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“Her Pronouns Wax and Wane”

Psychosocial Disability, Autobiography, and Counter-Diagnosis

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The article analyzes autobiographical narratives written by persons with psychosocial disabilities; it argues that such narratives can refigure conventional assumptions of autobiography through a strategy designated *counter-diagnosis*. Drawing upon a hybrid methodology that combines disability studies with critical discourse analysis, the article conducts a close reading of the narratives’ uses of pronouns in order to highlight their counter-diagnostic strategies. The conclusion is that, although we must pay attention to the problems that have characterized much disability autobiography, recognition of these narratives’ creatively disruptive strategies can lead us toward a context in which all of us—psychosocially disabled or not—can better tell our stories on our own terms.

“If it is a crazy story surely it will do no harm, and if it is not, why had it not ought to come out.”

—Elizabeth T. Stone, “A Sketch of My Life,” *Women of the Asylum*.

“Diagnosis itself is a narrative phenomenon.”

—Lauren Slater, *Lying: A Metaphorical Memoir*.

Nuts.

He said *nuts*.

It was December. I was on the telephone with a journalist, who had called me out of the blue to interview me for a magazine article about students with learning disabilities. I was wearing my professor hat, discoursing knowledgeably on disability, on pedagogy, on learning styles. Then the journalist said something about nuts. Something like, “But there’s a difference between a person with a learning disability and a person who’s just, you know, nuts.”

With a strong sense of stepping into another skin, I said, “Pardon me?” I said, “I take offense at the term *nuts*.” I said, “I would never use that term, any more than I would call a person with a learning disability *stupid*.”

That’s not really what I said. That’s what I wish I could have said. It may bear some resemblance to what I actually said. But I cannot say with certainty, not from the point at which I took offense, because I do not remember.

I’m not usually very conscious in situations that call for rhetorical confrontation. Part of my brain retreats; someone else speaks through my lips. Sometimes

her intervention is helpful. Sometimes, not so much. She has a cringing way that I dislike. She agrees to things I wouldn't choose.

Anyway, that time I was lucky. The journalist apologized—so I know he could tell I was objecting, although I am not sure he understood why—and we moved on. I got off the phone as soon as I could, noting with detachment that my field of vision had tunneled, gone fuzzy around the edges, like a movie shot of someone looking through binoculars. However, I was far enough from panic to know the symptoms would pass. It wasn't a bad one.

Later, when my breathing and thoughts were smoother, I considered what I had *not* said to the journalist. I could have said, "Do you realize you just said *nuts* to someone who *has* a mental illness?" While it would have been gratifying to embarrass him with such an announcement, it also might have destroyed my authority at the very moment I tried to claim it. That is the problem with being mentally ill: it tends to carry a certain lack of cred.

Catherine Prendergast argues that "to be disabled mentally is to be disabled rhetorically" ("Rhetorics" 57). When speaking as a mentally disabled subject, one is generally denied what Prendergast calls "rhetoricability" ("Rhetorics" 56), that is, the ability to be received and respected as a valid subject. Importantly, Prendergast does not regard *ability* as stable or inherent; rather, she explains rhetoricability as something that is constructed based upon the rhetor's social context. Just as one's body is more and less abled by the built context that surrounds one, so too with one's mind.¹

This article combines disability studies (DS) with critical discourse analysis (CDA) to demonstrate ways that persons with psychosocial disabilities² can and do demonstrate rhetoricability by constructing forms of authority that

1. It is impossible to wade into the territory of mental disability without having to account in some way for the mind/body question. Put briefly, I consider them complexly involved and inseparable entities. A term used by some psychotherapists of trauma, which I find useful, is *bodymind*. The fact that I have a physical illness (an autoimmune disease) which sometimes impairs my mental functioning, as well as psychosocial disabilities which act on physical functions such as sleep, breathing, and coordination, has contributed to this view. In my world, bodies have minds *and* minds have bodies; I feel no urge to choose between the two propositions.

2. I want to account for my terminology—not least because words (names, labels, diagnoses) are of life-and-death importance to people with disabilities. Three special journal issues focusing on disabilities of the mind have appeared in recent years, and each guest editor has noted a similar negotiation with terminology. In the *Journal of Literary Disability*, Lucy Burke chooses "cognitive impairment," but wonders whether "cognitive difference" or "cognitive disabilities" would have been more appropriate. In the *Journal of Medical Humanities*, the editors (Gardner, Metzl, and Lewis) skirt the problem of naming the disabilities themselves by focusing their special issue on "cultural studies of psychiatry" (3). And in *Disability Studies Quarterly*, Deborah Marks uses "psychosocial," but warns against the tendency of DS discourse to subscribe to "the somewhat tired binary of 'therapy-or-politics.'" Like Marks, I believe the term *psychosocial* usefully describes this spectrum of disabilities; however, I am

draw upon, rather than ‘overcome,’ their disabilities. My focus is three autobiographical works: *A Mind Apart: Travels in a Neurodiverse World* by Susanne Antonetta; *Lying: A Metaphorical Memoir* by Lauren Slater; and “Her Reckoning: A Young Interdisciplinary Academic Dissects the Exact Nature of Her Disease” by Wendy Marie Thompson. My DS/CDA approach involves close study of a particular linguistic feature: personal pronouns. Using pronouns as a window into the larger dynamics of power and personhood that play out in these texts, I show that they subvert the conventional imperatives of autobiography by engaging in a strategy I call *counter-diagnosis*.

Madness and the Social Model

Lennard Davis’s preface to *The Disability Studies Reader* argues that DS is now well enough established as a field to have reached a “second wave,” in which its participants can begin to critique one another, to “ask questions and make new assertions about the ‘truths’ of the field” (xiii). One such critique comes from Tobin Siebers, who points out that the social-constructionist underpinnings of DS, while useful and important, also create problems:

Many disability scholars have begun to insist that the social model either fails to account for the difficult physical realities faced by people with disabilities or presents their body and mind in ways that are conventional, conformist, and unrecognizable to them. These include the habits of privileging pleasure over pain, making work a condition of independence, favoring performativity to corporeality, and describing social success in terms of intellectual achievement, bodily adaptability, and active political participation. (“Disability Studies” 13)

In short, DS itself privileges certain abilities, and one such case is the privileging of ‘agile’ (which usually means ‘rational’) minds. How does one speak (either aloud or on the page) if one’s mind spins with anxiety, grapples with depression, freezes with panic, or is occluded by brain fog? What shall we do with notions of collaboration, activism, and community that presuppose all participants will arrive at the table ready and able to engage in ‘lively’ (and implicitly logical) conversations?

In “The Abused Mind,” Andrea Nicki argues that psychiatric disabilities occupy a distinct space within DS. For example, she analyzes the differing effects of the “cultural demand of cheerfulness”:

not completely sold on it, and consider this problem of terminology—like so many others in DS—open to further debate and evolution. In my current project, tentatively titled *The Rhetoric of Madness*, I discuss this issue at greater length.

The pressure on the disabled to be cheerful is particularly intense for people afflicted with mental illnesses to which depression is central, since for them the pressure to be cheerful requires a full-fledged denial of their disorders. ... A person who tells others she is suffering from a mental illness such as depression may be told, like a person suffering from a physical illness, that it is “all in her mind.” ... [But by] insisting that a person suffering from clinical depression be cheerful, [others] demand that she not only *hide* her illness—her tearful or raging negativity—but that she *immediately overcome* it in order for them to continue to respect her as a person. (94, emphasis added)

In other words, as Nicki shows, people with psychiatric disabilities are subject to discriminatory assumptions that resemble those made about people with all kinds of disabilities—including the ‘all in your mind’ assumption. However, because of the ways that such disabilities manifest, are viewed, and are experienced, their distinctive theoretical and experiential space must be acknowledged as well. It *is* quite literally all in our minds.

Like Nicki, Anne Wilson and Peter Beresford argue for an expanded theoretical space within disability studies to include psychiatric disabilities. They predict that this project will be difficult:

[A]s yet no equivalent of the social model of disability, developed by the disabled people’s movement, has been developed by mental health service users/survivors, which could offer a philosophical basis and/or focus for action. At the same time, the social model of disability is likely to need further development if it is to provide a suitable framework for such social approaches to madness and distress. ... The relation of madness and distress to disability is complex and contested. It is likely that any reworking of the social model, as it relates to psychiatric system survivors, which takes account of issues of mind as well as body, will also be complex. (145)

The range of concerns raised by Nicki, as compared to Wilson and Beresford, indicates just how “complex and contested” approaches to psychosocial disabilities are, and will be, even within disability studies. While Nicki readily refers to terms that draw from psychiatric discourse, such as “clinical depression” (95), and uses the distinctly un-DS “afflicted,” Wilson and Beresford argue from the positions of “psychiatric system survivors” (144), and view all features of psychiatry, including its discourse, as suspect.

What they have in common, and what my own project takes up, is the conviction that a focus on psychosocial disability will disrupt and broaden our understanding of DS as a whole.³ Following Sharon L. Snyder and David

3. Psychosocial disability, my focus, has many philosophical and practical overlaps with cognitive disability; important work is being done in that area by Ron Amundson, Licia Carlson, Cynthia Lewiecki-Wilson, and others.

T. Mitchell's suggestion in *Cultural Locations of Disability*, I believe this must include a commitment to textually based research practices (200–201). Empirical studies of persons with psychosocial disabilities are not necessarily bad, but greatly outnumber studies which examine writings *by* persons with psychosocial disabilities, our own self-representations, our own approaches to problems such as coherence, truth, and community.

One textual method that will be of value to literary researchers is critical discourse analysis (CDA). CDA is fundamentally invested in the relationship between language and social context, and uses micro-analysis of discourse features (such as word choices, grammatical patterns, and images) to investigate larger dynamics of power. I argue elsewhere (Price, 'Access Imagined') that CDA and DS can complement each other's methodological strengths and needs. What DS research needs is a clearer sense of what methods we are using, when, why, and particularly how those methods *intersect* in our interdisciplinary discourse. We need methods which are not merely *multidisciplinary* but *interdisciplinary*—that is, methods which not only draw from various disciplines but integrate those disciplines' similarities and differences to form hybrid kinds of research, and outcomes which are of value to a broad range of investigators. CDA has potential to serve as one such method because of its concern for power/language, its commitment to critique of broader sociopolitical contexts, and its flexibility in moving from micro-cases to institutional discourses.

But why pronouns in particular, rather than any other of the huge array of linguistic features available to the CDA researcher? The main reason is that pronouns operate as a *rich feature* (Barton) in disability discourses: that is, they offer a significant window onto the ways that power dynamics of disability are maintained. The 'us-them' binary, often invoked in DS literature, is a ready example. Beyond this, pronouns can take on extraordinary meanings when used by psychosocial disabilities. What we mean by *I* is not necessarily normative; neither is what we mean by *you*, *she*, or *we*. As Antonetta writes of her friend N'Lili, who has multiple personalities and identifies variously as *I*, *they* and *we*, "Like the moon her pronouns wax and wane" (108). Pronouns are a rich feature in autobiographical writing as well as in disability discourses. All three etymological parts of the word *autobiography*—*autos* (self), *bios* (life) and *graphe* (writing)—are up for debate, but perhaps most of all the first: *autos*, the *I* of truth-telling narrative.

Rewriting Disability Autobiography: Counter-Diagnosis

Scholars of disability autobiography have pointed out various reasons why we might regard this genre with caution, not to say pessimism. One concern, as Mitchell and Snyder note, is that such narratives often reify the dominant script of disability as an individual tragedy (and potential source of triumph when ‘overcome’), while also solidifying the normate reader’s sense of his own “comparative good fortunes” (“Introduction” 10). Another concern, explored in depth by G. Thomas Couser, is the history of exploitation of persons with disabilities by those who write about them, including medical professionals and so-called ‘co-writers’ of works which may then be labeled ‘autobiographies’ (*Recovering Bodies; Vulnerable Subjects*).

Building on the insights of Couser, and Mitchell and Snyder, disability autobiography is a growing field within DS. This work often draws upon feminist, queer, and/or postcolonialist theories of autobiography, which have been asking for quite some time how various representations of the subaltern might speak. Such accounts take seriously the hegemonic history and effects of the genre, so much so that some propose the use of alternative or additional terms, including *auto/biography* (Stanley), *auto/body/ography* (Mintz), *autobiographical manifesto* (Smith), *autobiographics* (Gilmore), *autography* (Perreault), *autogynography* (Stanton), *autopathography* (Moran), *autrebiography* (Loftus), and *testimonio* (Beverly). However, while these resistant theories of autobiography have permeated DS research,⁴ they rarely examine psychosocial disabilities. One exception is Stephen T. Moran’s “Autopathography and Depression,” which studies autobiographies of depression. Unfortunately, Moran selects for attention only “unusually articulate” and quite canonical “sufferers”—Ernest Hemingway, F. Scott Fitzgerald, and William Styron (79). His analysis therefore does not offer much insight into the transgressive power of autopathography as it might operate when inhabited by “sufferers” who are not as (conventionally) “articulate.” A response to this problem is offered in Prendergast’s “The Unexceptional Schizophrenic,” which argues for attention to writings by schizophrenic people who are not “exceptional,” and whose stories are thus not easy to pin down theoretically. Following Prendergast, I believe that further study of autobiographical writings by people with psychosocial disabilities will refigure

4. Examples include Heidi L. Janz’s “Crip-Academic, Disabled-Writer, Sparrow on Wheels and Other Split-Identities”; Susannah B. Mintz’s *Unruly Bodies*; Madonna Miner’s “‘Making up the Stories as We Go Along’”; Shlomith Rimmon-Kenan’s “The Story of ‘I’”; and Rosemarie Garland-Thomson’s “Shape Structures Story.”

key assumptions of autobiographical discourse, including rationality, coherence, truth and independence. In the present study, I am arguing that Antonetta, Slater and Thompson⁵ claim authority not in spite of, but through and because of, their psychosocial disabilities, using a strategy I call *counter-diagnosis*.

In counter-diagnosis, the autobiographical narrator uses language (here, pronouns) to subvert the diagnostic urge to “explain” a disabled mind. Richard Ingram has suggested that because authorities such as psychiatrists may appropriate the stories of persons with psychosocial disabilities, “perhaps it is better to arrest the progress of existing narratives by interrupting them with multiple complications, to render them confused, to deflect them from their righteous paths, to fragment them” (212–13). The counter-diagnostic story does not merely parallel or replace the conventional diagnostic story: it ruins it altogether, attacks its foundations, queers it.

As my use of the word *queer* suggests, the diagnostic story in many ways resembles the queer genre of the coming-out story. For example, conventional disability narratives and conventional gay/lesbian coming-out stories often hinge on a moment of revelation through labeling: “At last I have the name that makes sense of my foregoing experience!” But the story of course is not so simple. As I have written elsewhere, “The phrase *coming out* implies that the event is sudden and recognizable—a flinging open of a door, a step over the threshold. But, in fact, coming out is more like moving through a hall of mirrors” (“Then You’ll Be Straight” 98). Siebers adds to this point that ‘coming out’ may be confounded by sociopolitical pressures: “Closeting involves things not merely concealed but difficult to disclose—the inability to disclose is, in fact, one of the constitutive markers of oppression” (“Masquerade” 2). The inability (or disability?) to disclose can take many forms. One example in the area of psychosocial disability is the common response to the announcement “I have depression”: “Oh yes, I get depressed too.”

Wilson and Beresford describe psychiatry as a “diagnostic empire” (141) and call for a social theory of madness and distress that “*vigorously contest[s]* the role of the psychiatric system and, in particular, of medical/psychiatric records and discourses” (155, emphasis in original). Such contestation can be found in the narratives I examine here. However, I should emphasize that Antonetta’s, Slater’s, and Thompson’s narratives neither embrace diagnosis as truth nor reject it as useless: instead, they draw power from the shape-shifting nature of counter-diagnosis, accepting, rejecting, mimicking, and contesting the diagnostic urge in various ways. Counter-diagnosis is an oxymoronic form. The following three

5. I refer to each text’s author/narrator by authorial name, although, as I will show, each works that oblique in her own way.

sections analyze counter-diagnostic strategies employed through use of first-, third-, and second-person pronouns.

Incoherence and Coalition: The First Person

It would be difficult to overstate the degree to which scholars of autobiography have considered, wrestled with, and at times despaired of the *I*. This mysterious entity has sparked tremendous debate, including what Paul John Eakin calls a “face-off between experiential accounts of the ‘I,’ on the one hand, and deconstructive analyses of the ‘I’ as illusion on the other” (4). (Monique Wittig, in fact, discarded the pronoun *je* altogether, replacing it with *j/e*.) I am less interested in taking a side in these debates than in attempting to read various *Is* on their own terms. As Eakin puts it, we will most usefully approach autobiographical narratives not by bringing a predetermined frame to the *I* but rather by “*asking what such texts can teach us about the ways in which individuals in a particular culture experience their sense of being ‘I’—and, in some instructive cases that prove the rule, their sense of not being an ‘I’*” (4, emphasis in original). In each of the narratives studied here, *I* is positioned in ways that take advantage of its fragmentation, proliferation, and otherwise unruly existence.

The first counter-diagnostic strategy I call *creative incoherence*. While the conventional *I* of autobiography is unified, and tends to progress through a linear narrative, the *I*'s of these narratives are strategically disorganized and incoherent. *Incoherent* may be used colloquially to mean completely lacking in understandable meaning; however, I am using the term in a sense that draws upon its etymological roots, which translate loosely as “not sticking together.” This understanding of in/coherence is informed by Charlotte Linde, who describes coherence in life narratives as the outcome of a negotiation between reader and writer:

[Coherence] is not an absolute property of a disembodied, unsituated text. The speaker works to construct a text whose coherence can be appreciated, and at the same time the addressee works to reach some understanding of it as a coherent text and to communicate that understanding. The coherent text that the addressee constructs may not, of course, be the same as the text that the speaker believes was constructed. As long as the gap is not too great, the discrepancy will probably not be noticed. But if it becomes very large, further negotiation about the meaning of the text may be necessary. (12)

It is this “further negotiation” that is most relevant to analysis of the texts at hand. I argue that *A Mind Apart*, *Lying* and “Her Reckoning” purposefully open a large gap between what Linde calls “speaker” and “addressee”; they invite (even demand) negotiation, often remarking directly on the space between the narra-

tor's consciousness and the reader's. *Incoherence* as I am using it should therefore be thought of as a-coherence, or sometimes anti-coherence; it is turned to strategic advantage rather than accommodated as impairment.

In "Her Reckoning," Thompson announces at the outset, "Please keep in mind that I have always found it difficult to write in a consistent linear fashion. Rather, I tend to weave together not only concepts, but genres as well" (373). Her account includes both prose and poetry, and skips between voices, as in this passage:⁶

There are studies documenting the survivors of genocide and de/colonization, relocation and internment ... I have read other stories too, reports about survivors of war and the horror of killing fields. How after witnessing such madness and atrocity, they went completely blind and, once arriving on asylum or reunification to North America, had baffled doctors who had no way to medically justify what caused this loss of sight because the irises and retinas were all healthy. There was simply a refusal to see anymore.

Conceivably a gesture towards maintaining sanity.

My skeleton reads DNA inferiority complexes

• •

I survive by what I see, by what I am, by who died before me and paved my road with their backs. Take living back when a racist white supremacist society prided itself for lynching my father's kind. Colored. (378)

This passage, like Thompson's full essay, is a palimpsest of genres, voices, and perspectives. Deliberately, it breaks various conventions of standardized English, including grammatical 'complete sentences' as well as 'correct' punctuation. The linguistic strategies of "Her Reckoning" serve to position a narrator who is "an outsider, a mixed-roots Afro-Chinese American sister" who refuses the coherence of stereo/type that might be suggested by this positioning and instead offers a hearty "Fuck trivial measurements of authenticity held up to the phenotype of existence" (375). Not quite sensible, this poetic line is nevertheless unmistakable in meaning.

Antonetta similarly embraces incoherence as a creative meaning-making strategy. She announces near the beginning of her narrative that it will be "a bipolar book," and explicates this term in neuroatypical fashion:

My husband, Bruce, reads this [introduction] and says, Tell them it's a bipolar book. Hey, out there. It's a bipolar book.

Though I, too, have to ask him what that means. He says, alinear, associational: I always have many things happening in my mind at once. To be honest, I am some of the many voices in this book. (12–13)

6. Visual structure is an important part of some of the works discussed; in block quotations, I have included double paragraph breaks, typefaces, and symbols as the authors use them.

Here, as with Thompson's narrative, we see the refusal to apologize for a disorganized *I*. We also see a hint of a strategy Antonetta uses often in her counter-diagnostic story—the proliferation of *I* into *we* (discussed in more detail below).

Slater's use of the incoherent *I* is perhaps the most radical: beginning with the title of her book, *Lying: A Metaphorical Memoir*, she constructs a narrative in which virtually every presumption of autobiography, including a truth-telling narrator, is up for grabs. *Lying* narrates the emergence of a factually inaccurate diagnosis (epilepsy) in order to convey the "narrative truth" of the unnamed disorder at the heart of the book (219). Having presented a memoir which describes her numerous epileptic seizures, as well as radical surgery (a corpus callostomy, or severing of the two hemispheres of the brain) to correct those seizures, Slater suddenly announces in the book's "Afterword" that epilepsy has been used as a metaphor:

In *Lying* I have written a book in which in some cases I cannot and in other cases I will not say the facts. ... *Lying* is a book of narrative truth, a book in which I am more interested in using invention to get to the heart of things than I am in documenting actual life occurrences. This means that the text I've created uses, in some instances, metaphors, most significantly the metaphor of epilepsy, to express subtleties and horrors and gaps in my past for which I have never been able to find the words. (219)

This is counter-diagnosis with a vengeance: a case study in which truth—or, to use the scientific term, accuracy—is blithely left by the wayside. With a psychosocially disabled *I* telling the story, empirical truth is no longer a given feature of diagnosis.

Undeniably, in the choice to appropriate another disability to stand in metaphorically for her own, Slater is on risky ground. I do not wish to defend her choice, which I find problematic for a variety of reasons. For one thing, it risks playing into the accusations of 'malinger' so often leveled at disabled persons—especially those of us who have no objective evidence to offer, but only reports of what is happening inside our minds.⁷ And yet, perhaps in its very shamelessness lies its value. With this lurid gesture of untruth, the narrator of *Lying* refuses to become the exposed, confessing narrator of conventional disability autobiography—the narrator who, as Mitchell and Snyder caution, may serve merely to "[p]lace] physical and cognitive limitation and difference on dis-

7. As Slater elaborates her metaphorical choice, noting that her past diagnoses have included BPD, PTSD, bipolar disorder, OCD, depression, and Munchausen's, she also expresses an apparent revulsion for having once been diagnosed with autism: "Doctors saw [my symptoms] ... once, even, as autism. Autism!" (220). I do not share or condone this perspective.

play to be consumed” (Introduction 10). Instead, the narrator of *Lying* invents her own diagnosis to unnerve the normative gaze.

A second strategy of the *I* in counter-diagnosis is *proliferation*—the construction of many selves to tell a single “person’s” story. Antonetta’s assertion that she is “some of the many voices” (13) in *A Mind Apart* is one example. This counter-diagnostic strategy contributes new insight (or perhaps I mean new obfuscation) to a concept of great interest in DS autobiography: the difficult question of dependence/independence/interdependence. In *Vulnerable Subjects: Ethics and Life Writing*, G. Thomas Couser examines a number of autobiographical genres, including “auto/biography,” which he defines as “memoirs of proximate others, such as close relatives or partners, which are collaborative in some sense or degree” (40). My analysis takes up Couser’s point but enlarges the genre to suggest that the “proximate others” may be aspects of a split self. In clinical terms, ‘splitting’ is an undesirable event; it is what happens when a troubled consciousness divides itself, retreating into a fugue state or other alternative (protective) state of consciousness. Therapy for persons who experience splitting is generally aimed at eliminating the phenomenon by helping the therapized person ‘integrate’ her consciousness. However, in counter-diagnostic narratives, a proliferation of selves may be a desirable state.

In *A Mind Apart*, the state of having many selves, or being a “many-head” (2), is described as having its own unique advantages, and in fact generally preferable to being a “one-head” (109): “I like my mind the way it is” (89). Antonetta connects her own multiple selfhood to a more literal notion of community—in her case, a geographically scattered alliance of neuroatypicals connected largely via letters and the Internet. The book’s subtitle, *Travels in a Neurodiverse World*, indicates its emphasis not on Antonetta’s individual experience, but rather on the varied and collected experience of all the persons described and addressed therein, many-heads and one-heads alike. While musing on the state of being many, Antonetta calls upon her community of neuroatypicals to ask their perspectives. As it turns out, many of them feel the same:

I like my mind the way it is, like a striving city, or a small town at least, noisy and architectural. I want to believe there is value in this, and in my beautiful friends. ... I check in with my online tribe to see how many of them would want to be bipolar again [if given a choice]. One man writes:

I choose not to look at bipolar as an illness at all. In fact, I couldn’t imagine myself as not being bipolar, nor would I want to be ... I do not wish to be anyone else but me. ...

“Look at how normals live and treat each other,” says a man named Harry, wanting no part of that. (89–90)

Throughout, *A Mind Apart* forges a series of constantly shifting alliances—narrator and reader (discussed further in the section on second-person pronouns); human and (other) animal; present-day human and pre-human; and, of course, neuroatypical and those “who do not have a syndrome you could find in the DSM-IV” (2). This counter-diagnostic strategy, with its celebratory tone, could be read as somewhat naïve (Morrice); however, it effectively opposes the conventional diagnostic impulse to isolate the psychosocially disabled subject. It also opposes the habit of conventional disability autobiographies to “offer the narrator as a disputatious figure critiquing the less than humane responses of a flat, often hostile, and uniformly able-ist culture” (Mitchell & Snyder, Introduction 9). *A Mind Apart* (despite its title) consistently places its narrator in richly varied contexts and communities.

Like Antonetta, Thompson uses *we* to form coalitions across time and space; however, unlike Antonetta, Thompson acknowledges the painful conflicts that occur within communities, and focuses specifically on the intersection of post-coloniality with psychosocial disability. She notes that, despite early recognition of her many minoritized identities, she did not recognize her “mental affliction” (373) as a site for collective understanding until later in life. This lack of recognition, she points out, is not a personal failing, but was governed by cultural imperatives as to who may and may not claim mental illness. Thompson’s proliferate selves are portrayed as having been split by a racist and classist culture:

As I began configuring my racial self, my sexual self, my gendered self, I never realized mental illness was connected to experiences of trauma (cultural, racial, class, diasporic, environmental, social) because so often mental illness is constructed into a “white people” disease or a “rich people who have time for therapy” disease. (374)

Situating herself as a “young, queer, black-Chinese, working-class female” (373), Thompson explores the ways this experience has impacted her ability to narrate her experiences of psychosocial disability. Her present situation, she reports, is marked by a sense of “passing for normal, performing the gestures of a composed, competent, young, female academic of color” (379). This vision of *we* emphasizes the struggle of coalition, its pain and betrayals, as well as its opportunities, and recalls Couser’s warning that representation of self/other “is always at once a mimetic and a political act” (33). Thus, *we* space should not be taken as an easy Three Bears (“just right!”) kind of solution: it is a space of possibility, but of discomfort and uncertainty as well. From her position—markedly less privileged than Antonetta’s or Slater’s—Thompson calls attention to the pain and betrayals, as well as the promise, inherent in the finding coalition among the multiple *I*.

Mind Games: The Third Person

As Slater's, Thompson's and Antonetta's subversive approaches to the coherent and singular *I* indicate, counter-diagnostic narratives wreak havoc upon what Philippe Lejeune has called "the autobiographical pact." In brief, the autobiographical pact is a tacit agreement between author and reader, sealed by authorial signature, promising that the author has made "a sincere effort to come to terms with and to understand his or her own life" (*Autobiography* ix, 11–12). Even in the case of pseudonymous autobiographies, the author's identity is "claimed at the level of enunciation"; that is, authorial presence is conferred by the existence of the text (13). While his 1973 essay "On Autobiography" says little about third-person pronouns, in 1977 Lejeune returned to the question of what might happen to this pact if a self-referential author were represented not as *I*, but as *he* or *she*.⁸ Examining works which practice this strategy, including *Roland Barthes* by Roland Barthes and *The Autobiography of Alice B. Toklas* by Gertrude Stein, Lejeune suggests that they "illustrate that the coherence attributed to genres is exaggerated" ("Third Person" 46). (He also, with unintentional irony, refers to such narratives as "borderline cases" (27, 46) within autobiography.) However, despite his acknowledgement that the autobiographical *I* may be destabilized when it shifts to the third person, Lejeune seems determined to hang onto its rational ability to direct the narrative from a consistent, *I*-like position. For example, he says that, when using the self-referential third person, "an author *pretends* to speak about himself as someone else might" or "invent[s] a fictive narrator" (27, emphasis in original). He repeatedly underscores the point that such figuration is a "game" (42) and argues that "If the game were no longer a game, the 'I' would cease to be consistent, the necessary conditions for communication and writing would vanish" (40). In short, for Lejeune, a crucial feature of the autobiographical pact is a rationalist sense of agency shared by author, narrator, and reader; without such a shared rationalism, "communication ... would vanish."

While Lejeune reads first/third-person alternation as a Lacanian expression of "the impossibility of expressing identity" ("Third Person" 39), I argue that, in autobiographies of psychosocial disability, such alternations may in fact be direct expressions of identity. In other words, when the so-called rational world does not truthfully reflect one's experience, autobiography may be used not just

8. None of the works studied here uses the gender-subversive third-person pronoun *ze*; however, gender-subversive pronouns including *ze* and *hir* are a rich area for future work in CDA and/or DS.

to “play” with the autobiographical pact, but to rewrite its terms altogether. The use of third-person pronouns in these narratives refuses coherence, truth, and resolution, but instead of causing communication to “vanish,” these counter-diagnostic refusals construct a different kind of meaning.

Thompson first identifies her disability as it was defined to her: a mysterious entity represented by the third-person pronoun *it*. This underscores the omission of a-rational minds in Lejeune’s accounting; even in the most “exceptional” (“Third Person” 39) autobiographies, he does not seem to have found an instance that uses *it* to describe a self. In a paragraph that sketches her childhood and adolescence, Thompson uses the rhetorical strategy of anaphora (repetition) in a way that grammatically fixes *it* in place (at the beginning of each sentence) while simultaneously demonstrating the pervasive power *it* has had over her life:

[M]y parents figured that I would eventually “grow out of *it*.”

It was my anti-social, very emotionally secluded childhood. *It* was my silent way of internalizing trauma and abuse. *It* was the way I tried to take my life at fourteen, then at fifteen after reading about self-injury in a teen fiction library book, the way I repeated it on my body for years after. *It* almost got me arrested and put into juvenile hall at sixteen after fighting my father because I wanted to run away. *It* was supposed to go away with the prescribed Zoloft that I never took, but instead sold to my then physically and sexually abusive homeless boyfriend’s childhood gang friend. (373–374, italics in original)

In this passage, Thompson uses the pronoun *it* to set up two themes the essay continues to explore: first, a rejection of the rationalist and chemically driven diagnoses of the medical profession; and second, a genre-jumping style that moves abruptly between prose and poetry. A later passage, presented as a journal entry from her undergraduate experience, notes, “I already know everything that’s wrong with me; I just lack the sophisticated psychiatric language to define myself and my condition to everybody else” (374). “Her Reckoning” seizes the pronoun *it* as a move toward an alternative rationality, one that both describes and obfuscates, and refuses to be pinned down in “sophisticated psychiatric language.” *It* is part of Thompson—even, in extreme terms, *is* her—but is also not of her.

Thompson also uses the strategy explicitly named by Lejeune, that is, self-reference as *she*. After moving more or less chronologically from adolescence to undergraduate to graduate school, “Her Reckoning” is suddenly interrupted by a two-page poem titled “Cuts,” which shifts between time frames and is connected to the prose narrative only by juxtaposition and theme. “Cuts” offers another examination of a health-care professional, and again this third-

person figure represents the distanced force of “psychiatric language” which is incommensurate with the narrator’s own reality. This figure, called both “a nurse who moonlights / as a school counselor because of / budget constraints” and also “the lady,” asks a series of diagnostic questions: “Are you having problems adjusting? / Family problems? When did this all / start? Are you at risk of suicidal / behavior?” Note the similarity between Thompson’s approaches to *it* and the demonstrative pronoun *this*, both of which mark an insidiously vague territory. Thompson places emphasis upon *this* by enjambling the subject *this all* and its verb *start*, thus holding it up for scrutiny. She then re-writes *this all* as a more complex and less coherent space, a counter-diagnostic narrative whose subject, *she*, may or may not be narrator of the essay’s prose sections:

The girl shakes her
head, unable to explain the book,
the razor, the experiment to link
the book with the razor. What did

those girls do? She knew it was
fiction. It was in the library’s Young
Adult Fiction series. (376)

Faced with the annihilating impulse of *it* and *this*, through poetry the narrator of “Her Reckoning” is conducting a diagnosis of her own. This counter-diagnosis makes no promises: we are not told that *she* is the *I* of the prose narrative, but offered only juxtaposition as well as thematic connections (including cutting) between the two. In a move that recalls Slater’s pleasure in lying, the poem “Cuts” also implies that perhaps the girl’s actions are unreal: “She knew it was fiction.” The authority of such gestures rewrites the autobiographical pact, and in doing so, upends the diagnostic urge for empirical observations which can be labeled as symptoms.

Antonetta, like Thompson, shapes her counter-diagnostic story in part by self-reference in the third person. Antonetta refers to the various parts of her mind playfully, as in this passage that describes her reaction to an infestation of mice in her home:

I become more and more terrified of the sound [of the mice], and in what’s no doubt some weird displacement, I develop a phobia that we’re all going to get hantavirus—a fatal disease carried by mice, but deer mice, not house mice like our cartoonish creatures. Phobias live their own lives, however, and mine becomes overwhelming ... [My husband] Bruce keeps trying to reason with me, which makes things worse; personally, I don’t mind, but my phobia gets furious about it. (40–41)

In this counter-diagnostic story, Antonetta does not detach from the phobic *I* to demean her, or to discount her fears; indeed, the phobic self is clearly established as having her own life. Antonetta treats this other self with gentle humor: while *I* can understand Bruce's reasonable objections, the phobic self "gets furious." In addition to this phobic form of herself, *A Mind Apart* introduces "Manic Girl," whom the non-manic *I* "find quite extraordinary, as she does me" (126). And—not mentioned within the narrative of *A Mind Apart*, but subtly present—is a second name, the name under which the book was copyrighted, similar to but different from Susanne Antonetta, the announced author and narrator. Significantly, the book's title page, which according to Lejeune's autobiographical pact should be the location of the "signature" that seals the pact, bears no name at all, but only the words *A Mind Apart*. The copyright page bears both names.

Slater's approach to counter-diagnosis in the third person is the most literal: she invents her own case history. Chapter 4 ends with a third-person epistolary description of the surgery that split the narrator's brain, concluding, "Love, Lauren." The page turns, and Chapter 5 opens this way:

THE BIOPSYCHOSOCIAL CONSEQUENCES OF A CORPUS CALLOSTOMY IN THE
PEDIATRIC PATIENT

Dr. Carlos Neu, M.D., and
Patricia Robinson, P.T.

ABSTRACT

Sixty percent of patients with temporal lobe epilepsy display dysfunctional psychological profiles that include emotional lability ... (98)

The reader has already met Dr. Neu in *Lying*: he is described in an earlier chapter as "a little frumpy and old-fashioned, with thick eyebrows and a curly beard" (74). But here he is again, this time assuming the role of author, his "signature" on this imagined case study authored by Slater. This is a transgression of the autobiographical pact apparently not imagined by Lejeune: various sections of a book 'authored' by real-yet-imagined persons. In the case study, Slater is "Case study LJS, a pediatric TLE patient" who can "contribute to the ongoing body of knowledge and evolving question sets in the study of epilepsy" (100). The article describes the surgical procedure and details the process of "patient LJS's" recovery.

I am tempted to read this case study as a kind of kernel of truth in *Lying*, based in part on Slater's other work about her psychosocial disabilities;⁹ for instance, the 'article' goes into some detail about the patient's "disturbing depressive ten-

9. These works include *Prozac Diary* (1999) and *Love Works Like This* (2002).

dencies” and speculates that she may have a “mood and/or anxiety disorder” (105). However, this impulse in itself is the diagnostic urge, the desire to figure out what is *really* wrong with Lauren. And that is precisely the counter-diagnostic strategy of *Lying*: it dangles an illusory promise of truth before its reader, and calls our attention once again to the appetite for diagnosis.

Unveiling the Jury: The Second Person

Addressing the reader directly as “you” or as “reader” became popular in Victorian novels, particularly realist novels by women; an example is *Jane Eyre*’s famous pronouncement, “Reader, I married him.” In *Gendered Interventions*, Robyn Warhol argues that this strategy was an attempt by female novelists to claim authority in a literary field dominated by men. Warhol’s insight can be applied to disability autobiography to illuminate the power shift achieved through direct address. While conventional disability autobiography, as Mitchell and Snyder suggest, tends to assume a normate reader who is free to gape at the freakish narrator, the autobiographies studied here employ *you* in a way that disrupts that dynamic and relocates the dominant gaze. The strategy goes beyond simple reversal, producing a variety of counter-diagnostic effects.

Antonetta’s *A Mind Apart* confronts the reader early in the narrative: “And you, reader, the mirror, as Baudelaire wrote, the veiled jury. I must account for you” (13). It then leads this *you* through a series of meditations that deconstruct the usual assumptions about readers and narrators in disability autobiography. For example, Antonetta does away with the presumption that the reader is *a priori* sane:

You have sat in a chair, reading, alive in the present of your body and the earth and the gasses you breathe: and also in the book of your head. ... In fact, you are more likely than anything to be like me: anxious—which 25 percent of people have been, clinically, needing treatment—and depressed, which 10 percent of the U.S. is in any given year, or plagued by other irritations born of those neuronal connections that helped scalp the planet millennia ago. (122)

This passage uses *you* to develop the theme of neurodiversity explored throughout *A Mind Apart*: rather than sane/insane, or any other reductive binary, Antonetta prefers to view humanity as a “garden” of neuroatypicals, all of us odd in our own ways (217); at one point, she muses, “I wonder about your mind” (117). Throughout, *A Mind Apart* consciously resists the stare-at-the-freak convention of disability autobiography, and even offers specific commentary on why it does not include graphic descriptions of the narrator’s “crazy” behavior:

"I don't want, in writing, to put myself into that zoo. I want to say: This is another way to be human" (95). Antonetta also develops a metaphor of predator and prey, calling herself, as narrator, the "top predator" (152) in the relationship, and openly announcing, "I tease you, reader, by telling you what I'm doing" (152).

Antonetta's boldest use of *you* echoes the strategy used by Slater in *Lying*: breaking the autobiographical pact by not telling the reader the truth (or rather, *telling* the reader she is not telling the truth). Antonetta's lie takes this form: In the final chapter of *A Mind Apart*, she details her meeting with an orangutan named Chantek. Chantek lives "in a habitat on the grounds of Grant Park Zoo in Atlanta" (218) and has been raised signing. In an extended description of her encounter with Chantek, Antonetta says she was dismayed by his general uncommunicativeness with her. "Flummoxed," she reports, "I sit on a rock and sing" (225), then transcribes the lyrics to the spiritual "I'll Fly Away." But a few pages later, the narrative performs an abrupt turnabout:

I did not sing to Chantek, except in my mind, looking at his bars, which my imaginings of our encounter had never contained. It shocked me, the ape in a cage (Lear said, *Unaccommodated man is no more but such a poor, bare, forked animal*). Unlike my son, I don't have thechutzpah to sit in front of strangers belting out my melody-induced belief that I'll fly away. Why do I lie to you? When the truth's persuasive enough, I think, and occupies this space almost wholly. ... Perhaps to even out our relationship: I behind these lines, carrying out my fantastic gestures, you free. (229)

As this passage indicates, lying to one's reader can be a way to balance power, or as Antonetta puts it, "to even out our relationship." While conventional autobiography assumes an autonomous *I* who guides the narrative and a docile *you* who must follow, Antonetta understands that this dynamic in disability autobiography is not so simple: *you* may be the one outside the bars, and the *I* inside may need to take measures to transform the narrative cage.

Thompson's moves to seize and define *you* are more subtle than Antonetta's, but work toward a similar end. With the injunction to "keep in mind that I have always found it difficult to write in a consistent linear fashion," she maps the reader (implicitly) as *you*, the object of direct address (373). Like Antonetta's, Thompson's use of direct address seems aimed at balancing an uneven power relationship with the reader—in this case, by setting explicit rules. Unlike Antonetta, however, Thompson employs a *you* that migrates from person to person; and, as with the abrupt shift to the poem "Cuts," uses juxtaposition to deny consistent connections between pronouns and antecedents. After creating the reader as *you*, Thompson then moves to a more ambiguous use of the pronoun:

I met a boyfriend who physically and sexually abused me worse than any father-like figure would have. Our interactions consisted of various assaults in public, forced intercourse, his threats of shooting me and killing himself if I ever left.

I tried to run him over with my car.

Goddamn it you punch too many holes in walls, too many holes and I have not enough skin to patch them up with. (375)

An initial reading of this passage seems to indicate, through juxtaposition, that *you* is the abusive boyfriend. It would seem evident that the person who “physically and sexually abused me ... in public” would be the one who is punching holes in walls. However, this reading is undermined by the larger context of Thompson’s essay, in which pronouns do not necessarily denote individuals, but also refer to larger cultural and political forces. “Her Reckoning” repeatedly connects individual psychosocial disability to cultural trauma: “genocide and de/colonization, relocation and internment, natural disasters which show that even if the experience is erased from the history books and glossed over by the rest of the world, someone’s child somewhere is born with that grief and will live it like an open wound, feel it deep in her bones, deep in his mind” (378). Given this, it is plausible that the *you* who punches holes in walls may not be the boyfriend but instead, or also, (a) violent dominant culture(s).

“Her Reckoning” includes yet another use of *you*: it serves as a means of communicating with other characters in the narrative. Near the essay’s close, the narrator speaks directly to her father and grandfather, both dead, and both addressed as *you*: “To the father I want to say, you pushed the suggested depression roughly aside when I confronted you ... And to the grandfather I want to say, I was never afraid of you” (378–379). Both Thompson and Antonetta demonstrate that using *you* is way to adjust the conventional power dynamics of autobiography, not through simple reversal, but rather, by playing with various possibilities for whom *you* might be.

Slater’s use of *you* is both more mannered—two of the chapters in *Lying* are framed as letters—and more incoherent than in *A Mind Apart* or “Her Reckoning.” At times *you* is the indefinite pronoun (“Sometimes you can crack open a cliché and find a lot of truth” (53)); other times, as in Thompson’s narrative, *you* is used to address other persons in the book (“I applaud you, Mom, or at least the left side of me does” (93)). Here, I focus on the two chapters framed as letters. Chapter 4, titled “Sincerely, Yours” begins “Dear Reader:” and details Slater’s early adolescence. The narrative of this chapter proceeds with few uses of *you* until, as Slater announces, “we get to a little hoary truth in this tricky

tale" (88). At that point, she informs the reader that along with epilepsy, she also developed Munchausen's, a psychiatric syndrome that the DSM-IV describes as "the intentional production of physical or psychological signs or symptoms" (American Psychiatric Association 513). Slater then abruptly directs *you* to "some quotes" from psychiatric journals "so you will understand Munchausen's Syndrome better" (88). The quotations are extensive, and immediately afterward, the narrator remarks, "Well, that should prove my point. You can fake epilepsy" (91). The letter continues, detailing the events leading up to the surgery in which the narrator's corpus callosum is severed, and concludes, "Love, Lauren" (97).

Importantly, before chapter 4, *Lying* does not indicate that the narrator's epilepsy is metaphorical. Although the entire book is filled with warning signs that this is no conventional autobiography—including, of course, its title—these details accrue slowly in the early parts of the book, and "Sincerely, Yours" is the first point at which *Lying* signals its extreme disruption of the autobiographical contract. *You* is, we might say, the instrument Slater uses to cut up the contract: speaking with apparent straightforwardness ("Dear Reader"; "so that you will understand"), this chapter of direct address is in fact the most transgressive of the narrative thus far.

The second letter, chapter 7, titled "How to Market This Book," carries the transgression still further. "How to Market This Book" shifts the role of *you*: instead of being "Reader," *you* is now "The Random House Marketing Department and my editor, Kate Medina" (159). And while the *you* of chapter 4 was positioned as a relatively passive witness to a story, this *you* is asked to adjudicate a persuasive case: whether *Lying* will be labeled fiction or nonfiction. Beginning fairly straightforwardly ("For marketing purposes, we have to decide. We have to call it fiction or we have to call it fact, because there's no bookstore term for something in between" (159)), it then evolves into a kind of list poem, in which the Random House/Kate *you* mingles with the general readerly *you*:

9. Nevertheless, confusions and all, Kate, I think I am a nonfiction writer, and I would like to be known as such. ... Come with me, Kate. Come with me, reader. I am toying with you, yes, but for a real reason. I am asking you to enter the confusion with me, to give up the ground with me, because sometimes that frightening floaty place is really the truest of all. ...
10. Together we will journey. We are disoriented, and all we ever really want is a hand to hold.
11. I am so happy you are holding me in your hands. I am sitting far away from you, but when you turn the pages, I feel a flutter in me, and wings rise up. (163)

This passage is the climax of Slater's uses of *you* to shatter the complacency of the reader's gaze into the autobiographical text. To return to the figure of

coming-out story as hall of mirrors, Slater confounds the normate reader's power to gaze at her by building a hall of mirrors around *you*, drawing *you* into the "frightening floaty place" with her.

Conclusion

Scholars of disability autobiography have shown that we have good reason to be cautious about this genre. In this ableist world, autobiographical narrative is often just one more tool used to grind us down. Yet narratives written as counter-diagnostic stories can also be used to disrupt conventional dynamics of power, to claim the advantages of disability, and to call for the 'one-heads' (and other abled persons) to join us in coalitions. Autobiographies of psychosocial disability have something important to add to the study of disability autobiography: they show unique talent for refiguring the rational, thus exposing the possibilities that may emerge when we dance on generic truths. Without question, we may be punished for such dances—medicated against our will, written against our will, ostracized, disbelieved, institutionalized, abused. However, if we use counter-diagnoses to "vigorously contest" (Wilson & Beresford 155) such measures, we will continue to move toward more robustly truthful ways of living and telling our stories.¹⁰

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