed to societal expectations yet stifled any true selfhood.

The Victorian Arden is another ambiguous presence in *Separation*. In literary theory, it has been suggested that the occurrence of the grandmother figure is interpretable as the embodiment of 'the generation preceding our mothers [who] is both old (and old fashioned) and naïve [...] when it comes to sex.' (Henry, 2004: 51). This observation is particularly apt when considering the Victorian-attired Arden. The Victorian woman therefore represents the generation of women before feminism; 'the pre-feminist woman' (Henry, 2004: 51), the un-emancipated

woman still bound to traditional societal values and female subordination, as she has yet to experience a 'flurry of legislative activity on behalf of women' (Lewis, 1973: 4). The fact that this character is unmistakably played by Arden suggests that the Victorian does not represent her grandmother's generation per se, but more something like Jane's internal Victorian, the inherent Victorian values of correct society, femininity and behaviour. The Victorian Jane is therefore a visual representation of her divided self and her internal guilt and/or uncertainty surrounding her separation and her place in society. This internal judgement is best exhibited towards the end of the film in a short segment in a park, where the Victorian Jane is sitting rigidly on a park bench, round spectacles on her nose and her head robotically cocked to one side, reading. Off-camera, a baby starts to cry; the camera then cuts to the ambiguous young woman, whom we now identify as the false self of a young Jane, then back to Victorian Jane. Following the perpetual crying of the child, a pullback shot reveals a young, distraught-looking Jane sitting clutching a teddy bear while attempting to sooth her crying baby, and the Victorian Jane looking on in disdain. An overwhelmed young Jane slowly gets up, Victorian Jane intently following her movement as she draws the bear closer and walks away from her crying child. The duality of Victorian Jane and young Jane emphasises the internal struggle to conform to the maternal role expected of her. The Victorian Jane's judgemental reaction to the unmaternal young Jane represents an inner critical voice that has come to understand motherhood as the cornerstone of femininity and the fulfilment of a woman's destiny.

The film's last scene is interpretable as the struggle between Jane's internal frigidity and the lover who offers her freedom from it. After a 'cat-and-mouse'

chase sequence through a dense, wooded area, the lover catches Jane, standing in a clearing holding a looking glass. A shot-reverse-shot captures Jane, her arms outstretched holding the looking glass, and the lover's face in the glass or next to her. But upon the camera's return, Jane has metamorphosed into her Victorian alter ego. She puts the looking glass into her bag, takes out a gun and pulls the trigger, an image interpretable as Jane's inner desire to 'get rid' of her lover and thus her desire for a man who is not her husband, thereby conforming to societal expectations. The lover falls back, and this image of the recoiling lover is then rapidly montaged with images of the lover pulling the trigger and Victorian Jane falling back. This rapid montaging suggests a struggle between, on the one hand, the societal values of the repressive feminine that are still inherent in Jane and, on the other, her lover, who offers freedom from them. The film's final image is of a defeated Victorian Jane, lying crumpled on the floor, and the lover walking away. The implication of the death of the Victorian Jane is that Jane has silenced her inner critic.

Arden's *The Other Side* represents a more covert and symbolic quest for female subjectivity. The scene entitled 'Knives and Mirrors' is visually striking and full of symbolic imagery. It features the main and nameless protagonist Susanka Fraey dressed in her Victorian night gown and sitting on a white sheet in a dark room surrounded by shards of a broken mirror, opposite the actress Penny Slinger, who is topless. Sparse *mise en scène* devoid of referential detail creates a liminal space which, combined with the extra-diegetic sounds of a ringing bell and dripping tap, suggests that the spectator has entered into a schizoid fantasy. The camera tracks the women as they take turns rearranging the broken mirror, each

reflecting a different, yet fragmented perspective of the women like a surrealist jigsaw puzzle. The mirror, with its reflective yet deceptive qualities, is rife with symbolic connotations and has been a central feature in much philosophical and analytical discussion, from Laing to Lacan and Irigaray. Central to these discussions of the mirror is that they concern identity or the forging thereof. Arden's Laingian inspiration suggests that the image of the mirror is interpretable as a metaphor for the mind. The reflective surface of the mirror mimes the 'identification of the self with the phantasy of the person by whom one is seen' (Laing, 1965: 100). The mirror shards therefore represent a woman and a schizoid's fragmented subjectivity and the human fascination with reflection as each shard reflects a different image of its subject. The fragmented mirror calls to mind Laing's study of the mirror game in his theories of the divided self as the 'schizoid person seeks [a] [...] way of being a mirror to himself' (Laing, 1965: 100). From a psychoanalytic perspective the dismembered mirror, in its reflection of different perspectives of the women's bodies, is reminiscent of Lacan's 'imagos du corps morcelé' (Lacan, 1966: 104) when the infant feels itself as a 'body-in-bits-and-pieces' (Grosz, 1990: 34). The fragmented mirror, when combined with the scene's lack of dialogue, is also suggestive of Lacan's *stade du miroir*, another crucial moment of self-discovery that occurs before the possession of language. As a central moment in ego development, the infant begins to recognise his own image as separate from that of the (m)other at a point 'avant qu'il ne s'objective dans la dialectique de l'identification à l'autre et que le langage ne lui restitue dans l'universel sa fonction de sujet' (Lacan, 1966: 94). Fundamentally, Lacan's mirror stage is 'the time when the infant anticipates mastery of his bodily unity through

identification with the image of a fellow being and through perceiving his own image in a mirror' (Roudinesco, 2003: 29). The mirror stage, however, is not exclusively a stage in infantile development, rather a 'permanent structure of subjectivity [and] the paradigm of the imaginary order' (Evans, 1996: 115).

However, the women's inability to recreate a cohesive self-image from the broken mirror shards highlights the difficulty of forging a female subjectivity in the phallogentric discourse epitomised by Lacan and his flat mirror. The camera moves back and forth from Fraey to Slinger as they position the mirror fragments around them, arguably to form a literal representation of the Irigarayan speculum. Irigaray found fault with the phallogentrism of psychoanalysis, calling into question 'le miroir qui doit renvoyer à l'homme son image – fût-elle inversée' (Irigaray, 1974: 58). She argues that Lacan's flat mirror is not adequate in terms of female representation. Moreover, woman provides the foundation for the 'redoublement spéculaire' (Irigaray, 1974: 63) of the reassuring mirror that soothes the male ego. Woman is therefore reduced to facilitating 'la répétition du même au mépris de sa différence sexuelle (Irigaray, 1974: 63). The Lacanian mirror perceives the body from the outside as lacking, and in order to see what is specific to women one needs a mirror that can see them from inside. Irigaray's speculum is a Derrida-inspired deconstruction of the Lacanian mirror, which plays upon the etymology of 'speculum mundi [...] a medieval theological concept whereby language reflects a metaphysical reality underlying the physical world' (Taylor and Winqvist, 2001: 379), as well as being the medical device used to examine internal cavities of the body. The mirror pieces that surround the women, each varying in its image and some reflecting back on themselves, create multiple perspectives of the women,

thus permitting the women to perceive the multiple angles of their subjectivity. Thus the women's constant repositioning of the mirror, which creates a multi-dimensional reflection, arguably becomes analogous to Irigaray's curved mirror that can see 'inside' woman and will 'change perspective going beyond the flat reflection, facilitating a journey to interiority and internalized becoming' (Bolton, 2011: 36).

During the reorganisation of the mirror, Slinger snatches a piece of mirror from Fraey's lap and holds it to her face. Her gesture carries connotations of the Lacanian reworking of Freud's narcissism where the 'subject is permanently caught and captivated by his own image' (Evans, 1996: 115). Fraey throws a shard at Slinger, an aggressive gesture interpretable as the rejection of the mono-dimensional reflection of the Lacanian mirror. The shard which shatters on her body yet leaves her unharmed is accompanied by non-diegetic screams. This experimental combination of jarring visual and audible effects severing the voice from the image destroys narrative pleasure for the spectator. Slinger picks up a small knife tracing Fraey's breast and the camera zooms in as the women slowly lean into kiss. A primary reading of this open depiction of lesbian seduction opens the realms of female sexuality and counters polarised notions of heteronormative sexuality found in narrative cinema where the woman exists as a conquest for a male protagonist. This lesbian kiss in the realm of fantasy represents the repression of a social taboo considered by Laing a cause for the divided self. A secondary symbolic reading of the kiss might suggest a visual representation of the Irigarayan philosophy of *parler-femme*. Irigaray utilises the metaphor of two female lips in a fictional dialogue between female lovers in order to illustrate the

multiplicity of female subjectivity and the plurality and fluidity of female identity and sexuality. The kiss is thus interpretable as the women 'breaking out of the autological and tautological circle of systems of representation and their discourse so as to allow women to speak their sex' (Irigaray, 1991c: 173).

Madwoman as Monster?

In *The Other Side*, Arden not only confronts feminine identity through self-discovery as in 'Knives and Mirrors', but also through sardonically playing on male fears of femininity. One vignette features a woman (Sheila Allen) starring in a one-woman show of the 'monstrous-feminine', called the 'castrating mum'. Barbara Creed coined the term 'monstrous-feminine' in opposition to 'female monster', which 'implies a simple reversal of "male monster"'. The reasons why 'the monstrous-feminine horrifies her audience are quite different from the reasons why the male monster horrifies his audience [...] The phrase "monstrous-feminine" emphasises the importance of gender in the construction of her monstrosity' (Creed, 1993: 3). In a dark 'theatre' the camera is situated amid the unseen audience. Allen takes centre stage as the star accompanied by a piano in this bizarre spectacle. Her appearance is unkempt in her dirty nightie, the antithesis of the 'to-be-looked-at-ness' (Mulvey, 1999: 47) of the female star to whom the spectator is accustomed. Arden's camera is situated behind the audience, who remain faceless. The female monster has origins in the women of ancient civilizations, and as described by Aristotle is 'literally a monster: a failed and botched male who is only born female due to an excess of moisture and of coldness during the process of conception' (Aristotle, cited in Ussher, 2006: 1). The female body in its abject difference provokes repudiation, fear and

fascination. Allen begins to gyrate on stage, singing 'underneath my nightie, guess what I've got, underneath my nightie, guess who it is, Come on fellas, it's your castrating mum!' The woman as castrator is a conflated issue in contemporary theoretical discourse. The Surrealists were enamoured with the figure of the praying mantis, an insect that devours her mate after coitus, because to them she exemplified 'the most negative female archetype, the "castrating woman" who represents cannibalism and death' (Markus, 2000: 33). Freudian theories, however, fail to conceptualise the female body as the source of castration anxiety; instead the male fear of the female body stems from the belief that the woman is castrated, thus denying woman the power of castrator. The roots of castration anxiety are in the Oedipal crisis: the boy, attached to his mother, recoils in horror upon seeing her genitals for the first time. The boy is terrified when he realises that she is without a penis and believes her to be mutilated in her castration. The child also believes that he will become rivals with his father for his mother's affection and imagines that the father will castrate him for his love of his mother, thus making him like his mother. Although it is the mother's genitals that inspire the castration fear, they 'terrify from a passive perspective' (Creed, 1993: 103); it is the father who is the castrator. Susan Lurie, however, contests this Freudian interpretation, stating:

Men fear women because they are not castrated, she is not mutilated like a man might be if he were castrated; woman is physically whole, intact and in possession of all her sexual powers. The notion of the castrated woman is a phantasy intended to ameliorate man's real fear of what woman might do to him. (Lurie, 1981: 82–55)

Similarly, Arden's character directly opposes Freudian theory by encouraging the 'fellas' in the audience to acknowledge their fear of the female body as their

subconscious fear of woman as castrator. As soon as Allen delivers the line 'castrating mum', she lifts up her nightie to reveal red silk knickers and garters. The camera zooms in to Allen's crotch and holds a long close-up which emphasises the vagina as the source of fascination and fear. The red silk of her underwear, the colour of passion, sexuality, blood, danger and interdiction, complements the dual nature of this fascination with female sexuality. Arden furthers her reference to blood by having Allen refer to 'Auntie Flo' (a euphemistic reference to menstruation) while pointing and laughing to the audience. Not merely a signifier of sexual difference, menstruation incites repudiation and fear of the abject female fecund body. It is 'the visual evidence of the mother's bleeding [which] occasions the deepest horror and loathing [...] confirm[ing] the fear of castration and of being eaten' (Daly, 1943: 160). The sight of vaginal blood arguably also triggers male castration anxiety that oscillates between revulsion of the bloody, mutilated genitals of the castrated female and potential terror of the man-eating, devouring castrating female that could, as Allen reminds us, 'bite him off'. Menstruation is also a reminder of the abjection of the female body, as menstrual blood deviates from the 'le corps propre' (Kristeva, 1980: 78), blurring the boundaries between the inside and the outside. Freud used the mythical image of the Medusa's head to illustrate his castration complex. The image of the Medusa and her hair writhing with venomous snakes represents 'malevolent femininity at its worst' (Ussher, 2006: 2). For Freud, decapitation is synonymous with castration, therefore the fear the Medusa instils is the 'terror of castration that is linked to the sight of something' (Freud, 2003: 84). Although Freud observes the Medusa as castrated in her decapitation, it is not implausible to suggest that the

Medusa and her viciously snapping hair present an active and aggressive threat of castration (Creed, 1993). Arden invokes similar imagery of creatures that horrify with Allen's mention of the 'big, hairy spider [that] chew[s] up the little flies'. In addition to the emasculating suggestion of 'little flies', spider imagery arouses a similar fear and repulsion as the Medusa, with parallels being drawn between the many hairy legs of the spider and the Medusa's serpentine hair. This fear is further compounded by the female spider's known sexual cannibalism (she devours the male after mating). The predatory nature of the female spider is also symbolic of 'the female in general who spreads nets for the unwary male' (Neumann, 2003: 96). Arden's spectacle of the female monster highlights the precarious nature of femininity as patriarchally defined: as woman 'elle est vouée à l'immanence; et par sa passivité elle dispense la paix, l'harmonie: mais si elle refuse ce rôle la voilà mante religieuse, ogresse' (de Beauvoir, 1973a: 756).

Arden's parody of the male paranoia surrounding the female body not only ridicules masculine fears of sexual difference and female sexuality but also the psychoanalytic discourses that promulgate them. The female monster is comparable with the (female) schizoid insofar as they both represent deviance from the norm and abjection, having fallen from grace and the 'precarious pedestal' (Ussher, 2006: 2) of femininity they have been placed upon.

The Female Experience: 'Silent on the rack'

Prominent feminists from Greer to Irigaray have critiqued the precarious place of femininity and its contribution to the dominant heterosexual economy, within which exists an essential duality separating the dominant from the submissive. As

theorised by Hélène Cixous, there is an eternal dichotomy that prizes the active over the passive, culture over nature, logos over pathos, reason over madness and, fundamentally, man over woman (Cixous & Clément, 1975). In this monosexual economy woman is defined as negative and the subordinate other, the object of the male subject. Patriarchal society dictates what it is to be a woman, and consequently women are 'physically inhibited, confined, positioned and objectified' (Young, 2005b: 42). The female mode of being is therefore handicapped, perpetually limited by the oppressive ideals imposed upon it and inherently different from the experience of the dominant subject, man. Laing's later focus on the experience of the individual in the explanation of schizophrenia is founded in social phenomenology and the belief that 'any action is comprehensible, because it is about the comprehending of experiences' (Mitchell, 1974: 252). Throughout her oeuvre Arden critically engages with the repressive patriarchal and hegemonic social structures that govern female experience. Her provocative critique of marriage, motherhood and religion emphasises the psychologically detrimental effects of woman's societal subordination and the institutionalised inequality that results from this.

In *Separation*, Arden confronts the two hegemonic norms that govern patriarchal notions of femininity: marriage and motherhood. In 'traditional' cinema and society, both roles are romanticised and regarded as the pinnacle of female accomplishment and the fulfilment of a female destiny. As Beauvoir asserted, 'la destinée que la société propose traditionnellement à la femme, c'est le mariage. [...] c'est par rapport au mariage que se définit la célibataire' (de Beauvoir, 1973b: 431). The institution of marriage has long been considered by many feminists as

the 'corner stone of patriarchy' (Gamble, 2001: 269), through which men gain total domination of women.⁵⁵ From the outset, *Separation* rejects both conventions insofar as it dispels the idealisation of marriage and the narrative closure that it represents. There are numerous references in *Separation* to marriage and the power discourse that takes place within it. One of the most profound examples can be found at the riverside where, after Jane declares to her lover that she and her husband are separated, the spectator is given a glimpse of their relationship through a flashback. Set at an outdoor café, the camera, following Jane as she walks down a set of spiral staircases and meanders towards her seat, picks up on the speech of a distressed blonde woman arguing with her partner. A quick cut reveals his apathetic face, as he tells the woman 'keep your voice down, people are looking at you'. His remark is a reinforcement of the patriarchal ideology of female emotional fragility, reducing her to the clichéd hysterical woman. The husband, his eyes obscured by sunglasses as he steps out from behind a building, catches sight of his target, Jane, briefly pauses, then walks towards where she is seated. The husband stands before Jane, looking down at her with intense silence. The low-angle position of the camera which emphasises the husband's dominant stance highlights the 'power differential in marriage' (Ussher, 1991: 262). The pair bicker about a misplaced key which resulted in 'the child' not going to school. Their conversation is montaged with the other couple's argument which reinforces female subordination in marriage. The exchange, which culminates in Jane declaring that he 'has held her responsible for everything',

⁵⁵ Interestingly, despite an accepted male reluctance to wed, single men and married women are the highest risk group for psychiatric illness. Marriage seems to 'protect men and places women at risk' (Ussher, 1991: 260).

unveils the true nature of marriage, often obscured by the myth of 'happily ever after'. Marriage here, as argued by 'radical' feminists, represents the 'bastion of male power' (Rivers, 1977: 40), and Arden, through Jane and her husband's conversation, showcases the blame and emotional abuse that can take place within marriage, thus connecting marriage to women's distress.

In one of the most the allusive sequences in *Separation*, Arden arguably highlights the psychological abuse that women suffer at the hands of their male partners. The sequence features the young couple who were arguing at the riverside standing in a liminal white room, shooting at targets on the far wall. The episode begins by looking down the barrel of a gun, suggestive of the situation women are in when they enter into marriage. The camera passes between the woman's and the man's face before tracing the length of his arm, extended to hold a handgun as his finger hovers over the trigger. The woman then begins to recite several suggestive lines as the man's hand begins to quake: 'you're too anxious, you've got all night' and 'don't try so hard.' When considered in conjunction with the woman's silk negligée, these lines are rife with secondary connotations of male performance anxiety about sexual intercourse. The man pulls the trigger and then turns the gun on the woman, to which she responds by playfully pushing his arms away. The scene takes a sinister turn as the camera cuts back to the man's frowning face and then to the woman, increasingly scared and backing away from her 'darling'. The woman runs out of the door, and her movement is violently montaged with a game of squash. The masculine game and the aggressive striking of the ball are arguably symbolic of the striking of fists in domestic abuse. The woman enters the squash court, where the pounding of the ball intensifies.

The man follows, his arms still outstretched with a gun, while the woman, backed against the wall, begs him to stop: as he pulls the trigger she winces and falls down the wall. The violence of the gun and the squash game, when considered with her previous comments, is suggestive not only of spousal abuse but spousal/relationship rape. While rape was at the centre of many feminist debates of the time, the issue of marital rape was scarcely recognised and not legislated against until 1991, as 'marriage laws sanctified rape by reiterating the right of the rapist to ownership of the raped' (Dworkin, 1974: 27).

Arden's *The Other Side* offers a more avant-garde critique of the institution of marriage. The scene entitled 'Bride' features Fraey dressed in a wedding dress, manically laughing and standing next to Slinger who is dressed as the groom, in a church doorway at night. They kiss, their union accompanied by familiar sound of church bells. The darkness and the sombre graveyard create a *mise en scène* of death that is the symbolic 'dark side' of marriage as the renunciation of an independent female identity, countering the romanticised image of it promulgated by society. The implication of darkness and a finite end is suggested further as the couple walk down the church steps followed by a funeral procession, the church bells morphed into a funeral march. The camera zooms out to reveal a dark cemetery; instantaneously the spectacle of the wedding becomes farcical and marriage becomes synonymous with death. Fraey kneels at the open grave as if mourning the loss of identity that is necessitated by marriage. The camera then cuts to Fraey lying terrified and motionless in the open coffin, being lowered into her grave, putting to rest individuality and handing over control of life and body to patriarchal society that will cast her as wife and mother. The scene then cuts to

Fraey pulling herself out of her grave, her hands reaching over a headstone. Images of British military propaganda are projected over her pale face accompanied by the soldiers' chorus, a jaunty tune to bolster male morale that declares 'ready to fight, ready to die for the fatherland'. Fraey's fingers obscure the name of the deceased, thus leaving visible the inscription that reads 'Beloved wife of J.E. Jones.' This imagery suggests that women's identity is confined to the domestic sphere of the 'fatherland'. Intrinsic to such confinement is marriage, the relinquishing of her father's name and the adoption of that of her husband, an act in which women lose their identity, becoming the property of their husband while maintaining patrilineality. As de Beauvoir asserted, throughout history woman has been commoditised and 'la femme a toujours été donnée en mariage à certains mâles par d'autres mâles' (de Beauvoir, 1973b: 434).

The institution of motherhood, as Adrienne Rich terms it, is pervasive: from birth the young girl is educated to believe that motherhood is her biological destiny, the natural and fulfilling consequence of her womanhood. As Rich argues, patriarchy promulgates the ideal of motherhood and the 'good mother', 'all of which have floated invisibly about her since she first perceived herself to be female and therefore potentially a mother' (Rich, 1986: 62). However, the reality of motherhood does not always correspond to 'the idealized image of the glowing Madonna' (Ussher, 1991: 258) who espouses maternal love in all its patriarchally determined glory. *Separation* presents the spectator with the notion of the underbelly of motherhood through numerous subtle hints of pregnancy, motherhood and a seemingly unmaternal Jane. Although the hints of maternity are brief and often obscure, they are nonetheless profound, from the

husband/therapist telling his patient Jane that he ‘attended the birth of her child ... she didn’t make a sound, say a word, a natural’, highlighting the patriarchal law that postulates maternity as the fulfilment of a female destiny. Jane’s distance from her idealised maternal role is portrayed through her child’s notable absence from the film. Despite the hints of maternity and the fact that the ‘child’, as it is referred to, is the crux of a heated debate between Jane and her husband, it is never featured, named nor assigned a gender. The sequence in which the young woman Jane sits on a park bench, looking distraught into a pram as Victorian Jane looks on disapprovingly, highlights the pressure, both external and internal, to conform to the maternal stereotype that is synonymous with woman. The message relayed in Jane’s emotional recounting of a conversation with a doctor who tells her to count her blessings because she has a ‘lovely husband and a lovely baby’ highlights the societal cliché that marriage and motherhood are the pinnacle of female accomplishment, and foregrounds the disjuncture between the lived experience of femininity and societal expectations.

The Madness of Religion and the Female Christ

The scene ‘Dirty’ is infused with religious iconography, depicting a woman (Slinger) dressed like Jesus in a loin cloth and imprisoned by several framing shots of constricting walls mounted with a crucifix and railings. An agonised Slinger is positioned in front of an altar crying ‘dirty girl’. The religious iconography clearly connotes the powerful societal institution of the church that is arguably one of the most repressive forces on women’s identity and sexuality. Religion as an institution acts as one of the tools of patriarchy enforcing the polarisation of femininity; the split between self-perception and society’s perception of the self,

'between body and soul and virgin and whore' (Haskell, 1987: xvii). The camera then cuts to the appearance of a nun played by Arden, who offers Slinger the sacrament of communion. Slinger gorges on the offering only to violently regurgitate it. This scene can be interpreted as the rejection of the patriarchal ritual of communion, which requires the worshipper to consume the body of Christ. It also carries connotations of bulimia and women who are caught between wanting to obey society's ideals of a feminine body shape and the desire to rebel against and reject this ideal. The church setting emphasises this intense conflict between confrontation and conformity, along with the notion that 'bulimics are not the saints of eating disorders, but the impulsive sinners' (Appignanesi, 2008: 453).

The most disturbing sequence in *The Other Side* is a crucifixion, which depicts a group of women dressed in the compulsory Victorian nightwear with Fraey tied to a cross being carried to the top of a hill. The scene is shot against grey sky in a liminal space between light and dark. Arden again evokes religious iconography to connote the internal struggle between (the) individual and societal ideals. Fraey's screams are muted and masked by the non-diegetic sound of the church organ. Crucifixion, as a violent and tortuous spectacle, represents the ultimate punishment by the burden of the male gaze, which 'projects its fantasy onto the female figure' (Mulvey, 2009c: 47), marking the gaze as 'stigmata upon a female body' (Mayer, 2009: 13). This episode is also a rejection and rebellion of the sanitised, idealised femininity propagated by patriarchal mass media. Fraey is naked with the exception of a soiled sanitary towel covering her genitalia; such imagery was deemed profoundly disturbing by the British Board of Film Censors (BBFC). The film's unflinching depictions of female nudity, lesbian desire and

sexual intercourse rebelled against the patriarchal censorship of the female body that was preoccupied with 'violence and extreme sexual behaviour' (Harper, 2010: 130). The camera follows the women's failed attempts to erect the cross and zooms into Fraey's face as she lies exposed on the ground. Despite this bleak image, analogous to Christ's resurrection following his crucifixion, this scene has connotations of rebirth. Fraey's symbolic death evokes the Lacanian death drive as 'a will to create from zero, a will to begin again' (Downing & Saxton, 2010: 138). Through this symbolic death attained by traversing the territories of psychosis emerges the possibility of becoming and a second birth to be found on 'the other side of the underneath'. Arden's use of female Jesus imagery in both 'Dirty' and the crucifixion scene transplants a female identity onto Christ. Feminist theologian Mary Daly suggests such imagery within the feminist context represents a 'drive beyond Christolatry [...] by breaking the Great Silence, raising up female pride [...] and bringing into the open female presence' (Daly, 1985: 96). Fraey then becomes a figure of the 'Anti-Christ,' which carries the positive significance of an upwelling of female consciousness. The pertinence of the crucifixion is that it signifies a 'new arrival of female presence, once strong and powerful but enchained since the dawn of patriarchy' (Daly, 1985: 96). Arden's work develops Laingian psychology to a 'searing plea to free the crippled creativity of the individual woman' (Wandor, 1986, pp. 28–29). Her films are a bonafide embodiment of feminist counter-cinema, highlighting female subordination and the psychological consequences of such 'institutionalized inequality' (Cochrane, 1983: 46), while disrupting the visual pleasure of the spectacle. Arden's experimental and shocking visuals make the

film a 'consciousness-raising [...] or altering tool' (Mayer, 2009: 14) that fought for a radical feminist reworking of filmic strategies.

Through *Separation* and *The Other Side*, Arden engages with and challenges many of the conventions surrounding women's relationship to psychiatric discourse. The implication is that traditional psychiatry and psychotherapy remain an acceptably violent form of othering. The schizoid or 'mad' woman is a deviant who cannot function in patriarchal society. She will be excluded and her behaviour corrected by whatever means necessary. However, her symptoms are unlikely to lessen until the dehumanising language and treatment of traditional psychiatry is replaced by a feminist humanist discourse that recognises her subjectivity.

Chapter Five: Anti-Psychiatry Embodied – Mary Barnes: Two Accounts of a Journey through Madness

Mary Barnes was born in 1923 in Portsmouth, England, to a housewife and a laboratory technician and raised as the eldest of four siblings. Barnes trained as a nurse, despite originally wanting to become a doctor, and worked in Frankfurt for two years before returning to the UK. She was a devout Catholic, having converted away from the Church of England in her youth; her strong faith meant she also spent significant portions of her life in a convent. Her autobiography *Mary Barnes: Two Accounts of a Journey through Madness*, co-authored with one of her analysts Joseph Berke, was the inspiration for the art exhibition curated by Paul Pieroni at SPACE Studio, London, from November 2010 to January 2011, and for the 1979 play *Mary Barnes* by David Edgar. Barnes, who died in 2001, is perhaps still psychiatry's most renowned patient. Aside from her status as a 1960s counter-culture icon, the cornerstone of her legacy is the fact that she was the only complete case study of Laing and his fellow anti-psychiatrists. Barnes successfully completed what they termed the 'ten-day schizophrenic voyage', meaning she was able to descend into madness only to emerge whole on the other side. Her 'ten-day schizophrenic voyage', however, was not actually ten days: rather, she spent five years in Kingsley Hall (Laing's experimental facility) as part of her schizophrenic journey. After her stint as a professional psychiatric patient, to borrow Berke's terminology, she had a fruitful career as an artist and even lectured on issues within the field of mental health. On the surface of the matter, it may appear that Barnes was the quintessential psychoanalysts' female muse, just as Dora was to Freud and Aimée to Lacan. However, analysis of her

autobiography reveals a much more intricate and complex portrait of anti-psychiatry's most famed success story, presenting what can be described as a 'love affair with psychiatry' (Porter, 1989: 120). Barnes's career as a psychiatric patient began in 1952 with her first breakdown, for which she was diagnosed as schizophrenic and interned in the chronic ward at St Bernard's Hospital in Southall. Barnes was a psychiatric veteran, well versed in both psychiatric and psychoanalytic theory, before she came upon the work of R.D. Laing in 1962. It was upon reading *The Divided Self* that she decided that Laing would be her next analyst who could finally deliver her from 'madness'. Unlike Dora and Aimée, Mary was the orchestrator of her mad destiny, having planned her descent into madness years before she had even heard of Laing, and upon admission to Kingsley Hall 'elect[ed] herself to the position of [Laing's] head guinea pig' (Barnes & Berke, 1972: 221). Barnes was so determined that she would be cured by Laing that she even waited for two years, delaying her breakdown, until he could treat her: as Roy Porter asserts '[t]here was no stopping Mary Barnes once she determined to enlist as a Laingian living doll' (Porter, 1989: 120). Her autobiography makes this fascination abundantly clear. Presently there have been no studies that consider Barnes as an author or even study her autobiography from a literary perspective. In fact, most works that make mention of her and her autobiography (Showalter, 1987) (Porter, 1989) have done so in the larger context of a discussion of R.D Laing and Kingsley Hall. This chapter is a radical repositioning of Barnes' authorial voice and will analyse her autobiography primarily as a work of literature in its own right.

Autobiography is a complex literary genre and has received significant attention from scholars both feminist and otherwise. Autobiography occupies a liminal space, 'precariously poised between narrative and discourse or history and rhetoric' (Brodzki, 1998: 156). As a result, the autobiography as a text calls into question the very nature of remembering, telling and the notion of the subject as an independent or social agent. Susan Friedman draws on Jeffrey Mehlman's use of the Lacanian mirror stage in his 1971 analysis of Proust to argue that all autobiography is 'necessarily fictive' (Friedman, 1998: 74), as the coherent self the text presents is the very sign of its fraudulence and falsehood. The self the text creates is an image, much like that the child sees in the mirror; it is inherently illusory, a mere semblance of reality. It is therefore impossible for the autobiographer to present a true account of his/her self. The concept of the autobiography is further compounded in the case of Barnes by the double authorship, one author the patient and the other the doctor, one author woman and the other man.

The 'Madwoman' as Subaltern: Authorship and Subjectivity

Barnes's autobiography is unique in its format, which is divided into distinct sections: Barnes's telling of a set of episodes from her life followed by Berke's analysis. Barnes delivers eighteen sections and Berke only six. Although the majority of the book is written by Barnes, it nonetheless contains an interesting comparison between the female patient's experience of her descent into madness and her male analyst's interpretation of it. This makes the book ambiguous and somewhat contradictory from a feminist literary perspective, as it can be interpreted as simultaneously an act of liberation and of confinement. Scholars

such as Chesler and Ussher have interpreted female madness as a result of being cast into a rigidly defined role of 'woman', a role that has few acceptable behaviours and in which transgression of these accepted behaviours is often classified as madness. One interpretation taken from feminist literary theory of the 1970s is that through the very writing of her madness, Barnes is attesting to the past, her return from silence making her the active creator of meaning rather than the passive bearer of it, an opportunity never afforded to Dora or Aimée. Feminist scholarship, through the likes of Irigaray and Kristeva, has articulated that women's voices and agency have been suppressed by patriarchal society, highlighting that women 'are destined to be spoken (in Lacanian terms) rather than to speak' (Ussher, 1991: 280). The act of writing itself permits women to give an account of themselves and their lives, and as a result their subjectivity thus 'shatter[s] the cultural hall of mirrors and break[s] the silence imposed by male speech' (Friedman, 1998: 76).

Mary Elene Wood, in her study of women's autobiographies in mental hospitals in America entitled *The Writing on the Wall – Women's Autobiographies and the Asylum* (1994), underlines the importance of autobiographical writing in enabling these women to express their subjectivity. She writes that the act of these women writing their stories and allowing them to be read 'rupture[s] a prescribed narrative, a narrative that says that they are insane, that they have no place to write from [...] that [they] should give over control of their lives to husbands, fathers and doctors' (Wood, 1994: 12). Wood clarifies that 'even when a woman's autobiography seems steeped in conventionality in the terms of its very form or its concept of selfhood, it [still] challenges the conventionality by the very

fact of its existence' (Wood, 1994: 13). This perspective has its merits but is contested by Porter and Showalter due to the co-authorship of Barnes's autobiography, as this alters its dynamics from the autobiography as an unmediated *récit de soi* into a work to be read in a far less positive light. Porter argues that the book reinforces gendered stereotypes of the madwoman and her male mind doctor. He states 'the very story she tells comes to us sandwiched within psychiatry, for her book is presented as a duet [...] [p]redictably, as with Freud and Dora, the psychiatrist has the last word, quite dramatically imposing his own version of events' (Porter, 1989: 120). Porter argues that Barnes's voice is never truly presented due to both her adoption of psychiatric rhetoric and Berke's continuous 'analysis', based on a rather Freudian paradigm of understanding. In *The Female Malady*, Elaine Showalter echoes this criticism of Barnes's description of her illness and Berke's interpretation of it, stating that 'we can understand exactly what is left out when the mad woman's story is mediated through the male voice' (Showalter, 1987: 232). Despite the two narrative voices, Showalter clearly reads Berke's authorial voice as controlling Barnes's self-representation. Luce Irigaray argues that women's madness is a result of 'their words (leurs paroles) [not being] heard', and for Irigaray this is nowhere more true than in the field of psychiatry. She argues that 'what they say is illegitimate in terms of the elaboration of diagnoses of therapeutic decisions that affect them. Scientific discourses are still the privilege of men as is the management' (Irigaray, 1991d: 35). So arguably Barnes attesting to her experiences of her childhood, her madness, her voyage and her recovery can be read as bearing witness to the past and making her *parole* heard, thus curing her madness. But as Irigaray states,

'scientific discourses are still the privilege of men' (Irigaray, 1991d: 35) and somewhat ironically, this is the very language Barnes chooses to frame her testimony in, albeit in her own writing style. As a result of this it is quite tricky to decipher Barnes's 'true' voice. Here we may bring in the concept of the subaltern as a means of reading this duality. Cultural theorist Antonio Gramsci first introduced the notion of the subaltern in his *Notes on Italian History*, expanding on it later in his *Prison Notebooks*, written between 1921 and 1935. As Louai (2012) argues, the concept of subaltern is notoriously tricky to define. To Gramsci, the subaltern is a low ranking person 'in a particular society suffering under hegemonic domination of a ruling elite class that denies them the basic rights of participation in the making of local history and culture as active individuals of the same nation' (Louai, 2012: 5). Gayatri Spivak took up the term subaltern and applied it in the post-colonial context in her 1986 article 'Can the subaltern speak?', whose thesis was that the subaltern, in Spivak's reading the doubly subjugated woman, could never truly speak. When she tries to speak, however, she is forced to use the discourse of her oppressors, which ultimately robs her of her own voice. For Spivak, the oppressors in question are the patriarchal society of India and the colonial powers which both work to doubly suppress these women's voices. If we understand the subaltern to be the doubly subjugated individual, one can also read the 'mad' woman as such. The mad woman as 'woman' is the eternal Other in patriarchal society, caught in the 'double bind of health and femininity' (Appignanesi, 2008: 420). Additionally, she has also been judged mad and as a result expelled from 'sane' society to a psychiatric facility and thus relegated to the position of the abject Other. She is arguably doubly

subjugated, first because of her status as woman in a patriarchal society, and second because of her 'madness', which continually positions her as the abject Other. As previously argued, the madman exists in a liminal space that is analogous to Kristeva's theories of abjection. The madman, whose voice is never heard due to his deviant 'mad' status, cannot be recognised as a fully-fledged subject, in the Lacanian sense of the term, yet conversely is not an object either. The exclusion of the mad to mental institutions cements their status as 'objet chu, [qui] est radicalement un exclu' (Kristeva, 1980: 9) from functioning in 'normal' society. The madman, akin to Kristeva's abject, is ostracised by his/its otherness and cast to the limits of society, thus representing a stark pillar of otherness against which normality is defined. In the instance of a mad woman, this deviant and radical otherness is amplified. While Barnes may not be the subaltern in the post-colonial sense of the word, the way that Spivak intends, Spivak's comments on the doubly inferior status of the subaltern woman can be seen in Barnes. Spivak argues that the subaltern, the doubly subjugated woman, may not ever truly articulate her voice as a result of her inferior status; instead, if she speaks, she must use the language or discourse of the 'master' as it is the only option available to her. In the case of Barnes, the 'master' is embodied in the psychiatrist and their language is the highly gendered and medicalised discourse of psychiatry that she has adopted to write her tale. Barnes's autobiography, as a result of her absorption of psychiatric rhetoric, presents a significant challenge in terms of thematic analysis. One must simultaneously pay homage to her inspiration while avoiding falling into the very same trap of using psychiatric and psychoanalytic theory as the primary tools for inquiry.

An Overview of Kingsley Hall

The Divided Self was published in 1960 and marked the start of Laing's public career: although it was drastic in its departure from psychiatric orthodoxy, the notions he put forth tended to focus on a humanist reform of psychiatry. Laing's impetus to reform psychiatry disintegrated in the mid-1960s and was overtaken by much more revolutionary ideas. Another key figure in the establishment of Kingsley Hall was the American-born and trained psychiatrist, Joseph Berke. Berke first learnt of the anti-psychiatric paradigm of Laing when he found a copy of *The Divided Self* in a Bronx bookshop in 1962. Long before discovering Barnes and even Laing, Berke had questioned the grounds on which mental illness was defined. Berke asserts that despite the 'scientific' discourse employed in the diagnosis and treatment of 'mental illness', the clinical practice is rarely clear-cut and doctors, as a result of psychiatric indoctrination, are often forced into seeing certain symptoms in order to make a patient 'fit' certain diagnostic criteria. Berke was frustrated by how the discipline of psychiatry purports to be a clear-cut science full of a battery of clinical signs and symptoms which determined whether so and so should be shoved down the psychosis, neurosis, psychopathy or organic brain damage slots. Yet, the clinical picture was rarely clear-cut. It could vary enormously and especially in regard to the first three categories (Barnes & Berke, 1972: 78–79).

In a rhetoric reminiscent of Laing, Berke writes that he believed that 'more often than not, a person diagnosed as 'mentally ill' is the emotional scapegoat for the turmoil in his or her family [...] and may be in fact the 'sanest' member of this group' (Barnes & Berke, 1972: 78). Berke undertook a placement with Laing in

1963 after much disillusionment with traditional psychiatry, and, during this time, listened to interviews with patients and family. In Berke's words, this 'made it clear that the one family member who happened to have been diagnosed schizophrenic or neurotic [...] was not necessarily the most disturbed person in the family. Often he or she was the least disturbed member of the entire group' (Barnes & Berke, 1972: 84–85). In 1965, Laing founded the Philadelphia Association with several like-minded figures within the psychiatric community, including Berke, Aaron Esterson and David Cooper. It was around this time that Laing's theories became more radical, as exemplified in *The Politics of Experience* (1967), which upheld schizophrenia as the pinnacle of human experience and existence. Showalter argues that this radicalisation of Laingian thought could either be considered 'a daring break from the stultifying conventions of professional psychiatric behaviour or a bizarre departure from its professional standards and responsibilities' (Showalter, 1987: 228). Borrowing from Gregory Bateson's nineteenth century autobiographical account of schizophrenia, Laing now perceived 'madness' and schizophrenia as a quasi-religious experience, a journey that the madman, if in the correct environment, could safely pass through and come out of on the other side. The correct environment for Laing would be safe, encouraging and would fundamentally abstain from such treatments as electroshock therapy, psychotherapeutic drugs and surgery, which he believed hindered the natural process of the schizophrenic voyage. Laing believed that the correct role of the therapist was not to try to prevent this voyage but to be a guide 'who can educate the person from this world and induct him to the other. To guide him in it: and to lead him back again' (Laing, 1967: 114). Laing conceived the schizophrenic as the

ultimate explorer, voyager and the epitome of bravery in need of a safe haven where his adventure might take place. This safe haven was realised when Laing and his colleagues at the Philadelphia Association established the therapeutic community of Kingsley Hall in East London. Kingsley Hall was both a social and a psychiatric experiment, akin to David Cooper's equally radical but short-lived experimental psychiatric facility, Villa 21, in Cape Town, South Africa.

Laing, Berke and their colleagues at the Philadelphia Association were determined to create a distinct therapeutic environment, and Kingsley Hall was thus 'an asylum in the original Greek sense of the word' (O'Hagan, 2012). Kingsley Hall was opened in 1965 at the height of the anti-psychiatry movement and Laing's influence. Laing defined his experimental facility as 'more than a new hypothesis inserted into an existing field of research and therapy; it is a proposal to change the model' (Laing, cited in O'Hagan, 2012). Laing envisioned Kingsley Hall as an experiment in changing the hospital model of psychiatric rehabilitation, and Nick Crossley asserts that Kingsley Hall can be thought of as a working utopia, a utopia being 'a place which exists in the imagination'. Kingsley Hall, however, was a place where 'these imaginative projections achieve some degree of concrete realisations [thus] becoming [a] working utopia' (Crossley, 1999: 810). During its five-year existence, Kingsley Hall put anti-psychiatric theories into practice, enabling a 'safe' descent into madness for its residents and presenting a radical alternative to the mental hospital, which serves as 'a sort of re-servicing factory for human breakdowns' (Laing, 1967: 105). It was of paramount importance that Kingsley Hall be a mental facility like no other. As Laing's son Adrian states, 'there were no "patients" there were no "doctors", no white coats,

there was no mental illness, there was no schizophrenia and therefore no “schizophrenics” – just people living together’ (Laing, 1994: 108). Kingsley Hall functioned as a community, staffed largely by renegade former psychiatrists, rather than as a treatment facility. It challenged the punitive aspects of the more ‘traditional’ mental facility with its open atmosphere of no locks or restraints; patients were afforded freedom of movement and to come and go as they pleased. Berke believed that the entire process of institutionalisation was set up to prohibit any real form of communication and thus any real ‘recovery’. Berke argues that ‘the interviews and treatment situations were carefully structured to prevent any genuine exchange between patient and therapist’ (Barnes & Berke, 1972: 78). He argues that the mental hospital mirrors the familial situation of the patient, which was integral in the development of the said patient’s schizophrenia or other ‘mental illness’, albeit with more punitive aspects. Berke controversially states that

We all knew [...] that the mental hospital was simply an institutionalized extension of the family living room [...] but with the hospital staff, the parent surrogates, having a more varied and powerful armamentarium – forced withdrawal (ninety-day order) tranquilizers, electric-shock – to use against the sinner. (Barnes & Berke, 1972: 86–87)

In line with this train of thought, Kingsley Hall did not use such treatments as lobotomy and ECT, nor were anti-psychotic drugs which could hinder the necessary schizophrenic journey administered. Those behind the conceptualisation of Kingsley Hall, like many of the other critics of traditional psychiatry, took issue with the very diagnosis of schizophrenia, mainly its conflated and often contradictory symptomology and its diagnostic application. Similarly to Laing, Berke’s conceptualisation of schizophrenia is more of an alternate form of experience as opposed to a legitimate illness. Schizophrenia was

therefore a career that involves 'at least two professionals, a patient and a psychiatrist. More often than not it is launched with the aid and encouragement of one's immediate family' (Barnes & Berke, 1972: 78). He also believed in the intelligibility of schizophrenia, and that it was in fact a legitimate form of communication just articulated in an alternative fashion. With a clear surrealist influence on the conception of madness and schizophrenia, he conceived that schizophrenia could be understood in terms of a dream-like state that Western cultures deem an illegitimate means of 'conveying reality, no matter how much truth they may express' (Barnes & Berke, 1972: 78). The doctor/patient paradigm was also challenged at Kingsley Hall, sometimes with significant difficulty. To Kingsley Hall's 'non-doctors', the conventional asylum and traditional psychiatry represented an exercise in the use and abuse of power. Those deemed mentally ill were victims of 'power ploys of psychiatrists to control behaviour and experience of people who find themselves in the position of patient' (Barnes & Berke, 1972: 91). The labels and positions of doctor and patient signalled hierarchical positions, and as a result had to be dispensed with. The disposal of the authority of the doctor/patient paradigm was not always simple, especially in the case of Berke and Barnes. In theory, this line of reasoning would have meant that Barnes, as an active agent in her schizophrenic voyage, should have retained the right to starve herself to the point of death. Practically, however, her death would have come with significant consequences for all those who occupied Kingsley Hall. As Adrian Laing reminisces, 'Mary Barnes was causing great concern [...] There was an openly expressed fear that she might not pull through' (Laing, 1994: 107). The battle of 'Who knows best?' was a constant challenge during the duration of

Barnes's trip. Despite its inherent difficulties this even footing of doctor and patient was integral to the ethos of Kingsley Hall.

Kingsley Hall also functioned in an educational capacity. It housed lectures and seminars in psychiatry, philosophy and anti-psychiatry, all sponsored by the Philadelphia Association. The facility also welcomed numerous facets of the 1960s counter-culture, with poets, experimental drama groups, musicians and artists all choosing to meet and perform at Kingsley Hall. This educational aspect is key to Crossley's definition of Kingsley Hall as a working utopia. Drawing on Bourdieu and Passeron, Crossley argues that working utopias are sites of "pedagogic action," sites for the reformation and reproduction for a movement habitus' (Crossley, 1999: 817). This means that working utopias such as Kingsley Hall serve a wider social purpose, insofar as they are frequented by people who want to learn 'how to perceive, think and act in different ways' (Crossley 1999: 817). This learning is not merely theoretical but practical. With Kingsley Hall, visitors were able to witness clearly the distinct divergence from the dominant model of psychiatry, and alternate social practices applied practically as opposed to being presented on a purely theoretical level.

Kingsley Hall rapidly became the epicentre of London counter-culture, visited by the celebrities du jour such as Sean Connery, H.G. Wells and even Gandhi. In addition to the experimental practice of patient freedom, the use of psychotropic drugs (mainly LSD) to facilitate or even induce the sought-after and 'healing' Laingian 'schizophrenic voyage,' was also practised at Kingsley Hall. Many patients and staff undertook this controversial but nonetheless legal form of treatment with hopes of attaining this higher and restorative state of being. The

use of these drugs was intended to conjure the inner and repressed demons of childhood, in order to confront and subsequently release them. The controversy surrounding Kingsley Hall did not end there, as the facility had at least two suicides, who jumped off the roof, and was raided by the police drug squad at least once. Although unthinkable as a medical facility in the twenty-first century, the radicalism of Kingsley Hall was part of a larger counter-cultural social movement challenging norms of authority, sexuality and the family. As Adrian Laing states, 'there was a feeling of revolution about Kingsley Hall. The ideas and the people were so radical that the focal issues created the feeling that Kingsley Hall was the paradigm of psychiatric revolt, itself part of a wider, greater revolt against the "old order"' (Laing, 1994: 108). Kingsley Hall's legacy was further amplified by the publication of Barnes's autobiography, for which it provided a large portion of the backdrop.

Thematics of Two Accounts of a Journey through Madness

There are numerous recurring themes in Barnes's book, in particular her mother, the notion of motherhood, sin, femininity, and the body. Some of these are enveloped in religious rhetoric and all of them by the overarching theme of 'madness'. Evidently, psychiatry, and specifically anti-psychiatry, is the book's most prominent theme. The story Barnes relates is clearly one evaluated through the prism of psychiatry, to the extent that practically every life event is explained through a Laingian hermeneutic. Upon reading Barnes's account of her life, it is quite evident that she has unquestioningly absorbed all the 'truths' of the anti-psychiatry movement and as a result finds traces of them ubiquitously scattered throughout her life. As Porter rightly asserts, Barnes reads her life

through the eyes of one who had been engrossed in psychiatry since her teens, making meaning of her past in the light of a powerful amalgam of Freud, Melanie Klein and 'object relations' theory. She especially embraces the Laingian notion that schizophrenia could be a rational way of coping with an irrational world. (Porter, 1989: 121)

The two most notable anti-psychiatric themes are the very Laingian notions of the schizophrenic voyage and the divided self. From the onset and throughout, these themes recur constantly.

Barnes's 'Divided Self'

A concept central to anti-psychiatric thought as well as the title of Laing's seminal text of 1960 is the divided self. The notion of the divided self is also one that Barnes has interpolated into her life. Laing's understanding of the divided self can be summarised as the division into a false self and a true self in an individual. The 'false self' masks and eventually overtakes the real authentic self, and the person is therefore divided. According to Laing, the person develops this false self during infancy as a result of something he defines as 'ontological insecurity'. The ontologically secure individual 'experience[s] his own being as real, alive, whole; as differentiated from the rest of the world in ordinary circumstances so clearly that his identity and autonomy are never in question [...] He thus has a firm core of ontological security' (Laing, 1961: 41–42). The ontologically insecure person, by contrast, does not perceive himself as whole and feels disconnected from his body and the world in general. In order to deal with this, he adopts a 'false self', a sense of 'being-for-others' that is fundamentally detached from the real authentic self. Over time, this divide deepens up to the point that the false self, the public self, is wrongly assumed by others to be the true self as it is identified with the visual body and the real authentic self becomes increasingly volatile due to its

entrapment. The descent into madness is therefore the shedding of the false self and the true self beginning to shine through. As Laing writes:

True sanity entails in one way or another the dissolution of the normal ego, that false self competently adjusted to our alienated social reality: the emergence of the “inner” archetypal mediators of divine power, and through this death a rebirth, and the eventual re-establishment of a new kind of ego-functioning, the ego now being the servant of the divine, no longer its betrayer. (Laing, 1967: 119)

Barnes echoes this sentiment, referring to her breakdown in pseudo-religious terminology, as a mercy that was the shedding of the false self. She imbues her madness with divine characteristics in what she calls her ‘quest for God’:

‘[m]ercifully, I broke down, went mad. There was no question of me hiding under a habit, a false divided self. It was my quest for God, for myself, that brought me to this point’ (Barnes & Berke, 1972: 47). This echoes Laing’s notion of the ego as a servant of the divine, a religiosity again picked up in the context of the divided self when Barnes writes that ‘my face didn’t show my soul’ (Barnes & Berke, 1972: 57). These comments are signifiers that clearly relate directly to the ‘divided self’ that Laing believes to be the root of madness. There are many more such examples permeating the body of Barnes’s narrative. The veneer of sanity is one that Barnes attributes to her whole family, but Barnes’s family is a violent environment in the emotional sense, a nuclear family that was willing to sacrifice its eldest son in order to preserve their false selves. In Barnes’s eyes, the internment of her brother Peter in a psychiatric facility represents the ultimate betrayal of bloodlines to maintain the social veneer of sanity. Barnes writes of her brother’s internment: ‘we slew Peter to preserve our shells’ (Barnes & Berke, 1972: 43). Barnes also makes several indirect references to Laing’s belief that madness was an intelligible response to an insane world, stating, ‘to me other

people were sick' (Barnes & Berke, 1972: 49). For Laing, schizophrenia is an intelligible response to certain social situations and the mad are more 'sane' than the sane. Interestingly, as Laing was in the process of finding a building for his new experimental therapy, Barnes had to wait around two years for treatment at Kingsley Hall. During this time, she was forced to carry on with her daily life and to suppress her inner madness. To Barnes this was a conscious process, as she was aware of her unravelling psyche which, of course, she attributes to her 'divided self'. She explains,

I was very aware that I was going mad, I was in terror of losing control at the hospital. The last week of work was a nightmare of two worlds, the inner and the outer. The outer was becoming woolly, vague, and distant. The inner was a force that could not be resisted. (Barnes & Berke, 1972: 102).

Barnes presents her madness as what Laing postulated was 'the sudden removal of the veil of the false self' (Laing, 1965: 99), leaving exposed the under-developed real self. The inner force in question was Barnes's real or authentic self and her desire to 'go down', to descend fully into madness and undertake the Laingian schizophrenic voyage.

Barnes's 'Schizophrenic Voyage'

In Laingian thought the schizophrenic voyage was central to therapy. Laing cites Gregory Bateson in order to highlight the therapeutic aspect of descending fully into madness (schizophrenia). Bateson wrote:

It would appear that once precipitated into psychosis the patient has a course to run. He is, as it were, embarked upon a voyage of discovery which is only completed by his return to the normal world, to which he comes back with insights different from those of the inhabitants who never embarked on such a voyage. Once begun, a schizophrenic episode would appear to have as definite a course as an initiation ceremony – a death and rebirth – into which the novice may have been precipitated by his family life

or by adventitious circumstances, but which in its course is largely steered by endogenous process. (Bateson, cited in Laing, 1967: 97–98)

The need for Barnes to undertake the Laingian schizophrenic voyage stems from the fact that she was, in her words, 'born before [she] was ready' (Barnes & Berke, 1972: 17), before all the necessary developments of body and mind that would facilitate her to come readily into this world. In fact, her entire trip was indebted to this need to journey back into herself to combat her alienation of self. In a rhetoric similar to Fredric Jameson's critique of the alienation of post-modern society, Laing attributes this alienation of self to the world in which we live. He writes, 'we are born into a world where alienation awaits us. We are potentially men, but are in an alienated state, and this state is not simply a natural system. Alienation as our present destiny is achieved only by outrageous violence perpetrated by human beings on human beings' (Laing, 1967: 12). Undoubtedly due to her anti-psychiatric indoctrination, this alienation and lack of belonging is something that Barnes purports to trace back to her childhood. She writes:

I can remember, as a child, and all through my life, having very strange feelings. I would seem to go away, right away from everything and everywhere. I didn't belong anywhere [...] I was empty and not there, not anywhere. If someone spoke with me, it didn't seem to be me. It was 'just a thing'— I had gone. (Barnes & Berke, 1972: 25)

According to Laingian reasoning, this alienation is the result of an insane world in which people continually commit violence against one another and themselves. In such a world, this sense of alienation is inevitable, Laing argues, and has a fundamental impact upon selfhood. This alienation affects our experience, the way we perceive the world around us, and as a result our behaviour, the way in which we act based upon our experience. It is precisely this sense of alienation from the self that leads to the other key Laingian notion of the divided self, which can

ultimately only be remedied by the schizophrenic voyage that leads one 'safely' in and out of madness. On the therapeutic and even necessary nature of a full descent into 'madness', Laing wrote, 'can we not see that this voyage is not what we need to be cured of, but that it is itself a natural way of healing our own appalling state of alienation called normality?' (Laing, 1967: 136). Aside from the remark about being born too soon, Barnes also makes subtle references to wanting to regress back to childhood: when she is committed to an orthodox mental facility, during her first descent into madness, Barnes finds remedial comfort in her padded cell, and invokes the metaphor of the womb to illustrate the sense of comfort that it brings her. She writes, 'the pads on the chronic ward, where they moved me to, had black walls. The only relief was to be alone in the dark, curled up, like a baby in the womb' (Barnes & Berke, 1972: 50). This relief is even found within the confines of a traditional and aggressive form of psychiatric treatment. The comfort found speaks not only to her desire to 'go down' to before birth but also to a deeper desire surrounding the mother, arguably 'to return to the pre-exilic state of union with the mother' (Brodzki, 1998: 158). Barnes's strained and tenuous relationship with her mother will be discussed at a later point in this chapter.

When admitted to Kingsley Hall, Barnes began her descent into madness, her regression to infancy in the hope of re-emerging from the other side whole and 'cured' of the alienation that previously haunted her existence. Barnes 'went down' to infancy, lived as a baby, refusing to speak, refusing to eat solid food, using her potty and playing and painting with her 'shits', as she terms it, among other infantile activities. Barnes would drink only milk from a bottle, and understandably

her continued fasting evoked concern from Berke and Laing, but they conceded in order that she could complete her journey down.⁵⁶ Barnes articulates the efficacy and superiority of this treatment in comparison with traditional psychiatry. At one point she argues with her mother during a parental visit to Kingsley Hall, and overall Barnes's parental visits are presented as a source of significant anxiety. Seeing her state as chronic and worsening, her mother remarks that during the course of her treatment she has always been worse than her younger and schizophrenic brother Peter. Barnes responds with conviction, 'Yes, but I've been worse in order to get better. Here I go back to before I was born, and with Dr Berke, I re-grow. Peter can't do that in the mental hospital' (Barnes & Berke, 1972: 114). This quotation highlights that the central aspect of this sort of regression therapy is not merely to become or to live as an infant once, it is to regrow, to remedy the alienation that was forced upon the individual and to regrow 'whole'. Through the course of her autobiography Barnes narrates her descent and regrowth, gradually coming out of her second infancy to the point where she asserts 'I could undress, [sleep] in my own bed with all the paintings, glowing in the candlelight. On my pot I did shits [...] I went to sleep' (Barnes & Berke, 1972: 146).

Due to her devout Catholic beliefs, Barnes frames many of her experiences in religious rhetoric, her journey 'down' being a prime example of this. Religious imagery also is one of the primary inspirations for the artwork she produced during her time at Kingsley Hall. Interestingly, the images of the crucifixion and

⁵⁶ The term 'shits' in inverted commas is used to reflect how Barnes refers to her excrement. For further examples of this terminology see Barnes & Berke, 1972: 146.

resurrection that she captured in her artwork provide an apt metaphor for her journey down to a pre-infantile state and her subsequent rebirth. Barnes states 'Joe told me, "Paint the Crucifixion". I did, again and again. From crucifixion to resurrection. *Going down and in, coming up and out. Being re-created, being re-formed.*⁵⁷ Joe did it' (Barnes & Berke, 1972: 145). It is interesting that Barnes attributes the process of rebirth embodied in her pictures of the crucifixion and resurrection to Berke, when in reality it was a process she was in charge of. One can also read Lacan's reworking of Freud's death instinct or death drive in the journey down and the metaphor of the crucifixion. Lacan places the death drive, a drive or instinct that functions to produce repetition, firmly within the symbolic realm, writing:

La notion de l'instinct de mort, pour si peu qu'on la considère, se propose comme ironique, son sens devant être cherché dans la conjonction de deux termes contraires : l'instinct en effet dans son acception la plus compréhensive est la loi qui règle dans sa succession un cycle de comportement pour l'accomplissement d'une fonction vitale, et la mort apparaît d'abord comme la destruction de la vie. (Lacan, 1966: 316–317)

Lacan continues to argue that our understanding of life as simultaneously existence and a force that resists death 'nous [rappelle] que vie et mort se composent en une relation polaire au sein même de phénomènes qu'on rapporte à la vie' (Lacan, 1966: 317). Lacan's notion of the death drive has been read not only as the drive towards nothingness and destruction but also 'a will to create from zero, a will to begin again' (Downing & Saxton, 2010: 138). The will to begin again ties the death drive to the Christian notions of the crucifixion and resurrection and thus to rebirth. Slavoj Žižek reads the Christian notion of rebirth in

⁵⁷ Emphasis mine.

light of Lacan's death drive, arguing that the death drive is a 'rupture in the symbolic narrative continuum, [that creates] the "possibility of new possibilities"' (Žižek, 2001: 101). In this Žižekian understanding of Christian thought, it is this symbolic death followed by a subsequent rebirth that permits us 'to re-vision the secret treasure within us, and reinvent our very identity' (Wood, 2012: 170). The death embodied in the crucifixion arguably represents a 'subjective destitution', a concept Žižek argues that Lacan recognised as a 'possibility for overcoming alienation' (Wood, 2012: 53), and which equates to the experience of losing one's self. This in turn necessitates that one reforms oneself as a new subject, that 'symbolic subjectivity must then be completely reinvented from nothing, or "born again"' (Wood, 2012: 201). This act of reforming oneself from scratch or being reborn is a central tenet of Christian theology as epitomised through the images of the crucifixion and the resurrection, or, to invert this formulation, reading the crucifixion and resurrection in this manner speaks to the spiritual and pseudo-religious qualities Laing envisioned in the schizophrenic voyage, as well as helping to explain why Barnes desired to repeatedly capture the crucifixion and resurrection on canvas. As imagery, the crucifixion and resurrection both stand as the ultimate signifiers of the drive to nothingness and the concurrent desire to start again, to reinvent oneself, both central tenets of the ideology underpinning the schizophrenic voyage. It is clear throughout the entirety of Barnes autobiography that she rationalised this regression therapy as a necessity. She writes:

When still a child, I was clumsy, hopeless at handwork. The creativity in my soul had been forever contained, as in a tight bud. I was cut off, divided from myself. Walking the tightness of my own wire, my own life, I had to fall, to break to pieces. Through the true desire of my being, the mad state, I came to know the truth. That I wanted to go back, to come up again.

Through the skill of Ronnie and all who worked with him I was able to follow through, the desires of my being. (Barnes & Berke, 1972: 158)

On the surface of the matter Barnes's trip can be surmised succinctly by saying that after a lengthy descent to madness, she managed to pull herself out and drag herself upwards. Coming out of the other side of her madness meant 'her divided self grew reunited; she ceased to feel apart from her body. No longer was it bad to want or to have; she stopped her lifelong self-punishment' (Porter, 1989: 123).

This interpretation makes sense of how Barnes had made a self out of the general alienation she felt and of course her 'madness', but it is not all that can be gleaned from her autobiography.

The First Descent into Madness

Barnes, unsurprisingly, holds involuntary institutionalisation in contempt, like Laing and the other anti-psychiatrists. This dim view of orthodox psychiatry permeates the whole of Barnes's book, but is particularly evident in her detailing of her first descent into madness. The simple fact that this first breakdown was not her *only* breakdown points to the general inefficacy of the psychiatric treatment she received. Her first breakdown, in 1952, followed on from her time living in a convent, and saw her sent to a mental health hospital in London for a course of electro-convulsive therapy (ECT). Barnes conceived of her ECT treatment as entirely punitive, and in her ex post facto account of her ECT highlights not only the disciplinary aspect of such invasive treatments but the power relations that pervade the doctor/patient dynamic. She writes:

When they took me to London to have ECT, I decided I must be sick, and wanted to go in a taxi, not a bus. My trust was in them. My knowledge of the dangers of electric shocks and how some people 'punished' other

people by so-called 'treatment' was then completely beyond me'. (Barnes & Berke, 1972: 49)

This comment points to the very Szaszian idea that coercion is a central aspect of psychiatric cure: coercion as cure only functions if the doctor is held to possess the ultimate wisdom and knowledge, and therefore has a degree of power and control over the patient, who in turn has no control. Szasz reads psychiatry as persuasive to the point of being coercive, with its coercive rhetoric premised on the mentally ill individual being deprived of their free will as a result of their mental illness qua brain disease. Szasz writes, 'when madness is accepted as a disease over which the patient has no control, and when the mad-doctor is empowered to control him by force and fraud – *then, and only then*, can mad-doctoring as a profession arise and coercion begin to masquerade as cure' (Szasz, 2010: 25). To Szasz, this sort of involuntary therapy, when the patient has been interned against their will and effectively been placed under the tutelage of their doctor, can be read as 'one of the countless ways in which a person who possesses power controls the conduct of another who does not' (Szasz, 1977: 65–66).

Barnes further highlights the power dynamics of trust, care and cure when she writes 'in my mind "they" [doctors] understood, "they" knew, therefore "they" must be obeyed. The results were disastrous' (Barnes & Berke, 1972: 49). This portrayal of orthodox psychiatry in which Barnes states 'they gave me insulin and pushed me about to keep me moving [...] Then I got electric shocks and was put in a padded cell' (Barnes & Berke, 1972: 50) evidently presents a drastic contrast to the warm, understanding family dynamic experienced in Kingsley Hall.

Following her first breakdown, which saw her interned in an orthodox psychiatric facility, Barnes makes the clear choice that she will not undergo similar treatment

again. She echoes the traditional Laingian thinking on schizophrenia and madness as alienation from the self, a condition that traditional psychiatry only exacerbates. She states 'I didn't want to disintegrate into such a state that I would be taken into mental hospital. I didn't want drugs [...] I was engaged in therapy to get me whole. So far as was humanely seeable there was no other means to my wholeness except through analytical psychotherapy' (Barnes & Berke, 1972: 70).

The Mad Family Unit

The nuclear family has been the focus of much discussion surrounding gender and madness, and has come under much theoretical criticism from feminists, particularly radical feminists. According to feminist critique, the nuclear family is a manifestation of sociologically based female subordination. Patriarchy is seen as being embodied in the nuclear family, which ties women to the domestic sphere on the basis of their reproductive capabilities. Radical feminist Andrea Dworkin writes, 'the nuclear family, as we find it delineated in fairy tales, is a paradigm of male-being-in-the world, female evil, and female victimization. It is a crystallization of sexist culture – the nuclear structure of that culture' (Dworkin, 1974: 46). The family unit is also a central aspect of many of the theories of schizophrenia and its causes, as arguably family and home life is the ultimate and most influential of all environmental factors. The figure who has received the most (negative) attention is 'naturally' the mother. The most infamous of many psychological concepts attached to the figure of the mother is the 'schizophrenogenic mother' – quite literally the mother who causes schizophrenia. This mother-blaming concept was first proposed by psychoanalyst Frieda Fromm-Reichmann, in her 1948 article 'Notes on the Development of Treatment of Schizophrenics by Psychoanalytic

Psychotherapy', in which the schizophrenogenic mother appears as a cold figure who entrapped the child in a toxic relationship and thereby prevented their healthy development. These observations were contentious largely because Fromm-Reichmann based her notion of the schizophrenogenic mother entirely on her patients' statements, without ever having met their mothers. Nonetheless, the concept of the schizophrenogenic mother was picked up by the majority of the psychiatric community at large, but Laing contested it, refuting the mother as the primary or lone cause of schizophrenia. He wrote that 'one might do better to think of schizophrenogenic families, rather than too exclusively of schizophrenogenic mothers' (Laing, 1965: 192). Due to Laing's focus on experience, he postulated that the root cause of madness can be found in our social relationships, and as explored in *Sanity, Madness and the Family*, usually in the family. The family network is highlighted in Barnes's autobiography, where it is presented as highly dysfunctional, largely at the hands of the mother, but can be termed a schizophrenic family, as demonstrated through Barnes and her brother Peter. Barnes clearly forges links between the family and madness, writing 'Peter was instinctively seeking freedom. I too came to go that way. The route my parents had barricaded and barred. The step into the dark, to the torment of torn emotions [...] As bubbles exploding across the world is the anger of my family concentrated and released, again and again' (Barnes & Berke, 1972: 17). Barnes's brother Peter was the first to go 'mad', and she sketches his madness completely in relation to the family, saying

When my brother broke down, the reason seemed a complete mystery. Father said 'it's his age'. He was sixteen [...] No one knew he was angry. Incredible as that seems to me today it really was the truth. We didn't know

and there was no one able to tell us. The emotional life of the family was killing him, breaking his heart. Peter, struck speechless with anger, just got more and more isolated. The rest of the family were considered sane. He was mad. We were all a seething mass of wrath, covered by a film of pretence, a spider's web in which we were all caught. (Barnes & Berke, 1972: 16–17)

Barnes's fraternal relationship is often conceived of through an incestuous paradigm, the reason for his internment being an incident when he entered Mary's room stating that he wanted to get into bed with her. Peter clarified his intentions many years later at Kingsley Hall stating 'you know, that night I was not going to commit incest [...] I just wanted to feel your body, to fondle your breasts' (Barnes & Berke, 1972: 43). Rather than being outraged or at least perplexed by this revelation, Barnes takes up a self-blaming position based upon Freudian castration anxiety, and explains 'Unaware that I was seducing and then castrating Peter [...] It would not have hurt me to let him touch my breasts and gentle speech would have softened his anger. My terror increased his fear' (Barnes & Berke, 1972: 44). Barnes reads herself as a central figure in her brother's descent into madness, casting herself in the role of the schizophrenogenic mother whose coldness drives her child into schizophrenia. As Fromm-Reichmann wrote, 'the schizophrenic is painfully distrustful and resentful of other people due to the severe early warp and rejection he encountered in important people in his infancy and childhood, as a rule, mainly in a schizophrenogenic mother' (Fromm-Reichmann, 1948: 265). Barnes writes of her childhood 'Mother forced me to help her take care of Peter [...] It was hell having to be a little brother's mother' (Barnes & Berke, 1972: 14). It is clear from her criticism of her rejection of Peter's advances that Barnes felt the burden of care of her brother and felt that a maternal

role was being pushed upon her, since she says that if these had not been interrupted, it could have 'softened his anger'.

Although one can see that the nuclear family is central to understanding Barnes's and her brother Peter's madness and despite the Laing's effort to refute the notion of the schizophrenogenic mother, it is undeniable that Barnes places the blame for her and her brother's madness with their mother. The object relations theory of Melanie Klein is the most profitable strand of psychoanalytic theory when it comes to providing a reading of Barnes's family unit, specifically her maternal relationship, as it is concerned with human development in the context of social relations.

The Mad and Bad Mother

Patriarchal society conceives of the traditional and idealised mother as the person who 'is supposed to meet all the child's needs single-handed, to care for and to stimulate the child's physical, emotional and mental development and to feel fulfilled in doing so' (Weedon, 1987: 34). When the mother fails to do so, or perhaps is perceived as failing to do so, she has failed her children and has failed to accomplish her gendered feminine destiny. Jane Ussher argues that this 'mother-blaming' is a common trope with much of the 'psy' science literature, saying that '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 terms of early psychiatric theory and psychoanalysis the mother occupies an essentially contradictory and often negativised role, simultaneously 'feared, envied and

reviled' (Ussher, 1991: 185). Upon reading Barnes's work, it becomes apparent that the family, particularly the mother, is at the heart of her madness and that her discourse is fundamentally one of mother-blaming. Similarly to the difficulties that one has in terms of the analysis of Barnes's madness, considering her absorption of anti-psychiatric rhetoric, due caution must be taken in the analysis of Barnes's theme of the mad and bad mother. One must simultaneously provide a thorough analysis of Barnes's work whilst avoiding an endorsement of the discourses of mother-blaming through which Barnes interpreted her maternal relationship.

Barnes's mother is portrayed as a steely, unloving woman who viewed 'wants' as improper, particularly if they came from a daughter. Barnes presents her childhood as an almost double bind-like situation where it was equally wrong to take as it was to give. Worse than giving or taking was to have wants, for which she was consistently shamed by her mother: for a young Mary 'to want was to be bad, her mother saw her as very bad and told her so. Mary was racked with guilt, and was made to accept that she was wicked' (Porter, 1989: 121). Barnes's mother, who is never mentioned by name, is shown to have treated Mary and Peter with apathy, having birthed children not from the desire to be a loving mother but to fulfil social expectations. After all, as Beauvoir argues in her criticism of the pigeonholing of women in patriarchal society, motherhood is the 'vocation "naturelle" [des femmes] puisque tout son organisme est orienté vers la perpétuation de l'espèce' (de Beauvoir, 1973b: 657). It is clear through Barnes' account that her mother did not feel this emotional and spiritual fulfilment through motherhood nor did she feel it to be a 'natural vocation' as she is presented on numerous occasions as struggling to connect and bond with her children. To

Barnes's mother, 'childbearing had been a pain, now children were. Mary was always naughty or a nuisance' (Porter, 1989: 121), not to mention a source of guilt. Barnes writes of her mother 'my brother and sisters and I caused her such shame and punishment that she hated us. Every time she saw us reminded her of how bad she was to have had love and babies. It was "wrong" for my Mother to have what she wanted. She had wanted a baby' (Barnes & Berke, 1972: 153). Barnes's mother is far removed from the 'idealized image of the glowing Madonna [who gains] pleasure and fulfilment from her angelic offspring' (Ussher, 1991: 258).

The mother/daughter relationship in general is a central theme in much feminist scholarship. Literary feminists have postulated the importance of the mother/daughter relationship and its centrality with regards to women's writing because 'writing becomes a site and a process for negotiating this ordinary relationship' (Juhasz, 2000: 157). The mother/daughter relationship is of paramount importance to subject formation because 'it is the first relationship, the formative relationship, it is de facto the place where one's need to come into existence as a person in her own right and one's need to relate intimately with another person converge' (Juhasz, 2000: 162). Psychoanalytic feminists have also emphasised the importance of the mother/daughter dyad, echoing Juhasz's reasoning. Nancy Chodorow states that the mother/daughter relationship is crucial to the daughter's subjecthood because the infant daughter 'develops a sense of self in relation to the mother' (Chodorow, 1978: 78). Chodorow has based her work, specifically *The Reproduction of Mothering* (1978), around psychoanalyst Melanie Klein's object relations theory that places the mother as central to the

infant's psychic development. The child's relationship with the mother also has a bearing on later life as it leads to a 'preoccupation with issues of primary intimacy and merging' (Chodorow, 1978: 79). Chodorow asserts that unlike boys, who pass through their Oedipal stage and gain complete autonomy, girls, even as they pass through the Oedipal phase, hold on to their maternal attachment. Mothers, in turn, tend to perceive their daughters as an extension of themselves. As a result, girls are 'stuck' within this dyadic relationship whereas boys can transcend it. Girls are therefore continually 'involved in issues of merging and separation and in an attachment characterised by primary identifications and the fusion of identification and object choice' (Chodorow, 1978: 166). Thus the mother/daughter relationship remains central to the ongoing process of female individuation. These observations are particularly pertinent to discussion of Barnes's relationship with her mother. Barnes writes of the difficulties she had with her mother and the long-lasting consequences it had for her life. She states 'it always bothered me that I couldn't really love, be in harmony with, my mother' (Barnes & Berke, 1972: 43). In her autobiography, although Barnes is asserting and attesting the difficulties she had endured as a result of the maternal relationship, she is arguably 'work[ing] out the complex matter of subjectivities; [her] own and that of [her] mother' (Juhasz, 2000: 157), the act of writing itself being a powerful tool in understanding and even improving the mother/daughter dynamic. Through writing, the daughter creates a literary space in which she can write her *own* story, free from maternal intervention. Recognising herself and her mother as separate subjectivities facilitates the distance that is of paramount importance in the process of the daughter's 'becoming'. This distance is the 'necessary withdrawal [from the

mother] to discover [the daughter's] [...] identity' (Kaplan, 1983: 173). The result of this distance will be a new kind of intimacy, intimacy that results from mutual recognition. The daughter attests to her life and writes her life and herself 'in the form in which she would like her mother to see her' (Juhasz, 2000: 174). Barnes can arguably be seen as writing her story *for* her mother so that she will also recognise her as a separate subjectivity.

For Barnes, the maternal relationship was from infancy a persistent 'problem' and can be summarised by saying that 'her mother could not nourish, little Mary could not receive. Her mother wanted to love but could not give it; wanted to be loved, but could not accept it' (Porter, 1989: 121). Barnes's text is strewn with numerous references to her mother's dry and, as a result 'bad', breast. Barnes attests that for her mother, motherhood was a constant and uphill battle; she struggled to get milk to feed her children and nearly died during childbirth, information that she often relayed to her young children. This information is presented to the reader in the words 'my Mother had no milk and I was never put to breast' (Barnes & Berke, 1972: 17). Psychoanalyst Melanie Klein wrote extensively on the good/bad mother's breast, part of her object relations theory: since Barnes's mother could not feed her child, her breast was 'bad'. Klein specialised in the psychoanalysis of children and it was from her experience with watching children play and observing how they interacted with the world at large that she developed her object relations theory. She theorised the 'dynamic unconscious phantasy in the child's mental life', which led her to a reconfiguration of Freud's concept of 'unconscious phantasy'. For Klein the unconscious phantasy is of greater importance than to Freud and underpins all mental activity:

‘unconscious phantasies are ubiquitous and always active in every individual’ (Segal, 1988: 12). The ‘internal object’ is also of central importance to Kleinian thought and to this chapter. The internal object is not an object per se; rather it is a mental image of an external object that has been internalised. The nature of how the internal object is perceived by the individual is greatly influenced by how the self has been projected onto it. The most important internal objects are taken from the parents, most commonly the mother and the breast, and it is from here that we get the concept of the ‘good’ and ‘bad’ breast. It is onto the breast that the child projects its life and death instincts. According to Kleinian thought, when the infant experiences the breast, it is internalised as an object and thought to be part of them, causing pleasure (the ‘good’ breast) or pain (the ‘bad’ breast). For instance, the infant’s hunger comes in conjunction with the instinct to satiate that hunger, in turn complemented by the phantasy of an object (the breast) that can quell the hunger. Kleinian thought is that the child who has been left to go hungry will in time be overcome by hunger and anger, and in the child’s fantasy ‘the experience of a bad and persecuting object will become stronger with its implication that his/[her] own anger is more powerful than his/[her] love and the bad object stronger than the good one’ (Segal, 1988: 15). Chodorow clarifies this statement by explaining that ‘the experience of satisfactory feeding and holding enables the child to develop a sense of loved self in relation to a loving and caring mother. Insofar as aspects of the maternal relationship are unsatisfactory or such that the infant feels rejected or unloved, it is likely to define itself as rejected, or as someone who drives love away’ (Chodorow, 1978: 78). Barnes expands on the troublesome and often contradictory relationship with her mother, stating,

I could only be satisfied through 'Mother' gauging my needs. In the womb, the food of blood from her, to me. The trouble with me had been my real Mother hadn't really wanted me to have it, food. She had never any milk in her breasts. She couldn't, she hated me. Yet she told me she loved me, and wanted me to eat [...] I had to starve to death to satisfy my Mother. Yet at the same time, innate in me was the desire to live. (Barnes & Berke, 1972: 175)

Both schizophrenic children, Peter and Mary, hold explicit and deep-seated resentment for their mother: she is a source of antagonism and often a trigger for their anger. Barnes states the anxious rage that her mother incites in her: 'the physical presence of my Mother stirred me as nothing else could [...] I felt very strained and tense, afraid I would hit my Mother' (Barnes & Berke, 1972: 57). The maternal relationship is arguably a site of significant trauma for Barnes, one that keeps on haunting her and that she cannot move past. During her first descent into madness when she was confined to the chronic ward of a mental hospital, her thoughts were stuck on and perpetually returned to her tense relationship with her mother: 'I can remember how I hated her' (Barnes & Berke, 1972: 55). Not only is this indicative of the detrimental effect of the 'bad' breast and consequently the bad mother, but also falls into what Ussher refers to as the 'mother-blaming' that is a common feature of psychiatry and psychoanalysis. As Porter asserts, 'Like theirs [Laing and Berke] the analysis she developed of her condition was fundamentally mother-blaming. Neither Mary nor Berke attributes any blame to Mr Barnes. The root of her problems was her mother. And the root of her mother's problems, she tells us, was her mother' (Porter, 1989: 124).

The mother also figures in Barnes's narrative as a kind of trap. Barnes utilises the metaphor of the spider and web to articulate the tangled set of emotions and feelings that have arguably led her to madness, writing, 'the spider

in the web was my Mother' (Barnes & Berke, 1972: 156). The spider is an interesting choice of metaphor to discuss the figure of the mother. In Jungian psychoanalysis these sorts of fantasy images carry great psychological importance, since for Jung 'the language of the psyche is archetypal images which express the felt meaning of the instincts' (Ulanov, 2005: 103). In Jungian thought the image (the spider) is an abstracted expression of the entire complex psyche of the individual, and there is a specific case that is useful for analysis of Barnes's metaphor. Jung writes of a young woman who had recurrent dreams of a large spider appearing and cornering her in her kitchen. Jung explored the associations linked to her image of the spider to find that they were extremely negative, mainly 'fear, revulsion and panic at getting caught in the spider web' (Jung, cited in Ulanov, 2005: 105). Jung observed that these feelings were linked to her mother and that she was 'feeling tangled in a web of her mother's manipulation [...] she also felt imprisoned in her own negative reactions to her mother' (Jung, cited in Ulanov, 2005: 105). In the case of Barnes, we can read this imprisonment in light of how, as previously stated, she was caught in a double bind situation in which both taking and giving were sinful. She was also arguably imprisoned as a daughter by a controlling mother, as 'mothers imprison daughters within a cage of being dutiful, clean, chaste, docile and nice' (Porter, 1989: 124). To return to the image of the spider, Jung postulates that 'the spider was a symbol associated with the negative mother figure in its ensnaring activity and aggression towards the helpless daughter. The spider can symbolise the deathly womb of the terrible mother' (Jung, cited in Ulanov, 2005: 105). The spider can also mean the intersection of life and death and the interlinked influence that they have on life

itself, '[the] sacrifice of the old for the building of the new' (Jung, cited in Ulanov, 2005: 105). This interchange of old for new and transformation can also be read in Barnes's work, when she writes 'a whole lifetime could be spent making outside of oneself, webs to match how one is inside. To go into madness, to start to come out, to leave the web, is to fight to get free, to live, to move, to breathe. To spew out the spider' (Barnes & Berke, 1972: 157). One can read this statement in relation to Jung's comments on the images of the spider and web representing the transition between old and new and in relation to the Laingian notions of the divided self and the schizophrenic voyage. Barnes's schizophrenic voyage, that permitted her to shake off the shackles of the false self and to leave the web of alienation in which society and the nuclear family had ensnared her, can be interpreted as the disposal of the old way of life that had driven her insane. Her emergence from the voyage, during which she had grown whole, can in turn be viewed as the creation of her new, truly sane existence, even mending the rift between her and her mother.

The Body, Sin and Womanhood

Undoubtedly owing to her relationship with her mother, the issue of womanhood, which encompasses the body, fertility, maternity and for Barnes religiosity, is a prominent leitmotif in her autobiography. Barnes discusses at length the discomfort and disgust that she often felt at her adolescent, developing body. She writes, 'I would have the most terrible anger and when my body got fat and it got periods and breasts I hated all that [...] I daren't speak of it' (Barnes & Berke, 1972: 29). This quotation is noteworthy for the fact that Barnes clearly articulates the sense of frustration she felt as her body took on a more 'womanly' form, but

also speaks to the alienation she felt from her body, which she refers to as 'it'. Experiencing the burgeoning and developing female body as dangerous and even shameful is no doubt inspired by the religious doctrine that structures Barnes's life and patriarchal society at large. Her loathing of her developing body also stemmed from the liminal age of adolescence, that is to say trapped between childhood and adulthood, the female adolescent body with all of its developments often experienced as an 'awkward, alienation and undesired biological imposition' (Grosz, 1994: 75). The female body, particularly menstruation and pregnancy, are not only accepted universal markers of sexual difference but also represent what Kristeva would define as the abject through the blurring of the boundaries between the internal and external. As Kristeva writes 'l'évocation du corps maternel et de l'accouchement induit l'image de la naissance comme acte d'expulsion violente par laquelle le corps naissant s'arrache aux substances de l'intérieur maternelle' (Kristeva, 1980: 120). Menstruation and its signifier menstrual blood are perhaps the most obvious examples of this, an often painful reminder of looming adulthood, a signal that the female body is ready to generate life. Puberty, especially in the female context, 'is not figured as the coming of a self-chosen sexual maturity but as the signal of immanent reproductive capacities' (Grosz, 1994: 205). Barnes elaborates on her disdain for her developing body writing, 'I looked at other girls and wondered if they got it – periods. I didn't ask them. [...] Then I realized what it was all about, girls "not being well" [...] I was more angry than ever and frightened of myself. I felt so ashamed' (Barnes & Berke, 1972: 29). For Barnes menstrual blood, by its very nature, leaves marks and stains behind, a soiling of a clean garment, a trait associated with infancy. As a result,

menstruation marks 'womanhood [...] as outside itself, outside its time [...] and place [...] and thus a paradoxical entity, on the very border between infancy and adulthood, nature and culture, subject and object, rational being and irrational animal' (Grosz, 1994: 205). It is this blurring of boundaries that Julia Kristeva defines as abjection. According to Kristeva, the abject invokes a sense of revulsion and must be kept at a safe remove from 'normal' society in order not to pollute or contaminate. Due to its signification of sexual difference encompassed through fertility, the female body is easily aligned with a sense of abjection, even for those who inhabit it. For centuries menstruation has been at the forefront of much discussion of the nature of women, mainly at the hands of male thinkers operating in a distinctly patriarchal environment. Kristeva argues that organised religion is used as a means of 'purification de l'abject' especially in the case of menstruation (Kristeva, 1980: 24). She is, of course, referring to such purifying religious practices as the *niddah*,⁵⁸ the post-menstruation purity ritual found in Orthodox Judaism and deriving from Leviticus 15: 19–29.⁵⁹ It is not only religion that has theorised menstruation. Freudian psychoanalysis makes substantial reference to menstruation considering the concept of castration anxiety.⁶⁰ Although these concepts and practices are different in nature, they do share one

⁵⁸ For the *niddah*, the menstruating woman is supposed to be physically separate from her husband and not to touch him for seven days in order to avoid contaminating him, after which she must undertake a ritual bath in order to ensure her cleanliness, then wear white underwear and sleep on white sheets for a further seven days in order to further prove her cleanliness.

⁵⁹ This tradition of the unclean menstruating woman has had an impact upon Christian thought, as it is in fact women's fecundity as represented through menstruation that 'threatened men and led them to make a fundamental connection between sex and evil. Women gave men life, but at a more basic level, they contaminated them, since their natural uncleanness tainted every child' (Weaver, 1995: 54).

⁶⁰ Freud also spoke of menstrual blood when theorising his concept of castration anxiety. To Freud the menstrual blood represented a visual signifier of the woman's castration and thus her sexual difference which incited terror and fear when viewed by the male infant for the first time.

overarching theme: that menstruation is ultimately an unclean and terrifying marker of sexual difference, a difference that Barnes clearly felt and resented as she remarks several times on her fear and shame towards her female body and her desire to be a boy. Kristeva argues that the reason for the repulsion and angst surrounding menstruation is that 'le sang menstruel [...] représente le danger venant de l'intérieur de l'identité (sociale ou sexuelle); il menace le rapport entre les sexes dans un ensemble social et par intériorisation, l'identité de chaque sexe face à la différence sexuelle' (Kristeva, 1980: 86). According to Kristeva, its polluting potential is the primary reason that menstruation is 'at the centre of regulation through religious ritual and taboo, and through the disciplinary practices legitimated by science and medicine' (Ussher, 2006: 7). Female reproductive capacity is also central to the Virgin/Whore dichotomy that pervades patriarchal discussions of female sexuality. This is nowhere more apparent than in the Christian, specifically Catholic, doctrine, one that Barnes chose to embrace.

Women in the Catholic Church have traditionally occupied a paradoxical and damaging position. Women have either been regarded as responsible for the downfall of man and the cause of evil in the world as embodied in Eve or been burdened with the numerous responsibilities that make a woman a dutiful wife, while simultaneously being told that the best wife and mother was the Virgin Mary, the eternal virgin. As Mary Jo Weaver states, 'woman has the awful choice of being Eve or Mary; she is rarely neutral. Either she ennobles and raises man up by her presence, by creating a climate of human nobility, or she drags him down with her in her own fall' (Weaver, 1995: 53). This is the essence of the

Madonna/whore dichotomy.⁶¹ The cultural impact of this ideology is enormous and the representations of motherhood commonly promulgated by religious doctrine, artwork and folklore 'believe or repress the knowledge that the mother's body is also a sexual one' (Ussher, 2006: 87). Barnes's writing quite clearly expresses this confusion, simultaneously rejecting and hating the signifiers of her femininity and thus fertility, denying her sexuality while wanting to be a mother. She writes

I now realise my destructive suicidal despair was bound up with my denial of my body. As I grew up I loathed my breasts, avoided boys, denied to myself that I wanted a boyfriend, forgot what the friendship of boys was like. I wanted to be a boy. I pretended to be feminine but couldn't feel or admit my desire for a man. Eventually, without conscious longings for love, I decided I wanted to have a baby. (Barnes & Berke, 1972: 39)

The conflicting desire to be both a mother and a godly woman led Barnes to act out her maternal desire through another bodily function, excretion. This bodily process arguably occupies a similarly abject position to fertility, the blurring of the boundaries between the inside and outside of the body. Birth and excretion are both primal functions, integral to life. Barnes documents her faecal obsession as beginning in childhood, a habit invoking disgust in her mother. The continuation of this playing with 'shits', to use Barnes's terminology, through her regression treatment at Kingsley Hall, arguably has two distinct functions, the first of which is an act of rebellion against her controlling and tidiness-obsessed mother. The second is a surrogate act of maternity, birthing something of her own making into

⁶¹ This backdrop of the paradox of the harlot/devoted wife is made intensely more complex by the Catholic veneration of the Virgin Mary and much Christian thought of sex and sexuality as being inherently sinful, regardless of procreation. Catholicism venerates women as mothers and wives: in 1972 Pope Paul VI stated that it is the 'vocation of a woman to become a mother' (Pope Paul VI, cited in Daly, 1985: 3) while simultaneously praising virginity. Woman as a whole being, complete with sexual desires, is notably absent from Catholic thought, as epitomised in the Virgin Mary who, according to Christian thought remained a virgin before, during and after the birth of Jesus.

the world. This pseudo-maternal fantasy became more potent alongside Barnes's affection for Joseph Berke. She writes:

My fantasy of marrying Joe and getting a baby became very strong. Why shouldn't I have a baby? For me, having babies was all mixed up with shits and water. Having big shits and lots of water was for me having babies. [...] When I had told Ronnie: 'Even if I put my shit all over you, you would still love me'. My shit to me meaning babies, this was saying to Ronnie: 'You would still love me even if we had a baby'. (Barnes & Berke, 1972: 153)

Barnes clearly states that her 'shits' are stand-ins for the baby or babies that she has yearned for. Her surrogate 'shit' babies therefore permit her to live the contradiction that is the eternal virgin mother revered by the Catholic doctrine she has internalised. Barnes tried to resolve this dualistic desire to be a mother and a saint earlier in her life by joining a convent, thereby pledging her life to God and to celibacy, a vow that Barnes notably struggled with. As previously discussed, the Christian doctrine of female sexuality, particularly in Catholicism, is not one of liberation. This history of sexual repression, specifically female sexual repression, is inbuilt into the history of Christianity, whose preoccupation with virginity, particularly of women, originates with the views of patristic thinkers such as St Augustine of Hippo and Clement of Alexander. St Augustine praised the eternal virginity of women, based upon a Platonic paradigm, along with the ideological separation of the body and the soul, since the pleasures of the flesh were only temporary and to the detriment of the purity of the soul. He argued that woman could only enter heaven if her body was cleansed, meaning that her soul and spirituality were not to be sullied by sexual intercourse, not even for procreation. For St Augustine, the only way a woman's soul would be pure enough for heaven 'was for her to remain a virgin, denying her sexuality and fecundity altogether' (Ussher, 2006: 13). It is through this line of thought that the Catholic Church has

arguably been left with the belief that most displays of sexuality are inherently sinful and of significant detriment to spirituality and to the soul, and must be abstained from. The body is deviant and subject to urges that must be controlled to retain a pure soul. The deviant sexual body, combined with this disavowal of sexuality, is why the body is considered 'deep-rooted in Christian symbolism of sinfulness' (Turner, 2008: 88). The body as deviant and controlled by primal instinct is a powerful motif in Barnes's book. She relays in detail the struggle she felt between the body and the soul and her constant efforts to suppress her sexuality; Berke writes that 'Mary Barnes was a hotbed of sexual desire and frustration. This imprisoned sexuality touched every aspect of Mary's life and everyone with whom she came into contact. It lay behind Mary's ubiquitous guilt' (Barnes & Berke, 1972: 254). As a devout Catholic, Barnes struggled with her sexual prohibition, specifically during her time in the convent, her sexual desires manifested through masturbation. Masturbation is a sinful act in Catholicism, particularly for a woman residing in a convent, who is supposed to be living a life of asceticism. During her time in the convent, Barnes is confronted with the reality of her sinful habit, but spared the penance of it being a sin because of her ignorance. She tells us,

I often scratch myself between my legs. I've always done it. My Mother used to tell me my father excited me when he tickled me there. Cecily assured me that I was masturbating and that it was sinful. I realised, having been quite ignorant, that I had not been in a state of sin, but that now, knowing it was wrong, I must not do it. (Barnes & Berke, 1972: 56)

This issue of masturbation continued to haunt Barnes. Her repression of her sexuality made her desires even more voracious, and masturbation developed into a 'sinful' addiction. Barnes articulates that despite her constant efforts, she could

never banish her sexuality. She documents that she felt a deal of sexual frustration that only masturbation could relieve. Barnes is furthermore sucked into a battle between the unruly body and the rational mind and spiritual soul, a torturous unliveable impasse of further detriment to her ever-deteriorating mental health. She states that she got into a 'very bad state with masturbation [...] though I went to confession about it, and resolved to stop it [...] It seemed to help me in that it relieved the tension in me, enabled me to feel myself [...] Masturbation tortured me' (Barnes & Berke, 1972: 70). Barnes's bodily existence is blighted with shame on numerous fronts, her body becoming a proverbial battleground for conflicting images of the womanhood that plagues her existence, the sexed female body that serves as a reminder of her fertility, her maternal instincts, the desire to emulate the Virgin Mary and the complete repression of her sexual identity.

In addition to sexually-based representation, Barnes clearly struggles with how to conceive of her femininity in a much more general, 'place in the world' sense. This arguably stems from her mother, who imprinted upon her that for a woman to want or desire anything is wrong and that a woman's world is based upon denial and deficiency and fundamental guilt for wanting anything, an opinion that Barnes internalised and that was reinforced by Catholic ideologies. Barnes, who eventually became a nurse, grew up wanting to be a doctor. However, she writes, 'I felt ashamed that I wanted to be a doctor. I know this shame was bound up with the enormous guilt I had in connection with my desire to be a boy' (Barnes & Berke, 1972: 40). This comment is based on theological views about the intellectual inferiority of women. St Paul's letters state 'Let the women learn in

silence with all subjection. But I suffer not a woman to teach, nor to usurp authority over the man, but to be in silence. (Timothy 2: 11–12). The message is clear, and is that intellectualism is the exclusive privilege of men and not the domain of women, who should stick to the domestic sphere. A woman as a doctor, as a reputable, educated member of the community responsible for disseminating information, would be flouting St Paul's command. This is a sentiment loosely echoed by the Catholic Church, which is on record as not supporting women's activities outside of the domestic sphere (Weaver, 1995), even up to the present day. It is of little wonder that 'Mary's own story is one which burns with resentment at being first a girl and then a woman in a man's world' (Porter, 1989: 124), especially when one considers her devout Catholic faith. It is worth noting that the time at which the Catholic position on women was undergoing revision in the 1950s and 1960s, was the era in which Barnes was an active member of the Catholic convent community, therefore many of the regressive social views on women were still commonplace.⁶²

Despite her devout belief in Catholicism, it is not through religion that Barnes found redemption or her *raison d'être*, it was through Kingsley Hall and anti-psychiatry. Kingsley Hall gave her an identity as separate from her gendered

⁶² Contemporary Catholic teaching on the complementary nature of women would have been a fairly new adaptation to Catholic doctrine at around the time that Barnes was dedicating herself to Catholicism during the 1950s and 1960s. Prior to the complementary doctrine stating that both men and women were made in the image of God and are therefore equal on a spiritual level, and were made different in order to complement one another through the institution of marriage, was the doctrine of female subordination, which needs little explanation, as it simply purports that women are inferior to men on every level, biologically, spiritually, and intellectually. The *Catholic Encyclopaedia* states in its article on women that 'the female sex is in some respects inferior to the male sex, both as regards [to] body and soul' (cited in Weaver, 1995: 39). As Mary Jo Weaver argues, 'the texts, traditions, language, pastoral care and structures of Catholicism all contain explicit and implicit structural devaluations of women' (Weaver, 1995: 52).

bodily existence, the confessional aspect of church but devoid of judgement and without fear of being deemed a sinner, as embodied through Joseph Berke, and a safe haven in which she could confront the alienation she felt from her body. It is in this regard, in combination with the spiritual aspect of Laingian anti-psychiatry, that Kingsley Hall became imbued with a quasi-religious power. The doctrine of Christianity was replaced with the doctrine of psychiatry, which too promised (psychical) redemption through the schizophrenic voyage, a 'transcendental rather than a biological saviour: the gospel of sanctification through madness' (Porter, 1989: 120).

Gender and the Doctor/Patient Relationship

Crucial to Barnes's psychiatric redemption was the unorthodox doctor/patient relationship between Berke and Barnes. As previously discussed, Kingsley Hall rejected the traditional doctor/patient paradigm of orthodox psychiatry. The more or less equal footing of everyone in the therapeutic community was a virtue those at Kingsley Hall strived to uphold. This presents an interesting dynamic in terms of Berke and Barnes's doctor/patient cum parent/child cum spiritual lover relationship. Barnes's affection towards Berke presents 'the patient falling in love with the doctor paradigm'. Her sections of the book are filled with references to the incestuous pseudo-parental love she projected onto Berke. For Barnes, Berke represented that which she never had, a 'safe', loving and nurturing breast who could properly nourish her physically and spiritually. He also became the emblematic figure of the sexuality that she could never properly articulate. As a result of this 'love', she grew increasingly attached to Berke and suffered from a great deal of separation anxiety. This love manifested in Barnes considering Berke

as a substitute parent and lover and jealousy of Berke's 'real' sexual relationship and family. Berke states that Barnes was 'exceedingly jealous of my relationship with Roberta and of the forthcoming baby' (Barnes & Berke, 1972: 346), a jealousy attributable to the fact that she wanted to be both Berke's lover Roberta and his baby.

The anti-psychiatric school of thought of Laing and his comrades was in some ways completely paradoxical; it was grounded in existential phenomenology and thus the study of the experience of the individual and devoid of any consideration of gender and therefore the impact of gender on the experiences it purports to account for. It is interesting to note that Berke's analysis of Barnes seems to overlook the complex and contradictory roles that both her gender and faith play in relation to her anger and in turn her 'madness'. Neither Laing nor Berke make any reference to Barnes's gender and how that may be inextricably related to her condition. What Berke brings to the psychotherapeutic table, however, seems to be Freudian notions of female sexuality. His reading of Barnes's anger and madness, exemplified in the final chapter of the book entitled 'Untangling Mary's knot by Joseph Berke', is a narrow interpretation of penis envy, manifesting through her jealousy towards her brother and inability to navigate the 'male' world, and an unresolved Oedipus complex as manifested in her slightly incestuous feelings towards her father and her bitter resentment of her mother. Berke's blindness to the nuance of her experience is incredibly telling about anti-psychiatric discourse, which mirrors the same discourse that it sought to challenge, orthodox psychiatry. Berke failed to read her gender into this equation of anger and frustration, one that mirrors much feminist frustration over the place

of women in a patriarchal society. Showalter argues that 'what Berke sees as Mary's penis envy was [in fact] her envy of male mobility, status and independence' (Showalter, 1987: 235). Berke freely admits that Barnes had ownership of her schizophrenic voyage, stating that it had all been 'worked out years before she had ever heard of Laing or Berke' (Barnes & Berke, 1972: 221) but does not consider, as Showalter states, that she 'achieved the success she craved by becoming the "Queen of the Schizophrenics" at Kingsley Hall, the main attraction of a psychiatric theatre much like Charcot's at the Salpêtrière' (Showalter, 1987: 235). Rather than acknowledging her gender-based frustration, Berke reads Barnes's conflicting desires surrounding maternity and sexuality, through the paradigm of penis envy and her unresolved Oedipus complex, not considering the Catholic rhetoric, with its contradictory stance of celibacy and maternity, which heavily influenced her life. He writes, 'Mary wanted to have a baby because she wanted to be the baby, but she couldn't allow herself to make this baby in the usual way because of the enormous guilt associated with violating self-imposed and familial sexual taboos' (Barnes & Berke, 1972: 347). With regard to her need to regress to infancy, he states that it 'allowed Mary to return to a period before these disturbing emotions had made their presence felt' (Barnes & Berke, 1972: 347). The emotions that Berke is referring to are sexual, and her regression to infancy was a means of reconciling contradictory aspects of her psyche and recognising herself as a sexual subject, but by Berke's own admission this is something that Barnes only alluded to.

Although Barnes's and Berke's accounts do not entirely tally with one another, she was nonetheless thorough in her adoption of anti-psychiatric rhetoric.

She was at least in part 'happy to allow the male doctors to speak for her' (Porter, 1989: 124). When analysing Barnes's text one may also follow on from Beauvoir in her statement that 'on ne naît pas une femme, on le devient' (de Beauvoir, 1973b: 7). Beauvoir's assertion is that traditionally feminine behaviour that connotes womanliness is ascribed to women by patriarchal culture. As a result of the social delineation of womanhood, Friedman writes that 'a woman cannot experience herself as an entirely unique entity because she is always aware of how she is being defined as woman, that is a member of a group whose identity has been defined by the dominant male culture' (Friedman, 1998: 74). This analysis is rather fitting where discussion of Barnes is concerned, as her identity has been prescribed to her not only by patriarchal culture but also by the male-dominated field of psychiatry and anti-psychiatry. After all, much like Freud and Lacan, among numerous other professionals in the 'psy' sciences, 'Laing's model patient was [also] a woman [...] the misunderstood or mislabelled "schizophrenic" was female, and the woman's role remained that of patient rather than doctor' (Showalter, 1987: 231) – a role clearly exemplified with Laing's inclusion and exclusion criteria disclosed for his 1964 co-authored volume with Aaron Esterson *Sanity, Madness and the Family*. Anti-psychiatry in this light 'commits many of the same 'sins' as its adversary psychiatry, acting as a metanarrative, deaf to the question of gender, and instead unquestioningly imposing [...] its ancient Freudian dogmas about what a woman truly wants' (Porter, 1989: 121). Through her self-election to the position 'head guinea pig' at Kingsley Hall and her successful schizophrenic voyage, Barnes actively moulded herself into both the embodiment

and the ideal patient of Kingsley Hall, framed inside a discourse that 'ceased to hear or see the woman herself' (Showalter, 1987: 235).

Conclusion

Madness and the discourses surrounding it are undoubtedly gendered. Examining the phenomenon and theme of madness in relation to gender norms has provided a beneficial approach for the study of all four writers and film-makers discussed in this thesis. Approaching this corpus from a Cheslerian perspective that binds madness to socially defined gender roles highlights the strong socio-cultural value that the term madness holds and the branding of the (female) individual as 'mad' when she is perceived to act in a non-normative manner. The writings and films of Akerman, Santos, Arden and Barnes make it clear that the term mad or madness is used to refer to those people, particularly women, who in one way or another, through behaviour, action or appearance, deviate from their socially accepted and expected role. Chesler's understanding of female madness is 'acting out of the devalued female role or the total or partial rejection of one's sex-role stereotype' (Chesler, 2005: 93). This thesis advances the existing corpus of literature on women and madness by bringing it forward into the twentieth century and considering how women's madness was viewed by the anti-psychiatry movement of the 1960s and in the counter-cultural climate of the 1960s and 1970s. The interdisciplinary nature of this thesis has incorporated research fields from across the humanities: the study of female writers and film-makers, writings from the history of psychiatry and how they intersect with gender, psychoanalytic theory, and contemporary feminist writings from the philosophical to the psychological and the theological. The madness featured in this thesis is diverse, from the everyday behavioural variety, to institutionalised madness, to madness influenced by anti-psychiatry to a madness saturated in anti-psychiatry. Such diversity in

manifestations of madness serves to highlight commonalities not only in terms of thematics but in terms of the discourses their madness is situated in, from normative constructions of female behaviour, to psychiatry to anti-psychiatry. It highlights the similarities that anti-psychiatry, despite its radical opposition to psychiatry, shares with psychiatry where the gendering of the patient is concerned, insofar as they are both discourses about women written by men: as Szasz writes 'a rose by any other name would smell as sweet [...] Psychiatry by any other name smells as foul' (Szasz, 2009: 25).

The thesis began with a historical overview of the key moments and key thinkers in the gendered history of madness in order to demonstrate how these discourses have interacted and evolved yet retained their gendered prejudice. Chapter One provided a historical overview of all the relevant and gendered moments within the history of madness and the development of psychiatry and anti-psychiatry, through to the present day. Through the four studied writers and film-makers, the thesis tracked a development in madness from the subtle everyday kind seen in the films of Chantal Akerman; to a madness incarcerated in psychiatry with Emma Santos; then to the madness of Jane Arden that questions and critiques the gendered discourses of psychiatry while offering glimpses of an anti-psychiatrically inspired feminist alternative; and finally to the writings of Mary Barnes and a madness fully immersed in anti-psychiatry. Chapter Two discussed Chantal Akerman's everyday madness as rooted in the domestic and the inherently maddening nature of the socially constructed female role. Through an analysis of her 1970s works *Saute ma ville*, *Je Tu Il Elle* and *Jeanne Dielman*, I contend that the madness of Akerman's female protagonists is not institutional,

like the other writers and film-makers discussed in this thesis, but rather the subverted normal, the bizarre everyday. Akerman's textual madness is, as I have argued, a vastly unexplored area of study and also of fundamental importance to any discussion of women and madness in the 1960s and 1970s. Examining Akerman through a Cheslerean perspective proposing that madness can 'mean a flight into or a flight from femininity' (Chesler, 2005: 116) is a worthwhile means of analysis, as it exposes the subtle madness coded in Akerman's 1970s works. Akerman's everyday madness is exemplified through her filmic focus on domestic space, alienation, motherhood, female sexuality and violence. Chapter Three centred on the auto-fiction of Emma Santos in which she recounts her decade of psychiatric institutionalisation. Trauma is the backbone of Santos's textual madness, as the reader is trapped in a cyclical telling and re-telling of the traumas of abortion and castration. Aside from trauma and feminist theory, which is vital for reading Santos's work, a Cheslerean reading of her textual madness exposes how inextricably tied her madness is to her 'stepping out' of her prescribed female role. Chapter Four discusses the work of Jane Arden, which criticises the discourses surrounding female madness. I have argued that Arden's work offers glimpses of an anti-psychiatrically inspired feminist practice that takes into account female subjectivity. Arden's *Separation* and *The Other Side* criticise the social conditions that lead to female madness and their inextricable tie to gender roles through her emphasis on religion, female identity and experience. In Chapter Five, which focuses on the autobiography of Mary Barnes as immersed in anti-psychiatry, I have argued that the dual authorship of Barnes's autobiography and the way her writing channels anti-psychiatric rhetoric highlights how her identity has been

prescribed to her not only by patriarchal culture but by the male-dominated field of psychiatry and anti-psychiatry. Anti-psychiatry, therefore, despite its heavy emphasis on experience and subjectivity is nonetheless a meta-discourse that often replicates a similar pattern of madness in relation to gender norm violations as orthodox psychiatry. The impact that anti-psychiatry as practised by Laing, Cooper, Berke and others therefore had upon women's experience of madness is doubtful: one is reminded of Showalter's observation, that akin to orthodox psychiatry and psychoanalysis 'Laing's model patient was [also] a woman' (Showalter, 1987: 231).

Despite all four writers' and film-makers' apparent differences from one another when viewed as a corpus, when Chesler's reading of madness is taken as a textual hermeneutic, there are several recurrent themes that all four writers and film-makers share, such as the themes of motherhood and sexuality as rooted in social constructions of the feminine role and correct feminine behaviour. An exploration into the theme of motherhood as an institution manifested in all four writers and film-makers exposes how women who fail at, deviate from or overact patriarchally constructed motherhood are branded as mad. Akerman's *Jeanne Dielman* overacts her role of mother through a compulsion to order that masks all traces of sexuality. The suppression of sexuality is at the core of the patriarchal construction of the 'good mother', who maintains both domestic and individual purity. Jeanne's excessive need to maintain purity and order that masks any trace of sexuality in any of its manifestations corresponds to the Cheslerian understanding of gendered madness as the overdoing of one's given gendered role. Motherhood and sexuality figure in the work of Santos through her forced

abortions. Santos's near decapitation through a childhood car accident or the 'trauma of castration' sparked a domino effect of subsequent trauma and resulted in her psychiatric incarceration which in turn contributed to the trauma of abortion, which led to her failure to 'do' motherhood and thus her internalised and societally defined female role. Motherhood is manifest in the works of Jane Arden, with *Separation* showcasing the 'bad' mother through numerous subtle hints of pregnancy, motherhood and a seemingly unmaternal Jane, branded as mad through the figure of the husband/psychiatrist. Arden's depictions of sexuality are mad too through the lesbian kiss and representation of the female monster exhibited in *The Other Side*: both the lesbian and the monster transgress accepted definitions of female sexuality and because of this deviance are societally deemed mad. In the work of Mary Barnes, the themes of motherhood and sexuality are intertwined: Barnes plays with and forms an attachment with her 'shits' as they are representative of the baby she always wanted but never had due to her repressed sexuality.

In this thesis, I have argued that each writer and film-maker ties madness to the lived reality of women and that the madness inscribed in their texts and films can be understood, as Chesler argued, as the transgression of socio-culturally set limits of expected gender behaviour. This research, through its original methodology, content and hitherto understudied authors (particularly Jane Arden), advances the field of knowledge surrounding women and madness and will facilitate and encourage further studies of Jane Arden and the field of women and madness and women's studies as a whole.

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