

## **Chapter 7: Mary Barnes (1923-2001)**

I suppose at one time in my life I might have had any number of stories, but now there is no other. This is the only story I will ever be able to tell.

Donna Tartt, *The Secret History*

### **Biography**

Mary Barnes was born in Portsmouth, England in 1923, the eldest child of four siblings. When Mary was a young child, the family moved to the outskirts of London which was, at that time, countryside. Her brother Peter was born when Mary was two and a half and her sister Ruth was born when Mary was eight years old. When Mary was thirteen, her mother almost died during her last labour with Dorothy. Barnes describes Mary having a difficult childhood, with Mary being jealous of her younger brother Peter, and also having difficulty with her speech and social relationships with other children. As Mary failed her eleven plus examination, she was educated in a technical college, and at the age of seventeen pursued a career in nursing. Her nursing career led her into the army, where she was an officer in Egypt and Palestine, before returning to England to take up a sister's post. Whilst Mary was beginning her nursing career, her brother, aged sixteen, was admitted to a psychiatric hospital on Mary's advice, and diagnosed with dementia praecox. For Peter, this was the beginning of his life in institutionalised care, under the label schizophrenia. Mary's first 'breakdown' was at the age of twenty-eight, when she was constrained in a padded room, tube fed and given both electro-convulsive and insulin therapies. On her discharge she worked as a night sister, but feeling the pressure from this role, went on to train as a nurse tutor. When Mary was thirty-six, her parents and sister Ruth emigrated to South Africa. Barnes describes Mary feeling increasingly unstable, and, in accordance with her deep Christian and Catholic

faith, she sought asylum in convents, at one point considering entering the Order. Mary also developed a keen interest in psychodynamic theory and wrote to Anna Freud, requesting that her and Peter stay with Anna to receive constant therapy. This request was denied, but Mary pursued her fantasy of receiving psychoanalytic help for the whole family. A psychiatrist finally put Mary in touch with Ronald Laing, who advised that Mary needed twenty-four hour therapy and a safe environment in which she could fully regress. Mary waited for a place at Kingsley Hall, a house in the East End of London that was the premises for Laing's groundbreaking non-medicalised treatment of psychological problems. Mary managed to defer her madness for a year before, at the age of forty-two residing, in Kingsley Hall. A short time after she moved to Kingsley Hall, she resigned from her teaching post and spent the next five years as Barnes describes 'going down' and 'coming up'. Barnes describes Mary's regression during which time she was fed with a baby's bottle, bathed, fed, dressed, carried up to bed and so on. She also describes a preoccupation with her waste products, defecating and urinating, covering herself in her own faeces, sculpting and painting with faeces. Mary screamed, raged, hit and bit. During this period of regression, her primary carer was an American psychiatrist, Dr. Joseph Berke. Painting was an important part of Mary's emergence from her regression and through her painting, which became widely acclaimed and exhibited, Mary expressed her anger, pain and religiosity. Mary spent five years in Kingsley Hall, leaving when Laing's lease ran out.<sup>1</sup> However, her

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<sup>1</sup> Laing's five year lease was not renewed largely due to local hostility towards the residents of Kingsley Hall, who, as the website describes, howled at night or walked into local pubs finishing all drinks on the table. Windows in Kingsley Hall were smashed and faeces pushed through the letterbox. According to the Kingsley Hall website 'by 1970, after five years of the Philadelphia Association, named after the ancient city of brotherly love, Kingsley Hall was largely trashed and uninhabitable' (<http://www.kingsleyhall.freeuk.com/kingsleyhall.htm>). It remained unoccupied and in a derelict state for ten years, until Sir Richard Attenborough, after using the building for part of his film 'Ghandi', gave his support to the Kingsley Hall Action Group to raise funds for its refurbishment. It is now back in use as a community centre for local people.

relationship with both psychotherapy and Joseph Berke continued through therapy along with her involvement in the Philadelphia Association, the group who set up Kingsley Hall and who continue to be dedicated to reforming the treatment of mental illness. She was also involved in the Arbours Housing Association, a Trust established by Berke that offers housing and psychotherapeutic support for people in distress. Mary Barnes died in her home in Scotland in 2001 aged seventy-eight.

### **Construction of the book**

The book *Mary Barnes: Two accounts of a journey through madness* is a co-authored text by Barnes and her psychiatrist Dr. Joseph Berke originally published in 1971. It begins, as is the tradition of many academic books, with a list of acknowledgements. The acknowledgements both Barnes and Berke set out give the reader an insight into the degree of importance different discourses take in the narratives that follow. Barnes first thanks Mother Michael, the prioress of a Carmelite convent in Wales where Mary frequently stayed. This acknowledgement foregrounds the importance of religion in Mary's understanding of, and recovery from her experiences. Next she thanks those involved in Kingsley Hall, beginning with the psychiatrists (Ronald Laing, David Cooper, Aaron Esterson), then moving onto the psychiatric nurses and social workers. Following her acknowledgements of the trustees and founders of Kingsley Hall, she thanks the American psychiatrists; Berke, Leon Redler, Morty Schatzman and Jerome Liss. After thanks are given to those physicians and nurses who aided her, and those who helped Mary with her art work, Barnes' final acknowledgement is to her family, "above all, I acknowledge the pain, the suffering, of my own family" (Barnes and Berke, 2002: 6). These acknowledgements are important as they communicate to the reader Barnes' hierarchical ordering of not only the individuals important to her recovery, but

crucially the religious and psychodynamic discourses taken on by Barnes as a means of reintegrating the self. Berke, after acknowledging his debt to Laing, foregrounds his position in relation to madness; “the awareness that psychosis may be a state of reality, cyclic in nature, by which the self renews itself” (ibid.). The words Berke chooses to describe psychosis (cyclic, nature, renews), presents to the reader the idea of psychosis not as an aberration from normality, nor as a degenerative death of the self, but as a natural, organic state of being, very much embedded in reality. This has its epistemological basis in the anti-psychiatry movement and its form of psychoanalysis, where schizophrenia was viewed, indeed celebrated, as a primeval state from which to be born. Finally, in a joint acknowledgement, Barnes and Berke explicitly refer to the constructed nature of their narrative:

Primarily, we have relied on our memories to recall what was said at various times. We have also sought to refresh our memories by referring to a few of the written records of conversations at Kingsley Hall and by asking people what they said, or might have said on specific occasions.

We have tried to be as honest and accurate as possible in attributing quotes. We do realize that distortions may have occurred due to lack of total recall. This we very much regret. However we are certain that the use of quotation in our narratives has greatly enhanced our ability to recreate the ‘feel’ of our relationships and to bring the reader more fully into the picture. (ibid.)

This statement not only alerts the reader to what Spence refers to as narrative truth<sup>2</sup>, it also signals the prime motivating factor for constructing the text almost as a fiction,

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<sup>2</sup> See Chapter 5, page 167.

populated with the characters and voices of others; that is to draw the reader in as a witness to Mary's experiences, as the audience is witness to a play.<sup>3</sup>

The book is constructed in sections written alternatively between Barnes and Berke. Part One (four chapters) "My life up to the age of forty-two by Mary Barnes", traces Mary's childhood, adolescence and young adulthood, the mental breakdown of her younger brother and Mary's Christian Faith. Part Two, is comprised of one chapter written by Berke, on how he came to London to work with Laing, and his first encounter with Mary. Part Three, written by Barnes, details the 'down' years over nine chapters; Mary's regression, her engagement with IT (her anger), her relationship with Berke and her painting. In Part Four (four chapters), Berke gives the reader his recollections of this period of Mary's life. Part Five (four chapters) are the 'up' years described by Mary; her gradual recovery leading to her first exhibition. Barnes' narrative concludes with her attempts to get her brother Peter to stay at Kingsley Hall. In the final part, Berke's chapter 'Untangling Mary's Knot', provides the reader with the psychiatrist's explanation of Mary's experiences. Both Barnes' and Berke's narratives are predominantly oriented around a psychodynamic discourse, and whilst this analysis looks extensively at Barnes' narrative sections, Berke's will also be used to support my argument that Barnes' understandings of her experiences are essentially embedded in psychodynamic theory, which in turn is related to discourses of medicine and science.

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<sup>3</sup> David Edgar wrote a play based on his adaptation of Barnes' and Berke's book (Edgar, 1979). Such is the power of the constructed nature of Barnes' writing in particular, key scenes can be directly traced back to the book, with dialogue practically lifted straight out. This said, it is a play and, as such, is a stylised and fictionalised account of Mary's experiences. Showalter (1982) argues that the play transforms Mary's story into a story of anti-psychiatry, with Mary as the heroine. However, I would

The analysis of Barnes' narrative is presented in three inter-related sections. The first discusses the metaphors Barnes uses to understand and articulate her experiences. These metaphors I shall argue, whilst being grounded in psychodynamic theory, have their roots in the broader mechanical metaphors of science and the linear narratives of restitution. The second and third sections of this analysis use the work of Bakhtin to explore the meaning of Mary's experiences. The first of these sections examines Barnes' text as an example of carnivalistic literature, exploring how psychodynamic regression can be related to Rabelais' grotesque, using debasement as a means of rebirth. This section then goes on to explore how hierarchy and its temporary inversion/suspension is related to discourse and power. The final section of this analysis chapter examines the complex use of chronotopes in Barnes' narrative. Whilst specific chronotopes are identified (everyday, madness, recovery), the analysis also focuses on the threshold chronotopes, that is the transitional points where Mary passes from one timespace to another. Within this analysis of chronotopes I shall argue that Mary engages with a pre-Renaissance timespace, having a vertical ordering of her world. The analysis concludes by arguing that Barnes' narrative can be read as both modern and medieval.

### **Metaphors of Madness**

Barnes begins the book with a preface entitled 'Madness':

Much of me was twisted and buried, and turned in upon itself, as a tangled skein of wool, to which the end had been lost.

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argue that Barnes' and Berke's book is very much a narrative of anti-psychiatry that functions to promote the philosophy of this counterculture.

The big muddle started before I was born. It went on, getting worse. My Mother and I battled with feelings. My Father was in it, then my Brother barged in. My two sisters came and the mess got bigger.

When I was grown up in years, I got a vague idea there was a big split in me between my head and my heart. I seemed to go around thinking big thoughts in my head quite cut off from my life in my heart.

In 1953, when I was for one year in Saint Bernard's Mental Hospital, I got put in a padded cell. I felt so bad, I lay without moving or eating, or making water or shits. They didn't let me die, they tube fed me. I wanted to be looked after. I didn't know then, I do now, that what I was trying to do was to get back inside my Mother, to be reborn, to come up again, straight, and clear of all the mess. (ibid.,: 13)

In this preface, Barnes introduces the reader to the three major metaphors that she uses to construct her madness; madness as entanglement; madness as mess; and madness as an embodied schism. These three metaphors run throughout the book and are embedded in the overarching discourse of psychodynamic theory. The entanglement with her family, notably her mother, father and brother is ascribed a pivotal role in the genesis of Mary's madness.<sup>4</sup> She later states:

We were all a seething mass of wrath, covered by a film of pretence, a spider's web in which we were all caught.

The tangle of emotions of my family was so intense that automatically one member struggling free must be killed, annihilated, rather than the grip be

loosened. Such was the fear of truth. Madness was a step on the way to truth.

It was the only way.<sup>5</sup> (ibid.,: 17)

The second metaphor is madness as mess. Mary's emotional mess and her childhood preoccupation with faeces, becomes a central feature of her regression. The final metaphor is madness as an embodied schism, articulated in the split Mary experiences between what Bakhtin refers to as I-for-self (mad, angry Mary) and I-for-others (the dutiful daughter and nurse). Using these metaphors, Barnes states her claim for recovery, "to be reborn, to come up again, straight, and clear of all the mess" (ibid.,: 13). In my discussion of these metaphors, I will argue that their roots can be traced to schools of psychodynamic theory, namely Freud, Laing and the object relations theorists, Klein and Fairburn.

Mary's first episode of madness occurred at the age of twenty-eight, whilst staying at a convent:

Soon after arriving at the convent, on the eighth of December 1951, I was for a few weeks sent out to care for a lady physically and mentally ill. As Mother Michael advised me, I got this lady to the Catholic Home that I was myself later sent to. The Mother Superior of this Home subsequently told me that she

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<sup>4</sup> It is interesting to note that Barnes confers proper noun status on the words Mother, Father and Brother in the preface, but not on the word sisters.

<sup>5</sup> The metaphor of entanglement whilst largely influenced by Laing's existentialist interpretation of psychodynamic theory (e.g. his published poems *Knots*), also relates to narrative theory. Bakhtin argues that the process of metamorphosis within the adventure-everyday genre (see previous chapter) unfolds not as a straight continuous line, but "a line with 'knots' in it, one that therefore constitutes a distinctive type of *temporal sequence*" (Bakhtin, 1981:113 emphasis in original). Barnes' narrative is constructed around this central metaphor exemplified in the book's final chapter 'Untangling Mary's Knot'. As I shall go onto explore later in this chapter, the knots of the narrative are characterised by complex shifts between chronotopes.

thought on first seeing me, that it seemed as if I was like the patient I was then bringing her. (ibid.,: 48)

Before Mary experiences madness herself, she is perceived by others to be the one who is 'physically and mentally ill'. Barnes describes how Mary embodied madness and communicated this to others, although she does not say how. Barnes continues to describe her first experience of madness and in her description, the reader glimpses Barnes' initial understanding of her madness:

Back at the convent, a small pimple on my knee became a big boil and for a short time I was in bed on penicillin with a high temperature. Then what happened was that I had gone down into a dumb-struck state. Trying to keep up with the others brought me to a standstill. A great cloud seemed to come over me, I was quite unable to express any feeling in words.

I seemed to be able to *do* things and then couldn't. Sister Angela showed me how to make altar beads. One day everything seemed wrong. She had to help me a lot. It was difficult to move. I was quite unaware of my own state. Mother Michael suggested I go to the Catholic Home to help. I knew the sisters there had had breakdowns.

Once there, I still felt dreadful, cut off, unable to contact anyone. My speech seemed to have gone. Sitting alone sometimes in the chapel, where I would say long prayers of my own, then just sit, brought little relief. Wandering about the garden, playing with the earth, rather than weeding. Sitting watching people, seemed more within my scope. Any sort of order to do this or that,

especially washing up or any sort of housework got me caught, unable to move.

Left alone, talking to myself, pleasing myself, was, in a sense, my only relief.

(*ibid.*,: 48-9 emphasis in original)

The first thing worthy of note in this extract is Mary's initial belief in her experiences as something physical in origin. Mary's first understanding of her madness is therefore rooted in the traditional mechanical metaphor of science and medicine. There is something wrong that needs fixing, as indicated by the metaphor 'breakdowns'. By alerting the reader to the infected boil, which was followed by Mary's descent into a 'dumb-struck state', Barnes infers a causal relationship between the two events. This relationship generates a fear of the consequences of physical illness, which is reiterated elsewhere in the text. For example, as she was recovering from her initial episode of madness a year later, Mary got an infected finger; "Put to be on penicillin I was terrified to stay there in case I got 'bad' again" (*ibid.*,: 51-2 emphasis in original). The links Barnes makes between physical and mental illness are reinforced by the treatments she received (electro-convulsive and insulin therapies); physical interventions for an illness of physical origin; "When they took me to London to have E.C.T. I decided I must be sick, and wanted to go in a taxi, not a bus. My trust was in them" (*ibid.*,: 49). A few weeks later, she is admitted to hospital; "They physically examined me, took my temperature and wanted a specimen of water. All this made me think that I was ill and that they would make me better" (*ibid.*).

Such is the cultural embodiment of the mechanical metaphor and the restitution narrative that Barnes has complete faith in the clinicians and her recovery. This extends later to Laing as she describes in her fantasy of meeting him; "Analysts had a couch. I

would lie on his. I would go often. I was going to have analysis. He would cure me. Get me right. Make me better” (ibid.,: 60).

This mechanical metaphor of madness as something to be fixed endures to some extent in Barnes’ narrative, as she continues to refer to madness as a ‘breakdown’. However, she primarily draws upon metaphors embedded in psychodynamic theory to make sense of her madness; entanglement, mess and schism. Whilst these are not mechanical metaphors, they are still metaphors of restitution, having within them a future orientation. Mary needs untangling, cleaning up, made whole again. Using these metaphors, she traces the genesis of her madness to her birth, infant years and her relationships with her mother and brother, interpreting her past for the reader using a combination of Freud, Klein and object relations theory, mixed with Laing’s concept of schizophrenia as a rational means of dealing with an irrational world. Describing her birth, Barnes states:

I was born at home, before I was ready, feet first, without fingernails, but with lots of black hair. My Mother had been in labour for three days and I was at first thought to be dead but I responded to a slap and breathed and cried. Unable to suck, I was fed by means of a pipette for three weeks. My Mother had no milk and I was never put to the breast. (ibid.,: 17)

Here Barnes indicates to the reader the reasons for her madness, justifying her later regression. Mary was born premature, the wrong way round, parts of her were missing and yet to be developed, she was thought to be dead, unable to feed, her Mother was without milk (as she was with her subsequent children), Mary never experienced the

breast. At the age of two and a half, Mary was mysteriously removed from the family home for a few weeks, returning to find her position usurped by a baby brother. At this young age, Barnes describes Mary as enraged, speechless, desiring another mother to suckle and nurture her. Barnes also attributes her madness to her Mother's failure to accept Mary's waste products:

Mother always took my shits and water straightaway to the lav. She got me so clean, so soon. I wanted all my shits with me, in the bed, all over me, wet and warm. It was what I had made, and I wanted to keep it, nice and safe so I shouldn't be left lost and empty. (ibid.,: 18)

When Mary's faeces no longer needed to be cleared away, Mary found a way of holding onto it. When in bed, she dug out the faeces from her bottom, played with it and then stored it away, safely under her mattress. Her mother finds it:

Mother was towering above me. She had the mattress turned up. I was falling to pieces. 'What is this? Mary, whatever have you been doing? Turn round. Come here. What is it?'

I whispered, 'I don't know.'

Mother said, 'You must *never* do such a thing again.' I hung my head. 'You can go now. Go on. Never let me see such a thing again. I can't think what's come over you.' I felt cold. It seemed this was a very *serious* naughty thing. Mother was calm and collected. I felt so ashamed. Dismissed I crept downstairs. I was all over the place. I couldn't seem to play. I felt lost, apart. I wanted something, I didn't know what. (ibid.,: 26 emphasis in original)

For Mary, the bodily process of eating was equally imbued with shame and guilt:

Exhausted, I would then have to tackle pudding. We always had pudding, and on Mondays it was rice. I really couldn't eat it. Every week it came. Sometimes Mother let me go to the pantry for a piece of cake but that almost made it worse. I was ashamed eating the cake. Mother would be doing the dinner all morning. I used to feel cross about that because Mother was with the dinner instead of me. Then Mother got angry if I sometimes rebelled against dinners. If I ate because Mother wanted me to, even if I didn't want it, this was goodness. If I didn't eat it because I didn't want it, this was naughty. My Mother always wanted me to eat it all. She was angry, I was naughty, if I didn't.

(ibid.,: 21)

Later in the book, describing her 'down years' at Kingsley Hall, Mary places this psychoanalytic interpretation on the relationship between her mother, food and madness:

"As if I was a tiny baby, I could only be satisfied through 'Mother' gauging my needs. In the womb, the food of blood from her, to me. The trouble with me had been my real Mother hadn't wanted me to have it, food. She had never had any milk in her breasts. She couldn't, she hated me. Yet told me she loved me, and wanted me to eat".

(ibid.,: 175 emphasis in original)

The Freudian discourse Mary appropriates through her metaphor of mess is obvious in these extracts and elsewhere in the book. Mary is not allowed to make a mess, she must

be clean, waste matter must be got rid of, playing with shit is both dirty and naughty. What is less apparent, but central to Mary's developing understanding of her madness, is her metaphor of madness as schism, which has its contemporary roots in the object relations school of psychodynamic theory. Klein (1959) proposed in her theory of 'splitting' that a mother appears to the baby's mind as two part-objects (part-object meaning that the other person is internalised as a source of a physical function as opposed to a whole person); an exaggerated good breast and an exaggerated bad breast. The good breast is that which offers comfort and satisfaction through feeding, and the consequential emotional solace. The bad breast is the introjection of hunger, longing, frustration and unsatiation, manifested emotionally in pain and rage. Klein argues that in order to hold onto the good breast and defend against the bad breast, the infantile ego defends itself by splitting, thus keeping the part-objects separate and denying their role in the 'whole person'. For Mary, there was no good breast, she could not be fed and nourished. Fairburn, in an extension of Klein's theory, argued that what is internalised is essentially the disappointing, frustrating aspects of relationships. For Fairburn (1990), the two introjected parts of the mother are equally negative; the rejecting mother and the loving, gratifying but ultimately frustrating mother. Like Kleinian theory, the ego protects itself by splitting, forming a fragmented self. Fairburn's theory of the fragmented self can be seen in Barnes' descriptions of her early relationship with her mother. Her mother rejected her shit, which was for Mary, rejecting her. She tried to love and feed her, but gave Mary food she didn't like (rice pudding), and if she ate the alternative offered, Mary felt guilty. Loving gestures were suffused with anger and guilt. What I am attempting to highlight here is not a third psychodynamic interpretation on top of Barnes' and Berke's, but how Barnes voices her experiences through this therapeutic discourse. Barnes makes explicit reference in her narrative to

these influences, both in relation to herself and her wider family. Her brother Peter read Freud as a teenager, Mary similarly read Freud and “everything I could find anywhere about schizophrenics having analytical psychotherapeutic help” (ibid.,: 58). She wrote to Freud’s daughter, Anna, in hope of receiving therapy, she read Laing’s *The Divided Self* and “I was in no doubt that Dr. Laing understood about schizophrenics” (ibid.,: 59).

Returning to Barnes’ narrative, in comparison to other members of her family, the voice of Mary’s mother is extensively quoted by Barnes, as she reconstructs her childhood:

‘Just look at you, whatever would Gwen’s mother say if she saw her like that? Wherever do you get it all from? Where have you been? Don’t come into the house. I don’t like you going there alone. Those shoes are ruined. Mud on that skirt too. What, you lost your way? Well you shouldn’t go. I’ve no patience with you, Mary, none at all. It isn’t as if you haven’t been told. You just don’t *do* as you have been told’. (ibid.,: 24 emphasis in original)

This melange of criticism is not a muted, passive voiced mother, but a mother actively voiced by Barnes. This intentional technique communicates to the reader the overbearing, critical presence of Mary’s mother, as Barnes recollects her. By this active voicing, Barnes takes over the voice of her mother, placing her own interpretation on events, thereby forcing the voice to serve her own ends. In this and other examples in the book, Barnes actively voices her mother in order to portray her as a controlling malingerer. Nothing little Mary did was good enough for her mother. When Mary first

sees her mother at Kingsley Hall, her mother makes a plea to Berke, Mary's doctor, the authoritative voice of reason:

Mother asks Joe: 'Where did I go wrong?'

He replies: 'There isn't time to go into all that now.' (ibid.,: 115)

Berke has read Mary's account of this conversation, leaving it unchallenged, and therefore the reader has to take it as a truthful representation of the encounter. This said, it seems like a cruel rebuff of a mother's attempts to understand her part in her daughter's distress. Both Barnes and Berke are in no doubt as to the reason for Mary's madness – her family, but it is the mother who is persistently blamed throughout the book. As a mother myself, the mother-blaming context of this narrative makes for extremely difficult reading. Which mother wouldn't feel annoyed after finding pieces of shit hidden under the mattress? Which mother doesn't want their child to eat the healthy food prepared for them? Which mother doesn't feel irritated when their child turns their nose up at something? Which mother hasn't insisted muddy boots are taken off at the door? I say which mother, but of course I could say which parent. Fathers feel like this too. Not Mary's though; the guilt-inducing voice of disapproval is Mary's mother's, whilst her father is the man who delights Mary by tickling in the bath; Mary wants more, mother tells them off. Roy Porter observes:

Mad people didn't blame their mothers, or families in general in this way two or four centuries earlier. It is not that mothers had got worse, or children more vindictive; nor I would say is it that the master-key to mental disorder had at last

been discovered. It is merely that psychiatry had moved on, and patients' perceptions with it. (Porter, 1987: 121)

As Porter suggests, Barnes' narrative needs to be interpreted within the context it was written, both her immediate timespace and the wider, cultural timespace. The mid-to-late 1960s witnessed a loosening of social mores, a space and time when institutions and ideologies were confronted, particularly by the young. This was a time of challenging government at both family and political levels. As discussed in chapter two, Laing's books *The Divided Self*, *Self and Others*, *Sanity, Madness and the Family*, and the later *Politics of Experience*, were not only viewed as seminal philosophical and psychological texts, they were considered by some to have almost holy, mythical status. Laing's work found sympathy amongst different factions of the 1960s West: the New Left, the drug culture, Eastern religion and mysticism, and the women's movement. The 1960s was therefore a time, particularly for young people, of revolution and upheaval. In the context of psychological theories, the language of psychodynamic theory and the writings of psychiatrists such as Laing, Bateson and Theodore Lidz who, in the 1960s, introduced the concept of the *schizophrenicgenic mother*, had a pivotal impact on the way in which people understood their internal experiences, foregrounding a culture of blaming families and mothers in particular. This said, I still find Barnes' descriptions of her relationship with her mother difficult because I am reading it from both a different personal and cultural timespace from when it was written. As regards my personal timespace, had I read Barnes' book in 1989, at the age of twenty-two during my training as a psychiatric nurse, when I have just read *The Divided Self* and Laing has recently died, I have just left my mother and it will be another decade before I am a mother myself, I would have found much to sympathise with in Barnes'

experiences. I could relate to the emotionally controlling mother, the desire to break free, to establish oneself independently with a career, the effect that being part of a family has on the psyche. Almost twenty years on, a mother myself, my own mother in her seventies, yet sprightly, returning to health after recent breast cancer, I have far less sympathy. Mothering is enjoyable but undeniably hard, it drains my emotional resources, but I do my best, just as my mother did, just as Mary's mother probably did. Culturally too, my timespace affects my reading of Barnes. The anti-psychiatry movement has long since fallen out of favour, with Laing distancing himself from such an extreme position.<sup>6</sup> As I will illustrate later, the stories Barnes and Berke tell of their relationship, with no firm boundaries and that included violence, from my timespace are abusive and I have strong feelings towards what happened to Mary. Part of the strength of these feelings is the fact that what went on occurred in recent history, within memory of a lot of people. This is not like Kempe, reading a narrative of someone who lived centuries ago. My reflective engagement with the two texts is entirely different.<sup>7</sup>

In the traditional discourse of Freudian theory, sex also plays a part in Mary's madness. For Mary, the sexual elements of her experiences were peripheral, yet enmeshed with the dualism of consumption/elimination:

Meanwhile, my idea of suffering was rather, as Joe expressed it, to  
'excommunicate' my sexual feelings, than to encounter them. My fantasy of

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<sup>6</sup> According to his colleague Leon Redler, Laing 'publicly stated, explicitly and repeatedly that he is not an "anti-psychiatrist" but a physician and psychiatrist' (see Sedgewick, 1982; 118).

<sup>7</sup> This chapter focuses solely on Barnes' book with Berke as it is this book that details her madness and recovery. However, in a later book based on Barnes' taped conversations with writer and mental health worker Ann Scott in 1989, Barnes has come to some form of peace regarding her relationship with her parents; "I say, 'Accept the gap, see them in their own world.' You appreciate then what their life has been, and how it has been narrowed and limited because they didn't know other possibilities... They couldn't ever have what you have had, your chances to expand and live your life. They have done their

marrying Joe and getting a baby became very strong. Why shouldn't I have a baby? For me, having babies was all mixed up with shits and water. Having big shits and lots of water was for me having babies.

(Barnes and Berke, 2002: 153)

Berke places a greater degree of importance on the sexual origins of Mary's madness and in his chapter, asserts his authoritative interpretation over alternative explanations considered by Mary to have greater relevance:

Mary Barnes was a hotbed of sexual desire and frustration. This imprisoned sexuality touched every aspect of Mary's life and everyone with whom she came into contact. It lay behind Mary's ubiquitous *guilt*. Mary didn't know this.

(*ibid.*,: 254 emphasis in original)

Berke views Mary's experiences as a 'sexual struggle' (*ibid.*,: 349), of which he considers her oblivious, whereas Barnes' perception of her madness, like Kempe before her, is one of a spiritual journey and this provides the overarching metaphor for her narrative.<sup>8</sup> Mary was a deeply religious, Christian woman and she sought physical and spiritual sanctuary in religion throughout her life. Speaking of her entry into the Catholic Church, her visits to Holy shrines whilst in Palestine, and her desire at times to live in seclusion as a nun, has obvious parallels with Kempe's experiences. Like Kempe, Mary's faith is both mysterious and mystical:

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best in very cramped circumstances, and you're not there to judge whether they did their fullest best with their circumstances or not, but to meet where you can and accept the rest" (Barnes and Scott, 1989: 8).

People say, 'What brought you into the church?' Quite simply the Grace of God. Why me, to be given so much, the pearl of great price. Many know about it, but to have it is what matters. It is a mystery. The Faith is a mystery. Why I, not you, have that Faith is a mystery. Being received into the Church, into the mystical body of Christ was the most important event in my life. (ibid.,: 46)

Whilst her narratives of religiosity are few compared to what could be described as Kempe's spiritual autobiography, Barnes' descriptions of her beliefs are imbued with similar themes of deep devotion, sacrifice and martyrdom in an overarching quest for sainthood:

It seemed I had to go to God, to give myself to God, to be the 'bride of Christ'. That I must offer a physical deprivation, make sacrifice, in order to gain through my Faith the wholeness that lay buried within me, was not within my reckoning. The immediate results of my desires at this time were to 'run after God' as if God were a man with a penis. I was always in a hurry, frantic to get somewhere. On holiday with a friend I would fly into furious tempers, exploding with rage, if a bus was late, a café closed, or if we couldn't get somewhere on time. I was always on my knees, praying, at Mass, going to confession. I wanted to be a saint. My head was busy working out how. It seemed you just had to let God make a saint of you. 'Well, God, here's me. Get on with it. Tell me what to do.' I got very demanding of God.

Such matters as spiritual guidance, purification, confrontation of the evil in myself, were just not in my vision of things. The living, surging whirlpool

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<sup>8</sup> This illustrates a profound difference between the Barnes and Berke as narrators. Barnes, like Kempe,

that was me was held back, hidden deep below dead ground. Mercifully, I broke down, went mad. There was no question of me hiding under a habit, a false divided self. It was my quest for God, for myself, that brought me to this point.

(ibid.,: 47)

In this extract, Barnes describes her struggle between wanting to be holy, either in the form of a saint or a nun, and her desire to descend into madness. This struggle was not dichotomous however, with her faith set in opposition to her madness; rather, as Barnes herself describes, there is a symbiotic relationship between the two, whereby her madness increases her faith, acting as a release from the purgatory of existing:

My faith and my madness are the two great inseparable influences in my life.

My madness uncovered more clearly and revealed the Faith within me.

Going through madness is purification, it brings me nearer to God, to myself, helps me to a more conscious awareness of God, to a fuller participation in the sight of God.

I desire facilities for 'going in' to further purify my remaining madness to holiness, to wholeness. (ibid.,: 351)

In this extract, Barnes reflects Foucault's Augustinian argument regarding the tightly bound relationship between God, truth and madness:

Compared to Wisdom, the reason of man is nothing but folly: compared to the shallow wisdom of men, the Reason of God is caught up in the essential

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articulates a deep enduring aspect of her experience, whereas Berke's view could be perceived as more

movement of Madness. On the great scale of things, all things are Madness;  
on the small scale the whole itself is madness. (Foucault, 2006a; 30)

God is inside Mary waiting to be found through madness, and it is only through madness that Mary can become ontologically and spiritually whole. However, it is not through entering religious orthodoxy that Mary is saved. As she herself stated, to be a nun would be to hide her madness. Rather her desire to be whole could only be achieved through entry into a different form of religion, that of anti-psychiatry. There are many references in the book to the relationship between religion and Laing's form of psychiatry. The religious authority named in the book as Mother Michael relates madness with spirituality, as she tells Mary, " 'Mary, I always feel schizophrenics have got *something* "extra" to other people'" (ibid.,: 66 emphasis in original). This echoes Laing's position in *The Politics of Experience* (1967), where he constructs schizophrenia as a religious vision or quest. For Laing, madness was a territory to be discovered and explored, "a project for our time" (Laing, 1967: 105). He quotes Gregory Bateson from his introduction of another autobiography of madness, the nineteenth century son of the murdered Prime Minister William Perceval:

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

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shallow, transient and culturally bound.

novice may have been precipitated by his family life or by adventitious circumstances, but which in its course is largely steered by endogenous process.

(Bateson, 1961 in Laing, 1967: 97)

The metaphor of the journey and its relationship to the metaphor of death and rebirth, becomes central to Barnes' understanding of her experience, as I shall illustrate later in my comparison of Barnes' narrative and Bakhtin's exposition on Rabelais. We can see how Barnes uses the language of travelling in the extract above where she describes her desire to be a saint (see pp. 259-60). Mary has 'to go to God...to run after God', she was always 'in a hurry, frantic to get somewhere' and it was her 'quest for God, for myself, that brought me to this point'. For Mary, the metaphor of the journey increases the mystical features of her experience and it is God who is attributed with rescuing Mary, the lonely traveller, through her mental breakdown. Thus madness, for Barnes, is a spiritual journey, as it was for Kempe six centuries earlier and this, as I shall argue in my discussion chapter, makes their narratives ones of conversion.

### **Barnes and Bakhtin: Carnival and Voice**

Barnes' narrative is populated with an array of diverse characters, each voiced through either Barnes or Berke. Like Kempe, the analysis of Barnes' text is aided by referral to Bakhtin's descriptions of literary genres, in this case the carnival, which succeeded the Menippean satire described in the previous chapter. Approaching Barnes' narrative as an example of the carnival genre enabled me as the reader to gain a deeper understanding of how Barnes embraced her experiences, explored her social and psychological world, and, as a result, transformed her self. Barnes becomes unfinalised

through the medieval carnival chronotope so that anything becomes possible, enabling her to transcend social and medical definitions and frameworks.

As Bakhtin states, the carnival is not a literary invention, but a pageantry defined by ritual (Bakhtin, 1984a: 122). Within the carnival everyone participates, not in a performance, but in a lived, embodied act, so that in essence they live ‘a carnivalistic life’ (ibid.). The carnival is characterised by four elements. First, the suspension of hierarchies and associated social etiquette, so that those who were previously separated by hierarchical barriers can enter into familiar contact in the carnival arena. Thus the carnival becomes a space where new forms of relationship can be negotiated. Second, eccentricity, whereby the carnival permits and encourages the sensuous latent sides of human nature to be expressed. Third, a dispersion of this familiarisation, so that free and familiar attitudes spread over all things, such as values, thoughts and experiences. Everything is thus brought together, high and low, sacred and profane, wise and stupid. Fourth, is profanities, the debasing acts of the carnival seen in its obscenities, blasphemies and parodies (Bakhtin, 1984a: 122-123). The following discussion examines Barnes’ narrative through these elements, exploring first the eccentricities and profanities within the text and, second, the suspension and inversion of hierarchies, relating this to the broader themes of discourse, voice and power.

### The Carnival’s Eccentricities and Profanities

The metaphors of mess, entanglement and schism are used to define Barnes’ relationship with Berke, just as they did her mother. Birth, consumption and elimination become central features of not only her madness, but also her therapy. In the bath:

The water was all around me. Soon there would be a tube left in me and all the food running through the tube into my tummy would be just like a cord running straight from Joe's tummy into mine, me tied to Joe, floating in the warm water.

(ibid.,: 109)

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

(ibid.,: 164)

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

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

(ibid.,: 249)

As the reader, what Barnes and Berke conjure up in these descriptions is the notion of Rabelais' 'grotesque' as described by Bakhtin (Bakhtin, 1984b). The grotesque is a fundamental feature of the carnival genre of novel identified by Bakhtin that, whilst having its roots in the early writings of Plato and Socrates, culminates in the writings of Rabelais during the Middle Ages (Bakhtin, 1984a). Rabelais' carnival draws strongly on the cultural tradition of *Madis Gras*, a carnival celebrating Shrove Tuesday, marking the beginning of Lent. The atmosphere was permeated with revelling, dancing and music, set in sharp contrast against slaughter, dismemberment and excrement (Bakhtin, 1984b: 223-4). There are close links between this carnival atmosphere and Barnes' text: the feasting and banqueting; the dervish dancing until dawn combined with the defecating and smearing; and paintings of dismembered body parts. Bakhtin notes how in Rabelais there are continual reminders that we are creatures of flesh, and therefore food and faeces, with a body marked by orifices that suck in and expel the world. An essential feature of the grotesque body is its ability to outgrow itself, seen in the protuberances (nose, ears, breasts, phallus) and the orifices. Bakhtin argues that it is through the orifices that the body transgresses its boundaries, conceiving a new second body, which are, for Barnes, faeces. Her faeces are both a product of her body, but also a body in their own right, as she moulds, sculpts and makes a shrine out of figures of shit, describing these as her 'babies'. Barnes presents herself as this grotesque consuming, expelling body, not only in her descriptions of a body that pisses and shits, but also a body that consumes food purposefully chosen to comfort and soothe:

On February 9<sup>th</sup>, my birthday, I feasted so much, I was sick. Too many salted peanuts and raisins, I went on to chocolate, a big tin of fruit, ice-cream,

chocolate biscuits, wine, whiskey, a coconut, a big mixed bag of dried fruit, cream eclairs, oranges and peanut toffee – I just kept on eating.

(Barnes and Berke, 2002: 202)

It is a narrative that wallows in its descriptions of degradation and excess, just as the body indulged in the physical sensuousness of defecating and eating.

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

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

The carnival always took place in the public square and, for Barnes, Kingsley Hall became her public square. As Barnes describes, these ‘shit’ paintings were not private, but part of the public space that was Kingsley Hall. Berke describes her painting of a gigantic pair of breasts painted in shit:

Ah yes, but the breasts she scrawled, dabbed, smeared, and splattered throughout Kingsley Hall were not ordinary breasts. They were black and made of shit, so smelly that people gasped upon entering the room. Later, when such

productions were forbidden, the breasts were made with black paint. These breasts so omnipresently hung about her home were not good and nourishing, they were bad and poisonous. They rode the walls like storm-tossed waves across a demonic sea. They proclaimed the orgy of hate and destruction which lay lightly concealed beneath the pale skin of baby Mary. (ibid.,: 223-4)

Berke's description captures well the indulgent nature of this act, it was an 'orgy'. The profanities, debasement and obscenities that are characteristic of the carnival are revelled in. For Barnes, as for Rabelais, excrement is "gay matter" (Bakhtin, 1984b: 335), a bodily product related to regeneration and renewal, where the orifices mark old and new life, death and rebirth, reflecting the cyclical elements of the carnival (Bakhtin, 1984a). Through her regression into the grotesque, Mary is reborn. Returning to Laing's *The Politics of Experience*, the cyclical concept of death and rebirth within the metaphor of the journey, is central to the philosophy of anti-psychiatry:

The process of entering into *the other* world from this world, and returning to *this* world from the other world, is as natural as death and giving birth or being born. (Laing 1967: 103 emphasis in original)

The construct of death and rebirth is continued in Laing's guidance on how to go mad and to return to sanity:

What is entailed is:

- i. a voyage from outer to inner,
- ii. from life to a kind of death

- iii. from going forward to going back,
  - iv. from temporal movement to temporal standstill,
  - v. from mundane time to aeonic time,
  - vi. from the ego to the self,
  - vii. from being outside (post-birth) back into the womb of all things (pre-birth)
- and then subsequently a return voyage from
- i. inner to outer,
  - ii. from death to life,
  - iii. from the movement back to a movement once more forward,
  - iv. from immortality back to mortality,
  - v. from eternity back to time,
  - vi. from self to a new ego,
  - vii. from a cosmic foetalization to an existential rebirth.

(ibid.,: 106)

Within these elements is an underlying linear movement along different trajectories; forward/backward, birth/death, inner/outer, past/future. Laing is working with a chronotope that is very much post-Enlightenment, with its emphasis on horizontal time and space, although the reader also gets a sense of the cyclical nature of Laing's existentialist perspective. Barnes' narrative, however, is more pre-Renaissance in relation to its references to time and space, being permeated with the vertical spatial metaphors of the grotesque; for example, the movement between upper and lower body (eating/elimination).<sup>9</sup> This is illustrated in the downward movement of degradation to

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<sup>9</sup> Bakhtin distinguishes between the medieval and the Renaissance in their understanding of the world along different dimensions. He argues that the medieval world conceptualised the world within a vertical dimension, based on the four elements and the cosmos, with fire at the top, followed by air, water and then earth. At the top of all of these was the celestial world, and at the bottom, hell. The Renaissance

the material body into madness and hell (what Barnes describes as ‘going down’), from which there is rebirth into sanity and spiritual peace (‘coming up’). ‘Going down’ the movement directed towards the depths of both the physical body (the state of a neonate) and the psychological body (the depths of the self) was reconstrued by Rabelais as places where “the treasures and most wonderful things lay hidden” (Rabelais in Bakhtin, 1984b: 371). For Mary, descent into madness was not death but life, where ‘wonderful things’ awaited discovery. Barnes’ use of the vertical dimension to understand her madness is very medieval and one I will explore further in my discussion of the chronotopes within Barnes’ narrative.<sup>10</sup>

A further feature of the grotesque in Rabelais is that the body is unbounded and unfinalised (Bakhtin, 1984a: 116-7). This is represented in the experimental nature of the carnival as a place where unusual psychic and moral states are explored and, as such, the body is in the process of transformation, a feature also central to Barnes’ story. The body, both physical and psychic, ceases to mean only one thing, but instead becomes open to possibilities. The body is also a collective body, a body that is celebrated by, and belongs to, the people. The modern subjectivity is of an individual body, where eating, defecating and sex are individual, private matters divorced from their relationship with the collective (Bakhtin, 1984b: 321). The argument could be made that Barnes, through her body, ‘shit’ paintings and so on, attempts to push the grotesque back to the pre-Renaissance collective. This leads me to the final feature of Barnes’ narrative that relates to Rabelais and that is her use of the grotesque to create both a

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superseded this hierarchy with a single, horizontal plane with two elements, forward and backward and its corresponding timeline, past and future (Bakhtin, 1984b: 363-4)

<sup>10</sup> Johnson describes this as the verticality schema, which is the employment of the up/down orientation when making meaning from our experience. This, he argues, is embodied in our everyday experience; going from sitting to standing, going up and down stairs, placing a cup down, measuring our children’s

carnival and its audience, as she draws others into her performance either as witnesses, cleaners or personal attendants. Dentith describes Bakhtin's view of the carnival as "an anti-authoritarian force that can be mobilised against the official culture of Church and State" (Dentith, 1995: 73). When I talk of the carnival in relation to Barnes, I am also referring to the wider carnival that was Kingsley Hall. In this quote, we can see the anti-authoritarian force that is anti-psychiatry, mobilising and railing against the official culture not of the Church, but psychiatry. However, Dentith observes, and as I shall now go on to argue, that rather than anti-authoritarian forces being against official culture, they are part of it. In other words, anti-psychiatry is part of psychiatry.

#### Hierarchies, discourse and power

In the suspension and inversion of hierarchies, Mary becomes a pivotal, powerful figure in Kingsley Hall from the first day of her arrival, when she sets down in writing to Laing her projected position in the community as she saw it:

'I see my way of understanding by two means. (A) through my own individual analysis and (B) through group discussions with someone in the chair who is competent to interpret, i.e. Ronnie. I want to contribute to Ronnie's presentation of it. I want to be on TV and in books and I want to show people around and take part in weekly seminars with outsiders during the winter'.

(Barnes and Berke, 2002.: 98)

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height and so on. The verticality schema, which it could be argued, Barnes uses to make meaning from her madness, is an abstract structure of these physical verticality experiences (Johnson, 1987: xiv).

Barnes sees herself as the ringmaster's assistant, being central to both intellectual and physical space. At this point in time, Barnes, not Laing, takes charge of Kingsley Hall, as she herself describes:

In my mind, at this time, I, not Ronnie, was running Kingsley Hall.

'Dr. Esterson hasn't got a front door key. Barbara could you please give him one?'

Dr. Esterson is standing just behind me. Barbara issues him one.

(*ibid.*,: 99)

By asserting her authoritative position in Kingsley Hall, as an intellectual and a professional, Mary acted out her desire to be a 'doctor'.<sup>11</sup> Indeed, towards the end of the book, she takes the role of therapist to other residents, bathing, feeding and suckling them in a reversed re-enactment of her relationship with Berke. Mary not only acts out the role of doctor here, but also saint, a spiritual healer to others. Whilst Barnes' book is not the appeal to sainthood that Kempe's is, Barnes does articulate her desire for holy status on a number of occasions. Her status as a subject for sainthood is at times reinforced by her therapists in Kingsley Hall. Berke reminds Barnes that she has to suffer towards sainthood, whereas Berke's holiday replacement Noel makes a direct appeal to God:

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<sup>11</sup> Before her stay at Kingsley Hall, Barnes identifies Russia as a place to fulfil her ambitions to be both a doctor (there was a training course where nurses could convert their status to medic) and a mother (Barnes' understanding was that unmarried mothers were more readily accepted in Russia than in England).

Suddenly Noel was in anguish: ‘Where is *God?* God, where is God? Mary, why do you have to suffer so?’ Noel was crying, ‘Don’t die, we want you to help us’.

(Barnes and Berke, 2002: 198 emphasis in original)

This impassioned outburst positions Mary as the subject of suffering, the religious martyr. Interestingly, Noel doesn’t say ‘don’t die. We want to help you’, but ‘don’t die, we want you to help us’, placing Mary as the saviour of Kingsley Hall, her martyrdom animated by the male voice. Throughout her time in Kingsley Hall, Barnes remains central to the community, as her behaviour dictates the activities and emotions of others. Guattari, in his analysis of Barnes’ book, supports the notion of Mary as a key iconic figure of anti-psychiatry. She was:

an apostle of Laingian therapy, a revolutionary of madness, a professional...fundamentally, the real boss at Kingsley Hall was Mary Barnes.

And she knew it. Everything revolved around her. (Guattari, 1984: 54-8)

As I shall discuss later, the positioning of Mary by both herself and others culminates in her becoming the star attraction of Kingsley Hall. Central to this positioning of her are her relationships with Berke and Laing.

Mary’s relationship with Berke is central to both Mary’s story and the construction of the narrative. Whilst Laing is the authoritative father in the Oedipal set-up of Kingsley Hall - coming home from the office for meals in the evenings, the man Mary reveres -

Berke becomes Mary's Mother. He bottle-fed Mary, allowed her to suck his breast,<sup>12</sup> cleaned up her wet, shitty sheets, clothes and body, bathed her, fed her egg, carried her to bed, negotiated between Mary's anger and her desire to please. He also became her permissive father, the man who played bears, sharks and crocodiles, tickling, biting and play fighting:

Joe brought me food in bed. He plays with me. 'Tickle, tickle.' I laugh and laugh. He covers me: 'Oh where's Mary Barnes? She's gone away – she's all gone.' Holds me covered away. Peep – 'Oh she's there, is that Mary Barnes? Oh, she's come back – bite her nose – crunch, crunch, growl, bite. She's gone away – she's come back.' My head butts into Joe. 'Bite off her ear.' Big squeeze – is that all you can squeeze, is that all?'

I'm laughing, breathless, my arms clasping harder and harder round  
Joe's middle. (ibid.,: 118)

Their relationship is one of both physical and emotional entanglement, not just for Barnes, but for Berke as well. Consciously, Berke approaches Barnes as his equal, taking his lead from her and entering Mary's timespace. Berke stresses not only the importance of listening to the other from his or her "social and experiential reference points", but that time and space were, as Berke describes, "the two parameters of the phenomenal world" which enabled the therapists in Kingsley Hall to orient themselves to another's reality (ibid.,: 80). The fundamental philosophy behind Kingsley Hall was

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<sup>12</sup> This suckling action whilst obviously linked to the act of regression also has a strong relationship with mystical material. One common mystical vision is of the Virgin Mary handing the baby Jesus to the mystic for her to suckle it. Interestingly in relation to Barnes, this mystical vision has also been reversed, as illustrated in Kempe's text when an anchorite says to Margery, 'Daughter, you suck even on Christ's breast' (Staley, 2001: 14). This has parallels with Barnes and Berke, with Barnes the mystic/mad suckled by Berke her saviour, highlighting further the complex power relations between the two.

to offer a place where people could “be guided with full social encouragement and sanction into inner space and time” (Laing, 1967: 106). This suggests a new spatial and temporal relationship between clinician and patient, but it is not an entirely authentic statement. The chronotope of Kingsley Hall was governed by doctor’s timespace. They had clinics, lectures, appointments outside of Kingsley Hall, they took holidays and went to conferences. Shared timespace in Kingsley Hall was bounded and given to the residents. Berke himself describes that the most effective ways of dealing with Mary’s demands were to allocate specific ‘Mary time’ and to scream at her (Barnes and Berke, 2002: 253).<sup>13</sup> Screaming aside, all of this is, of course, entirely reasonable, but it is disingenuous of Berke to make claims that residents’ timespace was central. As Good observes, “who gives time and to whom it is given is a principle component of a body’s standing in relation to others” (Good, 2001: 25). Within his ethos of entering Mary’s timespace, Berke consciously attempts to shed his medical identity. For Berke, this was not a doctor/patient relationship, but a relationship between two people, where status was left outside of the house:

I, like the others, endeavoured to embody the proposition that once we entered the doors of the place, we functioned simply as equal members of a community. True, in other circumstances or at other times, any one of us might have been or might still be patient or doctor, but at Kingsley Hall we were just people.

(Barnes and Berke, 2002: 233)

Berke informs the reader here that there is something different about Kingsley Hall, both in spatial and temporal terms, that permits the shedding of identities. Was this

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<sup>13</sup> N.B. ‘Mary time’ is not a quote from Berke’s writing, but my description of the ways in which Berke

really possible though? Berke admits that doctors related to other doctors through the discourse and cultural traditions of psychiatry, whilst residents related to each other as patients. For example, Laing continued to refer to himself as a physician and psychiatrist. In the milieu of Kingsley Hall, every utterance and action, particularly for Mary, was oriented around therapy. If accompanied to dinner this was therapy, when the central heating broke this too was part of the punishment/therapeutic cycle. Thus as Sedgwick argues, whilst conventional roles may have been dropped, this did not necessarily mean that all roles and structures were abandoned (Sedgwick, 1982: 117). Barrett concurs arguing that psychiatric space becomes saturated with the values of psychiatry (Barrett, 1986). The issue of Berke's and Barnes' identities in the house is brought to a head when Berke, on two occasions, hits Mary, making her nose bleed. These violent episodes occurred at a juxtaposition of chronotopes; the doctor chronotope and the patient chronotope. Berke was running late for an appointment, Mary wanted him to stay with her, their timespace clashed:

One of the worst times was when, very angry, hard and stiff like a cold hard poker, I couldn't bend. Joe was with me, we were near the front door. I was in my nightdress. Suddenly beside myself, I ran out of the door, screaming.

'I'll go to a mental hospital.'

Joe dragged me in, slashed me across the face, crying in anguish:

'Oh, why do you make me *do* this?'

My nose poured blood, as it always did. I broke, I cried and cried, as a dam bursting in great flood. The relief! My tears, my blood, my crumpled body. Joe held me and hugged me. My whole being poured and flowed, was loosened,

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sectioned off time to spend with Mary.

supple, warm. Joe put me to bed. People were sympathetic to me. Joe was rather a brute.

I never loved Joe so much. My hardness he melted and the relief of physical pain he had given me. Never had I needed it so much – and been so unable to break myself. Quite hard, horrible and hating, Joe brought me back. The big bear, with a flop of his paw, had saved me.

(ibid.,: 130-1 emphasis in original)

Berke makes no attempt to downplay this incident:

That did it. Without a moment's hesitation, I stood back, made a fist, and hauled off Mary as hard as I could. The connection felt great, as all my anger, not only from her screaming on the stairs, but all the anger accumulated and held in over dozens of similar incidents, was released, all at once. Then I noticed that blood was pouring out of Mary's nose and all over her face and gown. I was horrified and thought, 'What way is this for a doctor to treat his patient?' ....By dinner time everyone in Kingsley Hall had heard about, if not seen, my gory handiwork. I anticipated terrible criticism. None came. People had long since cottoned on to what Mary was like close up.

As for Mary, she was very proud of her blood stained blouse and kept it on display, much to my continuing annoyance. The next day she told me how grateful she was that I had hit her, that the tear tinged blood had brought great relief to her, and that she loved me more than ever.

That was good to know.

(ibid.,: 233-235)

From the perspectives of both parties, this is a violent encounter. Barnes describes being 'slashed', whereas Berke states he 'hailed off as hard as he could'. Both parties felt extreme anger leading up to the incident, and both experienced the great relief brought about by the punch and the pouring of blood. Mary parades her injury and bloodied garments to others with pride, a war wound and a badge of honour from the battlefield, or perhaps the stigmata displayed by the martyr. Berke is ashamed, but used others' reactions to Mary ('People had long since cottoned on to what Mary was like close up') and Mary's gratitude as a justification for his action. Forty years on, this is another extremely difficult episode to read and understand. It is incomprehensible as an interaction between doctor and patient, and when read, reads more like an incident of domestic abuse. Mary, the woman, is blamed, her behaviour provokes Berke, Berke cannot control his frustration and rage. He is immediately sorry and shamed, not for his action ("I stormed out of the room in disgust and fury, not least because Mary had succeeded in preventing me from keeping my appointment" (ibid.,: 235)), but because of what others may think of him as a doctor. He is rescued from his shame by Mary's subservient response. She deserved it, she wanted it, it did her good, Berke is relieved. Berke's violence transgressed the boundaries of doctor/patient relationships and this episode highlights four issues. First, the fragile nature of identity, as Berke slipped from abusive partner to doctor in a split second. Second, whilst Berke and his contemporaries (with the exception of perhaps Esterson), believed they were equal to the residents, they were blind to the power culturally invested in them through medicine. Third, whilst Berke attempted to impose his own timespace on Mary (he had an appointment to keep), she resisted and in a sense, this could be construed as a victory for Mary's timespace (the incident made him miss the appointment). Mary reduces Berke's authoritative position by resisting both his medical identity and his chronotope.

Finally, and perhaps most importantly, these violent encounters provide a clear illustration of Foucault's definition of power. To refer back to chapter two, power exists within social relations where the protagonist's actions are aimed at modifying the actions of others (Foucault, 1982). What the reader witnesses in Barnes and Berke are power relations as a site of struggle between ascribed authority and resistance. Importantly, the episodes demonstrate how resistance itself is a form of power. Mary's actions (screaming at Berke, barring his way) instigate a reaction from Berke (hitting), which in turn initiates further actions from Mary and so on. Thus power is not a simplistic dominating force over a passive other, but a complex web of actions amongst constrained freedoms.

Within the carnival, hierarchical structure is suspended as social barriers are inverted and undermined. Bakhtin argues that, "All *distance* between people is suspended, and a special carnival category goes into effect: *free and familiar contact among people*" (Bakhtin, 1984a: 123, emphasis in original). The carnival is a place that has the potential to work out "in a concretely sensuous, half-real and half-play-acted form, *a new mode of interrelationship between individuals*" (ibid.,: emphasis in original). This was certainly true for those in Kingsley Hall. In a 'half-real and half-play-acting' sense, different relationships between doctors and patients were explored and certain barriers, such as formal address, were removed. However, carnival time is limited, a bounded temporal space when people can throw off the social shackles and rail against authority. Once the carnival is over, the hierarchical structure returns, so that the carnival exists to simultaneously subvert and reinstate these social hierarchies.<sup>14</sup> The subversion and reinforcement of hierarchy is evident in Kingsley Hall, where boundaries and

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<sup>14</sup> Berke's violence towards Mary could be viewed as an attempt to reinstate the traditional hierarchy.

hierarchies between patients and doctors were supposedly demolished (they were all residents), and yet, as I have argued, the identities, chronotopes and positioning of people in Kingsley Hall was premised on medical power.

The inversion of hierarchies discussed above has a close relationship to the different discourses within the text. Within a psychodynamic framework, Mary becomes entangled with Berke as a lover to a lover, a child to a mother and a child to a father:

To me at times, Joe was very strongly 'my Father'. In the fantasy of my family I 'marry my Father'. To me, my young sisters were my babies from my father. Deeply embedded in this, I never, in real life, moved away from it. How was I going to marry Joe? How to get a baby from Joe? Maybe Joe would give me a baby. (Barnes and Berke, 2002: 154)

Whilst in this extract Barnes associates Berke with her father, elsewhere the primary association is with her mother. Joe nourishes her, feeds her lovely, comforting food, allows her to suckle him, bathes her, cleans up her excrement and so on. Such was her enmeshment with Berke, Barnes found it difficult to disentangle herself from him:

Joe to me, was the means to my true attainment of love, of myself. So much, for so long, all the time. Any 'intrusion' of anyone else towards Joe was murder. I wanted to kill them. Joe was my life. Unwinding through Joe, Joe, to me, was the same as me. If anything happens to Joe, meant if anything happens to me. If Joe dies, I die. If Joe is with someone else I am left. I am lost. (ibid.,: 157)

In the two extracts above, Mary embodies the feminine version of Freud's Oedipus complex as she voices her relationship with Joe through the discourse of psychoanalysis. Whilst Mary rejected mainstream psychiatry as a means of dealing with her madness and restoring her sanity, she became integrally involved with psychodynamic theory, becoming its embodiment, a classic case study. Barnes' narrative is permeated with this discourse to such an extent that it becomes impossible to identify a voice that belongs to Mary, rather than to therapy. What I read in Barnes' book is one authoritative patriarchal discourse replaced by another, with Freud implicitly revered as the figurehead and Laing explicitly positioned as 'the guru'. Barnes presents the medical figures in her story as not only figures of authority, but saviours. When recalling her first meeting with Laing, for example, Laing is positioned as a figure with not only restorative powers, but almost messianic, raising the dead:

The door opens. He stands, supple, like a young boy. Dark hair, black suit. He bends towards us, hand on the door.

'Er, I'm Dr. Laing,' he says. I want to laugh. He is young and warm and human. I like him. I feel myself coming back. My insides seemed to have left me. He moves easy. He's able. He laughs. 'How can we do this?' he says. He's looking at Peter. He will see Peter first.

They go. Again, I am alone in the room. It seems a long time. They come back. Peter smiles. His face is soft and warm. I feel his life. I see something I had almost forgotten Peter ever had, a spark of life, love. Peter was dead, cold and gone away. Just then he came back. I saw him. I felt him.

(ibid.,: 61)

Mary positions herself subordinate to Laing, his subject, he, the person to be looked up to, to save her; “I am down below him, on the floor. He sits above me. I am frightened and whispering. ‘I *want* analysis.’ He holds me. I feel he loves me” (ibid.,: 64 emphasis in original).

As a reader, I perceive that Barnes is acutely aware of this positioning. She places great emphasis on her physical and emotional vulnerability. Mary is not only below him, she is on the floor. She whimpers like a child, he holds her like a father. The power dynamics played out in just this one scene are multiple. The roles played are not only father and child, but psychiatrist and patient, saviour and sinner, male and female, priest and penitent. Indeed, Laing described himself as a physician priest (Laing, 1967). It is the feeling of confession and penitence that pervades Barnes’ text in relation to Laing, and this is an important dynamic to their relationship highlighting the complexities of power. As Foucault describes:

The confession is a ritual of discourse in which the speaking subject is also the subject of the statement; it is also a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile. (Foucault, 1990: 61-2)

Whilst as Foucault argues psychiatry took over the role of confessor, its discourse remained that of science and this, I believe, is also true of the discourse of Laing’s anti-

psychiatry, which also makes claims to the empirical laws of science. The way in which Berke explains Mary's behaviour is saturated with the language of science;

'Rational intentionality' refers to consciously considered moves and countermoves. 'Psychotic intentionality' refers to unconsciously considered moves and countermoves. (Barnes and Berke, 2001: 252)

In his explanation of Mary's behaviour, Berke draws on the age-old dualism of reason and unreason, with his voice a mixture of Freud, behaviourism and medicine.<sup>15</sup> Whilst the hermeneutic aspects of Freud's work have survived over its positivistic elements, the voice of science can still be heard, for example in the universal generalisations implicit in his instinct theory and his stages of psychosexual development, which have their roots in biology and behaviourism.<sup>16</sup> Thus through its attachment to Freud, the therapy of Laing and Kingsley Hall was embedded in the tradition of science it fought to resist. This is supported by the work of Louis Sass who argues that psychoanalysis and biologically determinist psychiatry, whilst regarding each other as polar opposites, actually stem from the same paradigm. Schizophrenia for both is the result of a lowly primitive mechanism (be it the id or subcortical brain functioning) overriding higher reasoning. What differentiates anti-psychiatry from psychiatry is that whilst the former celebrates schizophrenia, the latter attempts to civilise it (Sass, 1992).

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<sup>15</sup> Guattari argues that Berke's therapy was 'neo-behaviourist dogmatism' that 'tends to reduce all human problems to problems of communication and information, ignoring the socio-political problems of power at every level' (Guattari 1984: 52). I shall return to his argument regarding the societal aspects of Barnes' narrative briefly towards the end of this chapter.

<sup>16</sup> Freud was a medic by profession and his focus was always aimed at providing a scientific account of human behaviour. His unfinished work 'The Project for Scientific Psychology' articulated his theories that were based in neurology and biological determinism. Freud's theory of psychoanalysis is saturated with such deterministic language: drives; instincts, the hydraulic hypothesis and so on, with the aim being to control the irrational experience, bringing it back into the realm of rationality.

Whilst Laing and his colleagues drew heavily from psychoanalytic theory for their developing therapies, it was the hermeneutic aspects they favoured over the scientific. In his book *The Divided Self*, Laing argues against mechanistic metaphors and theories for constructing and treating madness. Instead he refers to Dilthey's theory of hermeneutics to aid a fuller understanding of another's experience:

We explain [writes Dilthey] by means of purely intellectual processes, but we understand by means of the cooperation [sic] of all the powers of the mind in comprehension. In understanding we start from the connection of the given, living whole, in order to make the past comprehensible in terms of it.

(Laing, 1965: 32)

However, the voice of science can be heard in the way Barnes' narrative is physically embedded in psychiatry, with the alternating sections between Barnes and Berke. This is not an equitable construction, though, as the way these parts are constructed reinforces the authoritative voice of psychiatry. Barnes narrates her experiences and Berke then imposes his version of events and his interpretation. Barnes' voice is mediated through the authoritative discourse of psychiatry. As Porter (1987) wryly observes, the verb 'to burke' used to have a very different meaning; to suppress or extinguish quietly. Barnes' and Berke's book is not a comfortable read. Barnes believes herself liberated from her madness, yet she ultimately ends up the child of psychiatry, unashamedly enmeshed within a patriarchal, hegemonic discourse and culture, her own voice, if she ever had one, silenced.

I want to conclude this discussion of Barnes' carnivalistic narrative by outlining Bakhtin's understanding of the carnival as a form of utopianism with its own specific chronotope:

Carnival becomes a time outside time, 'a second life of the people, who for a time entered the utopian realm of community, freedom, equality, and abundance' (Bakhtin/Iswolsky 1984: 9). The very language that people speak is altered, to allow a familiarity and fraternization impermissible at other times. When it enters writing, the carnival spirit offers a liberation from 'all that is humdrum and universally accepted (ibid.,: 34), and Bakhtin, in an implicit glance at Freud, even suggests that it liberates people 'not only from the external censorship but first of all from the great internal censor' (ibid.,: 94).

(Dentith, 1995: 76)

When I read this extract, I see Kingsley Hall again, a space in which time was 'outside time', a theme I will develop in the next section of this chapter, which focuses on the chronotope. Kingsley Hall was also a 'second life' for Barnes and others, an opportunity for rebirth in a community that valued 'freedom, equality and abundance'. There was feasting on a banquet size scale most nights at Kingsley Hall, events that Barnes describes with indulgence and lasciviousness. Dentith also highlights the link between Bakhtin and Freud through his reference to the 'great interior censor'. However, is the carnival the utopia of free speech that it presents itself as? The carnival envisaged in Rabelais belongs to a mythical chronotope, whilst the carnival we may witness in more modern times, such as that of Kingsley Hall, is, according to Bakhtin, a

utopia defined by monologism (Bakhtin, 1984a: 82). I have previously argued that both Kingsley Hall and Barnes' narrative are monological discourses, asserting themselves as an authoritative voice over and above the traditional hegemonic discourse of psychiatry. This questions the extent to which Barnes' and Berke's book can be considered to be a polyphonic narrative. Good (2001) argues that the polyphonic author resists replacing one form of discourse over another, but by defining their work as anti-psychiatry this is exactly what Laing and his colleagues aimed to do. The term positions itself against psychiatry, not in any way in dialogue with it. What I, as the reader, witness in this book, is an attempt to overthrow one particular discourse and its related knowledge by replacing it with another. Within their counterculture, anti-psychiatry sought an alternative explanation for madness, but one that had within it its own truth. Whilst it was discredited and displaced by the dominant voice and position of mainstream psychiatry, it was influential in its time and, it could be argued, within its own circles it effectively created its own monological discourse. This is what I see in Barnes' narrative; a closing down and resistance towards traditional psychiatry. As the reader, it is difficult to extrapolate different discourses and their power in this text. There is the discourse and power of psychiatry, which is resisted by the discourse and power of anti-psychiatry. Neither attempts to enter a dialogue with any other language than its own. What this results in is two separate monological discourses resisting each other, with the voice of the mad once more positioned on the margins. For me, Barnes' and Berke's book is a narrative of psychiatry, albeit one of a particular space and time, and one of medical identities rather than science, but as Simone de Beauvoir commented in 1979, "at bottom anti-psychiatry is still psychiatry" (quoted in Showalter, 1987: 246).

## The Chronotope

Like Kempe, Barnes writes her narrative within a temporally linear framework, attempting to provide the reader with a chronologically complete account. Her first forty-two years, the ‘down’ years at Kingsley Hall, and the ‘up’ years, which are given the temporal structure of months and years as section headings. Yet within this linear structure are complex chronotopes of madness, recovery and transitional threshold chronotopes.

Integral in Barnes’ description of Mary’s first madness are the conflicting chronotopes of madness and cure (see pages 248-9 for extract). The chronotope of madness occurs abruptly, “I seemed to be able to do things and then couldn’t”, as Mary transfers from one timespace (everyday) to another (madness). This chronotope of madness is characterised by Mary being speechless (as she was in childhood): in Mary’s world time slows to a stop and she becomes both temporally and spatially fixed, “trying to keep up with others brought me to a standstill” (Barnes and Berke, 2002: 48). This stagnation of Mary’s phenomenological timespace is in conflict with the chronotope of the mental hospital that insists that she participates in the physical world:

They gave me insulin and pushed me about to keep me moving....The only relief was to be alone in the dark, curled up, like a baby in the womb. In those days I knew of no such connection. It was terrible to be moved and much as I liked to be in the water, when they came to get me to the bath I struggled to be left where I was.

Lying in the water with my eyes shut was a relief, but it was always too short. Forced out, struggling, rushed back to bed, in a big check thing that

would not tear, I would be quite lost and hopeless. It was dead misery, too bad for tears. (ibid.,: 50)

On one occasion they dressed me to go outside, but I didn't want to go so they pushed me. It was cold and dismal, an asphalt square surrounded by high brick walls. We were supposed to walk round for exercise. A nurse, she was young and kind, stood with me and held my arm. They took me back inside the ward and put me to bed. When standing I would hold myself still and stiff, to keep together, so as not to lose everything and go away. (ibid.)

Space also characterises Mary's recovery. Dr. Werner, a psychiatrist who eventually introduces Mary to Laing, manages to reach the places E.C.T. and insulin therapy couldn't:

His few minutes of tremendous ability changed my life. From the pads, to a small locked room with a barred window, from there, off the chronic ward, back to the Villa...As I 'recovered', the only possible way out of the mental hospital, I worked a lot on the ward, cleaning lavatories and sluices, mending sheets instead of tearing them, going to the coal yard for buckets of coal for the night nurses' fire, washing down walls...by now I could see the hospital gates; I was working my way out. Out for a weekend, out to stay, back into nursing.

(ibid.,: 51-2 emphasis in original)

By placing inverted commas around the word 'recovered' Barnes alerts the reader to the ironic position she takes in relation to this 'recovery'. Writing from her post Kingsley

Hall position, Barnes does not view this as ‘true’ recovery. More, it is a journey she has to embark on to regain entry into the everyday chronotope. Release from the mental hospital had to be earned. Progression from one space to another was premised on labour, compliance and obedience, all features of Foucault’s disciplinary power (Foucault, 2006b). Moreover, Barnes uses space as a metaphor for her ‘recovery’, identifying for the reader ‘threshold symbols’ of asylum objects that mark her journey; the pads, the barred windows, the chronic ward, until finally Mary can see the hospital gates. Bakhtin describes these as spatial thresholds that occur “at *points of crisis, at turning points and catastrophes*”, and frequently take place in public spaces (Bakhtin, 1984a: 149, emphasis in original). These threshold symbols not only allow Mary to pass from one timespace to another (madness to everyday chronotope), but they also have, as Good argues, the potential of transforming good and bad experiences into each other (Good, 2001: 115). This sense of moving from one space to another, with increasing levels of freedom, lends important meaning to Barnes’ narrative and it is reiterated later in her chronotope of recovery.

Back nursing a few months after her incarceration, Barnes gives this phenomenological account of her state of being:

At times I felt quite fantastic. Within months of the pads I would suddenly feel, ‘What am I? Where am I?’ I was in a uniform, stiff, starched. Held up, buoyed up. A patient asks my advice. I reply, ‘I’m a nurse’. A doctor tells me, ‘Get her into an oxygen tent.’ The Matron wants the report. A child is bleeding from where her tonsils were. I’m a nurse. I’m a nurse.

‘Sister, I can’t sleep. Check the drug. Show me the phial.’

What nurse?

'She's gone.'

'Quietly, I'll help you. Pull the screens closer.'

Death, it's all a breath, life. Oh God, where am I? What am I? Hold me, keep me. She's gone. She spoke, an hour ago. She's gone. Gone away. Her flesh is cold. Death. Where am I? What am I?

It's getting light, I drink, I eat, I move. Listen, there's a bird. I breathe, deep. I'm here. It's a hospital. I'm a sister, I'm not in the pads, Where am I? What am I? Where am I going? What am I doing? The blood's running out. Check the group. Feel his pulse. It's hot, he's sweating. The blood is flowing. I walk away. Out into the day. I'm in the air. The air is all around me. It's cool. I'm in a pool floating, in the air. In a bath. Water, water. I walk in a shop. My feet are on the grass. It's spring. Where am I? *Who* am I?

Alone, I run on the grass. I fling off my shoes. My feet are wet. Oh, God, oh God, I dance, I kick stones, I fling sticks. I run. I bend, I twist. Breathless, I sit. I gasp in the sun. Where am I? What am I?

(Barnes and Berke, 2002: 52-3 emphasis in original)

This description of Mary's being is reminiscent of Frank's chaos narrative, a reconstructed narrative of acute crisis and panic. It is a narrative of the present, space and time are compact and immediate. Barnes draws the reader into her chronotope with the short, punchy phrasing and sentences that move the narrative forward. This is a threshold chronotope, a transitional moment of 'crisis and break' in Barnes' biography that is characterised by both anxiety and an element of boldness. Unlike the chronotope of madness, this threshold chronotope is punctuated by energy and drive as Bakhtin

describes, “time is essentially instantaneous; it is as if it has no duration and falls out of the normal course of biographical time” (Bakhtin, 1981: 248). Mary attempts to ground herself, “Listen, there’s a bird. I breathe, deep. I’m here. It’s a hospital. I’m a sister, I’m not in the pads” (Barnes and Berke, 2002: 52), but the energy of the text is one of flux and panic, “Where am I? What am I? Where am I going? What am I doing? The blood’s running out. Check the group. Feel his pulse. It’s hot, he’s sweating. The blood is flowing. I walk away” (ibid.). Time in this chronotope is segmented and marked by a sense of loss of self and anxiety.

This extract also exemplifies the split Mary experiences between her I-for-self and I-for-others. Her identity is constructed and reinforced by both objects (her uniform, the phial) and her relationships with others (Matron, doctor, patient), and it is her professional identity that Mary relies on to hold herself together. The fragmentation of her identity is evident in the use of pronouns. ‘She’ is Mary the nurse, disappearing, separate, dead, voiceless. ‘I’ is mad Mary, lost, yet free. Awaiting her place at Kingsley Hall, Barnes highlights the fundamental ontological schism she experienced between her I-for-self and I-for-others. She states:

I was outwardly sane and inwardly getting nearer and nearer into insanity. At times I felt quite out of touch with myself, unreal and lost. Touching my body, masturbating, playing with my shit, wetting the bed, gave me more ‘together feelings’. I often terribly feared the inrush of others. I kept myself apart, physically alone. Mentally, I was quite alone. I had to cope from one Wednesday to the next. I was living in the ‘space’. Or rather existing in it. I was tormented between a dead state and a mad living being. The former I *had* to

stay in; the latter I was nearly dropping into. The force of my being was demanding release into its truer, mad state. It was a time of terrible strain...I was so 'inside myself' that everything else, everything outside of me, was blurred and unreal. (ibid.,: 68-9 emphasis in original)

The I-for-others is sane, Mary was able to hold down her job and yet she finds it difficult to believe other's perception of her:

Despite my efforts to the contrary, I used to think surely they must see a bit that I am so sick. I felt I was bleeding to death inside. It was as if my arm was pouring blood and no one took any notice. I was in an unreal state. I wondered why they didn't see me, how I *was*. It seemed they saw a normal person. I used to feel they felt I was 'like them'. I knew I wasn't.

(ibid.,: 69 emphasis in original)

Mary states no desire to be 'like them', to be 'normal'. Internally, Mary's I-for-self, is tormented, separated from the external world. Again the chronotope of madness is evident, Mary is "living in the 'space'", a space between a collapse into her "truer, mad state" and her functional daily existence, or as Barnes describes it "a dead state and a mad living being". Mary's present life, her everyday chronotope is dead, but in the chronotope of madness there is life and hope. As with Kempe, Barnes uses the spatial metaphors to understand her madness; she was "quite out of touch" with herself, lost, both physically and emotionally separate from others. She had to stay "in" the dead

state to avoid “dropping into” madness.<sup>17</sup> This reconstruction of her madness is centred around the therapeutic discourses of psychoanalysis, but more than this, it is a discourse of the mad premised on the struggle for ontological survival. Sass (1992) argues that both death and birth have been used as metaphors for schizophrenia. In the biological model the individual is no longer fully alive, yet neither are they dead, instead suspended in a state of limbo.<sup>18</sup> In psychoanalysis and anti-psychiatry schizophrenia is a metaphor of birth, with the individual returning to a neonatal, foetal and sometimes primeval state in order to be reborn. Barrett argues that the ‘schizophrenic’ is often caught between these two models of degeneration and development (Barrett, 1998: 483). It is this state of limbo that I perceive when I read Barnes’ text, her positioning between life and death. Taking on the philosophy of anti-psychiatry, for Barnes, death is normality; life and therefore birth, is madness.

The threshold chronotope is evident in several places in Barnes’ narrative, occurring at the critical junctures in Mary’s biography, when she passes from one timespace to another. When she first arrives at Kingsley Hall, Mary keeps her job, but decides to apply for posts nearer her new home. She sits down at her typewriter with three application forms. Sid, a social worker comes into Mary’s room:

An interruption. What does he want? As if there wasn’t enough to do, organizing everything here, work at the hospital, this writing to be done. Sid sits himself down. In no hurry, as if there was all the time in the world.

‘Mary, what a nice typewriter.’

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<sup>17</sup> See Mark Johnson’s book *The Body in the Mind* (1987), which argues that meaning and understanding arise from bodily experiences (see chapter 6, footnote 7 and this chapter footnote ten).

‘It’s a Hermes.’

‘Beautiful small type.’

‘That’s an article, a case history, it’s got to be done tonight.’

Sid sits back, lights a cigarette.

‘That last interview, the job is nearer home, it seems they might have me.’

Sid sits further back, quiet, thoughtful like. There’s the typewriter, the window, the street, outside, outside.

I’m going away, my voice is weak, faint.

‘Sid, Sid, I’ve come here to have a breakdown.’

‘Have a cigarette.’

‘It’s cold.’

‘Hold still, I’ll light it. Mary love, you’ve had a breakdown. Look what you went through that time with Dr. Esterson, when you were at the Youth Hostel.’

‘Yes but I’ve come here to go down and come up again.’

Everything was slow, disjointed. ‘Mary, I’ve got to go.’

His chair was empty. Sid had gone. I was here, not there. But was I, here, all here? Touched myself. Sat like a statue. Still. Cold. Remembering. Ronnie said he would get me a place. For me to go down and come up again. Be as a child. Go mad. Re-grow. It had happened, the truth had come back.

I changed the paper in my typewriter. Three times.

‘I do not wish to continue with my application. I am now otherwise engaged.’

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<sup>18</sup> Foucault traces the metaphor of madness as death back to the sixteenth century as madness came to be

A fourth sheet:

‘I wish to give one month’s notice of leaving’. Four times my name.

Four envelopes, sealed. The lid on the typewriter. To bed. Sleep.

(ibid.,: 100-1)

Here the reader witnesses a significant break in Mary’s biography, a break again that is characterised by anxiety and an act of boldness (relinquishing her career). In this short episode, we see Mary cross from one chronotope to another, the everyday chronotope to the madness chronotope. The everyday chronotope is characterised by activity, purpose and linear time which is ticking away. Sid not only interrupts Mary’s everyday time, but also her space. He sits down “in no hurry, as if there was all the time in the world”. His quiet presence offers Mary an alternative time and space to be in. For Mary, the familiar embodied world - the pressure on her fingers as she presses the typewriter keys, the window - becomes slowly unfamiliar; they become objects outside of her. As Laing says:

One sees the old and the familiar in a new and strange way. Often as though for the first time. One’s old moorings are lost. One goes back in time. One is embarked on the oldest voyage in the world. (Laing 1967: 122)

Time slows, separates. It is, as Bakhtin describes, ‘*crisis time*, in which a *moment* is equal to years, decades, even to a ‘billion years’” (Bakhtin, 1984a: 160-70, emphasis in original). Mary’s body in space also becomes unfamiliar and disembodied. She sits,

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feared as a death in life. “The death’s head showed itself to be a vessel already empty, for madness was

statue-like, but is she all there? This episode marks the end of Mary's career in nursing and the beginning of her descent into what Barnes describes as her 'true madness'. The chronotope of madness characterises Mary's experiences. Time is both static, yet malleable and endless, with no past or future:

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

In her madness, both time and space are distorted, yet within what Mary's immediate audience may have perceived as inert stupors, Mary had a heightened awareness of her environment. Space changes, and Mary changes within this space:

My body did often seem apart. A leg or an arm could be the other side of the room. Often it seemed I was floating and moving as if in fluid.<sup>19</sup>

(ibid.,: 108)

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

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the being-already-there of death (Foucault, 2006a:14).

During the storm that was Mary's madness, Kingsley Hall became her shelter, a place of safety that not only offered protection, but helped Mary make sense of her 'storm'.

As Stilgoe describes in his introduction to Bachelard's *The Poetics of Space*:

Storm makes sense of shelter, and if the shelter is sound, the shelter makes the surrounding storm good, enjoyable, re-creational, something that Bachelard uses to open his understanding of house and universe, of intimacy and immensity. (Stilgoe, 1994: viii)

The importance of shelter and space in Mary's madness was manifested in the physical spaces she placed herself in Kingsley Hall. During her stay, she moves through the physical space of the house in response to her madness and recovery, occupying most of the rooms during her five-year residence. When in the throes of madness and regression, her physical space is small and confined to the lower regions of the house:

At one point I imagined going down from my middle floor room to the ground floor, to be put, to lie still in what was then the meditation room. When first going down in '65 I had wanted to be put in the Box in the basement. Being 'down' inside the house seemed the same as being down inside myself.

(Barnes and Berke, 2002: 210)

Mary's immediate space is restricted and physically controlled as she focuses on particular objects, only to 'steal' a glimpse of someone or something when no one is

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<sup>19</sup> This sense of disassociation from parts of the body whilst regarded as a symptom of psychosis, is also a

looking. She creeps to the kitchen, toilet and bathroom in the middle of the night, unobserved and unheard. During her recovery, when her spatial world expands outwards and upwards, she moves to a different room, higher in the roof. This echoes Laing's description of Jesse Watkins's madness, when Watkins perceived the existence of different spheres on a vertical axis:

He had a 'particularly acute feeling' that things were divided into three levels: an antechamber level, a central world, and a higher world. Most people were waiting in the antechamber to get into the next department, which was what he had now entered. (Laing, 1967: 127)

As discussed earlier, this understanding of existence being on a vertical dimension was common in medieval times. However, both Barnes and Watkins conceive madness, recovery and space within the metaphor of the house, yet this is not a recent metaphor. In the early 1600's, the preacher Thomas Adams mapped madness onto different substructures of the brain using the metaphor of the house:

To understand madnesse we must conceive in the brayne three ventricles; as houses designed for three dwellers, Imagination, Reason, and Memorie. According to these three internal senses or faculties, there be three kinds of Phrensies of Madneses. (Adams in Hodgkin, 2007: 43)

In his 1960s book *The Poetics of Space*, Bachelard highlights the cruciality of the vertical dimension for the metaphor of the house and consciousness:

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recognised phenomena in medieval mystical prayer.

Verticality is ensured by the polarity of cellar and attic, the marks of which are so deep that, in a way, they open up two very different perspectives for a phenomenology of the imagination. Indeed it is possible, almost without commentary, to oppose the rationality of the roof to the irrationality of the cellar...[the cellar] is first and foremost the *dark entity* of the house, the one that partakes of subterranean forces. When we dream there, we are in harmony with the irrationality of the depths.<sup>20</sup>

(Bachelard, 1994: 17-18 emphasis in original)

Barnes' use of the metaphor of the house in relation to her psychologically interior space and her understanding of her madness/recovery along a vertical axis, reflects one of the fundamental tenets of psychodynamic theory - that of the mind as a topographical model with the unconscious at the bottom, the preconscious in the middle and the conscious at the top. As outlined in footnote ten of this chapter, Johnson argues that this verticality is fundamentally premised on our physical experience within the spatial and temporal world. By aligning her abstract experience with the physical space within Kingsley Hall, Barnes provides a persuasive illustration of Johnson's argument.

Just as movement to the outside world signified her recovery following her first episode of madness, so to it marks the beginning of her 'up' years at Kingsley Hall. In the following extract, Barnes describes her first steps outside of Kingsley Hall for over a year:

Hurrying on into the Park, I ran across the grass. It was wet with dew, and green with such vividness, brilliant beyond all grass I had ever seen before. The sky was such an intense blue, and the brown of the bark of the trees and the white of the clouds was so strong, I felt before I had never seen colour.

The horse chestnuts were out.

The penetration of colour, of silver birches, of water, of red May, burst into my soul. Leaves, trees, green, green, water, sky, clouds, earth, brown earth, how good it smelt, the grass, the wet green grass.

I kept touching the grass, ran barefoot, touched the bark and the leaves.

The growth was amazing, the life was so green.

(Barnes and Berke, 2002: 204)

It is interesting to compare this passage with the one described on pages 288-9, when Mary begins to question both her identity and her position in life. To an outsider witnessing these two accounts of a woman running barefoot through a park, they are markedly similar. From a subjective perspective, however, they could not be more different. In the first extract, Mary is facing an ontological crisis as she tries to ground herself in the physical world. In the second, there is a heightened awareness of her surroundings, a celebration of nature and life that resonates in Mary's own renewal, as she concludes by proclaiming, "my soul sang with the Spring" (ibid.). Just as in the first extract, Mary's second run in the park is also a threshold chronotope, perhaps not characterised by anxiety as much as energy and urgency. Here, Mary is in the transitional place between madness and recovery, and she expresses this through nature, which via colour, links the reader to her recovery medium of painting.

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<sup>20</sup> There is ambiguity here, as both cellars and attics can house horrors and madness; for example, *The*

Through her painting, Mary's presence expands throughout the house, as her work literally adorns every wall. Just as timespace is pivotal to Mary's madness, so it defines her recovery as it is activated and embodied in her painting:

Paint I did. Gradually, it seemed to *me*, perfectly right again, to paint. Painting, when I wasn't too 'bad' to do it, got me together, my body and soul. All my insides came out, through my hands and eyes and all the colour. It was free and moving, loving and creative. (ibid.,: 135, emphasis in original)

Whereas during madness, time stretched and slowed until it seemed as if it had stopped, here, as Mary paints, time accelerates and hours become minutes. Barnes describes how "the paintings were speeding round the house" (ibid.,: 147) and how whilst she paints "time goes from me" (ibid.,: 159):

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

The fluidity of time is enabled by Mary's embodied absorption into the activity of painting. She moves from painting with brushes to using her fingers as tools. Paint is over her body and clothes, at times she paints naked. Mary becomes part of the painting.

Painting becomes more than a physical activity, it becomes a spiritual activity, as Mary uses the medium to express her religiosity. She paints biblical scenes: ‘Christ triumphant – Three Stage of the Sacrifice of the Lamb’; ‘Peter before Christ’; ‘Triptych’; ‘The Blinding of Paul’; ‘Spring, the Resurrection II’. Just as Kempe becomes immersed in the mystical chronotope of her contemplations, so Barnes equally loses herself in her own manifestation of spiritual passion.

Just as time and the body changes in her recovery chronotope, space equally shifts, as indicated above. Mary’s paintings inhabit others’ space in Kingsley Hall. Huge canvasses decorate walls and staircases, walls and doors become canvasses. For others, there is no escape from the presence of Mary, as the paintings become a focus for their hostility towards her:

Every Wednesday evening, after dinner, we had a meeting. Joe would be there, but even so, it was a terrifying ordeal. This particular evening people were discussing my paintings.

‘Mary, there’s far too much of your work about the place.’

‘She put up another one today.’

‘You won’t discuss things.’

‘Why doesn’t she talk?’

Joe mentioned ‘Mary does say things through her painting.’

Terrified, I wanted to disappear right into Joe. The conversation changed.

(ibid.,: 160)

After agreeing to take her work down, another resident pre-empts her, Mary is furious:

That evening, after dinner, everyone was angry with me. They demanded that my paintings come down. I knew that David and Ronnie and Joe and Leon like my paintings and were not disturbed by them being up. But the anger of all the other people was so much I didn't know how not to run away.

(ibid.,: 161)

As she takes the remainder down, Mary disintegrates, whilst others celebrate:

By the time we got down to the Hall, taking down paintings, David and Leon were helping. I did not seem to be anywhere. Everything went from me. I was lost, dazed. Joe held me together. Upstairs, there was music and dancing. The other people had been to the pub, celebrating the coming down of my paintings.

We hadn't yet had time to roll up the paintings. They were scattered in the Games room. Someone was reading a newspaper spread across 'The Mother of God' canvas. My anger was terrible, a girl's foot was against the bottom of the canvas. Someone was shouting:

'Mary Barnes must go, she must be got rid of, out of this place.'

My temper was up. Why *should* they? What right had they?

My body bashed. Someone fell. Joe got me out of it.

(ibid.,: 161-2, emphasis in original)

As all parties are aware, rejecting and removing the paintings symbolises the rejection and removal of Mary. Like Kempe's talent as a mystic, Mary's artistic talent is revered by those she seeks approval from - Laing, Berke, Cooper, Redler - whereas her peers,

the immediate lay community, is threatened, resenting both symbols of Mary and Mary herself. Mary's paintings not only take centre stage in Kingsley Hall, but are exhibited and received wide critical acclaim. Mary is featured in the national papers, and becomes the focus of a BBC documentary. She writes her story with Berke, becoming Laing's only complete case study. Mary achieves the notoriety and attention she craved as a child through her painting, and more memorably, as an iconic figure, a heroine of the anti-psychiatry movement, or the 'Queen of Schizophrenics' as Elaine Showalter describes her (Showalter, 1987).<sup>21</sup> Mary became the star attraction within the psychiatric carnival of Kingsley Hall, just like the staged demonstrations of Charcot a century before.<sup>22</sup> This episode again has the carnival features described by Bakhtin. In a mock crowning, Mary becomes Queen of Kingsley Hall, only to be decrowned in a very public space (the removal of her paintings). Even the celebrations of the other residents is reminiscent of Bakhtin's carnival as 'before us is the image of communal ridicule on the public square decrowning a carnival king-pretender' (Bakhtin, 1984a: 168).

The chronotope of recovery Mary describes, the fluidity of time as she paints, her expansion into different spaces, offers her a timespace structure different to that which she had previously experienced. Everyday timespace in her nursing career was too regimented and rigid, resulting in Mary feeling disembodied. Timespace in her madness offered her embodiment with her physical world, yet disembodied her from her

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<sup>21</sup> Sedgewick observes that the British diagnostician of schizophrenia J.K. Wing argues that Barnes' presentation indicated hysteria as opposed to schizophrenia. Others (J.C. Maleval) have argued that Barnes is an example of 'hysterical psychosis' calling for this category to be re-established as a type of mental illness (see Sedgewick, 1982: 257 footnote 1).

<sup>22</sup> Charcot established hysteria as a psychological disorder in the 1870s. Whilst he argued that hysteria was not a condition exclusive to females, most of his patients were women. Several women became 'hysterical celebrities', being featured in books and exhibited in public lectures, becoming the main attraction at Salpetriere's Bal del Folles. Public presentations and the 'theatre of ritual crises' were the

social world. Painting offered Mary a means of not only connecting fragmented parts of herself, but connecting a 'whole' Mary with the outer world:

My life took on a certain structure. Painting, writing, reading the Mass of the day. My growth seemed more secure. I looked to the future as a time wherein I would grow strong enough to physically, outwardly do more, yet retaining the inner state of being I had come to know.

Joe reminded me, Ronnie says, 'Life is therapy and therapy is life.'

Moving free, I came to know the healing that is within all that happens.

In a particular way, Joe recreated, reformed me.

(Barnes and Berke, 2002: 212)

This last sentence alerts the reader not only to the central role Berke plays in Mary's recovery, but to the way in which Barnes was a product of Berke and the Kingsley Hall fraternity. For Laing and Berke, Mary Barnes was a successful demonstration of their theory of schizophrenia as an existential voyage, a transformative journey, one which is epic, heroic and essentially masculine. However, Showalter (1987) argues that Laing and Berke overlook the explicit sex-role issues present in Barnes' narrative; her desire to be male, her desire for a career with masculine credibility (a doctor), a desire for independence, a desire for children without marriage (all resonant with Kempe). Berke interprets Mary's desires at an individual level as sexual rather than at the broader societal level as vocational or gender oriented. For him, Mary's desires and madness stem from penis envy, rather than envy of the masculine resources of mobility, status

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mainstay of Charcot's demonstrations (Foucault, 1990: 55). One woman, Blanche Wittman, famously

and independence. Guattari argues that by framing Barnes' madness and recovery within the Oedipus paradigm, Laing, Berke and others at Kingsley Hall prevented Mary from being open to a more societal interpretation, which may have offered her greater empowerment. As he states "What interested Mary Barnes was not the family – it was society" (Guattari, 1984: 59), an opinion clearly supported by Showalter. Yet through her madness and recovery, I believe Barnes gained some part of the masculine resources she sought.

### **Conclusion**

Barnes' narrative is both modern and medieval. It is modern insofar as both the genesis of her madness and her recovery from it are rooted in twentieth century theories of hysteria and insanity, with the family identified as the causal factor. Yet in many ways it is a medieval narrative insofar as these very theories are themselves founded in the age-old split between reason and unreason. Mary herself in part understood and dealt with her madness in a very medieval way; she used her madness to get closer to, indeed to internalise, God. Her recovery also touched on the medieval, for example in her presentation of herself as the grotesque in the Kingsley Hall carnival, and her chronotope of madness that was dislocated from the modernist everyday chronotope. It is perhaps this disjuncture between modernity and medievalism that makes Barnes difficult to read. Chronologically, it is near to us in time and yet it also seems to belong to a distant time and space. It is this contrast between modernity and medievalism that will be the focus of the next chapter, which aims to draw my analyses of Kempe's and Barnes' narratives together, exploring their similarities and differences and relating these to contemporary mental health issues.

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became know as 'Queen of the Hysterics'. This gives some context to Showalter's description of Mary.