

Chapter Eight: Discussion

This discussion chapter aims to bring together my analysis of Kempe's and Barnes' narratives, examining their similarities and differences, and exploring the extent to which this analysis has answered the key research questions outlined at the end of chapter four, and which are repeated below:

- i. What is the relationship between madness, narrative, understanding, identity and recovery in first hand narratives of madness?
- ii. What metaphors are used to construct meaning and how do they change in relation to the cultural and historical context?

In order to address the first question, I shall first answer the second question by contrasting the different discourses Kempe and Barnes draw upon in order to make sense of their experiences. I argue within this discussion that the metaphors used to frame these experiences reflect contemporary debates about the boundaries between mysticism and madness, and the relationship between meaning and values. This discussion enables me to address the first research question regarding the relationship between madness, narrative, understanding, identity and recovery. I will argue that the metaphors and discourses used to understand experiences are central to the ways they construct their stories not just as narratives of madness, but narratives of psychological conversion or recovery. As narratives of recovery, their stories engage in more complex chronotopes and metaphors than the linear ones traditionally used. Examining recovery as at times a liminal state leads into a discussion on the social positioning of Kempe and Barnes in relation to their identity, where, I argue, the social spaces these women

inhabit are integral to their gendered identity. This discussion of understandings of madness, identity, and social, historical and political contexts is intrinsically embedded in Mishler's narrative functions model outlined in chapter five. The chapter concludes by bringing the elements of metaphor, transformation or recovery, liminality and identity together by returning to Bakhtin's work on literary genres, in particular his notion of unfinalizability.

Superficially, there are many similarities between Kempe and Barnes. Both were English women, both had a strong religious, Catholic faith, both visited holy sites, and both engaged in extreme public behaviour, which resulted in rejection by their immediate peers. Both women actively sought out and gained approval from male authority figures, grounding their stories in the key authoritative texts of the day. Both narratives are written from a position of security, with their stories being mediated through a male authoritative voice. Yet there are fundamental differences between the texts. For example, the way they use time and space in the narrative and their differing emphasis on madness and mysticism. Barnes's is a narrative of self-confessed madness, her experience predominantly constructed within a psychodynamic framework. Kempe however, understands her experiences within a religious paradigm. So whereas Barnes foregrounds madness, Kempe foregrounds mysticism. It is the way in which each woman understands her experience and the contexts in which they took place that distinguishes one from the other.

Examining Kempe's and Barnes' narratives through Mishler's cultural level of narrative functions model highlights this distinction.¹ For Kempe, the genesis of her madness was born of sin, a sin so torturous for Margery, she could not confess it. The ensuing bessegement by the devil pushed Margery into madness. Whilst Kempe acknowledges the place her pregnancy, childbirth and physical ill health may have had in her madness, it is sin that is the cause. For Barnes, it is sin of a different kind, the sins of her mother that are responsible for her madness. Yet Barnes' understanding of the genesis of her madness are, as one might expect from a twentieth century narrative, more complex than Kempe's. This is not to underestimate Kempe's struggle for understanding, but it was framed within the traditional medieval context, becoming a medieval restitution narrative; I sinned, I was punished with madness, I was saved by Jesus, I followed a righteous path and was mad no more. With Barnes however, the reader can identify multiple discourses that influenced her understanding. Most obviously there is the psychodynamic discourse of the object relation theorists and Laing's existential adaptation. However, the reader also hears madness understood and articulated in other discourses; science and medicine, religion and gender. But what makes one narrative primarily mystical and the other primarily mad? The reader's own cultural and historical context undoubtedly influences interpretation, but there are other reasons behind this distinction between madness and mysticism, most obviously the prevailing cultural framework for understanding such experiences at that time, that is religion (Kempe) and science (Barnes). This said, within medieval religious paradigms, there was still the space to position the mad as possessed 'demonics'. In fact, it could be argued that more people would be defined as mad and spiritually treated or outcast as such, than would be sanctioned with mystical status, as Kempe was.

¹ To recap, this level of analysis focuses on local, cultural and historical understandings within the

I argued in my analysis of Kempe that part of the reason why Kempe was, by her definition, mystical and not mad was, first, the literary and historical provenance of her visions and, second, her conferred spiritual status by religious authorities. However, when Kempe's narrative is compared with Barnes', we can infer other reasons as to Kempe's mystical as opposed to mad status. According to Kempe, aside from her initial madness, Margery never lost the ability to function on a day-to-day basis. She was able to plan her activities, travel, converse, defend herself, procure support and go about her daily business. Barnes, on the other hand, got to the point where she could not function, not even to get out of bed. In comparison to Kempe, there are elements of Barnes' experiences that are destructive, isolating and disempowering, whereas for Margery, there was no deterioration in her 'quality of life'. In fact, from Margery's perspective, her quality of life was vastly improved, her spiritual experiences being constructive, affirming and empowering. William James, referring more generally to madness and mysticism, highlights the distinction between the two experiences in the following quotation:

The same sense of ineffable importance in the smallest events, the same texts and words coming with new meanings, the same voices and visions and leadings and missions, the same controlling by extraneous powers; only this time the emotion is pessimistic: instead of consolations we have desolations; the meanings are dreadful; and the powers are enemies to life.

(James, 1982 [1902]: 426)

narrative.

This fundamental difference between Kempe's mystical experience and Barnes' madness reflected by James is also reinforced by recent research examining the distinction between the spiritual and psychotic experience (Jackson and Fulford, 1997; Jackson, 2001). In a comparison of interviews between people who reported spiritual experiences (undiagnosed group) with people identified as having had psychotic experiences (diagnosed group), whilst both spiritual and psychotic experiences could be classified within diagnostic criteria, spiritual experiences differed from psychotic experiences in four respects. First, there was no deterioration in life functioning. Second, spiritual experiences were positive and benign, whereas psychotic experiences were more likely to be perceived as negative and malign. Third, spiritual experiences tended to be confirmed by a particular subculture. Fourth, spiritual experiences were empowering, whereas psychotic experiences were disempowering and isolating. Whilst Barnes did not experience the voice hearing of Kempe, these four points of differentiation between spiritual and psychotic experiences can be applied to the two narratives. The distinctions between spiritual and psychotic experiences identified by Jackson and Fulford are supported by the research of Marius Romme and Sondra Escher. Rather than distinguishing between spiritual and psychotic experiences, Romme and Escher distinguished between voice hearers who were in contact with psychiatric services and those who had not been in contact with psychiatric services (Romme, Honig, Noorthoorn and Escher, 1992). Those voice hearers outside of psychiatry's domain felt more able to cope with their experiences, felt stronger than their voices and experienced more positive and less commanding voices (Romme et al., 1992). These results indicate that the problem lies not with the phenomenon of hearing voices per se, but with an inability to cope with them. In further writings, Romme argues that integration of the voices is key to managing them and the five main

principles they identify underpinning successful integration also apply to the integration of Kempe and Barnes' experiences: keeping a strict daily routine (although for Barnes, it is less about routine, and more about purpose e.g. painting, helping others); concentrating on one's positive attributes; knowing yourself as fully as possible, including the negative aspects; accepting the influence of a presence outside oneself, whilst also accepting you are more powerful than it (although both women acquiesce to God); and communicating with others about your experiences in order to find support and acceptance (Romme, 1993: 59-60).

One of the critical findings of Jackson and Fulford's research was how experience is construed (e.g. as spiritual or psychotic) impacts on the actual experience and the life of the individual. Romme and Escher did further research examining the relationship between an individual's framework for understanding voice hearing experiences and self-defined ability to cope. They categorized differing frames of reference under two broad headings: psychological and non-psychological. The former included psychodynamic, mystical and parapsychological theories, whilst the latter category comprised of healing therapies such as biological psychiatry (i.e. organic causation and medication), natural medicine and faith healing. The authors suggest that whilst the adoption of some frame of reference is an essential prerequisite to coping, the psychological theories which involve the voice hearer being active, empowered and taking control over their experiences yield the most positive results (Romme and Escher, 1993: 23-25). In relation to Barnes and Kempe, having some form of framework is essential to the development of understanding and meaning, with the mystical and psychodynamic frameworks being more beneficial for these individual

women. Finding a believable framework was of central concern to both Kempe and Barnes becoming, in narrative terms, the object of their quest.

Taylor highlights a difference between modern and pre-modern lives in relation to frameworks and meaning that can be applied to Barnes and Kempe. Faced with an unchallengeable framework, such as religion for Kempe and psychiatry for Barnes, loss of meaning has very different consequences. For the pre-modern Kempe, loss of meaning meant damnation, to be condemned to the fires of hell forever. For Barnes, loss of meaning threatened her being in a very different way, as Taylor describes:

the world loses altogether its spiritual contour, nothing is worth doing, the fear is of a terrifying emptiness, a kind of vertigo, or *even a fracturing of our world and body-space*. (Taylor, 1989: 18, emphasis added)

So whereas Kempe feared damnation, Barnes feared meaninglessness, the dominance of the latter, Taylor argues, defines the modern age. What is important for both women, pre-modern and modern, was that the loss of a framework was not only a loss of meaning, but a loss of identity. Both Kempe and Barnes see their identity as defined by a moral and spiritual commitment, for example to the Catholic faith (both women) and anti-psychiatry (Barnes). By aligning with these spiritual and moral frameworks, they position their selves in relation to the moral questions of the day, for example, what is good, what is admirable, what is worthwhile or of value (Taylor, 1989: 27). This is evident as when both women were without these spiritual frameworks, Kempe was driven into madness, felt lost and abandoned, while Barnes lost her grip on the orientation points, the landmarks of her life, plummeting into Taylor's "terrifying

emptiness” and fracturing of timespace that I shall go on to speak of in detail later in this chapter. Taylor argues that this is what might commonly be called an ‘identity crisis’, a form of disorientation where the stable points of significance in a person’s life are lost. What this means for identity is that in order to know who you are, you need to be oriented within a moral space or have a believable framework (Taylor, 1989: 28).

What emerges from both empirical research such as Romme and Escher’s and Jackson and Fulford’s, and the philosophical writings of Taylor, is that the individual meaning of experience in relation to unusual experiences, be it spiritual or psychotic, is based in values and beliefs. Moreover, how an individual responds to such experiences is critically dependent upon the response of others. As Taylor argues, within any moral space or framework, there has to be some reference to a defined community that surrounds this space. With Kempe and Barnes, their experiences were responded to within the prevailing culture of the time (religion and psychiatry). Critically for both women, this understanding had to be fought for. Kempe used her intellectual and religious resources to resist others’ dismissal of her experiences and behaviour, as seen for example in her trial at Leicester. Barnes similarly used her intellectual and medical resources to create a space within a particular subculture. She earned her discharge from mainstream psychiatry through obedience and labour, and gained her referral to Laing through a mutual professional colleague.² Barnes identifies the confirmation of and response to her experiences by the subculture of anti-psychiatry as a key part of her recovery. Whilst my research has used narratives of different historical periods as opposed to present day narratives of madness, my conclusions echo those of the

² James Robertson was a psychiatric social worker at the Tavistock clinic from 1948-76. He is primarily known for his work with John Bowlby on attachment theory. Robertson’s research on children’s hospitals, in particular his pioneering documentary films *A Two-Year Old Goes to Hospital* (1952) and

research discussed here. How experience is understood is dependent on context, beliefs and meanings.

There is a danger, however, of turning the boundaries between madness and mysticism into a polarised polemic. This is not a dichotomy; Kempe is mystical; Barnes is mad. As is evident in both texts, there is madness in Kempe's mysticism and mysticism in Barnes' madness. Whilst Kempe's mystical experiences have been constructed as madness from a modernist perspective, Barnes constructs her own madness as a mystical, spiritual journey, reaching as Jackson describes "a constructive, spiritual reorientation" (Jackson, 2001: 183). However, unlike Kempe, this is not to say that Barnes' experiences were positive at the time in which they occurred, rather they were reconstructed or reconfigured so that the positive emerged from what was at the time an overwhelmingly negative experience. Madness for Barnes was part of a process that led to something spiritual, rather than being something spiritual in itself, which leads me to a critical feature of both Barnes' and Kempe's narratives. Their stories, with their elements of mysticism and madness, are stories of conversion, not only religious conversion, but an interior conversion. When I speak of interior conversion, I am not referring to a conversion from madness to sanity, as one of the underlying premises of this research is that such constructs are linguistic and cultural categories that, in realist terms, do not exist independently. Rather I am speaking of conversion as an intellectual and emotional shift to their experiences. Put simply, they are narratives of recovery.

Going to Hospital with Mother (1958) helped to change the way children and their parents were treated in clinical settings.

As narratives of recovery, both Barnes' and Kempe's texts have much in common with the literature on mysticism. Underhill, in her book *Mysticism*, identified five stages of transformation from the study of saints' lives:

- Stage one - an awakening of self
- Stage two - the purging and simplifying of life in order to transcend the ordinary self through 'pain and effort'
- Stage three - 'illumination of self' – a period of intense ecstasy related to the perceived ultimate reality
- Stage four - 'the dark night of the soul' – where ecstasy is recognised as an empty shallow state and the self surrenders, desiring and asking for nothing, entirely passive
- Stage five – 'unitive way' when the mystical journey culminates in a 'spiritual marriage', "involving new levels of understanding and compassion for others, made possible by repeatedly dissolving the boundaries between subject and object" (Podvoll, 1979: 579).³

Underhill states that taken together, these five stages of mystical progression:

constitute phases in a single process of growth; involving the movement of consciousness from lower to higher levels of reality, the steady remaking of character. (Underhill, 1961: 69)

³ The 'unitive way' and the 'dark night of the soul' are resonant of the reflections of St. John of the Cross who stated that the 'union of love' could only be reached by 'dark contemplation' (James, 1982 [1902]: 407).

All of these stages can be located in Kempe’s and Barnes’ narratives (see Table 1), but as I shall argue later, for Barnes and Kempe this is not a linear progression as suggested by Underhill. For example, Kempe’s ‘dark night of the soul’ was experienced during her madness and, from what can be ascertained in the text, there was no bleaker moment than this. Further trials in her life (e.g. being charged with heresy, threatened with rape) were afforded a religious interpretation, tests sent by God that she was to overcome in order to ascend the mystical ladder. Rather than looking at Barnes’ and Kempe’s experiences as stages in a linear progression, their narratives are reflective of the complex nature of recovery, where progression is marked by returns to former states.

Table 1: Underhill’s five stages of mysticism demonstrated in Kempe’s and Barnes’ narratives.

Stage of mysticism	Kempe	Barnes
One – awakening of self	<ul style="list-style-type: none"> • Following initial madness • failure of brewing and milling businesses 	<ul style="list-style-type: none"> • The moment she leaves work for a walk in the park • Realisation of her need for psychotherapy
Two – purging and simplifying	<ul style="list-style-type: none"> • Wearing of hairshirt, fasting, celibacy, abstention from meat • Will given up for God 	<ul style="list-style-type: none"> • Rejecting career, family home, clothing, food, drink • Complete passivity • Giving herself up to psychotherapy
Three – illumination of self	Her visions and religious ecstasies	Her second walk in the park, where she is invigorated and illuminated

Four – dark night of the soul	<ul style="list-style-type: none"> • Visions of burning devils • Believing herself damned 	Despair, going down for the second time; “a time of terror and destruction” (p.209)
Five – unitive way	Mystical marriage	Self is whole, deep spirituality with God and the world

Examining the way in which Barnes’ and Kempe’s narratives ‘map’ onto Underhill’s stages of mysticism highlights the complexities of these narratives, as experiences and time do not fit neatly with Underhill’s model. However, Underhill’s work is reflected in other narrative studies that have identified recovery themes from survivors’ stories. For example, Ridgeway (2001) identified the following which reflect elements of Underhill’s stages of mysticism:

- Reawakening hope after despair
- Breaking through denial and achieving understanding and acceptance
- Moving from social withdrawal to social engagement
- Actively coping as opposed to passively adjusting
- Reclaiming a positive sense of self and identity
- Moving from alienation to purpose
- Undertaking a complex journey
- Engaging support and partnership

Allott, Loganathan and Fulford (2002) in their review of recovery literature argue that turning points have particular importance in the recovery from episodes of madness.

For example, Topor, Svenson, Bjerke, Borg and Kufas (1997 cited by Allott et al., 2002) whilst recognising turning points as a dominant theme in people's stories, also identified that these critical junctures are preceded by a breakdown or 'hitting bottom'. Speaking of Topor et al's work, Allot et al state that this point is:

a descent to a place which is characterised by feelings of impotence and the loss of a sense of identity. The façade that had covered over the emptiness has collapsed and the individual is left with a feeling of hopelessness.

(Allott et al., 2002: 22)

This is reminiscent of Underhill's 'dark night of the soul', a period where the shallowness and emptiness of life is starkly apparent and is accompanied by complete passivity. 'Hitting bottom' does not constitute a significant break in the life story and therefore cannot be compared with the biographical disruption Bury speaks of in his analysis of illness narratives (Bury, 1982). Rather it is the culmination of a protracted torturous descent into madness. A further feature of recovery that mirrors the mystical path is the metaphor of the journey, but importantly for both recovery and mysticism, as is illustrated in Barnes' and Kempe's narratives, whilst it may be upwards or forwards in direction, it is not a linear journey. Rather it is a journey of shifting movement, forwards and backwards and, at times, as with Barnes, standing still. This concept of multi-dimensional time and space, which I am shortly going on to explore, breaks radically with more traditional narrative analysis, as the focus is not solely on the story, but also the storyteller's embodied experiences of time and place.

Whilst I have described the complex chronotopes of recovery as multi-dimensional time, Good, also drawing on Bakhtin, highlights the importance of time standing still or what he describes as circular time (Good, 2001). Good describes his identification of the patient chronotope thus:

It is given to sudden accelerations or alarming tangents and its direction can go backwards or downwards or simply revolve in endless repetition. But the form of time that most characterises this chronotope is the kind of time that has a slowed-down almost viscous quality to it. Time is gelled into a circular space whose ‘temporal description’ is often expressed as going round in circles or just going on and on. (Good, 2001: 27)

This highlights the importance of the chronotope in Kempe’s and Barnes’ narratives and, indeed, the broader implications of the usefulness of the chronotope when exploring the concept of recovery. Within both narratives, there is a spatial and temporal framework that the modern reader understands, what Ricoeur described as episodic time (Ricoeur, 1991a).⁴ Kempe’s book starts with brief biographical details of her birth and marriage (communicated to the reader in one sentence), before proceeding to what Kempe identifies as the foregrounding incident to her mystical experiences (her madness). A broadly linear trajectory continues through the narrative, which ends with her husband and son’s deaths and her return from her final pilgrimage. Barnes’ narrative also takes a broadly linear framework, from her parents’ history, through to her birth, childhood and family history, her career, her time in Kingsley Hall and so on. However, both narratives encompass more complex, non-linear understandings of time

that are reflective of Ricoeur's configurational time, and it is this form of time that Bakhtin's chronotope helps to elucidate. For Kempe, this phenomenological configuration of time occurs in her mystical chronotope, where both time and space are distorted. For Barnes, the differing chronotopes and the disjunction between different times and spaces is more startlingly apparent, making the identification of the chronotopes far easier than in Kempe's text. Reflecting back to my analysis of Kempe's text, perhaps one of the difficulties identifying chronotopes within the narrative was due to the vertical ordering of the world characteristic of pre-Renaissance culture (see Chapter 7, footnotes 9 and 10). Kempe's world was ordered between upper and lower. In her narrative, her madness was represented by images of hell and her restoration of reason by images of heaven. Margery's everyday chronotope was reflected in the crudeness and spiritual ignorance of lower life, whilst her adventure chronotope encompassed higher celestial beings. Kempe's narrative is thus ordered around her ascension to a higher status. However, it cannot be assumed that because medieval people looked at the world differently they had no sense of the linear framework Bakhtin argues was marked by the Renaissance period (Bakhtin, 1984b). Indeed Bakhtin differentiates between the medieval understanding of the world based on verticality and ascension towards a better being, and their understanding of time, which was horizontal and lay outside of this hierarchy (Bakhtin, 1984b: 401-2). There were, as Kempe describes, beginnings and endings, birth and death, a sense of movement and continuity between past, present and future. This said, conceptions of time in Kempe's world were different, with time references situated in nature (e.g. sunrise/sunset, lunar cycles, seasons) and in social life (daily tolling of bells to mark different prayer times, public holidays and feasts); thus time was collective and shared, making the loss of

⁴ See chapter four pages 114 for discussion of Ricoeur's conception of narrative time.

time less disturbing for the individual. However, time was still important to Kempe, for example, she tells the reader exactly how long her madness lasted ('half a year, eight weeks and some odd days'), how long she ate alone from her fellow pilgrims (six weeks) and how long she spent in Jerusalem (three weeks). Moreover, the vertical ordering of the world is not exclusive to the medieval period. As I argued in my analysis of Barnes' narrative, such understandings are used by Barnes to construct her descent into madness and her emergent recovery. For Barnes, during her madness chronotope, time is not linear, but circular and, at times, static; her physical and interior space is construed between higher and lower, up and down, roof and basement. This conception of time and space during madness is not unique to Barnes, but was also described by Jesse Watkins (Laing, 1967) and Peter Good in his exploration of the differing chronotopes within psychiatry (Good, 2001). Madness, as described by Barnes and others, is almost a return to an older state of consciousness. When this is compared to Kempe's mystical chronotope, God is a phenomenon outside of time and space, which therefore means the mystical experience is also outside time and space. This is not to say that time and space in such states are absent, more that they are distorted and, crucially, that the modernist emphasis on the importance of these dimensions and their inherent linearity is diminished. Perhaps the difficulty for the outsider in relation to understanding madness and mysticism, lies not with the loss of narrative, as argued in some of the literature on psychosis, but that the experience is embedded in an ancient chronotope that is defined by neither time nor space. This is perhaps what made my reading of Barnes so difficult. In Kempe I anticipated a different construction of the world and therefore my expectations aided my engagement with the text. With Barnes, however, the disjuncture between time and space was at odds with the modernist context in which it was written, thus my difficulty with Barnes was less to do with the

content of her story, and more to do with the clash of her phenomenological timespace with my rationalist conception of timespace. This disjuncture is evident in the threshold chronotopes in Barnes' narrative, where she takes great care to communicate to the reader the fracturing of time, highlighting how in modernity, the loss of time is more disturbing than in the medieval world. The distinction between Kempe and Barnes in relation to the dominance of the chronotope in the text, lies in perceptions about the importance of time in their respective cultural worlds.

By paying attention to the complexities of the chronotopes within the narrative, in particular the subjective experience of time and space, the reader/listener can access, and potentially gain greater understanding from, what Frank describes as 'chaos narratives' (Frank, 1995); that is those narratives that attempt to voice the unspeakable, and it is this critical aspect of my research that I want to focus on next. The madness and mystical chronotopes identified in Kempe's and Barnes' narratives can be described as "altered states of consciousness [that] occur in a liminal space where 'time and place' are meaningless" (Tobert, 2001: 48, emphasis in original). In many traditional mystical cultures, such as shamanism, liminal states are entered into in order to perform rituals. In the West, this can best be compared to states of hypnosis, a trance like space where both the conscious and the subconscious can be accessed simultaneously. Three stages of liminality have been identified: separation (from an earlier state); liminal (the transition stage); and post-liminal (incorporation into a new situation) (van Genep, 1960 in Tobert, 2001: 48). This liminality is evident in both Kempe's and Barnes' narratives. With Kempe, it presents as the traditional mystical framework; for example, her descriptions of responding to external stimulus (holy site, picture of Jesus) by falling into a mystical trance in which she experiences her visions. With Barnes, the liminal

space is not so obvious, but it is there within the threshold chronotopes identified in the analysis. To recap, these threshold chronotopes have within them shifts in time and space at a point when Barnes' life is in transition between different chronotopes (e.g. everyday and madness). My identification of the liminal space within Barnes' threshold chronotopes is supported by Tobert's argument that illness can be perceived as a 'liminal process'. Barrett also suggests that people diagnosed with schizophrenia are in a state of 'suspended liminality' (1998: 478). Critiquing psychiatric institutions, Barrett argues that such establishments reinforce this suspended liminality by separating individuals from their social group and categorising them as 'schizophrenic', and whilst the aim may be 'rehabilitation', the result for those diagnosed is social seclusion and an identity permeated with specific cultural meanings (dangerous, contagious, unstable etc). Barrett contends that this results in liminality becoming a permanent state of being. Referring back to van Genep's stages of transition, Barrett goes on to argue that whilst the stage of separation is carried out, the post-liminal stage of reintegration is "vestigial or even absent altogether" (ibid: 481). Unlike the ceremony of diagnosis, there is no equivalent rite of passage that marks a return to health. What results is that patients feel neither well nor ill, but instead are suspended in a timeless zone. Barrett's work provides a different perspective on liminality insofar as it is not just a subjective state of altered consciousness, but – and I shall go on to explore this shortly in relation to Kempe and Barnes – it may also refer to a person's cultural positioning; in other words how those who experience such states are regarded by others.

Implicit within the concept of liminality, are metaphors of transition, particularly birth and death, as Barrett describes, "the liminar [sic] may be treated as a corpse or a newborn" (ibid: 481). This is clearly illustrated in Barnes' narrative, for example in her

regression to the neo-natal state. Critically though, Barrett, building on the work of Sass (1992), argues that as a result of the two major models of schizophrenia (degeneration and development):⁵

the ‘schizophrenic’ is thus conceptualised as a person who is no fully longer alive [sic] but not yet fully dead, suspended permanently in transition between life and death... To be cast as a ‘schizophrenic’ is to enter a permanent limbo, degenerating or developing, deteriorating or child-like, yet never quite dying or growing up. (ibid: 482-3)

This concept of schizophrenia as a liminal state is poignantly articulated by Barnes; “I was tormented between a dead state and a mad living being” (Barnes and Berke, 2002: 68). When Barrett refers to suspended liminality in his paper, he describes it as an almost stagnant state of being resulting from an individual’s entrenchment within the institution of psychiatry and, in this respect, he is making an important political point. However, it is important to note that such descriptions are from the observer’s perspective. Good, on the other hand, seeks to understand such liminal states from the subjective perspective, becoming a ‘pseudopatient’ for several days in a mental health hostel (Good, 2001). Good argues from both his own experience and his interviews with others that whilst to the observer such states may appear as stagnant or catatonic, they are better conceptualised as a circular chronotope that has within it the beginnings of a healing narrative:

⁵ See Chapter 7, page 292 for an explication of the degenerative and development models of schizophrenia.

Living less in the present and less in the future (for the future just appears as some bleak horizon) the mind buries itself in dialogues with previous betrayals and negative reconstructions of earlier injustices. Endlessly recycled, over and over, this is the beginning of the cartwheeling process that will eventually offer a renewed foothold to the sufferer. *Stillness uses up lots of time but it gives a platform for the rehearsal of a series of inner dialogues...* I suggest that what is developing in these circular ruminations are the first constructions of a healing dialogue. For now these inner dialogues are essentially private but eventually they will come to harmonise with a more public discourse.

(Good, 2001: 132, emphasis added)

Good's use of the metaphor 'cartwheeling' is of particular interest. By describing this period of 'stillness' as part of a "cartwheeling process", Good positions such states between empiricist metaphors used by both rationalists (e.g. improvement, progress) and psychoanalysts (e.g. stuck). By using the term cartwheeling, Good dispenses with linear metaphors of improvement - for example, journey, pathway, road to recovery - and instead provides us with a metaphor based on movement, but movement that is circular, going round and round, yet still having some momentum that propels it forward. Another metaphor for this phase of recovery comes from John Strauss' research (1994). He uses the term 'woodshedding' to describe what he calls the plateau phase of recovery. This concept comes from the world of jazz and refers to the time when jazz musicians retire to the woodshed alone to try out a new piece of music in privacy. The music only emerges from the woodshed once all the problems and difficulties have been sorted out and the musician is ready for public life again (Strauss,

1994: 104). Applying this metaphor to recovery, what to the observer is 'burnout' is often a phase of slow and shifting change.

Where Barrett, Good and Strauss concur is that an individual can only move out of this liminal, vortex-like zone by embarking on their process of recovery. For both Kempe and Barnes, the threshold chronotope precipitates shifts both into madness and - and this is critical for recovery – it also precipitates the reconstruction of self in light of their experiences. For example, Margery's vision of Jesus not only rescues her from madness, but also fundamentally changes her identity and, as a consequence, the course of her life, from a young, married mother to a mystic and pilgrim. As discussed in my analysis of Barnes, Mary has two phenomenologically different episodes of running through a park. The first describes the slowing of time and the breaking down of identity that precedes her residence in Kingsley Hall; the second is a rush of colour, time and space that indicates her transformation, as she emerges butterfly-like out of the chrysalis of Kingsley Hall. For Barnes, painting provides a means for recovery, a means of integrating her experiences into a new situation in relation to the self and the world. Her recovery chronotope is marked by a heightened awareness of space and compaction of time. Mary becomes fully absorbed in the world of painting, just as Margery became completely immersed in her mystical world. Perhaps this questions whether Margery's mystical experiences were madness or a means of recovery. Their involvement with their respective recovery mediums (mysticism and painting) are reflective of Heidegger's concept of 'being-in-the-world',⁶ a world they construct in which they are wholly and euphorically engaged. They are mediums which enable their worlds to 'hold together', a means to make sense of their madness, a means to recovery.

⁶ See chapter 3, footnote 10.

It is for Barnes and Kempe a post-liminal stage, a process of incorporating their experiences into a changed subjectivity.

My analysis of Barnes' and Kempe's narratives together with much of the research discussed has highlighted the complex, non-linear nature of recovery. This raises the question of the usefulness of the word 'recovery'. It has within it linear assumptions and a temporal framework based on moving forward to a projected future. This is demonstrated for example in rehabilitation services which are premised on a normative orientation towards a predetermined objective (Corin and Lauzon, 1992). Corin and Lauzon argue that such linear assumptions of recovery misinterpret liminal states as signs of passivity or social withdrawal (Corin and Lauzon, 1992). These so called negative symptoms are often associated with a negative prognosis. In their research comparing re-hospitalised schizophrenics with non-rehospitalised schizophrenics, Corin and Lauzon found that non-rehospitalised schizophrenics (i.e. those diagnosed who were coping without re-admission to hospital) had a very different form of engagement with the social world that was both distant and near. For example, individuals in this group often built up a social framework that allowed them regular contact with the outside world (going to the same pub every day, going to regular religious meetings), whilst not having to commit themselves to an interaction. Referring to one interviewee's attendance at weekly meditation meetings the authors state that such contact is "simultaneously very present and central to his perception of himself, and very remote in the sense that he participates very seldom" (Corin and Lauzon, 1992: 272). Corin and Lauzon describe this necessary process as "positive withdrawal", so

that rather than such distancing being seen as a deterioration, it is instead an important part of reintegrating one's experiences, as the authors describe their case study:

Withdrawal is a way of protecting himself against the demands of society, in order to have access to that which gives meaning to life and is a source of strength and courage. In this context, retreat is justified by positive values associated with the group of reference that enable him to reframe a distressing feeling of marginality within a web of significance.

(Corin and Lauzon, 1992: 274)

Social withdrawal is thereby given a positive value, a sentiment echoed by Storr who views being alone as a valuable resource when changes in mental attitude are needed (Storr, 1989 in Corin and Lauzon, 1992: 276). Liminality therefore becomes a positive and necessary part of reintegrating experiences into the larger life story.

As outlined at the beginning of this thesis, the word recovery is often related to linear progress and a return to a former healthy state. However, I have argued for the complex, non-linear nature of recovery which requires different metaphors to those traditionally used. Another definition of recovery is the rediscovery or repossession of that which has been lost or taken away by another. However, even this metaphor has an underlying linearity. To regain that which is lost reverses the direction of time and, fundamentally in relation to experiences of madness or trauma, one can never regain that which is lost. Both Kempe and Barnes were fundamentally changed as a result of their experiences; there was no returning to a former self, no regaining elements of the self that were lost. Rather they recreated their selves in new ways. Bakhtin's concept

of the chronotope and - as I shall go on to discuss towards the end of this chapter - his notion of unfinalizability, powerfully highlights the multi-dimensional nature of recovery that would not have been captured by other methods of analysis. Crucially, by applying Bakhtin's work to firsthand narratives of madness, it forces us to question and rethink the notion of recovery in radically different ways. What narrative research on madness, including the research presented here, has demonstrated is that there is no recovery template that can be attached to an individual's experience. Instead there needs to be an engagement with people's individual circuitous stories, so that meaning and stories become a means of people moving on from their liminal states.

One cannot speak of liminality in Barnes' and Kempe's narratives without referring to their social liminality, and the discussion that follows ties in with Mishler's persons, institutional and political levels of analysis as it explores the interaction between identity, institutional contexts and power (Mishler 1995). Previously, I referred to liminality in relation to cultural positioning, in other words how people in such states are regarded by others. As outlined in my analysis of Kempe, Margery is positioned in a liminal space within society that straddled social and cultural dichotomies (madness/mysticism, divine/demonic, physical wife and mother/spiritual wife and mother). The ambiguity and paradox of Margery's social positioning resulted in her dichotomous reception by others. Barnes too experienced this liminal positioning, feeling ill at ease with her roles as daughter, sister, nurse and her projected roles of wife and mother. Within Kingsley Hall her positioning was similarly liminal as she was accepted and authorised by the medics, yet rejected and undermined by the majority of other residents. The positioning of these two women is so similar that it begs the question what was it about them or their behaviour that led to such social positioning?

The liminal spaces Kempe and Barnes inhabit are undoubtedly gendered, as it was not only their behaviour that was deemed unacceptable, resisting and transgressing the social boundaries of the day, but also their relationship with male authority. By actively seeking affirmation from male authority figures outside of marriage and the family, Barnes and Kempe were able to procure authorisation for what others deemed socially unacceptable behaviour. The interaction between the male authorising voice and their public behaviour (wailing, writhing, violence, painting with shit) led to the ambiguous reception by others. Their lay audience instinctively wanted to reject them and yet some prevailing hegemonic voices affirmed and authorised these women and their behaviour. It was perhaps this authorising action that prevented these women being outcast as deviant. It could be argued, however, that maybe one reason why they were categorised as ‘mad’,⁷ is that they aligned themselves too closely with official male power through the male authorising voice of religion and anti-psychiatry. Being both women and outsiders to these discourses, their introjection of the male authoritative voice together with their positioning in relation to these voices of power was perhaps too close for comfort for many of their immediate audience. Barnes’ and Kempe’s social positioning therefore oscillated between being liminal and central, a precarious position whose security was critically dependent upon male authoritative sanction, which could be withdrawn at any time. Both women tested this male sanction and both worked hard to maintain it.

The male authority with which both women were intrinsically related is evidenced in the dialogical nature of their narratives, in particular the ventriloquation of the male authorising voice. Both Kempe and Barnes remain close to the chosen authoritative

⁷ In Kempe’s case retrospectively by modernist readers.

voice, thus identifying themselves with a particular social and cultural position. This is perhaps most clearly seen in Barnes' narrative. As previously stated, this twentieth century narrative had available to it many more voices and social positions than Kempe's medieval narrative. This does not mean that Barnes' narrative is polyphonic. As argued in chapter four, and as I shall shortly go onto discuss in greater detail, the nature of autobiographical texts makes polyphony difficult. However, Barnes' narrative is dialogical; she engages with the heteroglossia of different voices, albeit to support her own authorial voice. For Barnes, there was the culturally prevailing hegemonic discourse of psychiatry, which she rejected for the smaller counterculture that was anti-psychiatry. Barnes distances herself from mainstream psychiatry by the way she voices it within her narrative. For example, for Barnes, ECT was a means of one group of people 'punishing' another by 'so-called treatment'; mental hospitals were places of not only isolation, but also instigated a death of the self. In contrast, as argued in my analysis of Barnes, her voicing of Laing's anti-psychiatry is not just close to Mary's voice, it becomes Mary's voice. Barnes acknowledges this as she speaks of the difficulty of separating the self from the authorised other of anti-psychiatry (Berke). It is perhaps only in her description of her faith and spirituality that her voice becomes distinct from anti-psychiatry. To recap, Berke plays down the influence of Mary's faith in favour of the influence of her sexuality, a theme I shall return to shortly. Again, this distinction in emphasis is premised on power, not only in relation to the discourse of sex, a discourse imbued with male power, but also in relation to the discourse of science. Berke's position as one of male medical authority is dependent on a psychodynamic interpretation of Barnes, whereas Barnes' position is not necessarily best served by such a reading. In terms of grandiosity and iconic status, Barnes, like

Kempe, is better served by a discourse of mysticism as opposed to madness. This can be seen in her paintings, poems, prose and short stories interwoven within the narrative.

Whilst Kempe's voicing of male religious authority is unequivocal, she, like Barnes, takes on this voice over other cultural voices available to her. The predominant alternative voice for Kempe encompassed the social role of wife and mother. The role of wife in particular is resisted throughout the text. Kempe distances herself from the voice of domesticity through, for example, the protracted negotiation for celibacy with her husband. Later, this struggle and distancing is revisited during her recollections of her husband's last illness and death. Her duty is to live with him and care for him, yet she feels this will compromise her spiritual status.⁸ The wider voice of social censure condemns Margery for abandoning her role as wife. When her husband suffers a near fatal fall 'the people said, if he died, his wife was worthy to be hanged for his death, forasmuch as she might have kept him and did not' (Staley 2001: 131). Whilst Kempe voices her struggle with her social role of wife and is slandered by others for relinquishing this traditional role, she rarely speaks of her role as mother to her fourteen children, nor does she relate any contemporary critique. In modern reviews of her text, she has been widely condemned for abandoning her children, for example, Claridge et al. state:

Her complete indifference to her fourteen children must also be abnormal. Were they looked after by servants or grandparents while she sobbed and travelled.

(Claridge et al., 1990: 61)

In this quotation, the authors not only make a moral judgement on Margery's behaviour, but turn this into a clinical judgement, diagnosing her six centuries later as having 'schizoaffective psychosis' (ibid., 69).⁹ In response to this personal critique of Margery, first, it is important to state that there is no evidence either in Margery's book or in public records as to how many of her children survived infancy. In her narrative, Kempe speaks only of one adult son whom she converted and went on pilgrimages with. Second, the subject of motherhood and children was largely irrelevant to, and indeed detracted from, the main purpose of the text. Third, whilst it is true that Kempe distances herself from her role as mother, to conclude that this is 'abnormal' is to interpret the subjectivity within Kempe's narrative from a modernist perspective. It is not that such relationships were unimportant to Margery, rather their absence in her story indicates a different subjectivity to that of today. Childhood, marriage and parenthood were not viewed as individual matters to be reflected upon, these events happened to everyone. Moreover, they were viewed collectively as part of generative time where collective labour (including child bearing) was concerned with the collective future, a general striving ahead for the common good, as Bakhtin notes:

Individual life-sequences have not yet been made distinct, the private sphere does not exist, there are no private lives. Life is one, and it is all thoroughly 'historicized' ... food, drink, copulation, birth and death are not aspects of a personal life but are a common affair... indissolubly linked with communal labour. (Bakhtin, 1981: 209)

⁸ During medieval times, if a woman resided in the same dwelling as her husband, it was assumed that they were having sexual relations.

⁹ This follows the historical tradition outlined by Foucault of perceiving a character fault as a sickness (Foucault, 2006a: 133).

Spirituality on the other hand, was one way of separating oneself from the collective (Hodgkin, 2007). This sense of subjectivity differs markedly from Barnes. For Barnes, it is not only the details of her own childhood that are reflected on analytically, but also her parents' childhood. Subjectivity is embedded in a web of relations and it is this, together with its resulting madness, that defines Barnes' story as individual. Barnes too had a complex relationship with the traditional gendered social roles of wife and mother as she both desired and resisted them. She contemplated marriage, but only a marriage where both partners belonged to the Catholic Church. Later she wanted children, but without the institution of marriage, a desire whose dissonance with the Catholic faith was overlooked by Barnes, but whose social unacceptability in the West was deemed problematic (she would have to go to Russia to achieve her desire to be a working, single mother).

One of the distinctions between Barnes' and Kempe's narratives is the shift in focus from religion to sexuality. Sexuality plays a minor role in Kempe's narrative, being used as a means to attain a higher spiritual status (an honorary virgin).¹⁰ In contrast, in Barnes' narrative, the discourse of religion defers to that of sexuality, both in Barnes' writing (her desire to be male, her ambiguous feelings towards masturbation, her sexual interpretation of her relationships to her brother, father and Berke), and in Berke's interpretation of Mary's madness (she was "a hotbed of sexual desire and frustration"). This discursive shift between the two narratives is reflective of the wider cultural shift between the discourses of religion and sexuality that occurred in the nineteenth century. Yet in both narratives there is a tension between the two voices of religion and sexuality. For Kempe celibacy had not only to be fought for, but actively demonstrated

to outsiders (both she and her husband undertook a public vow of chastity and they had to reside apart at all times, lest they were accused of breaking their vows). From an inter-relationship perspective, celibacy was construed as a problem between Margery and her husband John. John resisted Margery's request for celibacy for up to four years, forcing Margery to have non-consensual sex ('He would have his will, and she obeyed with much weeping and sorrowing because she might not live chaste' (Staley, 2001:10)). Their eventual mutual celibacy is perceived as unusual to outsiders. People accused them of having sex if they stayed in the same dwelling whilst on pilgrimages, and when they made efforts to live separately, they were accused of sneaking off to the woods 'to use the lust of their bodies so that the people should not espy it or know it' (Staley, 2001: 131). During John's final years, when he was demented and incontinent, Margery overcame the voice of social criticism to live with her husband once again. What is important about the sexual voice within Kempe's narrative is that it reflects the prominence of the sexual discourse in medieval society. The bawdiness and sexuality of medieval life was interwoven with the religious discourse, as illustrated in Kempe's narrative. Confession was a space where sexual life could be articulated through a thorough description of positions, postures, gestures, caresses and pleasures (Foucault, 1990: 19). This said, whilst celibacy may have been unusual amongst married couples, celibacy in the religious context of Kempe's narrative was highly valued and became an integral factor in the construction of Kempe's spiritual identity.

Like Kempe, Barnes also fought for celibacy. Being in her early forties in the mid 'swinging sixties', celibacy was deemed problematic and had little value in the non-secular West. In accordance with the psychodynamic discourse, Berke construed

¹⁰ This said, it could be argued that Kempe's narrative is saturated with sexuality, which she expresses as

Barnes as repressing something both physically and psychologically; Mary was enslaved by her sexuality. In 1960s Western societies, to reject sex was to reject freedom. The shift in the moral discourse from religion to sexuality produced a shift to the problematicizing of sexuality. Rather than sexual life being confessed within a religious space, it came to be confessed within a medicalised space, which, Foucault argues, becomes one of the primary social spaces for all confessions (Foucault, 1990). Thus sexual practices such as homosexuality and masturbation were construed not only as a sin, but also a dysfunctional state. Whilst historically sexuality was something to be interpreted through a relationship premised on religious power (the penitent and the priest), it now shifted its basis, becoming premised on medical power, where the psychiatrist became the holder of truth. Barnes and Berke admit to the non-consummated sexual dynamic within their relationship which reflects what Foucault refers to as the 'pleasure of analysis' where "something like the errant fragments of an erotic art is secretly transmitted by confession and the science of sex" (Foucault, 1990: 71). When the positioning of sex in discourse is examined in Barnes' and Kempe's texts, there is a shift from it being positioned within the discourse of religion, to it being positioned within the discourse of science, a science which has as its basis the reification and classification of madness. Thus, as Barnes' narrative reflects, the discourse of sex becomes intrinsically linked to madness, moreover, it is a specifically gendered discourse, dependent on male power and the silence and confinement of that which is feminine (Showalter, 1987).

I have argued that Barnes and Kempe retreated from traditional female roles both domestic and sexual. This resistance towards traditional gendered discourses could be

high mystical experiences. For example, the intensification of experience and the phenomena of

construed from a feminist perspective as pre-empting a social withdrawal. For Kempe, given her medieval world, the resulting experience was mystical. For Barnes, given her modernist context, the result was madness. A further feminist conclusion could be that by retreating from traditional female roles, these women then aligned themselves with male authority through the assimilation of male resources. For Kempe, these male resources included independence from her family, the shift of power in her sexual and marital relations, travel, and a certain ascribed spiritual status within the local male religious community.¹¹ Barnes attained the male resources she long fought for: a career that was not premised on the gendered power relations of medicine and nursing; economic independence; social independence from her family and family-type institutions (nursing accommodation, convents, hostels, Kingsley Hall); security in her choice of celibacy; intellectual credibility through her painting and her continued links with anti-psychiatry; and the freedom of mobility. For Barnes and Kempe, these male resources were all attained as a result of their experiences and the integration of them into their lives. However, this argument could potentially lead to an anti-feminist conclusion: madness is feminine, sanity is masculine. This is not my argument. Rather I suggest that the struggles these women had with their social roles are a further example of their liminal status in respect to their cultural positioning.

I want to conclude this discussion on social liminality by returning to my earlier exploration of liminality as a state of altered consciousness. It is important to emphasise that whilst I have discussed these states of liminality in many respects separately, I do not consider liminality to be a dualistic state between cultural and

possession and ecstasy (see Foucault, (1990)).

¹¹ Goodman (2004) cautions against thinking Margery's 'escape' from the confines of medieval marriage as paradigmatic of medieval women's oppression. Both men and women were constrained by the rigidity of social roles and both could seek personal autonomy through religious means.

subjective positioning. The state of liminality is one of complex positioning that is symbiotically determined by both self and others, including social and political institutions. For Kempe and Barnes, liminality is a status imbued with ambiguity and paradox, one that defied categorisation and one that exemplifies these women in transition, shifting from one mode of being to another, presenting for those who have unusual experiences a new cultural possibility of being.

What I have discussed so far may seem loosely related: the boundaries between madness and mysticism; identity; recovery and the mystical path; liminality; and the male hegemonic voices of religion, psychiatry and gender. I want to pull these elements together by concluding this chapter with a return to the concept of narrative and Bakhtin's work on narrative genres. As discussed earlier in this chapter, what is illustrated in both Barnes' and Kempe's narratives is the search for a believable framework, one in which they could position themselves morally, spiritually and politically, and this is illustrated both in their struggle for social positioning and in their experiences of mysticism/madness. At the heart of this search for meaning and the quest for understanding is articulation. As argued in chapter four, people make sense of their lives through telling stories. One way of making meaning from a life is to connect that life up to a bigger story, be it the way Margery interweaves her narrative with the life story of Jesus (e.g. in her imagined presence at the birth and crucifixion of Christ) or in Barnes' central role in the counterculture of anti-psychiatry that had, at times, almost mythical status. Attaching themselves to a bigger story positions Barnes' and Kempe's voices within the bigger voice of anti-psychiatry and religion respectively. Their narratives are therefore not polyphonic in Bakhtin's definition of the term. As the authors of their own heroic adventures, Barnes and Kempe do not displace their

authorial voice, their role as author is not suspended when they engage with other voices. Rather other voices are used to support their authorial position and voice. Their narratives are written to serve an authorial purpose: for Kempe to reinforce her holy status and claim for sainthood; for Barnes to exemplify anti-psychiatry. However, as argued in my analysis chapters, whilst monological in style, they have within them features of literary genres that preceded the adventure plot, namely the carnival and the Menippean satire. These ancient literary genres are important to the analysis as they help develop a deeper understanding of how Kempe and Barnes embraced their experiences and transformed the self. One of the pivotal features of the Menippean satire that is reflected in Barnes' and Kempe's texts is that as a genre it reflects for the first time people's exploration of the moral-psychological dimension of life, which is:

a representation of the unusual, abnormal moral and psychic states of man – insanity of all sorts (the theme of the maniac), spilt personality, unrestrained daydreaming, unusual dreams, passions bordering on madness, suicides, and so forth. (Bakhtin, 1984a: 116)

The exaggerated grotesques, the profanities and debasements provide the author with a moral discourse in which to position the self. Through this exploration of the social and psychological world, the moral, the sense of good is woven into an understanding of life as an unfolding story (Taylor, 1989:47). The fool is also an important literary figure within this social and psychological exploration, providing a reflection of "some other's mode of being" (Bakhtin, 1981: 159). As argued in my analysis of Kempe, the narrator constructs Margery as a holy fool and is paraded as a fool by others. Barnes is similarly

regarded as a fool by the other residents of Kingsley Hall. As Bakhtin argues, the fool's distinctive feature and, also their privilege, is:

the right to be other in this world, the right not to make a common cause with any single one of the existing categories that life makes available; none of these categories quite suits them, they see the underside and the falseness of every situation. (Bakhtin, 1981: 159)

This has important consequences for Kempe and Barnes as “the possibilities of another person and another life are revealed in him, he loses his finalized quality and ceases to mean only one thing; he ceases to coincide with himself” (Bakhtin, 1984a: 116-7).

Thus the hero enters into a dialogical relationship with their own self. This is not polyphony, as argued previously, Kempe and Barnes as the authors do not suspend their authorial position, although as a genre, the Menippean satire prepares the way for the emergence of polyphony. What Barnes and Kempe do achieve through their narrative is an engagement with a dialogical process that enables them to transform the self. This is enabled by their liminal status, as their ambiguous positioning allows them to engage with a realm of possibilities. This unfinalizability is also reflected by Heidegger's argument that there is an inescapable temporal structure of being in the world and “from a sense of what we have become, among a range of present possibilities, we project our future being” (Taylor, 1989: 47). Unfinalizability or having a sense of where one is in relation to identity and the moral framework, is not a fixed state, rather it is a sense of oneself in the process of growing and becoming. Taylor describes it thus:

It is also that as a being who grows and becomes I can only know myself through the history of my maturations and regressions, overcomings and defeats. My self-understanding necessarily has temporal depth and incorporates narrative. (Taylor, 1989: 50)

What does a comparison with ancient literary genres tell us about how madness is understood and articulated? First, pre-psychiatry, there were other discourses available, but these were neither polyphonic nor dialogical. They were as hegemonic and monological as psychiatry is today. Those deemed mad, as illustrated in Kempe's descriptions of Margery's and another woman's madness, were isolated and restrained in much the same way as the mad were centuries later. Once sanity was subjectively and objectively restored, only then did Margery have a cultural space in which to explore her experiences. Religion undoubtedly was the predominant paradigm for framing unusual experiences, but it provided Margery with a structure that left her with her dignity and freedom, a space that valued beliefs and meaning. For Barnes, the space that valued her beliefs and meanings (anti-psychiatry), was far smaller and much harder to find and enter into. Second, there is, I believe, a fundamental relationship between the experience and expression of madness and recovery that reference to Bakhtin helps elucidate. By returning to the carnivalistic representation of experience characterised by medieval life, and the ancient vertical chronotopes discussed earlier, the hero (Barnes and Kempe) loses his/her finalised identity. They can become other, their lives can take different turns and new possibilities abound. This is particularly so for Barnes. In 1960s Britain, having been confined to the mental hospital on two occasions, one of the most obvious options for Barnes was further periods of incarceration and medical intervention. By introducing the story of her brother Peter, Barnes alerts the reader to

this alternative story of her life. In contrast to the counter-narrative of her brother, Barnes presents her story as a site of struggle: a struggle within the family and its history; a struggle with psychiatry and medical diagnosis and treatment; a struggle to understand herself and her life story. Through this struggle, Barnes creates a new self, a self that is still open for negotiation and revision. Such unfinalizability is not necessarily polyphonic, indeed, as argued in chapter four, the genre of autobiography makes polyphony extremely difficult. Unfinalizability is however reflective of the dialogical nature of the narrative, as the reader enters into the author's struggles of becoming.

This discussion of the dialogical nature of Barnes' and Kempe's narratives is of central relevance to the position of my voice within this research thesis. I have attempted to avoid categorising the content of these women's stories; instead I have aimed to tell a new story about the relationship between madness, understanding, identity and recovery. Inevitably, themes have emerged from my analysis, but these are not to be read as a finalised account of Barnes' and Kempe's experiences; rather they should be read as a tentative representation of the different sites of struggle these women experienced and the ambivalences they encountered. What this research demonstrates above anything else, is that there is no finalising word that prevents other interpretations. This thesis is one more small story about two women's lives. Importantly, what this means for Barnes and Kempe, is that their stories and therefore their selves remain unfinalised, as even after their deaths, they continue to be revised.