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# The Chaotic Effect: Reevaluating the Narrative and Emotional Importance of Chaotic Illness Narratives

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**The Chaotic Effect:  
Reevaluating the Narrative and Emotional Importance of  
Chaotic Illness Narratives**

by

Rebecca L. Martin

A Dissertation  
Presented to the Graduate and Research Committee  
Of Lehigh University  
In Candidacy for the Degree of  
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In

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Rebecca Martin

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Rebecca Martin

The Chaotic Effect: Reevaluating the Narrative and Emotional Importance of Chaotic Illness Narratives

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Finally, I wish to dedicate this dissertation to my father, William Martin, who passed away in April 2014 after a long battle with disability and illness. Dad, this dissertation began because I wanted to understand what had happened to you and to our family by extension. I learned in wrestling with all that pain and suffering that from great depths of darkness and fear deep passion and love can emerge. This dissertation stands as a testament to your strength and resilience in the face of such adversity; every day I am humbled by your perseverance. I hope that I, too, can find such grace, and that you, in that great beyond, can finally recognize what a special and enduring individual you were, and know how much I love you.

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## **Abstract:**

Rebecca Martin: *The Chaotic Effect: Reevaluating the Narrative and Emotional Importance of Chaotic Illness Narratives*  
(Under the Direction of Elizabeth Dolan, Ph.D.)

This dissertation establishes a distinction between the chaos narrative, theorized by Arthur Frank in his book *The Wounded Storyteller: Body, Illness, and Ethics*, and what I term the chaotic effect. I argue that Frank's definition of the chaos narrative echoes the terminology used by Sigmund Freud to diagnose hysterical women. Thus, the narrative is one of blackness, wounding, improper narration, and a lack of plot. Instead, I ground the chaotic effect in a new language: language of possibility, webbing, and elasticity. In order to more fully flesh out how I see a chaotic effect taking shape, I turn to the literature of Virginia Woolf (specifically, *Mrs. Dalloway* and *The Voyage Out*) and the theory of Michel Foucault, Gayatri Spivak, Judith Butler, and Martin Buber. These theorists establish a relational identity structure for the chaotic effect based in a Thou-Thou relationship. This identity structure is explored through two case studies, my father's experience of Strep A and my experience of miscarriage. Finally, I explore the method through which the chaotic effect might exist in published literature through a discussion of Virginia Woolf's suicide note and diaries and Michelle Montgomery's *Alzheimer's Diary: A Wife's Journal*.

Those great wars which the body wages with the mind a slave to it, in the solitude of the bedroom against the assault of fever or the oncome of melancholia, are neglected. Nor is the reason far to seek. To look these things squarely in the face would need the courage of a lion tamer; a robust philosophy; a reason rooted in the bowels of the earth. Short of these, this monster, the body, this miracle, its pain, will soon make us taper into mysticism, or rise, with rapid beats of the wings, into the raptures of transcendentalism. The public would say that a novel devoted to influenza lacked plot; they would complain that there was no love in it – wrongly however, for illness often takes on the disguise of love, and plays the same odd tricks.

Virginia Woolf, "On Being Ill"

## **Preface: Stories of Love and Healing**

When illness shakes our world it does so because it troubles the deep interconnectivity we feel with those we love. It strikes our child, our mother, our husband, our grandmother. Sometimes, it even takes aim at our own bodies and rips us apart. A group of theorists, including Arthur Frank, Rita Charon, Anne Hawkins, and Thomas Couser, offer comparable taxonomies for identifying the kinds of stories we tell when we speak about the experience of illness. The frameworks each theorist offers, however, build on a language of illness based in literature that deals with illness, madness, hysteria, and chaos. Indeed, each draws from the theories of hysteria and madness developed by, among others, Sigmund Freud and Michael Foucault. The theoretical lenses developed around the stories of illness, recovery, and sometimes death constitutes a specific way of viewing these experiences and does not allow space to see them before or outside the purview of Freud and Foucault.



My work here focuses on tracing a call and response between theory and literature. Many of the frameworks dedicated to illness explore stories told in retrospect with distance, insight, and (often) the finality of death or triumph of recovery. Here, I am not interested in such stories. Instead, I wish to focus on the narratives written in the throes of illness. I focus on the stories not told retrospectively, but on the stories with endings not yet written. Without known endings, stories change. They reverberate in unexpected ways and unfold along unfamiliar lines. Theorists have shied away from discussing these stories in depth. When they do, they are referred to only in the negative – as the absence of plot, of story line, of consistency. They are posited as wounds that cannot be articulated or sutured – places from which people seek only escape. These are stories of chaos (to borrow Frank’s language).

Yet, for some, these stories are not chaos. They are stories of witnessing, of webbing (to borrow Kelly Oliver’s language), of love – of life, just as it is, inescapable and true. These are the stories that mine the fundamental ways we exist to ourselves and to those we know and love. These are the stories that expose the central tenets of humanity. Indeed, when the conversation moves away from words of negativity and lack toward a larger picture of how humans consciously exist, it becomes clear that our lives are lived in stories without clearly written endings. We tell stories not just in illness but also in the coffee shop to our girlfriends; to our lovers in our early intimacies; to our children as they grow older; to ourselves in the pages of our journals and memoirs. As sentient beings, we continually reassess and rewrite our own personal narratives based

upon a continually changing field of information, past, present and the hoped-for or dreaded future.

Tim Wilson, a psychologist at the University of Virginia, studies how the process of “story editing,” wherein individuals make small changes to personal memories, can help in emotional health<sup>1</sup>. According to Wilson, we all participate in the process of story editing and it replicates what occurs during years of therapy. For Wilson, the difference between “I never succeed at anything I try” and “Everyone fails at first” is tremendous because one frames narrative in the negative and the other frames life as a process. Wilson sees applications in many sectors of society – from rehabilitation after trauma to student success in school. For my purposes here, Wilson’s research shows that humans continually assess and reassess memories – often changing them in subtle ways that produce dramatically different tellings. None of us has one narrative that we stick to. There is no master narrative of “truth.” Instead, there is a continually changing and adapting story. Chaos narratives are the truest version of adapting narratives because they force us, as Woolf says in “On Being Ill,” to possess “the courage of a lion tamer” and to look the unfinished, messy aspects of life squarely in the face. Instead of being completely out of our everyday frame of reference, however, I contest that we already revise narratives, unconsciously navigating unfinished endings, and often – unconsciously or not – inserting different rolling endings. Chaos narratives are extreme

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<sup>1</sup> “How to Improve Your Life With ‘Story Editing’” by Gareth Cook. Scientific America. September 13, 2011 <http://www.scientificamerican.com/article/how-to-improve-your-life-with-story-editing/>

examples of these rolling narratives, but they are also an extension of how humans already process their world.

I was 23 years old when my father contracted the Strep A virus at a hospital where he worked. I was in the middle of a year-long accelerated master's degree program in education and had just reached the midterm of student teaching. Over-extended and tired, I remember my sister appearing outside my classroom door after the students went home for the day. I saw her face and remember thinking that something terrible must have happened to my mother or grandmother. When I found out it was my estranged father who was ill, I deflated. My father who left. My father the addict. My father who deserted me with my unstable mother. My father who left me to take over his place as husband and caretaker. Now he was ill, and I needed to respond.

People expected me to feel particular things. They desired certain facial and verbal expressions of grief and shock. I only felt relief it was not my mother, sister, or grandmother. I felt relief that this illness – his illness – didn't hurt *too* much. It was shocking but – seemingly – manageable. Still, now, nearly a decade later, even after his death from complications last year, I remain in that deflated state. Resolution remains evasive as I remain trapped between a past and present that do not align. How can you be angry at a father so maimed? A man who lost the right half of his face and endured over 36 operations? How can you, and yet you are: I am. This story is not one Arthur Frank

would call a restitution or quest<sup>2</sup>. This is a story about a past and present that cannot be combined into an easy future.

But my story is not an outlier. My story is the norm. As the child of an addict, I know my happiness cannot be tied to his apology. I must accept that my father will never (can never, now that he is gone) say he is sorry for the past. I must accept that resolution will never happen and that I must move forward *anyway*. Importantly, whether one speaks of addiction or of physical or mental illness, the lack of resolution (true, complete) is never really available. We are all changed irrevocably by our experiences, regardless of how much of the impact we admit to ourselves or others. Consciously or not, we are not who we were and, as such, the stories of ourselves must change and evolve.

To call my story chaotic within the terms of the chaos narrative's current definition is to ignore the decision I made, and continue to make every day, to accept a lack of resolution in my relationship with my father. Yes, the lack upends traditional ideals of narrative function, and yet *my story continues*. What I intend to explore in the following chapters are the ways that people move beyond impasses without dismantling them. I want to document the persistence and tenacity of those who suffer through their own or another's illness, encounter endless unfinished stories, lines that cannot be tied, and arguments that will not be resolved, and yet *go on living*. The way this is possible is through a narrative based in the connectivity and webbing implicit in human

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<sup>2</sup> See discussion of Arthur Frank's *The Wounded Storyteller: Body, Illness, and Ethics* as discussed in Chapter 1.

connectedness and love<sup>3</sup>. For many, survival is not about the success or failure of a single line of narrative, but instead a reliance and conscious fostering of multiple lines of support. Some of these lines extend back in time and others into the future. Yet, all exist endlessly in their present conception. The present is what one has in both chaos narratives *and* in these stories of love.

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<sup>3</sup> I borrow here from the language established by Kelly Oliver in *Witnessing: Beyond Recognition*. In this book, Oliver suggested that subjectivity theory stopped referring to and describing the spaces between people in negative ways. Instead, Oliver suggests reframing the discussion around positive indicators and seeing the space between us not as empty or gaping, but as fluid and constructive. I build on Oliver's idea, as described in the Preface and argued in Chapter 1, and work toward separating out the chaos narrative from the language of negativity instilled in it by its association with the hysterical narrative of Freud.

**An Introduction:**  
**Literary World Making**

Sigmund Freud pointed to narratives as the battleground for identity politics and subject creation. Freudian paradigms mined the ways words (both repressed and spoken) move our bodies, often unconsciously and uncontrollably, to reject (or embrace) cultural paradigms. Embracing the narrative plane as one that enabled the telling of a proper story, Freud looked to rectify the dysfunction of the body and return the subject back to its appropriate place in society. In this context, the body was the surface across which culture and the person battled to establish proper cultural identity, in the context of social expectations of gender roles.

Feminist thinkers, including Judith Butler and Kelly Oliver, have long been troubled by the ways Freud used narrative, and continue to battle over the access to and the mode of articulation when creating spaces for action and movement. Feminists seek to make sense of narrative power while simultaneously encountering the work of French deconstructionist thinkers – Foucault, Deleuze, and Derrida – who marked the modern subject as “the illusory creation of conservative forces” (Oliver, *Subjectivity Without Subjects* xi). In many senses, the abolition of the repressive, isolated, masculine subject works toward feminist goals; however, the real result of the deconstruction of the subject, Kelly Oliver and Judith Butler argue, is the eradication of agency and identity. Indeed, their critique of deconstruction is that it focused only on the demolition of the illusory-yet-idealized autonomous self, destroying it but not theorizing out from that emptied place holder.

Thus, theorists of identity politics and narrative theory seek to speak to the shattered self that attempts to tell its story. The endeavor is a paradoxical one because it

requires speaking of an emptied identity that still seeks to express itself along narrative lines created when Western culture still assumed integrated and unified subjects. Julia Kristeva, Kelly Oliver, and Judith Butler seek to theorize positions from which the shattered (yet, still female) self might speak, be recognized, and connect to other identities all within a deconstructed space wherein these things are thought to be impossible. Ultimately, their theories seek to witness postmodern relational identity structures that are no longer based on the notion of a solid self, but must renegotiate themselves (or perhaps just invent new ways of describing) to a less solid cultural and subjective frame. Kristeva, Oliver and Butler seek new modes for describing and talking about how subjects speak to one another, tell their own stories, and participate in movements of agency, all the while exposing that the actions themselves have not changed. What has changed is the way we speak theoretically about the interactions. The revolution then is not one of action, but of description: it is a revolution of narrative and the sense-making position narratives hold<sup>4</sup>.

One thing is clear in this revolution: the post-deconstructionist self cannot be articulated fully with the narrative lines available. This awareness further creates a retrospective awareness – not that a new subjective landscape has emerged in the postmodern era, but that we are only now recognizing the severe ethical limitations of the

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<sup>4</sup> Interestingly, a new crop of feminist theorists take the same aim at Judith Butler's theories of subjectivity that Butler took at deconstructionists. Seyla Benhabib argues that Butler's theories reduce the subject to a "mere effect of language and so dissolves notions of 'intentionality, accountability, self-reflexivity, and autonomy'" (as quoted in Magnus 2006, 81). For Benhabib, "Butler's understanding of the subject as produced through social discourse defeats the feminist goal of empowering women to determine their own lives. As she has suggested, 'the very project of female emancipation' cannot be conceived without certain 'regulative' ideas – ideas that Butler would rather leave 'permanently open, permanently contested, and permanently contingent'" (Magnus 81)



conventional narrative of the past in terms of what kinds of representations were allowable. By ethical limitations, I refer to how previous beliefs in the universal nature and ability of narratives and characters, when viewed after deconstruction, are exposed for their limitations and for their adherence to a form that ultimately keeps people, voices, identities and stories out, thereby making them unrecognizable in larger political and cultural levels. There are two levels of this ethical exposure and its restriction of narrative: 1. the restriction of the self to narrate within the terms of conventional narratives and 2. the restriction of larger movements of cultural and political revolution to narrate social structures within the belief and adherence to a universal (which is also consequently deemed natural). As such, people are given two possibilities, to either fit the mold or to be the monster, the other, the outsider.

One need only look to Freud's work with Dora (1901) to recognize not only the limitations of the prevailing narrative to be 'universal' but also the power the narrative wields over both the analyst (who is supposedly 'in charge' of the narrative) and analysand who is taken to the analyst for proper reconditioning. The work of Kristeva, Oliver, and Butler further exposes the limitations of traditional narratives in order to retain and protect patriarchal values. More so, their work exposes the way that traditional narratives ethically imprison both the minority subject position and also the subject position that occupies the place of apparent authority<sup>5</sup>. The battleground is thus not between the analyst and the analysand (or the majority and the minority), but between the

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<sup>5</sup> On January 25, 1901, Freud sent a letter to a Berlin physician and biologist, Wilhelm Fliess concerning the Dora case. He wrote that the case was closed and "the consequence is that today I feel short of a drug" (quoted by Philip Rieff in Introduction to *Dora: An Analysis of a Case of Hysteria*).

stories that narrate how we see and experience human subjectivity and connectivity. Theoretically, the subject has been shattered, and now we must look to do the same to the narrative: our understanding of a narrative must be reworked to follow the multitudes of subjective experience – not reductively in terms of oppressor versus oppressed, but more largely in terms of how those subject positions are established and narrated in the first place.

Kathy Magnus points out, in her article “The Unaccountable Subject: Judith Butler and the Social Conditions of Intersubjective Agency,” that Butler’s own theoretical paradigms, as established in *The Psychic Life of Power* (1997) and *Excitable Speech* (1997) shifted away from earlier work that had considered “how particular gestures, individual habits, concrete bodies, and social rituals serve the performance of gender,” to a place that considered the “subject thoroughly vulnerable to the impositions of language – a subject reducible to the discursive effects of interpellation and naming ... Butler does not deny agency altogether, but neither does she adequately convey the extent to which a ‘subject’ may work to determine herself in accordance with her own desires and purposes” (82). Indeed, Magnus points out that Butler’s conceptualization of the subject makes it entirely unable to make choices and thus relegates it to a position wherein it can only be acted upon by the narrative. Thus, though her position seems far from Freud’s, they are both arguing for the same relationship between the individual and language. People are acted upon by narratives, which create them and sustain them. My point is that you can both be acted upon and act upon a narrative. The two are not mutually exclusive. Chaos can be a choice.

Most recently, Butler clarified her position, moving closer to what I'm trying to point out:

the subject as produced through social discourse does not preclude the possibility of agency, but merely *reconceives* it ... agency does not need to be understood in terms of self-reflexivity, autonomy, intentionality, or choice. Since all of these presuppose political and social support systems, they do not serve as foundations of subjectivity. Rather, as she contends, presuming such a subject takes for granted the privileging of some subjects while it denies others the status of 'subject' all together ... Therefore ... it is better to understand subjectivity as the product of social discourse and thus as 'a site of permanent openness and resignifiability' ... Butler proposes an understanding of agency in terms of the process of resignification: the subject who is produced in and through discourse can act by articulating words in contexts that invest them with new meaning.

Through such linguistic performances, the subject can 'resist' the preestablished social order that not only circumscribes her, but which penetrates her very being.

(Magnus 79-80)

Butler gestures toward a position wherein social discourse is not a cage that traps subjectivity, but a space wherein subjectivity is continually created and negotiated. She looks toward a space of multiple becomings, wherein subjects are created, dissolved and created again.

It is at this juncture that my dissertation seeks to intervene. I seek to use the space articulated by Butler to reconceptualize illness narratives. In Chapter 1, The Chaos of

Hysteria: Separating Freud from Frank, I contend that the chaos narrative as posited by Arthur Frank is theorized using language that sets the chaos narrative up as a relative of the discussions Freud had regarding the hysteria of his patients. Instead, I seek to establish the chaos narrative in separate terms from those used by Freud and in doing so establish a renewed vocabulary whereby we might rethink and reinterpret the experience of chaos. Until now, theorists, such as Frank and Couser, have spoken around the chaos narratives because of a cultural understanding that, within such a non-narrative, ethics and subjectivity cease to exist or be possible<sup>6</sup>. Their reticence mirrors the predicament of the subjectivity theorists I discussed above, as each attempts to imagine connection, recognition, agency and speech within the empty placeholder of the shattered subject. Like that empty placeholder, the chaos narrative is offered (or cautioned about) as a sort of black hole. I argue that the language Frank uses (because he is the only theorist of illness narratives who really explores chaos in any depth) to describe the chaos narrative originate in the language used by Freud to describe hysteria. In taking his language and applying it to the chaos narrative, these theorists have unwittingly tied the chaos narrative to the inherent downfalls of Freud's treatment and discussion of hysteria. They created a chaotic narrative based in the patriarchal principles of conventional narrative.

I wish to redirect the discussion of chaos narratives away from what Arthur Frank describes as “the hole in the narrative that cannot be filled in, or to use Lacan's metaphor,

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<sup>6</sup> One need only take a quick survey of the titles of the Illness Narrative genre to see this trend: F. Scott Fitzgerald's *The Crack-Up*, Martha Manning's *Undercurrents*, William Styron's *Darkness Visible*, and a collection of artists writing on depression entitled *Unholy Ghosts: Writers on Depression* (Nell Casey ed.). In each title, there is a sense of plunging below the surface and into the darkness. Or, for Casey, a sense of writing from a position that is not alive.

cannot be sutured. The story traces the edges of a wound that can only be told around. Words suggest its rawness, but that wound is so much of the body, its insults, agonies, and losses, that words necessarily fail” (Frank, 98). This description of narratives of chaos borrows from Freud’s discussion of hysteria and, like Freud’s discussion, further recreates the wounding it seeks to describe, further othering the chaotic subject from “proper” stories and “proper” lives and from the self, its agency or its potential for communication (Frank, 97). Instead, I intend to re-describe the chaos narrative by separating it from its historical predecessor: Freud’s discussion and treatment of hysteria.

I begin by establishing the basics of Freud’s discussion of hysteria and tracing Foucault’s response to Freud’s method. As Foucault details the failures of Freud’s narrative, he also points out the basics of its structure and demonstrates the ways in which it informs the kinds of narratives told by patients in the asylums. Foucault does an excellent job articulating what the early psychiatric system did to narratives of illness and his articulation stands outside the language Freud used. After looking at Foucault’s critique of Freud and at the literary texts that demonstrate the framework of a hysterical narrative, I can move into a discussion of Freud’s *Dora*, which both highlights Foucault’s critique of Freudian methods and begins to detail the ways a chaos narrative must necessarily exist as a separate category, away from Freud’s language regarding hysteria.

Once untethered from Freud’s conceptualizations of hysteria, a deeper exploration of how patients experience chaotic events can occur. I contend that chaos is never the only narrative choice in circulation in any illness narrative. Indeed, chaos is nearly always paired with other types of narrative systems, producing a layered and complex

narrative space that can take advantage of the benefits of a variety of different forms. To illustrate this, Chapter 2, Both/And: Toward a Truer Accounting of the Chaos Experience through an Analysis of Virginia Woolf's "A Room of One's Own," *The Voyage Out*, and *Mrs. Dalloway*, explores three different texts by Virginia Woolf. Woolf's extensively documented experiences with mental illness aside<sup>7</sup>, I wish to look here at her desire to recount and represent the ways in which illness calls on us to utilize different (sometimes competing) language and narrative systems. Woolf utilizes many different narrative forms that she combines in order to provide, in her estimation, a fuller description of human experience and consciousness. She chooses not only one narrative system (the medical model vs. the literary model vs. the chaotic model) but instead weaves them all together. She exemplifies my contention that utilizing multiple not only reflects a truer picture of how illness and trauma are actually experienced by an individual, but also opens up space for opposing language systems to co-exist. Arthur Frank's work clearly points toward such a position, as he spends much of his writing teasing apart stories into distinctive segments. Ultimately, I attest that not only do these distinct story lines often co-exist within the same narrative telling, but that the existence of each is intimately dependent on the presence of another and that the chaos narrative is *as vital* and *as productive* as any other. Thus, as an example, the medical narrative supports and makes possible the chaos narrative just as the chaos narrative supports and makes possible the medical model.

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<sup>7</sup> See Kay Redfield Jamison's *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* and Thomas Caramagno's *The Flight of the Mind: Virginia Woolf and Manic-Depressive Illness*. Both discuss Woolf's well-documented suicide attempts and probable manic depression.

In Chapter 3, *Speaking Subaltern: Toward an Ethic of Thou in the Intersection of Eastern and Western Discourses*, I explore the theoretical paradigms of Gayatri Spivak, Judith Butler, and Martin Buber. I link this trio because each moves closer to a fuller articulation of how subjects speak in modern discourse, while also pushing the boundaries of what we consider speech, discourse, subjectivity, ethics, and love. Ultimately, I argue for a fuller reading of Martin Buber's conception of a speaking 'Thou.' For me, what is at stake is the idea of a speaking Thou – of a subject who is able to utilize the tools established by Judith Butler, in *Giving An Account of Oneself*, in order to navigate the complicated ethical domain of a de-centralized identity position, specifically marked by illness, death and dying. The speaking Thou is the ultimate conceptualization of the chaos narrative and it holds radical possibilities for the political participation of survivors as well as the field of bioethics.

Finally, I move from a discussion of the speaking Thou to Chapter 4, wherein I discuss Michelle Montgomery's narrative *Alzheimer Diary: A Wife's Journal*, my father's experience of illness, and my own experience of miscarriage. Each story explores the ways illness narratives try to articulate the complicated terrain of time, illness, loss, and heartache through the utilization of a speaking Thou. Each charts the articulation of different discourses within a chaotic experience – and thus harkens back to Woolf – but also traces ways the different discourses allow access to deeper levels of speaking and hearing. Ultimately, these are not only stories of loss and pain (though both were very real and lasting) but also stories of connection, love, and survival.

I will first use my father's story to discuss the depths of loss and anguish witnessed in a chaos narrative. The interviews I did with my dad were done while he was very much in the midst of "recovery" (a recovery that lasted through the end of his life). His reflections show the darkest side of chaos and despair. The answers my father gives reflect his recognition that his life has irrevocably changed and that restitution will never happen. As such, he is trapped in a world that looks ahead to the next medical intervention that will potentially (hopefully) move him closer to a life where at least he can experience pleasure again. Pleasure involves the ability to watch television, or successfully manage the physical effect of his illness, including managing chronic pain and deformity. His goals are cut short in the midst of chaos, but he still organizes his life around them in order to avoid complete descent into hopelessness and deep depression. I think my father's reliance on a medical "answer" is important to his journey and sets him apart from my own narrative and the narratives of Michele Montgomery. My father clings to the "hope" of a medical miracle that will transform suffering into wellness. He hopes desperately for a restitution and sees his illness as the greatest downfall of his life. He is validated in this belief and desire, but this desire also thwarts any possibility for moments of joy and growth within the chaos of his illness. My dad's experience of chaos very much aligns with the way Arthur Frank presents the experience. I contend that the reason dad experienced his illness in this way is because of his stubborn belief that an answer could be found and in his rigid resistance to change. Rooted in this position is also his belief that the life he lived before was free of any chaos – if only he could get back to it. Idealizing that past life, not recognizing past pain, and focusing on a hoped for



miracle, all eclipse any chance for dad to experience chaos in a generative, connected way.

I will then turn to my story and to Michele Montgomery's story in order to elucidate the methods by which one can journal and narrate through a chaotic experience. Neither Michelle nor I were hysterical individuals craving a story, but interconnected, webbed people who reached out in many directions to move forward. We could not make the pain go away. We could not write it out of our life. We could not explain it away. What we could do was narrate it selectively and wittingly. We could live through the pain and in it be changed. We could become a fuller expression of ourselves on the other side and we could bond with our husbands on a level much deeper than before. Through an experience of shattering chaos, we found a net in multiple discourses. We found multiple voices and through them healed.

## **Chapter 1:**

### **The Chaos of Hysteria: Separating Freud from Frank**

### **The Hysterical Narrative:**

When discussing the power dynamics surrounding the psychiatric clinic (or psychiatric power), Foucault is careful not to analyze the clinic in terms of any particular gender or sexuality. As such, Foucault expands the discussion beyond occurrences within the clinic, choosing to argue for larger systems of power instead of centralizing his discussion on that of gender hierarchies. I contend that his decision not to couch his discussion of madness and the clinic in terms of gender is purposeful and marks a shift away from the Freudian discussion of the hysteric. I see the development (coming out of Freud and Foucault, and echoed by the literature and narratives surrounding illness) of two orientations toward a discussion of madness. There is Freud's discussion of hysteria that binds hysteria (or mental illness of today) with the feminine, and thereby to the patriarchal concepts associated with dichotomies as a whole. The second orientation is what I wish to call the chaotic effect, a type of narrative that does not adhere to the narrow definition generally affixed to the term. The chaotic effect is a webbed, elastic approximation of a narrative. In my conceptualization, this narrative unmoors a discussion of chaos from the feminine (and paradigms based in dichotomies) and speaks of gender as one part of a myriad of contributing factors that produce the chaotic effect. As such, it frees the discussion of chaos from the tenets of the hysterical narrative, opening spaces for other ways of thinking and experiencing chaotic plot structures.

Before I can begin talking about the chaotic effect, however, I must first discuss the historical tenets of the hysterical narrative and then demonstrate the ways that current

conceptualizations of chaos narratives, as discussed in current work on illness narrative theories, still utilize the precepts of Freud's discussions on the hysteric. In order to detail the components of Freud's narrative, I will be drawing primarily on Freud's case study Dora (1901).<sup>8</sup>

I agree with the revisionists of Freud that an adequate reading of his theory can only be done after he is placed in historical context (and thus not dismissed out of hand for his various patriarchal and hierarchical moves). Freud sought to unearth the early psychosexual drama of, by his definition, "hysterical" women – women who *were* suffering. Importantly, Freud did not invent the association of women and hysteria, regardless of how much his subsequent fame cemented the association. Indeed, Freud's treatment of hysterics was to find a way of speaking – of voicing – trauma that was at the time culturally and situationally unspeakable. Arguably, the most groundbreaking first step of psychoanalysis was its desire to listen to the silenced – to hear what sufferers had to say for and about themselves. Although, perhaps unwittingly, he reinforced gender stereotypes and masculine control over the logic and genesis of a unifying story line, Freud meant to help these women heal and return to society. In looking at feminist revisions of Freud, there is a clear adherence to Freud's method even alongside critiques of the overt sexism of some of his assertions. Revisionists seek to move beyond these obvious critiques of his method and instead focus on what the useful parts can still do for

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<sup>8</sup> My thinking here is also influenced by Nancy Chodorow's "Rethinking Freud on Women," from *Femininities, Masculinities, Sexualities: Freud and Beyond*, and two essays from *The (M)other Tongue: Essays in Feminist Psychoanalysis*: Toril Moi's "Representations of Patriarchy: Sexuality and Epistemology in Freud's Dora" and Dianne Hunter's "Dora as an Hysterical Text."

issues surrounding gender and sexuality. They still adhere, for the most part, to the tenets of Freud's discussion of hysteria.

Turning to *Dora* (1901) seems to be a good way to go about explaining the way Freud discussed hysteria and the components of how he saw hysteria unfold, specifically in terms of the narrative basis of hysteria and its cure. Indeed, as Foucault will later point out, Freud sees the lack of a clear narrative as the root problem of hysteria (due, often in his estimation, to repression of memory). Thus, for Freud, the "cure" for a hysteric was the accomplishment of a clear, focused narrative that accounted for all lost details. Freud, as we will see in *Dora*, often provided lost details and reorganization of events himself, not realizing, as Foucault points out, the damaging effects of asserting a narrative on another person.

Freud begins his case study *Dora* with "prefatory remarks" that seek to anticipate critical reception and defend his methods. Foremost is Freud's recognition that though critics want more information on his patients, giving that information requires him to give up very sensitive and private details about the (often very) young women he treats: "If it is true that the causes of hysterical disorders are to be found in the intimacies of the patients' psychosexual life, and that hysterical symptoms are the expression of their most secret and repressed wishes, then the complete exposition of a case of hysteria is bound to involve the revelation of those intimacies and the betrayal of those secrets" (2). Thus, Freud acknowledges from the outset that his treatment necessitates a level of confidentiality that ought to be accorded to these women, but that his ability to publish

and benefit professionally from his work requires him to “betray” the confidence. Ethically, Freud recognizes he is on shaky ground. Yet, for him, the benefits of exposing the mechanics of hysteria outweigh the damage an individual case study might do to a single woman:

But in my opinion the physician has taken upon himself duties not only towards the individual patient but toward science as well; and his duties towards science mean ultimately nothing else than his duties towards the many other patients who are suffering or will some day suffer from the same disorder. Thus it becomes the physician’s duty to publish what he believe he knows of the causes and structure of hysteria, and it becomes a disgraceful piece of cowardice on his part to neglect doing so, as long as he can avoid causing direct personal injury to the single patient concerned. (2)

Freud ends his remarks by acknowledging that though the information given in each session was recorded shortly after the session ended and from memory, the narrative is true and unchanged, except for alterations in order: “Nothing of any importance has been altered in it except in several places the order in which the explanations are given: and this has been done for the sake of presenting the case in a more connected form” (4). This acknowledgement is a vital one in the continuing discussion of how Freud’s discussion of hysteria impacts how the chaos narrative has been theorized. For Freud, the original telling needed to be reordered in the service of a more understandable narrative. Freud, as the analyst, holds the ability to reorganize the telling without, in his opinion,

changing the impact or meaning of the original story. Still, we must take him at his word on this because no original transcripts of his conversations were made. For Freud, reorganizing the information did not change the meaning; if anything the reorganization enhanced the meaning. But that ‘meaning’ has everything to do with what he, as the analysis and holder of the theory, thought of as meaningful. Thus, the published narrative is a reconstructed version that made most sense to him, the analyst, and not the speaker, the analysand.

Freud discusses his clinical approach at great length in the preface to Dora’s case study. He explains that he begins treatment by asking the patient to give “the whole story of his life and illness” (10). By Freud’s account “this first account may be compared to an unnavigable river whose stream is at one moment choked by masses of rock and at another divided and lost among shallows and sandbanks” (10). This account is difficult to move through and probably the closest approximation to the chaos narrative as described by Frank. Freud does not give much credibility to this first account, saying that the stop and start of this account is linked closely to the neurosis of the patient, which causes the telling to be cluttered and choked with “silences” and then periods “in which their communications run dry, leaving gaps unfilled, and riddles unanswered; and then again will come yet another period which will remain totally obscure and unilluminated by even a single piece of serviceable information. The connections – even the ostensible ones – are for the most part incoherent, and the sequence of different events is uncertain” (10). Thus, for Freud, the inability to produce a coherent telling of one’s life and illness is the first sign of neurosis. Freud explains that the story is also disjointed because

patients often leave out sections due to timidity or shame, by way of a “conscious disingenuousness” (11). Patients might also have amnesia due to trauma or stress and thus be unable to access sections of their story.

According to Freud’s theory, the chaos of the first telling exists due to often correctible issues within the patient. The patient might be suffering from either “conscious disingenuousness” due to shame or timidity or amnesia due to trauma or stress. The chaos is caused by the patient’s inability to acknowledge or properly remember the past. Therefore, the purpose of treatment is to either make or allow the patient to re-access this information and compose a complete narrative. The goal is to remember and properly compose a life story. The chaos of the first narrative exists as a symptom of short-comings in the individual (we will explore this implication more during Foucault’s critique of Freud) and as evidence for the need of treatment, not as a narrative that might have value on its own.

Importantly, for the Dora case study, Dora fought Freud’s imposition of narrative order and ultimately stopped treatment. Her refusal to continue treatment, led to Freud’s desire to still piece together a coherent and complete narrative of his treatment of Dora. Thus, though denied “the fullest possible enlightenment upon every particular of the case,” he was able to “restore what was missing, taking the best models known to me from other analyses; but like a conscientious archaeologist I have not omitted to mention in each case where the authentic parts end and my construction begin” (6-7). Importantly, though, it has already been acknowledged by Freud that the “authentic”



parts of the narrative were constructed from memory and reordered for best “connected form.”

The story of Dora presents itself as a multi-layered narrative, combining the analyst and analysand in a complicated web of fact and fiction. The impulse is toward a ‘complete’ and ‘authentic’ story, yet the set up seems so far from either that the intentions and desires of Freud come much more to the front and the issue of what it means for an ‘authentic’ telling to exist is put into stark opposition to the actual narrative told.

Dora met Freud because she developed several physical and mental symptoms (not eating or functioning well socially) and threatened to leave her family because “she said she could no longer endure her life” (16-17). Dora did not meet the criteria for full-blown hysteria, however, and Freud labeled her condition as “petite hysteric” (17). The possibility of treating a woman not yet fully hysterical was exciting to Freud because he felt as though he might have the chance of better rooting out the causes of “the strange and wonderful phenomena of hysteria” (17). These causes, he subsequently shares based on further analysis of other patients, come from psychological determinants which were postulated in the *Studien*, namely, a psychic trauma, a conflict of affects, and – an additional factor which I brought forward in later publications – a disturbance in the sphere of sexuality” (18).

Freud begins analysis by recounting the story of Dora that her father related to him. Freud’s assumption is that she had a variety of experiences she was unable to process or speak about because of social propriety. Thus, Dora repressed these

experiences and, due to this repression, she developed physical and psychological symptoms. Freud believes that by hearing her account and by then applying his logic (which involves filling in the blanks and silences of the narrative she provides) he will be able to reintegrate the pieces of her experience that she repressed and thus allow her to experience them on the level of discourse (at which point her physical symptoms should cease and she should be able to reintegrate back into society). There are many examples of this narrative loop throughout the case study. I will point to one instance in particular to help elucidate the mechanism I see operating here. After Freud dismisses Dora's father's interpretation that his daughter's behavior came out of an experience with family friend, Herr K., by a lake, Freud points toward earlier events from Dora's life that already reveal her symptoms of hysteria. He details one event in particular that occurred between Herr K and Dora when the girl was only fourteen years old. Herr K had invited Dora "to his place of business in the principal square of B----- so as to have a view of a church festival" (21). Herr K persuades his wife not to join the outing and was thus alone in the house with Dora. "When the time for the procession approached, he asked the girl to wait for him at the door which opened upon the staircase leading to the upper story, while he pulled down the outside shutters. He then came back, and, instead of going out by the open door, suddenly clasped the girl to him and pressed a kiss to her lips" (21).

Up to now, Freud appears to be merely relating information he learned from Dora. However, shortly after, he laces his interpretation next to Dora's (and, in doing so, disregards Dora's): "This was surely just the situation to call up a distinct feeling of sexual excitement in a girl of fourteen who had never before been approached. But Dora

had at that moment a violent feeling of disgust, tore herself free from the man, and hurried past him to the staircase and from there to the street door” (21). For Freud, Dora’s response to this older, male, family friend making advances upon her in an empty house demonstrates that “this child of fourteen was already entirely and completely hysterical: “I should without question consider a person hysterical in whom an occasion for sexual excitement elicited feelings that were preponderantly or exclusively unpleasurable” (22). He goes on to further postulate, without any corroboration from Dora herself, that “I have formed in my own mind the following reconstruction of the scene. I believe that during the man’s passionate embrace she felt not merely his kiss upon her lips but also the pressure of his erect member against her body” (23). He substantiates his claim by discussing issues of displacement that lead to confused bodily responses.

Not once does Freud consider the very real fears a girl of fourteen might have concerning the situation described. More so, Freud’s “read” of Dora’s experience carries with it certain assumptions: that Herr K was not dangerous; that Dora would be attracted to an older male, family friend; that Dora would, at fourteen, not fear the advances of an older man; and that Dora would not, as a young woman raised in a Victorian society, fear the loss of her innocence and the brutality of sexual violence implicit in the scene.

From a close reading of Dora’s treatment, the principles of hysteria as theorized by Freud and how those principles contribute to his method of ‘reading’ patient narratives. Freud considers the first telling of a patient narrative to be of little use. His

job is to reorder and refine that narrative for better understanding of the root causes of hysteria and for the telling of a more connected story. For him, patients are largely out of control of their own tellings and need someone to step in and help them access information they have either repressed purposefully or repressed due to trauma. Further, analysts must take the rough first telling and finish off the empty spaces, interpreting given information and putting together a story that makes more sense and traces back more neatly to the origin points assumed by the analyst.

Feminist revisionists of Freud seek to reaffirm that the experience of analysis was still beneficial when the movement becomes two-sided instead of one. For Dianne Hunter, in “Dora as an Hysterical Text,” the story of Dora is not about Dora’s hysteria but Freud’s. Hunter argues that Freud is so distressed by Dora’s rejection of him (and the power and authority this rejection takes away from him) that he writes the narrative in hopes of providing a logic and sense through the written word that has escaped him in the room. Yet, Hunter points out that Freud cannot provide that plot line because he cannot access the other side of the story: he understands (or thinks he does) Dora’s transference upon him her feelings about the men in her life, but he cannot see his own countertransference upon Dora, and the idea that she might think of him (Freud) in league with the rejected father and lover of Dora’s story (the one he created) drives the construction of the hysterical story.

Freud himself reads Dora in terms of hysteria, and many feminist revisions of Freud read him in terms of hysteria. These terms look for one traumatic event or the slow

accumulation around a single event (whether sexual trauma, war, gender or serious illness), and assume the ability to discover an origin point. One reaches this point of origin by retracing the steps of neurosis back to when symptoms began. Thus, Freud follows the steps of Dora's associations to find himself back at points of 'origin' for her hysteria. Once he finds this 'origin' point, he believes she will be cured of her hysteria.

Freud's principles of hysteria posit a life, identity, and orientation before the Event and present the choice between integrating trauma into previous self-conceptions or rejecting trauma. In Freud's conceptualization, there is no room to accommodate chaos because the logic of the event depends upon the ability to make sense of the trauma. Thus narratives are spoken or written in order to liberate the one who suffers from the madness and chaos of illness. The belief is that in the telling the chaos and madness is ordered and expunged. This movement is echoed in Foucault's analysis in *History of Sexuality* and his critique of Freud: Foucault argues that in the 19<sup>th</sup> century sex was pushed out of discourse, but was allowed within the confessional (wherein speaking of sex promised catharsis and rebirth into righteousness). According to Foucault, through confessing sex via language, a person believes they gain access to their body and identity (*History of Sexuality*). In this construct, body and identity comes from an interior point of madness, chaos and excess. It is the discourse, mediated by religion, morality, and politics, which allows for a person to shape the chaos into intelligible sex. Thus, in terms of the mode of hysteria, chaos is allowable only when it is coded via discourse (and thus no longer chaotic). Liberation here as employed by a hysterical narrative depends on

opposites, on an either/or – man/woman, inner/outer, sane/insane, logical/chaotic, discourse/silence – upon the ability to expunge chaos in exchange for civilized sanity.

In order to begin to understand the ways Freud’s discussions of hysteria overflowed onto conventional treatment of all patients with mental illnesses in the decades following Freud’s work, I wish to focus on Foucault’s critique of it in a series of lectures he gave on the subject of madness<sup>9</sup>. Foucault’s analysis details the logical ends of Freud’s conception of hysteria as applied to all mental illnesses. He also clearly elucidates how power functions within Freud’s treatment of hysteria and how that power is centralized in the idea of a “proper” narrative.

In *Psychiatric Power: Lectures at the College de France, 1973-1974*, Foucault discusses the power apparatus that not only produces the images of madness analyzed in the earlier book, but the way power structures images beyond the visual: the family, the clinic, the patient/doctor relationship, (even) the patient/self relationship. Foucault’s analysis more fully elucidates how systems of power limit a more true depiction of what madness is or could be, as well as its place within the human subject, and even its potential to not be the catastrophic end threatened by theorists. For Foucault, the way in which Freud conceptualized madness and hysteria systematically limited the ability of the ill to express their experiences in fullness because of the ways in which their experience was coded as catastrophic.

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<sup>9</sup> Importantly, though the chaos of illness can affect those who experience both physical and mental illness, the hysterical narrative of Freud focuses on mental illness and the subject of madness.

In a lecture given on December 19, 1973, Foucault seeks to describe the rise of the psychiatric state and to do so he provides historical background concerning the rise of psychiatric power beginning in the 18<sup>th</sup> century. At first, madness was viewed as a mistake or error of the will (173). As such, personal shame and blame were not as fixed to the identification of the ill. Instead, treatment involved a correction of the mistake. However, soon this definition changed and madness came to be seen as a revolt of the will. Thus, there was no mistake to correct but a revolt to be quelled. The doctor battled the patient's will, armed with society's sanctioning of his (the doctor's) grasp of reality over the patient's descent into madness. Thus, at this point, psychiatry became less about finding the truth or a cure and became focused upon creating and instituting reality. Psychiatry thus turned from investigating the genesis and structures of madness in order to promote a fuller recognition of reality and sanity (as emblemized by the psychiatrist).

According to Foucault's analysis, psychiatric power came to investigate the vestiges of sanity and not the vestiges of madness. The intent was to suppress the face of madness and instill the serenity of sanity. To do this, Foucault details, the clinic creates a series of movements through which the patient ultimately corrects the revolt of the will. In order to illustrate this procedure, Foucault references a man named Leuret who was well-known in the French psychiatric literature for his treatment methods. In Foucault's analysis of Leuret's procedure, he finds 4 or 5 steps (146). First, the patient discovers his need (for food, water, work, freedom, etc): "First, there is the maneuver of creating an imbalance of power, that is to say, right from the start or, anyway, as quickly as possible, making power flow in one and only one direction, that is to say, from the doctor" (146).

The patient also realizes that these needs can only be met by correctly following the dictates of the clinic. This, for Foucault, is a tricky start, for the asylum creates the absence of these needs (thus creating the need itself) by imprisoning the patient and then presents itself as the only access to them. Yet, the objectives of this first step are readily apparent: “Its first objective is to establish a sort of state of docility that is necessary for the treatment; the patient, in fact, must accept the doctor’s prescriptions. But it is not just a question of subjecting the patient’s wish to recover to the doctor’s knowledge and power; establishing an absolute difference of power involves above all breaking down the fundamental assertion of omnipotence in madness” (147). Thus, this first step acts on the patient in two ways: to break the omnipotence of mind that often accompanies madness, and to break the general will of the patient.

Once the patient correctly identifies the fact that he must follow the dictates of the doctor in order to get his needs met, the doctor steps in to begin the ordering of the patient’s story (and his ability to tell the ‘truth’ about his life/experience). Thus, the second step toward reform in the clinic is to produce a narrative of sanity. The patient begins this process in rudimentary ways (depending on the extent of the illness). Foucault describes one patient working with Leuret: He “makes him read books, recite verse, and forces him to speak the Latin he learned at school; he forces him to speak in Italian, which he had learned when he was in the army; he makes him ‘tell a story’” (149). The objective here, according to Foucault, is “a matter of occupying the mind, of diverting the delirious use of language, but it is equally a matter of re-teaching the subject to use the forms of language of learning and discipline, the forms he learned at school,



that kind of artificial language which is not really the one he uses, but the one by which the school's discipline and system of order are imposed" (150).

The second step is a continuation of the first. Whereas the first emptied out the will, the second begins the process of reinstating language systems that govern proper lives. The patient is reintroduced to the languages of power, discipline and command: "The language one re-teaches to the patient is not the language through which he will be able to rediscover the truth; the language he is forced to re-learn is a language in which the reality of an order, of a discipline, of a power imposed on him, must appear" (150). Once the patient regains the language of school, of discipline and of command, he is able to move on to the next step of language reintegration and use. The patient does this by placing life events in the correct order, according to a biographical (and time-based) life-line (158). Foucault details the story of Dupre who, when treated by Leuret, was ordered to write his life story. "He only carries it out after several showers and 'devotes the rest of the day and the following day to writing his story, with many details. He knows and writes everything that a man can recall of his childhood. He gives the names of his lodging and of the schools where he studied, of his teachers and fellow students in great numbers. In his whole account there is not a false thought or a word out of place'" (158). Foucault explains that for Leuret, Dupre's ability to write this story without error is testament to the success of his treatment.

Though Foucault cannot trace the exact moment when life-writing, or an autobiographical account, became a disciplining technique within the psychiatric

complex, he does point out that it easily falls in line with the goals of psychiatric treatment: “that his patient pin himself to his own history. What is required is that the patient recognizes himself in a kind of identity constituted by certain episodes in his life. In other words, it is in this recognition of certain biographical episodes that the patient must firstly state the truth; the most effective statement of the truth will not bear on things, but rather on the patient himself” (159). Importantly, Foucault points out that this autobiographical account is not truly from the patient, but the result of “a truth imposed on him in a canonical form: cross-examination of identity, the recall of certain episodes already known to the doctor ... A biographical corpus is established from the outside through the system of family, employment, civil status, and medical observation. Ultimately, the patient must own to this entire corpus of identity, and it has to be one of the most fruitful moments of the therapy when he does so; it is when this does not take place that we must despair of the illness” (159). At this stage the doctor succeeds in getting the patient to recognize himself in terms of this exterior, sanctified story: the patient recognizes himself through the discourse of the doctor and not through the discourse of madness.

In this interaction, Foucault carefully points out that both the needs of the patient and the needs of the doctor are met. In ordering the story and experience of the patient, the doctor’s authority to reorder disorder and provide cure is reaffirmed. As detailed above, the patient’s needs are ‘met’ in that the patient believes that these steps lead to a fulfillment of his need for food, water, work, freedom, etc. This interaction culminates in what Foucault deems the third development of madness: the production of the neurotic

body. In this stage, psychiatric power produces the symptoms which produce patients and through this creates the need and authority of doctors. Thus, in this final stage, psychiatric power is a cycle that constitutes and renews itself.

For my purposes, the most important components of Foucault's critique of the psychiatric institution center on the requirements for certain stories to emerge in order to verify patient sanity. Crucial to psychiatric power is the ability to orient the patients in time and teach them to tell their life in accord with the linear movement of time. As Foucault points out regarding the psychiatric institution, a patient's ability to order life and experiences constitutes sanity: "However, you can see that this truth is not the truth of madness speaking its own name but the truth of a madness agreeing to first person recognition of itself in a particular administrative and medical reality constituted by asylum power. The operation of truth is accomplished when the patient has reorganized himself in this identity" (161). There is no room in this model for chaos of any kind. Chaos can only be coded as the opposite position to sanity. Thus, chaos can only be seen as a deeply destabilizing force.

Foucault's critique of the psychiatric institution is also a critique of Freud's treatment of hysterics. Indeed, Foucault's analysis highlights and spells out the type of disciplining Freud performed on the female hysterics he treated, specifically localized around his desire to control and rewrite their personal narratives. For Freud, and for the psychiatric institutions of the time, the personal narrative was the nexus point of power,

control, sanity, and madness. In turning to Arthur Frank's conceptualization of the chaos narrative, it's important to keep Foucault's critique of Freud in mind.

### **Frank's Articulation of a Chaos Narrative:**

Though a discussion – and connection – between chaos and madness had long occurred in literature, in the autobiographical field the discussion emerged in more recent terms. Illness narrative theorists believe that the written account of an experience of illness is a rather recent development. Arthur Frank, in his book *The Wounded Storyteller*, defines illness narratives around mythical precepts: Quest, Restitution, and Chaos.

In Frank's conception of a Quest narrative, the patient accepts illness and seeks to understand it as a journey toward new possibilities and modes of knowledge. The Quest is defined by "an ill person's belief that something can be gained through the experience of illness." In quest stories, ill people become the narrators of their own story: they speak from the ill person's perspective and hold chaos at bay. These narratives follow the following loose format: I was well, I became ill and through my illness I learned X.

In the Restitution narrative, Frank's second narrative designation, the active player is the remedy. Frank explains that "these narratives are about the triumph of medicine ... they are self-stories only by default." The format loosely followed by Restitution narratives is: I was well, I became ill, I am restored to my previous state of

wellness. Importantly, the experience of illness is an event and not an experience that changes an individual's life or self in any long-term way.

Frank's third narrative conception is that of Chaos. This is the sufferer's own story, but the suffering is too great for a self to be told. The voice of the teller is lost as a result of the chaos, and this loss then perpetuates that chaos. Frank notes that the chaos narrative is not marked by the same time signature of the other two stories: indeed, in the chaos narrative there is no past or future, but only the relentless present.

Each of Frank's categories, echoing Foucault's descriptions of the psychiatric complex and its desire for patients to produce correct stories, detail how people who experience illness take the chaos of that experience and seek to make sense of it by placing it within the context of cultural myths. An important change between what Foucault describes and what Arthur Frank finds in 21<sup>st</sup> century narratives emerges, however. In 21<sup>st</sup> century narratives, the patient, not the doctor, becomes a hero (though, that status is still dependent on a well-ordered story). They become the slayer, journeying to find the dragon cancer; or, they become the person of faith who recognizes that the experience of illness, like the plight of Job in the *Bible*, is a gift from God meant to strengthen their resolve and faith. Frank details how mythos gives back a sense of agency and determination often lost by patients during their medicalization. As such, patients take back their own stories (even if they are really the stories of antiquity or faith) and are able to order what seemed like terrible, frightening, chaos.

Frank's descriptions of these narrative forms tie together a historical and cultural situation with the production of narrative forms. What is 'mad' or 'chaotic' was defined based on what was appropriate for a specific historical time. Madness became another term used in contradiction to the values and moral goods of the specific time. Thus, the production of specific kinds of illness narratives is tied closely to a specific period of time during the 20<sup>th</sup> century. Different historical periods develop different ways of telling narratives of illness, just as different literary periods developed different ways of describing and ascribing madness and chaos. Thus, for both the literary and theoretical discussion of madness, chaos and illness, what is described is as much a product of a cultural, historical and political time as anything else. Hence, there is no wider discussion of madness as a term in itself, but rather a rigid connection of it to a specific time frame. Is it any wonder then, why chaos – a narrative defined as against the movement of time – is unthinkable within these tenets?

Importantly, Frank leaves room for the times when an experience of illness cannot be translated in comforting, reliable, and accessible myths. Frank's chaos narrative exposes the limitations present in paradigms addressed solely to experiences of physical illness. Indeed, each of the narrative types above assumes a centered, controlled identity that preexists the onset of disease. As such, the experience of illness shatters the controlled identity and forces the subject to confront chaos and thus begin the experience of reintegrating back into a stable being (turning a chaotic experience into an illness narrative is a step toward that type of reintegration). Thus, ultimately, Frank's designations align with Foucault's descriptions of psychiatric power and with his critique

of Freud's method. I do not think this alignment is done maliciously; instead, I think Frank draws from the language tradition of Freud because of the pervasiveness of Freud's ideas in modern culture. Frank's alignment exposes how integrated Freudian language is in mainstream culture and how much it informs individual identity and personal narration.

Frank opens chapter 5 (entitled The Chaos Narrative: Mute Illness) of *The Wounded Storyteller* with the epigram "Chaos as Non-Plot." He explains:

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

(97)

In Frank's characterization, the person who tells a chaos narrative is hopeless and trapped, with no ability to imagine life improving beyond its current state because those who hear the story fail to understand what they are being told. The reason the listeners cannot truly hear the story of chaos is because they are not hearing a traditional – or 'proper' – story. Most importantly, however, Frank ultimately links the telling of 'proper' stories to the living of 'proper' lives, drawing attention to the link between the

two: our ‘proper’ stories structure our ‘proper’ lives. If one fails, both fail, and one is left in chaos. Thus, the serious necessity for an experience to be narrated along traditional lines is brought fully to light.

Listening to chaos, Frank further points out, is “hard” and “anxiety provoking” and “threatening” precisely because it brings to the forefront the precarious nature of ordered reality (97). Illness threatens narrative order and thus threatens ‘proper’ lives. The chaos narrative threatens anybody who hears it with the possibility of their own fall into madness, hopelessness and despair: “Telling chaos stories represents the triumph of all that modernity seeks to surpass. In these stories the modernist bulwark of remedy, progress, and professionalism cracks to reveal vulnerability, futility, and impotence . . . the chaos narrative tells how easily any of us could be sucked under” (97). I think it is especially important here that Frank overlays the hegemony of traditional narratives with the language of masculine domination (particularly “impotence”). In doing so, Frank fully elucidates the ways that illness not only works against traditional narratives and ‘proper’ lives, but in a larger sense threatens the very dominance of societal and cultural norms that underlie ‘proper’ stories and ‘proper’ lives.

Could the chaos of illness narratives mark a resurgence of madness back into language, as called for by Foucault – a madness that might in some ways be marked as feminine (in terms of being linked to traditional feminine positions of weakness, changeability, vulnerability and futility)? Indeed, later in the chapter, Frank explains the characteristics that mark the chaotic body: “contingent, monadic, lacking desire, and



dissociated” (104). These markers make of the chaotic body “the other against which these [the dominating, mirroring and disciplined] bodies define themselves. But they claim no empathic relation to this body; it represents only what they fear for themselves” (104). Again Frank couches the chaotic body in terms traditionally attributed to the position of the feminine within a patriarchal culture. Importantly, however, Frank’s analysis points out that instead of being radically othered from the chaotic body, these other types of bodies are radically linked to the chaotic body, producing their masks and narratives in order to distance themselves from the madness and chaos at their core: “The truth of the chaotic body is to reveal the hubris of other stories. Chaos stories show how quickly the props that other stories depend on can be kicked away” (114). In this way, the chaotic body marks the point against which the others seek to define themselves: in this way it might be said that the chaos marks the place from which the “I” or western self established in dominant discourse emerges. Chaos, madness – even perhaps the feminine – reside at the core – at the central place from which patriarchy, masculinity and traditional narratives originate.

Frank does not directly address the potential implications of illness defined by the feminine, or what the resurgence of the feminine might do to narratology. Instead, he turns the discussion toward more fully unpacking the threatening nature of chaos stories. Frank explains that in the beginning he did not wish to acknowledge the chaotic side of illness because he found that chaos so threatening. Indeed, in order to begin to think about chaos, he turned to the stories of Holocaust survivors in part because their stories felt so removed from his own. In their stories Frank witnessed “the hole in the narrative

that cannot be filled in, or to use Lacan's metaphor, cannot be sutured. The story traces the edges of a wound that can only be told around. Words suggest its rawness, but that wound is so much of the body, its insults, agonies, and losses, that words necessarily fail" (98). Hence, the chaos is a hole – something radically of the body and something radically not of language. Frank here establishes that chaos resides outside of language, and thus asserts "chaos stories are not narratives" (98). Chaos evades encapsulation within language (and thus, for Frank, within traditional narratives):

To turn the chaos into a verbal story is to have some reflective grasp of it. The chaos that can be told in story is already taking place at a distance and is being reflected on retrospectively. For a person to gain such a reflective grasp of her own life, distance is a prerequisite ... in the lived chaos there is no mediation, only immediacy: The body is imprisoned in the frustrated needs of the moment. The person living the chaos story has no distance from her life and no reflective grasp on it. Lived chaos makes reflection, and consequently storytelling, impossible. (98)

Frank claims that chaos is out of language, out of narrative, out of reflection, and out of mediation. Yet, he claims all this while also establishing the category of a chaos narrative and asserting that he "first began to hear the chaos narrative in Holocaust stories and commentary on them" (98). Indeed, Frank's chapter title seems to encapsulate the paradox of thought offered here: "The Chaos Narrative: Mute Illness" with the epigram

“Chaos as Non-Plot.” Chaos is thus something we can point toward but not at; understanding it requires a willingness to unmoor oneself from assumed supports.

In turning to Lacan, Frank demonstrates that even within a chaos narrative proper, the storyteller (experiencing the chaotic side of illness) can yet only circle the terrible hole that is the chaos. Thus, the chaos narrative itself can never fully contain or explain the chaotic core. In this way, Frank is certainly correct: chaos is outside, and in some sense beyond, language. However, what is produced when people seek to put chaos into language is not outside of narrative (except, perhaps very narrowly defined, traditional form of narrative) – it instead pushes up against the boundaries traditionally established by narratology. Frank cites examples of chaos narratives, particularly the story of a woman named Nancy who is struggling to take care of her ailing mother. In Frank’s analysis of Nancy’s story, he correctly points out that it does not follow the conventional rules of narratives: “the story has no narrative sequence, only an incessant present with no memorable past and no future worth anticipating. Second, this anti-narrative contains nothing but life possibilities that anyone fears precisely because almost anyone could end up living in conditions like Nancy’s [the woman whose narrative he shares]” (99). Frank brings to light here the fact that the chaos narrative does not follow the rules of a traditional narrative, but that the lack of those rules does not impact the narrative’s ability to impact the reader at an intimate level.

The chaos account (perhaps a more appropriate designation than ‘narrative’ considering Frank’s paradox) brings the experience dangerously close to the reader

instead of providing the comfortable distancing that traditional techniques of narrative provide. The reader is pulled into the cyclin world of the speaker, wherein time does not move forward, cutting off any sense of progress or a future. Indeed, in this space, the distance between the storyteller and the reader threatens to collapse, merging each into the other. This instability of boundaries is deeply threatening to a world order (of narrative and life) that privileges and presses for conceptions of selves rooted in autonomy, self-reliance, independence and (perhaps most importantly) control: “The chaos story presupposes lack of control, and the ill person’s loss of control is complemented by medicine’s inability to control the disease” (100).

The chaos account threatens also the supremacy of medicine and its ability to keep illnesses in check. As such, the chaos narrative extends to all illnesses the stigma of contagion. No one feels safely tucked away when confronted with a chaos account: “Chaos feeds on the sense that no one is in control. People living these stories regularly accuse medicine of seeking to maintain its pretense of control – its restitution narrative – at the expense of denying the suffering of what it cannot treat” (100). Further, medical narratives, according to Frank, seek to draw attention away from suffering whereas the chaos account seeks to bring the attention back to the embodied, suffering subject. Indeed, part of the difficulty in hearing a chaos narrative is the radical embodiment of the narrative itself: “Hearing is also difficult because the chaos narrative is probably the most embodied form of story. If chaos stories are told on the edges of a wound, they are also told on the edges of speech. Ultimately, chaos is told in the silences that speech cannot penetrate or illuminate” (101).

Frank here draws a distinction between the body and the speech that body produces. He elucidates our radical inability to vocalize through language the reality of our bodily experience. Thus, we have two sources of knowledge – knowledge through the body and knowledge through speech and language – that cannot fully overlap or be completely expressed through the other. Frank establishes a profound split between the body and the language of the mind: “The chaos narrative is always beyond speech, and thus it is what is always lacking in speech. Chaos is what can never be told; it is the hole in the telling. Thus in the most hurried ‘and then’ telling, chaos is the ultimate muteness that forces speech to go faster and faster, trying to catch the suffering in words” (102). Speech can only rush faster and faster through words, seeking something that can match the intensity of bodily experience. This attempt, for Frank (and more largely for Lacan and beyond) is doomed to never catch the ends it pursues.

Though the chaotic body represents radical embodiment, Frank argues that from the position of chaos the storyteller is unable to “be responsible” to his or her experience (108). Only with reflection and distance can the person who has gone through chaos gain a “voice” (109). Within the chaos, the storyteller is only able to live in the immediacy of the present and is thus unable to locate his or her experience within larger systems of the past and future. Voice for Frank requires critical distance in order to fully witness the extent of chaos’ impact: when outside of the chaotic moment of immediacy, the voice can “speak about the chaos, from outside that chaos. Being a mute witness, caught within the chaos itself, is a condition of horror” (104). Thus, for Frank, chaos, though real and terrifying, is a condition beyond which people must move. Indeed, it is only a condition

from which to escape, not a position from which any positives can come. The chaotic body is unable to be reflective, be responsible, be responsive, be coherent, or even witness its own pain. It is the position of a mind alienated from its body, either side unable to communicate with the other.

### **A New Conceptualization of the Chaos Narrative**

Having charted the development of Freud's hysterical narrative and Frank's conception of the chaos narrative, I would like to turn toward my own re-definition of Frank's concept: the chaotic effect. This re-definition seeks to separate chaos narratives from Freud's narration of hysteria and define the chaotic effect in its own terminology. In the chapters that follow, I will both reaffirm this re-definition and demonstrate the reasons why re-establishing the chaos narrative as separate from the Freudian narrative is ethically and diagnostically vital.

In the chaotic effect there is a slow accumulation of cultural pressures that are brought into relief or clarity due to the experience of illness but not necessarily dependent or directly correlated on/to it. These narratives are marked by the fall of a metanarrative and the power(s) associated with it. There is no point of origin – not even birth. More importantly, there is no urgency or desire for a point of origin. Further, there is no life before, no proper life or proper story to which to return. There is just a continuation of life – a continual reintegration and renegotiation of subjectivity. Thus, there is no moment or event from which to recover (because to 'recover' would be to 'recover' from whole life, from the sum of all experiences which created the present). These narratives

are further identified in the ever present – the particles of the past negotiate the present but do not singularly determine it. Thus, what matters is what exists in this moment. Memory is *still* important but the stress is not on discovering ‘true’ memory or ‘real’ memory).

How the story is told is very important, because how the story is told becomes what the story is (both in the present and in the past). This conceptualization leads to cyclical telling without the desire for or pressure of tying up all loose ends into a single, unified line. A single unified line is a myth here (and thus there is a rejection of the paradigms offered by Hawkins and Frank). The narrative requires an acceptance (and a hopeful celebration) of the chaos of perception and subjectivity. Thus, no one event is seen as singularly traumatic, but a part of a continuous flow of experiences. As such, the subject’s orientation toward events marks the importance or lack of importance of each occurrence. It is in the decision to highlight or dismiss wherein agency originates within the chaotic quell of cyclical subjectivity.

My conceptualization of the chaotic event does not view chaos and madness as outside ‘normal’ subjectivity, or as the ultimate horror or the ultimate disintegration (judged, of course, from the outside, in terms of logic and reason, and not from the interior ‘logic’ of the psychotic him or herself). Indeed, inner/outer, normal/abnormal are continually reassessed factors. As such, madness is not the opposite of sense, or the opposite of time progression or the opposite of narrative and it is thus *expressible* in these registers. More so, it has always been there – has always been a part of consciousness whether recognized or not. This chaos narrative is schizophrenic not in terms of

judgment, but in terms of multiple becomings of self and identity, marked by possibilities not regression, trauma, void or immobility.

Most importantly, the valuing of this type of narrative would not cause madness to resurge into language or enter the discursive sphere but would instead recognize the fact that it has always been there, repressed or not, and that naming the chaotic effect is not about reclaiming madness as much as it is about recognizing it with the blinders stripped away – in the way the modernists sought to express more authentically lived, day-to-day consciousness with all of its confusions, non-sequeters, silences, disruptions and trailing off sentences (see Chapter 2 for further analysis). The form we thought was the only possible form (that of order and logic) is the thing that blocked us from the experience of subjective embodiedness, i.e., the chaos exposed will be the chaos of logic and linearity, the goalposts of patriarchal, colonial, masculinist power.

The chaotic effect rejects the idea that hysteria is a self-repudiating form of feminine discourse wherein the body expresses what social conditions make it impossible to share linguistically. That stance presupposes the female body is a mechanism that can take the place of feminine speech and that the body is a symptom and not part of the integrated whole. In the chaotic effect there is a reintegration between the body and mind and relational identity that is not dependent on the ability to understand the story of another. Thus, the pressure to present a narrative a certain way is dismissed. Recognition occurs not through shared understanding or discourse, but through the mutual recognition of the complexity, the possession of opposites within one body, the



both/and of the subject. The subject can thus be *both* the angel and the madwoman – this is Woolf’s bipolar sense of identity.<sup>10</sup>

The chaotic effect is a continuation of Foucault’s call to find a language wherein madness might be expressed, yet is vitally different, I assert, because madness is historically conceived as opposed to language. This conception is necessarily false and bound up in the hysterical narrative – a narrative based in opposites. Instead, the chaotic effect is a narrative of paradox and contradictions which do not yield disintegration but a more full integration of the self into its own experience of the world and events.

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<sup>10</sup> Caughie, “Virginia Woolf’s Double Discourse”: the novel expresses ... the difficulty of reaching conclusions about identity or language. Both are based on making distinctions, yet these distinctions are not fixed by reference or anything outside them. There is nothing ‘out there’ to measure them against.” Caughie argues that unlike what Gilbert and Gubar argue (that there is a natural essence apart from the mask or ‘conventional’ part – tied to narrative order detailed above), Woolf demonstrates through Orlando’s androgyny that subjectivity involves the oscillation between positions (often opposites) and that a distinction between the real and the mask is a false one and that ultimately what matters is not what they mask or mark, but what they enable the protagonist or the writer to accomplish. This point is echoed by Caramagno, who asserts that critics who spend time trying to mince out what in Woolf’s fiction comes from her abuse, what from her gender, what from her class, what from her illness are missing the larger, more vital point – what she does with all those markers – what those markers allow her to see and create both in her life and in her characters. Also, see discussion of “A Room of One’s Own,” in Chapter 2.

## Chapter 2:

**Both/And: Toward a Truer Accounting of the Chaos Experience through an Analysis of Virginia Woolf's "A Room of One's Own," *The Voyage Out* and *Mrs. Dalloway***

In the following chapter, I explore the methods through which Virginia Woolf describes the experience of illness in her fiction. Both *The Voyage Out* and *Mrs. Dalloway* involve types of physical and mental illnesses that exist as dangers to the established social class. In this way, both novels specifically address the confrontation between experiences of madness and the attempted assertion of coherent narratives, very much in the mode of Freud's treatment of hysterics. Yet, though both Rachel and Septimus exist chaotically in their respective novels, neither are able to take on a single, coherent narrative to order their life. Due to this inability, both challenge social norms and stability. Both call into question the established narratives of culture and reject the power structures detailed by Foucault.

I begin with a discussion of *The Voyage Out*. In this novel, Rachel Vinrace experiences the early convulsions of the movement out of girlhood and into adulthood. Rachel is unable to read the great works of literature with much success, but she understands the language of music. She also feels deeply the converging plot of marriage. Rachel descends into the delirium of illness at the end of the novel. In the end, she and Terence (her fiancé) feel one another deeply, but they are unable to merge literally or textually. Ultimately, Woolf tells the story of two people who almost challenge traditional marriage norms, but, when they fail to succeed at deeper intimacy, are lost to the continuation of the traditional story. Rachel becomes ill, but after her passing life and society continue as though her disruption never occurred.

In the novel, Woolf explores the ways gender and social expectations separate people, erecting barriers that are difficult to overcome. During Rachel's illness, Terence has a formative moment when the barrier disappears for a moment, and he can see the world in a transcendent way. Almost immediately the barrier (or "curtain") comes down and he returns to the reality of his social class and gender. Still, importantly, for a moment he was untethered, and it was Rachel's chaos that allowed him to access a space free of the ties and requirements of society. Though Terence gets a moment of transcendence, Rachel can only access that space through the delirium of fever and illness. Importantly, they cannot access that space together.

Interestingly, the Dalloways make appearances in *The Voyage Out* (as passengers on Rachel's father's boat) and reappear again in a novel dedicated entirely to them. I contend that this overlap exists because Woolf seeks to revisit and continue her exploration of how illness (Septimus Smith's PTSD and Mrs. Dalloway's more amorphous ailments) tears down walls between people and allows for a merging that could not happen in another circumstance. Septimus and Mrs. Dalloway never actually meet (in person) in the novel, but their narratives do intertwine. Mrs. Dalloway feels the loss of Septimus and that loss allows her to see, for a moment, the dark side of society. Mrs. Dalloway's connection to Septimus reveals to her the underpinnings and secrets of her social class and she is able to access a subjective look at how the medical professionals of her class treat those of the lower. In seeing the inhumanity by which Septimus is treated, she is also able to see, however slightly, the inhumanity of her own treatment at the hands of doctors. Seeing what happens to Septimus allows Mrs.

Dalloway the space needed to access parts of her own story that were closed to her previously.

In my reading, Woolf negotiates the ways in which experiences of illness and chaos change the relationships between people and allow previously closed off truths to emerge. In Woolf's conception, the sacrifice of Rachel and Septimus is less about the need for them to disappear and more about the failures of the cultural ideals and social norms (in Rachel's case marriage norms and in Septimus' case the medical profession) to give the space to live out the chaotic effect.

Terence is able to live in *The Voyage Out* because his gender gives him space to come near chaos and not be subsumed and destroyed by it. Similarly, housed in her upper-class bedroom, Mrs. Dalloway is protected from the kinds of harsh penalties enacted upon those of the lower-class who experience chaos. This point on Woolf's part provides a powerful addition to the conversation of power in the chaotic effect: how do gender and class figure into how much space is made for chaos? In detailing Freud, we have seen how gender plays, but Woolf extends the discussion to class. Indeed, in her conceptualization, class outweighs gender and the true lesson of Septimus' death is the harm inflicted by social classes, not only on those in them (Clarissa), but also on those below them (Septimus). As such, Woolf moves the idea of the analyst and analysand away from human beings (as it is in Freud's theory) and extends it to how social classes also function in that same dichotomy.

## The Possibility of Chaos: Woolf's ReInvention of Madness

Virginia Woolf's conception of the androgynous mind is one of her more infamous theories. It functions as a theme in her writing and stays with Woolf throughout her writing career, resurfacing in many of her novels – from her first, *The Voyage Out*, to one of her best known masterpieces, *Mrs. Dalloway*. In each, Woolf further queries this idea of both/and: of the possibility that two separate and (seemingly) combatively opposite conceptions might reside not only in unison and harmony – but be the central tenant of artistic creation. As Christine Froula writes: “In *The Voyage Out*, Woolf augments the genre of the failed female-artist novel. Although her career might have ended here, it did not, and the existence of Woolf's later female artist-novels enables us to interpret her representation of female initiation and female authority in *The Voyage Out* not as an ultimate failure but as a challenging and transforming critique, and further, as an allegorical measure of the very great odds that Woolf herself conquered in forging her own powerful artistic authority” (“Out of the Chrysalis” 63).

Much of the criticism surrounding Virginia Woolf's first novel, *The Voyage Out*, centers on the extensive years of revision the manuscript underwent before the final version was published. Critics argue that the revisions testify to Woolf's hesitance at laying out her own “view” of the world. Diana Swanson, in her article “‘My Boldness Terrifies Me’: Sexual Abuse and Female Subjectivity in *The Voyage Out*,” argues: “Like the young Virginia, Rachel feels that trying to articulate and communicate views of her own means becoming extremely vulnerable, means ‘exposing’ them so that they ‘look so

shivering and naked.’ In a sense it means undressing oneself. Such ‘boldness’ can only be ‘terrifying’” (292). Here, Swanson references a letter Woolf sent while writing *The Voyage Out*. For Swanson, the subsequent revisions demonstrate Woolf’s terror at laying herself bare in text, and her movements toward veiling outright exposure.

This continued attempt at veiling, many critics echo<sup>11</sup>, demonstrates Woolf’s attempt to do what Rachel, in the novel, fails to do: to produce a distance between herself and the world around her (or, in Woolf’s case from herself and the novel). Further, many argue that this distance is critical to the production of a subject: indeed, Christine Froula in “Out of the Chrysalis: Female Initiation and Female Authority in Virginia Woolf’s *The Voyage Out*,” writes that “Woolf’s first gropings toward her novel suggest her ambition not to create a heroine whose individual life story would make her an exception to the rule but rather to create a fictional world in which the plot of marriage and motherhood governing female destiny might itself be challenged and changed” (67). Froula’s assertion here mirrors the assertion of Swanson. Both argue that in order for Rachel (and subsequently Woolf) to enter into subjecthood, they must first assert distance between themselves and the world. In doing so, they would be able to have the space to create an independent identity (for Rachel) or birth a new language through which the artist-self might emerge (for Woolf).

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<sup>11</sup> See Julia Kuehn’s “*The Voyage Out* as Voyage In: Exotic Realism, Romance and Modernism”; Benjamin Mangrum’s “Silencing the Politics of Literature in Virginia Woolf’s *The Voyage Out*”; Monica Latham’s “Exploring the Limits of Unreadability: Virginia Woolf’s *Melambrosia* and *The Voyage Out*”; and Maria Alessandra Galbiati “Reality and Language in *The Voyage Out*, by Virginia Woolf”

Both Swanson and Froula ultimately argue that *The Voyage Out* is a failed attempt to construct either an independent identity or the artist-self. Each critic reads Rachel's death as brought on by her exposure to and participation in the marriage plot. Rachel, though she enters into an engagement with Terence, is unable to truly learn to speak (or read) the language of socialization and thus fails to transition into subjecthood. Without this transition, according to Froula and Swanson, her only option is to dissipate into madness and death: "I suggest that Rachel's inability to read – in the sense that reading involves synthesis and pattern-making, making connections – helps cause her death. Reading in this sense entails intellectual and emotional agency and constitutes one process of becoming a subject" (Swanson, 300). For Woolf, both critics agree, the choice to end the novel as she does witnesses her inability to bring to fruition a narrative that could accommodate a character like Rachel. Woolf fails to devise a counter narrative that Rachel might 'read'. Rachel thus remains a failed artist, unable to bring herself into language and thus consigned to madness and death. Literally, Rachel dies in the throes of the chaos narrative.

Perhaps the most problematic part of the way many critics read *The Voyage Out* is their positioning around and through knowledge of Woolf's early sexual abuse and in the assertion that Rachel suffered a similar fate. Many critics base their reading of subject formation in the novel as deeply impacted by early sexual violence and abuse, asserting that because of sexual abuse Rachel and Woolf both struggled to maintain the critical distance and ability to read correctly necessary to become full subjects:



Rachel's inability to read in this way [with intellectual and emotional agency] is overdetermined by Rachel's education by her family and the culture at large, an education which centrally includes sexual abuse ... In other words, Rachel cannot maintain boundaries between herself and the 'texts' she encounters. But why can Rachel not maintain a separateness, a critical distance? Incest and other forms of abuse are precisely about violating physical and psychic boundaries, and childhood abuse interrupts the victim's development of personality and psychic defenses. A symptom of childhood sexual abuse is just this inability to maintain psychic boundaries, a separate identity. Sympathy, that valued trait of the 'true woman,' is of course also about not maintaining separate desires, feelings, identity, 'a view of one's own.' In this way, sexual abuse works effectively as part of female socialization. (Swanson, 300-301)

On the one hand, accounting for the ways the sexual abuse of children impacts subject formation is an important point to make. However, that connection becomes problematic when used desperately to establish an origin point and, in doing so, reductively overdetermining children of abuse (or women in general) in asserting that they are not subjects – or, perhaps most alarmingly, through the use of such negative language, to assume that all access to crossing psychic boundaries necessarily originates in some form of abuse. For one, Rachel is certainly a subject in the novel. Secondly, it is unclear how, following the line of argument offered by Swanson, Woolf, a survivor of childhood sexual abuse, would be able to author a text if she indeed lacked the critical distance between herself and said text. Problematically, this criticism reads Rachel's death as a

‘failure’ of Woolf’s to create a narrative through which Rachel might become an artist-self: “Rachel is unable to achieve the ‘view of her own’ which constitutes independent subjectivity” (301). Thus, the onus is not upon a larger system of narrative creation that does not leave space for alternative subject formation, but rather on Woolf to rescue the virgin Rachel, just as Sabrina in the myth (read during Rachel’s hallucination and fever) is called to rescue.

Instead of reading the novel as many critics do – as a “hysterical” text (Swanson 285) –I propose thinking through the critique Woolf’s writing wages against the type of criticism detailed above. Indeed, instead of reading the novel as a failure to produce a full artist-subject, capable of maintaining psychic distance, Woolf posits the problematic nature of such a conception of subject formation. Indeed, it is not a failure on the part of Rachel that she is not able to read texts correctly, instead this “inability” is portrayed as the lynch-pin of her *ability* to be an artist (in this case, Rachel’s early sexual abuse would not be viewed as a tragedy that would follow her through life and prevent her from becoming a subject, but rather an experience that informed the subject she became). Rachel exposes the limitations of a conventional understanding of subject formation, (as separate and masculine) demonstrating the extent to which the model keeps full expression (of pain, joy and individual experience) from taking place. Instead of reifying conventional ideas of subject formation, and thus thinking through the failures of those who suffered abuse, my reading suggests Woolf sought to critique systems that blamed the victim. For Woolf, those systems kept the abused down and out of narrative and

subjecthood. Woolf seeks to establish a character able to endure and represent chaos—not only because of abuse.

Essential to my reading is Rachel's experience of night terrors and hallucinations. I would like to begin my reading at the beginning stages of Rachel's illness – the illness from which she eventually dies. Chapter XXV opens with Terence reading Milton's *Comus* to Rachel in the garden. They have just returned from their journey up river to see the aboriginal tribe and are now engaged. Terence reads Milton because "he said the words of Milton had substance and shape, so that it was not necessary to understand what he was saying; one could merely listen to his words; one could almost handle them" (338). Still, though Terence assures her that Milton is eminently understandable – even on the most physical of levels, Rachel struggles because she cannot help but feel (physically) the painful weight of Milton's words:

The words, in spite of what Terence had said, seemed to be laden with meaning, and perhaps it was for this reason that it was painful to listen to them; they sounded strange; they meant different things from what they usually meant. Rachel at any rate could not keep her attention fixed upon them, but went off upon curious trains of thought suggested by words such as 'curb' and 'Lochrine' and 'Brute,' which brought unpleasant sights before her eyes, independently of their meaning. (339)

Rachel cannot listen to Milton without feeling pain. When Terence tells Rachel that Milton's words "had substance and shape ... one could almost handle them" (338), he

means handle in a physical sense – as though they were physical objects one could pick up and turn over in your hands. For Rachel, however, she cannot “handle” the pain the meaning of the words gives her. While Terence experiences Milton’s words physically – as objects – Rachel experiences them as “laden with meaning” and this weight causes her pain. Rachel expresses here that the meaning she feels from the words extends beyond what the words actually mean: “they meant different things from what they usually meant” (339).

The fact that they are reading Milton’s *Comus* together cannot be overlooked. *Comus* was a Mask performed for the first time on September 29, 1634 at Ludlow Castle (Luxon). It tells the story of a woman, Lady, and her two brothers. The three wander through the woods, lost, and when Lady becomes tired, the brothers leave her in order to find help. After the brothers leave, Lady is met by Comus who is disguised as a virtuous man (yet holding a Charming Rod). He tricks her into returning to his castle and once there she realizes that Comus is not a good man, but a debauched man obsessed with necromancy, who has taken her to his castle in order to defile her. Lady is tied to a chair and tempted by Comus. She does not yield and argues against him using reason – while also demonstrating a clear freedom and presence of mind. Comus argues that sexual appetites and desires are natural (thereby licit). However, Lady argues that only rational self-control is enlightened and virtuous. Many critics argue that the dialogue that ensues between Comus and Lady posits them as body and soul, respectively. Their argument

hashes out the distinctions between all moral opposites<sup>12</sup>. Eventually, Lady's brothers, aided by an angel, fight off Comus. Still, Lady remains bound to the chair. It is only after the angel spirit summons Sabrina that Lady is freed from the chair. Sabrina frees her because Lady remained steadfast in her virtue and is thus rewarded. Ultimately, Milton's Mask rewards Lady's ability to use her mental fortitude to withstand the temptations of Comus.

Milton's Mask is an interesting story for Terence and Rachel to be reading together. On one hand, the narrative is very sexually charged. Comus appeals to Lady in the basest ways, whereas she fights him through logic and rational arguments. Terence and Rachel also exist on opposite ends of the same argument. He clearly understands the weight and clarity of Milton's lesson (while also enjoying the raunchiness of the descriptions – Foucault would have a lot to add here). Rachel, on the other hand, is emotively caught up in the plight of Lady. She feels disquiet and pain in listening to a narrative that celebrates the virgin retaining her virginity. As a newly engaged woman, Rachel hears this story from her fiancé – the man with whom she will lose her own virginity. Thus, the message, which is so black, white and simple for Terence, is fraught and troubled for Rachel.

I contend that the story of Comus, Lady and Sabrina continues to resurface throughout Rachel's deliriums. As Rachel's headache and fever worsen, she recognizes

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<sup>12</sup> See: Will Stockton's "The Seduction of Milton's Lady: Rape, Psychoanalysis, and the Erotics of Consumption in Comus," Jim Stewart's *The Birth of Rachel Vinrace from the Spirit of Music*, and A.S.P. Woodhouse's "The Argument of Milton's Comus"

that she begins to lose time: “Rachel went to bed; she lay in the dark, it seemed to her, for a very long time, but at length, waking from a transparent kind of sleep, she saw the windows white in front of her, and recollected that some time before she had gone to bed with a headache” (340). She is sick and sleeping through the day, which causes her to lose sense of the passage of time. However, as the illness goes on, Rachel speaks pointedly of how her experience of illness, and the loss of time, causes her to fall out of step with the ordinary world” There was all the morning to get through, and then all the afternoon, and at intervals she made an effort to cross over into the ordinary world, but she found that her heat and discomfort had put a gulf between her world and the ordinary world which she could not bridge” (341). As Rachel’s illness pulls her further from the ordinary world, she begins to experience hallucinations and dreams as the two worlds she currently exists between converge:

The glassy, cool, translucent wave was almost visible before her, curling up at the end of the bed, and as it was refreshingly cool she tried to keep her mind fixed upon it. Helen was here, and Helen was there all day long; sometimes she said that it was lunchtime, and sometimes that it was tea-time; but by the next day all landmarks were obliterated, and the outer world was so far away that the different sounds, such as the sounds of people passing on the stairs, and the sounds of people moving overhead, could only be ascribed to their cause by a great effort of memory. The recollection of what she had felt, or of what she had been doing and thinking three days before, had faded entirely. On the other hand, every object in the room, and the bed itself, and her own body with its various limbs and their

different sensations were more and more important each day. She was completely cut off, and unable to communicate with the rest of the world, isolated alone with her body. (342)

Interestingly, Rachel's movement away from the 'ordinary world' to the unfamiliar world of illness is not marked by a separation from her own body. In fact, this movement away from the world of lunch and tea-time and her family, makes Rachel more aware of her body – at least wherein she references it (when a nurse comes in to tuck the blanket around her feet, Rachel is unaware that the toe referenced belongs to her). I contend that an embodied Rachel moves into the words of Milton – the words Terence read to her in the garden just before she fell ill. Rachel moves into another narrative in order to work through the narratives of her own life (the marriage plot, betrayal, isolation, violence, birth, etc).

As Rachel moves further from the ordinary world, she has a succession of four hallucinations – or episodes wherein she finds herself in another place entirely. I first want to present all four episodes, after which I will talk through them as a group. The first time, she finds herself “walking through a tunnel under the Thames, where there were little deformed women sitting in archways playing cards, while the bricks of which the wall was made oozed with damp, which collected into drops and slid down the wall” (344). The second episode happens when Terence is with her in the room. He's trying to talk with her about all the letters from England that have come for her, but instead of responding to him, she says:

“You see, there they go, rolling off the edge of the hill,” she said suddenly.

“Rolling, Rachel? What do you see rolling? There’s nothing rolling.”

“The old woman with the knife,” she replied, not speaking to Terence in particular, and looking past him. As she appeared to be looking at a vase on the self opposite, he rose and took it down.

“Now they can’t roll any more,” he said cheerfully.” (345)

The third episode occurs once again in the presence of Terence. He leans down to kiss her and her eyes open wide: “But she only saw an old woman slicing a man’s head off with a knife. ‘There it falls!’ she murmured. She then turned to Terence and asked him anxiously some question about the man with mules, which he could not understand. ‘Why doesn’t he come? Why doesn’t he come?’ she repeated. He was appalled to think of the dirty little man downstairs in connection with illness like this, and turned instinctively to Helen ...” (351).

Rachel’s fourth and final episode is perhaps the most vivid. She describes having been out of contact with the ordinary world for six whole days because the other world with “the hot, red, quick sights which passed incessantly before her eyes” needed her complete attention (353). Rachel describes trying to understand of all the sights and images, seeking a way to connect and make sense of them all together. Then, on the fourth afternoon:



she was suddenly unable to keep Helen's face distinct from the sights themselves; her lips widened as she bent down over the bed, and she began to gabble unintelligibly like the rest. The sights were all concerned in some plot, some adventure, some escape. The nature of what they were doing changed incessantly, although there was always a reason behind it, which she must endeavour to grasp. Now they were among trees and savages, now they were on the sea, now they were on the tops of high towers; now they jumped; now they flew. But just as the crisis was about to happen, something invariably slipped in her brain, so that the whole effort had to begin over again. The heat was suffocating. At last the faces went further away; she fell into a deep pool of sticky water, which eventually closed over her head. She saw nothing and heard nothing but a faint booming sound, which was the sound of the sea rolling over her head. While all her tormentors thought that she was dead, she was not dead, but curled up at the bottom of the sea. There she lay, sometimes seeing darkness, sometimes light, while every now and then some one turned her over at the bottom of the sea. (353)

Each of Rachel's visions takes her further from connection with the people and places in her lived life. Before her illness, Rachel was closely bonded to Helen and Terence. She had begun planning a future life with Terence (even with the knowledge that this life would change the one she currently lived, specifically the triangulated relationship she, Helen, and Terence shared). The final word we get from Rachel is a dialogue that asserts her strong and profound distance from the ordinary world:

She had come to the surface of the dark, sticky pool, and a wave seemed to bear her up and down with it; she had ceased to have any will of her own; she lay on the top of the wave conscious of some pain, but chiefly of weakness. The wave was replaced by the side of a mountain. Her body became a drift of melting snow, above which her knees rose in huge peaked mountains of bare bone. It was true that she saw Helen and saw her room, but everything had become very pale and semi-transparent. Sometimes she could see through the wall in front of her. Sometimes when Helen went away she seemed to go so far that Rachel's eyes could hardly follow her. The room also had an odd power of expanding, and though she pushed her voice out as far as possible until sometimes it became a bird and flew away, she thought it doubtful whether it ever reached the person she was talking to. There were immense intervals or chasms, for things still had the power to appear visibly before her, between one moment and the next; it sometimes took an hour for Helen to raise her arm, pausing long between each jerky movement, and pour out medicine. Helen's form stooping to raise her in bed appeared of gigantic size, and came down upon her like the ceiling falling. But for long spaces of time she would merely lie conscious of her body floating on the top of the bed and her mind driven to some remote corner of her body, or escaped and gone flitting round the room. All sights were something of an effort, but the sight of Terence was the greatest effort, because he forced her to join mind to body in the desire to remember something. She did not wish to remember; it

troubled her when people tried to disturb her loneliness; she wished to be alone. She wished for nothing else in the world. (355)

For Rachel, the illness bears out into perfect peace wherein she did not have to join her mind to her body (something Terence asked her to do). She ends the novel feeling as though all of her will is gone and she is left floating away from the interests and requirements of society. Crucially, Terence ends the novel feeling the same way.

I contend that how we read these episodes for Rachel cannot be separated from the path Terence takes at the end of the book. Indeed, as Rachel moves through these episodes and further disengages from the ordinary world, Terence experiences profound breakthroughs in his ability to feel with another person. Terence begins (at the start of Rachel's illness) with terror at the thought that Rachel's headache might be catastrophic and take her from him. Throughout much of Rachel's illness, Terence refuses to acknowledge that she might actually die. He refuses to contemplate what her loss would mean to his life. He cannot see a path beyond the life he'd planned with her in it. His pain then moves into a dullness and lack of emotion:

Suddenly he saw it all. He saw the room and the garden, and the trees moving in the air, they could go on without her; she could die. For the first time since she fell ill he remembered exactly what she looked like and the way in which they cared for each other. The immense happiness of feeling her close to him mingled with a more intense anxiety than he had felt yet. He could not let her die; he could not live without her. But after a momentary struggle, the curtain fell again, and he

saw nothing and felt nothing clearly. It was all going on--going on still, in the same way as before. Save for a physical pain when his heart beat, and the fact that his fingers were icy cold, he did not realise that he was anxious about anything. Within his mind he seemed to feel nothing about Rachel or about any one or anything in the world. He went on giving orders, arranging with Mrs. Chailey, writing out lists, and every now and then he went upstairs and put something quietly on the table outside Rachel's door. (354)

Eventually, Terence begins to feel again and the way he feels differs drastically from the way he once felt about Rachel. Terence's movement away from blind terror and resignation allows him to see that though Rachel may die, he can go on living.

Still, his experience with her dying allows him to see his own society in a different light:

“But when we're together we're perfectly happy,” he said. He continued to hold her hand.

The light being dim, it was impossible to see any change in her face. An immense feeling of peace came over Terence, so that he had no wish to move or to speak. The terrible torture and unreality of the last days were over, and he had come out now into perfect certainty and peace. His mind began to work naturally again and with great ease. The longer he sat there the more profoundly was he conscious of the peace invading every corner of his soul. Once he held his breath and listened acutely; she was still breathing; he went on thinking for some time;

they seemed to be thinking together; *he seemed to be Rachel as well as himself*; and then he listened again; no, she had ceased to breathe. So much the better—-this was death. It was nothing; it was to cease to breathe. It was happiness, it was perfect happiness. They had now what they had always wanted to have, the union which had been impossible while they lived. Unconscious whether he thought the words or spoke them aloud, he said, “No two people have ever been so happy as we have been. No one has ever loved as we have loved.” (357 emphasis mine)

For Terence, the only way he and Rachel could merge together was through the death of one of them. Rachel’s death allows Terence to see his society in new and different ways. From these, he is changed. Rachel dies in the middle of her transition from girl to woman. She is never able to fully accommodate the marriage trope with the ideas about a free mind and virginity. Still, both she and Terence are given a space wherein they can change and navigate the transition. They both achieve deep feelings of peace and acceptance at the close of the novel. Both experience radical versions of themselves and the other. Both feel deeply. Rachel experiences the merging she’s desired all along – a merging within. Terence, too, experiences the merging he’s desired throughout the novel – a merging with another. Terence feels himself as well as Rachel and Rachel gets to feel herself.

Swanson reads these experiences as components of a hysterical text: “Further, through my reading of *The Voyage Out* as a ‘hysterical’ text, I demonstrate that Woolf’s

text enacts even as it tells how sexual abuse is a major obstacle to the development of the female subject, to the achievement of agency in discourse and society” (285). In my reading, however, the point of the delirium is not just a way through which Woolf demonstrates the costs associated with childhood sexual abuse, but rather a careful choice toward creating a discourse through which the abuse can be spoken wherein the goal is not to create a subject or to create agency, but rather to express the reality of pain and confusion associated with subject formation. Thus, the lack of a coherent narrative during Rachel’s responses to both Richard Dalloway on the boat and then to Terence as she drifts towards death, is not a failure of narrative but rather the forging of a new form, a form that works to hold through disintegration the chaos of true subject formation. My reading seeks to value the chaos of Rachel’s fever, thinking of it not as a failure to make “meaningful patterns,” but as an attempt to reconstruct the very terms themselves (Swanson, 303). In this way, Rachel goes beyond Arthur Frank’s chaos narrative and moves toward an articulation of the chaotic effect.

### **At the Will of the Body: An Exploration of the Chaos Narrative**

Part of what Virginia Woolf accomplishes in *The Voyage Out* is a repudiation of conventional marriage tropes. Woolf writes against issues of narrative progression and the passage of time (see discussion of chaos in Chapter 1) as she attempts to elicit a new narrative formulation. The birthing of a new narrative, however, is much like the birthing of a new subject: the subject must come into consciousness. Part of coming into consciousness, in the traditional conception of the movement, is the newly formed

subject's entry into language, and the acceptance and ordering accorded by traditional narrative structures.

Woolf's Rachel Vinrace exists within the intermediary period between childhood and the acceptance of traditional narratives. Conventionally, she would not be considered a 'full' subject because she has yet to order her life according to preset narratives. Indeed, as many critics point out, Rachel never fully moves from the intermediary period into full adulthood (or subjecthood) because she dies before the transition is complete<sup>13</sup>. However, I wish to argue that Rachel's intellectual and emotional movement in the novel is an important representation of what happens during the crucial period when subject formation begins to take place. Thus, the novel captures the turbulent, chaotic and terrifying time when subjects begin the process of coming into their own. As such, Woolf's portrayal of Rachel allows for an important study of the chaotic narrative at the heart of the transition period, before the normalizing discourses fully take over.

My reading does not limit analysis to the terms of specific subjective positions used by critics (the sexually abused, the feminine), but rather seeks to demonstrate the ways in which Woolf demonstrates the existence and importance of the chaotic intermediary point in *all* subjective experience and formation. As such, her portrayal seeks to get at the great costs but also great potential implicit in this chaotic state.

Indeed, instead of seeing the subject as already predetermined by early childhood

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<sup>13</sup> See Monica Lantham's "Exploring the Limits of Unreadability: Virginia Woolf's Melymbrosia and *The Voyage Out*," Maria Alessandra Galbiati, James Harris and Acta Scientiarum's "Reality and Language in *The Voyage Out*, by Virginia Woolf," E.H. Wright's "The 'Girl-Novel': Chance and Woolf's *The Voyage Out*," and Emma Sutton's "'Within a Space of Tears': Music, Writing, and the Modern in Virginia Woolf's *The Voyage Out*."

experiences, Woolf's portrayal elucidates the great number of possibilities at this stage. The problem then is not the chaos of transition, but the formal narratives that impose themselves upon it, for it is the formal narratives that stop the possibility of full expression by only allowing for a finite number of possible expressions.

Thus, Rachel's death at the end is both an actual death and a metaphorical one. Her death marks the end of her chaotic transitory time and after she dies the culture of the hotel returns to business. Rachel's chaos is forgotten and the dominant narratives of culture reinstate themselves as though her experience never occurred. The same would have happened had Rachel survived. Indeed, headed down the path of marriage and family, Rachel would have transitioned out of chaos (read here as a time of multiple narratives existing together and at the same time), taken on dominant discourse, and allowed the chaos to die. Woolf's choice for Rachel to die at the end is not, as many read it<sup>14</sup>, a failure to envision another narrative through which Rachel might be expressed (because Woolf does express Rachel in the novel), but rather a statement about the process of subject formation as a whole: chaos happens and then it is written over and denied.

After Rachel's death is known at the hotel, Evelyn and Mrs. Thornbury seek to shake off the daze connected with the premature death of Rachel. Mrs. Thornbury comments: "“And yet the older one grows,” she continued, her eyes regaining more than

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<sup>14</sup> See Monica Latham's "Exploring the Limits of Unreadability: Virginia Woolf's *Melymbrosia* and *The Voyage Out*"; and Maria Alessandra Galbiati "Reality and Language in *The Voyage Out*, by Virginia Woolf"



their usual brightness, ‘the more certain one becomes that there is a reason. How could one go on if there were no reason?’” (370-371). At this, Evelyn’s sobs quiet and she responds: “There must be a reason . . . It can’t only be an accident. For it was an accident – it need never have happened” (371). Evelyn and Mrs. Thornbury are not the only two who seek to make sense of Rachel’s death. During the time the news moves through the hotel and Woolf recounts the responses of each character, it is clear that though each is sad there is also a desperate attempt to make sense of the death. Rachel’s decision to go on the journey up the river is pointed to, as well as her decision to drink the water.

Each character seeks to find a reason behind the inexplicable. They also seek to find reasons for what seems to be an occurrence without reason or predictability. Thus, their accounting for her death is directly linked to their own fear of the chaos it represents: of their own continual closeness to the uncontrollable below the surface. By finding ‘reasons,’ each character seeks to erect a third wall – a critical distance – between themselves and the chaos of life. Thus, the narrative of reason they eventually decide upon (the narrative that allows them to return to “normal” life) reaffirms their separate subjective identities, creates a dominant discourse through which the pieces are coherently arranged, while also exposing their consciousness of the falsity of that separate identity.

Rachel’s death then is not the failure on the part of Woolf to birth a new narrative, but rather an exposure by her of the falsity of conventional narratives and subject formation as a whole to apprehend the reality of chaos. Rachel’s death allows us to see

the reassertion of a dominant discourse, while also seeing how that dominant discourse is a tool used to keep chaos at bay. Indeed, Evelyn emerges as one of the only characters at the hotel willing to spend some time thinking through the meaninglessness of Rachel's death. Evelyn admits that the death does not make sense, and because she does so, the other characters (Arthur and Susan particularly) quietly wish that she would stop talking.

### **A Phantom Conversation: Psychotic Collapse and the Birthing of a Speaking Thou in Virginia Woolf's *Mrs. Dalloway***

I now turn from *The Voyage Out* to one of Woolf's most famous novels: *Mrs. Dalloway*. Building on my analysis of *The Voyage Out*, particularly continuing the discussion of how individuals might merge with each other, I will argue for a new approach to the relationship between Mrs. Dalloway and Septimus Warren Smith. Instead of viewing them as doubles for each other, I wish to consider them in psychoanalytic terms as analysand and symptom, and will do so using the theorizations offered by Slavoj Žižek in his book *The Sublime Object of Ideology*. Using Žižek, I wish to map what I see as a double progression in the novel. The first progression is the movement of Septimus through his own psychic collapse – one that strips him of his identity and leads to his death. The second progression involves Mrs. Dalloway and her secondary participation in the fate of both Septimus and herself. The two progressions overlap throughout the book, but the decisive distinction between them involves Septimus' position first as the analysand of his own collapse and secondly as the symptom of Mrs. Dalloway's progression. Importantly for my reading, neither Septimus nor Mrs. Dalloway inhabits positions exclusively or fixedly. Moreover, though both are

conceptualized as “it” socially – Septimus as patient and soldier and Mrs. Dalloway as wife and hostess – through their shared connections, overlaps, and witnessing, they transcend the limits of nomination and place and intertwine to form a new kind of identity structure.

Critical readings of Septimus conceptualize him as a person upon whom symptoms rest – he carries the trauma of war upon his psyche<sup>15</sup>. But what I seek to demonstrate is that instead of carrying the symptoms, Septimus is himself a symptom of what the upper classes seek to conceal (the war, illness, poverty, the darkness of human nature, the inability to feel, etc). Septimus confronts the darkness of human nature, a confrontation that causes him to lose the ability to subvert his emotions. He thus becomes an ‘it’ to the upper classes – a case that must be sequestered away in the country. It is Septimus’ psychic collapse that marks him as the symptom of the classes that seek to conceal the truths he sees. Just as Freud could not fathom Dora’s actual chaotic response to Herr K’s advances, so the doctors treating Septimus could not recognize or cede reality to his chaos.

Septimus dies, and the establishment is pleased. For them, his suicide removes a dangerous threat. Thus, though Septimus sees truth behind the fabric of life, his death still works in accordance with the cultural and medical desire to quiet and expunge him. I contend that the madness and eventual death of Septimus is an important critique on

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<sup>15</sup> See Johanna X. K. Garvey’s “Difference and Continuity: The Voices of Mrs. Dalloway”; Jacob Littleton’s “Mrs. Dalloway: Portrait of the Artist as a Middle-Aged Woman”; and Deborah Guth’s “What a Lark! What a Plunge!: Fiction as Self-Evasion in ‘Mrs. Dalloway’”

Woolf's part about the ways stories work within established society. Septimus is a symptom of social unrest. He is a war survivor. He has a foreign-born wife. He occupies various minority positions and, perhaps most threateningly, he carries the mental scars of war. Septimus' madness is characterized by flashbacks and memories of the war, but a keen awareness of social sabotage is also present. Septimus feels chased and hunted: not just by his memories – by the horrific death of his friend and his own inability to feel – but also by the doctors of Mrs. Dalloway's class. Woolf is not just speaking about what the war did to the men who fought it, she is also pointing a finger at those who sought to 'treat' the men. This treatment was not out of care or compassion, but out of a deep desire to silence those who threatened to unveil the deep wounds carved out on the lower classes of British society.

In many senses, Septimus is what happens when Arthur Frank's conception of the chaos narrative is carried through to the end. Septimus becomes and is the chaos of the symptom and in that, he is reduced only to a symptom that needs treatment and silencing. He is not a man. He is a threat. There is no distinction, within the traditional/dominant narrative (of chaos or culture), between Septimus and the symptom. Thus, Septimus is Woolf's critique of the ruling, singular, traditional narratives, and – in extension – of Frank's discussion of a chaos narrative. Woolf sees what happens to Septimus, both at war and back at home, as acts of domination and she seeks to expose the need for spaces wherein Septimus can express his sadness and horror and guilt and shame and not be identified as a threat to society. Woolf wants to point out that a space must be made wherein Septimus can be heard without threatening the fabric of society. Indeed, Woolf

carefully traces the similarities between Septimus and Clarissa, exposing the ways Clarissa can find space to experience her depression but Septimus cannot. Clarissa can sink deep into despair and still return to society. Septimus sinks into a similar despair (perhaps even a more understandable one) and must be destroyed immediately.

Mrs. Dalloway is moved by Septimus' death. She is able to see the ways in which her class hunted down and contributed to his death, but is able to separate herself from it and return to her party. Importantly, the novel ends in much the same way as *The Voyage Out*. In both, there is a death and then a return to normalcy. Indeed, the same critique could be made about Septimus as was made about Rachel. Why does Woolf not find a way for Septimus to survive – to be heard – to live within the novel? Whether or not the two characters survive the end of the book does not matter because both die narratively speaking, regardless. Importantly, however, is the survival of Mrs. Dalloway. She does not kill herself. Thus, while Woolf demonstrates the destruction of Septimus, she also charts the survival of Clarissa and in doing so shows us a way whereby chaos can remain and be lived out (in constructive ways) in the bodies/body of another.

### **Symptomatic Vision: Žižek's *The Sublime Object of Ideology* (briefly)**

In order to explore Septimus' psychic collapse, I turn to the theorizations regarding such collapses by Slavoj Žižek in his book *The Sublime Object of Ideology*. Žižek posits that the psychoanalytic process of relieving (or understanding) a symptom is generally couched in terms of discovering a way through a door once perceived as locked shut. The analysand looks to the analyst to make sense of the symbolic moves that

produce the symptom, thus allowing both the analysand and analyst to discover the kernel hidden within the subconscious that produced the symptom in the first place. Žižek argues that the path back to the root of the symptom – the path back to the kernel of “Truth” – involves following a path that might at first appear separate from the analysand (in that it is beyond the analysand’s conscious control), but which ultimately manifests itself as a product of the analysand’s desire. Thus: “the subject has to grasp how, from the very start of the game, the door concealing the secret was meant only for him, how the real secret at the end of the Jew’s narration is his own desire – in short, how his external position *vis-à-vis* the Other (the fact that he experiences himself as excluded from the secret of the Other) is internal to the Other itself” (66). Žižek’s analysis attempts to elucidate the ways that interpersonal conflicts parallel intrapersonal conflicts (indeed, an interesting question would be: which came first, the interpersonal or the intrapersonal in Žižek’s model?) The goal of psychoanalytic therapy is thus to get the analysand to recognize that “the very feature which seems to exclude the subject [the analysand] from the Other [the symptom, the manifestations of the subconscious: the Id, the Ego, the SuperEgo] ... is already a ‘reflexive determination’ of the Other; precisely as excluded from the Other, we are already part of the game” (66). This exclusion from the root of our desire thus appears the method by which conscious subjectivity is created. Our hidden desire, because it cannot be spoken, creates a space in which we misrecognize our distance from the other.

## **Submerged in the Sublime: Septimus' Demise at the Hands of Human Nature**

Septimus Smith has generally been regarded as the mad character of *Mrs. Dalloway*. He mumbles inaudible, opaque monologues until he, to avoid the doctors coming up the stairs, throws himself from a window – shouting “I’ll give it you!” – and ultimately giving the doctors what they want – a way to be rid of Septimus Smith. Because Septimus is ‘mad’ many critics do not look carefully at what he actually says, and in doing so merely write his language off as mad gabbling. However, in attending more closely to Septimus, critics such as Alex Zwerdling, seek to reorient Septimus within the terms of his social system, and discuss what Woolf sought to show about how the ruling class kept its position.

Zwerdling, in his book *Virginia Woolf and the Real World*, dedicates an entire chapter to *Mrs. Dalloway* – paying particular attention to the place of Septimus in the text. Zwerdling posits that Virginia Woolf’s purpose, at least one of them, upon beginning *Mrs. Dalloway*, was to “criticize the social system, & show it at work, at its most intense” (D, II, 248) (120). The novel then, “is in large measure an examination of a single class and its control over English society – the ‘governing class’ (86), as Peter Walsh calls it” (120). Zwerdling argues that historical documentation demonstrates that the elite class – the class of the Dalloways – is “living on borrowed time. Its values – ‘the public-spirited British Empire, tariff-reform, governing-class spirit’ (85-86), in Peter’s words – were very much under attack” (121). Thus, Mrs. Dalloway’s party is, in

Zwerdling's view, "a kind of wake. It reveals the form of power without its substance" (122).

Under attack, the ruling class seeks to keep its power through "solidity, rigidity, stasis and the inability to communicate feelings" (Zwerdling,122). Witnessing these assets is the fact that "though the war had transformed the lives of millions of people, only one character in the novel – Septimus Smith – seems to have counted its cost, both to the victims of the slaughter and to the survivors" (122). Though Septimus is from a different class than the Dalloways and their friends, Zwerdling sees him as a way by which "Woolf suggests that they [the British aristocracy] are engaged in a conspiracy to deny its [the war's] pain or its significance. Their ideal is stoicism, even if the price they pay is petrification" (122). However, Woolf further demonstrates how surface such calm is – demonstrates how thin the stoicism runs: Zwerdling asserts "But the calm is only on the surface; there is turbulence beneath. The class, in fact, uses its influence to exclude and sequester alien or threatening forces – the Septimus Smiths, the Doris Kilmans – and to protect itself from any sort of intense feeling" (124). Indeed, Clarissa fails to attain the stoicism of her class. She crosses class borders a number of times in the novel and is, as shown in the previous quote, shaken by Septimus and Kilman.

In a society thus organized around the suppression of strong feelings, characters that cannot suppress are relegated to the margins<sup>16</sup>:

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<sup>16</sup> See discussion of Foucault's critique of Freud and the psychiatric state in Chapter 1.



Such unruffled self-control has everything to do with the ability to retain power and to stay sane. The characters in Mrs. Dalloway who cannot learn to restrain their intense emotions (Septimus, Miss Kilman, even Peter Walsh) are all in serious trouble. They are the outsiders in a society dedicated to covering up the stains and ignoring the major and minor tremors that threaten its existence. When such people become too distressing, they are dealt with by the ‘authorities,’ agents of the governing class like the psychiatrist Sir William Bradshaw who act to make sure that ‘these unsocial impulses ... [are] held in control’ (113). For the anesthesia of the governing class must not be permitted to wear off. (125)

Because the anesthesia must be so carefully maintained, Mrs. Dalloway’s response to the news of Septimus’ death is particularly dangerous to the stability of her class. Her reaction, as Zwerdling points out, is “in marked contrast to the way her set usually deals with outsiders. His death shatters her composure and touches her in a profoundly personal way” (128). Mrs. Dalloway responds to the news as one would respond to the death of another human being, and part of her ability to do so comes from the fact that she, too, has been marginalized by the medical professionals due to her gender. In this, she moves beyond sympathy and empathizes with Septimus. The rest of her class, however, treats threatening presences by turning the “individual into a ‘case,’ as Bradshaw does in mentioning Septimus in the first place” (128):

In this way of treating alien experience, the living Septimus becomes a category, his life an ‘it’ to be considered by government committees drafting legislation.

The ability to translate individual human beings in manageable social categories is one of the marks of the governing-class mentality Woolf examines in the novel. (128)

Zwerdling argues that Septimus' treatment is itself a symptom of the upper-class society's assertion of self-control. Septimus is not just another patient of Bradshaw's – he is too dangerous for that. Instead, he must be turned into an 'it', into a 'case'. "Septimus Smith is instantly seen as a threat to governing class values not only because he insists on remembering the war when everyone else is trying to forget it but also because his feverish intensity of feeling is an implicit criticism of the ideal of stoic impassivity" (131). Septimus is dangerous because he is uncontrollable – because he threatens at any moment to boil over.

Zwerdling's approach to Septimus identifies Septimus as the carrier of the symptoms of society – he carries the psychic wound of war, he is treated by Holmes and Bradshaw. Zwerdling exposes the dangerousness of Septimus' character to Mrs. Dalloway's class. Septimus began as a well-controlled English citizen. It was when he went to war and saw his best friend die in front of him that his ability to not feel become a problem. Septimus watched his friend die and prided himself on the fact that he felt very little:

... when Evans was killed, just before the Armistice, in Italy, Septimus, far from showing any emotion or recognizing that there was the end of a friendship, congratulated himself upon feeling very little and very reasonably. The War had

taught him. It was sublime. He had gone through the whole show, friendship, European War, death, had won promotion, was still under thirty and was bound to survive. He was right there. The last shells missed him. He watched them explode with indifference ... he became engaged one evening when the panic was on him – that he could not feel ... these sudden thunder claps of fear. He could not feel. (86-87)

Septimus' crime, as he calls it, is that he could not feel – that he watched a friend die and was proud he did not mourn. Because of this crime – because he could not feel then and now panics at that lack of feeling – human nature is on him: “the repulsive brute, with the blood-red nostrils. Holmes was on him. Dr. Holmes came quite regularly every day. Once you stumble, Septimus wrote on the back of a postcard, human nature is on you. Holmes is on you. Their only chance was to escape, without letting Holmes know, to Italy – anywhere, anywhere, away from Dr. Holmes” (92). Human nature, here, is the British aristocracy, and seeing Septimus's conflation of the aristocracy and human nature signals the depths to which the British elite created the norms by which the lower classes lived.

Instead of thinking of Septimus as carrying the symptoms of his society (i.e. the set, dominant narrative), utilizing the theoretical principles of Žižek, we might begin to think of Septimus as the symptom itself. Indeed, following Žižek's logic, if Septimus must be turned into an 'it' in order to be expunged from the realm of sympathy, he loses his identity – he cannot carry the symptoms but becomes the symptom. The

confrontations can be seen as Septimus confronting his own symptom – the upper class that seeks to reduce him to an inhuman form. Thus, that which seems locked away from him actively works to destroy him. Confronting the doctors – confronting human nature – Septimus boils over with emotion and gives his life to them. He recognizes what will be asked of him (that he will be taken to a hospital and a new, organized narrative will be given to him, forcing him to pretend to not understand and know how the lower classes were sacrificed during the war) and instead opts to die. Septimus dies understanding both the doctor that seeks to imprison him and the man of the lower class who must escape.

### **Fingering the Sublime: Mrs. Dalloway's Secondary Participation**

Throughout the novel, Septimus and Mrs. Dalloway engage in overlapping internal monologues centered upon the same topics:

As has been noted in most critical studies of Mrs. Dalloway, the two characters are linked structurally by a series of words and phrases, which pervade the interior monologues of both. Sea, waves, drowning, fire, trees, flowers, 'fear not more' are all recurring images for both characters. Although they never meet, their paths through the physical world cross throughout the novel. On another level, the basis of their connection would also seem to be the experiences of both, differing only in degree of intensity, in the subjective realms of anxiety, isolation, ontological insecurity, and, finally, psychosis and mysticism. (Rigney, 41)

It is this overlap that led many critics to read the two as doubles for each another. Indeed, Mrs. Dalloway is the only one of her class to even register Septimus' death as an event.

In my estimation, however, they are not foils for each another but rather analysand and symptom. Septimus functions as a symptom for all of Mrs. Dalloway's class, yet she is the only one who recognizes him and his death. Thus, she is the only person in the book to move to a place of analysand.

Mrs. Dalloway can move to the place of analysand for a couple of reasons. First, she too knows what it is like to be ill. Just recovered from a life-threatening illness, she is thin and white still: Scrope Purvis thinks that there is "a touch of the bird about her, of the jay, blue-green, light, vivacious, though she was over fifty, and grown very white since her illness" (4). She remains in her upstairs room, alone and isolated. Mrs. Dalloway understands how illness feels, she contemplates the reality of death daily, and she was treated by the same doctors as Septimus:

Or there were the poets and thinkers. Suppose he had had that passion, and had gone to Sir William Bradshaw, a great doctor yet to her obscurely evil, without sex or lust, extremely polite to women, but capable of some indescribable outrage – forcing your soul, that was it – if this young man had gone to him, and Sir William had impressed him, like that, with his power, might he not have said (indeed, she felt it now), Life is made intolerable; they make life intolerable, men like that? (184-185)

Thus, Clarissa, who knows the feeling of being a patient, understands what sort of place it puts you in. She also recognizes the extent to which treatment for an illness drives the soul down – makes a person think life intolerable, because it drives out the feelings of the

poet and the thinker. In the world of Woolf's *Clarissa* and Septimus, treatment by a doctor makes everybody subvert their emotions and play along with the rules of the establishment.

Clarissa shows through her interior monologues and her interactions with her servants, Peter, and the shop clerk, that she is not as internally shut down as the people surrounding her. Zwerdling observes: "But Clarissa's soul is not dead; it has only gone underground" (140). It has gone underground but can come to the surface when she is alone – something she gets to be a lot since the illness. Zwerdling points out that it is when she is in solitude that she is fully able to think upon the death of Septimus:

The little room is a solitary retreat where 'the party's splendour fell to the floor, so strange it was to come in alone in her finery' (202). And in this solitude Clarissa allows herself to think about Septimus's death with full imaginative sympathy, understanding his feelings and situation instinctively with some part of her self that scarcely functions in the public world she normally inhabits. She realizes that Septimus had managed to rescue in death an inner freedom that her own life is constantly forcing her to barter away. (141)

Mrs. Dalloway imagines his death and from that generates feelings of sympathy and understanding. She also imagines the loss of self that Septimus encountered.

Thus, when Mrs. Dalloway is confronted with his death – with the literal death of the symptom – she careens into near psychic collapse. She feels herself pulled into his loss of self, feels herself merge with him and lose herself in the merging. At such a

moment, Mrs. Dalloway confronts her symptom and realizes that it is not separate from her – not a thing locked away – but a human creature who feels and dies as she imagines feeling and dying. Septimus exists for Mrs. Dalloway at this moment not as something separate but as something that is part of her – “without any division between ‘I’ and ‘thou’” (Naremore, 129). James Naremore, in his article “Mrs. Woolf’s World,” further sees this moment as one in which “the wonder of that sight not only removes her fear of dying, but makes her hesitate to reenter the world” (129).

### **After Psychic Collapse: Nuances to Zizek’s Model**

Both the fate of Septimus and Mrs. Dalloway provide important nuances to the theory offered by Slavoj Zizek regarding psychic collapse upon confrontation of the symptom. Indeed, only one of the confrontations leads to death. Moreover, Septimus’ collapse essentially executes the prevailing wish of the upper class. They seek to make Septimus invisible – to strip him of his identity and render him an ‘it.’ The process of his collapse allows for that very thing to occur. On the one hand Septimus’ journey through the book can be viewed in mystical terms – along the lines of Zizek – in which he digs to the depths of his subjectivity and confronts the power of his desire – the very thing which constructed his symptom in the first place. Once seeing the symptom – the need to not feel, the upper classes, Evans – Septimus recognizes that he is at once them and not them. But in recognizing that he is them, he must also recognize his desire to not be them. Thus, his act of giving himself to Dr. Bradshaw at his death is similarly an act of giving himself back to himself – it is an act of return just as much as it is an act of dismissal.

Septimus sees both sides of the world – both sides of himself – but he cannot exist within the world in a sane manner with such knowledge. Thus, he gives society what it wants – a place where he is not, a place where he does not threaten to destabilize the status quo. He gives them a reprieve.

In this way, Septimus' death exposes a potential in Zizek's work that is not present in the original. Zizek views the psychotic collapse as something that frees the individual from the confines of subjectivity – from the confines of a society that requires you to be separated from your own desire. However, Septimus' death demonstrates that the psychotic collapse could be used the other way, too. While threatening to the status quo while it happened, the end result – death – works precisely into the plan of those who wish to eradicate Septimus. He dies and they are freed from a very threatening force.

For Mrs. Dalloway, Septimus' death pulls her back from suicide. She feels the near mystical unity with Septimus that marks the collapse of the symptom: “She felt somehow very like him – the young man who had killed himself. She felt glad that he had done it; thrown it away. The clock was striking. The leaden circles dissolved in the air. He made her feel the beauty; made her feel the fun” (186). Yet, she pulls back just in time: “But she must go back. She must assemble. She must find Sally and Peter. And she came in from the little room” (86).

Mrs. Dalloway is saved by the need to assemble, by the need to bring people together and to create in that space. She is saved by her party – by her flower-like creation of beauty. She is also saved by her human connections, by Sally and Peter. Mrs.



Dalloway recognizes at the death of the symptom that human beings can live for two reasons: to create and for one another. She also recognizes, however, that exploring the idea of Septimus too much would take her too far from the things that sustain her life. Thus, she pulls back and is regrounded in the world she creates, a world she can now – upon confronting her symptom – more fully embrace.

Thus, Mrs. Dalloway also offers new possibilities to Žižek's conceptualization. Indeed, the book makes room for more than death at the end of a collapse – makes room for potential renewal in the form of more perfect creation. Mrs. Dalloway does not exist at the end of the novel as a woman who is only the perfect hostess. Instead, she is the beacon of the party, the center point upon which the creation of community rests. Because of Septimus' death, Mrs. Dalloway is able to see the beauty and the filth of her creation – a vision that exposes the larger structures beyond and behind the manifest images. Thus, the party remains beautiful, but no longer exists apart from the reality of Septimus' death, and the reality of a classed system that seeks to control and marginalize that which it will not claim for itself.

Another way of reading the ending, however, accords more closely with the questions concerning Septimus' ability to actually change the system he now sees with such clarity. Mrs. Dalloway catches a glimpse of it, but pulls back so as to not lose her mind. Importantly, she is a part of the ruling class that seeks Septimus' demise. However, she does see, but briefly. Quickly she moves back to safer ground. Thus, though Mrs. Dalloway is affected by Septimus' death, she also finds a way to

reincorporate it into her functional life map. She refuses to see the tragedy of Septimus' death because to see the reality of that tragedy would plant the possible demise of her whole social system – the social system that pulls her back and sustains her life. Thus, she sees but turns away – confronting then repulsing her symptom, or dominant narrative. Zizek does not account for this ability to see the symptom and then turn from it. In his model, once you see the symptom, you are changed forever. But in Mrs. Dalloway, there seems to be the existence of a character who can see and yet refuse to see.

Pierre Bourdieu speaks to this very predicament in his book *Masculine Domination*. Bourdieu seeks to map a system that he calls *doxa*. Doxa exists on many levels, but includes all aspects of lived life, from traditions to traffic lights. The paradox of doxa, he writes, is

the fact that the order of the world as we find it, with its one-way streets and its no-entry signs, whether literal or figurative, its obligations and its penalties, is broadly respected; that there are not more transgressions and subversions, contraventions and 'follies' ... or, still more surprisingly, that the established order, with its relations of domination, its right and prerogatives, privileges, and injustices, ultimately perpetuates itself so easily, apart from a few historical accidents, and that the most intolerable conditions of existence can so often be perceived as acceptable and even natural. (1)

For Bourdieu, such a system is maintained by its ability to inflict symbolic violence upon its subjects. People are kept ordered because they are taught that to be unordered – to be,

in Mrs. Dalloway's case, emotionally out of control – is to go against the very sanity of the world. Importantly, this language is reflected in the way the chaos narrative is conventionally defined and theorized.

Bourdieu also postulates that doxa is so powerful that it is able to take transgressors and reabsorb them into the fabric – reintegrating them through a process of normalization. This reintegration involves a sort of awareness on the part of the system regarding the nature of the transgressors and how their transgressions might be manipulated back into working for the system instead of against it. Septimus' breakdown is a perfect example of what Bourdieu posits and also fully exemplifies Foucault's points about psychiatric power (as described in Chapter 1). He is a transgressor who threatens to undermine the entire stability of the upper class. His transgressions, however, take him through a psychotic break which, though it allows him to confront his symptom and desire, ultimately delivers him up to the benefit of the ruling class: he is ignored because he is 'crazy,' he is stripped of his subjectivity and thereby turned into a case, and ultimately dies. Thus, a powerful movement against the system is manipulated into a movement for the system.

### **Entering the Sublime: A Conclusion**

Regardless of whether or not Mrs. Dalloway's response after confronting the death of Septimus Smith is merely a reintegration into the existing system, it yet remains that she gains some level of comfort and reaffirmation. Perhaps the news is a point of catharsis for her – a purging of emotions and feelings she had been carrying with her that

needed respite – respite that was found in the experience and demise of another. There is no place for this regeneration in Žižek’s model. Indeed, there is no room for a mystic unity that does not overwhelm and destroy. But what we find at the end of Mrs. Dalloway is an insight that allows for growth – a “mystic communion between the dead Smith and the live Clarissa with which the novel ends, and by which Clarissa avoids her own suicide” (Spilka, 319).

I opened the Preface with a quote from Virginia Woolf’s “On Being Ill.” In that piece, Woolf explores the experience of illness and experiments with the idea of illness as a topic of literature. Woolf acknowledges that many people would think “that a novel devoted to influenza lacked plot” (12). However, to her mind, facing illness requires many of the most essential human emotions and virtues: “To look these things squarely in the fact would need the courage of a lion tamer; a robust philosophy; a reason rooted in the bowels of the earth. Short of these, this monster, the body, this miracle, its pain, will soon make us taper into mysticism, or rise, with rapid beats of the wings, into the reaptures of transcendentalism” (12). Indeed, for Woolf, to look at illness squarely makes most want to run toward mysticism or transcendentalism in order to hide from the stark realities and pain. Still, her point, I think, is that we must all find the strength to deal with the realities of illness and not try to hide behind ideologies that numb and protect us. In hiding in these ways, we desert those who cannot hide – those dealing with chronic and terminal illnesses – those who will never be able to be “normal” again – those who have everything to lose and yet still must live on. Woolf directs us to think

about how we deal with illness and how those coping mechanisms separate us from the suffering of others, rendering us unable to hear them and their pain.

Ultimately, my reading of Woolf seeks to demonstrate the ways chaos exists within the narrative and is supported and explored through multiple lines. Woolf explores the negative effects of Freud's model of treatment and seeks to demonstrate that potentially good things can come from allowing space for chaos. For Woolf, in both novels, the experience of a chaotic effect is often brought on by the oppressive presence of social and medical pressures to adhere to specific narrative lines. Thus the chaos of the characters is both a response to and rejection of those pressures, while also providing space for merging and transformation to occur. Woolf specifically points out that such transformation and merging cannot exist within the pressures of society and medicine, but must find space in the rejection: this rejection is the chaotic effect.

### **Chapter 3: Speaking Subaltern:**

#### **Overcoming Narrative Barriers and Moving Toward an Ethic of Thou in the Intersection of Eastern and Western Discourses**

All segregation statutes are unjust because segregation distorts the soul and damages the personality. It gives the segregator a false sense of superiority, and the segregated a false sense of inferiority. To use the words of Martin Buber, the great Jewish philosopher, segregation substitutes an 'I-it' relationship for the 'I-thou' relationship, and ends up relegating persons to the status of things."

-- Martin Luther King, "*Letter from Birmingham Jail*"

Much of the talk in current feminism, specifically in critical race and queer theory, seeks to negotiate the way one might simultaneously recognize difference and bridge it. Indeed, questions arise regarding the possibility of fully understanding the differences that exist between people (class, race, gender, positionality, nation-hood, etc) while not simultaneously falling into a discourse that affirms the inability for people to speak to one another. How can we value difference and yet wish to speak to one another? What is implicit in a ‘difference’? What constitutes a bridge? How can people speak to one another? How can that speaking not reaffirm structures of power and oppression? Is it possible to speak affirmatively, intimately, supportively? Furthermore, what constitutes authentic speaking? Does such a practice exist? These questions are vital for negotiating ways of producing dialogue between distinct identity positions, but they are also important for thinking through how those who are ill might tell their stories to those who are well. Indeed, how can an experience of illness be translated through language? How might pain be spoken?

Previously, I analyzed the fiction of Virginia Woolf in order to begin piecing together a way that people might speak across difference (gender, class, and illness). Woolf reaches for answers in her books *The Voyage Out* and *Mrs. Dalloway*. Indeed, at the end of *Mrs. Dalloway*, Woolf leaves us with a character who merges with another and in that moment Septimus exists for Mrs. Dalloway not as something separate but as something that is part of her – “without any division between ‘I’ and ‘thou’” (Naremore, 129). The merging between the two opens up the possibility for Mrs. Dalloway to

experience life in different terms. She pulls back from suicide and reintegrates with the party – but she does so changed. She reintegrates as a Thou and not as an It.

In order to elucidate more fully what I mean by that change, I wish to explore the writings of three thinkers in this chapter: Gayatri Spivak, Judith Butler, and Martin Buber. These thinkers each address the issues raised and all seek to understand how one might speak authentically in a world colonized by dominant discourses. The center of Spivak's essay "Can the Subaltern Speak," is the question she asks in the title. More specifically she asks: can the subaltern *woman* speak? In what ways are the dominant discourses arranged so as to prohibit her speech – designed to silence her story, her voice? Spivak concludes that the subaltern woman cannot speak through the prevailing discourses – that all discourses seek to silence her. Spivak thus calls for a revolution in discourses – a revolution that would provide other methods by which the subaltern woman might speak.

Butler, in the book *Giving An Account of Oneself* (2005), seeks to present an ethical discourse through which people might begin to witness one another via dialectic. Specifically, Butler establishes the relational patterns manifested in what Martin Buber would call the I-You dialectic. Through this dialectic, Butler asserts that people can begin to witness the ways in which dialogue constructs the subject and how, by better understanding this process, we might begin to shift the ways we formulate subjects. Utilizing Butler's formations provides an interesting counterpoint to Spivak's claim that the prevailing discourse needs transformation. Indeed, Butler provides a different model



from the one Spivak posits. For Butler, dialogue is about the recognition of the other – an intimate discourse instead of a speaking *at*. Butler seeks to speak *with*.

Beyond drawing out the various ways each thinker's ethical discussion speaks upon and expands the other's, I wish to introduce another voice into this conversation, that of the Jewish philosopher Martin Buber. Buber's groundbreaking exploration of the two types of relationships experienced by human beings (I-It , I-you, and I-Thou) clarifies and further develops the relationships theorized by Spivak and Butler. Beyond this development, however, I hope to use Buber's insights to establish a new ethical framework: an ethic of Thou. Drawing from the discussions of Spivak, Butler, and Buber, the ethic of Thou will institute a new form of human conversation in which both parties are Thous and are thereby both recognized fully, both by themselves and the other, within the dialectic. In this Thou-Thou construction, which finally displaces the language of the I (and thus recognizes the 'opacity' Butler posits), human subjectivity emerges in the multi-faceted way theorized by Hardt and Negri as the multitude. Indeed, couched within Buber's discussion of the I-Thou relationship, Hardt and Negri's theory of the multitude emerges as a completely new conception of the ethical relationship: the Thou-Thou.

Ultimately, I push for the articulation of the multitude according to Hardt and Negri because I wish to get at the kinds of relationships the chaotic effect calls us to participate within. At the heart of my discussion of the chaotic effect resides the question of how we can "help" those suffering chaos. Integral to that answer is the relationship of

the Thou-Thou. In that relationship, each party becomes open and vulnerable to the other. Both are in chaos. Both are present to the fears of the other. This chapter works as a bridge between the literature of Woolf and the theory of journaling I discuss in Chapter 4. Ultimately, we are moving to a place wherein we can exist in relationship to the chaotic effect, recognizing its closeness and participation in our own lives, not just in the lives of those we seek to support, and yet not lose ourselves to it (as we saw in Woolf). Spivak discusses the double shadow subaltern women exist beneath, and the layers of narratives they must break through in order to be heard. Her discussion is one that includes the narratives of those in chaos. They, too, struggle beneath layers of shadow and we must lift the prejudices of narration in order to allow them to be heard.

In order to more fully elucidate what I mean by an ethic of Thou-Thou, I will present two case study examples to elucidate how chaos can be lived by a patient. Instead of theorizing about the chaotic effect, I want to begin by telling two stories of it: the story of my miscarriage and the story of my father's battle against Strep A. Through the telling of these stories, I wish to point out how difficult the charge of witnessing chaos is and how horrible life in chaos is for the patient. In sharing these narratives, I wish to detail the emotional barriers inherent to telling and hearing a chaos narrative and to exemplify the kind of listening and presence required when witnessing the chaotic effect.

Each of the stories are meant to elucidate the ways chaos call us to participate in Thou-Thou relationships. In our fear of chaos, we often fall back into I-Thou patterns, but the truest way of experiencing the chaos of another is to open yourself to the chaos

implicit in your own story. From that space, of deep understanding and empathy, stories of chaos transform from black holes into spaces of nurturing, renewal and healing.

### **Taking the Circuitous Route: “Can the Subaltern Speak?”**

Spivak’s essay “Can the Subaltern Speak?” begins with a critique of current Western discourses regarding the subaltern subject. She seeks to elucidate the way the non-Western subject is constructed and regarded within Western discourse. This discourse, she concludes is “complicit with Western international economic interests” (271). Within such a discourse, Spivak then turns to the actual story of the subaltern, asserting that any attempts for a voice to emerge are frustrated by the prevailing discourse of the West.

The West, Spivak begins, seeks to assert a unified subject: a man, a worker, a woman. But in such a conceptualization the connection between desire and lack is lost. Indeed, for Spivak “there is no fixed subject except by repression” (273). But what, Spivak asks, is the West repressing? Her answer is the subaltern female voice: “It is, rather, that, both as object of colonialist historiography and as subject of insurgency, the ideological construction of gender keeps the male dominant. If, in the context of colonial production, the subaltern has no history and cannot speak, the subaltern as female is even more deeply in shadow” (287). Spivak’s discussion here brings up similar issues explored by Woolf. Woolf’s depictions of Rachel, Terence, Septimus, and Mrs. Dalloway all bear out Spivak’s assertion that “there is no fixed subject except by repression.” Indeed, Woolf charts how this notion of repression is challenged by subjects,

like Septimus, who seek to speak out against that repression and are ultimately silenced by a repressive system that seeks to strip those in minority positions of their memories, their history, and their voice.

Spivak makes an interesting move, however, after asserting the double shadow beneath which subaltern women find themselves. Indeed, she says that the way for the West to begin allowing for the subaltern female voice to present itself is not in directly confronting the subaltern woman, but rather confronting oneself: “To confront them is not to represent them but to learn to represent ourselves” (289). Thus, from the representation offered by the West comes the picture not of the subaltern (as intended) but the picture of the oppressor – of the dominant discourse. By looking at the narratives constructed about subalterns, the West can learn about itself. This process of learning about itself is also the process by which the West can begin to decolonize its vision: “In seeking to learn to speak to (rather than listen to or speak for) the historically muted subject of the subaltern woman, the postcolonial intellectual *systematically* ‘unlearns’ female privilege” (295). Spivak’s insights here apply to how the ill have been represented historically. Indeed, Arthur Frank points out how all other ill bodies define themselves against the chaotic body in much the same way Spivak describes Western identity defining itself against the subaltern. Making this parallel, the ill body comes up against the same barriers experienced by the subaltern. More so, the path toward finding a voice and narrative for those in chaos is the same as that of the subaltern.

Spivak makes explicit her contention that “the subaltern as female cannot be heard or read” (308). The prevailing discourse does not allow a space wherein speaking might take shape. Spivak points, at the end of her article, toward a potential place from which a new discourse might arise: “Representation has not withered away. The female intellectual as intellectual has a circumscribed task which she must not disown with a flourish” (308). The female intellectual’s work can begin to decolonize vision and thus provide a potential place from which the female subaltern might come up for air. Interestingly, for Spivak, this place is within the academy.

Ilan Kapoor, in his essay “Hyper-Self-Reflexive Development? Spivak on Representing the Third World ‘Other,’” explores other texts by Spivak beyond “Can the Subaltern Speak?” Kapoor argues that two of the prevailing questions offered in Spivak’s writing are: “To what extent do our depictions and actions marginalize or silence these groups and mask our own complexities? What social and institutional power relationships do these representations, even those aimed at ‘empowerment’, set up or neglect?” (628). Indeed, in speaking of the subaltern, the West might unknowingly reinscribe inequality and oppression: “Though the speaker may be trying to materially improve the situation of some lesser-privileged group, the effects of her discourse is to reinforce racist, imperialist conceptions and perhaps also to further silence the lesser-privileged group’s own ability to speak and be heard” (631-632).

In light of earlier discussions regarding Freud’s treatment of hysteria and Woolf’s portrayal of the medical profession in *Mrs. Dalloway*, there is very real application to her

insights here. The way people who experience madness are portrayed in literature and in medical discourse significantly effects how much those identity positions can be seen and heard. Speaking about them, even when done in an attempt to describe, often reinscribes the same marginalization. Beyond Freud, though, there is an important lesson to take here from how Arthur Frank discusses the chaos narrative. If it is only discussed in terms of how Freud discussed hysteria, marginalization and silence is reinscribed instead of creating a new space from which chaos might speak and be heard. By regrounding the narrative in a new language, separate from the language of Freud, the chaotic effect seeks the same ends as Spivak: that the subaltern woman and the chaotic ill body might speak and be heard in their own terms.

Critics attacked Spivak based on her assertions that any sort of speaking about the subaltern necessarily results in further enslaving. Spivak counters this critique by asserting that though “you can never represent or act from an ‘outside’, since you are always already situated inside discourse, culture, institutions, geopolitics,” one can not in turn repudiate that place – that home (640). Indeed, “the total repudiation of one’s ‘home,’ ... amounts to a disavowal of one’s complicities and results in claims of purity, transparency or triumphalism” (640). For Spivak, the point is to work from “within the belly of the beast and still engage in persistent critique of hegemonic representations” (640). This process entails “retracing the history and itinerary of one’s prejudices and learned habits (from racism, sexism and classism to academic elitism and ethnocentrism), to stop thinking of oneself as better or fitter, and unlearning dominant systems of knowledge and representation” (641). Spivak thus lays out a program of “unlearning” the

dominant discourse. One way she sees such a process happening is through the reading of literature, for literature is “a way of remembering again how to imagine, because the imagination, for her, ‘is the possibility of being somewhere that is not the Self’ (1997: 2)” (642). Her point here is important for my larger argument because it discusses how retracing and really examining the prejudices of language and narrative are an important first step before those systems can be “unlearned” and thus regrounded in new terms.

Ultimately, Spivak “steers us toward a face-to-face ethical encounter with, as opposed to an institutionally prescribed narrativisation of, the subaltern” (644). This face-to-face encounter would embrace an “intimate” and “dialogical manner” that would enable the West to speak with the subaltern in a non-oppressive, non-exploitative way. For the purpose of illness narratives, this “intimate” and “dialogical manner” is the heart of the chaotic effect.

### **Who Are You?: Recognition Theory in *Giving an Account of Oneself***

Judith Butler, in *Giving an Account of Oneself*, similarly seeks to establish a relational identity based upon face-to-face ethical encounters that do not oppress or exploit. Butler’s book lays a critical groundwork for a relational ethic based upon the mutual recognition of subjects. She explores and tentatively establishes the “speaking” subject, analyzing the various ways in which a human being enters into dialogue, and thus participates within the parameters of subjectivity. Involved in such recognition, Butler posits, are ideas of nonviolence, responsibility, forgiveness and, perhaps most importantly, the navigation between the position of “I” and “You.” Utilizing Nietzsche,

she discusses the many ways in which subjects come into conversation with one another. Some respond from fear, others respond from anger, others seek to persuade.

Still, narrating oneself differs from giving an account of oneself, as the latter involves accepting “the presumption that the self has a causal relation to the suffering of others” (12). Indeed, “giving an account thus takes a narrative form, which not only depends upon the ability to relay a set of sequential events with plausible transitions but also draws upon narrative voice and authority, being directed toward an audience with the aim of persuasion” (12). For Butler, then, the relational subject must understand, however incompletely, the social parameters that contribute to the construction of narrative and the relational subject must understand audience and thus understand ways best to persuade. This self orients action away from itself, constructing identity externally: thus, importantly, “these terms are outside the subject to some degree, but they are also presented as the available norms through which self-recognition can take place, so that what I can ‘be,’ quite literally, is constrained in advance by the regime of truth that decides what will and will not be a recognizable form of being . . . truth offers a framework for the scene of recognition, delineating who will qualify as a subject of recognition and offering available norms for the act of recognition” (22). Here, Butler must confront the extent to which ‘disclosed identities’ prohibit actual recognition, choice or freedom: “If the ‘I’ and the ‘you’ must first come into being, and if a normative frame is necessary for this emergence and encounter, then norms work not only to direct my conduct but to condition the possible emergence of an encounter between myself and the other” (25). Butler highlights here the power of “norms” to direct conduct while also



controlling its very emergence. Her point ties in to Foucault's critique of both Freud and the psychiatric institution. Foucault points out that the doctors establish the parameters of normal while also enforcing "normal" narratives onto patients. In this conception, there is no way to form a narrative beyond the bounds of what is established by the controlling party.

Butler seeks to counter the barriers imposed upon recognition by social construction by turning to the Hegelian conception of the 'other,' which though still couched within the socially constructed notions of 'I' and 'you' proposes one way beyond such delineation. Hegel establishes a two-part recognition: first, the subject recognizes the outer position of the other; second, the subject recognizes its own self as 'other': "I am, as it were, always other to myself, and there is no final moment in which my return to myself takes place" (27). Indeed, for Hegel, "I am invariably transformed by the encounters I undergo: recognition becomes the process by which I become other than what I was and so cease to be able to return to what I was" (27). Thus, encounters with an "other" allow the subject to recognize not only the externality of others, but also the externality of the 'I' from the self. Both the 'I' and the 'other' exist within social contexts, and thus are always separate from the Hegelian inner-subject, in that the 'I' and the 'other' can only be recognized through the categories instituted by society. Not only is the self socially constructed, but so is the experience of recognition. However, implicit to such recognition is the *change* it enacts upon the 'I.' Butler repeatedly points out how Hegelian recognition allows for change within the subject – a change, moreover, that is brought about by encounters with the 'other.'

It is at this point in her discussion that Butler seems content to remain within the sphere of social construction, convinced that change can occur from within and new subjectivity can be established through recognition. She turns to the theory of Adriana Cavarero who, working largely from Hannah Arendt, seeks to evaluate the ways in which subjectivity is constructed through address; she cites Arendt: “action and speech are so closely related because the primordial and specifically human act must at the same time answer to the question asked to every newcomer: ‘who are you?’” (Arendt, as quoted in Butler, 31). Implicit within this structure is the necessity of an ‘other’ to whom the ‘I’ speaks. Humans must continually narrate themselves, responding to these queries and thus recognizing the extent to which the question exposes the precarious nature of subjectivity: “Cavarero argues that we are beings who are, of necessity, *exposed* to one another in our vulnerability and singularity, and that our political situation consists in part in learning how to best handle – and to honor – this constant and necessary exposure” (Butler 31-32). Here Butler recognizes the extent to which a place within the political sphere requires that the ‘other’ recognizes the narration you provide. Thus, in order to obtain subjectivity in the political realm, each individual must not only possess the tools to speak his or her position, but also must have faith in the ‘other’ that they might identify the narration as legitimate, and thus worthy of recognition. Alarming, Butler thus concludes that logically one’s subjectivity thus depends upon recognition by the ‘other’:

I am not, as it were, an interior subject, closed upon myself, solipsistic, posing questions of myself alone. I exist in an important sense for you, and by virtue of you. If I have lost the conditions of address, if I have no ‘you’ to address, then I

have lost 'myself.' In her [Cavarero's] view, one can tell an autobiography only to an other, and one can reference an 'I' only in relation to a 'you': without the 'you,' my own story becomes impossible. (32)

Butler's ethics, then, depends upon the responsibility individuals feel toward one another when engaged in the symbiotic relationship she describes. Moreover, just as I do not have subjectivity unless you recognize me, you do not have subjectivity unless I recognize you: "in the beginning, *I am my relation to you*, ambiguously addressed and addressing, given over to a 'you' without whom I cannot be and upon whom I depend to survive" (Butler 81). This relationship Butler recognizes as the "fundamental dependency" of the human race: "we cannot exist without addressing the other and without being addressed by the other, and there is no wishing away our fundamental sociality" (33).

Such a responsibility, however, necessitates an exploration of how one might recognize an other. For Butler, recognition of an other involves recognizing the extent to which you can never fully know them. Such a recognition begins within the individual. All must recognize their own opacity, their own inability to recount and account for all the activities and events in their own life, before they can recognize the same in the other: "The 'I' can tell neither the story of its own emergence nor the conditions of its own possibility without bearing witness to a state of affairs to which one could not have been present, which are prior to one's own emergence as a subject who can know, and so constitute a set of origins that one can narrate only at the expense of authoritative knowledge" (37). Participating in dialogue with another presupposes the limits instituted

by the unknowable nature of memory and experience. Alluded to earlier in her discussion of Hegel, Butler once again points out the extent to which recognition of another can change the 'I' precisely because within the exchange of recognition the 'I' cannot bring with it full knowledge of its own story:

This means that my narrative beings *in media res*, when many things have already taken place to make me and my story in language. I am always recuperating, reconstructing, and I am left to fictionalize and fabulate origins I cannot know. In the making of the story, I create myself in new form, instituting a narrative 'I' that is superadded to the 'I' whose past life I seek to tell. The narrative 'I' effectively adds to the story every time it tries to speak, since the 'I' appears again as the narrative perspective, and this addition cannot be fully narrated at the moment in which it provides the perspectival anchor for the narration in question. (40)

Memories are open to reinterpretation and change. The 'I' can change its understanding of itself through the encounter with the 'other,' because through the encounter with the other the authoritative stories which informed previous understandings can give way beneath the new dialectic. Through such dialectic, the 'I' forges a story that is more authentically its own, a story that more fully encompasses the actual remembered experience of the 'I.'

Butler views this process of reciprocal recognition as not only the implicit dependency of humanity, but also the fundamental call for ethical responsibility. Responsibility, Butler argues, arises not from the subject, but from the other who addresses the subject: "I become responsible by virtue of what is done to me, but I do not become responsible for what is done to me if by 'responsibility' we mean blaming myself

for the outrages done to me. On the contrary, I am *not* primarily responsible by virtue of my actions, but by virtue of the relation to the Other that is established at the level of my primary and irreversible susceptibility, my passivity prior to any possibility of action or choice” (88). Indeed, Butler, drawing from Levinas, establishes the emergence of the subject at the moment when the human is acted upon by an other, and thus called to give an account of him or herself. Driven by mutual vulnerability, such an account bestows a face upon the subject, and thus charges the dialogue with the responsibility to respond to the face of the other: “Whatever the Other has done, the Other still makes an ethical demand upon me, has a “face” to which I am obligated to respond – meaning that I am, as it were, precluded from revenge by virtue of a relation I never chose” (Butler 91). Butler asserts that such an ethical stance between people, one not characterized by violence or revenge, is possible only through love.

After placing such a human face on recognition, Butler moves into a discussion of love. Though she does not posit a definition of the term, judging from her ethical stance one can suppose that ‘love’ for Butler involves mutual recognition and the desire not to inflict harm in the face of the other’s vulnerability. Interestingly, she asserts at this point that recognition is based upon injury. One can only begin to become an active subject after suffering some sort of injury from another. From this sense of injury, however, she develops the ethical responsibility to recognize the same opacity and vulnerability in the other that cause one the injury in the first place: one must thus not behave in a way that would inflict further injury. Only from the place of injury can responsibility begin; thus, only from injury can the subject be born. Butler characterizes love as the process of

understanding the limitations and vulnerability of the other, and from that place acting in a way that eases pain instead of inflicting it further. Thus, importantly, though not explored by Butler, her ethics derives from the individual's *response* to injury.

This response, since it carries great ethical weight, must be the result not of an action of the will, or an action based on fear, but an action derived from the knowledge of shared vulnerability and pain. Butler closes her book with explorations into how right action – right *response* – might be generated. Among these are: confession, critical self-evaluation, and most importantly, the continued correlation between individual belief/thought and the action produced. Ultimately, one can conclude, within the framework of Butler's ethics, that the 'I' must respond to the 'other' in a way that humanizes the 'other.' The response of the 'I' must account for the vulnerability of the 'other.' Through such a response, the 'I' is also further humanized, because such a response is only possible via an acknowledgement within the 'I' that he/she, too, is vulnerable, limited and opaque even to him/herself.

Butler's theory is vitally important to how I wish to read the chaotic effect. Integral to my intervention, is the idea that though Frank's chaos narrative does acknowledge the radical vulnerability elicited by the narrative, it does not press for the kind of shared vulnerability vital to mutual recognition. Only in moving beyond recognition of the other as vulnerable, and establishing the self-knowledge that I, too, am vulnerable, can there be mutual humanization.

## **Martin Buber and the ‘I-Thou’/ ‘I-It’ Divide**

Judith Butler concludes her book with a look at an ethics of love, grounded in mutual recognition and humanity. However, she does not explore the ways in which such recognition would fundamentally alter the relationships she seeks to define. If an ‘I’ responds to an ‘other’ through love, then the ‘other’ seemingly becomes more than just a ‘you’ to that ‘I.’ The theory of relationships offered by Martin Buber picks up where Butler left off, and also provides a more satisfying way to speak about the relationship Butler develops.

Buber’s work has been particularly admired because of the way he carefully included all belief systems within his two-fold conception of relationships. As of late, much work has been done on Buber’s construction of relationships: I work here from two essays, which seek to clarify what Buber proposed in his book *I and Thou* (1923). Both Taylor Stevenson and Manfred Vogel distinguish two veins in Buber’s work, the transcendent ethic and the human ethic.

Buber asserted that above all else, the primary reality of the human being was experienced through relationships. These relationships were subsequently broken down into two forms: “I-It, which designates a relationship characterized by objectification, categorization, and utilization; or the primary word I-Thou, which designates a relationship characterized by betweenness, presentness, and uniqueness” (Stevenson 193). The I-It relationship involves treating the other as an object, as a means to an end. In the I-Thou relationship, however, the other becomes an end in him or herself. The

other becomes a particular, a Thou, a person to whom there is a responsibility to respect. Like Butler, Buber asserts that the human becomes whole through the relationship with an other, as human beings are ultimately, and most authentically, beings-in-relation when participating in relations of I-Thou: “I become through my relation to the *Thou*; as I become *I*, I saw *Thou*. It is in the fullness of mutual relationship with the Thou who fills the heavens which gives us our personhood and assures us of meaning in the here and now of this world” (Buber, as quoted in Stevenson 194). Buber, however, recognizes that no human being fully and at all times relates to another in the I-Thou dialectic. However, the human being is characterized by the grace that makes the transition back into the I-Thou possible: “Thous, brief in duration and passing inevitably into the realm of I-It, it nevertheless gives rise to a world of relation in which both the individual and society find the wellspring of their existence” (Stevenson 195). Indeed, Buber asserts that the promise of the I-Thou relationship makes it possible for human beings to meet one another and participate in the everyday workings of society: “It is this relationship which enables us to meet with one another. It is out of the strength of this prior relationship that is shared among men in a society that we are enabled to participate in the ‘structures of man’s communal life’ in such a way that the structure does not dominate and tyrannize” (Stevenson 198). Buber imagines here a type of relationship between people characterized by mutual recognition and respect.

Spivak, Butler and Buber continually reference the mediation provided by the relational, or communal, self. Indeed, this mediation allows for the fundamental ethical insight of Buber’s work: responsibility. Just as Spivak asserts that in order for actual



freedom to be possible, one must ask whom the freedom serves, and Butler recognizes the implicit responsibility for the other present in the recognition of another. Buber, too, asserts that only through the assumption of responsibility for a person outside oneself, can the other become a Thou. Moreover, like Butler, Buber argues that human beings have an ethical responsibility to respond: “Responding, however, is intimately implicated in the I-Thou relation. It is the very stuff of which the I-Thou relation is made, since the I-Thou relation is in its very essence a relation of meeting and being a relation of meeting means that it is constituted by an address and a response. Responding, therefore, means entering the I-Thou relation” (Vogel 162). Thus, a sense of responsibility allows the individual to work within the structures of society in a way which does not necessitate hurt or harm. Within the I-Thou relationship, the individual is able to “to accept freely the boundaries of the social structure, or cultural forms, and permit the I-Thou relationship to operate within them . . . here the spirit itself freely sets or accepts the cultural boundaries as being the most appropriate response in such situations” (Stevenson 198). Here, the social structure does not work to order and discipline the individual, but rather functions as the plane upon which human interaction plays out.

The individual involved in the possibility of the I-Thou does not merely work within the structures, however. Indeed, Buber foresees the ways in which individualistic governments and economies will be disrupted and ultimately destroyed by an ethic that values the recognition of I-Thou: “For the ‘separated structure,’ be it an individual or a society, this is very plainly a shattering possibility. The ‘separated’ individual or society recognizes that the I-Thou relationship carries with it the admission of dependence, and

such an admission would be the denial of the separateness upon which their very existence is built” (Stevenson 199). Thus, as both Butler and Spivak describe, the institution of a new ethic, built upon community and not individuality, would ultimately work to establish a new political order within which the living ‘I’ could be recognized in its own unique capacity as a communal being.

### **The Multitude: An Ethic of Thou**

Now armed with the language of ‘Thou’ provided by Buber, I wish to turn to the question of love as expressed and queried by Hardt and Negri in the book *Multitude: War and Democracy in the Age of Empire*. Their discussion of the multitude picks up where Buber leaves off, likewise envisioning a political system in which individuals can be represented in their uniqueness. Hardt and Negri assert that the multitude is composed of unique individuals who, through the act of speaking and recognizing one another, might begin to form a common, or a communal, place within which agreement and disagreement can take place: “The common does not refer to traditional notions of either the community or the public; it is based on the *communication* among singularities and emerges through the collaborative social processes of production. Whereas the individual dissolves in the unity of the community, singularities are not diminished but express themselves freely in the common” (204). Thus, through common subjectivity would be produced (through dialogue, in much the same way Butler’s recognition theory operates) alongside political systems: “. . . our recognition that the production of subjectivity and the production of the common can together form a spiral, symbiotic relationship.

Subjectivity, in other words, is produced through cooperation and communication and, in turn, this produced subjectivity itself produces new forms of cooperation and communication, which in turn produce new subjectivity, and so forth” (189). A dialogue within the common would alter those who speak by asking them to open themselves to the vulnerability of others as well as themselves. As such, the multitude would, instead of universalizing participants, facilitate the further ‘becoming different’ of those involved. Within the common of the multitude, citizens would be called to narrate themselves, establish their wishes, needs, desires and opinions. Such frank participation, however, would require the type of individual whom Spivak, Butler, and Buber theorized, but Hardt and Negri never name: an individual capable of participating within the I-Thou relationship.

Within the multitude, however, the idea of an I-Thou relationship fails to capture the full participation imagined by Hardt and Negri. Indeed, their conception attempts to establish relations between people where the ‘I’ becomes a ‘Thou’: where the relationships established are inherently reflexive, and thus produce a dialogue between two ‘Thous.’ Butler and Buber both carefully circle this point, but neither ultimately releases the conception of the ‘I.’ Butler comes closest, in her discussion of Hegel, specifically pointing out how the interaction between subjects, with both seeking to account for themselves, produces a reciprocal relationship in which the ‘I’ is changed by its encounter with the other. Through dialectic, the ‘I’ might become a ‘Thou.’ Not only because it is recognized by the other, but because it is *changed* by the very nature of the conversation.

Butler does not directly address, however, that part of this recognition scheme involves the self-knowledge of the individual before that individual can approach and recognize an other. Indeed, the individual must first understand his or her own opacity and vulnerability before he or she can recognize the same in the other. Thus, the individual must be working toward understanding his or her own self as a 'Thou' before he or she can approach an other as such. Butler does allude to the fact that even before reciprocal relationships take place, the 'I' possesses an understanding of itself, even if such an understanding comes from authoritarian sources, that will be changed by dialogue. However, Butler does not include prior recognition in her two-fold approach to the reciprocal relationship. Instead, she asserts, through her use of Hegel, that only through interaction with an outside other can the 'I' comprehend its own vulnerability and opacity (27). Indeed, even if such a recognition can take place after interaction with an other, Butler does not clearly stress the amount of self-awareness a subject must possess in order to fully participate in a 'Thou' relationship. Because of this, Butler's ethic in many ways presents itself as something that comes to the 'I' without much work from that 'I'.

For Butler, the subject itself must work toward self-actualization. Though she does not seem to argue that the subject can pull itself up by its bootstraps and from there rearrange the world, she does stress the extent to which the subject must work within its relation with others to more fully understand the structures of the world. The actualization of the subject involves both the uniqueness of that subject and the collective power of the relationships within which the subject engages. The subject must orient

itself toward the ‘Thou,’ and then, through recognition, more fully come into that state. The ‘I’ must be a ‘Thou’ in order to fulfill the trajectory of the relationship set out by Butler.

Such an orientation of the subject, both singular and collective in its work and actualization, seems to be the precise point of Hardt and Negri in their conception of the multitude. Within the multitude, already unique individuals would participate in relationships that would enhance their uniqueness. Within the multitude, subjects would participate as ‘Thous,’ because both themselves and those with whom they participate in conversation would recognize their opacity, vulnerability and uniqueness. In the multitude, the ‘I’ would be displaced, and a Thou-Thou relationship would form. This is the political act of love. This is the chaotic effect.

I wish to turn now to two case studies detailing experience of the chaotic effect. I will begin with the story of my father’s journey through Strep A and then discuss my own experience of miscarriage. My father’s experience of chaos differs dramatically from mine on a number of levels. First, my father went through his journey almost entirely alone. He is, in some ways, the perfect exemplar of Frank’s conception of the chaos narrative, as described in Chapter 1. He is alone, depressed, and unwebbed. He, through the many barriers both related and unrelated to his illness, keep people away and interacts with the world in a very I-It, sometimes I-Thou, way.

In my experience, my miscarriage brought on a chaotic effect, which allowed me to see the inside of a narrative I had studied and wrote about for a long time. My

experience of it had been only my knowledge of what my dad had gone through. Yet, my experience was radically different. I was not alone, depressed and unwebbed. I was sad and speechless, but also deeply connected to those around me, particularly my husband, Tom. Indeed, instead of feeling more disconnected from those I loved, as I'd seen with my father, I experienced an opening of a space of closeness between Tom and me that had not previously existed. Thus, within and out of the chaos effect, I found new depths within myself and new ways of closeness within my relationship with my husband. Like Terence and Rachel and Mrs. Dalloway and Septimus, I saw the world differently after miscarriage. Unlike them, however, I was not ruined by that experience, or forced to return to "normal" life. Instead, I found a way to be changed and grown by my experience of chaos and sadness. It stretched me, but I did not break. Instead, I found awareness and elasticity I did not know I had. I discovered my capacity as a Thou and had others meet me in that space.

### **Stories of Chaotic Effect: Two Case Studies**

#### **Case Study One: Bearing Witness, Navigating Chaos**

I wish to turn here to the interview I conducted with my father, William Martin. This interview provides not only proof that the chaotic state is something genuinely experienced by people who encounter various kinds of illness, but also proof that in some very important ways the chaos is narrated when the terms of traditional narration are lifted and expanded.

First it seems appropriate to provide some background on my father's condition. Dad was 56 years old and a nurse for over 30 years when he contracted Strep A (more specifically the particularly aggressive form known as necrotizing fasciitis). How he contracted the disease is still largely unknown. He was working the night before and thinks that a less-experienced nurse must have had the Strep on his or her hands and touched the glove box. When dad went to get gloves he got it on his hands. He then touched his face (he had a cut above his left eye) and the Strep entered his body. In his words: "And it ate the soft tissue of the left side of my face from my eyebrow down to my left jaw. And it also ate an area on the upper side of my left arm" (Martin 1). Dad was in the hospital for almost three months, spending an entire month in the ICU. Ultimately, he went through over 15 major surgeries and had the soft tissue of his face reconstructed. He underwent subsequent surgeries aimed at rebuilding the bone of his jaw that was lost.

The Strep severely depleted his body. He lost over 60 pounds, and, because of the loss of his jaw on the left side, he was without his false teeth for over three years. Dad survived on a mostly liquid diet supplemented by a feeding tube. The Strep also ate the eyelid of his left eye and he spent a large amount of time with that eye sewn shut in order to protect the eye itself. Because of scarlet fever when he was a child, Dad was legally blind in his right eye. As such, Dad missed not only the left side of his face and his teeth but also his eyesight:

I can't see or read or use a remote for the TV. When you try to scroll through the TV menu to see what's on. It's basically uhh also caused problems with my mouth. It ate the whole left side of my mouth and that needed to be reconstructed. It's affected my ability to eat and therefore I've lost a lot of weight. 60 some pounds. I was down to 120 some pounds at the worst part. I'm back up to 132 now. It still affects how I eat. I'm going to have to have bone grafts so I can have teeth put back in so I can chew and eat like a normal person. I still have to have eye surgery done for an eyelid because it's nonexistent now. And I'll probably have to have further reconstructive surgery on my face. (2)

Thus, the Strep radically altered my father's life. He went from being an independent, working, functioning human being to one who was dependent and maimed. Dad became radically cut off from many experiences in his past life that defined who he was as a person. His illness thus enacted a radical shift in his life.

It seems important at this point to establish that my father's narrative is chaotic in the ways Arthur Frank elucidates. Keeping in mind that for Frank the chaos narrative is marked by its lack of narrative sequence, its construction in an "incessant present," its containment of "life possibilities that anyone fears precisely because almost anyone could end up living" in a similar condition, its "overdetermination" of its situation in terms of the troubles going "all the way down to the bottomless depths. What can be told only begins to suggest all that is wrong" (99). Finally, for Frank, the chaos narrative must be structured along the "and then and then and then" line (99). There is something counterintuitive about seeking to structure a linear argument around a chaos narrative. In keeping with that inclination, I'm going to bypass talking about the lack of narrative



sequence until the end because it seems that by showing the other qualities, I will also demonstrate the lack of narrative sequence.

After a short time spent outlining the more medical aspect of Dad's experience, I turned the interview toward attempting to get a handle on where he is emotionally. I set about this by asking him whether he had any thoughts about why he survived an illness that captures 20% of the lives it affects. His answer characteristically captures the "incessant present" Frank describes: "People tell me that the reason I'm still alive because there's something I need to do or someone I need to influence. Personally, I don't have any idea what I'm supposed to do at this point because I'm having a lot of trouble just dealing with the disease and what it's done to me. It's hard for me to focus on what I should be doing or what I need to be doing at this point of time" (3). Dad expresses his inability to think beyond the immediate experience of his illness and the needs surrounding his continual survival. Indeed, just getting through the physical illness part has become his full-time job: "It's a daily process of dealing with what's gone down and umm dealing with what you have in order to maintain some semblance of a normal life and as far as eating goes and everything that's involved as well as the emotional end of it which is another story ... It's a constant fight daily to overcome the effects of the illness" (3). At this point, Dad seemed resistant to speaking more specifically on the emotional effects of his illness:

Physically trying to eat what you should so you gain weight and get yourself nutritionally ready to go to surgery so the surgeries can be successful.

Psychologically, it's tough because you go from being a very independent person,

which I said earlier, able to do and have a career to be basically stunned into a person where you are totally dependent and on total disability. It's a very depressing ... uhh ... it's just a very depressing ... point ... in my life. You know, it's a daily fight with the disease and sometimes you just don't feel like fighting anymore. (3)

Dad expresses here not only the incessant present but also the overdetermination of his situation. The illness, to him, has destroyed his previous life. It rendered him "totally" dependent and on "total" disability. Indeed, his despair goes so deeply that he often feels as though the daily fight is not worth "fighting anymore." Dad's troubles here go so far down they threaten the very fabric of his continued existence. His identity as a nurse, as a professional, as a parent has been ripped from him: "My days of being a caretaker and nurturing and making sure things get done and people are where they should be are probably pretty much over" (3).

Marking further his inability to see anything beyond the present, Dad, when asked about goals, replied: "I don't have a lot of long term goals. Short term ... I want to get my eye taken care of so I can get back to some semblance of normality. And I also want to try to mentally uhhh get myself in a position where I'm more positive than negative. I'd like to go back to work at some level, that's a goal. But, like I said, my short term goals are pretty easy. I want to get back some sort of normal life. My eye, my nutrition, put some weight on" (7). As he was speaking, though, I could tell that the long-term goals he mentioned were markers placed at the behest of pressure to have long-term goals. When looking at the interview more widely, it seems clear that he is very much in

a place of the short-term, often despairing that anything beyond the daily maintenance is possible. Indeed, over the past three years the progress has been quite slow contributing to the overwhelming feeling that even if things will get better they will only do so over the very long haul. Thus, though there might be a glimmer of long-term goals the reality of them seems to be out beyond a lengthy course of painful surgeries and long recoveries. It is a path marked by pain and suffering – and only through that can any goal be achieved. Sometimes (and this is clearly marked in the interview), Dad seems to feel that in this place of the incessant present, no one can understand his plight but that it is for him alone to bear. He cannot see beyond his own suffering to imagine ways in which his suffering might connect him to larger movements or his distant past or hopeful future:

It's not something you can blame on god or whoever you believe in. It's just something that was inflicted and it happened to you and the old saying is that they never give you more than you can handle, though sometimes I wonder. You just have to learn to deal with it and go on, as I said before. You can't blame god, you can't blame this one, you can't blame that one. It's something that happened. Blaming won't make it go away. The only way to make it go away is to set goals that are more positive than negative. (9)

Dad has given up on the ability to connect cause and effect. He knows that he cannot connect the effects of his illness to one specific cause and thus chooses not to turn the blame on something ephemeral. This insistence upon not turning the blame outward, though, seems to contribute to his depressive state in that it leaves him no space but to turn his emotions inward. Thus, the problem becomes his alone and he is unable to see a path out.

To turn now to two of the final criteria for Frank's chaos narrative (lack of narrative sequence and the "and then and then and then" form), I need to pull back and think through the interview as a whole. Dad's narrative is clearly marked by lists strung together by "and." This is especially present in his discussion of his daily maintenance, his elucidation of goals and his discussion of his struggle over whether it was best that he survived. Indeed, the "and" seems to crop up in two specific spaces: when he en-route records his activities and when he must delve into more emotionally laden (at least explicitly) territory. The "and" marks emotion and nervousness. It also marks, as Frank points out, places where he is either most able to record or least able to record. It is an interesting paradox. The "and" serves him in the safest and most dangerous terrains.

This listing, however, creates a space of cycling instead of linear movement. Dad constantly comes back to his dependence, his lack of mobility, his despair, his hopelessness. This is clearly seen at the end of the interview when I ask him if he has anything new to add – something I did not specifically ask that he feels is important:

You covered everything. Just this illness took over my life and turned it upside down. It's a puzzle and I'm trying to find a way out of it. Like I said, I don't like to talk about it all that much. I'm trying to get through it. I appreciate positive reassurance and encouragement. I don't mind if they remind me that I'm in a negative state of mind because I think that's important. It's totally turned my world upside down. And it will continue because it's not something like a decayed tooth that can be pulled. It's something you have to live with for the rest of your life. Whether it's the pain or the memory of the bad things you had to go through. The dressings and the debreeding ... the stuff you had to go through to

get where you are now. And the things you're going to through right now. It makes you think differently, lets say that.

Here, Dad returns to issues already covered in the interview. He does verbalize here his understanding of his illness as a “puzzle” of which he has yet to find a way out. He also vocalizes very clearly the incessant present: “I’m trying to get through it ... And it will continue ... it’s something you have to live with for the rest of your life.”

My father will never be able to narrate fully the complexity of his illness – the way it changed his past, his future, his relationships (to family, work, his body, his sense of identity), or his goals – but in trying to explain how he feels (regardless of how insufficient that telling seems to him) moves toward pushing out the boundaries of narrative theory. Indeed, the interview with my father clearly exemplified that some sort of narration *is* possible in the heart of chaos. His sense might not impress Aristotle, but it is an attempt at sense-making nonetheless.

What is clear, however, from his narration is his sense of being on his own with the illness. He is upset with what the illness took away from him and how he will never be the same again. He does not mention his connections to others, or the way his illness affected those who love him. Dad’s narrative is very much about how his illness affects him in negative ways. Dad fits Frank’s idea of the chaos narrative because he does see his illness as a black hole. He feels as though all positivity and joy are gone. He lives in the darkness and the only lifeline out that he can imagine is rooted in medical intervention.

Perhaps most vitally, Dad does not express any interest in embracing his unfinishedness, dependence, or mortality. Instead, he depends on the medical narrative as his only chance at salvation. Hoping for a chance at a miracle and clinging firmly to his desire for restitution, Dad is not open to or welcoming of a new narrative. He only sees the chaos as negative and damaging and, in doing so, closes himself down to the potential growth, re-structuring, and new narrative lens offered by the chaotic effect.

### **Case Study Two: Managing Miscarriage**

I lost my first pregnancy to miscarriage. I went to the doctor for my first ultrasound at 9 weeks, excited for a chance to see my growing baby for the first time. It felt as though seeing the image would finally make the pregnancy sink in and become more real. I made it through the discussion about weight gain during pregnancy and joked about the transvaginal ultrasound wand. I laughed and smiled nervously as my doctor turned the screen toward me for a good look. It took me a few seconds to register her face when it fell. It actually took a lot longer than a few seconds – more like a full day and a half to register it. Still, lying back on the table, it was clear things didn't look right. She said the baby was at least two and a half weeks underdeveloped. She said we might have just miscalculated how many weeks I was. We hadn't. I knew when I ovulated and I knew the date we'd seen the first positive pregnancy test. If I had miscalculated, then the pregnancy test had become positive on the same day we conceived. She also knew we hadn't gotten it wrong. Still, the narrative she gave at that appointment was one of careful hope. The baby could grow super-fast in the next week, she said. What was important was the growth. Any in the next week was a very good

sign. Or – as we all knew, but no one said – the little heartbeat would stop in the next week and at our next ultrasound there would only be a dark sac of cells with no flicker.

Tom and I grieved because we both knew the heartbeat would stop. We drove home and let the tears engulf us. We were blind and mute behind those tears. Still, as we mourned, we did so knowing that the little flicker we'd seen on the ultrasound machine was slowly extinguishing inside of me. We were waiting for that slow death. A day before, to my mind, I'd been carrying a growing human life (which had been strange enough). Now, I was carrying a bundle of dying, fading cells. With a body still in pregnancy mode, I was now swollen and bloated with death instead of life. All week I waited for the moment when I would know that the heartbeat was gone. I thought I would psychically feel the end. I waited and read endless blogs on the internet. I sought out every word written by anyone who had ever been where I was now. I looked to them for guidance and words. I looked to them for a path and explanation. I wanted to know “why?”, “why”, “why?” I tried to understand why while waiting for the death inside of me to happen.

We had a week of waiting until our next ultrasound. By the day before our appointment, we hoped for the mercy of a blank sonogram. Our fear was that we'd see the same slight flicker. Another sonogram of a slight flicker would confirm that the baby was not growing and thus certainly nonviable, but also force us to face the decision of whether or not to miscarry something that was not yet fully gone. I didn't know what I'd do, but I knew that I couldn't live much longer with that knowledge of impending death

inside of me. I wanted my body back. I wanted to be out of the holding pattern. I wanted to be able to do something about the terrible news. I wanted to move forward into the next step of our healing.

We arrived at our second appointment and were greeted with a nurse who told us she was “thinking happy, positive thoughts!” for us. My husband, in a dead pan voice, told her that we knew the pregnancy was not viable and that we were just hoping the sonogram was blank. She looked at him with surprise and shock and then nodded her head. She, too, hoped, given all the particulars, that we were spared the same dim flicker. It was our doctor who was most relieved when Tom told her the same thing. Instead of looking shocked by his directness and pragmatism about such an emotional event, she looked relieved. After that moment, she never again sugar-coated the narrative. For the grueling weeks that followed, she gave us the straight truth and asked direct questions and we returned the favor<sup>17</sup>. The sonogram was blank and that week we tried for a medically induced miscarriage. I cramped and bled for days but at our next appointment the sonogram showed that the empty sac remained. We tried the drugs again and again another week went by without a successful miscarriage. A full month after that first ultrasound, we scheduled a D&C for the following week. The surgery turned out to be the easiest part of the whole experience. Five weeks later and I was finally no longer

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<sup>17</sup> As a small side story: Right before I went into surgery, she came to our pre-op room with a form for us to sign about what they should do with the remains. She was sorry she hadn't remembered to have me fill it out in my last appointment. Tom looked at her and said, “You're welcome to use it for stem cell research.” She laughed, apologized for doing so and then just said “thanks.”



pregnant. Five weeks later and I could finally begin to take steps past the physical aspect of the miscarriage.

Women and their partners often do not share their experience of miscarriage until long after the event passes. We need only look to the publicized stories of celebrity miscarriage to begin to chart the circumstances under which couples share their stories of heartbreak and loss. Often, it is only after they've gone on and had successful pregnancies (think of Lisa Ling's experience with miscarriage and subsequent successful birth of a daughter, or Mark Zuckerberg's more recent pregnancy announcement). Other times, it is after so many failed attempts that they decide to alter course and consider adoption. Hugh Jackman and his wife Deborra-Lee Furness<sup>18</sup> as well as TLC's *The Little Couple*<sup>19</sup>, are two examples of partnerships that went this route.

The stories unveil a startling reality: miscarriages are much more prevalent than most people assume. Dr. Kristen Swanson, a lead researcher of miscarriage and Dean of the University of North Carolina at Chapel Hill School of Nursing points out that a good "15 to 20 percent" of pregnancies end in miscarriage<sup>20</sup>. Often, these miscarriages happen before the woman even knows she is pregnant. Still, of those who achieve the positive pregnancy test (approximately 6 million a year in the US according to the American

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<sup>18</sup> Daily Mail Reporter. "I'll never forget it': Hugh Jackman reveals his wife suffered multiple miscarriages in emotional interview." Mail Online. December 18, 2012. <http://www.dailymail.co.uk/tvshowbiz/article-2250065/Hugh-Jackman-reveals-wife-suffered-multiple-miscarriages-bid-start-family.html>

<sup>19</sup> Dennis, Alicia. "*The Little Couple* Stars' Pregnancy Joy Shattered by Surrogate's Miscarriage." People. November 2, 2011. <http://www.people.com/people/article/0,,20541831,00.html>

<sup>20</sup> Jacob, Mira. "On Lisa Ling's new website, women find ways to cope with tragedy." Yahoo! Shine. December 14, 2010. <http://shine.yahoo.com/parenting/on-lisa-lings-new-website-women-find-ways-to-cope-with-tragedy-2429017.html>

Pregnancy Association), approximately 600,000 will end in miscarriage<sup>21</sup>. In spite of the number of miscarriages that occur each year, a silence cloaks the subject. Hugh Jackman points out “it happens to one in three pregnancies. But it’s very, very rarely talked about. It’s almost secretive, so I hope Deb doesn’t mind me bringing it up now. It’s a good thing to talk about it. It’s more common and it is tough. There’s a grieving that you have to go through. So the moment Oscar was born, all the heartache just melted away.”<sup>22</sup>

For Jackman and wife Furness, TLC’s *The Little Couple* (Dr. Jennifer Arnold and husband Bill Klein), and Lisa Ling and her husband David Song, the ending of the story is a happy one. Each of the couples eventually achieved their goal of having children of their own (whether biologically or through adoption). As such, their narratives of miscarriage are framed within the larger story that includes the happy ending and are peppered with advice to stay strong and positive and hope for a successful and healthy outcome. Their advice is not wrong. One miscarriage has no effect on the likelihood of a future miscarriage. In fact, the odds of a second miscarriage are slightly lower for women who have had one miscarriage.<sup>23</sup> Still, in the midst of a miscarriage, the advice stories of success offer do not accurately address the concerns of the moment. Moreover, for those who have not yet had their happy ending, but are in fact coming out of a very unhappy time, the self-narrative at that time and the feelings that accompany it are not the same as when remembered in retrospect. For those on the table looking at the blank

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<sup>21</sup> Ibid

<sup>22</sup> Daily Mail Reporter. “‘I’ll never forget it’: Hugh Jackman reveals his wife suffered multiple miscarriages in emotional interview.” Mail Online. December 18, 2012. <http://www.dailymail.co.uk/tvshowbiz/article-2250065/Hugh-Jackman-reveals-wife-suffered-multiple-miscarriages-bid-start-family.html>

<sup>23</sup> Mayo Clinic. “Pregnancy after miscarriage: What you need to know.” <http://www.mayoclinic.com/health/pregnancy-after-miscarriage/MY01441>

sonogram there is no sense of future. There is only a sense of emptiness and shock. Within this shock are concrete questions: How can the baby not be there? How can I feel pregnant and not really be pregnant? Where do we go from here? How do I tell the people who knew about the pregnancy? Those early moments reverberate around the same central question: how do I narrate this event to both myself and the people who knew?

Evidence of this fear regarding how to narrate can be found in the development of Lisa Ling's narrative of her own miscarriage experience. She first spoke of her miscarriage six months after it occurred when she opened up about it on *The View*. She explained that she "felt more like a failure than I'd felt in a very long time."<sup>24</sup> Also pressing on her mind at the time was the fear of a future miscarriage that would, once again, leave her feeling "devastated."<sup>25</sup> Ling shared her discovery that many women around her had also experienced miscarriage but had never spoken of it openly. Still, in order to find a community of people who had experienced the same pain, Ling had to first have the courage to share her own. The stories she heard, however, were told in retrospect and thus lacked the immediacy she felt. In response to what she felt was a lack in active storytelling, Ling began a website called the Secret Society of Women where women could go to find community and share their experiences as they unfold.

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<sup>24</sup> Oldenburg, Ann. "After miscarriage, Lisa Ling creates Secret Society." USA Today. December 8, 2010. <http://content.usatoday.com/communities/entertainment/post/2010/12/after-miscarriage-lisa-ling-creates-secret-society-site/1#.UZT71KLq18E>

<sup>25</sup> Ibid.

Ling's website is not the only place where women who have experienced miscarriage post their stories. In fact, there are countless blogs on the web. Evidently, what some women want most after finding out about their miscarriage is a place of community where they can gather information, hear stories that mirror their own, and find a language to express their own heartbreak. These sites provide vital spaces wherein women can feel pain through the stories of others while also compiling narrative frames through which they might construct their own story.

Interestingly, many of the stories women post on websites and blogs dedicated to stories of miscarriage begin with the formal, medical description of their experience. They detail what week they were, the symptoms they experienced, what the doctor explained about the sonogram, how they will complete the miscarriage if they have not yet passed the tissue. Even in narratives that are more emotional, the clinical seeps into the details. It is almost as if a woman cannot or will not tell her story of miscarriage without the medical details.

Before my own miscarriage, I would have explained this preference in terms of the hegemonic control of medical discourse. I would have argued that medical discourse is so pervasive (and invasive) that women cannot help but understand and process their experiences through that specific lens. And that reading would not have been completely wrong. There is a disconnected perspective that comes out of the medical discourse. It is separated from the emotional tenor of the experience. It is whitewashed and sterile.

What I discovered through my own experience, however, is that the medical explanation is also a safe haven. It offers a feeling of control and a medium through which the experience can be explained without the tears that accompanied any other attempts at explanation. My husband took refuge, too. When his eager mother called (expecting a joyful conversation about seeing our baby for the first time), he held back tears and mapped out the medical narrative. It was enough to let her know that things had gone badly, but not enough to prevent a telling at all due to words silenced by overwhelming tears.

The medical narrative of my miscarriage allowed for a protective, cordoned-off area, wherein our mourning could run its course and healing could begin. The language protected me from the questions of others because it gave me ready answers and in doing so, it allowed me to experience my grief in my own space and time. Most importantly, though, it also allowed language to persevere through the grief.

In that moment of trauma and chaos, grief compelled in me a feeling to retreat and I was left in a bleary world of tears – unable to think because my previous thoughts and plans were so wholly disconnected from the reality I now knew. As my brain struggled to process this change in direction, I was left in a language-less state. I had no words, no thoughts, nothing to convey. I only had the stinging tears and sadness. Still, I knew I needed to talk. I needed to tell people, to explain, that things had gone off the rails. I needed to do this even if I hadn't processed it myself. As a relational creature, I was

called to explain things to the people who loved me. The medical narrative gave me a story to tell them until I gained enough perspective to culture my own story.

Before I gained the medical perspective, I was only tears and disbelief. Tom and I cried together for the entire day, repeating the same exclamations of disbelief. We didn't have a narrative, yet. We only had those exclamations ... "Why?"; "Why?"; "Why?" ... "Oh My God, Why?" Our language of chaos was not a full language at all. It was pieces and questions. It was full of half sentences and mostly just the sound of crying. Even without a full language, however, what we were expressing was the language of grief. The chaotic effect then becomes about the structure (or lack of structure) of grief itself – in its purest form. Chaos is what happens in moments of loss and heartbreak. But it is not bad or lacking in any sense beyond a full language system. Chaos is the space wherein one feels grief and loss before one understands the grief and loss. All people know this moment. These are the moments of deepest heartbreak. They are the loss of a loved one, the loss of a pet, the diagnosis of a terminal illness, or the drawn-out death of a long-suffering child. Chaos is experienced for different lengths of time depending on the situation, but it is always accompanied by the fullest grief imaginable – the kind of grief that not only shuts down your life (work, eating, television watching, etc.) but also shuts down, at its deepest levels, your ability to speak. Chaos as I describe it here does resemble the black hole Lacan references (and Arthur Frank cites), but it is a black hole that must be placed in a different context. It is a hole of darkness and blankness into which deep grief plunges all people. But it is there because of the human capacity for love and attachment. It is a dark hole of grief that originates in the

highest, best, and brightest parts of humanity. Further, it is a darkness that will be felt. Because we live in a culture of quick fixes and immediate gratification, we are taught that feeling badly is not acceptable. Grief is not acceptable. It interrupts our ability to work and produce efficiently. We live in a culture that medicates grief instead of acknowledging it as a byproduct of love and attachment. In such a context, the chaos of that grief experience is necessarily marginalized and demonized. It is the other to the rational good. We suppress it, medicate it, cloak it behind organized and heroic stories. Yet it is still there. It is a part of the fabric of human life and emotion. No amount of theory will ever do away with that plain fact.

For academic who studies and writes about narratives of chaos, this experience was a critical one. It is one thing to try to define chaos against traditional definitions of language systems and talk about the great damage we've done at times to those who experience chaos but whom we cannot understand. My experience of chaos coming up against the medical narrative is not one of domination, but rather (to borrow Eve Kosofsky Sedgwick's articulation in *A Dialogue on Love*) an experience of both/and. I left the doctor's office with both my unarticulated (and unarticulatable) chaotic grief experience and the tidy medical explanation of what was happening/had happened to me. I did not want to throw off either because one allowed me full expression and experience of my trauma while the other provided me with the tools to explain it to others (and thus provided me with more space to grieve). Importantly, however, I was not hysterical in Freud's traditional sense. I was both chaotic and in full control of the medical narrative.

I was able to utilize both freely. Indeed, I needed both to help me through the process of healing.

Chaos is not at war with other narratives. You do not need to choose one over another. They have been theorized as opposing, and yet, I contend that they are entirely co-dependent. From the chaos of illness grows the medical explanation and with that explanation in place, chaos can be experienced and healing can begin. The storytelling here is not either/or but a cyclical patten of both/and wherein multiple tellings converge and co-exist to produce an environment where bodies, minds and emotions can heal simultaneously.

Instead of seeing the chaotic state as the problem (convenient considering how threatening it is to western conceptions of identity) it might be useful to think through the ways narrative fails to make room within which chaos might be expressed. Indeed, if the chaotic state truly exists, it seems the job of narrative and language to find a way for it to become expressible – to move it to a place where it becomes an extension of sanity and not evidence of the absence of sanity. It seems that Frank's assertion that the chaos cannot be expressed through language is merely an attempt to provide a rationalization for why it should not be included. Instead of saying it can't (and it can't only in terms of the way traditional narrative exists currently), we should be moving toward asking how it might, thus opening up a space to name an experience that would otherwise continue to be muted.



Chaos is only muted as long as narrative refuses it a place to exist. The fault is not in the chaos but in the traditional naming of narratives. In pointing at the chaos as the problem and placing the blame for the mutedness on some ‘inherent’ quality of chaos, we merely doubly mute the ill: taking away their voices within medical discourse but also – and more alarmingly – in the narratives that supposedly seek to reclaim their voice. Illness narratives – and I would extend here to postmodern narratives – if they are to truly do what they proclaim, must forge a way for chaos to be articulated and in doing so actually provide a space for the ill person’s voice (in all its forms) to emerge. They must not enact the same crime they point to the larger establishment as committing (which is the point Spivak makes). Importantly, in providing a language for chaos, these narratives might then be able to enact their ultimate potential for social justice: to provide a language through which those in chaos might find a way out of the horror. A narrative might never be able to capture all completely, but it can infuse a moment of speechless anguish with the substance of language and in that moment unveil a path out.

To me, that path out is the ultimate promise of a Thou-Thou relationship. In the moments of darkest pain, it is our connection to others that is unveiled. Through webbed connections, the chaotic effect can be navigated and through that navigation people can deepen and grow. In a place of overwhelming negativity, they can find footholds in their connection to others. I might have stayed longer in my dark hole of sadness, wishing for the life I’d imagined – the child that might have been – had I not seen, through my connection to multiple lines of narration, a way to climb up and out – a way of moving forward even though I still hurt and life would never be the same. There are two ways of

handling the chaos. One can fall into the chaos narrative of Frank, and subsist in I-It relationships, or one can climb out by finding footholds through the webbed connections and narratives of the Thou-Thou chaotic effect.

## **Chapter 4**

### **Artifacts of Chaos:**

#### **An Exploration of Journaling as a Method of Representing the Chaotic Effect**

In the previous chapters, I began to separate out the chaos narrative from the chaotic effect. In doing so, I relied on theorists to help me find a language for discussing the chaotic effect in a way not linked to Freud. That discussion culminated in a theorization of a Thou-Thou relationship, wherein both parties acknowledge personal vulnerability and, in doing so, carve out a space wherein they can speak and hear one another in the midst of chaos. I used two personal narratives to describe the differences between Frank's conceptualization of the chaos narrative and my conceptualization of the chaotic effect.

Still lingering is the question of how can the chaotic effect, in its own terms, be represented in literature. In this chapter, I will explore that question through multiple lines, but primarily by focusing on the story of a caregiver who was caught up in her own chaos when her husband developed the early stages of Alzheimer's. Michele Montgomery's *Alzheimer Diary: A Wife's Journal* provides important context for an understanding of how chaos reverberates outward, affecting and infecting those surrounding the patient. I wish to discuss Montgomery's narrative as a model that will lead to a discussion of journaling as a form that mirrors some of the principles of chaos narratives but, because it is not linked to serious illness, has been theorized differently and thus provides insights into the possibilities of discussing and capturing the chaotic effect.

## **Journaling for Self Re-recovery: Witnessing the Value of Chaos**

Around noon on Marcy 28, 1941, Virginia Woolf left the home she shared with her husband Leonard, walked to the banks of the river Ouse, placed a large rock in the pocket of her coat and threw herself into the rushing water. She left behind a letter for her sister, Vanessa, and a letter for Leonard. In fact, two letters to Leonard were left, but the longer, more detailed one that she wrote earlier in the week is the letter most widely circulated as her farewell missive:

Dearest,

I feel certain I am going  
mad again: I feel we can't go  
through another of those terrible times.  
And I shan't recover this time. I begin  
to hear voices, and I can't concentrate.  
So I am doing what seems the best  
thing to do. You have given me  
the greatest possible happiness. You  
have been in every way all that anyone  
could be. I don't think two  
people could have been happier till  
this terrible disease came. I can't  
fight any longer. I know that I am  
spoiling your life, that without me you  
could work. And you will I know.  
You see I can't even write this properly. I  
can't read. What I want to say is that  
I owe all the happiness of my life to you.  
You have been entirely patient with me and  
incredibly good. I want to say that –  
everybody knows it. If anybody could  
have saved me it would have been you.  
Everything has gone from me but  
the certainty of your goodness.  
I can't go on spoiling your life any longer.  
I don't think two people could have been happier than we have been.

Just after the release of the movie version of Michael Cunningham's *The Hours*, Hermione Lee, Virginia Woolf's most recent biographer, wrote an article for *The Gaurdian*, entitled "Ways of Dying," detailing the answers to questions many in Woolf scholarship were thinking: What was Lee's take on the movie? Was she pleased? Did she approve of the liberties taken in the script, particularly with the historical figures? Lee served as a consultant on the film, yet, many of those liberties irked her. Still, she writes in *The Gaurdian* that there were specific moments when she was transported back to her time spent with Woolf's archives and that truly captured moments in Woolf's life and story:

There were two documents in her archives that I found particularly distressing. One was the little soft-covered notebook she used for her diary for 1941. I knew there wouldn't be any entries after March 28, the day she killed herself, but I couldn't help turning the blank pages that followed, unable to believe that the voice I had been living with for the past five years had stopped speaking. The other was her suicide note. (One of the suicide notes, in fact. She wrote three - two versions for her husband, Leonard, and one for her sister Vanessa - unable to stop revising her work until the end.) What struck me about those heart-breaking words ("I feel certain that I am going mad again: I feel we can't go through another of these terrible times... You have given me the greatest possible happiness.. .") was that she had written them in short, jagged half-lines, as if she could hardly get to the end of the sentences. I reproduced the letter in my book as it looked on her page, almost like a poem. Michael Cunningham's novel *The Hours*, part of which tells the story of Woolf's last day, and which made use (among many other sources) of my biography (generously acknowledged), reprinted Woolf's last letter in the same way. At the start of the film, Nicole Kidman speaks the words of the suicide note as we see her writing it. And she hesitates, almost imperceptibly, on those line breaks, as if she can't quite go on. I was moved to hear it. (4)

Lee points out a variety of interesting insights into the writing of the suicide notes, which at first appear quickly scribbled down and left without much thought. Lee explains that Woolf did not write them quickly and leave, but took the time to revise the note she left

for Leonard. She also left a differently revised and pointed note for her sister, Vanessa. Further, Lee points out that Woolf's note to Leonard is interestingly laid out, with the lines broken as though the prose was becoming poetry.

Most recreations of Woolf's suicide note, even on websites dedicated to poetry, do not break the lines of the note in the same way Woolf originally wrote it. Instead, most turn it into a sustained paragraph, breaking the lines according to page margins. Lee interprets the form as evidence – or at least an emotional insinuation – that Woolf could hardly bring herself to get to the end of each sentence. To me there are two other ways to read the form. The breaks could also be read as evidence of her mental chaos at that time and her inability to write straight, full lines further exemplifies such a reading. Further, a third reading of the breaks is that Woolf intentionally wrote them as such – that she broke the lines in specific ways for a specific effect. The effect might be to exemplify the emotion of the moment, as Lee asserts, or the effect might be to highlight certain lines and create a form into which more can be packed into a tighter space, leaving out connectors and exposition in favor of bursts of pointed feeling and communication: in short, Woolf might have chosen the poetic form over a prose form purposefully in that moment.

Importantly, all three interpretations can exist together. Because of the taboo surrounding suicide, people often assume those who write notes before killing themselves are out of their minds and in chaotic states, thereby making the notes haphazard with little intention behind them. Woolf's suicide notes does not completely counteract this

assumption, but it does ask that we consider the ways in which even artifacts of chaos, as suicide notes are, can possess intention, purpose and form that allow them to take on a shape and meaning denied by the assumption.

What Woolf left behind was, what I call, an artifact of chaos. Written in the moment and sparsely edited these narratives seek to capture the day-to-day experience of those struggling with illness, whether as patient or caregiver. As with Woolf's suicide note, it is easy to dismiss a published journal or diary as lacking intention, purpose and focus; yet, I contend that these self-narratives create a space free of the pressure, of form and substance and thus get at the heart of an experience of pain and chaos. As readers, we can make choices in how we receive these narratives. We can do what most have done with Woolf's suicide letter and form it into a perfect prose paragraph, highlighting the stunning moments of emotion but ignoring the interceding lines of doubt and despair or we can read each line as presented, with the correct line breaks, thinking through how the moments of emotional poetry resonate deeply with the moments that speak directly of the present moment and overwhelming doubt and despair.

Specifically, I wish to focus here on Michelle Montgomery's *Alzheimer Diary: A Wife's Journal* (2010). Montgomery's narrative, as a published journal, presents a series of events told in the moment – the lasting present of her life at the time. Michelle's narrative is not perfect. She is not perfect in it. Sometimes she is handling her situation better than other times. Her mood shifts wildly throughout. Sometimes she is graceful and sometimes she breaks down in pain and exhaustion. Michelle's narrative is fiercely



honest and she does not hide the mood swings that accompany life with a dying partner. Instead, Michelle faces the chaos of her life directly. She does not mince words or try to hide dysfunction in order to make herself seem more put together than she is. In fact, in reading the narrative, one is most struck by how brave she is to put her terrible moments next to her best moments.

If we were to read her narrative through traditional critical lenses, we might critique her as an unreliable narrator. Sometimes she says one thing and then the next minute she says another. Her mood never seems stable. She loves something one moment and hates it the next. Moreover, her narrative jumps around – to the past and then the present, all while bemoaning the future – and it does not end with a good climax, even though she says that good stories should have good endings. What Michelle captures instead of a traditional “good” story, is the real story behind living with chronic and terminal illness. Michelle captures the chaos of that life and in presenting its unending ups and downs, she allows us to witness the process of bearing the chaos and the vulnerability.

There is extensive statistical evidence showing the positive effects of journaling and letter writing in the treatment and healing of patients. Patrice Rancour and Kathryn Breauer (2003) in their article the “Use of Letter Writing as a Means of Integrating an Altered Body Image: A Case Study,” analyze the “use of letter writing as a technique to assist patients in adjusting to an altered body image after dramatic cancer treatment” (842). According to their research, patients who utilized journaling or letter writing in

combination with their medical treatment became more active participants in both their treatment and recovery and assumed higher levels of personal responsibility for recovery (841). Additionally, the journals allowed healthcare workers and therapists to “obtain critical patient information more quickly” and the journals helped the patients feel as though they were “being cared for between sessions” (842). According to Rancour and Breauer, the experience of journaling helped externalize internal feelings and fears. In doing so, patients were more likely to share sensitive issues, including suicidal thoughts and serious symptoms they might otherwise have been hesitant to divulge (842).

Most vitally, perhaps, journaling led to enhanced feelings of “self-reliance, self-mastery, and insight” which ultimately helped patients better cope with current and future crises (842). Thus, journaling helped the patient psychologically and in terms of their long-term grit, while also enabling the healthcare professionals to obtain a better sense, or map, of the patient’s illness: “A journal provides a map of the therapeutic process and reveals the hidden opportunities an illness can provide. These often are painful learning experiences that patients often describe later as ‘soul making’ experience” (842). Part of these hidden opportunities is the freeing up of energy away from the “suppression of painful experiences [which] drains the immune system of the energy required for physical healing” (842). Thus, journaling not only functions as an important diagnostic tool, but also serves as a therapeutic tool for the patient, allowing them to vent fears and frustrations.

In Rancour and Breauer’s study they primarily focus on letter writing as a way for patients to externalize an internal aggressor or fear. The act of externalization allows for

an internal relief while also exposing the often hidden benefits of chaotic illness. In both journaling and letter writing there is no pressure for the patient to make sense of or solve the grief and fear they feel. Instead, they are only asked to try to express it and then allow another person to hear and witness that expression (842). In further steps of the therapeutic process, the patient is asked to write from different perspectives (for instance from the perspective of the lost breast, or from the perspective of the tumor). The assignment is creative not logical and its intent is to create “an additional opportunity for catharsis” (842).

With this catharsis comes the slow ability of a patient to move out of chaos into new ways of narrating their illness experience. The experience of letter writing and journaling specifically focuses on allowing patients to understand that anger and resentment are normal. Fear is normal. However, the goal is to move the patient out of chaotic entrapment and toward a place where they can recognize that “while they have bodies, they are not solely their bodies” and wherein they can respond to their pain, rather than their pain (844). While this method is embraced for its ability to stabilize psychologically and reinforce patients by moving them beyond chaos, it also validates the importance and usefulness of the words that are spoken within that chaos. Indeed, the use of journaling and letter writing in the health care profession embraces the therapeutic and diagnostic importance of patient chaos narratives.

### **The Moment Our World Shifted: Tracing the Edges of a Wound**

Montgomery begins her account with the moment she discovered that her husband, Dave, had Alzheimer’s disease. This moment is layered. It does not just

involve the words themselves or even the realization that came a moment after. Those are there, but so is the horror, the loss, the memories of what was, the fear of what will be, and the scent of the husband she will slowly lose over the course of her journal. Encapsulated within a single moment – a moment when “Our world shifted. My world shifted” – is the whole of their world. The journal details the cacophonous trill of memory, emotion, and the violent collision of the future that might have been with the future that now is.

Michelle laments: “I want our perfect life back, to return to the time we lived it *together* – a time when I would not be fighting my own demons as well as struggling with my husband’s descent into mental chaos” (1). For her, there is a strong yearning for the past and a desire to hold on to the memories that Dave slowly loses. Their identity as a couple is challenged and changed radically by his diagnosis and Michelle is faced with the reality that their history – who they were – might only be something that soon exists in her mind and not in his.

Time and its relationship to memory factor heavily in Michelle’s writing. She often ponders the stories that came before them and how those stories last only because they are remembered by someone. As such, she seeks to assert some kind of order and constancy to her life by collecting and cataloguing memories: “I am gathering memories. Might need them someday” (102). In fact, the journal itself functions as a method for collection. As such, Michelle moves across time lines. She is always in the present

moment (sometimes crushingly so) but that present moment always holds within it a call to memories of the past and the fear of what the future holds.

Beyond the thematic, Michelle's narrative also breaks from traditional narrative lines, even journaling lines, in several distinct ways. She often breaks from her own personal monologue to reference a break in her thought. Usually, these are moments when she is interrupted and has to attend to the "real world" as she calls it. She marks these moments of interruption by explaining what has occurred and often her train of thought moves off in a new direction due to the change in focus.

Michelle also uses references to songs, poems, essays and movies as ways of explaining her inner state. The reference often acts as a prompt to further analysis of her thoughts of the moment. One example of this is an entry from January 5, 2006. She discusses how the act of journaling has changed the way she thinks and understands the world: "With this writing, I am becoming a sponge. When I started this I didn't think I had the writer's memory eye. That is less true now, not because of honing my eye, more from absorbing how others write, how the eyes and ears of other writers inform them. They are alert to their environment, internal as well as external" (43). In writing, Michelle opens herself up to awareness that she did not previously see in herself. Indeed, what began as a project to help her deal with the day-to-day care and stress of dealing with her husband's disease, turned into much more.

Michelle continues:

I have also learned memories added to the story are not indulgences, but really the warp of the fabric. The structure upon which the weft of present experiences is woven into the whole of one's life fabric. Today, my memories and the present are very close in time. For the last three or so years I have been reclusive. Not because I didn't want social contact, but because of feeling insecure. I don't know what happened to me.

Whoa, hello, writing as therapy. *Of course!* It was three years ago Dave really started to lose it. Seven years ago his memory loss began, or was becoming evident. It was then I began to lose my rock, my anchor, the one who could and would always save me, the one I depended on to support me if I faltered, catch me if I fell. So now, the roads are more perilous, especially at night: no lights, no shoulders. Not having his shoulder to lean on is sometimes too painful to think about.

But today! It was *jump down pick a bale of cotton, jump down, pick a bale of hay*. I have my new little car. No worries, no breakdowns, no flat tires in the middle of nowhere.

This passage perfectly encapsulates two important aspects of chaos narratives: the important therapeutic effect and value of the act of writing and the vacillating nature of written chaos narratives. Michelle recognizes the great help journaling has been for her sense of self, hope and determination. In the face of a terrifying and isolating reality, she

has found connection (to her husband, to hope, to her own pain) through the act of journaling. The horror of Dave's illness has not disappeared. Neither have the chaotic ups and downs of everyday life dealing with Alzheimer's disease. What has changed is Michelle's relationship to the chaos.

Later in her journal, Michelle links this shift in perspective and to her courage to face chaos to what she considers the courage of artistic creation:

The artists are our real salvation. It is amazing to me the courage that is out there. Although we still live in a world where artists like Theo van Gogh can be murdered because of their work, the courage I refer to is the personal courage required to expose oneself. I do this because I want the intimacy that comes from being known by another. I also want to touch others with my story, to provide hope. (119)

For Michelle, her courage to face Alzheimer's day in and day out is like the courage an artist uses to produce a work of art. For her, both are rooted in the desire to be heard, known, and touched by another. Importantly, her desire here is not to 'fix' her situation, or her husband, or her life, but rather to find a way to exist within an unlivable situation with courage and hope. Michelle's relationship to her chaos is not one where she desires mastery, but rather one where she desires co-existence and perseverance.

Her perspective helps knit together some of the different lines of thinking I've explored throughout this entire project. Michele's desires differ drastically from Freud's desire to "fix" hysterical women, or my father's desire to be "fixed" by a medical

miracle. Instead of focusing on her “non-plot” narrative, Michele accepts that her life is changed permanently and requires her to re-narrate a future based in the unpredictable present. Michele’s acceptance of the present’s unpredictability allows her to move forward without closure. Indeed, the notion of “fixing” is linked to a desire to create predictable people – people who follow the rules and remain within convention, like the British aristocracy and medical professionals detailed by Woolf in *Mrs. Dalloway*.

Thus, Michele exists like the subjects theorized by Spivak, Butler, and Buber. She exists within established society, yet finds ways to maneuver around the boundaries imposed. With her fairytale narrative shattered, Michele finds ways to sustain multiple lines of connection in order to narrate her way through the chaos of her husband’s disease. She finds a ways to remain sane while navigating the unpredictability of life. Ultimately, her most difficult trial is remaining in a Thou-Thou relationship with her fading husband. As he declines, she declines – linked as she is to him through deep love. Still, she experiences their shared pain and is not destroyed by it. Instead of spinning off into a deep, unsuturable wound, Michele discovers in that wound an even deeper connection to the man she’s loved for most of her life. Loving him in chaos opens a new way of loving previously closed to her.

### **Both Inside and Out: Journaling as a Method of Recording Chaos**

Michelle isn’t the first person to discuss the way in which journaling helps hone writing ability. Famously, Virginia Woolf dutifully kept a journal starting at 33 and continuing through the end of her life. At times, in her journal, Woolf reflects on the act



of journaling and its impact on her. In an entry from April 20th, 1919, Woolf makes a case for the creative benefits of keeping a diary — something Joan Didion echoed nearly a half century later in her timeless essay “On Keeping a Notebook”<sup>26</sup> — and argues for it as an essential tool for honing one’s writing style: “I got out this diary and read, as one always does read one’s own writing, with a kind of guilty intensity. I confess that the rough and random style of it, often so ungrammatical, and crying for a word altered, afflicted me somewhat. I am trying to tell whichever self it is that reads this hereafter that I can write very much better; and take no time over this; and forbid her to let the eye of man behold it” (178). Here, Woolf expresses a self-consciousness at reading her own unedited work. For her, the balance of journal writing is not allowing the over-critical part of one’s nature overshadow and silence the part that is capable of producing “diamonds in the dustheap”.

Indeed, for Woolf the form of the diary is what makes it capable of producing insight:

the effect that it has a slapdash and vigour and sometimes hits an unexpected bull’s eye. But what is more to the point is my belief that the habit of writing thus for my own eye only is good practice. It loosens the ligaments. Never mind the misses and the stumbles. Going at such a pace as I do I must make the most direct and instant shots at my object, and thus have to lay hands on words, choose them and shoot them with no more pause than is needed to put my pen in the ink. (179)

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<sup>26</sup> Joan Didion’s “On Keeping a Notebook,” taken from her collection of essays entitled *Slouching Toward Bethlehem* (1968).

Woolf attributes the capacity of the diary on the fact that it is written in the moment without careful consideration of form. Loosened from the holds of form, the diarist can make quick attempts at representing emotions and thoughts in language without the pressure of correctness.

Beyond the ability to try out new formations and ideas, Woolf also thinks through the form of diary writing, and whether there is an ideal or higher form of that kind of writing. Woolf's discussion here is very much in keeping with the bent of her fictional interests. She seeks to think through how journal writing might transform itself into a literary form of its own. In doing so, the form would have to embrace the positive qualities of the form without obliterating them under the burden of specific benchmarks of function: "Moreover there looms ahead of me the shadow of some kind of form which a diary might attain to. I might in the course of time learn what it is that one can make of this loose, drifting material of life; finding another use for it than the use I put it to, so much more consciously and scrupulously, in fiction" (179). Inherent in her reflections here is the idea that journal writing must have value as a form of writing beyond how she already employs it in her fiction.

The only way she can think of describing the form of a diary is through the metaphor of a desk with its collection of papers from years past:

What sort of diary should I like mine to be? Something loose knit and yet not slovenly, so elastic that it will embrace anything, solemn, slight or beautiful that comes into my mind. I should like it to resemble some deep old desk, or

capacious hold-all, in which one flings a mass of odds and ends without looking them through. I should like to come back, after a year or two, and find that the collection had sorted itself and refined itself and coalesced, as such deposits so mysteriously do, into a mould, transparent enough to reflect the light of our life, and yet steady, tranquil compounds with the aloofness of a work of art. The main requisite, I think on re-reading my old volumes, is not to play the part of censor, but to write as the mood comes or of anything whatever; since I was curious to find how I went for things put in haphazard, and found the significance to lie where I never saw it at the time. (182)

Woolf's metaphor here is vital to my reading of a chaos narrative. Freed from her role as "censor," Woolf could look at the journal entries as expressions of her unsuppressed and free-form mind – the mind that was not focused on plot and order. In that jumbled space, after time, a sort of order and clarity was created. This order and clarity did not come from asserting order over the space, but by giving it time to breath and exist. Thus, the desk and its contents did not change. What changed was how Woolf saw and understood the desk itself. This connects closely to how I wish to conceive of the chaotic effect and the Thou-Thou relationship implicit to it. In the chaotic effect the listener listens openly, without editing or imposing order (as Freud would do), and in listening that way, a dialogue can begin between the speaker and the listener that was impossible before. In listening openly, without editing or imposing order, the relationship moves from I-You to Thou-Thou, thereby opening up possibilities for insight, expression, and healing.

Further, Woolf discusses the speed at which journal writing occurs (which harkens back to Frank's description of how narratives of chaos are told, quickly and with little punctuation):

I note however that this diary writing does not count as writing, since I have just re-read my year's diary and am much struck by the rapid haphazard gallop at which it swings along, sometimes indeed jerking almost intolerably over the cobbles. Still if it were not written rather faster than the fastest type-writing, if I stopped and took thought, it would never be written at all; and the advantage of the method is that it sweeps up accidentally several stray matters which I should exclude if I hesitated, but which are the diamonds of the dustheap. (178)

She struggles here to explain the kind of "writing" she does in her diary. It is not writing proper, with careful consideration and form. Instead, it is fast and uncontrolled. Still, in this rush, for Woolf, her mind produces "diamonds in the dustheap." She recognizes that much of her production in the diary is not of much worth to her as an artist creator. However, in those unguided moments, free from hesitation, she accesses parts of herself closed away when she is in other frames of mind.

For me, the lesson here is that our job is not to confine and revise chaos. Our job is to not think that anything said in chaos is uncontrolled and not useful. Our job, as witnesses to the narratives of those in chaos, is to provide the space necessary to see the story fragments differently. We must see the story not only as something that swallows people whole (which it will sometimes do), but also as something that sustains and helps

continue life stories. Moments of muteness and chaos are artifacts of every person's life narrative. Instead of banishing them from the contents of the proverbial desk, we are all challenged to embrace them – not as failings or weakness – but as artifacts of continued survival.

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## Vita

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