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Torn, Alison

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14 Madness, Narrative Loss and Identity Making

ALISON TORN

This paper explores the relationship between madness and identity making, focussing on the impact of the loss of language. In this exploration, I shall argue that in times of distress or trauma, language eludes us, but this is not a loss of self as is often attributed to so-called psychotic states such as schizophrenia, rather it is a loss of articulation. This is an important distinction that leads to the paper's central argument; that silence does not necessarily equate to narrative loss. Using the case of Mary Barnes, I shall illustrate how silence and actions both express and transform the self in ways that are narratively meaningful, suggesting that we need to move beyond conventional definitions and forms of narrative, looking instead for alternative means of narrative expression.

Mary Barnes came to R.D Laing's therapeutic community Kingsley Hall when it opened in 1965, at the age of 42. A middle-class, educated, single woman with a highly regarded nursing and teaching career, Barnes resigned from her teaching post and spent the next five years as Barnes describes 'going down' and 'coming up'. Barnes describes Mary's regression during which time she was fed with a baby's bottle, bathed, fed, dressed, carried up to bed and so on. She also describes a preoccupation with her waste products, defecating and urinating, covering herself in her own faeces, sculpting and painting with faeces. Mary screamed, raged, hit and bit. During this period of regression, her primary carer was an American psychiatrist, Dr. Joseph Berke. Painting was an important part of Mary's emergence from her regression and through her painting, which became widely acclaimed and exhibited, Mary expressed her anger, pain and religiosity. Mary spent five years in Kingsley Hall, leaving when Laing's lease ran out. However, her relationship with both psychotherapy and Joseph Berke continued through therapy and her continued involvement with reforming the treatment of mental illness. Mary Barnes died in her home in Scotland in 2001 aged seventy-eight. The book *Mary Barnes: Two accounts of a journey through madness* is a co-authored text by Barnes and her psychiatrist Dr. Joseph Berke and was originally published in 1971.

Before discussing Barnes' narrative, I want to make a more general point related to narratives of madness and it is this. Much of the research on illness narratives has underpinning it, Western assumptions of narrative linearity and coherence. However, what of those narratives that fall outside of the linear temporal framework? Can they be called narratives at all? Focus on narrative

typologies has overshadowed the complexity of people's experiences. People can become disengaged from their stories, as some narratives are culturally unrecognisable as stories, or so traumatic that they are difficult to hear. The danger is that if they are not heard or understood, people may cease to tell their stories. Many stories of madness fall outside such narrative frameworks. The incoherent words of people judged to be in acute psychotic states are interpreted as part of the diagnosis: word salad, tangential thinking, pressure of speech. If words are coherent, stories are constructed to support the medical diagnosis: persecutory complex, delusions of grandeur, paranoia and so on. So often from the medical perspective, the focus is on the form that language takes, rather than its content and meaning for the individual. For those in severe distress who cannot find words to speak, their silence is equally interpreted as a symptom of illness, poverty of speech for example. In the throes of madness then, not only do people describe their experiences with great difficulty, but their greatest difficulty lies in being understood.

Part of the difficulty in being understood is the ineffability of madness, in other words madness as an experience that is beyond description. This is not exclusive to madness, it also occurs in other intensely emotional states: mystical experiences, orgasm, severe trauma and so on. What they have in common is an inability to accurately express in words the experience, and if it is expressed, it is as a remembered or reconstructed state, which often refers to the 'unsayability' of the experience. Barnes' narrative is rich with such references:

Then what happened was that I had gone down into a *dumb-struck state*. Trying to keep up with the others brought me to a *standstill*. *A great cloud seemed to come over me, I was quite unable to express any feeling in words*. I seemed to be able to do things and then couldn't. ... *I still felt dreadful, cut off, unable to contact anyone. My speech seemed to have gone*". (c: 48-9 emphasis added)

The ineffability of distressing experiences begs the question why we expect people to communicate them in traditionally narrative ways. Using Barnes' narrative, which of course communicates meaning through the written word, I want to explore how people can transform selfhood in a way which relies less on language at the time it was experienced, but is still narratively meaningful.

With Barnes' narrative, I found it extremely difficult to engage with the text. As a mother myself, the mother blaming context was hard to get beyond; the at times abusive relationship between Barnes and Berke smarted my professional sensibilities; and the projection of Barnes as this animalistic, gluttonous, defecating, urinating being was, at times, impossible to empathise with. I turned to another discipline, literary criticism, to help me engage with

her narrative, specifically Mikhail Bakhtin's work on the novelistic genre of the carnival and his concept of the chronotope.

For Bakhtin, the carnival is not a literary invention, but a pageantry defined by ritual (Bakhtin, 1984a: 122). Within the carnival everyone participates, not in a performance, but in a lived, embodied act, so that in essence they live 'a carnivalistic life' (ibid). The carnival is characterised by four elements. First, the suspension of hierarchies and associated social etiquette, so that those who were previously separated by hierarchical barriers can enter into familiar contact in the carnival arena. Thus the carnival becomes a space where new forms of relationship can be negotiated. Second, a dispersion of this familiarisation, so that free and familiar attitudes spread over all things, such as values, thoughts and experiences. Everything is thus brought together, high and low, sacred and profane, wise and stupid. Third, eccentricity, whereby the carnival permits and encourages the sensuous latent sides of human nature to be expressed. Fourth, is profanities, the debasing acts of the carnival seen in its obscenities, blasphemies and parodies (Bakhtin, 1984a: 122-123). In this paper, I want to focus on the last two, the carnival's eccentricities and profanities, to illustrate how Barnes used the carnival to embrace her experiences, communicate them to others and transform her selfhood.

Birth, consumption and elimination become central features of Barnes' mad experiences. To give just one example:

One evening when Joe was out with David, I put shits from my pot all over myself and in my hair. When Joe came I was frightened to touch him because of my shits. He went up on the roof. I followed him. Joe was not afraid. He bathed me. I dreamt of being in a big sink with all my shits. It was being cleaned off me. Snakes were rising up. (Barnes and Berke 2002: 164)

Berke's description of this encounter is more than a few lines; it is a page long. He refers to it as the ultimate test of his love; "Her account of the incident amuses me because of her blind confidence that her shit could not put me off. I can assure you the reverse was true" (ibid: 249). For Berke, this episode almost ended their relationship, such was his abhorrence and anger; "I stalked away as fast as I could. Fortunately she didn't try to follow me. I would have belted her" (ibid). He concludes his description of the incident by stating:

She is extraordinarily capable of conjuring up everyone's favourite nightmare and embodying it for them. Until that day, however, she hadn't succeeded with me. When she did, she came over with a bang. (ibid: 249)

As the reader, what Barnes and Berke conjure up in these descriptions is the notion of Rabelais' 'grotesque' as described by Bakhtin (Bakhtin, 1984b). The grotesque is a fundamental feature of the carnival genre of novel identified

by Bakhtin that is exemplified in the writings of Rabelais during the Middle Ages (Bakhtin, 1984b). Rabelais' carnival was permeated with revelling, dancing and music, alongside slaughter, dismemberment and excrement (Bakhtin, 1984b: 223-4). There are close links between this carnival atmosphere and Barnes' text: the feasting; banqueting; the dervish dancing until dawn combined with the defecating; smearing; and dismembered paintings. Bakhtin notes how in Rabelais there are continual reminders that we are creatures of flesh, and therefore food and faeces, with a body marked by orifices that suck in and expel the world. An essential feature of the grotesque body is its ability to outgrow itself, seen in the protuberances (nose, ears, breasts, phallus) and the orifices. Bakhtin argues that it is through the orifices that the body transgresses its boundaries, conceiving a new second body, which are, for Barnes, faeces. Her faeces are both a product of her body, but also a body in their own right, as she moulds, sculpts and makes a shrine out of figures of shit, describing these as her 'babies'.

A second feature of the grotesque in Rabelais is the body not just characterised by its function, but also by its size. The grotesque is a shitting, feasting, devouring, expelling giant, and often a fractured body with dismembered parts that have a life of their own. Barnes epitomises the grotesque body in not only painting her own body in faeces, but producing paintings of dismembered parts in faeces:

When Ronnie came I showed him my painting in shit on the wall. A sperm, an ovum, a breast. The Cross – Eternity for ever. Birth – Suck – Suffer – Space – Eternity.
(Barnes and Berke, 2002: 103)

The carnival always took place in the public square and for Barnes, Kingsley Hall became her public square. As Barnes describes, these 'shit' paintings were not private, but part of the public space that was Kingsley Hall. A further feature of the grotesque in Rabelais is that the body is unbounded and unfinalised (Bakhtin, 1984a: 116-7). This is represented in the experimental nature of the carnival as a place where unusual psychic and moral states are explored and as such, the body is in the process of transformation, a feature also central to Barnes' story. The body, both physical and psychic, ceases to mean only one thing, but instead becomes open to possibilities.

What Barnes experienced during her carnivalistic days at Kingsley Hall was a world of chaos, disorientation and confusion. Such experiences for Barnes, were ineffable and when language eluded her, Barnes was at times silent for days and weeks, at times communicated through gesture and baby-talk, communicating also through her actions (the paintings of shit, violence). Many people say that what happens during these chaotic, ineffable experiences is narrative loss, and loss of narrative is often regarded as a defining feature of people diagnosed with schizophrenia. Moreover this narrative loss is often

believed to coincide with loss of selfhood. Is it right to assume however that just because people are seemingly incoherent or silent that they have lost both selfhood and the ability to formulate a narrative or can selfhood and narrative still be present within incoherence and silence? I want to return to the story of Mary Barnes to look at her reflections on her states of speechlessness. These are experiences unbounded by time and space, time is both static, yet malleable and endless, with no past or future. They are what I describe as liminal states:

When I was bad time seemed endless. To be able to think that in two, four, six hours, the feeling would lift, was not possible. *It* was so awful at that time, that there didn't seem any before or after. The only possibility was to live one moment at a time. (Barnes and Berke, 2002: 129 emphasis in original)

In her madness, both time and space are distorted, yet whilst outsiders may have perceived her behaviour as inert stupors, Mary had a heightened awareness of her environment. Space changes, and Mary changes within this space:

My body did often seem apart. A leg or an arm could be the other side of the room. Often it seemed I was floating and moving as if in fluid. (ibid.: 108)

The wall behind me seemed hollowed into a great space, into which I was going. Though, actually lying still, curled up in my bed, it sometimes seemed I was the other side of the room (sic). Inwardly, I 'saw' the room differently. It went round, to the left, as if bending into a narrower room or corridor. Beyond was a great expanse. It was empty, endless, very beautiful with ridges of hills, and a cloud-blown sky. (ibid.: 110)

During these liminal states, Barnes found other ways to express her experiences than through language. For example, during her 'down' episodes, she painted grotesque dismembered body parts on the walls in her excrement, as her psychiatrist Joseph Berke describes:

Ah yes, but the breasts she scrawled, dabbed, smeared, and splattered throughout Kingsley Hall were not ordinary breasts. They were black and made of shit, so smelly that people gasped upon entering the room. Later, when such productions were forbidden, the breasts were made with black paint. These breasts so omnipresently hung about her home were not good and nourishing, they were bad and poisonous. They rode the walls like storm-tossed waves across a demonic sea. They proclaimed the orgy of hate and destruction which lay lightly concealed beneath the pale skin of baby Mary. (ibid: 223-4)

For Barnes, expression through painting was also key to her recovery. Whereas during madness, time stretched and slowed until it seemed as if it had stopped, here, as Mary paints, time accelerates and hours become minutes.

Barnes describes how “the paintings were speeding round the house” (ibid.: 147) and how whilst she paints “time goes from me” (ibid.: 159):

The smell of the paint was in me. Excited, absorbed, two hours had been as two minutes. The feel of the paint on my fingers, touching the surface, my hand in the flow of the paint. The feel of a curve, a line. I danced within as my fingers turned, in the paint, instinctively moving, up and down, in green and blue, red and brown.
(ibid.: 206)

Barnes is a good example of how we need to go beyond our usual meanings of narratives and stories and acknowledge that there are other ways in which people find narrative expression, for example painting, poetry, music, visual images and so on. Language for all of us at some point, is too limiting a medium to express such intense emotional stories as madness. Woody (2004), who has written about the dangers of relying on language for expression states:

I have no doubt that some people do assemble themselves by telling themselves stories about themselves ... For some, the image, the melody, the dance are more congenial and eloquent means of expressing and formulating experience than language.
(Woody, 2004: 335)

The often indescribable nature of madness, the seemingly incoherence and silence of madness does not mean that there is an absence of stories and an absence of self. There is a need to look beyond both medical frameworks and language to get to the meaning of the experience for the individual. Painting, poetry, music and visual images can provide different narrative means through which people can express their experiences. The artwork of Mary Barnes is one example. Louise Pembroke, who tells her story of voice hearing through the form of dance, is another. What this more inclusive definition of narrative enables us to do is to engage with meaning and what it means to be human. The stories we tell of our lives are important. They are central to our sense of self and belonging and in times of trauma, they are pivotal to making meaning out of apparently senseless experiences, becoming the cornerstone of recovery.

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