

SELF-WRITING ON THE EDGE OF REASON: A READING OF
KAY REDFIELD JAMISON'S *AN UNQUIET MIND*

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RESUMO: O artigo examina os paradoxos resultantes da exposição de si por uma portadora da chamada desordem bipolar, que podem implicar na estigmatização do eu enunciador numa narrativa autobiográfica, assim como as estratégias exploradas pela autora para superar tais impasses. O texto escolhido para análise é o *best seller* intitulado *Uma mente inquieta*, escrito pela psicóloga estadunidense Kay Redfield Jamison, onde esses paradoxos são encenados e discutidos. No texto, a autora compõe um relato pungente de sua condição, desde as primeiras experiências na infância e adolescência até o controle da doença na vida adulta. Ao fazê-lo, Jamison levanta questões intrigantes a respeito dos conceitos de normalidade e anormalidade e denuncia as nuances de gênero que marcam as percepções comuns sobre essa condição mental. A análise busca mapear as estratégias exploradas pela autora para legitimar seu relato e seu próprio status enquanto psicóloga e paciente mental.

PALAVRAS-CHAVE: autobiografia; desordem bipolar; Kay Redfield Jamison

ABSTRACT: *This paper examines the paradoxes resulting from self-exposure by someone suffering from the so-called bipolar disorder, which may imply the stigmatization of the enunciating "I" in an autobiographical narrative, as well as the attempts made by the author to overcome those dilemmas. The text chosen for analysis is the best-seller entitled An unquiet mind, written by American psychologist Kay Redfield Jamison, where those paradoxes are enacted and discussed. In it, the writer composes a poignant account of her condition as a patient suffering from manic depressive disease, from the early heady experiences of childhood and adolescence until disease control as an adult. By doing so, Jamison raises provocative questions as regards the concepts of normality and abnormality and denounces the gender inflections that mark commonsense perceptions of this mental condition. The analysis seeks to trace the narrative strategies explored by the author in order to legitimize her text and her status as both a psychologist and a mental patient.*

KEYWORDS: *autobiography; bipolar disorder; Kay Redfield Jamison*

Introduction

Many recent feminist autobiography scholars have been examining how women's life writing resists traditional patterns by returning to the body, as they explicitly focus on the self in terms of body markers such as race, sexuality, class, motherhood, or instances of physical and psychic trauma and disease. These texts constitute a response to dominant cultural paradigms and seek to validate unrecognized categories of identity and experience as they "eschew the usual presumptions of a fully accessible, distinct but also representative subject" (MINTZ, 2007, p. 7). At the same time, these narratives complicate the body patterns that appear in mainstream autobiography¹ by presenting themselves in terms of bodies that do not conform to the idealized characteristics of corporeal existence, thus

¹ According to Smith and Watson (1998), mainstream autobiographies usually rely on the assertion of chronological time, individuality, developmental selfhood, myths of origins, the fixedness of identities, bodily wholeness, the transparencies of referentiality, the will to knowledge, and the unified self.

introducing alternative possibilities into the cultural debate over embodiment. As an instance of a recent trend in life writing, pathography, or the writing of illness, was observed by Sidonie Smith and Julia Watson (1998) as an autobiographical practice with distinct qualities that require specific critique.

In this paper I examine the dilemmas resulting from self-disclosure in a text written by a bearer of bipolar disorder. In her best-selling book entitled *An unquiet mind*, North American psychiatrist Kay Redfield Jamison composes a poignant account of her own experience as a patient suffering from manic-depressive illness, from the early heady experiences of childhood and adolescence until disease control in middle age.

One of the most acute concerns of Jamison's text lies in the fact that its author is herself the bearer of manic-depressive disorder, as well as a renown professional dedicated to the treatment of mental patients. Public confession of her condition might therefore compromise not only the validity of her narration but also her reputation as a psychiatrist and the reception of her scientific production. The reluctance to publicly expose her life in writing is further intensified by the urge to overcome hypocrisy and not have to act as if she had something to hide. In this respect self-writing resembles other narratives of coming out, which result from the social pressures exerted from the public arena upon the intimate sphere. This self-revelation also brings into play the family's privacy and the compromising issues that the disclosure of other people's personal matters may ensue. All these instances demonstrate the double binds of discourse on mental disorder, though the narrator frequently attempts to hold those challenges at bay.

Jamison's text may be viewed as participating in a tradition of life writing in the United States in which the very capacity of representing oneself as a unique case responds for the capacity to represent others through acts of self-inspection and self-revelation. The didactic purpose sometimes produces the *exemplum*, as in the case of *The Autobiography of Benjamin Franklin*. However, when self-writing involves the representation of experiences situated on the limit, the autobiographical paradox intensifies, since potentially conflicting demands can make the confessional task virtually impossible (GILMORE, 2001). That seems to be the case with *An Unquiet Mind*, where the paradox of self-revelation seems to result from the author's urge to tell her own extraordinary history and the fear of stigmatization which threatens to invalidate her narrated experience.

Jamison declares the purpose of her text is to become an objective reference or guide to bearers of the disease and as such it might be read as a typical "case study". However, the narrative also exhibits some of the characteristics of the confessional genre, which, according to Rita Felski, refers to a specific type of autobiographical writing that "signals its intention to foreground the most personal and intimate details of the author's life" (1998, p. 83). Like confessional texts, Jamison's work places emphasis on the referential and denotative dimensions of the textual communication rather than its formal specificity, which distinguish it from more consciously stylized and "literary" autobiographies produced by women in contemporary times. Unlike other feminist confessional texts, however, this account does not display "an explicit rhetorical foregrounding of the relationship between a female author and a female reader" (FELSKI, op.cit., p. 83), since it is not directed to a gender specific readership, but to anyone who may find a reliable guidance in this narrative of breakdown and breakthrough.

Writing on the edge of reason

Jamison's text approaches the issue of mental illness through the voice of a reliable narrator who admits to having had the mental disorder and thus, apparently, by not denying it. However, from the outset, the autobiographical subject reveals its fracture, by positing a narrated I that suffers from this condition, a narrating I placed in the position of the recovered, sane subject, and an ambiguous ideological I that either criticizes or endorses the system and comments on the predicaments of the illness. Although the textual rhetoric is mostly influenced by Jamison's positivistic view of mental disorders, there are instances in her text in which the dualities of sanity and insanity, normality and abnormality are challenged.

In order to legitimize her account, Jamison tackles the stereotypes that surround commonsense perceptions of the disease. She attempts to disrupt the usual associations of mental disorders with incapacity and unproductivity by frequently mentioning how great poetic works originated from the "altered minds" of many great poets and writers. The exceptional (and therefore positive) aspect of bipolar disorder is highlighted through the examples of brilliant writers who supposedly suffered from this condition, such as Edna St. Vincent Millay, Lord Byron, Robert Lowell, and Virginia Woolf. In addition, the narrated I is described as a person of incredible energy, full of electrical forces and self-confidence. She is also depicted as a person with an acute intelligence, great curiosity, sensibility, and a remarkable clear-sightedness. Jamison's text also disrupts commonsense views of what is usually deemed "abnormal" by suggesting a productive relation of mood disorder with creativity and intellectual brilliance, and by pointing out the contribution of such altered mental states to culture and refinement. In short, these associations help legitimize the author's account while affirming her own sanity.

The text is composed of distinct linguistic styles that reflect different mental dispositions. Language is poetic and hyperbolic when the narrated I's feelings of grandeur and self-exaltation, impulsivity and hopelessness are described, as well as her sensations of fear and failure, which trace her intimate battle with the disease. In general such registers present, on the rhetorical level, hyperbolic constructions that reverberate the manic states of the disease:

So I would listen and believe and, when I would hear the words "Off we go into the wild blue yonder/" I would think that "wild" and "yonder" were among the most wonderful words I had ever heard; likewise, I would feel the total exhilaration of the phrase "Climbing high, into the sun" and know instinctively that I was part of those who loved the vastness of the sky. (p.)

On the whole, however, the narrative is permeated with the narrator's pragmatic view of bipolar disorder as she makes references to medical reports or scientific discourses, thereby causing a shift in narrative tone toward a less intense or personal record. The result is a neutral and objective account, resembling a "case study", an enunciating protocol from which the author, herself a renowned researcher of mood disorders, finds a language capable of giving legitimacy to her account. In other words, fidelity to objective scientific style provides an "endorsement" to the narrated events, while serving as another evidence of the author's sobriety of mind.

Since it displays awareness that cultural and ideological struggles involving mental disorders are wrought on the linguistic/discursive level, Jamison's text reveals the need to

find a personal language capable of circumventing conventions so as to convey candidly the poignancy of a life lived in pain. The protocols involved in medical terminology and scientific classifications are evoked sometimes only to reveal their insufficiency. Without adhering unreservedly to clinical accuracy and descriptivism, typical of the genre known as case study, but also recognizing the inaccuracies and banalities of ordinary language, Jamison's text is built as an exercise in language that betrays the author's effort to overcome the "fading of words and traditional expressions" (JAMISON, 2009, p. 212)² as she approaches her subject.

Another dilemma involved in this self-writing concerns the author's fear that her experience, once made public, might be considered by herself in the future as something remote and inaccessible, devoid of meaning and feeling. To this is added the fear of losing ownership of her inner experiences, which had until then been kept safe against the pressures of public life: "I fear that the experiences might no longer be mine and become those of someone else" (p. 243). Thus, the wish to preserve the unique character of her personal experiences is accompanied by the suspicion that her account, as it becomes representative for/of others, be depersonalized. The cultural expectation to represent oneself in order to represent others is here revealed not as a positive stimulus to write but as a concrete threat to the authenticity of one's personal experiences.

Existential and ethical imperatives are also present in the text as it reveals the author's awareness of the risks involved in self-revelation, since writing, in her case, does not result from the mere need to revive an earlier trauma or understand past troubles: "There is no question of turning back" (p. 9) – but proves to have a cathartic role as she refers to the "comfort" and relief of being able, after all, to speak the truth about herself. Nevertheless, the text articulates the tension between her desire to inscribe herself as a unique subjectivity, with all her idiosyncrasies, and the objective demands of her social and professional milieu. This tension is present in Jamison's writing as it constantly seeks to legitimize the enunciating I, divided between the demands of a supposedly "rational", public and healthy persona, and the desires and needs associated with the intimate dilemmas of insanity, which require a continuous public justification.

The text also seeks to respond to the ethical imperatives related to her professional practice, which are more clearly reflected in the question posed by a colleague to whom she confessed her mental condition: "Do I really believe that someone with a mental illness should be allowed to treat patients?" (p. 243). This issue is further developed as Jamison considers the discursive "protocols" that could ultimately define her right to obtain a medical license in hospitals. The extraordinary nature of professional licenses is already inscribed in the English lexicon, where they are defined as "clinical privileges". She describes a number of confessional techniques and self-observation procedures that she voluntarily followed throughout her career, which functioned as a sort of virtual panopticom, consisting of close observation of her behavior and the exchange of information among the professionals in her workplace whenever necessary. This confessional regime, being both voluntary and compulsory, is referred to as a safeguard measure against the possibility of her clinical reasoning being compromised by mania or depression, once it articulated a network of keen "observers" and partners among which information as to any alteration in her behavior might circulate with due expedition for the accurate diagnosis of her mental condition and competence. In other words, it was a system of surveillance and control, which, in her opinion, was intended to detect the slightest flaw or change in her behavior that might compromise her ability to practice clinical psychiatry. The "cloak of clinical objectivity" functions here in a consistent regulatory system, designed to contain the typical emotional outpourings of the disease, thus providing the appropriate behavioral parameters required by her professional practice. However, one can postulate that this is

² All references to Jamison's work are my own translations from the Portuguese version published in Brazil in 2009. Henceforth, all references will contain only the page from which the citations are extracted.

precisely an instance of the exercise of power over the body and its functioning in which the controlled assumes the role of self-controller, as pointed out by Michel Foucault (2008), that guarantees the system's efficacy in the first place. Jamison does not question the authoritarian character of this practice, in which the stigma of mental illness is lodged and justified, culminating in the sanctions imposed by the institutions. Consequently, the suspension of "clinical privileges" and banning from medical school practiced by the system are justified in her discourse as a result of the omission of the professionals themselves. Her discourse demonstrates, however, that control over mental disease implies, first and foremost, social conformity through a radical self-control and adjustment to institutional policies and regulations. One can postulate, however, that it is precisely by describing such "safeguard" measures, and thus by endorsing the system, that Jamison's text manages to negotiate a legitimate space in the public arena through which she might be allowed to speak as both a bearer of and an authority in bipolar disorder.

On the other hand, Jamison also approaches the system's inadequacies as she reflects on the confessional demands she must respond to in situations when telling the truth about oneself becomes impossible. As an instance of this, she mentions the crucial question posed in the application form that would grant her a license for clinical practice at Johns Hopkins Hospital: "Are you currently suffering from a disability or illness, including the abuse of drugs or alcohol, which might interfere with the proper performance of your duties and responsibilities in this hospital or are you receiving treatment for this?" (p. 245). The questions posed in the application forms establish regimes of compulsory confession, which include sanctions in "fateful clauses" aimed at curbing omissions of information or misunderstandings. Paradoxically, in their will to knowledge, these discursive protocols constitute a typical expression of the control exercise of power that invades and monitors the intimate sphere in order to extract incriminating truths that are theoretically impossible to prove, thus creating the very situations for truth mystifications, as the narrator herself points out.

Jamison observes the gender implications of mental illness as she considers how the exuberant and strong feelings she felt throughout her life had helped shape her professional career, inspired many of her writings and her work with the public as well as fueled her desire to leave her mark and never conform to life as it was. Nevertheless, the ardor and impatience that characterized her manic disposition was felt to run counter with the feminine models she had been trained to conform to and admire. The state of depression is pointed out as being more frequently associated with what society classifies as "natural" in a woman: passive, sensitive, useless, dependent, confused, and unambitious. Manic states, on the other hand, are recognized as being more often associated with the positive attributes of the masculine sex: unquiet, aggressive, playful, unstable, energetic, grandiose, visionary, and impatient with the status quo – attributes generally reinforced by the public imaginary. Consequently, even though the disease affects both sexes in equal proportions, women end up suffering much more from wrong diagnosis and treatment and thus from the fatal aftermaths of the disease. Thus Jamison exposes the gender aspects of bipolar disorder, how an imaginary based on perceived sexual differences produces distinct views of the disease and defines different ways of reading and dealing with it. As it turns around the gender implications of mood disorders, the text also exposes the gender inequalities resulting from distinct cultural perceptions of the disease and the resulting different forms of treatment to which men and women suffering from this condition are likely to receive.

Final Considerations

As pointed out throughout this paper, a split determines the formal structure of Jamison's narrative, as it depicts an "I" that experienced bipolar disorder in the past and a narrator that speaks from the position of a sane individual and produces a critique of commonsense notions of the condition. The language used to describe the narrated I and her experiences requires a mode of discourse which constantly moves towards hyperbole and overstatement. In contrast, the narrating I is shown as someone who has recovered her "sanity" and who reports the events after they have occurred; therefore it is out of synchrony with the narrated I. Her discourse, though marked by doubts at self-disclosure, is characterized by the desire to reach the neutrality typical of scientific language, as well as confidence in this type of discourse. There is thus an unresolvable tension between these two discourses, which range from the inflated tone that reminds one of the manic states described, and which affirm the positive value of bipolar disorder, and the critical deflation found in the more controlled medical discourse through which the author attempts to "control" it. Although the text in part allows bipolar disorder to speak as a subject through the voice of a patient suffering from this condition, it ends up repressing this project by treating it as an object that has been "conquered" by science and about which the author as a psychologist can speak and influence others.

This self-writing attests to the fragile balance of a culture of rationality that calls for an existential fullness based on the workings of an "able" body and a clear-cut definition of normalcy. It demonstrates, even if against its own the grain, how the imperatives of an ideal healthy body have obliterated the fact that bodies are also full of discontinuities and ruptures, where power infiltrates, in its eagerness to produce docile subjectivities, adjusted to the American logic of pragmatism and efficiency, so as to better serve the productivistic interests of capitalist ideology.

References

- GILMORE, Leigh. **Autobiographics: a feminist theory of women's self-representation**. Ithaca : Cornell University Press, 1994.
- FELSKY, Rita. On Confession. In: SMITH, Sidonie & WATSON, Julia (Eds). **Women, autobiography, theory: a reader**. Madison : University of Wisconsin Press, 1998, p. 83-95.
- FOUCAULT, Michel. **Vigiar e punir: o nascimento da prisão**. Raquel Ramalhete (trad.). Petropolis : Vozes, 2008.
- JAMISON, Kay Redfield. **Uma mente inquieta**. Trad. Waldea Barcellos. Sao Paulo : WMF Martins Fontes, 2009.
- MINTZ, Susannah B. **Unruly bodies: life writing by women with disabilities**. s/l : University of North Carolina Press, 2007.
- SMITH, Sidonie & WATSON, Julia (Eds). **Women, autobiography, theory: a reader**. Madison : University of Wisconsin Press, 1998.