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Catching Feelings: Affect, Life Writing and the Sociality of Women's Illness

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This thesis is in total fulfilment of the requirements of the degree of Doctor of Philosophy

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Abstract

In “On Being Ill,” Virginia Woolf declared that illness is “the great confessional”; however, she believed this confessional impulse to be isolating, limiting the sufferer to their individual plight. Instead, this thesis argues that the contemporary scene of women’s illnesses is undeniably social. In a contemporary subgenre of life writing that I call the infectious autobiography, the prominence of the lived body of the author is amplified by the representation of illness in such works, a combination which encourages their designation as contagious writing. By foregrounding elements of contagion in this thesis, I examine both the infectious capacity of illness, particularly mental, psychosomatic, and contested illnesses, and the contagious quality of personal experience so as to consider how movement and sensation become gendered and pathologised. I propose that if an illness is characterised by a lack of understanding about its genesis, cause or source, as is the case in mental, psychosomatic and contested illnesses, then the feeling of the illness comes to stand as a metonymic equivalent of the illness. Works in the contemporary genre of infectious autobiography, which include life writing by Sylvia Plath, Eve Kosofsky Sedgwick, Barbara Browning, Chris Kraus, and Leslie Jamison, configure illness as an affective environment, composed and sustained through relation. This project thus asks to what extent ill affects necessitate a shared experience, delineating what I call the sociality of illness, and in what ways this sharing encourages a reparative structuring of the relationship between reader and text. For disorders which are primarily understood in terms of their emotional effects, these illnesses raise questions: if a person’s emotional state can be contagious, what, then, of the illness which informs and inflects that state? Does sharing feeling with someone experiencing such an illness approximate or even equate to the illness itself? And, perhaps most crucially, can like feeling transmute into pure feeling?

Declaration

I declare that this thesis comprises original work towards the Doctor of Philosophy.

Due acknowledgement has been made in the text to all other material used.

This thesis is fewer than the maximum word limit in length, exclusive of tables, maps, bibliographies, or appendices.

Preface

This thesis was completed with the support of an Australian Postgraduate Award, a Centre for the History of Emotions Top-Up Scholarship, and a SCC Thesis Excellence Award.

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Acknowledgements

I started this thesis a few types of sick, and I ended it a couple more. As the time spent on this thesis coincided with a flurry of illnesses, in the words of Esmé Weijun Wang, it "made me wonder how many types of sick girl I could be." What I could not have predicted was how infection would, in the early days of 2020, become not a niche topic of interest but the daily concern of millions. I hope that this thesis has conceptualised a different way of living with illness, where the inevitability of contagion does not only incline us towards isolation, but instead encloses us in community. I want to thank my supervisors, Dr. Sarah Balkin, Dr Joseph Hughes, and Dr. Grace Moore, for their support and guidance in different stages of this project. My gratitude also to the faculty in the School of Culture and Communications, for their community and faith in my project, my students, for reminding me to stay enthusiastic and open to new ideas, and to Elizabeth Wilson at the University of Auckland, whose mentorship turned me from a reader into a researcher. To my colleagues at the University of Melbourne, particularly Tom, Francesca, Elena, Emily, Elliot, Beth and Alicia, thank you for your feedback, encouragement and friendship. I will be eternally grateful to my friends in Montreal, who warmed an icy winter. To my friends and family, I appreciate your support greatly. And lastly, I thank Mabel for her company in these final months of lockdown—I couldn't have asked for any better.

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Introduction

The Great Confessional

What makes a piece of writing infectious? In a contemporary subgenre of life writing that I call the infectious autobiography, the prominence of the lived body of the author is amplified by the text's representation of illness, and the end result is considered contagious in both subject and style. This thesis argues that the affects of illness in such works are inherently social, and that they exceed the body in which both the affect and the illness originates. I propose that if an illness is characterised by a lack of understanding about its genesis, cause or source, as is the case in mental, psychosomatic and contested illnesses, then the feeling of the illness comes to stand as a metonymic equivalent of the illness. As feeling moves between texts and bodies, the infectious autobiography accentuates and activates this integral capacity of affect to communicate spread or contagion. By analysing autobiographical narratives, I show that the full range of experiences contained within these illnesses allow a heightened understanding of ill feelings, symptoms, and non-diagnostic methods of experiencing medical care. In the case studies of this thesis, the affects of illness extend beyond the emotional symptomology of a particular disorder, and these affects shift and change through their expression, transmission, and reception in a social community. In cataloguing a corpus of ill affects, I do not dwell on what might make a feeling signify (or reify) illness, but rather focus on the underexamined range and depth of affects which attend the scene of contemporary illnesses.[1] This project thus asks, firstly, to what extent the affects of illness necessitate a shared experience, delineating what I will be calling the sociality of illness; and, secondly, in what ways this sharing encourages a reparative structuring of the

[1] Throughout this thesis, I will be prioritising terminology of illness over that of sickness or disease. As illness represents a patient's experience of illness, phenomenologically or affectively, it is a more exact term than sickness, which Alison Reiheld defines as "society's perception of the patient's condition, or disease," and which manifests "the medical profession's judgment of the patient's physiological malfunction" (86). This will be discussed in more detail later in this section.

relationship between reader and text without simply equating reparative practices with healing.

Leslie Jamison's essay "The Empathy Exams" demonstrates how the relationship between affect, lived experience and the sociality of illness is developed through, and not despite, a fictional sense of identity. In this essay, the opening and titular essay of her collection *The Empathy Exams* (2014), Jamison performs illness through emotion and social interactions, particularly those which facilitate the formation of empathy, an emotion which is predicated on the sense of shared feeling. In this essay, Jamison illustrates her experiences working as a medical actor in a training hospital, where she "play[s] sick" for an hourly wage (*Empathy Exams* 1). By acting as a patient, Jamison allows the trainee doctors to play at diagnosing her characters (most notably the character of Stephanie Phillips) in an encounter which blurs the boundaries between fiction and fact (*Empathy Exams* 1). For the purpose of presenting a believable performance of disease, Jamison and her fellow actors are provided with hospital gowns and a script, which details, crucially, "not just what hurts but how to express it" (*Empathy Exams* 1). In this manner "The Empathy Exams" divorces symptomology from truth-claims about the body, and consequently questions the relationship between illness and truth. As her acting has taught her to become "fluent in the symptoms of preeclampsia and asthma and appendicitis," disorders of which she has no native understanding or experience (*Empathy Exams* 1), it becomes evident that what the trainee doctors are responding to has little to no basis in the lived truth of Jamison's own body. In this essay, Jamison explores how the qualities of truth and fictionality are present in all experiences of illness, not just in the trainee-actor relationship; as such, Jamison's essay collection encapsulates the concerns of this thesis, which will also study works of life writing by Sylvia Plath, Eve Kosofsky Sedgwick, Barbara Browning and Chris Kraus, in considering the relationship between illness, fictionality, and sociality.

Through Jamison's ability to negotiate between states of truth and fiction, "The Empathy Exams" insistently returns to the fictionality of the clinical encounter. While Jamison perceives that most of the trainee doctors can suspend their knowledge of the patient's acting during their small talk, as the doctor and patient both "agree to respond to each other's

inventions as genuine exposures of personality," the lack of truth in this exchange cannot be ignored, in an agreement which she likens to "holding the fiction between us like jump rope" (*Empathy Exams* 4). However, one trainee fails to successfully navigate the distinction between fiction and reality in his interaction with Jamison:

> One time a student forgets we are pretending and starts asking detailed questions about my false hometown—which, as it happens, is his *real* hometown—and his questions lie beyond the purview of my script, beyond what I can answer, because in truth I don't know much about the person I'm supposed to be or the place I'm supposed to be from. He's forgotten our contract. I bullshit harder, more heartily. 'That park in Muscatine!' I say, slapping my knee like a grandpa. 'I used to sled there as a kid'. (*Empathy Exams* 4)

By forgetting that Jamison is playing a role, the student reveals his investment in the truth-value of the medical encounter, and furthermore connects with Jamison's character only because he believes he shares her experiences. Yet, another word for the belief in shared experience is empathy; here, an experience of sociality suggests that it is not only Jamison's acting, or Stephanie's symptoms, that are fundamentally fictitious, but instead that all aspects of the medical encounter involve an aspect of fiction, even in an environment intended to facilitate an accurate medical diagnosis.

"The Empathy Exams" thus reveals the complex dynamic of affective contagion in a medical context, and emphasises the human, communicative component of the clinical encounter. Unlike their patients, most of the medical students are affectively distanced; they are "all business," speeding through their checklist of symptoms "like a list of things they need to get at the grocery store: *sleep disturbances, changes in appetite, decreased concentration*" (Jamison, *Empathy Exams* 4). Jamison describes how

> Some of them get irritated when I obey my script and refuse to make eye contact. I'm supposed to stay swaddled and numb. These irritated students take my averted eyes as a challenge. They never stop seeking my gaze. Wrestling me into eye contact is the way they maintain power—forcing me to acknowledge their requisite display of care. (*Empathy Exams* 4)

The care these doctors seek to implement is a kind of affective contagion; by moving the site of care from the doctor to the patient, the quality of this emotion is transformed, into obligation, resistance, and spite. This movement of affect contrasts with the empathy

Jamison shows the trainees; she observes that "in order to help the med students empathise better with us, we have to empathise with them" (*Empathy Exams* 21). By converting the act of empathetic connection with their patient into an arguably selfish or self-serving act, these trainee doctors display how the subjective, affective aspects of medicine can impact the patient's sense of care.

Affective contagion also structures Jamison's relationship to the role she portrays. By including the case notes, which equip Jamison with the knowledge required to perform the character of Stephanie, "The Empathy Exams" indicates that form, as well as content, informs her presentation of illness; by outlining under headings Stephanie's case history, medications and previous medical history, these case notes equip the reader with the medical framework for understanding Jamison's performance. The case notes not only include Jamison's instructions for performing the role of Stephanie, but towards the end of the essay one of the case notes also outlines Jamison's own health concerns, including her recent abortion and ongoing heart condition. This case note, which like the others is brisk, informative and clinical in tone, is thrown into sharp relief by the more reflective essay section which follows it; the fleshed-out and emotional quality of Jamison's experience brings the depth, detail and empathetic imagination that the case study lacks, as well as emphasising how this depth of understanding is necessarily lost from Stephanie's case notes. The scriptive function of the case notes, in this sense, is meant to model behaviour and action, whereas the essay form promotes empathy and identification. As Jamison states, empathy does not equate to likeness or similarity; instead, empathy "requires knowing you know nothing" about the other person (*Empathy Exams* 5). Jamison's empathy is formed from her awareness of how little she truly knows about the character of Stephanie; the dearth of context and insight in the case notes only emphasises all the experiences which Jamison can never access, even as she attempts to persuasively inhabit Stephanie's life. In this sense, Jamison's definition of empathy goes beyond shared feeling into a recognition of the other's essential difference. Jamison characterises Stephanie's seizures in terms of privacy, as "a way to keep her loss protected and pristine, unviolated by the sympathy of others" (*Empathy Exams* 6). This essay reckons, therefore, with the challenges of accessing another's lived experience, especially in the context of medicine. If the social emotions of illness involve a dialogue between imagination and truth, as Jamison suggests, then it can be reasoned that

their fictionality is a product of the contingent and fictionalised nature of selfhood. By positioning empathy as an under-examined affect which attends the experience of illness, "The Empathy Exams" proposes that the affects of illness are as crucial to understanding illness as the language of medicine.

Infectious Ideas: Women and the Bodies of Mental Illness

Illness narratives have, since the beginning of the twentieth century, sought to question how illness alters subject positioning within representation. Indeed, Virginia Woolf notes in her seminal 1926 essay "On Being Ill" that it is "strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature" (199). In this essay, Woolf asserts that "illness is the great confessional" (200), an experience which necessitates a narrative to give it sense, and David B. Morris contends that in this essay Woolf correlates health with "a state of self-delusion, lies, and banalities," and conversely illness with "absolute fidelity to the body and to its desires" (72). If illness is "the great confessional," then, it is implicitly rooted in values of truth and sincerity. However, there exist forms of illness which similarly call for representation in narrative, but which are conversely associated with the qualities of fictionality, mendacity and self-delusion: those of mental, psychosomatic, and contested (or factitious) illnesses. In studying the affects which are associated with these forms of illnesses, I propose that while in this contemporary era illness might 'feel' unquestioningly true, illness narratives are suspended between competing discourses of truth and fiction precisely as a result of the medical landscape's own growing concerns with these qualities. The texts studied here, as representatives of contemporary illness life writing which emphasise the tension between truth and fiction already quiescent within the broader genre of life writing, allow consideration of the degree to which non-contagious forms of illness can move beyond the body they are located in. This section will develop the theoretical foundations which link mental illness to contagious forms of illness, and it will outline the contributions of feminist theory, psychiatry, and medical history to the current landscape of the neurological turn within the humanities. It

will, furthermore, outline the original contributions this thesis offers to the fields of affect theory, the medical humanities, and life writing.

While illness has been depicted in both fictional and autobiographical narratives since the Canterbury Tales (Keller 80), it did not ascend to the role of subject until after the decline of the influenza epidemic in 1919 (Jurecic, *Illness as Narrative* 1).[2] This interval can be attributed, in large part, to the high fatality rate of illness prior to the discovery of infectious agents and other developments in modern medicine; after the Spanish Influenza, the experience of illness largely transformed from the acute to the chronic (Porter 685), which allowed an author to survive long enough to set their narrative to paper. The precursors to our contemporary illness narratives emerged in the first half of the twentieth century, in the forms of psychoanalytic case studies by analysts such as Sigmund Freud and Pierre Janet, nurses' memoirs, and physicians' "heroic narratives of discovery" (Jurecic, *Illness as Narrative* 5), all of which centred the voice of medical professionals over those of their patients. While sanatorium narratives, which site patient-centred tales of illness within the parameters of the medical facility, were increasingly common in the 1920s and 1930s (Jurecic, *Illness as Narrative* 5-6), book-length narratives of illness which integrated illness into the fabric of daily life were rarely observed until the 1950s (Hawkins xiv). Later, in the early 1980s, the rise of the women's health movement prepared medicine for "the politicisation of patienthood" (Diedrich 26), in which the patient assumed more agency and voice in their own treatment. This shift occurred in tandem with the age of chronic disease, where medicine's increased ability to cure infection and manage chronic disease meant that patients with these conditions survived to put their narrative to paper (Jurecic, *Illness as Narrative* 7). Ann Jurecic notes that this shift reversed the implications of health and affect, observing that "although people were *doing* better after midcentury, they were *feeling* worse" (Jurecic, *Illness as Narrative* 7). The increased presence of illness in literature, therefore, coincided with a greater concern about the affects involved in an experience of illness.

[2] Responding to one of the earliest examples of medicine in literature, Angelina Keller argues that in Chaucer "medieval medicine opens an unwanted breech for the body and language to resist canonical representations and sketch a counter-discourse to the prevailing aesthetics of textual production" (80). Keller's example indicates that illness, even in the Middle Ages, posed a challenge to subjectivity and signification.

This societal affective downturn was complemented by the increasing integration of mental illness into everyday life. As a diagnostic category, mental illness has historically been located at an uneasy intersection between the individual and the social. Twentieth-century conceptions of mental illness were characterised by singularity and isolation; psychiatrist R.D. Laing, in his landmark study *The Divided Self: An Existential Study in Sanity and Madness* (1965), encapsulates this problem by noting how "no one *has* schizophrenia, like having a cold. The patient has not 'got' schizophrenia. He *is* schizophrenic" (Laing 34, my emphasis).[3] However, the history of mental illness, especially illnesses commonly associated with women, reveals an implicit assumption that these illnesses are in fact contagious, albeit through different modes of transmission than Laing's common cold. Mental illness is necessarily identified through social engagement; indeed, as the biomedical model for mental illnesses has been the subject of criticism, since the initial psychiatry boom of the 1960s, for being both "insufficient as explanation and unsatisfactory as methodology" (Staub 61), mental illness is increasingly understood through social contexts than medical ones. As recently as 2013, the director of the National Institute for Mental Health in the United States challenged the biological basis of psychiatry, drawing attention to how "all of psychiatry's diagnostic categories were still based, not on any biological markers of disease, but merely 'on a consensus about clusters of clinical symptoms'" (Harrington xiv-xv). Indeed, few psychiatric disorders fit the model of traditional disease, in which "overt symptoms indicate underlying disease entities that have distinct causes, courses, and treatments" (Horwitz 108). As a result, mental illnesses have been characterised by medical uncertainty even as they have become commonplace and prevalent in the medical landscape.

In the twentieth century, the construction of mental illness as a category of disease required the alteration of the criteria of disease itself. In this manner, "the established criterion of detectable alteration of bodily structure" was amended to include "the fresh criterion of

[3] The common spectre of the 'creativity' of mental illness, found in such studies as Kay Redfield Jamison's *Touched With Fire: Manic-Depressive Illness and the Artistic Temperament*, posits that there is a link between artistic genius and mental illness; however, this argument extrapolates from skewed data, and encourages diagnostic revisions of long-dead artistic figures. As such, this line of thought will not be pursued in this thesis, given its tense relation to diagnosis, and it will be dismissed in favour of foregrounding the relational aspects of illness, which tempers the individual genius narrative found in these works.

alteration of bodily function" in a rhetorical shift psychiatrist Thomas S. Szasz terms the "invention" of mental illness (12). In the current landscape, mental and contested illnesses show how symptoms become converted into moral or social judgements; Peter Conrad and Joseph W. Schneider find that "illnesses represent human judgments of conditions that exist in the natural world" and as such "they are essentially social constructions—products of our own creation" (31). Joan Busfield likewise recognises that as "mental disorder is a culturally and socially relative category," its "boundaries and meanings vary over time and place and are highly contested" (59), and Allan V. Horwitz agrees with this perspective, arguing that "most of the diseases of diagnostic psychiatry that are now taken for granted… are historically contingent and will persist only as long as specific groups have a stake in regarding them as 'diseases'" (225). The pathogenesis and categorisation of such illnesses, therefore, reflect the demands of social forces as they act on the individual.

The rise of mental illness as a diagnostic category in the early twentieth century revealed surprising intersections between new categories of illness, which reflected a deeper understanding of the brain's function, and existing discourses of somatic or bodily illnesses. The pursuit of a biological basis of women's mental illness, in particular, was used to "legitimise the entry of medicine into the new field of psychiatry" and, moreover, to progress "the moral guardianship that medicine had taken on" in relation to women's health (Russell 25). As a function of this guardianship, diagnoses proved an area where medicine could implement control over the patient; just as a diagnosis can have material and social effects on the patient, through access to treatment, insurance, and workplace leave, it also has intangible impacts in legitimising that patient's affective experiences (Hunter, *How Doctors Think* 66). While diagnoses are regarded as "an exploratory practice, based on hypothesis, not certainty," a diagnosis still "pathologises the object of its scrutiny" (Tougaw 10), and establishes this pathologisation as a source of truth about the patient. However, diagnosis is but one element which informs the total picture of medicalisation.[4] While "being assigned a diagnostic category can bring into focus concrete examples of a synchronised material and

[4] Medicalisation refers to the process by which an experience becomes the domain of medicine. As Charles E. Rosenberg argues, medicalisation arises as a function of Western society's tendency towards "reductionist, somatic, and—increasingly—disease-specific explanations of human feelings and behaviour as well as unambiguously physical ills" (409), and it can restrict understandings of illness which are fluid, adaptive, or social.

discursive body" (Moss and Teghtsoonian 13), the conventions of a diagnosis often restrict understanding of symptoms or experiences which fall outside of a diagnostic category, or which challenge extant categories or illnesses. Many experiences of contested diagnosis are related to the malfunctioning of affect; as Teresa Brennan notes, "socially, the transmission of energy and affect is at the partial root of—and perhaps the whole explanation for—the new diagnostic disorders," including chronic fatigue syndrome, fibromyalgia and attention-deficit/hyperactivity disorder (45), all of which have been the subject of contention surrounding their misdiagnosis and/or validity as a diagnostic category.[5] The affective component of illness, clearly, has been underexamined in relation to the social and material effects of diagnoses.

Women's illnesses have been persistently situated in the interstitial space between fact and fiction, a phenomenon which is perhaps best illustrated by the hysterics of the late nineteenth and early twentieth centuries. The origins of hysteria, in Jean-Martin Charcot's Salpêtrière, established that women could accurately express the cause behind their symptoms, and the ensuing years of psychoanalysis doubled down on this notion. As Elisabeth Bronfen notes, in hysteric patients the psychic cause of symptoms "can be articulated only by proxy in the register of the body," which diverts attention from the mind to the body (117). While hysteria exists as a culturally-produced disorder, which mimetically reproduces "culturally permissible expressions of distress," it can also radically redefine the experience of embodiment for the patient (Showalter 15). The treatment of the hysterics allowed medicine to favour symptoms, observed by the 'objective' clinician, over a woman's testimony; as Georges Didi-Huberman asks in his study of Charcot's photographs of hysteric patients, hysteria caused a crisis of symptomology, where the medical field had to ask "how can medicine continue to be practiced honestly if bodies themselves start to lie?" (75). The "great paradoxical blow" that hysteria "dealt to medical intelligibility" (Didi-Huberman 71) meant that symptoms could no longer be trusted, which caused the language of symptomology to begin to invoke notions of hidden causes and untrustworthy narrators. While feminist theory has often positioned hysteria as an illness in which "the body of the sufferer [is] deeply

[5] Brennan's example recalls Anne Harrington's descriptions of the early hysterics' symptoms; while appearing neurological in origin, Harrington notes that these symptoms "often fluctuated with the patient's changing emotional state" (33).

inscribed with an ideological construction of femininity" (Bordo 168), this textuality need not be passive; rather, it also takes more active, conscious and potentially emancipatory forms through the body's communication, expression and fictional capabilities.

Wary of Freud's dictum that "anatomy is destiny" ("The Dissolution of the Oedipus Complex" 665), feminist theory has been largely united in its antibiologic sentiment, which extends to a resistance to engaging with medical discourse. I share Elizabeth A. Wilson's project of exploring how "scientific data can reorder and rejuvenate feminist theories of embodiment" (*Psychosomatic* 83), and this thesis engages with scientific conceptions of illness by embracing the fluidity, mutability and unpredictability of biology and the body.[6] I will therefore use aspects of contemporary science, including neurology, biochemistry, and the study of infectious agents, for the purpose of analysing the effects and ramifications of the illnesses within the texts studied. The neurological turn in the humanities offers the potential to redirect concepts of illness away from neurotypicality and pathologised discourse (Manning and Massumi 21).[7] Insofar as I use a biological or neurological framework of the female body in this thesis, I also foreground the residues, infectious or otherwise, that these bodies leave on the social body, comprised as the readerly assemblage between author, text and reader. While the individualistic body is "defined autopoietically as open to energy but informationally closed to the environment, thus engendering its own boundary conditions," the biomediated body, which is formed by situating the body within or intersecting with technologies of the biological or medical arenas, challenges the formation of boundaries between people, and has the potential to remake and even negate boundaries between bodies (Clough, "Political Economy" 207). Crucially, this remaking of boundaries occurs in opposition to the entrenched monadic culture of medicine, which isolates both the doctor and the patient (Frank, *Wounded Storyteller* 36). The texts studied

[6] Wilson discusses how the body of feminist theory "is pursued in its socially, culturally, experientially, or psychically constituted forms, but rarely in its physiologically, biochemically, or microbiologically constituted form" (*Neural Geographies* 15). Indeed, Wilson professes that "the cultural, social, linguistic, literary, and historical analyses that now dominate the scene of feminist theory typically seek to seal themselves off from—or constitute themselves against—the domain of the biological," and in doing so perpetuate fears about nature or biological origins of identity (*Psychosomatic* 8).

[7] The relation of neurodivergency to disability or illness should be interrogated; as Jerome C. Wakefield avers, concepts of illness can, and should, be rejected if the underpinning beliefs about the experience being detrimental to the intended function of the person are false (386), a position which many disability theorists dismiss regarding neurodivergent conditions.

resist this monadic culture, in how they reconfigure the female body as social and communicative within medical discourse. The use of contemporary scientific research allows this thesis to position these texts as participating with and extending constantly evolving understandings of illness within our contemporary moment, rather than reading these texts as diagnostic markers. This project can, therefore, be understood as a work of feminist biology, in which experiences of illness are experiences of gender. In addition, I aim to redefine which illnesses are feminised in this present moment, with the object of expanding the gendered expectations of women's illnesses as mood-based and psychosomatic.[8] To consider women's life writing as an essential part of biology, in how it represents and participates in this feminisation of illness, it must be acknowledged that texts affect bodies, and recompose them in ways that are not only intellectual or emotional, but physical too.

While this thesis shares some significant affinities with recent developments in disability studies, particularly a resistance to medicalisation, I favour terminologies of illness for a range of reasons, not least of which is that the texts I study largely avoid using the language of disability to describe their own experiences. Regardless, the divide between disability and mental, chronic, and psychosomatic illnesses has been closing in recent years. While the primacy of the visual in representations of disability can make this term a less acute marker for invisible, chronic or mental illness (Mintz, *Unruly Bodies* 47), Susan Wendell includes chronic illness in her examination of disability, but she also identifies significant differences between the two in terms of medical access and social treatment (157-8). Alison Kafer, too, supports the incursion of chronic illnesses into disability theory, as she argues that these illnesses share with current disability scholars a resistance to medical authority (12). Margaret Price remarks on the interrelation of the mind and body, including the mental effects of physical illnesses, in her conception of mental disability (336), and Ellen Samuels

[8] Feminist philosopher Elizabeth Grosz identifies how femininity has traditionally been characterised by a high level of mobility, or "as a leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting; as lacking… self-containment" (*Volatile Bodies* 203). If, as Grosz suggests, "women's corporeality is inscribed as a mode of seepage," their relative lack of boundaries implies a high possibility of contagion (*Volatile Bodies* 203). Grosz suggests that this formulation does not imply fracturing, not in the loss of function which would define "a cracked or porous vessel" or "a leaking ship," but rather as a erasure of boundaries entirely, with "but a formlessness that engulfs all form, a disorder that threatens all order" (*Volatile Bodies* 203).

recognises a common thread between many disabilities and invisible illnesses, which she sees as being "structured by the disbelieving gaze of the normate" (349). However, not all disability theorists support the inclusion of mental illnesses; for example, Elisabeth J. Donaldson writes of the disproportionate prominence of disabled women falsely diagnosed as mentally ill, which she sees influencing their unwillingness to expand the categories of disability to include mental illness (101), and Bradley Lewis reports the difficulties disability activists and mental illness activists involved in the Mad Pride movement have historically encountered when working together, with resistance on both sides (102). Consequently, while the field of disability studies is evolving to encompass the specific challenges of mental, psychosomatic, and contested illnesses, these are currently not adequately represented or understood in this context. As such, I will incorporate disability theory into the medical frameworks of Chapters Three and Five, as the illnesses which are the subjects of these chapters have clear and productive links to disability, and I will largely refrain from intervening in this field for the remaining chapters.

While mental illness and contagious vectors might seem to occupy separate spheres of medicine, they have converged at several points in recent history; despite its alignment with psychiatry and the neurological turn in the twentieth century, the history of mental illness is haunted by the spectre of infection. As illness historian Anne Harrington argues, the identification in 1905 of the causal role of syphilitic infection in general paresis meant that for the first time "psychiatry had discovered a specific biological cause for a common mental illness" (31). The ensuing search for biological causes has typified the treatment of mental illness since, and while infectious agents have not been proven to be the source for many mental illnesses, the intersection of the two fields has meant that the research and treatments paradigms which structure these illnesses are indebted to epidemiological models. In terms of literature, too, the boom in illness life writing which followed the AIDS epidemic in the early 1980s introduced the spectre of contagion into the genre in a way which had been unprecedented (Jurecic, *Illness as Narrative* 2). I argue that this emphasis on virality is no coincidence, and that there is a quality of life writing that enables it to adapt to new

conformations of infection.[9] My focus on contagious modalities, in an examination of traditionally non-contagious illnesses, discusses how affective contagion manifests the results of illness. Contagion, moreover, is not solely the domain of the ill, but can also reconceptualise an awareness of the body's communicative capacities. Jasbir K. Puar asserts that "all bodies can be thought of as contagious or mired in contagions," where we see "bodies infecting other bodies with sensation, vibration, irregularity [and] chaos." Such a position makes evident how, as Priscilla Wald finds, "the circulation of microbes materializes the transmission of ideas" (2) as well as affective and sensational qualia. In the context of these ideas, contagious writing can be configured as mobile, transmissive, and most crucially affective, sustaining a tension between identification and susceptibility in the act of relation. By investigating the affective component of contagion in this thesis, I consider both the infectious capacity of illness and the contagious quality of personal experience in determining what happens when movement and sensation become pathologised.

This pathologisation is also implicitly gendered; from Freud's day, feminine identifications and mimetic examples were seen as more influential than their masculine counterparts. In her discussion of Freud's *Group Psychology and the Analysis of the Ego* (1921), affect theorist Sianne Ngai discusses how in this case study "feminine identifications, unlike their masculine counterparts, cannot easily be detached from acts of imitation, or from the example's social function of *compelling* imitation" (150). Citing Freud's earlier statement that "examples are contagious" (*Totem and Taboo* 41), Ngai finds that "feminine identifications are viewed here as contagious" (150), and continues that "not all identifications, then, but feminine identifications in particular—that is, phantasmatic alignments with *women*—become coeval with mimetic acts of self-transformation 'after the fashion' of another as model" (151). Ngai concludes that "while all genders may be performative or mimetic in structure, involving 'the stylised repetition of acts in time'," Freud's case "suggests that some genders are more mimetic than others, and that its own rhetoric of exemplarity is anything but neutral to the logic of gender difference" (151). I cite

[9] Commenting on the semantic power of virality in our contemporary era, Miriam Felton-Dansky finds that "the ubiquitous urge to 'go viral' testifies to the mysterious potency still held by the concept of cultural contagion" (29).

this example in such detail because it identifies a key aspect of my argument; in a post-Freudian paradigm, not only are lived experiences, or to use Freud's term examples, considered contagious, but feminine identification is seen to be more mimetic, more replicable, and more contagious.

By examining the affective component of contagion, I consider both the infectious capacity of illness and the contagious quality of personal experience in order to understand how movement and sensation become gendered and pathologised. The sociality of illness, or how illness brings individuals into a community or a dialogue, is particularly of concern in the context of mental, contested, or social disorders. In these illnesses, a lack of biological certainty around the genesis of the disorder means that social modes of transmission assume more prominence in their representations. Furthermore, as the boundaries between the ill individual and the 'healthy' other are either invisible or difficult to detect, anxieties form around the 'healthy' individual's ability to defend themself against an invisible threat. For disorders which are primarily understood in terms of their emotional effects, these illnesses raise questions: if a person's emotional state can be contagious, what, then, of the illness which informs and inflects that state? Does sharing feeling with someone experiencing such an illness approximate or even equate to the illness itself? And, perhaps most crucially, can *feeling like* transmute into pure *feeling*?

This thesis works at the intersection of three distinct fields, those of affect theory, the medical humanities, and life writing. It documents and defines a new subgenre within the field of life-writing, which I designate the infectious autobiography. This subgenre operates under a post-Freudian paradigm concerning women's illnesses and fictionality. While this subgenre has antecedents in Plath's work in the middle of the twentieth century, which coincided with the rise of mental illness as a psychiatric and emotional phenomenon, it is primarily a contemporary movement, characterised by an increased patient agency in the field of medicine and a growing trend towards fictionality in life writing. Consequently, works in the genre I study share an investment in the real—as pertains to the specific conventions of their style, be it confessional poetry, autofiction, memoir or essay—and an equal investment in subverting these notions of truth. These works posit that illness, once

the ultimate source of truth, is becoming destabilised, subjective, and in some cases distinctly unreal, so as to expand the range of 'truths' that illness can signify as part of the human experience. Texts within this genre are characterised by their relation to autobiographical tropes and their refusal to conform to stable identificative states, and they insist upon the existence of the real while simultaneously revelling in the fictive or potential affordances of narrating identity. That these texts take illness as their site of ontological uncertainty is not incidental; rather than reinforcing notions of illness as disruptive to the sense of self, I will affirm that these texts mobilise unpredictable and even volatile forms of identity towards challenging contemporary conceptions of mental, psychosomatic and contested illnesses. These illnesses, which include neurological disorders such as depression and autism, digestive illnesses such as Crohn's disease and anorexia, and contested illnesses such as Morgellons disease, manifest an affective relation which forms between bodies through forms of illness. The range of illnesses here share a relationship to the social body, and they manifest an inchoate social dimension to illnesses that have long been presumed to be isolating and individualistic. I argue that these contemporary illnesses challenge dominant representations of mental, contested, and psychosomatic illnesses by opening avenues to other means of understanding their lived experience. In these illnesses, the contagious quality of affect structures not only the feeling of illness, but provides novel mechanisms for theorising exposure, transmission, and protective boundaries.

Feeling Ill: Affect, Emotion, and the Reader's Touch

While public conceptions of mental illness have retreated from its association with emotion over the course of the twentieth century, the affective turn in the humanities has concurrently offered a closer link between emotion and the self. The study of affect, a term which is often misinterpreted as emotion, feeling or sensation, permits analysis of these three states, as well as qualities of feeling which elude or precede consciousness. Just as the study of mental illness does not stand alone from the body, the study of affect necessarily involves the mind, sensing organs, and the body at large. The transmission of affect, which has an origin in both social and psychological processes, can be "responsible for bodily changes" that alter "the

biochemistry and neurology of the subject" (Brennan 1), rendering divisions between mind and body obsolete. This transmission is, paradoxically, most evident when the individual subject is most isolated; Brennan insists that boundaries between selves are most urgent "in a period where the transmission of affect is denied," which can in turn challenge the positioning of the healthy subject as "a self-contained person" within discourses of psychiatry and psychoanalysis (15; 24).[10] Contemporary affect theory considers the function of feeling "in relation to the technologies that are allowing us both to 'see' affect and to produce affective bodily capacities beyond the body's organic-physiological constraints" (Clough, "Introduction" 2), which in turn appraises and expands the role of the body in producing and responding to feeling.[11] In line with these schools of thought, this section will establish the parameters determining how illness narratives can be read affectively, and it will emphasise the reader's touch as a key means of understanding affective engagement with lived experiences of illness.

The distinction between affect and emotion has been widely debated in affect studies. Scholars such as Brian Massumi have declared that affect and emotion should not be conflated, as they "follow different logics and pertain to different orders" (27), and Lawrence Grossberg comments that "unlike emotions, affective states are neither structured narratively nor organised in response to our interpretations of situations" (81).[12] While many philosophies of emotion centre on the unknowability and inaccessibility of the other (Lingis 16), affect theory allows recognition of "the realm of causality" wherein the affects experienced in an encounter "belong simultaneously to both sides of the causal relationship" (Hardt iv). In this line of thought, Massumi defines emotion as "a subjective content, the sociolinguistic fixing of the quality of an experience which is from that point onward defined as personal," while affect is unqualified and impersonal, and "as such, it is not ownable or

[10] In line with these findings, Elaine Hatfield, John T. Cacioppo and Richard L. Rapson have found that highly expressive people are most effective at infecting others with their emotions, which suggests that the intensity as well as the mood of the particular emotion is involved in receptivity in emotional contagion (141).

[11] The connection between affect theory and feminism is explained by Ben Highmore, who declares that the rise of affect theory in the mid-1990s "can be seen as continuing a concern that had been central to feminism, namely the continued critique of disembodied rationalism by insisting on life as enfleshed and entangled in material force-fields that produce various social differences, which are intimately lived" (46).

[12] Donna M. Orange, in her summary of the psychoanalytic usage of affect, argues that "the technical term 'affect' adds no meaning to the idea 'emotion' and distances us one step further from the feeling or unable-to-feel person" (90).

recognisable" (28). However, recent applications of affect theory have diminished the divisions between affect and emotion, and as Ngai suggests,

> At the end of the day, the difference between emotion and affect is still intended to solve the same basic and fundamentally descriptive problem it was coined in psychoanalytic practice to solve: that of distinguishing first-person from third-person feeling, and, by extension, feeling that is contained by an identity from feeling that is not. (28)

In line with this position, I will be primarily using the term affect to describe the states of feeling in this thesis, as the premise of this term implies a lack of containment which would render the first-person usage unsuitable.[13] To be more precise, I suggest that in the texts I examine in this thesis there are no feelings which can be successfully contained within an identity, and that all feelings are therefore affects in this context.

However, in contrast to other works of affective cultural theory, such as those by Ngai and Raymond Williams, which use affect as a tool for social diagnoses, I will not be using feelings as a diagnostic tool, as a diagnostic approach tends to confirm the existing affective dimensions of an experience of illness, rather than redefining and expanding these categories.[14] As Sara Ahmed notes, models of emotional contagion that assume emotion is a stable entity, circulating in an unaltered form between people, ignore how emotion transforms within and between bodies (*Cultural Politics of Emotion* 10-11). Following Ahmed's formulation, it is not the emotion itself which is transferred, but rather that the 'contact' signalled by the word contagion emphasises the body's permeability and

[13] At this juncture it would be germane to mention Jennifer Doyle's scepticism regarding the naming and critique of affect; Doyle writes that she is "not convinced that art defined by its work with affect, emotion, or feeling can be appreciated using a critical language that presumes (even provisionally) that feelings are self-evident, that emotions can be parsed and catalogued, produced and consumed at will" (xiv). She continues: "in any case, mastery over the terms… *emotion*, and *affect* won't lead to a better understanding of the individual works I discuss here. Each takes us to a different place, where emotion is a site of unravelling and dispossession" (xiv). I agree that naming and cataloguing affect, or emotion, works against the process of emotional disorganisation and inchoate meaning that Doyle depicts.

[14] Heather Love details how in Williams' theorisation of affect "the primary value of feeling… is diagnostic," and suggests that the diagnostic quality of affect in relation to social forms and groups can allow for the study of new social aspects, such as trauma, on this individual subject (*Feeling Backwards* 12). Likewise, Ann Cvetkovich concurs that trauma and modernity are "mutually constitutive," and suggests that trauma is one of the structures of feeling which signals the subject's experience under late capitalism (*Archive of Feelings* 17). However, my work largely steers clear of discussions of trauma, instead focusing on the ways the potentially traumatic experience of medicalisation has led to novel formulations of disease and affect.

receptivity to the experiences of an other (*Cultural Politics of Emotion* 10). Accordingly, I will utilise the relational aspects of the affects in question to scrutinise how affect connects and imbricates subjectivities. The "autonomy of affect," a term which Massumi uses to illustrate the manner by which affect "escapes confinement in the particular body whose vitality, or potential for interaction" it is sourced from, allows affective relations to be inherently social and intersubjective (35). Affective contagion builds relation from and within bodies and minds, allowing for analysis of new affective formulations and states.

Experiences of illness are often marked by affective disruptions, in the shock, sadness or pain which attends a change in embodied relation to the world. However, just as illness has largely transformed from an acute to a chronic experience, I explore how affects of illness become what Kathleen Stewart calls "ordinary affects," insofar as they form "the varied, surging capacities to affect and to be affected that give everyday life the quality of a continual motion of relations, scenes, contingencies, and emergences" (1-2). Positioning ill affects as "things that happen" (Stewart 2), rather than unlikely or cataclysmic interventions into the affective narrative of a healthy life, is a line of enquiry more suited to the study and experience of chronic, mental or life-long illness. These forms of illness often do not resemble cataclysm-based modes of illness, which progress either towards death or permanent disability, or contrastingly towards ideologies of cure or recovery (Couser, *Recovering Bodies* 183). Ordinary affects are, as Stewart suggests, fundamentally public and shared, but have an incontrovertible connection to private life of an individual, or "the stuff that seemingly intimate lives are made of… [that] give circuits and flows the forms of a life" (2). The social quality of affects, particularly ordinary affects, gains new significance when attached to concepts of illness; feeling blurs the boundaries between "healthy" and "ill" affective states, and subsequently feeling itself can become entangled with discourses of pathology or health. This thesis considers how the feelings which attend illness, which have often gone unacknowledged in discussions of illness itself, can be examined without confining such feelings to diagnostic markers.

During the affective turn, the role of feeling in the production of critique changed from distastefully subjective to expansively social; while it was *de rigeur* to invalidate the role of

emotion in critique from the time of the New Critics to the poststructuralist boom of the 1970s and 1980s, scholars in the humanities now consider emotion as a fundamentally social and material aspect of the critical endeavour.[15] In particular, theories of criticism have been growing increasingly comfortable with the body's participation in the act of reading; for example, works in a post-critical mode of reading draw attention to "the kind of skin that sheer textual attention can weave around a reading body" (Sedgwick and Frank 518). Massumi maintains that "reading, however cerebral it may be, does not entirely think out sensation," as despite the aims of the New Critics, reading is "not purified of [sensation]," but instead "the acts of attention performed during reading are forms of incipient action" (139). Whether readers imagine themselves as the protagonist of a text, or act as an interlocutor, the transmission of affect materialises the effects of reading upon the reader. I use this notion of reading as incipient action for the purpose of examining how the act of reading communicates sensation, and I suggest that the sensations and affects of illness encourage and model different ways in which reading can transform into action. Through processes of identification, intimacy and empathy, the texts studied model readerly relations as modes of engagement which can alter embodiment through affective states. Rather than a passive, unidirectional experience, in which the text's influence is given to the reader, I analyse the ways in which reading sustains relation.

This thesis therefore utilises the reader's touch as a means of affectively engaging with a text.[16] As affect theorist Erin Manning reflects, touch is inseparable from language, and it "articulates the body, giving it a language through which it can begin to feel the world" (*Politics of Touch* 58-9). Drawing on the Aristotelian notion of touch, which construes it as the common sense in which the other senses combine, touch is not just a single form of sensation but the mingling and experiencing of the senses intertwined. Touch is a way of

[15] Here, cultural studies theorist Raymond Williams, and his "structures of feeling" (132), in which emotions are socially constructed and expressed as "social experiences in solution" (133), intersect with the new materialism of scholars such as Jane Bennett, who analyse the impersonal affects of vital materiality (*Vibrant Matter* xi). For further discussion of the changing nature of critique, refer to the next section.

[16] The relationship between feeling and illness has become tense in the medical community in the last few decades. A common notion circulating through the last fifty years of medical history is that, as medicine has improved in the areas of technological and diagnostic efficacy, it "has progressively lost the human touch" (Leder, "Introduction" 1).[16] Touch is the sense through which the doctor's judgement is conveyed; it also translates the objectivity of the medicalised gaze into material effects (Foucault, *Birth of the Clinic* 120-1; Daston and Galison 234).

mediating relation, and of exploring the interplay between the real and the subjective experience of sensation. The act of reading can be configured as a touch, or more precisely, as a relational engagement which connects body and imagination. To be emotionally touched, as Ann Cvetkovich proclaims, "is to be affected in a way that *feels* physical even if it is also a psychic state" (*Archive of Feelings* 51). As touch undergoes "metaphorical slippages that enable the physical dimensions of touch to stand for, or make material, emotional forms of power," the movement embedded within the meanings of this term enables one to "refer to being emotionally affected as 'being touched'" (Cvetkovich, *Archive of Feelings* 68). I consider the role of touch as not just a sensing mechanism, but in excess of the other senses, as provision for surveying the effects of conjunction and interaction upon experience. The ways in which texts touch each other, and readers touch texts, are predicated upon the shared sense of the tangible real which they have in common. To say that a narrative touches us endows it with the strength of a real impact; to be touched, conversely, is to be reminded of the body's boundaries.

This thesis therefore studies affect in concert with movement; as Melissa Gregg and Gregory J. Seigworth find, affect is far more productive when combined with movement, rather than static experiences of feeling (4), and Manning agrees that "too often, when we speak of sensation, we stop the movement of the body" (*Politics of Touch* 20). Manning believes that this occurs "because we have delineated the body as a signifying subject in language," and that when "we position the body to signify only discursively, we often stop its movement, placing it on a grid from whence we render it intelligible" (*Politics of Touch* 20). Focusing on sensation resists converting an experience into information or signification, and instead allows movement to form new definitions of the body which permit scrutiny of how bodies "surface" through orientation to other bodies, objects and ideas (Ahmed, "Collective Feelings" 39). In this respect, my work shares the aims of Tyler Bradway's *Queer Experimental Literature: The Affective Politics of Bad Reading* (2017), in resisting the desire to "reduc[e] affect into a symptom that must be decoded," and instead embracing affective relations and movement (xxxviii). I propose that the same relational structure Bradway observes in queer experimental literature is present in illness narratives, where it works to

destabilise the notion of identity.[17] As a project which investigates relational aesthetics and affects, this thesis illuminates novel, mobile and unstable forms of subjectivity which can point to new ways of reading, being, and feeling.

The affective quality of touch, in the context of illnesses which are intangible or hidden to the eye, evokes a fear of illness contaminating other parts of the body, and reflects social practices of stigmatising and shielding illness from view.[18] I analyse how affective touch is both relational, always acting upon a collective or social body, and is irreducible to the individual perspective (Manning, *Relationscapes* 95; Massumi 35). Furthermore, I explore how "affect contaminates empirical space through language" (Massumi 62); insofar as affect permeates the body of the author, carrying qualities of their illness, I show how it seeps through the text into the body of the reader. I examine the relationships composed by reading as a form of touch, and consider how textual expressions of mental illness make visible the assumptions of accessibility, complementary neural functioning, and empathetic investment that readers are trained to seek in reading autobiography or fiction. Touch mobilises and embodies these aspects of reading, in how the threat of contagion marries a fear regarding how uncritical reading dissolves psychic or mental defences. To touch, in this context, is to be physically and emotionally exposed to contagion, and to the experiences of others.

This thesis demonstrates that as affect spreads, it transforms; the contagion of affect does not limit its expression, but rather multiplies the range of feeling. Insofar as affect theory has renewed discussion of feeling in reading, the scope of such theories is often limited, permitting "the proliferation of only one affect, or maybe two, of whatever kind—whether ecstasy, sublimity, self-shattering, jouissance, suspicion, abjection, knowingness, horror, grim satisfaction, or righteous indignation" (Sedgwick, *Touching Feeling* 146). In this context, Sedgwick's work on texture becomes relevant to broaden the concept of close

[17] Like Bradway, I choose to skirt phenomenological readings of relationality; Bradway insists that "because it presumes an intentional perceiving subject, phenomenology misses the unconscious and non-conscious forces of affect" (xxxviii). I would further propose that as phenomenology implicitly encounters the world through the logic of sensation, it does not place sufficient emphasis on the different experiences and power relations that may alter an individual subject's lived experience.

[18] For a deeper analysis of how medical establishments formed to conceal illness from the healthy social body, see Michel Foucault's *The Birth of the Clinic: An Archaeology of Medical Perception*.

reading; Sedgwick concludes that the "irreducibly phenomenological" quality of both "texture and affect, touching and feeling" allows the literary critic to "enter a conceptual realm that is not shaped by lack nor by commonsensical dualities of subject versus object or of means versus ends" (*Touching Feeling* 21). While she acknowledges that "if anything, the association between touch and affect may be too obvious" (Sedgwick, *Touching Feeling* 17), it becomes increasingly apt when reflecting on the role of an assumptive lived experience within the lines of text; the feeling of real touch, more so than purely fictional modes of reading and relation, makes the fantasy of critical distance less attainable than ever.

The Clinical Reader: Post-Critique and Readerly Relationality

The infectious autobiography raises questions of representation not only at the level of the texts themselves, but at the level of the critic. Indeed, the history of representations of illness makes evident the need to develop a critical reflection on the practice of representation itself. This thesis contributes a mode of post-critical reading practice which can meet these texts on their own terms. It identifies a flawed mode of literary critique, which I term diagnostic criticism, that promotes biographical modes of reading through attempts to diagnose the author. Diagnostic criticism restricts how pathographies might be read, reducing them to a symptomatic catalogue of the author's presumed or inferred disease status. To counter this mode of criticism, my analysis investigates reparative modes of reading illness, through which neither the truth-value of illness nor the author's presence in their autobiographical writing is assumed to be the aim of the text. My framework of contagious modalities, in researching traditionally non-contagious illnesses, posits that affective contagion provides a range of readerly responses that resist some of the affective limitations of critique. I do not do so to illuminate buried assumptions about illness and susceptibility, but rather to reframe the discourse around contagion and mental illness, so as to encourage varied, proliferating, and relational experiences of reading and of illness.

While once opposed to the interventions of affect, the concept of critical reading has been shifting in accordance with the rise of affect theory. In the heyday of postmodernism, Fredric Jameson outlined the challenges of relation which attend the concept of "aesthetic detachment," and claims that postmodernity has abolished critical distance (47). In particular, the affective fallacy of the New Critics, which warned against confusing readerly response with the contents of a literary work (Wimsatt and Beardsley 92), has been targeted by affect theorists; Bradway argues that the affective fallacy "discounted the experience, feelings, and responses of readers to a text, thereby protecting literary criticism's apparent objectivity in its aesthetic evaluations" and hence restricted the role of feeling in reading (xxxv). In recent years, however, the role of affect in the production of critique has become increasingly accepted. In *The Limits of Critique*, Rita Felski outlines what she describes as the central role of the hermeneutics of suspicion in the production of literature criticism, and draws attention to suspicion's "pervasive presence as mood and method" in literary studies (1). The hermeneutics of suspicion, a term which arose from Paul Ricoeur's *Freud and Philosophy: An Essay on Interpretation* (1977), characterises interpretation as an application of symptomatic or paranoid methodologies (33). Sedgwick implies that the paranoid position, perpetuated by the hermeneutics of suspicion, is self-reinforcing; the injunction that "*you can never be paranoid enough*" is in her view the governing principle of suspicious or symptomatic reading (*Touching Feeling* 127), and Michael Warner argues that "most of what [Sedgwick] excoriates as paranoid could be described as an extreme case in which norms of the critical have hypertrophied and become conspicuous" (16). Similarly, Felski's reconsideration of critical detachment, as not "an absence of mood but one manifestation of it," reflects how such distance is intricately embedded within "the cultivation of an intellectual persona that is highly prized in literary studies and beyond: suspicious, knowing, self-conscious, hardheaded [and] tirelessly vigilant" (6). Of course, critique is not opposed to affect; however, as a form of intellectual engagement, it has been disproportionately predisposed to encourage a specific, often negatively-oriented, range of affective responses which preclude other means of relation from registering as critical.[19]

[19] In a recent article, David Kurnick takes Felski, Sedgwick and other leading post-critical scholars to task for ignoring the critical impulse present in their own works, and for establishing reparative modes of reading as a freeing alternative to the limitations of critique without acknowledging the effects critical thought has had on their work. While Kurnick rightly ascertains that these theorists downplay the presence of queer criticism, both within their own work and the larger field, the examples Kurnick uses reiterate the value of only a certain set (interrogative, triumphant, confrontational) of affective responses in the formation of critique (359-361). The value of affect theory in this context is in how it asserts the possibility of many more

Critique reproduces itself via mimesis, and in situating itself as the only means to discover the 'truth' of a narrative, critique saturates the field of what is considered intellectual engagement; Sedgwick ponders how paranoid engagement "seems to grow like a crystal in a hypersaturated solution, blotting out any sense of the possibility of alternative ways of understanding or things to understand" (*Touching Feeling* 131). Bruno Latour contends that scholars' unequivocal embrace of critique reveals a misrecognition of critique's subject and aims (231).[20] Felski, too, concurs that "critique is a remarkably contagious and charismatic idea, drawing everything into its field of force, patrolling the boundaries of what counts as serious thought," allowing it to become "virtually synonymous with intellectual rigor, theoretical sophistication, and intransigent opposition to the status quo" (7). While the hermeneutics of suspicion might offer affect through distance, in "the intellectual kick of detecting figures and designs below the text's surface, the delight of crafting ingenious and counterintuitive explanations, [or] the challenge of drawing together what seems disparate and disconnected into a satisfying pattern" (Felski 108), post-critical modes of reading contract this distance and emphasise the touch of the reader.

Critique does not only reproduce the logic of its object, but also specific subject positionings of the critic which align critique with other discourses of objectivity. Analogues of the critic, as Felski shows, can be found in figures like the archaeologist or the detective; the detective, in particular, uses expertise as a weapon, and as Felski suggests, only the expert reader of signs can assign guilt or blame for a displeasing or confronting textual experience (101). While Felski extends this figuration to her analysis of the detective figure in modern fiction, she does not acknowledge the similar, analogous figure of the doctor in the production of textual critique. I argue that this characterisation of the critic can be taken in conjunction

affective responses, rather than supporting the binary construction of good vs. bad, or productive vs. destructive.

[20] While Latour characterises the critical mood as "such a potent euphoric drug" ("Run Out of Steam" 239), he acknowledges that the resistance to critique must embrace a new mood so as to "associate the word criticism with a whole set of new positive metaphors, gestures, attitudes, knee-jerk reactions, habits of thoughts" ("Run Out of Steam" 247). Latour accuses social scientists of behaving "as if they were 'critical', 'reflexive', and 'distanced' enquirers meeting a 'naïve', 'uncritical', and 'un-reflexive' actor" (*Reassembling the Social* 57). Felski transposes this relation to the sphere of intellectuals in general, implying that "critical thinking is restricted to one side of the intellectual encounter" (138) in this relationship, recognising no agency in the subject.

with the figure of the doctor outlined in Carlo Ginzburg's seminal article "Clues: Evidence for a Scientific Paradigm," to illuminate the rise of diagnostic criticism. Ginzburg's analysis of doctor Giovanni Morelli—who he positions as a key figure informing semiotics, along with Freud and Arthur Conan Doyle—shows how medical semiotics enables the critic to "diagnose diseases not recognisable through a direct observation and is based on superficial symptoms sometimes irrelevant to the layman" (280).[21] In opposing this subject positioning, therefore, I enquire into the affects that materialise when the reader is not encouraged to decode or diagnose the text. As Ginzburg suggests, the sensory capacity of writing is inversely related to the rise of critique; textual criticism as a genre developed alongside the invention of both writing and printing, in which the materiality of the author became increasingly absent, and "this double process was a progressive dematerialisation of the text [as] it gradually came to be purified of all sensory references" (275). Ginzburg relates the scientism of critique to this erroneous Cartesian dualism, and in so doing links the rise of clues in literature with the necessary language of symptomology (276). The texts I study specifically thematise resistance to the diagnostic, in how they refuse the affective limitations of a diagnosis, and instead affirm the resurgence of sensation in the context of medicine. In the texts studied, the symptoms or 'clues' are embedded within the affects they produce, in the writer and in the reader, and I explore how these symptoms promote the production of alternative meanings or conclusions.

While reading suspiciously is aligned with the sustaining of the moral qualities of critique, readerly models which function outside the hermeneutics of suspicion position the reader against discourses of objectivity (Anderson 7), and therefore closer to a subjective vantage point. It is this "critical mood" of suspicion (Felski 6) which I will be discussing in close detail in Chapter 1, and which will prove the point of departure for the ensuing chapters, as the texts which follow Plath are shaped by her legacy. While Felski scoffs at Gilles Deleuze and Félix Guattari's concept of "interpretosis" (*A Thousand Plateaus* 114) as presuming that "the desire to interpret were akin to an embarrassing disease or a mental pathology" (Felski 10), I will assert in this thesis that the rise of diagnostic criticism reveals a fear of the

[21] Cynthia J. Davis, too, understands critique's hunt for meaning and hidden clues as an exercise in which "diagnoses come to signify moral failings, inherent defects that now appear to be external, palpable, legible" (828).

contagious capacity of illness writing, and in the persistent belief in the contagious and deleterious possibilities of reading certain texts.[22] As Felski suggests, the hermeneutics of suspicion "offers the promise of pleasure as well as knowledge," which flourished through its self-conception of "itself taking a crowbar to the walls of the institution rather than being housed within them, barrelling toward the future rather than being tugged back toward the past" (108; 119). As such, I am not claiming that suspicion resists the production of affect—Felski's argument that suspicion itself "denotes an affective orientation" (36) in fact accords with contemporary theories of close reading—but instead I demonstrate that modes of affective engagement which diverge from paranoid or suspicious orientation encourage readers to form reparative, productive and intersubjective relations to the texts being read. In the case of these texts, which promote knotty problems of reading and of subject positioning, the readerly relation is crucial to the affective qualities of the text, in a manner which exemplifies reading with feeling.

Insofar as this relationship can be mutually constitutive, Sedgwick's work offers a way for readerly and writerly experiences to move closer together. Sedgwick positions reparative reading, which strives to "assemble and confer plenitude on an object that will then have resources to offer to an inchoate self" (*Touching Feeling* 149), in opposition to the suspicious, negatively-oriented modality of symptomatic or paranoid reading, and suggests that the reparative impulse can find unity in discontinuous fragments or contradictions. Consequently, Sedgwick's theory of reparative reading offers a way to address the side effects of the hermeneutics of suspicion, which she surmises "may have made it less rather than more possible to unpack the local, contingent relations between any given piece of knowledge and its narrative/epistemological entailments for the seeker, knower, or teller" (*Touching Feeling* 124). I aim to foreground these relations, and in so doing situate reparative reading strategies as a means to promote the transmission and proliferation of affect. Similarly, I posit that resisting symptomatic critique can destabilise the figuration of

[22] While the language used here would seem to reaffirm the primacy of the hermeneutics of suspicion, I will argue in Chapter 1 that critique's tendency to reproduce itself can be mitigated by paying attention to the affects and fruitful conjunctions that reading produces; I concur with Felski's assessment that "only by acting like detectives—interrogating and cross-examining the texts of culture—can we avoid being mistaken for criminals" (87), but suggest that the criminals, in this section, are in fact the critics. The subsequent effort seeks to "denaturalise" the production of criticism, to use Felski's phrase, in order to expose the fundamental sociality of its construction (54).

the critic-as-doctor, and permit other modes of readerly relation to pathographies. By observing the affective relations formed by illness, I make explicit the relationship between critical reading and the biopolitics of health. Furthermore, I assert that by sustaining non-symptomatic modes of readerly engagement, that the presumed health of the critic need not be attained through diagnosing the texts they study.

This thesis is, accordingly, aligned to a certain degree with theories of post-critique, a movement diffusely defined by theorists such as Sedgwick, Felski and Latour. In the use of post-critical conceptions of reading and interpretation, I recognise that the language of illness—terms such as infection, spread, and growth—can be exceedingly analogous to that of paranoid states of reading. Moreover, I argue that while the paranoid stance informs many aspects of illness, it most evidently structures the doctor-patient relationship, which itself resides on a foundation of interpretation which is often, if not universally, coloured with suspicious methodologies. I use Sedgwick's conception of reparative reading, which she positions in opposition to the suspicious, negatively-oriented modality of symptomatic or paranoid reading, and suggests that the reparative impulse can find unity in discontinuous fragments or contradictions. The binary of paranoid and reparative reading found in Sedgwick's work can be considered misleading or misrepresentative, in the manner by which it implies that any mode of reading could be wholly paranoid or reparative. I will be considering not how these terms oppose one another, but how they intertwine and inform readerly relations. While David Kurnick perceptively notes that Sedgwick's theory of reparative reading is rooted in discourses of pathologisation, through the paranoid position's relation to pathological expressions of paranoia (363), such a view also implicitly affirms the binary construction of illness and health. My use of contagious modalities suggests that affective contagion provides a range of readerly responses that resist the affective constraints of critique. It does not, however, frame reparative modes of reading as therapeutic or as a cure for illness, but rather uses these modes of reading to compose new understandings of how illness functions in social contexts.

The contagious capacity of affect has forebears in theories of reading badly, which share concerns about the impressionability and susceptibility of readers to the ideas they consume.

Literary historian Karin Littau outlines the history of "reading fever," which arose in the eighteenth century, and was characterised as "an addiction associated with excessive and obsessive reading," with symptoms ranging from "constipation, a flabby stomach, eye and brain disorders, to nerve complaints and mental disease." Michael Millner suggests that reading fever has survived in contemporary discourses of bad reading, which invoke "reading that causes you to lose a sense of self or free will, reading that is addictive, reading that makes you chronically distracted or, alternatively, reading that completely absorbs you" (xiii). Bad reading can be associated with "delusion, passivity, inattention, sexual depravity, social isolation, ruined wills, and ruined women, not to mention commodity fetishism, the eradication of agency, the loss of objectivity, the confusion of proper relations between mind and body, and a host of other problems" (Millner 30). The central tenets of post-critique are often dramatised as battle of methods, but these tenets more accurately reflect a battle between constructions of good and bad readers, rather than seeking to evaluate the benefits or drawbacks of a certain method (Kurnick 351). In light of this tendency, I mobilise conceptions of bad reading towards a novel formulation of readerly communities and 'unhealthy' modes of identification. In so doing, it positions bad reading as an ameliorative to some of the limitations of post-critique as it exists today, including how post-critical strategies often resort to using the methods and practices of critique in order to achieve 'uncritical' results. Bad reading, instead, offers a range of readerly relationships to the text and the author, which question assumptions about proper modes of relation.

I suggest, therefore, that the definition of bad reading be expanded for the purpose of including the relational, productive capacities of such reading practices. Bradway uses the term 'bad reading' to characterise his approach to his subjects, which "are infused with affects that do not conform to the protocols of critical reading and other hegemonic, institutionally sanctioned, and socially approved modes of 'good reading'" (v). Reading 'badly' elicits affects which have "failed to signify as 'critical' within the domains of literary and cultural theory," and directs them towards the formation of an emergent canon (v). By this logic, bad reading is an exercise in activating reparative forms of critique, as it resists equating the production of meaning with critique, even while the morals implied in the terms of 'good' and 'bad' might appear to enforce critique's status quo. Instead, reading badly allows one to negotiate how "narratives about critical reading derive their authority, at least

in part, by legislating the appropriate affective relations that must inhere between texts and readers" (Bradway xxix).[23] Reading with feeling, in Bradway's terms, "might provide a way to challenge the formation of that public sphere and, moreover, to elaborate alternative, embodied modes of social agency" (xxxii), and can promote the formation of affective relations that avoid the pitfalls of critique and post-critique alike.

Life writing, in particular, is positioned well to benefit from the promises of bad reading, as it is often situated in a paradigm of good or bad authorial intent. Jurecic notes that illness writing often seems suspended between two, equally restrictive, paradigms; she argues that "even when such works are written by respected writers… they may seem to be self-indulgent manipulations of sentiment and goodwill," or they are instead seen as "a product of ideology and an extension of Enlightenment rationality that places the individual at the centre of thought" (Jurecic, *Illness as Narrative* 10-11). A framework of bad reading proposes that the emergence of an illness writing canon which is affective and relational can occur through revising the terms of criticism, rather than the hallmarks of the genre. This mode of reading is an apt fit for the study of the infectious autobiography, as it explicitly unites the embodied, social aspects of reading that constitute the readerly community of this subgenre with a renewed sense of legitimation. By modelling practices of bad reading within these works, the subjects of this thesis imply that bad reading is more social, and more affectively productive, than other modalities of reading. Furthermore, these works do not deny the pathologised history of such practices, but instead respond to and develop the affordances of bad reading in fostering a social environment of illness.

[23] As Warner astutely notes, "modern literature is itself full of fables of bad reading," in stories from *Don Quixote* to *Madame Bovary* which allow the critic to resist the perils of these forebears and "imagine ourselves as the bearers of a heroic pedagogy, the end of which is not the transmission of a canon or the catechistic incorporation of facts and pieties, but an open future of personal and collective liberation, of full citizenship and historical belonging" (14).

In Intimate Detail: Life Writing and Auto/Pathographies

As part of the emergent canon of the infectious autobiography, the texts I study present a range of autobiographical styles, but they share a pluralising and social interpretation of the autobiographical self. Despite the centrality of the first-person speaker within the genre, the field of autobiography studies has negotiated the role of the autobiographical 'I' in recent decades. The field of autobiography studies, initiated by French autobiography scholar Philippe Lejeune, was founded on the autobiographical pact, wherein "the *author*, the *narrator*, and the *protagonist* must be identical" (5). Lejeune's contention that the autobiographical narrator must be linked "to the pledge of responsibility of a *real person*" encouraged reading autobiographical forms of writing as "*referential* texts" (11; 20). In the last few decades, we have seen a decreasing dependence on the truth-status of life writing, and a corresponding flexibility in concepts of selfhood. Paul John Eakin has written that as "the fictive nature of selfhood… is [now] held to be a biographical fact" (*Fictions in Autobiography* 182), life writing has both reflected and informed this shift.[24] Evidenced over the course of the twentieth century, therefore, is an increasing flexibility regarding the truth-status of life writing, and a corresponding flexibility in concepts of selfhood. Life writing has consequently been the site of a generic conflict between the desire to accurately represent a lived experience and the literary, and the stylistic qualities which mark it as a form of literature and not reportage.[25] Just as scholars of the realist novel recognised that literariness did not negatively influence the novel's ability to accurately represent a life, so too did the shift away from privileging truth-claims in life writing in favour of textual innovation reflect an increasing diminishment of the authorial figure within the text.

Conflict around the role of the author, however, is evidenced clearly in the field of pathographies, in which lived experience is often a matter of life and death. Commonly

[24] James Olney, too, locates autobiographical forms of reading, as well as writing, within the practice of criticism, proposing that all criticism is to some degree autobiographical (5).

[25] Elizabeth Bruss argues that while "autobiography as we know it is dependent on distinctions between fiction and non-fiction, between rhetorical and empirical first-person narration," such distinctions might be "cultural artifacts and might be differently drawn, as they indeed were and once might be again" (8). Bruss suggests that such redefinitive acts might lead to the obsolescence of autobiography, or what she terms its "radical reformulation" (8), but I propose that blurring the boundaries between such distinctions leads to a deeper, more invested engagement with the reader.

studied works in this genre include Audre Lorde's *The Cancer Journals* (1980), Paul Monette's AIDS memoir *Becoming a Man: Half a Life Story* (1992), Lucy Grealy's cancer and disability memoir *Autobiography of a Face* (1994), Nancy Mairs' multiple sclerosis narrative *Waist-High in the World: A Life Among the Nondisabled* (1996), and Jean-Dominique Bauby's *The Diving Bell and the Butterfly* (1998), which describes his experience of locked-in syndrome. In her landmark study *Reconstructing Illness: Studies in Pathography* (1999), Anne Hunsaker Hawkins defines a pathography as "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (1). Hawkins charts the increasing prominence of this genre, finding that the rise in illness narratives may be due to how "in earlier times illness seems to have been considered an integral and inseparable part of living (and dying)—illness thus tak[ing] its place in journals and autobiographies along with other facets of a life" (11). Hawkins' study is pivotal in defining pathographies through their affective potency; she sees the rise of pathographies as "a reaction to our contemporary medical model, one so dominated by a biophysical understanding of illness that its experiential aspects are virtually ignored" (11). She suggests that this form of writing "returns the voice of the patient to the world of medicine, a world where that voice is too rarely heard, and it does so in such a way as to assert the phenomenological, then subjective, and the experiential side of illness" (12). Notably, however, Hawkins' book does not cover any pathographies of mental or psychiatric illnesses, and tends to focus on the constructive or positivist attitudes of mythic narrative structures. While she does acknowledge the negative affective experience of illness narratives, in how they "offer us a disquieting glimpse of what it is like to live in the absence of order and coherence" governed by an illness "that often seems arbitrary, cruel, and senseless," the aim of the pathographic author is often "to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together again" (Hawkins 2-3). In this reconstructive environment, pathographies which detail experiences of mental or chronic illnesses can struggle to fit into life writing's broad affective or phenomenological promises of recovery, triumph, or self-discovery.

While the pathography was once considered an "orphan genre," under-researched and limited in scope (Frank, "Reclaiming an Orphan Genre" 2), the study of this genre has grown rapidly since the mid-nineties. The rise of personal narratives of illness coincided with the

slackening of the medical profession's singular discursive dominance over illness (Frank, *Wounded Storyteller* xi).[26] As Morris proposes, the *cordon sanitaire of* biomedical barriers of confinement or quarantine have now been redirected towards the "various invisible applications of state biopower" which aims to isolate and disempower the patient (*Eros and Illness* 13). This shift occurred alongside an increase in patient-centred and -authored narratives, which rapidly proliferated under a modern regime of medicine in which sudden illness and death no longer characterised the common experience of illness, and in turn shifted discourses of illness towards the long convalescences of chronic illness and remission (Morris, *Eros and Illness* 108). While the patient's voice has been empowered in certain ways over the last half-century, through developments such as the rise of alternative medicine and reduced terminal sentences for previously-deadly diseases, it has also been disempowered through a recommitment to the doctor's authority at an individual and state level. The rise of patient-centred narratives of illness therefore effects an increased sense of agency and control in these patients' experience of medicine.

Recent work on pathographies, such as those by Jurecic and G. Thomas Couser, has examined the interventions made by life writing into the field of illness narratives, as well as the problems pathographies might pose to interpretation. Jurecic's *Illness as Narrative* perceives that "literature about illness poses a special challenge to those current critical practices that are based in… the hermeneutics of suspicion," and she observes how "before a contemporary critic begins to read an autobiography about cancer or pain, she knows that it has been constructed by medical discourse and political, economic, and cultural forces" (3). Jurecic identifies a sense of disdain often expressed by literary critics towards illness memoirs, which she argues shows "that contemporary critics have become alienated from ordinary motives for reading and writing" (*Illness as Narrative* 3). Furthermore, Couser worries that chronic impairment may be read as stasis, and consequently disorder which

[26] The inclusion of life stories and lived experience into the medical establishment has grown increasingly prominent in recent years; Rita Charon's Narrative Medicine project proposes that taking into account the lived experience of patients "can help answer many of the urgent charges against medical practice and training—its impersonality, its fragmentation, its coldness, its self-interestedness, its lack of social conscience" (10). Likewise, fellow writer-clinician Arthur Kleinman affirms that patient narratives are key in addressing how "physicians are encouraged to believe that *disease* is more important than *illness*, and that all they need is knowledge about biology, not knowledge about the psychosocial and cultural aspects of illness" (254-5). Frank concurs that while "the ill body's articulation in stories is a personal task," these stories transcend the individual, and "the stories told by the ill are also *social*" (*Wounded Storyteller* 3).

produce such impairments "may seem incompatible with plot of any type—and thus seem unnarratable" (*Recovering Bodies* 183). Problems of representation and gender arise in this area too; David T. Mitchell notes that "in literature disability functions largely as a metaphor of social collapse, while in autobiography disability represents the coordinates of a singular subjectivity" which is linked to an "age-old masculine fantasy of singularity" ("Body Solitaire" 311). I argue that mental, contested, and psychosomatic illnesses can conform to the same structure, and further that life writing by disabled or ill women might counter this assumed singularity and make space for collective or shared experiences of illness and selfhood. While representations of physical or somatic illness have assumed prominence in critical work on pathographies, the intersection of mental or psychosomatic forms of illness with the body have been less quickly absorbed.[27] As such, this thesis provides a necessary correction to this oversight, and establishes the experiences of mental illness as of equal stature with more somatic forms of illness or disability.

The erosion of generic boundaries between fact and fiction characterises several key trends in twentieth-century life writing, including the rise of confessional poetics and the popularisation of autofiction. Indeed, the generic conventions of autobiographical writing encourage this blurring of fact and fiction; Sidonie Smith and Julia Watson suggest that while "it is easy to think that subjectivity and life writing have little to do with the material body," the body is able to represent autobiographical forms of knowledge precisely because "memory itself is embodied" (49). It can thus be reasoned that autobiographical body extends beyond the writer or the text, to the reader encountering such embodied knowledge. Smith and Watson observe that while the genres of fiction and life writing are commonly mistaken for each other, the readers mis-classifying these genres typically "call autobiographical texts 'novels,' though they rarely call novels 'autobiographies'" (9). While this may be broadly true of life writing, this thesis determines that the reverse is true in the specific cases of women who write about mental illness. In making this claim, I will explore the ways in which, in Lauren Berlant's term, "the story of having a 'life' itself coasts on a normative notion of human biocontinuity" ("Life Writing and Intimate Publics" 181), and

[27] Frank asserts that "only a caricature Cartesianism would imagine a head, compartmentalised away from the disease, talking about the sick body beneath it," and concludes that "the mind does not rest above the body but is diffused throughout it" (*Wounded Storyteller* 2).

correspondingly how the story of a life can exceed the bodily and biological strictures of lived experience.

In my analysis, I draw on current scholarship on confessional style, and the relationship this form precipitates between the autobiographical subject and the reader. The role of confession in contemporary autobiography studies has transformed from its emergence in Jean-Jacques Rousseau's *Confessions* (1782–1789). In her contemporary formulation of confessionality, Leigh Gilmore has critiqued the assumption that "the bedrock of autobiographical narrative is confessional in the sense that the writer and reader can be taken to be in a particular relation to each other, bound by a demand upon the writer to render a transparent truth taken as ethical norm" ("American Neoconfessional" 661-2). Gilmore further indicates that the contemporary mode of autobiographical writing could be categorised as neoconfessional, wherein the "privileged relation" between reader and author is largely sentimental rather than "the one between writer and biographical events (the referential contract), or even between the writer as guarantor of the meaning of these events and the reader who believes them (the autobiographical contract/pact)" ("American Neoconfessional" 662). Gilmore advises that in this context, the "tension between the seeming presence of the person in autobiography and the narrative act through which the person is represented" is continually at risk of "collaps[ing] into an uneasy identification of autobiographer and text, driven by readerly identification and an appetite for the renewable experience of consuming an other as a semi-strange but ultimately knowable version of the self" ("American Neoconfessional" 662), which in turn ignores the literary, reflexive and creative possibilities contained within modern autobiographical writing. In this manner, the confessional style is useful to question exactly how the identification between the author and the reader transgresses the conventional boundaries that separate them. The problem of assuming such confessional norms, especially in the study of pathographies, is that this relation assumes transparency corresponds to factuality in the experience of illness, as Woolf did in "On Being Ill," even as the genre of life writing has become ever more fictive in nature.

Throughout this introduction, I have argued that illness expresses itself in different modalities, each of which demands a different response; paranoid responses might be suitable for the diagnostic approach of the medical sciences, but the full experience and constitution of illness demands a different mode of response. In this thesis, I thereby consider how personal narratives of illness can compose bodies and texts into what Berlant calls an intimate public. Berlant defines an intimate public as a sphere within which "consumer participants are perceived to be marked by a commonly lived history" and these consumers cohere around "narratives and things… deemed expressive of that history while also shaping its conventions of belonging" (*Female Complaint* viii). While Berlant establishes that intimate publics manifest a collective autobiography, often revolving around a "sentimental focus on feminine suffering and conventions of reparative compassion" (*Female Complaint* xii), she clarifies that "the autobiographical isn't the personal" (*Female Complaint* vii), and draws a distinction between confessional or singular autobiography and a collective or representative autobiography of shared experience. The production of an intimate public allows for emotional contact to emerge as a social, shareable event, as "a way of experiencing one's own story as part of something social" (*Female Complaint* x), and through which affective contagion can be understood as a feature of community formation. The tension between private and public contained within such intimate publics, which seek to establish the personal within the public sphere, necessitates an affective identification with the lived experience being depicted.[28] It would accord, then, that the links between public existence (the representation, narration and publicising of one's lived experience) and intimacy (the attachment that this experience has to a core identity of the writer, and its affective potential) necessitates an understanding of life writing's position within the social.

An intimate public structures its affective relations according to the demands of the collective. Intimate publics are critical of unthinking identification, but "they are also sentimental, and therefore ambivalent," a position which Berlant sees as placing faith in affective knowledge and collective experience (*Female Complaint* 2). While Berlant does

[28] Gilmore similarly argues that the contemporary field of memoir, in a move towards the neo-confessional, is essentially sentimental, as it offers primarily the "opportunity to feel together with/as a reading community" ("American Neoconfessional" 662).

assert the therapeutic potential of sentimental discourse, she finds that to access such benefits one must expose oneself to affective contagion:

> In order to benefit from the therapeutic promises of sentimental discourse, you must imagine yourself with someone else's stress, pain, or humiliated identity; the possibility that through the identification with alterity you will never be the same remains the radical threat and the great promise of this affective aesthetic. (*Female Complaint* 47)

These communities situate "porous, affective scene[s] of identification" (*Female Complaint* viii) in which feeling like, or close accessibility to shared emotion, is the common ground for the participants, rather than shared experience. What Berlant calls "the unfinished business of sentimentality" is the experience of "the social world as an affective space," in which social knowledge and affective experience might be legitimated (*Female Complaint* 2). This application of an intimate public sphere offers new possibilities for how life writing, particularly but not limited to pathographies, can engage and affect readerships and reading bodies. The "radical threat and the great promise" of the infectious autobiography, therefore, is that all forms of illness may be considered social illnesses.

Chapter Outline

The structure of this thesis progresses through stages of such intimate publics, and it scrutinises the relationship of these publics to their readerships. My case studies, which all fall under the generic umbrella of life-writing, propose that touch is a reading modality that is heightened when referring to the real events of a life. I argue that the investment the reader feels in a real experience or event, or the primacy of the lived experience, affectively links them not only to the text but to the author. Even as these texts complicate and challenge the truth-status of life-writing, they suggest that the privileged status we afford real events captured in narrative affords a different experience of reading to that of fictional works. The body of autobiography, in this sense, feels more real than the body of fiction, even as this body is largely white, middle class and able-bodied in a way which does not always

accurately reflect the population.[29] To look for oneself in the life-narrative of another, and yet to accept the inherent fictionality of remembered experience, is to examine one's relationship to the real. We read life-narratives in a different manner to fiction precisely because we expect them to access some real experience that, were they framed through the lens of fiction, would have a different affective quality for the reader. Life narratives, therefore, touch the reader in a different way to explicitly fictional narratives, and their affective quality is difficult to extricate from the lived feelings of the author.

In **Chapter 1**, I will utilise the notion of bad reading to consider how critical engagement with Sylvia Plath's work has engendered a consensus on the 'good' way to read Plath, creating a form of critique characterised by suspicion and distanciation from the text, namely diagnostic criticism. This chapter will track the shift in Plath's cultural reception before and after her suicide, and it posits that while Plath did not explicitly write about a specific mental illness (given her lack of any particular diagnosis while living), her death radically recontextualised her writing by shifting it generically towards modes of autobiography, and in so doing erased the playfully fictional or falsified elements which Plath interspersed throughout her writing. This chapter thereby establishes the framework to which my later writers respond: the critical conflation of a female writer's work with her life, and subsequently the metonymical slippage between labelling the author and the writing as ill. I propose that the critical model formed through my study of Plath has applicability beyond the immediate scope of her works; indeed, I will argue that the combination of Plath's

[29] Couser notes that "those who produce narratives of illness and disability are not diverse in terms of race and class," and that they "tend to be white and upper middle class" (*Recovering Bodies* 4). This has been true in researching the case studies for this thesis; most, if not all of the writers in this study, identify as white and middle-class, often involved with the academy in a teaching capacity. While the lack of racial diversity in this study is of some concern, I believe that this is in part due to the restrictive nature of the publishing industry, which does not encourage as much flexibility in terms of identity in life writing from writers of colour. A recent essay by Bryan Washington outlined this phenomenon; Washington asserts that "unlike other authors, authors of colour are not given the leeway to experiment in literature," and that this "lack of leeway is underlined by the editors, reviewers, MFA programs, and the agents holding court in America's publishing industry" ("Based on a True Story"). The gender of autofiction, too, is still predominantly male, in reception if not in publishing metrics; a recent survey of the genre, Marjorie Worthington's *The Story of Me: Contemporary American Autofiction* (2018), examined only two female writers (Ruth Ozeki and Joan Didion) to twenty-one male writers. White female writers have been more often published writing works which promote the tension between fact and fiction in their lived experience; and as autobiographical narratives by women of colour typically bear more responsibility for communicating a 'true' experience as a pedagogical tool, they are less likely to fit the parameters of this study. This may be changing, however; for a brief discussion of a recent essay collection by Chinese-American author Esmé Weijun Wang, *The Collected Schizophrenias* (2019), see the conclusion of this thesis.

writings on mental illness, her position within popular readership, and the critical industry that negotiates her status within the canon have provided a central framework for how women's autobiographical narratives have been received and discussed within academe in ensuing decades.[30] Through my analysis of *The Bell Jar* (1963), Plath's semi-autobiographical novel, poems from *Ariel* (1965), *The Colossus* (1972) and *The Collected Poems* (1981), as well as *The Unabridged Journals of Sylvia Plath* (2000), I conclude that Plath's rise to prominence signals the emergence of a linked set of anxieties regarding the impropriety and contagious capacity of women's roles as writers and as readers, the stigma of discussing mental illness as connected to the personal, and the perception of mental illness as both arising independently from and interacting with the body. In this manner, the assemblage of a literature review, which occupies a significant portion of this chapter, facilitates my understanding of the theoretical areas most vital to the study of Plath, namely affect theory and the mental illnesses traditionally coded as feminine, in conjunction with the critical works within the field that inform my discussions of specific texts. The case of Plath, to use an ironic term, will establish the paradigm against which my ensuing writers position themselves; it is no exaggeration to say that these writers exist in a landscape irrevocably marked by Plath's influence.

In the **second chapter**, I shift the discussion of depression, which is commonly evoked in the diagnoses of Plath's work, to a memoir in which depression is the motivation for seeking treatment. This chapter focuses on an apt site for reparative reading, Sedgwick's therapy memoir *A Dialogue on Love* (1999). Sedgwick's memoir promotes relationality through its incorporation of notes by her therapist, Shannon Van Wey, and through the sharing of the authorial role. This chapter considers the role of illness in Sedgwick's conception of paranoid and reparative reading practices, informed by her pivotal articles "White Glasses" and "Paranoid Reading and Reparative Reading; or, You're So Paranoid, You Probably Think This Essay is About You." It then extends this argument to analyse the role of illness, in particular depression and breast cancer, in forming the relational aesthetic of *A Dialogue on Love*. In so doing, it shows how discourses of affective contagion are present in

[30] An apt summation of this effect can be found in Melissa Solomon's paean to Sedgwick in "Eighteen Things I Love About You," where Solomon cites a conversation she had with Sedgwick: "Once upon a time, I asked [Sedgwick] if [she] liked the confessional poets, Anne Sexton and Sylvia Plath. [Sedgwick] replied: "Sylvia Plath was the Kurt Cobain of my generation"" (14).

Sedgwick's portrayal of her cancer and depression, and the uncontrollable quality of cancerous growth is subsequently depathologised and rendered affectively potent. Furthermore, I show how the memoir evaluates the benefits of paranoid reading strategies as they pertain to the healing process, and I balance the benefits of these two strategies in generating interpretation. By foregrounding the intersection between reparative reading practices and healing, my analysis of Sedgwick's memoir reveals the extent to which all illness is located within a social community.

In the **third chapter**, I discuss the falsification of a social disorder as part of a catfishing scheme in Barbara Browning's *The Gift* (2017), with the intention of showing how illness divorced from embodied symptoms can still participate in affective contagion. As a work of autofiction, *The Gift* creates a generic sense of instability in the presentation of Browning's authorial persona, and the 'truth' of identity in general. In detailing the formation and dissolution of a romantic relationship between Barbara (the authorial figure) and Sami (a pseudonym for the person who faked their identity) via email, voice messages and comment threads, *The Gift* investigates how the senses are evoked in digital communication to create a feeling of a real persona and real experiences. While the illness in question, namely autism, does not reside within the figure of the author, unlike the other cases in this thesis, the autistic figure promotes the formation of affective prosthesis, which Barbara supplements through an excessive affective response of her own. In the formation of intimacy, the central affect of this chapter, the feeling of closeness or proximity is formed in the absence of the object in response to Sami's essential unreachability. The focus of this chapter is therefore on a supplementary or prosthetic emotional apparatus, which aims to fill a deficit presumed in the other person, rather than a sympathetic model of affect. This sense of deficiency positions both Barbara and Sami as imperfect readers of each other, lacking the ability to correctly interpret the actions and intentions of the other person. *The Gift* proposes reading generously, via the affective contagion involved in the formation of intimacy, as a corrective to the hermeneutics of suspicion. By illuminating the role of affect in making an experience feel real, this chapter suggests that the feelings can remain real even when the experience composing them is revealed as fictitious. This chapter scrutinises the necessity of truth concepts in illness narratives, and it contends that the doubt introduced over the course of

the novel does not invalidate Barbara's experience of the relationship, but instead positions both truth and fiction as valid ways of experiencing lived identity.

Another work of autofiction, Chris Kraus's *Aliens & Anorexia* (2000), is the subject of **Chapter Four**. It will position Kraus's writing as establishing relation with a lineage of female philosophers, in particular Simone Weil, through a parasitic exchange in which Kraus's work feeds on the material of Weil's corpus. The conflict between biographic and autobiographic forms, as the text integrates Kraus's own experiences with Weil's biography, models how lived perspectives can privilege subjective and non-definitive readings. In *Aliens & Anorexia*, Kraus's authorial position manifests an incomplete absorption of its textual subject, and in this incomplete integration critical distance is rejected in favour of identification and parasitic investment. This chapter construes illness as a form of intellectual identification, and it proposes that feminised illnesses of the body redefine the role of the enculturated body in writing. By examining a range of gut feelings, in relation to digestive illnesses which include depression, anorexia and Crohn's disease, it suggests that these feelings shape an affective environment of rumination and model an affective mode of reading as parasitic exchange. In so doing, Kraus foregrounds textual modes of transmission, citation, and metabolism, in an effort to bring the digestive tract to a sensory and emotional register. Disordered reading, in this chapter, is seen as a way to promote interpretations which challenge the primacy of symptomatic modes of reading.

In the final chapter of this thesis, I will analyse the entwined sensory states of empathy and pain in Jamison's *The Empathy Exams* (2014). **Chapter Five** will investigate the relationship between empathy, sentimentality and pain within and between Jamison's essays, in particular "The Empathy Exams," "Devil's Bait," "In Defence of Saccharin(e)," and "The Grand Unified Theory of Female Pain." I propose a radically contagious model of empathy operating within Jamison's corpus, in which empathy equates susceptibility. Jamison's discussion of Morgellons disease, a contested illness which resides at the intersection of psychosomatic and viral infection, bleeds into her discussion of affective states and generic forms, specifically those of sentimentality and the essay form itself. My analysis, which frames Morgellons as a disorder which can be transmitted via

communication itself, explores how language can literally get under one's skin. This chapter will return to hysteria as a form of socially-constructed femininity, and it considers the long shadow this now defunct illness casts over contemporary disorders, through dissecting how medical discourse dismisses or disdains feminised illnesses. It also examines the role of sentimentality in life writing, in connection to how sentimentality attaches to both discourses of femininity and of improper affective responses. This chapter concludes with a discussion of pain as an under-theorised affect, in both the disorder of chronic pain and invasive injury, showing how Jamison's writing navigates pain as a sensory experience that can be both singular and collective. In *The Empathy Exams*, Jamison exploits the formal qualities of the personal essay as an instrument for communicating both the subjective and intensely personal aspects of illness, and she does so in order to conceptualise the sentimental as a site for shared affective experiences. The formation of critical distance is devalued in favour of a sentimental identification through a proliferation of interpretations, and Jamison's collection affirms that doubt need not negate receptivity or relationality.

As examples of the infectious autobiography, these texts are at the forefront of contemporary discourses of illness, gender, and sociality, and they share a commitment to privileging affective and subjective experiences over a sense of definitive or critical certainty. In the ensuing chapters, this sociality and communicative capacity will be examined in detail, as they shape and inform relationality, identity and reading practices. This thesis proposes that the body of mental, contested, and psychosomatic illnesses is a feeling body, and moreover that these illnesses circulate within a social body. To feel ill, in this sense, expands the framework of the individual subject within Western medicine, and in turn promotes the necessity of an affective reading practice.

Chapter One

The Case of Sylvia Plath: Affect, Illness and Diagnostic Criticism

To the common eye, the autobiographical status of Sylvia Plath's writing might appear an inarguable fact. Even though the truth-status of Plath's work has been the subject of constant negotiation over the fifty years since her death, her identity and her writing have been locked in an unshakeable embrace through the latter's predilection for using the former as inspiration and source material. At the best of times, though, Plath's work has a complex relationship to autobiography; while she drew heavily on the events of her life in her writing, the vast range of authorial voices and perspectives on these events renders it nigh impossible to ascertain the location of biographical truth within these works. Indeed, the "intensity with which writing on Plath seems to invest itself in the idea of her person" can be seen as exposing the investment different readerships have in positioning Plath's writing as unmediated, lived experience (Rose 2-3). In this chapter, I will examine the symptoms of mental and physical illness represented in Plath's writing, including *The Bell Jar* (1963), and poems from *Ariel* (1965), *The Colossus* (1972) and *The Collected Poems* (1981). I scrutinise the investment the critical readership has in reading Plath's work symptomatically, and I determine under what conditions Plath's writing can be read reparatively. I will chart how Plath's reputation transformed from "an interesting minor poet" (Howe 91) to that of an perilously influential, insane woman, and how meting out a diagnosis of the author is seen as a necessary act for the production of criticism. By considering how symptomatology runs through Plath's writing, I show how responses to her writing also function as symptoms, and analyse how these responses read her writing in a manner which is informed by discourses and anxieties surrounding the dangers of infection, contamination and influence.

The Body of Sylvia Plath: Confessional Epidemiology and Autobiographical Fictions

This section will review the critical corpus which refuses to read Plath's work as anything but pure autobiography, and it does so with the intention of considering how positioning such opinions as 'good' readings of Plath promote acts of diagnostic criticism. The presence of Plath's lived body within her work, and the perils contained within reading of her experiences, have been referenced continuously in Plath criticism since the posthumous publication of *Ariel*. Indeed, criticism of Plath's work turned a corner in the years immediately following the publication of *Ariel*, shifting from discussions of form and style to focusing instead on the subject of mental illness surrounding her authorial persona. In fact, some critics look to her novel, rather than her biography, for information about the poems and their genesis; for example, Richard Tillinghast incongruously asserts that "her autobiographical novel, *The Bell Jar* (by 'Victoria Lucas') gives a certain answer: these are poems of schizophrenia, or rather poems by a schizophrenic" (79).[1] David Holbrook also reads *The Bell Jar* as an illustration of Plath's life, arguing that the presence of a hitherto unacknowledged baby in the novel is a "slip" which "betrays quite clearly that Esther 'is' Sylvia Plath" (5). Holbrook asserts that "at the end of the novel there is no question of 'Esther' being married, or having a baby" (Holbrook 5), while Plath herself had a child at the time; such a reading mistakes textual ambiguity for autobiographical certainty. Even otherwise insightful scholars of Plath make these slips; Tim Kendall notes that Jacqueline Rose asserts that the guest editors in *The Bell Jar* work at *Mademoiselle* (not the unnamed magazine of *The Bell Jar*, but instead the host of Plath's own guest editorship) in "a conspicuous—if relatively harmless—example of the belief that Plath's work should be not just complemented but completed by biographical information" (*A Critical Study* 91). For such critics, a 'good' reading of Plath encourages reading the author's biography into the text, despite the evidence to suggest that the two are distinctly different.

[1] The logic of this proclamation is somewhat convoluted; by drawing attention to *The Bell Jar*'s pseudonymous publication, Tillinghast implies that it is more trustworthily autobiographical in nature than Plath's poems, published under her own name, which counter-intuitively insinuates that the author is most truthful when concealing their identity.

This school of criticism is not confined to analyses of Plath's work, as her biographies, too, regularly embellish their findings with inference about her experiences. In his biography *Sylvia Plath: Method and Madness* (1976), Edward Butscher supports a biographical episode regarding Plath's visit to a medical hospital with evidence from *The Bell Jar*, where he notes that "according to Esther, the dead bodies were not horrifying at all" (62), which he considers evidence that Plath had the same response; that *The Bell Jar* might not be the most reliable source of information about Plath's own life does not seem to occur to Butscher.[2] Tracy Brain also identifies sections in Anne Stevenson's Plath biography *Bitter Fame* where Stevenson invented dialogue to embellish sections of the narrative; such embellishments, which treat Plath "as if she were a character in a novel," show how these biographies "present versions of Sylvia Plath who might be more accurately described as fictional characters than a real person" ("Dangerous Confessions" 22).[3] This instance exposes a paradox of genre, where Plath's life is fictionalised in an attempt to support the posthumous application of a diagnosis, and simultaneously her writing is construed as resolutely autobiographical to reduce her agency as a writer. This framing effects what Stephen Spender describes as the "transform[ation]" through which the event being depicted is "no longer the writer's own experience" but "becomes everyone's" ("Confessions and Autobiography" 117). This belief posits that Plath's biography is essential, and perhaps the only way, to understand her writing, and this biographical primacy is evidenced in small but telling ways throughout Plath criticism; Janice Markey's textual analysis in *A Journey Into*

[2] Butscher further writes that while Plath "rarely dated in the formal sense before her senior year," she "did engage in the standard rites of juvenile mating, kissing, and petting in proper fashion, sending the boys home in a state of painful frustration" (34), which invites the question of where in his research Butscher found record of boys' sexual frustration.

[3] Brain notes how Anne Stevenson reads Plath's poem "Childless Woman" as scornful in tone, and fellow biographer Ronald Hayman terms the poem vindictive ("Dangerous Confessions" 20). To support this argument, Brain notes that both Stevenson and Hayman draw on an unpublished letter from Plath to her mother Aurelia in November 1962, in which Plath accuses various women in Hughes's circle—friends and family—of being "barren, either because of abortions or choice. This is the 'smart' way with them, utter devotion to self. I despise this sort of life'" (Brain, "Dangerous Confessions" 20). As Plath wrote "Childless Woman" a week after this letter, Brain then identifies how "the speaker's experience is far from Plath's own at the time of writing, when Plath was the mother of two children (though she suffered a miscarriage in early 1961) and worried about her fertility in the months before she became pregnant with her daughter Frieda" ("Dangerous Confessions" 20). Brain finds that while "certainly the preoccupation with childlessness that Plath expressed in her letter to her mother makes its way into the poem," it appears "without the rancour that Stevenson and Hayman, guided perhaps by what they think they know of Plath's own life at the time, see there. And the rancour is all that these two see, as the 'real life' anger in the letter appears to blind them to what is actually happening in the poem – the most unfortunate effect of the assumption that a writer is confessional" ("Dangerous Confessions" 20). Finding instead that "Childless Woman" is "measured and careful and cool" ("Dangerous Confessions" 20), Brain's analysis is a good argument against using affect to reconfirm critical evaluation by filtering it through Plath's biography.

the Red Eye: The Poetry of Sylvia Plath—A Critique (1993) inexplicably concludes with a full chapter on Plath's biography, and Holbrook's *Sylvia Plath: Poetry and Existence* (1988) refers to Plath by her full name throughout, as if unsure whether she is the author of the works being analysed or the subject of the study. As such, Plath criticism is characterised by confusion about the object of its analysis, and often mistakes textual evidence for a representation of lived experience.

The field of Plath criticism, furthermore, abounds with amateur diagnoses of the author, as her "repulsive" (Hensher 19) and "revolting" (Kumar 52) experiences are outlined by critics in great detail. Maninder Kaur concludes an article on Plath by asserting, despite the impossibility of knowing such a fact, that by the end of her life "Plath herself had abandoned the sense of audience and cared nothing about—indeed was hardly aware of the presence of anyone but herself" (564). The argument that Plath criticism should be wary of the threat contained within her writing rests on arguments like that of Harold Fromm, who opines that "our praise for [Plath's] craft ought to be highly qualified—because in her case, it was madness" (256), or Allen Thiher, whose argument that Plath's "irony is part of the craft of madness" (271), while going against the grain of traditions in which the mentally ill are granted no self-reflexivity whatsoever, still equates her poetic technique with illness. Plath is variously diagnosed as a schizophrenic (Holbrook, Séllei, Yaseen) or as suffering from clinical depression (Cronin, Kumar, Runco); significantly, these diagnoses are formed through the practice of close reading her work, rather than through the (admittedly also flawed and impossible task, given Plath's unavailability for direct psychiatric observation) of diagnosing the person herself.[4] Such examples form what Kendall, in a *Times Literary Supplement* review, called "clinical Plathology," or the pathologised study of Plath ("Clinical Plathology" 35). As P.N. Furbank blithely avers, for a critic in his position "nothing could be healthier than [Robert] Lowell's poetry… and likewise it is no good pretending that Sylvia Plath's is not sick verse" (85). It is not sufficient defence to say, as Holbrook does, that her "psychotic poems" reflect "our own increasingly psychotic culture" (253). Indeed, Holbrook argues that Plath's readers "have to defend ourselves" against what

[4] Rarely do critics make the inference that Plath's writing was influenced by experiences outside of her own life. In one such example, Charles Molesworth wonders if Plath's poetry was "influenced by the theories and writings of R. D. Laing, so well do they capture the mode of mental operations described in *The Divided Self*" (172); unfortunately, such examples are rare indeed in Plath criticism.

he considers her more extreme works (270). Sympathetic critics, too, read Plath through a medicalised gaze; for example, John Malcolm Brinnin asserts that she should be ingested in "medicinal" doses (79). Insofar as criticism acknowledges the role of affect in Plath's work, it is almost always subordinated to the critic's perception of ill feelings. In one such example, Philip Hensher comments that "like many women writers, [Plath] preferred to write about the outside world through the filter of her own emotions" (19), a formulation which reduces Plath's work to a tired emotional/rational binary, and Irving Feldman labels her poetry as both "hysterical" and "insane" (85), an appellation which makes explicit the role of gender in public representations of illness. The view that Plath was "emotionally ill," a term Toni Saldívar uses to describe Plath during her time at *Mademoiselle* (17), divulges how close these two terms are in Plath criticism, and furthermore suggests an implicit belief that emotions can, in and of themselves, be ill.[5] These collected responses have informed my conception of diagnostic criticism, a form of symptomatic critique that conflates critical distance with the ability to diagnose or identify illness within a text, and that asserts the capacity of the critic to diagnose the author from their writing.

Generically, the conception that Plath is only able to write thinly veiled autobiography is inevitably linked to her designation as a confessional poet.[6] The confessional school, which included Robert Lowell, Anne Sexton, W.D. Snodgrass, John Berryman and Delmore

[5] In an article on the pedagogical implications of teaching *The Bell Jar* to undergraduates, Sarah Brown finds that readers "expand… their understanding of emotional pain in their encounters with Plath" and then typically retreat "to the firm ground of infallible medical knowledge—in response to a critical history" (1). Critics such as Mark A. Runco and Hensher locate Plath's illness, or at least "the state of emotional extremity" (Hensher 18), as arising from her writing; Runco asserts that "the [suicidal] causality originated with the writing rather than with Plath's temperament or experience" (638), which further perpetuates the belief that her writing contains something dangerous that must be suppressed.

[6] There is a persistent view that, particularly, the *Ariel* poems stand in for Plath's autobiography. Reviews assert that "to 'know' Sylvia Plath, finally, we must return to the poem, where she created her most singular self," a reading that locates the *Ariel* poems as purely autobiographical and, simultaneously, casts Plath's more overtly autobiographical works such as *The Bell Jar* or her journal entries as paradoxically more fictional in how they relate to Plath's 'true' self (Brans 216). Indeed, to assume that in the *Ariel* poems that "when the poetic sensibility and the life merged incontrovertibly… Plath assumed her own voice," suggests that Plath's voice in her earlier works is inauthentic by comparison (Bere 222). Elisabeth Bronfen challenges this position, asking "what if the voice of *Ariel*—though without doubt Plath's most powerful, astonishing poetic achievement—were no more real than the other voices?" (*Sylvia Plath* 33). Bronfen suggests that relinquishing this tendency towards prioritising, evident in how critics reconcile the range of voices, styles and formats Plath used, might allow them to consider how Plath was not merely writing for one audience and aim. Furthermore, reading Plath's works only as a progression towards the stylistic apex of *Ariel*, directly resists reading Plath's diverse writing as a textual corpus, or an interrelated, interlocking network of contagious signs and figures.

Schwartz, as well as Plath, were defined as such by M.L Rosenthal in his 1959 review of Lowell's *Life Studies*. These poets, who were "determined not to lie in verse," typically used their own experiences as the subject of their poems, "whatever the cost in public exposure or private anguish" (Phillips 1). While this genre to some extent challenged the gendered view that "the realm of the personal and sexual has always been literary for men… and confessional for women" (Saint-Martin 28-9), women are seen as being more susceptible to the mimetic power of the confession. As Robert Phillips said in an early analysis of Plath's confessional work, "in the act of committing her confession to paper, she was committing her life to death"—confession in this sense having the power to make the promise of words real (149). Confessional poetics submerges the distance between the poet and the speaker or narrator, and in so doing sidesteps an essential problem of autobiographical writing, by downplaying the craft of writing which separates experience from narrative (Spender, "Confessions and Autobiography" 116). Commonly, the speaker of the confessional poem has stood "as a direct representation of the flesh-and-blood poet" (Yezzi, 15); however, the genre has come to be characterised by "difficulty and slipperiness," in which "hitherto dependable notions of reliability, authority and authenticity" must be reconsidered (Gill 1). Accordingly, Adam Kirsch argues that if "the motive for confession is penitential or therapeutic," it is a poor metaphor with which to situate these poets, as such motives collapse the plurality of the poetic persona into a simple reproduction of the author (x). Instead, as Jo Gill asserts, attention must be paid to the poietic over the mimetic in confessional works, in order to ascertain how confessional writing "constructs rather than reflects some pre-textual truth" (4). The confessional mode, furthermore, "often capitalises on promiscuous identification, championing an uncomplicated resemblance that disguises a vexed nonresemblance," which in turn provokes critical theories of confessionalism to be "motivated by an anxiety of pluralism and a desire to domesticate identity difference through the exchange of personal experiences" (Bernstein 123). In short, the politics of the confessional style can be seen to be invested in simplifying pluralistic modes of identity in favour of a singular, stable conception of the poet, which is then validated by its relation to biographic evidence found in their work.

While Plath is frequently used as an example of the confessional poets, several key scholars disagree with this appellation. As early as 1977, critics such as M.D. Uroff resisted Plath's

assignation as a confessional poet, arguing that Plath's poems "confess nothing" (115) and recommends consideration of her work outside the bounds of the confessional genre (104). Later, Brain argues that "the limits and dangers of reading Plath as a confessional writer" can "result in a distorted view of what is in that writing, or even a failure to see what its other interests are," not only because "so little of her life and thoughts, like anyone's, can be reliably documented" ("Dangerous Confessions" 11). Judith Kroll argues that the label of the confessional category "is usually facilitated by the obviously autobiographical element in her work and by the apparent accessibility of many of [Plath's] best-known poems, in which the 'confessional' surface is sensational enough to divert the reader from seeing deeper meanings" (1). Kroll notes that "the very accessible confessional aspect of her work is so powerfully affecting that the thought that there might be something more, and quite different in nature, hardly arises" (2), and she decries how "one might even prefer to read many of her poems as one might view the bloodstains at the site of a murder, as residues of real events" (1). As Janet Badia astutely notes, a conception of readerly practices is central to this argument, and she claims that Kroll "suggests that the confessional mode is as much a mode of reading as it is a mode of writing" which "responds to the surface of a poem, to what is immediately 'accessible' and most 'sensational'" (Badia, "Viewing Poems as 'Bloodstains'" 182). The tension contained within the label of confessional, therefore, draws attention to a fraught relationship between the sensational, which is evoked in the very form of confessional poetics, and the aims of them poems themselves. Accordingly, it can be argued that the sensory, in Plath's treatment of affect and sensation, become 'sensational' through its association with illness, and these qualities are dismissed in favour of reading for biographical certainty.

While confessional poetics have been seen to invite "an unhealthy curiosity" with the figure of the author (McCabe 28), diagnostic criticism displaces this unhealthy quality into the figures of the writer and her readers. As Badia asserts, the expansion and development of the confessional label in the decades following Plath's death created "a more encompassing critical construct that could serve to designate not simply a particular mode of writing but also a particular mode of reading," characterised by readerly practices that are "decidedly autobiographical and therefore, in many critics' minds, uncritical and subliterary" ("Poems as 'Bloodstains'" 180). Criticism of Plath's work thereby often stands in for a critique of her

readers, wherein the critic stakes their claim to objectivity by "expos[ing] the typical Plath reader as an uncritical consumer who is as sick as the poet herself" (Badia, "'One of Those People'" 248). While the perils of reading Plath as a source of autobiographical truth have been outlined above, Badia argues that a different mode of reading autobiographically, in which "readers feel called upon to participate in the drama of the poem and to authorise the poet's own (re)construction of her life and her emotional response to that process," might allow for the so-called unhealthy investment in Plath's experience to be rehabilitated ("Poems as 'Bloodstains'" 184). I posit that the relationship between Plath and her readers, as conceived of in critical responses, reveals how her work is viewed as contagious in both subject and in style.[7] Both sympathetic and oppositional critics, in this view, share a belief in the charged, affective quality of Plath's writing, and in what this quality can impart to the reader, in a manner which connects affective contagion with the spectre of mental illness that surrounds her work.

This generic and textual confusion is only furthered by Plath's ex-husband Ted Hughes' interjections into her work and reputation. In his varied comments on her work and his revised editions, Hughes' "insistence on the final authority of his own interpretations of Plath," as Sarah Churchwell argues, implies that "his readings are definitionally textual rather than biographical and others' readings are biographical rather than textual" (100). Churchwell suggests that this ownership extends from the purely textual realm to that of the body, and finds that as Hughes "legally owns and strategically deploys the 'body' of Plath's work," he claims "authorship of both Plath's own and his representations of her body, which is always already textual, not live" (104). This authorship redefines "the 'corpus' that Hughes accounts for [as] both the corpus of Plath's work and the textual corpse that is her body," and this "dead body stands in as a sign for the problem of the textual body and the primacy

[7] Responses to the readers of Plath do, certainly, reflect upon the historical position of women readers. Tania Modleski describes the conflation of readership and disorder through the trope of consumption, and she suggests that Victorian readerships were often viewed as pathological in how they engaged with written material (24). Modleski reads the prevalence of tuberculosis in tandem with anxieties about the infectious capacity of reading, particularly of stimulating or highly affective scenes. Crucially, Modleski describes how, through the privileged positioning of the woman author as a consumer first and writer second, "feminine authors were as involved with the method of consumption as with the article consumed," and "thus, even women's *production* of texts in transformed into an act of consumption, or in Roland Barthes's terminology, their writing of books into a readerly practice" (25). Women writers, therefore, are positioned in the category of readers even as they assert their writerly bona fides.

given Plath's presumed biographical identity over the one she authored" (Churchwell 104). Churchwell finds that the controversy that surrounds Plath's work "arises from the way in which her name—and her name as a sign for the battle over the female body that it represents—reminds us that the body, especially the female body, is always somehow 'real,' and can never escape its own corporeality" (Churchwell 107). In Plath scholarship, the "figure of the buried woman" occurs as "a structure of representation that perpetually crosses corpse and corpus" (Helle 4), a crossing which I argue both characterises the textual reception of Plath's work and critical responses that proclaim their symptomatic readings as both deeper and more truthful readings of her writing. The body within Plath's work is a textual body, which transmits the qualities, affects and symptoms of the 'real' body into her writing. Not only does diagnostic criticism search for references to the ill body of the author within their work, it also affirms the belief that the text *carries* the body of its author, and consequently asserts the possibility of this text to contagiously communicate the experiences of the author to the reader.

This literature review has established the parameters constraining Plath criticism, and in the following section, I will shift focus to Plath's works themselves to argue that reading Plath for affect, rather than illness, is in part what has formed these conditions. I take my cues from Brain, who argues that contrary to common belief, "above all, Sylvia Plath's writing is sane" in both its "argument and subject matter" and its "controlled, methodical, and carefully wrought" style (*The Other Sylvia Plath* 37). Accordingly, I will begin by examining the effects of illness in *The Bell Jar*, as it stands as the most overt exploration of what illness meant for Plath's writing. I will then examine how *The Bell Jar*'s symptomology of illness is sustained in Plath's poetry, and how the transmission of these symptoms can be read as affective experiences rather than as biographical truths. Symptomatic readings of Plath's work as inherently insane, I argue, are linked to formal concerns regarding the status of autobiography within literary studies, and furthermore to the status of critique itself within this discipline.[8] As a contagious force, Plath's influence far exceeds her life; as Paul Alexander notes in his biography *Rough Magic*, "in her 'second,'

[8] In her discussion of these incompatible self-representations, Christina Britzolakis refers to the nested structure of *The Bell Jar*, and reads how the temporal perspective of the novel is so often layered with "remembered scene within scene, and story within story," which contradicts the common view that Esther's narrative is mere reportage (34).

and posthumous, life it was as if Plath has not died at all" (334). In this manner, I suggest that the focus on embodiment in Plath's work invokes the threat and attraction of a 'real' body, namely the body of the author, as a persistent and undying threat. Furthermore, the critical fixation with her illness causes critics to struggle to read Plath outside the framework of autobiography precisely because of their unwillingness to acknowledge the threat of affective contagion to the boundaries of the body. Theories of affective contagion illuminate the sources of critics' fears, in supposing that the feeling of illness could come to stand for the illness itself, but they also offer the potential to disentangle discourses of infection from those of pathology.

"I Do it So it Feels Real": Affect, Illness and Contagion in Plath's Work

Affective contagion is a useful concept through which to analyse Plath's work, not only because of the underexamined role of affect in her writing, but also because of how her depictions of affect encourage transmission of experience from text to reader. By tracking the symptoms that arise in *The Bell Jar* to poems from *The Colossus*, *Ariel* and *The Collected Poems*, I propose that the symptomology of mental illness can in fact be considered through a model of infection, or of bodily transmission. By beginning with *The Bell Jar*, Plath's most overtly autobiographical work, I will explore how both illness and truth are seen to be contagious in Plath's work. Furthermore, I argue that the movement of symptoms within Plath's writing asserts the autonomy of affect, rather than a rigid conception of the self, and that her work is more productively read for its treatment of affect than its depiction of mental illness. *The Bell Jar* details the breakdown and hospitalisation of its narrator Esther Greenwood, but it is surprisingly light on mentions of illness given how prevalent this view of the novel is; instead, Esther uses experiences of illness to capture how a body can exceed its physical form. One of the key elements of *The Bell Jar* is how its affective register fails to be instructive or final; instead, illness is "often used to lift or tear down a façade" (Moss 126), both revealing and concealing the self through illness, which in turn renders the reductive focus of diagnostic criticism futile. Subsequently, in Plath's writing, states of

illness are not indices of biographical truth, but rather attempts to expand the limits of the self.

Indeed, the common construction of the Plath reader as overly affective, sentimental, and uncritical is contrasted by the sparse consideration of the role of affect in her writing. *The Bell Jar*, particularly, is crowded with affective components that foreground Esther's physical experiences, and it is crammed with emotive statements like "I feel" and "I felt" that ask an equivalent emotional response from the reader. In the first example of physical illness in the novel, Esther contracts food poisoning from a luncheon at *Ladies Day*, and she and her fellow guest editors flee back to their hotel to be sick. Esther's description of food-poisoning locates affect as occurring at the intersection of body and mind:

> The sickness rolled through me in great waves. After each wave it would fade away and leave me limp as a wet leaf and shivering all over and then I would feel it rising up in me again, and the glittering white torture-chamber tiles under my feet and over my head and on all four sides closed in and squeezed me to pieces. (*Bell Jar* 46)

As the waves of sickness pass through Esther's body, her perception that the walls are squeezing her to nothingness emphasises the sense of movement presented to the reader, in a manner which evokes the way affect is felt as a "purely visceral and unarticulated wave of sensation" (Bradway vii). The use of terms like "rising," "rolled" and "squeezed" is heightened by the effects of such movements, which leave Esther "limp" and "shivering," connecting embodiment and sensory experience throughout the passage. Marjorie Perloff comments that the movement of *The Bell Jar* from "physical sickness (the ptomaine poisoning) to mental illness and back to the physical, culminating in Esther's haemorrhage" suggests that "all illness is to be viewed as part of the same spectrum" (520-1). Consequently, I argue that this connection between mental and physical health reflects Plath's use of affect, which impacts both the body and the mind, and encourages Esther to escape her bodily boundaries.[9]

[9] Crucially, the primacy of the body in readings of Plath's life tends to become submerged in discussions of Plath's writing. Rose comments on the tendency of critics to elide the body in readings of Plath's work, and asks why, even as her writings are often judged by their relation to the larger corpus, the interaction between writing and bodies within Plath's works is largely ignored (29). Furthermore, there is a distinct lack of criticism dealing with Plath's own experiences of purely somatic illness, both in *Letters Home* and *The Unabridged Journals*. Rose notes how editorial choices erase references to Plath's recurrent sinusitis

From the beginning of *The Bell Jar*, Esther's affective experiences combine feeling and femininity in ways which aim to expand the limitations of her single body. When recounting her feelings about marrying her fiancée Buddy, Esther describes her sense of impending limitations awaiting her, which would prevent her from experiencing "change and excitement," which she believes will cause her "to shoot off in all direction myself, like the coloured arrows from a Fourth of July rocket" (*Bell Jar* 87). This example privileges feeling over meaning, in how Plath resists diagnosing or categorising her feelings, and instead focuses on the change and excitement of sensation. For Esther, the affective capacity of both positive and negative experiences expands her bodily boundaries; in another instance, as she is being photographed for the magazine she is a guest editor of, Esther feels her frustrations burst forth, and "with immense relief the salt tears and miserable noises that had been prowling around in me all morning burst out into the room" (*Bell Jar* 107). While the subject of these affective outbursts (marriage, tears) can be detrimentally coded as feminine and therefore dismissed as insignificant, Esther's affective responses are marked by agency, power, and transformation. The affects Plath employs, far from being coded as ill, are examples of what Kathleen Stewart calls "ordinary affects," which "are an animate circuit that conducts force and maps connections, routes, and disjunctures" instead of affirming the boundaries between subject and object (3-4). These ordinary affects emerge with the object of challenging expectations around emotion and femininity; however, the critical response to Plath tends to skirt these challenges in favour of biographical certainty and pathologisation.

Not only do Esther's affects expand the boundaries of her body, so too do the descriptions of affectlessness which are often taken as evidence of her illness. Esther's moments of seemingly absent affect, wherein which she feels "dull and flat and full of shattered visions" (*BJ* 63), redraw the "distinctions between positive and negative feelings so as not to presume that they are separate from one another" (Cvetkovich, *Depression: A Public Feeling* 6).

influence the reader, who is led to assume that any references to physical symptoms are either psychosomatic or the attendant physical side effects of her (undiagnosed) mental disorder (78-9). The effect this suppression has is to make the physical symptoms that do appear in Plath's overtly autobiographical writings seen as abrupt, divorced from any visible cause, and easily dismissed.

These sections recount not a sense of affectlessness, but of negative affect that feels highly active and full of agency. As Esther leaves her psychiatrist Doctor Gordon's office, she finds that "every time I tried to concentrate, my mind glided off, like a skater, into a large empty space, and pirouetted there, absently" (*Bell Jar* 154). The autonomy of this affective state, to use Brian Massumi's phrase, is perceptible in how "it escapes confinement in the particular body whose vitality, or potential for interaction, it is" (35). As affect "contaminates empirical space through language" (Massumi 62), the communication of feeling between Esther and the reader evidences the contagious capacity of negative affect. In *The Bell Jar*, the ability for affect to escape Esther's body is evidenced in states which initially seem affectless or numb; instead of demonstrating a lack of affect, I argue, Plath draws attention to affective states that are outside the norms of affective examination, in the same vein as Sianne Ngai's *Ugly Feelings*. In this work, Ngai's examination of negative affects such as envy, which she sees as both "feminis[ed] and moralis[ed]," identifies how "forms of negative affect are more likely to be stripped of their critical implications when the impassioned subject is female" (130). The radical potential of Plath's affective states, in this manner, lies in their mobility and active orientation towards the outside world; only by association with femininity and passivity do these affects read as lacking or static. In so doing, the affects of *the Bell Jar* avoid the prescriptive capacity of capital-A Affect, which Eve Kosofsky Sedgwick argues forms as part of theorisation and binary models of feeling and representation, and resists paranoid modes of categorising affect in knowable categories (*Touching Feeling* 111, 145-6). Instead, Plath's use of affect remains in the undefined sphere of "intensity" (Sedgwick, *Touching Feeling* 111, Massumi 24), rather than in categorisable states which might lend themselves to a diagnosis.

Esther's experience of electroshock treatment, too, foregrounds escape and affective intensity. Esther describes the treatment, and how she felt that

> Something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant. (*Bell Jar* 151)

Through Esther's narration the sensory experience of electroshock, which is simultaneously tactile, auditory, and visual, is highly immersive. The experience gives the effect of

surrounding both Esther and the reader, as the "shrill[ing]" electricity makes the air, and by extension Esther's body, feel as though it is "crackling." By emphasising the physical violence of the treatment, which not only "shook,' "drubbed" and "crackl[ed]" Esther but also positioned her at the point of physical dissolution, Esther affirms that the treatment is happening to the body, even as it aims to treat the mind. The treatment, in this manner, erases the boundary between the mind and body, and this metaphor captures what Massumi describes as "the most intense (most contracted) expression" of affective states, in how the feeling itself "remains unactualised, inseparable from but unassimilable to any particular, functionally anchored perspective" (35). The example above shows how affect, as well as electroshock, heightens experience and destabilises the sense of self; as Esther feels her "sap fly out," she carries a threat of contagion, or communication, in her expansion of her bodily boundaries. The transformation of feeling into sensation, in this scene, demonstrates how easily affect can escape the bounds of the singular body.

The experience of electroshock treatment in *The Bell Jar*, while resolutely centred on physicality, points towards how the treatment process affected Esther's facility as a writer. Esther writes a letter to her Doreen, her fellow guest editor at the magazine, to ask if she could live with her. When Esther begins to write, however, her handwriting becomes unreadable, and when she "I took up my pen, my hand made big, jerky letters like those of a child," which appears as if the letters "were loops of string lying on the paper, and someone had come along and blown them askew" (*Bell Jar* 137). Esther is terrified that her new psychiatrist, Doctor Gordon, will see this letter, so she tears it up to hide the symptoms which this handwriting might betray. Even before Esther deliberately tears the letter up, through the unreadability of her handwriting Esther is inadvertently rendering herself illegible to the medical establishment. While Luke Ferretter proposes that Esther, following the destruction of the letter, was "was judged mentally ill because she was failing to conform to cultural norms of femininity" (132-3), this act also stands in for a kind of bodily self-destruction that the text cannot figure. Even as Esther is textually marked as different for hoping to diverge from these norms, her writing sustains another future that could have been afforded her by resisting her assimilation into the medical establishment.

Indeed, Esther often regards herself as composed of letters or of paper itself, as a kind of textual body. While Esther's dream of the fig tree is often discussed in Plath criticism, it is rare to find any mention of the story which inspired this dream. Esther thinks "it was a lovely story, especially the part about the fig-tree in spring with all the green fruit… I wanted to crawl in between those black lines of print the way you crawl through a fence, and go to sleep under that beautiful big green fig-tree" (*Bell Jar* 57). Esther wants to be physically absorbed by the story, indicating that she views writing as a means to access a kind of physical experience that her own situation will not permit. The textual metaphor is extended when Esther is about to undergo electroshock treatment, as she describes how "[she] tried to smile, but [her] skin had gone stiff, like parchment" (*Bell Jar* 151). For Esther to configure her own embodiment as resembling paper, which can be inscribed by an external agent, suggests that her position within the text, as both subject and author, indicates that her bodily boundaries are made thin, flimsy, and easily marked by her contact with institutional definitions of madness. The metaphor of the body-as-paper, however, is not confined to mental illness, but extends to the physical injuries Esther sustains skiing with Buddy. Annette Krizanich notes that after her fall, "men write on [Esther's'] body as if it were paper" (402), and Marilyn Boyer finds that after the fall, Esther's "first reactions are about black and white, that is, the printed word," as in her coming-to "she sees people as writings, as punctuation marks on paper, visible voices" (207). The implication which emerges from these examples is that Esther is not merely represented by markings on paper, but that her body possesses the quality of paper and of writing. If illness is associated with the body as a textual product, then *The Bell Jar* implicitly communicates a sense of illness to the reader.

Plath's poetry, too, is concerned with the ability for bodily transformation to occur with mental anguish. "Poem for a Birthday," written five years before the publication of *The Bell Jar*, centres around similar scenes of electroshock and therapy to those described in the novel, and its focus on embodiment as a carrier for textual symptoms of madness is even more overt. The speaker of "Poem for a Birthday" has a permeable, transient sense of her own embodiment, stating in the first section that "[she] is all mouth" (*Colossus* 80), and she transforms into "a root, a stone and owl pellet" over the course of the poem (*Colossus* 81). The speaker considers how illness causes her to "inhabit/The wax image of myself, a doll's body" (*Colossus* 85), connecting her bodily experiences with the childish, unfeeling image

of a doll; unlike Esther's impassive vision of the doll sitting still, this doll is inhabited by the voice of the speaker, who therefore "demands to be read as a unity and as divided at one and the same time" (Rose 48). Undergoing electroshock treatment, the speaker of the poem is lit up "like an electric bulb," and as a result "for weeks I can remember nothing at all" (*Colossus* 81). The speaker describes the actual experience of electroshock through simile:

> Sitting under a potlid, tiny and inert as a rice grain.
>
> They are turning the burners up, ring after ring.
>
> We are full of starch, my small white fellows. We grow.
>
> It hurts at first. The red tongues will teach the truth. (*Colossus* 86)

The movement of the stanza, through the speaker seeing herself as a rice grain, quickly shifts into the sensory experiences of the grains "full of starch" and swelling under the heat. It is as if the transformational potential of the simile has rocketed through the speaker, causing her to dive deeper into the experience than language initially permitted. The shift from simile to metaphor has a similar effect to that of the embodied metaphors in *The Bell Jar*, as the progression of the metaphor makes the experience feel increasingly potent. In "Poem for a Birthday" the texture of affect, to use Sedgwick's term (*Touching Feeling* 21), is porous and absorbent, emphasising its ability to move between bodies. The attention to the materiality of the poem's subject is "to enter a conceptual realm that is not shaped by lack nor by commonsensical dualities of subject versus object or of means versus ends" (*Touching Feeling* 21). Instead, the materiality of the poem's subject grounds the speaker's sense of her body as expansive and persuasively collective, precluding coherence of her experiences into a singular subject.

As "Poem for a Birthday" progresses, however, the speaker identifies an increase in fragmented, dismembered embodiment, which undermines the poem's movement towards concepts of repair. The speaker asserts that "[she] shall be good as new," in this hospital where "they can doctor heads, or any limb" (*Colossus* 88). However, the bodily mobility observed earlier in the poem is displaced into the field of treatment, where "a workman walks by carrying a pink torso" and "the storerooms are full of hearts" in "the city of spare parts" (*Colossus* 87). As bodies move in segments, divorced from any kind of unity, the

reader observes a sense of disconnection at the exact moment of the poem where treatment is meant to bring the mind and body together. Crucially, there is no sense of unity found towards the end of the poem, and the speaker remains fragmented and resolutely unhealed. As the speaker herself is lost towards the end of the poem, submerged into its institutional context, she has also permeated into the fabric of the poem itself. As she undergoes electroshock, feeling the electricity climb up her legs, she vanishes within the external garb of the electricity and finds that she is "lost, in the robes of all this light" (*Colossus* 86). The destination of "Poem for a Birthday" is "the city where men are mended" (*Colossus* 86), and upon reaching this destination the speaker finally fully disappears from the scene of the poem. Hence, two readings of this conclusion, in which the speaker is mended and removes herself from an 'ill' piece of writing, or in which she is confronted with the fact that only men are mended within this framework, suggest that there is no solution to reconcile the speaker's body and mind in this poem.

Of the later poems published in *Ariel*, "Fever 103°" is somewhat exceptional in its tone, as it aims to depict a state of delirium, or a heightened experience of sensation following a fever, as a transient experience of illness. The beginning of "Fever 103°" is resolutely non-descriptive, immersing the reader in sensory experiences that are disconnected from the progression of narrative. As Christina Britzolakis finds, that "quasi-cinematic 'cutting' from one apparently self-generating image to another" is assumed to correspond to the shifting position of the speaker, who reshapes herself throughout the course of the poem (140). As the poem "gradually rises both in temperature and seriousness" (Kroll 178), it sees the speaker perform a striptease akin to that of "Lady Lazarus," in which she "unpeel[s] selves to achieve an ecstatic and terrifying release" (Kendall, *A Critical Study* 165). The description of the fever as "low smokes" and scarves that "catch and anchor in the wheel" (*Ariel* 52) implicates the physical experience of fever as a choking, suppressive atmosphere that presses down on the body. Crucially, however, "Fever 103°" describes a hallucinatory dream-state that points to the interplay between body and mind. The bodily location of the speaker's fever inverts how mental illness was presented in *The Bell Jar*, where mental illness was shown through problematic embodiment; by locating the source of delusion in "Fever 103°" in the vagaries of the body in rather than the mind, the ensuing sense of mental illness is a constant referent to the body's potential. As the speaker insists on her capacity to

"rise" (*Ariel* 53), her inexorable trajectory foregrounds the physical sensation of fever in the structure of the poem, increasing the ability for the poem to carry and communicate aspects of illness.

The speaker of "Fever 103°" describes a sense of transformative embodiment through the rising heat of the fever, which causes her to feel that she is "a lantern" that has been "flickering, off, on, off, on" (*Ariel* 53). Unlike the transformative simile in *The Bell Jar*, in which Esther feels that her body is like paper, the speaker of "Fever 103°" *is* a lantern, conducting heat and light; given that the focus of the poem is on the speaker's transformation, it would be naïve to assume that metaphor does not have tangible impact on the speaking body. The speaker's foregrounding of sensation, therefore, allows the reader to feel the effects of transformative bodily experiences before considering *what* the speaker is transforming into. The sense that the patient's head is now "a moon/Of Japanese paper" with "gold beaten skin/Infinitely delicate and infinitely expensive" (*Ariel* 53) seems less of an imaginative leap than an apt description of feeling stretched, thinned out, and dispersed. In a similar effect to the descriptions of electroshock in *The Bell Jar*, the fever is both distinctly visual, making the speaker's metaphor of a lantern flicker on and off, and tactile, in the speaker's "retch[es]" (*Ariel* 53) as she feels the "tongues of hell" licking her body (*Ariel* 52). The manner by which the fever pervades from sense to sense foregrounds the physical attributes of contagion occurring within the body of the speaker, as the fever proceeds sequentially through her senses. By emphasising the bodily potential for contagion or transmission, the speaker's fever is represented as tangible, sensory experience which can be clearly communicated to the reader.

The ascending rhythm of the later stanzas, having extended in length, contract with rapidity towards the poem's concluding rapture. As the speaker stretches out the moment of emitting light, she asks

> Does not my heat astound you. And my light.
>
> All by myself I am a huge camellia
>
> Glowing and coming and going, flush on flush.

I think I am going up,

I think I may rise—

The beads of hot metal fly, and I, love, I

Am a pure acetylene

Virgin (Ariel 53)

The brevity of "I think I am going up" (*Ariel* 53) releases the reader from the long, arrhythmic stanza preceding it, and suspends the reader in a sense of lightness. The quickening pace following this line, as "the beads of hot metal fly, and I, love, I" (*Ariel* 53) is increasingly propulsive, and flings the reader towards the focal point of the stanza, the cleansing state of virginity produced through fever. The presence of mercury, which was used in *The Bell Jar* to evoke a kind of fluid embodiment, here is directed towards bodily purification and disembodiment. To pause with such rhythmic precision on the word "virgin" suggests that bodily states are subject to change through the process of illness, and that this virgin state is as much mental as it is physical. For as the poem concludes with the speaker's "selves dissolving, old whore petticoats" as she ascends "to Paradise" (*Ariel* 54), it is evident that the bodily transformations that occur here do not take place independently of the mind. As it is not just the body that transforms, but the self, as the speaker ascends to a state of psychical purity, "Fever 103°" suggests that illness can effect a spiritual or metaphysical transformation, in which the loss of the self is a necessary condition for such change.

"Fever 103°" employs the model of contagion implied in *The Bell Jar* to rewrite the boundaries of the speaker's body, and to maintain the existence of a self that remains despite the devaluing of the body. The heat and "flush on flush" of "Fever 103°" (*Ariel* 53), insofar as it incorporates external and internal heat, is a potent reminder of the communicative capacity of the skin. As Sedgwick finds in her discussion of Henry James, the "fantasy of the skin's being entered" is marked by a flush that "marks the skin as a primary organ for both the generation and the contagion of affect" (*Touching Feeling* 59). Sedgwick argues

that the skin's flushing calls for "a hand that touches" (*Touching Feeling* 59), a relational moment of contact through which experience and affect can be shared. This contact reverses cause and effect; whether this hand caused the flush or soothes it, the coming-together of the two bodies equalises them in the moment of touch. Touch is not "a bordered practice" but one in which "our bodies… exist always outside of their skins" (Manning, *Politics of Touch* 51), and in some ways outside of time. As such, the dissolution of the speaker's identity invites the senses to consider her transformation; the changes in temperature and texture call for the reader to imagine their touch upon her flushed skin. Erin Manning finds that touch "exposes the challenges the excessive body (the body in excess of its-self) calls forth within the domain of cultural intelligibility" (*Politics of Touch* 87), and we can see the excesses of Plath's speaker being countered, constrained and pathologised through association with illness. The element of contact implied within the term contagion, as Sara Ahmed discusses, foregrounds the ability for affect to imbricate bodies and subjectivities (*Cultural Politics of Emotion* 10). While this touch evokes the risk of contagion, given that a fever is typically caused by an immune response to an infectious agent, it also positions the reader as empathetically engaged in their shared sensory experience.

Of all the *Ariel* poems, "Lady Lazarus" is perhaps the most commonly labelled insane, a feasible response to the violence of Plath's imagery in this poem, and to the presumed site of the poem's genesis, which is proposed in her *Journals* as a collection of "MENTAL HOSPITAL STORIES" with a "Lazarus theme" (*Journals* 497). "Lady Lazarus" describes the recurrent suicide attempts of the speaker, which she attempts to complete "one year in every ten" (*Ariel* 8). While Matthew Boswell asserts that "there is nothing particularly 'real' about the speaker" of "Lady Lazarus" (54), her threat is still seen as potent; Helen Vendler writes that the striptease in the poem, as "as a measured and willed ritual of exhibition," works to "stylise… the horror of a body that feels itself to be both alive and dead at once" (143). It may be for this reason that A. Alvarez, who championed much of Plath's work as publisher of *The Observer*, did not support publication of "Lady Lazarus," and Alvarez's comment that the poem was "not so much poetry as assault and battery" (qtd. in Lant 648-9), evinces the detrimental effects such a poem could have on its readers. The similarities of these descriptions to Plath's own suicide attempts, specifically the ten-year spacing, can encourage reading "Lady Lazarus" as an unmediated product of mental illness. Such

reductions tend to restrict the effects of "Lady Lazarus," and they overlook the theatrical performance of embodiment that the speaker describes, specifically in relation to affective embodiment and the threat of the real.

The trajectory of "Lady Lazarus" leads towards the reduction and rebirth of the speaker, who reconstitutes her embodiment through conflagration in a similar manner to the fireworks of *The Bell Jar*. As the speaker shifts towards self-destruction, her body is reduced to

> Ash, ash—
>
> You poke and stir.
>
> Flesh, bone, there is nothing there—
>
> A cake of soap,
>
> A wedding ring,
>
> A gold filling. (*Ariel* 10)

The speaker has a relentless focus on the deconstruction of her body, where "soon, soon, the flesh/The grave cave ate will be/At home on me" (*Ariel* 8). As the speaker conflagrates herself, her body gains a kind of transformational ability through metaphor even as she disintegrates, as her face becomes "featureless" and her "right foot/A paperweight" (*Ariel* 8). Foreshadowing the eventual rebirth of the speaker in the final stanza, when she "rise[s] with my red hair" to "eat men like air" (*Ariel* 11), this transformational embodiment challenges the view that suicide, and the mental illness which can encourage such acts, only allows the body to reshape itself towards destruction. These physical transformations do not just affect the speaker; the threat of the final lines is that the speaker might ingest and enfold the audience, and in so doing close the gap between their body and hers.

The key area of transformation in "Lady Lazarus," though, is that which occurs to the face of the speaker. The most evocative moments of transformation centre on the decomposition

of the face, where "the nose, the eye pits, the full set of teeth/The sour breath/Will vanish in a day" (*Ariel* 8). The speaker predicts a graphic kind of horror under the linen, inviting the addressee to "peel off the napkin/O my enemy./Do I terrify?" (*Ariel* 8). Indeed, the most shocking moment of destruction is when the speaker, having predicted the destruction of her body, concludes by affirming the stark contrast of her face: "And I, a smiling woman" (*Ariel* 8). In accordance with other poems such as 'Tulips', where the speaker "has no face," and "wanted to efface myself" (*Ariel* 13), and 'Face Lift', in which the speaker's face "peels away easy as paper" (*Collected Poems* 156), the face is undermined as a source of identity in 'Lady Lazarus'. The speaker asserts the independence of her identity from that contained within her physical body, asserting that "nevertheless, I am the same, identical woman" despite her transformations (*Ariel* 9). Simultaneously, "Lady Lazarus" indicts the "peanut-crunching crowd" (*Ariel* 9) who gather to see "them unwrap me hand and foot/ The big strip tease" (*A* 9). The terror of the poem, then, resides in how the speaker transforms and eliminates her bodily boundaries; she remains unviolated in essence, and even though the audience draws closer to see her transformation, we are no closer to her essence. While "the 'you' in confessional poetry is generally not pluralised," as "one voice addresses one particular listener, increasing the intimacy of the dialogue" (Schetrumpf 119), the audience of "Lady Lazarus" is both intimate and public, which increases its susceptibility to affective contagion. Through the poem's use of second-person address, therefore, the reader is positioned as a witness for the speaker's transformations, and implicitly bears the residue of her violence even as the speaker ascends.

The affective threat of Plath's writing is evident elsewhere in "Lady Lazarus," where the speaker foregrounds the affective experience of her death and rebirth. The speaker asserts that "dying/Is an art" (*Ariel* 9), and by claiming to "do it exceptionally well," the speaker proposes that there is an aesthetic value to her acts. However, unlike the self-destructive acts of the decadent poets, who can be seen as predecessors to Plath's work, the speaker in "Lady Lazarus" is restricted from representing the decay of her society by the slippage between her voice and Plath's own. The ensuing stanza aims to describe what metric doing suicide "well" might fall under:

> I do it exceptionally well.

I do it so it feels like hell.

I do it so it feels real.

I guess you could say I've a call. (*Ariel* 9)

The threat posed by the suicidal acts of the speaker, then, is that she does it "so it feels real," to herself but also to the reader. The speaker demands that there must be a price for viewing her transformation:

For the eyeing of my scars, there is a charge

For the hearing of my heart—

It really goes.

And there is a charge, a very large charge

For a word or a touch

Or a bit of blood

Or a piece of my hair or my clothes. (*Ariel* 10)

Through positioning herself explicitly as a spectacle, the speaker suggests that her transformation demands a price from the viewer, or more literally the reader, in their emotional investment in her. As the speaker is fundamentally unharmed, the affective experience of suicide is borne by the reader, as the poem positions them as complicit participants, united by what Plath ironically calls their "great concern" for the speaker's conflagration (*Ariel* 10). As Kendall states, "the audience's very large charge is electrifying as well as financial"—an affective state which "fixes the audience's gaze" in a sensational site of pleasure (*A Critical Study* 159, 162). The movement of affect from the speaker to the audience is, as Manning suggests, "a conglomeration of forces… through which a relational individuation begins to make itself felt" (*Relationscapes* 95). The potent threat of "Lady Lazarus" is the speaker's ability to make her pain feel real; both to herself and to the reader.

In *The Bell Jar*, too, the effects of contagious feeling can be seen to occur within doppelgangers and stand-ins for the reader. Esther's attempts to place herself, after her return from New York, see her characterise her actions as occurring through another, abstracted figure of herself. As Esther tries to write a thinly veiled account of her summer, she becomes blocked and "[sits] like that for about an hour, trying to think what would come next, and in my mind, the barefoot doll in her mother's old yellow nightgown sat and stared into space as well" (*Bell Jar* 127). Esther's feelings that her other, externally located selves are responding to her own actions is further explored in how she reacts to her rejection from the writing course. Esther finds that "the writing course had stretched before me like a bright, safe bridge over the dull gulf of the summer. Now I saw it totter and dissolve, and a body in a white blouse and green skirt plummet into the gap" (*Bell Jar* 120), and the precarious position of this body is provocative when one considers that it is characterised by its clothing; it is *a* body, not *her* body, and the clothing it wears belong to Betsy, her fellow guest editor. Furthermore, as Esther considers cutting her wrists, she decides that "if [she] looked in the mirror while [she] did it, it would be like watching somebody else, in a book or a play" (*Bell Jar* 156). These detached moments position Esther as "a parodic version of the godlike omniscience or 'distanced mind' of the realist narrator" in *The Bell Jar* (Britzolakis 34-5). The characterisation of these flat, distanced sections can be seen as "an extreme, almost pathological self-reflexivity" (Britzolakis 34-5), wherein the attempt to describe experiences of mental illness allows Esther to retreat behind the clinical, reserved tone of a self-consciously realist narrative voice. The intentional weakening of boundaries between narrator and character, and narrator and author, creates a sense of formal and affective disorientation. It can be seen, in these examples, how Esther's suicidal urges or depressive states are often, in her own narration, felt most acutely in bodies that are not precisely her own, indicating that a contagious model of mental illness operates between these textual bodies despite the deliberate textual chasms separating them.

Esther's dissociation is seen as threatening despite its distance from the action it describes; crucially, affect is seen as contagious here in an inverse correlation to its presence in the scene, which suggests that for Plath's narrator, there is no way to avoid an equivocation between emotion and illness. Esther sees herself in mirrors as othered, projected outwards and made almost unrecognisable, and at times "the face in the mirror looked like a sick

Indian" (*Bell Jar* 118), or "a big, smudgy-eyed Chinese woman staring idiotically into my face." (*Bell Jar* 19) The overt racialised othering of the faces in the mirror emphasises how Esther first sees only difference in herself, and only afterwards can she recognise that "It was only me, of course. I was appalled to see how wrinkled and used-up I looked" (*Bell Jar* 19). Later, Esther inverts this othering and incorporates it within her face, as she describes how her tryst with Constantin challenged her identity, as she now "thought that if I looked into the mirror tomorrow I'd see a doll-size Constantin sitting in my eye and smiling out at me" (*Bell Jar* 86). The way that Esther conceptualises her experience as something which can burrow deep within her identity, and can turn to gaze out from within her face, develops an understanding of the way experience and affect transmit through the body. In this sense, the figure of Constantin, who peers out at Esther from within her, can be read as an analogy of the critic, whose diagnosis of Esther and Plath alike draws attention to their own values, anxieties and fears.

In this section, I have argued that understanding the feelings of Plath's characters and speakers is the most productive, depathologising manner by which to examine her depictions of illness. In so doing, illness becomes not a concealed secret, required to be unearthed and catalogued by the critic, but instead acts a relational aesthetic which encourages the blurring together of identities. In this analysis of Plath's poetry, I have constructed a lineage within her work, which looks beyond instances of illness and treatment to consider the relationship between affect and audience. As such, this analysis has argued that, despite popular opinion, Plath's work is not primarily about illness, but rather is concerned with the repercussions illness has on society and its conception of selfhood. In fact, the investment critics have in reading *The Bell Jar* as a work of complete autobiography indicates that the relation Plath's own body has to those within the text is permeable too; just as Plath's life colours the reading of the novel, Esther's experiences are assumed to have been felt by Plath too. In her discussion of affective attachment, Ahmed considers "what sticks" to a subject, or the emotive potential of a subject that is not, directly, part of the subject itself ("Collective Feelings" 33). My reading of mental illness as concealing anxieties about contagion and influence responds to Ahmed's understanding of histories which stick to certain associations and affective practices, which "allow them to surface in memory and writing" ("Collective Feelings" 33). The idea that mental illness can carry these fears of infection implies that

aspects of somatic illness have stuck to the concept of mental illness even as it has become largely divorced from the body within medical discourse. The symptomatology of mental illness is evoked, throughout Plath's writings, in a way that engenders affective engagement, both through the summoning of past associations from her other works and through generating illusory boundaries between subject and object.

"The Body Does Not Come Into it At All": Critique and the Plath Reader

As discussed earlier in this chapter, a tension exists between the role of affect in Plath's work and the critical reception of this role, which seeks to deny, dismiss, or diminish the affects present for the purpose of pathologising them. In this section, I argue that Plath's work can be fruitfully examined through considering the problems associated with the affective orientation of critique as informed by the post-critique movement. A pair of Plath's poems which explicitly position the speaker as distinct from Plath's authorial voice, "The Surgeon at 2 a.m." and "The Detective," provide an implicit critique of critique itself; crucially, they can do so precisely because the speaker cannot be conflated with Plath herself. The detective, while aligning with the 'wronged woman' who suspects an extramarital affair, is resolutely distanced from Plath's own persona. This case is "without a body" (indeed, "the body does not come into it at all"), and the absence of materiality and affect in "The Detective" manifests in "a case of vaporisation" (*Collected Poems* 209). Indeed, as the victim vanishes "mouth first," losing the ability to tell their own story, this disembodiment incites the detective to speak for the victim (*Collected Poems* 209). The poem ends with the Sherlock Holmes-referencing narrator asserting his resistance to the transformation of the victim; as he comments that "we walk on air, Watson," he maintains a firm subjectivity even as said subject has sublimated into almost nothing (*Collected Poems* 209). Plath undermines the physical certainty of the detective here, as even though he takes ownership of the case story, its materiality and feeling is still incorporated into the bodies of the detectives, they themselves gain the qualities of air (*Collected Poems* 209). Kendall argues that the crime is "all-pervasive, having contaminated the landscape" of the poem (*A Critical Study* 90), but it can be argued that the crime contaminates the detectives

themselves, altering their sense of embodiment and experience of the world. The detective story, as Steven Marcus finds, is primarily concerned with problems of fictionality; as "the 'reality' that anyone involved will swear to is in fact itself a construction, a fabrication, a fiction, a faked and alternate reality," consequently "the [detective]'s work therefore is to deconstruct, decompose, deplot and defictionalise that 'reality' and to construct or reconstruct out of it a true fiction, i.e., an account of what 'really' happened" (xx). The detective, despite his belief in the power of fact, is no more resistant to the effects of fiction than the victim was. An analogue to this position can be found in the critic, whose belief in certainty and analysis belies his involvement and receptivity to the work being studied. If "the body does not come into it at all," "The Detective" reflects the way in which critical distance disaffirms the critic's body, which in turn protects them from affective contagion.

The titular surgeon of "The Surgeon at 2 a.m." too, transforms a body and its attendant imperfections into a work of art by deducing the affective qualities of the individual. The poem begins with a description of an operating theatre, in which "the white light is artificial, and hygienic as heaven" (*Collected Poems* 170). The body under dissection is anonymous ("as usual there is no face"), and the surgeon describes it the head as "a lump of Chinese white /With seven holes thumbed in," appearing plastic, vacant and homogenised (*Collected Poems* 170). Even as the surgery becomes more and more gruesome, the surgeon recounts it as an aesthetic pursuit—the blood "a sunset" he "admires," seeping up as a "magical… hot spring"—which transforms sensation and embodied experience into abstracted terms (*Collected Poems* 170). At the conclusion of the surgery, the surgeon has "perfected" the "statue" being wheeled away by the orderlies, expresses the belief that an aesthetic object can be made whole only with his intervention. Even as the surgeon is "left with an arm or a leg, /A set of teeth, or stones/ To rattle in a bottle and take home," the patient is no longer considered ill or lacking, despite their amputation (*Collected Poems* 171). Both the surgeon and the detective, in these poems, are agents of critique, in which the poem's subject can be rehabilitated and made whole only through their interventions, and whose actions dramatically alter the narrative of their subjects despite their professed detachment.

This section will, therefore, take its cues from these poems to consider how Plath's writing demonstrates the failures of critique to encompass the affects of illness. Plath's writing, therefore, poses a challenge to critique's status quo, which can be illuminated by the interventions of post-critique. By frequently operating within a diagnostic mode, Plath criticism perpetuates the limitations of the hermeneutics of suspicion; as Sedgwick notes, such critical practices "may have made it less rather than more possible to unpack the local, contingent relations between any given piece of knowledge and its narrative/epistemological entailments for the seeker, knower, or teller" (*Touching Feeling* 124). It would be germane, in line with Rose's suggestion, to consider how "Plath has generated a form of 'psychotic' criticism," a claim which responds to "the speed with which critics have rushed to apply the labels 'psychotic' and 'schizophrenic' to her work" (Rose 14). As much as Plath's surgeon is "a projection of the speaker's desire to be healed of her emotional agony, however violently" (Kendall, *A Critical Study* 106), he denies his own emotion in the scene, and projects an air of detachment which obscures his affective involvement. In this instance, these two poems of Plath's allude to the symptomatic methods of the critic who, as Rita Felski outlines, aims to surpass the surface of a text "in order to retrieve a concealed or camouflaged truth" (7). As psychiatry embraced the diagnostic model, sourced from medicine, over the dynamic model in the 1970s (Horwitz 56), so too has Plath's reception embraced diagnosis as a marker of its legitimation. Suspicious or diagnostic readings, which "seek to identify causes and assign guilt," are implicated in the construction of morality; Felski ironically suggests that "only by acting like detectives—interrogating and cross-examining the texts of culture—can we avoid being mistaken for criminals (those accused of political quietism, active complicity, or worse)" (87). Under a symptomatic edict, Felski argues, "our explanations of literature and art are also tacit accusations, driven by a desire to identify fault, apportion blame, and track down wrongdoing" (87). Critique sustains the power relations in the formation of the subject and object; as "it is only the expert interpreter who can press below distracting surfaces to the concealed meanings of signs, who is able to trace out a chain of reasoning that points inexorably to a guilty party" (101), by comparison the critic is absolved of their guilt, or negative affect, by locating it securely in the text.[10]

[10] An example of such might be found in an article by Fromm, who asserts that Plath's writing rightly generates "outrage and vexation" in biographer Stevenson and executor of the Plath estate Olwyn Hughes, who express such feelings "when they contemplate the horrible *rape and mutilation* that Plath's writings performed on her mother, her father, and her husband—*and everyone else as well*—as she incorporated them into the other-worldly distortions of her solipsistic psychodrama" (255, my italics). In this perplexing

By defaulting to a mode of reading in which detachment equals insight, critics of Plath who privilege diagnostic readings therefore resemble the figure of the surgeon or the detective—shielded from experience by their pursuit of critical distance—and mistake distance from affect for a quarantine. A critical mood of detachment, which Felski argues "is not an absence of mood, but one manifestation of it," shapes critical engagement with a text, wherein "guardedness rather than openness, aggression rather than submission, irony rather than reverence, exposure rather than tact" characterise the mode of engagement (21). The distanciation at the heart of critique, Ngai finds, is the result of "project[ing] the feeling that the object inspires to create a *distance* between ourselves and that feeling" (85). The critical stance of detachment, therefore, "is a direct consequence of the kind of interest our feeling about the object has fostered, and it is precisely this combination of steps—an affective engagement *that itself prompts distancing*—that constitutes the object as an *aesthetic* object" (Ngai 85). Ngai notes that it is "surprising" that detachment is being produced via affect, as "a distance attained not *from* feeling, but *by* feeling" (86). As diagnostic criticism maintains a belief in the critic's ability to distance themselves from feeling, participants in this mode of criticism evade reflecting upon their own affective engagement with Plath's work. The "hygienic" quality of Plath criticism, to return to "The Surgeon at 2 a.m." (*Collected Poems* 170), can only be attained by pursuit of critical distance, and it is this positioning of the critic that I argue is both redundant and restrictive in terms of the work it produces.

A key figure influencing the tendency towards symptomatic critique in Plath studies is that of her ex-husband, Hughes. The power of guilty thoughts can be observed in Hughes' comments in his Letter to the Editor of *The Times Literary Supplement*, written to refute the claims of Rose in her book *The Haunting of Sylvia Plath* (1992). As a response to Rose's analysis of "The Rabbit Catcher," where she interprets subconscious lesbian imagery in Plath's poem, Hughes reifies this 'speculative' reading into a picture of the Plath herself:

statement, affect is only acknowledged to be the domain of Plath's readers, in the figures of Hughes and Stevenson, and guilt is assigned to Plath ("the rape and mutilation") primarily as an index of the biographical. Crucially, Fromm does not limit this damage to the autobiographical subjects; his use of the term "everyone else" can be applied to anyone who has been affected by Plath's writing.

> While they remain as speculations inside Ms Rose's head, I couldn't agree more. But what about when they leave her head, and start up a life outside her control, inside other people's heads? Don't they, at that point, cease to be speculations and become—nine times out of ten—facts? New facts, about Sylvia Plath's 'lived identity' etc? Or at least, quasi-facts—that do influence ideas, if only in a fluctuating, provisional way? (Hughes 15)

Hughes' argument that textual analysis of Plath's narrators, through the currency of literary gossip, "would no longer be 'interpretation' or 'fantasy' but plain fact" (15) rests on the assertion that "all but the most sophisticated readers" will "jump to the conclusion that Sylvia Plath actually was, or possibly was" queer, or as Hughes states "like *that*" (15, my italics). Hughes' polemic against interpretation, which he sees as the practice of "critically and speculatively dissecting dead writers, with total freedom of speech" (15), demonstrates how deeply embedded the supposed truth-value of Plath's existence is within the production of criticism about her writing, and how difficult it can be to disentangle the writing from the life. While Hughes distinguishes himself from Plath's critics, he too believes in his ability to prove what lived 'fact' can be inferred from Plath's writing, and to what ends.

Anxieties around the Plath reader's susceptibility or defencelessness are firmly entrenched in her critical corpus. Badia has devoted a considerable amount of analysis to the figure of the Plath reader in both critical and popular representations. She comments on the Hughes example above by demonstrating that "what often emerges from Hughes's arguments is an image of the critic as a dangerous force who dupes naïve, uncritical young readers, especially students, with his or her misreadings and gossip," which is contrasted by "an image of Hughes himself as the counterforce struggling to rein in this irresponsible behaviour" (*Mythology of Women Readers* 133). Badia finds that "the matter that most concerns Hughes" is "the infectious nature of Plath scholarship that is made possible by the access scholars have to students, who seem especially susceptible to their ideas" as part of an "uncritical public" (*Mythology of Women Readers* 133-4).[11] Quoting from Hughes' letters

[11] In his study of the pedagogy of students at risk of self-harm, co-authored with Patricia Hatch-Wallace, Jeffrey Berman suggests that texts can have an innately contagious quality to them. According to their definition, contagious texts communicate emotion more intensely than non-contagious texts, provoke stronger reader identification, and are seen as more likely to be mimetic or highly realistic than non-contagious texts (89-90). Berman notes that contagious texts are more likely to "contain female characters who suffer from anxiety, depression, suicidal ideation, or sexual abuse," and in so doing, "they are more likely to show than to tell, to dramatize rather than merely to summarize human conflicts or illnesses" (89-90). In this reading, then, a contagious text of mental illness is highly affective, and gains 'infective' potency

to Alvarez, Badia outlines how Plath readers are deleteriously characterised by terms which range from "'followers,' 'cretins,' [and] a 'crazy public'" to a "'gaping note-taking public on tour of the waxwork interior'," and even "a 'greedy' 'mob'" (Hughes qtd. in Badia, *Mythology of Women Readers* 138). Extending her study to the throng of Plath reviews, Badia finds that "Plath's readers take the shape of 'worshipers,' 'admirers,' 'band-wagon camp followers,' 'voyeurs,' 'pursuers,' and even 'baying packs of autograph hounds'," and argues that these representations frame Plath's readers as uncritical and easily influenced (*Mythology of Women Readers* 45). If the Plath reader is uncritical, therefore, the critic can semantically distance themself from these qualities of uncriticality and of the values by which these readers are assumed to relate to Plath.[12]

A concern over the positioning of the Plath reader, and moreover who the *right* kind of reader is, is evident in the critical output examined here. The motivations of such positioning can be discerned in Peter Dale's assumption that the *Ariel* poems, and subsequently the whole of Plath's output, were

> Composed in circumstances which, for a number of reasons, make criticism difficult… Some suppress matter which seems necessary to proper understanding; others are so personal that the reader senses he has overheard something not intended for his ears. This falling between two stools is a constant danger of the autobiographical approach in poetry. (62-3)

In privileging the lived body of Plath, within her autobiographical writings, critical responses such as those quoted above implicitly invoke their own body. That Plath's work has "ma[de] criticism difficult" is in part responsive to critics' inability to separate their image of the author from her work. The readings of Plath as "hysteri[cal]" (Spender,

by depicting events through a believable realism. The writings of Plath, in Berman's view, are ideal contagious texts because of the 'Plath effect,' the aura of suicide that surrounds readers of Plath.

[12] Crucially, Badia observes that what emerges from the discourse of Plath criticism is an ideology of "readers who have allowed their reading practices to be governed by their preoccupations with Plath's life and death—in other words, they have insistently read Plath's poetry as autobiography—and in doing so, they have failed as readers" (*Mythology of Women Readers* 12). However, as the first section of this chapter has shown, critics who insistently attempt to diagnose Plath through her writing unwittingly share some resemblance with their conception of her uncritical readers, most evidently in their belief that her work cannot be read as anything but autobiography. Such failures are just as common, if not more, in readers who pursue critical distance as a tool to pathologise Plath, and this construction of the uncritical Plath reader can be seen as mere projection on the part of the critic.

"Warnings from the Grave" 72) stand in direct opposition to her poetic achievements; Helen Chasin observes that "the critical consensus is that Plath was something else" than a poet, and was figured as "a conduit, a vessel, a sybil, a priestess, a prophetess, a fury pursued by furies," or "a lunatic, a fever case, a case of possession, a hysterical bleeder who got poems the way she got her period" (438). What consistently emerges from such examples is a perceived lack of agency in Plath's authorial figure, which I argue has occurred precisely because this lack incites a comparable increase in agency from the critic. In this manner, criticism is made less difficult, to use Dale's words, by disempowering and pathologising the author. Even sympathetic readers are subject to this same critical relation; literary scholar Sandra Gilbert's identification as a "Plath addict" foregrounds toxic relation even as it affirms likeness, as the story of Plath is "disguised, perhaps, but the same. And our own" (Gilbert 590-1). Interpretations such as Gilbert's, while sympathetic to Plath's work and aims, remove a sense of agency from the reader, rendering them powerless in the face of the text's contents, and positioning them as vulnerable or susceptible where the critic has their defences marshalled. Intriguingly, Badia sees this construction of the Plath reader as a form of critique which "plainly attempts to pathologise women's reading practices by defining them symptomatically, either as signs of illness or as potential causes of it" (*Mythology of Women Readers* 4-5). For Plath readers to be considered as more susceptible to her writing, and the illness which her writing is assumed to conduct, portrays these readers as lacking crucial defences against textual symptoms. A 'good' reader of Plath, under this logic, is removed from the text not only to create the illusion of critical distance, but to furnish a sense of a *cordon sanitaire* from her more 'contagious' works.

As such, distinctions between good and bad modalities of reading, in Plath's case, manifest more clearly as judgements of good and bad readers. In his discussion of bad reading, Tyler Bradway affirms that "narratives about critical reading derive their authority, at least in part, by legislating the appropriate affective relations that must inhere between texts and readers," most commonly in programmatic distinctions between 'good' and bad' readers (xxix). Badia's argument that certain critics "attribute the confessional aspects of a poem to the reader rather than the writer," in a rhetorical move which "suggest[s] that the measure of a poem's confessionality lies in the act of reading rather than in the act of writing," takes on new significance here; readers who align with the confessional impulse are seen as flawed,

damaging the reputation of Plath's work (*Mythology of Women Readers* 12). In mitigating this mode of reading and meaning-making, we can look to Bradway's understanding of bad reading as a practice of affective relationality (v), whereby he draws attention to the "vexed intersection of affect and the proscriptive norms of reading" (xxix). I assert that Plath criticism has largely been caught in this juncture, which has led to stultifying "the generative indeterminacy of the text," leaving "no room for readers to encounter the text immanently on its own terms or to practice reading as a creative or even an irreverent activity" (Bradway xlviii). In turn, I suggest that an affective reading of Plath is an incipient challenge to the primacy of critique, and such readings call for alternative modes to engage with her work than those which diagnose or pathologise. To read Plath badly, in this sense, is to resist the diagnostic tendencies of the critical; however, this form of reading allows the reader to attend to sensation, affect and experience in Plath's work, and to negotiate the boundaries of what qualifies as critical reading. In this sense, the failures of critique are evident in Plath criticism, and the affective, reparative possibilities that a post-critical approach might afford this area of scholarship would allow for a diverse, non-pathologising and egalitarian mode of critique.

To examine the anxieties that surround Plath's writing, and its relationship to autobiography, reveals a disparity in how different readerships construct experience through their respective bodies. As Plath's treatment of mental illness as an embodied experience provokes fears of contamination in the critic, and provokes identification and empathy in the popular reader, this suggests that these reading perspectives have highly different relationships to the body. While the investment in construing Plath's writing as insane or unhealthy reveals the critic's commitment locating lived experience in confessional styles of writing, it also exposes their fears of what telling personal stories does to the body of the writer, and to the body of the reader. In this chapter, I have developed a challenge to Plath criticism, which, like critique, is "shielded from the risks, but also the rewards, of aesthetic experience" (Felski 188); through an obsession with illness and symptomatic thought, Plath criticism exposes the ways in which her works promote affective contagion and relational conceptions of the body. The post-critical, and the reparative reading practices that this theoretical movement is associated with, articulate an alternative to the limitations of diagnostic criticism. In the following chapters, I will discuss a corpus of texts which embrace the relational, co-creative capacities

of their readerships in an effort to expand the affective experience of illness. As the texts studied in the ensuing chapters move away from diagnostic criticism, and model a more reciprocal, relational framework of reading within their pages, they demonstrate that illness need not be pathologised nor confined to the individual for it to communicate meaning.

Chapter Two

"To be Ill and Writing": Depression, Cancer and Reparative Relationality in Sedgwick's *A Dialogue on Love*

In an essay titled "Teaching/Depression," Eve Kosofsky Sedgwick states her aversion towards the "bumptious narcissism" that she saw as characterising autobiographical writing. It is therefore surprising that Sedgwick, so opposed to such egoistic tendencies in her critical work, wrote a memoir herself; however, *A Dialogue on Love* (1999) resists centring the author through Sedgwick's formal and theoretical innovations. In *Dialogue*, which records Sedgwick's experience of psychotherapy with her therapist Shannon Van Wey, the memoir form resists its individualistic tendencies through its incorporation of other authorial voices than Sedgwick's. I propose that the therapy dynamic between Sedgwick and Van Wey encourages them to read each other in a manner that combines the affective states of paranoia and reparation. Firstly, I argue that Sedgwick's theories of paranoid and reparative reading practices are intertwined with her experience of illness, in her own cancer and depression, and in her social experiences of illness within her community. Secondly, I discuss how the formal qualities of the memoir diminish a singular, governing subjectivity in favour of a relational intersubjectivity. This chapter will show how the sociality of illness informs Sedgwick's conception of reparative practices, and how these practices are formally manifested in the genre of the infectious autobiography. Accordingly, I will explore how Sedgwick mobilises affect towards relational models of illness, and I contend that Sedgwick's late-career affective turn also includes a reconsideration of the role affect plays in illness.

Dialogue observes Sedgwick grappling with her changing sense of mind and body as she enters therapy, following her cancer treatment, and with the growing relationship between herself and Van Wey. The formal qualities of the narrative are evident, in how it radically breaks with the memoir form and integrates several other voices with Sedgwick's own. As such, *Dialogue* acts as a limit-case of the memoir form, in how its formal innovations "reveal the potential for self-representational writing without the explicit presence of its most familiar requirements," namely a singular authorial voice and subject (Gilmore, *The Limits of Autobiography* 15). Sedgwick's memoir creates a space for relationality in the precise site where the individual usually assumes primacy, and it serves as a useful contrast to how Sylvia Plath's illness writing has been construed, as Sedgwick emphasizes her agency and engagement with illness where Plath is stripped of agency and diagnosed from a distance. As the text reflects upon Sedgwick's therapy experience, it includes capitalised blocks that have come from the case notes of Van Wey, and interspersed haiku-like poetic interludes called *haibun*; as such, it exceeds the limitations of the sole authorial voice that formally composes an autobiography.[1] Structurally, this memoir hosts a range of autobiographical personae—that of Sedgwick, of Van Wey, and of the uniquely undifferentiated voice of the *haibun*—and by doing so it mitigates Sedgwick's fear of the self-absorptive capacity of autobiographical writing by transforming the "primordial first person singular" into a relational, intersubjective study of identity ("Teaching/Depression"). Insofar as any autobiographical form of writing can be truly self-reflexive, *Dialogue* shows how two people might form an autobiographical whole.

"Free-Fall Interpretive Panic": Cancer, Depression, and the Institution

Rather than privileging reparative forms of reading, *Dialogue* asserts the ability for paranoid and reparative forms of reading to work in tandem. Sedgwick's conceptualisation of paranoid reading has been faulted by several critics for reinforcing discourses of

[1] In my discussion of *Dialogue*, I will be following Bradway's formatting of these sections; namely, reducing Van Wey's case notes to lower case, and introducing line breaks into the *haibun* instead of preserving their original spacing, to encourage the readability of these sections. As their formatting is rarely the subject of this chapter, doing so will not alter the impact of the quotations included here.

pathologisation (Love, 237; Kurnick, 363); however, such analyses implicitly position reparative reading in company with discourses of health, which in itself reinforces a binary approach to illness. Instead, in this section I will explicate Sedgwick's theories of paranoid and reparative reading, discussing the ways in which both forms of reading are involved with, and indeed produced by, encounters of illness. In turn, it will track the influence of illness on Sedgwick's key essays "White Glasses" and "Paranoid Reading and Reparative Reading, or, You're So Paranoid, You Probably Think This Essay is About You," and I use the theoretical conceptions of illness which arise in these essays to inform my analysis of *Dialogue*. While I agree with Tyler Bradway's assertion that "Sedgwick's theory of reparative reading—and her turn to affect more broadly—has tended to be understood in the relatively narrow context of the academy's exhaustion of critique" (194), her conception of post-critical practices also extend beyond the parameters of queer theory into the realm of illness. Indeed, in examining how her theories of reading are directly influenced by illness, I will argue that illness is a foundational state within which one can access the experiences of relationality and collective identity that Sedgwick's theory pursues.

The beginnings of Sedgwick's theories of reparative reading can be traced to her early experiences of illness. As her breast cancer progressed, Sedgwick observed a shift in her relationship to binary oppositions. While her initial response to her cancer diagnosis was "Shit, now I guess I really must be a woman" (*Tendencies* 256), this recognition of identity is combined with a sense of exposure or of being found out. She instead discovers that her cancer has forced a "confrontation with the theoretical models that have helped me make sense of the world thus far," a shift which prompts her to "hurl… my energies outward to inhabit the very farthest of the loose ends where representation, identity, gender, sexuality, and the body can't be made to line up neatly together" (Sedgwick, *Tendencies* 12). In *Dialogue*, this refusal of coherence begins to emerge just as Sedgwick is nearing the end of her cancer treatment; looking back, she refuses to reside in the space carved out by her illness, instead realising that when she "*felt* sick" it "was from the treatment, not the illness" (5). The trajectory of *Dialogue*, and of Sedgwick's shift from paranoid to reparative reading practices, is an exploration of how a binary opposition becomes a capacious, irresolvable difference, wherein the inability for an identity to "line up neatly" is viewed as a strength, not a weakness.

The majority of critical discussion concerning illness in *Dialogue* focus on Sedgwick's discussion of breast cancer and the survival of her mastectomy, in the style forged by Audre Lorde's *Cancer Journals*.[2] Mary Jane Knopf Newman examines the relationship between breast cancer and individual trauma in *Dialogue* (237), and Mary K. DeShazer examines how Sedgwick's initial diagnosis affords her a resemblance to "many other medicalised women" (241). In terms of cancer memoirs more generally, studies on cancer and memoir forms tend to reify and entrench the bodily effects of a diagnosis (Boesky 75), and often imply that the initial destabilisation of identity which is induced by the diagnosis will be re-ordered and repaired as part of the healing process (Herndl, "Our Breasts, Our Selves" 229). While Judy Z. Segal notes that "cancer stories have, in fact, become somewhat less univocal over time," (294) this community generally refers to "the community of women with breast cancer" (Herndl, "Our Breasts, Our Selves" 225). Unlike these authors, I agree with Nancy K. Miller's assertion that breast cancer "isn't so much the subject of [*Dialogue*] as its pretext" (217). The generic conception of *Dialogue* is that of a therapy memoir, which implicitly resists a diagnostic or clarifying view of illness, and instead centres its discussion around ontological models of illness. While Karin Sellberg writes that as Sedgwick's illness progresses, her "illness-riddled body is an affective space, where her readers may find comfort and support," such an argument implicitly reinforces the mind-body dualism common to accounts of illness (198). Instead, the ability for illness to carry emotional states that do not immediately relate to the disorder itself is enacted in several instances throughout *Dialogue*, and this chapter considers the range of other illnesses, including depression and HIV, that attend Sedgwick's precipitating diagnosis of breast cancer. The fears of motility associated with cancer, which can be figured as uncontrollable movement from one area of the body to another, are present in Sedgwick's fear that a foot pain might mean that her cancer has spread from the breast to another location (*Dialogue* 89). However, cancer also

[2] Audre Lorde's *The Cancer Journals* does, in many ways, provide an excellent comparison to *Dialogue*, but their differences should not be ignored. Lorde's negotiation of her embodied identity after her mastectomy provides a rhetoric for discussing femininity and positive identification with absence and negation. By foregrounding the phenomenological experience of a queer, ill body, Lorde's is a crucial work at the intersection between queer studies and the medical humanities. The scope of *The Cancer Journals*, however, is more conventionally autobiographical than *Dialogue*, and does not allow for detailed consideration of readerly bodies or collective identifications in the ways that Sedgwick's memoir does. As such, the breast cancer in *The Cancer Journals* remains an actuality, the nexus of treatment and disease, and does not move through categories of disorder the way it does in *Dialogue.*

moves between somatic experience and concept, and in so doing it transcends mind-body dualism to explore how the affective experience of illness transforms both somatic and mental states. *Dialogue* negotiates a different mode of relation within illness narratives; while Leigh Gilmore suggests that autobiographies about trauma often compel the reader to adopt positions of either masochism or voyeurism (*The Limits of Autobiography* 22), Sedgwick's exploration of illness is collective and relational, forming equality between her and her interlocutors, rather than isolating or quarantining her.

In tracing the origins of her theory of paranoid and reparative reading, it should be acknowledged that this theory was produced not only in response to Sedgwick's own illnesses, but also to the social experiences of illness that came to define her sense of community. In her celebrated essay "Paranoid Reading and Reparative Reading," Sedgwick outlines the affective qualities which attend the critical practice of the hermeneutics of suspicion. She defines this readerly practice as one which entrains the reader towards habits of paranoid affect, and which replicates itself, across different subjects, but always towards the same goal. Sedgwick defines the qualities of paranoid reading as being *anticipatory*, *reflexive* and *mimetic*; paranoid reading is a *strong theory*, which is comprised of *negative affects*, and which is invested in *exposure* as the primary means of understanding (*Touching Feeling* 130). Heather Love outlines the ways in which these qualities transform into readerly practices, which she identifies as the "familiar academic protocols like maintaining critical distance, outsmarting (and other forms of one-upmanship), refusing to be surprised (or if you are, then not letting on), believing the hierarchy [and] becoming boss" (236). In outlining the discussion that prompted her to write "Paranoid Reading and Reparative Reading," Sedgwick responds to the way illness forces her to examine the epistemological positioning of paranoia. Sedgwick considers her friend Cindy Patton's response to the AIDS crisis; Patton questioned whether even if they were persuaded that "the lives of Africans and African Americans are worthless in the eyes of the United States; that gay men and drug users are held cheap where they aren't actively hated," or that "the military deliberately researches ways to kill noncombatants whom it sees as enemies; that people in power look calmly on the likelihood of catastrophic environmental and population changes" (*Touching Feeling* 123). Patton asks Sedgwick that "supposing we were ever so sure of all those things—what would we know then that we don't already know?" (*Touching Feeling* 123).

Mulling over Patton's words, Sedgwick reflects that she wants to consider "what… knowledge do[es]—the pursuit of it, the having and exposing of it, the receiving again of knowledge of what one already knows" (*Touching Feeling* 124). That this conversation, and the shift into defining paranoid reading, is prompted by illness is not coincidental; the pursuit of knowledge is shared by paranoid reading practices and by the language of symptomology, and Sedgwick's shift towards reparative modes of reading in parallel suggests a related shift in the way she understands illness.

While Patton's question prompts Sedgwick towards a theorisation of the reparative critical position, Sedgwick later writes that her own experiences of illness reflexively installed her in the paranoid position:

> I've often wondered why my relation to my own disease hasn't involved the emotions of anger, disbelief, or even dread to anything like the degree that I felt them in relation to the AIDS experiences of people I cared about. Surely it has something to do with the differences between a new disease and an old one; a highly stigmatized disease and one that, even then, was much less so; and, more generally, vicarious as opposed to direct experiences of pain and debility. But I'd also invoke my lifelong depressiveness. Among its other effects, it had endeared to me the idea of nonbeing, as well as made me perhaps oversensitive to the psychic expense extorted by the paranoid defences. ("Melanie Klein" 639-640)

Here Sedgwick suggests that, not only do different diseases have different affects appended to them, but these different diseases create different ways of orienting oneself in relation to the world. In her experience of cancer, Sedgwick is not able to access the full potency of negative emotion with which she relates to AIDS, but she also notes that her depression inclines her towards a paranoid mode of relation, despite such a position being "no place I could afford to dwell as I dealt with the exigencies of my disease" ("Melanie Klein" 639-640). Instead, Sedgwick embraced the ontological confusion that comes with a radical influx of affect; crucially, she discovers that "I have never felt less stability in my gender, age, and racial identities, nor, anxious and full of the shreds of dread, shame, and mourning as this process is, have I ever felt more of a mind to explore and exploit every possibility" following her cancer diagnosis (*Tendencies* 257). I therefore consider the holistic role of illness in Sedgwick's reparative gestures, rather than isolating this shift, as Bradway does, to Sedgwick's response to the AIDS crisis (194). It is therefore the convergence of these two

modalities of illness, the affective potency of AIDS and the ontological instability of cancer, which leads to Sedgwick's formulation of the reparative position, and which permits an examination of the relational capacities of both illnesses.

The thread of illness that runs through Sedgwick's late work promotes a queer affinity not only with illness, but also with the altered state of subjectivity that illness effects. In particular, her essay "White Glasses," which focuses on her friend Michael Lynch's battle with HIV and her own breast cancer, greatly informed her understanding of illness as relational. Sedgwick's examination of HIV, in which she "realizes that the people with whom she had perhaps most in common, and from whom she might well have most to learn, are people living with AIDS, AIDS activists, and others whose lives had been profoundly reorganized by AIDS in the course of the 1980s," informs the rapport with queer men that most characterises her life's work (*Tendencies* 13). AIDS is therefore, through her identification and her relationships with queer men, the dominant social illness of Sedgwick's lifetime; however, her experience of breast cancer is not immune to this social quality. I paired these illnesses at the start of this chapter not only because "White Glasses" invites the comparison, but also because Sedgwick's own affirmation that the two diseases shared "a dialectical epistemology" in "the kinds of secret each has constituted" and "the kind of *outness* each has required and inspired" underpins how these two diseases represent a dialectical epidemiology, or a relational sense of spread (*Tendencies* 14). In my use of this term, I want to emphasise how contagion, in modes both infectious and mimetic, is integral to the epistemology of Sedgwick's contact with illness.

In "White Glasses," the viral potency of HIV conjures a very real threat of contagion, not only for those with the condition, but also for Sedgwick, who would not have appeared at a significant risk for contracting the virus. Accordingly, her identification with those who *do* suffer from it displays a kind of affective contagion, wherein the disease is a carrier for the affective state of the ill subject. In the terms of the individual, too, cancer can represent an anxiety surrounding contagion in a different mode than the viral, that of unrestricted growth and movement within the body's own tissue, in which the body becomes its own enemy. Sedgwick writes about the communicative modes underpinning her understanding of

Lynch's illness, which she envisages as containing "the grain of one's own intellectual, emotional, bodily self as refracted through illness and as resistant to it," which can communicate the experience of illness to loved ones, but also to "people who don't love one; even to people who may not like one at all nor even wish one well" (*Tendencies* 255). To imagine, as Sedgwick does, the experiences she observes in Lynch's illness becoming her own, is coded in terms of emotion, as she feels that "someday the same calculus may operate around [her] own fatigue, discouragement, pain, flares of zest and creativity, the recognizable, recognizing, and hurting shards of relation and identity" (*Tendencies* 259-60). Sedgwick defines their relationship as one coloured by illness, but *characterised* by feeling, in how "it is exciting that [Lynch] is alive and full of beans today, sick as he is; I think it is exciting to both of us that I am," and she finds that "in many ways it is full of stimulation and interest, even, to be ill and writing" (*Tendencies* 250). In this manner, illness is associated not only with negative qualities, but with positive affective states.

Sedgwick's more personal essays, which are more frequently analysed in terms of relationality and reparative practices than *Dialogue,* also ascertain problems with paranoid structures of reading. "White Glasses" outlines a failed attempt at mimetic reproduction, in how Sedgwick expresses an ultimately unsuccessful identification with Lynch. Sedgwick knows that she doesn't resemble Lynch, despite copying his characteristic white frames (*Tendencies* 250). This small moment of failed mimesis is expanded later on in the essay, where Sedgwick suggests that Lynch also modelled her own conception of "how to be sick," or "how to occupy most truthfully and powerfully, and at the same time constantly to question and deconstruct, the sick role, the identity of the 'person living with life-threatening disease'" (*Tendencies* 255). Love build on this notion of failed mimesis in her response to "Paranoid Reading and Reparative Reading," in which she sees "this title as an invitation — albeit an ironic one—to the kind of paranoid, reflexive, and mimetic thinking that the essay is about" (236). Love suggests that Sedgwick's address to the reader "endlessly produces its own bad objects, readers who take the 'you' of the title personally" (236), wherein the "bad object" of the reader, who reproduces the logic of the essay in their relation to it, is an example of failed mimesis. Sedgwick depicts the "contagious" tendency of paranoia in "Paranoid Reading and Reparative Reading" as "seem[ing] to grow like a crystal in a hypersaturated solution," wildly proliferating and consuming all available substrate

(*Touching Feeling* 126, 131). The reflexive mimicry of paranoid reading, in how such thought practices contagiously colonises readers' minds once they have been exposed to it, uses the same language as viral (replication) and cancerous (uncontrollable) reproduction. Instead of pathologising this reproductive language, Sedgwick instead queers it; in citing a personal communication with Joseph Litvak, she draws attention to Litvak's suggestion of "the importance of 'mistakes' in queer reading and writing" and the disentangling of mistakes from shame and humiliation, in a way which aims to "tak[e] the terror out of error" (*Touching Feeling* 147). Litvak asks, "doesn't reading queer mean learning, among other things, that mistakes can be good rather than bad surprises?" (Sedgwick, *Touching Feeling* 147). The premise of *Dialogue* explores how the biological error of cancer, the contingency and aberrant replication that produces cells that are 'mistaken' in their location and function, too can be involved in the reparative impulse, and indicates that this drive can be both bad and good simultaneously. To repair, in this instance, means not to erase damage or disease, but instead to find a wholeness that acknowledges and incorporates damage.

Indeed, Sedgwick's own conception of her cancer responds to the mimetic drive of paranoid thought. In "Paranoid Reading and Reparative Reading," Sedgwick suggests that the hermeneutics of suspicion "have made it less rather than more possible to unpack the local, contingent relations between any given piece of knowledge and its narrative/epistemological entailments for the seeker, knower, or teller" (*Touching Feeling* 124). Sedgwick construes her own breast cancer as a prompt for paranoid thinking, in terms of how "the way the formal and folk ideologies around breast cancer not only construct it as a secret, but construct it as the secret whose sharing defines women as such" (*Tendencies* 256), and views herself as complicit within this discursive sociality. Crucially, this response is to her diagnosis, rather than her experience of the illness; the logic of diagnosis is ever entwined with the language of paranoia, in how it affirms a belief in revelation. While Sedgwick sees her cancer as "an adventure in applied deconstruction" (*Tendencies* 11), her portrayal of the reality of living with cancer in "White Glasses" resists the formation of a singular master narrative:

> How could I have arrived at a more efficient demonstration of the instability of the supposed oppositions that structure an experience of the 'self'?—the *part* and the *whole* (when cancer so dramatically corrodes that distinction); *safety* and *danger* (when fewer than half of the women diagnosed with breast cancer display any of the statistically defined 'risk

> factors' for the disease); *fear* and *hope* (when I feel—I've got a quarterly physical coming up—so much less prepared to deal with the news that a lump or rash isn't a metastasis than that it is); *past* and *future* (when a person anticipating the possibility of death, and the people who care for her, occupy temporalities that more and more radically diverge); *thought* and *act* (the words in my head are aswirl with fatalism, but at the gym I'm striding treadmills and lifting weights); or the *natural* and the *technological* (what with the exoskeleton of the bone-scan machine, the uncanny appendage of the IV drip, the bionic implant of the Port-a-cath, all in the service of imaging and recovering my 'natural' healthy body in the face of its spontaneous and endogenous threat against itself). (*Tendencies* 11, my emphasis)

While giving voice to binary oppositions of health, self, and emotion, here Sedgwick resists the separation or isolation of these terms, and instead suggests that contradictory ideas or experiences can in fact reside within the same body. Sedgwick sees the eventual outcome of her disease as "decades and decades of free-fall interpretive panic" (*Tendencies* 12), a statement which implies that the panic comes from a break in her ability to interpret, or to trust her interpretations. Cancer has not only affected Sedgwick's body, but her ways and patterns of thinking, a shift which in turn encourages consideration of the disease as both somatic and mental.

To define *Dialogue* solely as a breast cancer survival narrative, therefore, disregards the impacts of social experiences of illness on Sedgwick, and curtails the examination of mental illness, specifically depression, within her memoir and in her oeuvre more widely. As Sedgwick intertwines her experiences of depression with the loss of her sexual fantasies, to ignore mental illness within this work both privileges the body and restricts memoir's interplay between intellect and sexuality. Sedgwick's account of depression, instead, suggests that reparative reading can directly impact the body; in other words, she models her critical practice upon her body and that of her anticipated reader. Considering the terms in which the depressive affect "reconstitutes an affective cohesion of the self" and lends the self "an integrity, nonverbal though it might be" (Kristeva 19), Sedgwick's experience of the disorder calls into question not the cohesive aspect of depression, but what constitutes a self. In so doing, she challenges Julia Kristeva's conception of the depressive person as a "prisoner of affect" (14) by foregrounding the circulation and mutation of affect within her readership. Rather than limiting affective engagement, *Dialogue*'s portrayal of depression

encourages reparative reading strategies from both Sedgwick and Van Wey, and the memoir emphasises the role of relationality in the healing process.

I argue that the depressive position is utilised in *Dialogue* to assemble a whole from the immobilised parts of the narrative, namely Sedgwick and Van Wey's interactions. The beginning of *Dialogue* insinuates that the depression under discussion is not isolated within Sedgwick's identity, but instead emerges in a community. Sedgwick initially ponders her first interaction with Van Wey, asking "was this ordinary for him—the first encounter in this familiar room with big, female, middle-aged bodies deprecated by the softness of our voices?" (*Dialogue* 2). By questioning if this encounter might be "the secret definition of 'depression'" (*Dialogue* 2), Sedgwick implies that, for Van Wey at least, depression exceeds the bounds of the body which carries it. This definition of depression extends into Sedgwick's own accounts of what she "mean[s] by real depression," in which she pronounces her fears that "I may stop knowing /how to like and desire /the world around me" (*Dialogue* 4). Indeed, in a later piece Sedgwick classifies her life as "a flight from depression into pedagogy (pedagogy not referring, for me, to the academic institution so much as to a mode of relationality—not only in the classroom, but equally around it and, especially, as a writer)" ("Melanie Klein" 640). That this relationality is rooted in writing is not a minor coincidence; the means for moving out from under the "dangerous-feeling… of paranoid/schizoid energies" ("Melanie Klein" 640) is linked to the public sharing of a feeling long supposed to be private.

Rather than desiring a return to a prior sense of wholeness, Sedgwick frames her pursuit of therapy as an attempt to compose a new understanding of her emotions. In *Touching Feeling: Affect, Pedagogy, Performativity*, Sedgwick explicitly connects the reparative impulse with her analysis of Melanie Klein's depressive position. While reparative strategies have often been coloured with terms such as "so sappy, aestheticizing, defensive, anti-intellectual, or reactionary," Sedgwick affirms that the position contains as much negative capacity as the paranoid stance (*Touching Feeling* 150-1). She defines it instead as a pursuit of pleasure, instead of "continu[ing] to pursue the self-reinforcing because self-defeating strategies for forestalling pain offered by the paranoid/schizoid position," and outlines how

such a position encourages a "guilty, empathetic view of the other as at once good, damaged, integral, and requiring and eliciting love and care" (*Touching Feeling* 137). Sedgwick sees the depressive position as means of creating a new, composite selfhood:

> By contrast, the depressive position is an anxiety-mitigating achievement that the infant or adult only sometimes, and often only briefly, succeeds in inhabiting: this is the position from which it is possible in turn to use one's own resources to assemble or "repair" the murderous part-objects into something like a whole—though, I would emphasize, not necessarily like any pre-existing whole. (*Touching Feeling* 128)

The assembling of a new, future-oriented whole, rather than attempting to cohere parts which once belonged together, hints to the way that a reparative reading strategy might approach the project of healing. Sedgwick notes that "among Klein's names for the reparative process is love" (*Touching Feeling* 128); indeed, both love and depression are figured as reparative acts, in which the subject constructs a sense of unity from disparate fragments of experience.

In *Dialogue*, the reparative project is instigated by how Sedgwick's fantasy life was radically altered following her treatment for breast cancer. Sedgwick relates how her fantasies had become drained of their masochistic content, asking, "you know how the person in a fantasy feels like they're both you and not you at the same time?" She continues:

> Because my body got weirder with the treatment, I kept feeling that I had to choose, and couldn't. Either the girl in the fantasy would have one breast, or she would have two. Either she would have hair, or she would be bald. Apparently it couldn't be both ways. But if she was me, a bald woman with one breast, that ruined the fantasy—and if she wasn't me, wasn't marked in those ways, then that ruined the fantasy, too. (*Dialogue* 47)

Sedgwick ascertains that the body she currently possesses does not, cannot, fit into the erotic dynamic of masochism. Instead, Sedgwick must search for a way to fit her altered body into the structure of her fantasy, or to alter her fantasy life in a way that accommodates her altered body; allowing the unity of her new experience of embodiment to inform her fantasy, rather than conforming to its prior script. In this manner, her fantasies reflect how "there is nothing intrinsically conservative about the impulse of reparation" (Sedgwick, *The Weather in*

Proust 136). A reparative position reflects, and in some way constitutes, Sedgwick's sense of her body as irreparably changed and changing.

As such, the decision to start therapy, insofar as it attempts to transform Sedgwick's affective life, is a reparative act. In her initial discussions with Van Wey, she recalls how she "may have made a near-conscious decision a year ago, after the chemo was over" that "if [she] can fit the pieces of this self back together at all, [she] doesn't want them to be the way they were" (*Dialogue* 7). This reparative desire, which Van Wey responds to as not just "a story about cancer and the trauma of mortality" (*Dialogue* 7), implies that the narrative of self formed through therapy might possess the ability to reshape Sedgwick's identity. However, she initially doubts that therapy will provide a cure; Sedgwick characterises herself as therapy-resistant, and compares her history of therapy to her history of smoking wherein she "tried it a lot of times years ago, but never learned to inhale" (*Dialogue* 5). Beginning in such a manner foregrounds the relational aspect of her disorder, as she describes her initial forays into therapy which "all ran aground in the same way" (*Dialogue* 6). These thwarted attempts would show, after "three or four sessions at most," that "a particular impasse would have gotten wedged so firmly between us we could neither of us move" (*Dialogue* 6). Sedgwick outlines how the failure of these therapy sessions "always involved the charge of 'intellectualising'" (*Dialogue* 6), and explains the encounter as follows:

> A typical thing would be for me to say something like, 'I'm not angry, I'm just confused about this-or-that theoretical aspect of the situation,' and for her to respond, 'Then why are both of your hands balled up in fists?' And of course they would be. (*Dialogue* 6)

The juxtaposition of intellectual thought and feelings, so intertwined in Sedgwick's critical work, forms the rupture in her relationship with her varied therapists. She admits that prior to meeting Van Wey, she was not "what anyone would call in touch with [her] feelings," even going so far as to say that "as far as I can tell, I don't even have what are normally called feelings!" (6). The reparative aims of therapy, here, can be seen as rescuing the intellect from the realm of paranoid thought, and in providing a space where intellect and emotion can flourish through relation.

In making the material of her therapy public, Sedgwick resists the tendency of depression to isolate and affectively distance the individual. In this manner, her memoir reframes depression as a public feeling. Ann Cvetkovich argues that while depression "can take antisocial forms such as withdrawal or inertia," it also offers the potential for "new forms of sociality, whether in public cultures that give it expression or because, as has been suggested about melancholy, it serves as the foundation for new kinds of attachment or affiliation" (*Depression: A Public Feeling* 6). Cvetkovich's positioning depression as a kind of public feeling erases the distinction between positive and negative affects, instead allowing for an examination of what affects *do* in their social expression. Sedgwick's therapeutic experience is an excellent site for reversing the "homogeniz[ation] and universaliz[ation] of a nuanced range of feelings" within medical discourse (*Depression: A Public Feeling* 157). In "Teaching/Depression," Sedgwick comments on the disconnect between commonplace accounts of depression and her own experience. She remarks that depression appears publicly as either "a kind of chronic natural gloominess… or alternatively as a completely exogenous malady," that "is liable to descend on its unsuspecting host until heroically routed by medicine and positive mental hygiene," and finds that both of these conceptions are "very alien to [her]" (Sedgwick, "Teaching/Depression"). Klein's depressive position allows Sedgwick to access "a uniquely spacious rubric" which holds "both the preconditions of severe depression and also the resources for surviving, repairing, and moving far beyond that depression" ("Teaching/Depression"). Insofar as the depressive position is "one of only two positions—two modes of relationality available to human creatures" ("Teaching/Depression"), Sedgwick proposes through *Dialogue* that this position is a means of affective relation and community-building.

Sedgwick's examination of her depression draws attention to the affective states contained within this diagnosis, particularly through her creation of public and relational forms of disorder through language. Cvetkovich states that contemporary "accounts of depression require new ways of talking about affective states and making them publicly significant rather than new terminologies" (*Depression: A Public Feeling* 158). The depressive patient's traditional reduced facility with speech is notably absent from Sedgwick's dialogue. Van Wey raises this very comment regarding Sedgwick's speech:

> 'Because the amount of just plain unhappiness you've been describing seems to come in at an unexpected angle to—'
>
> > 'Oh, I think I know. To a competence I have in saying it. Including the interpersonal competence, I guess.' (*Dialogue* 38)

Sedgwick's undeniable dexterity with language, challenges the conception of the depressive as vocally "repetitive and monotonous," producing "sentences that are interrupted, exhausted, come to a standstill," where "a repetitive rhythm, a monotonous melody emerge and dominate the broken logical sequences, changing them into recurring, obsessive litanies" (Kristeva 33). What Sedgwick and Van Wey's conversation suggests is that Sedgwick's narratives of depression carry the emotional content of the melancholic state without necessarily *feeling like* depression; as such, Sedgwick's writing about depression is highly affectively contagious, without necessarily communicating the depression itself, and instead outlines how affect transforms as it passes through different bodies.[3] At the beginning of *Dialogue*, Sedgwick reflects on the mutability of affect and medicalisation; she says that "it's as a patient that [she wants] to emerge" through therapy, and twists the meaning of the word, reflecting that "it is true I can be very patient" (*Dialogue* 1). To unearth the buried affective potential within medicalised language, in this instance, is characteristic of how Sedgwick approaches her interactions with Van Wey. The construction of *Dialogue*, furthermore, reflects how these moments of affective experience bleed into language even as they resist representation.

The pleasure outlined in *Dialogue*, too, requires a complex understanding of how illness intersects with affect. Prior to commencing therapy, Sedgwick defined her understanding of the way pleasure intersects with institutional contexts as highly masochistic, an indicator that she "was ready to surrender to the disciplinary machine enough pain" to deliver herself "up for good at the door of the Law" (*Dialogue* 8). Sedgwick attributes this tendency to her cancer, which "answer[ed] to [her] fantasies in a 'warm' way," and these fantasies always "ha[d] an institutional pretext… always, always places with waiting rooms." (*Dialogue* 47-

[3] Cvetkovich lists the range of depressive symptoms listed under the DSM, which include "*feeling sad or empty, loss of interest or pleasure, loss of energy, feelings of worthlessness, indecisiveness,* and *recurrent thoughts of death*," to which she adds "lethargy, numbness, being overwhelmed, anxiety, [and] not wanting to do anything" (*Depression: A Public Feeling* 157). These examples show the capaciousness quality of affect involved in symptomatising a mood disorder.

8). These fantasies are experienced by Sedgwick as an "examination" (*Dialogue* 48), a term which connotes distance and detachment, even as the focus of these fantasies is oblique. Sedgwick recounts an encounter in her treatment which made explicit an element of domination heretofore buried in her fantasies, as they move from the "quasi-medical" to the strictly clinical (*Dialogue* 48). In this memory, a nurse instructs Sedgwick to close her eyes and surrender, and from without Sedgwick hears a voice utter the phrase "spread your legs" (*Dialogue* 49). The charged phrase "spread your legs" is not said directly to her, but rather the command is overheard as "a low voice somewhere—not near me—say rather distinctly to someone else" (Sedgwick, *Dialogue* 49). Sedgwick's fantasy includes the unseen subject of this phrase, and it develops the flow of pleasure between passive subjects as well as between the active and passive participants. In creating this space, Sedgwick suggests that her pleasure is expansive, exceeding any one subject positioning, and able to be shared or mimicked by the reader as they please.

Sedgwick's self-reflexive play with affect and readerly practices is further developed in *Dialogue*'s representation of Oedipal dynamics. Sedgwick embraces this framework early in her therapy, asking Van Wey if her sense of paranoia around the therapeutic endeavour are connected to "[her Freudian preconceptions—as a literary critic," and wryly comments that such theoretical leanings are more the province of the literary critic than the analyst in this contemporary moment (*Dialogue* 42. Cvetkovich notes that "it is customary, within our therapeutic culture, to attribute [feelings of depression] to bad things that happened to us when we were children, to primal scenes that have not yet been fully remembered or articulated or worked through," a tendency which she sees as reducing a social problem to an individual concern (*Depression: A Public Feeling* 14-5). Such a position reinforces dualistic modes of thinking about depression, and does not acknowledge the possibility of depression existing as an object of therapy while remaining embedded in its position as the product of social relation. Instead, throughout *Dialogue*, moments of Oedipal recognition disrupt Sedgwick's coherence of feeling and intellectual thought, causing her to retreat back into the safe structures of psychoanalytic criticism. Sedgwick's admission that she is "*pathetically in love with [her] mother*" is formulated as an observation that "can't ever have been less than obvious," even as she has "seen [her]self as such a firm oedipal conscientious objector" in her critical work (*Dialogue* 141). Sedgwick uses the Oedipal plot to absurdly

comment on her relationship to Van Wey, as she relates a dream she had prior to a therapy session, in which her father suggests that they have sex:

> I'm unenthusiastic but I say, 'Well, okay, sure…' Then he gets up to go pee or something. When he comes back into the room, I say, 'I've been thinking about it, and I really don't want to. What would I tell my shrink? There are a million things I still have to narrate to Shannon, but if I had sex with my father, then we wouldn't get to talk about anything else for just months and months.' (*Dialogue* 41)

In this dream, the self-reflexive awareness of the Oedipal script is encouraged by the therapy dynamic, and by how such a script could halt their progress. By invoking this Oedipal framework, Sedgwick suggests that such discourses might be indivisible from the standard narrative of therapy, but strongly signals her ambivalence regarding how such narratives compose her sense of selfhood.

Indeed, when reading *Dialogue* from a paranoid position, one might expect an Oedipal drama to emerge from Sedgwick and Van Wey's discussion of her family life. As Van Wey notes, Eve "usually speaks of mother and father as monolith, 'my folks' (almost always really = mother)," conceiving of her own difference against this parental monolith (*Dialogue* 35). However, this scene can be read as more than Sedgwick inverting the relationship she and Van Wey are building into a familial dynamic. I concur with Patton's assertion that it is too easy to analyse *Dialogue* as "a conventional narrative arcing ineluctably, if ambivalently, towards a reconciliation of the protagonist with her family of origin, and as locating [Sedgwick's] misery in the convolutions of that family" (217-8); instead, the hermeneutics of suspicion become destabilised by what Miller terms "the surprises of kinship," which erupt in Sedgwick's theoretical relations as much as in her genetic family (219). Sedgwick aligns Van Wey with a range of familial positions, citing a study where "hairy infants cowering in avoidance of their wire experimental 'mother,' rigged though she were to yield milk if only they'd give her spiky frame a nuzzle" and the infants instead cling to "the milkless, white puffy breast of her sister, also wire, but padded with cathectible terrycloth that dimples with their embrace" (*Dialogue* 12). In this instance, the confusion of kinship between the role of the mother and sister, and their relationship to nurturance, challenges the formation of Oedipal narratives within the therapeutic encounter. By detaching the notion of care from procreation, Sedgwick further implies that the therapeutic relationship,

in allowing for an extended sense of kinship and attachment, can sustain different kinds of participants and different modes of feeling than a traditional family structure.

Sedgwick's experience of emotion, too, is characterised by surprise and resistance to conventional structures of feeling. Initially, Sedgwick describes herself as unemotional or opposed to emotions; she notes that it was the symptoms of menopause, which "dramatis[ed] shame, heat, affective aura of feeling awful and bad," that first brought her to therapy and instigated her consideration of affect more generally (*Dialogue* 83). While she had previously "seen herself as someone without emotions or without access to them," the influx of hot flashes as a symptom allowed her "to question this [view] when affects and bodily sensations came to her as if from outside" (*Dialogue* 83).[4] Affect, too, initially confounds Sedgwick in relation to her ownership of feelings; Van Wey notes that "when [Sedgwick] does recognise an emotion" it is crucially restrictive and "inflexible," in how she can "be sure of holding onto it as hers" (*Dialogue* 204). Such an approach identifies how affect can only be known through stasis; affect theorist Erin Manning notes that "too often, when we speak of sensation, we stop the movement of the body" (*Politics of Touch* 20), and likewise the recognition and codification of affect can prevent the body from moving, changing, or healing. Her therapeutic journey is an attempt to reckon with the vitally contagious and communicative quality of affect, in how it evades ownership by an individual person.

In creating this shared sense of experience, Sedgwick appeals to a materiality which extends beyond the limits of the body. In a *haibun* she "tr[ies] to imagine /a body in which /motility is not the /same thing as danger" (*Dialogue* 85). This motility is initially accessed in a dangerous form, namely that of Sedgwick's father, who is conjured through her feeling "somehow restored to an adult size—in relation, that is, to the spectral figure of my own fear and rage," which she associates with her father "in his own rage" (*Dialogue* 94). Sedgwick accesses this motile embodiment, however, through an interaction with Van Wey;

[4] In a conversation with Lee Edelman, Lauren Berlant describes Sedgwick's illness writing as "not a simple symptom simply calling out to be cured but a messier room" ("What Survives" 55). Berlant suggests that, as "symptoms overorganise a process into a representation," they become simplified and literal, and she focuses symptomatic logic on process and precedent: "before something becomes the lie that is a symptom, a fetish, or a fact invested in desire, it is a dispersed environment of causes and pulses" ("What Survives" 55).

in this instance, she attempts to express her sense of embodiment to him following her treatment:

> The best description I can give Shannon: I've lost my third dimension. I have the sensation that the front and back of my chest cavity are glued together with fear; there's no place for my hammering heart, no interiority. No rooms to go into, and no one to go into them. I'm so much at bay that my whole materiality has flattened. (*Dialogue* 92)

Van Wey suggests that the pair attempt to restore Sedgwick's third dimension, and by "planting our feet and ourselves about a yard apart, we place hand against hand, his and mine," the two "push with our little might to force each other a step or two backward" (*Dialogue* 93). After this, Sedgwick finds herself "embodied in quite /a new way; dimensional, /powerful. /*Not scared*" (*Dialogue* 94). This process initiates a new level of affective and embodied relationality in *Dialogue*; until this point, Sedgwick worries that "with each other we've been so disembodied" (*Dialogue* 93), yet here both are touching and touched, revealing a sensing subjects in the precise moment they try to access another's experience. This altered embodiment "emerges from an experience that prioritises affective embodiment over conscious thought" (Bradway 214), a prioritising that Love echoes in her contribution to Sedgwick's *Festschrift*, in which she praises how "Sedgwick in her work explicitly sought to clear intellectual and affective space for others… she really knew how to reach out and touch someone" (235).[5] This act of "enjoining care to /the material senses" (*Dialogue* 213) will be the subject of the next section of this chapter, as I explore how reparative reading practices are configured as an act of touch. Touch, in this sense, makes affect material, and interpolates the reader and the writer into a shared space of relationality.

[5] A wealth of critical work which has emerged following Sedgwick's death attests to this intersubjective quality; Nicholas de Villiers notes that while he never met Sedgwick, his "attachment to her, as a reader, nonetheless feels 'personal'" (221), and Wayne Koestenbaum reflects on the experience of reading her work, in which he feels that "both of our bodies… were together wrapped in a complex scene of mutual recognition" (383). James Kincaid takes this notion further, commenting that when reviewing Sedgwick "I haven't been saying 'I' because I don't have any 'I,' which is not modesty but something like the reverse. Eve is the we of me" (229). Kincaid's sentiment is also acknowledged by Jonathan Flatley, in his note that Sedgwick "abundantly and enthusiastically available for various practices of resemblance, identification, and imitation" (229).

Illness in the Interstices: Form, Affect, and Readerly Practices

Affect figures in the structure of *Dialogue*, as much as its subject; formally, the memoir reaches beyond the scope of Sedgwick's autobiographical essays to directly access the other, an engagement that these essays posited as being essential to her understanding of illness and reparation. Through its integration of experimental narrative styles, *Dialogue* "model[s] its conceptions of affect, intersubjectivity, and reparation" which embed the reader within "a network of contingent and reciprocal affective relations" (Bradway 197). As one of the distinct formal innovations of the memoir, Sedgwick's usage of the *haibun* models the construction of these new subjective states, and it shows how a memoir can produce affective contagion between bodies. The *haibun* is discovered by Sedgwick midway through the narrative, as it is proposed by a friend as an appropriate form for representing the convergence of Van Wey and Sedgwick, and it is retroactively incorporated throughout the finished product of the memoir. The *haibun* is specifically used to reflect the significance of Sedgwick's discussion with Van Wey; she notes that she has "never experienced this kind of interlocution before," and that "the space of Shannon is both myself and not" (*Dialogue* 115). Moving between states of poetry and prose, the use of the *haibun* form "reflects a deliberate crossing of ontological thresholds" (Franklin 249). While the *haibun* signifies conflicts and contradictions of ontology, its presence in the narrative also asserts the non-linear temporality of the text, as these sections have been inserted from a later time in the narrative than the sections of memoir which surround it. The disruption of the cohesive sequence of Sedgwick's narrative emphasises the constructed nature of the narrative; the fact that the *haibun*, and by logical extension the case notes, are located in a different temporal moment to the primary narrative they reside within, signals that the narrative as a whole has been selected, composed, and constructed to a certain end, rather than implying a linear or diaristic experience.

Indeed, the *haibun* form provides a means of exceeding the singularity of the authorial self. The use of *haibun* communicates a feeling of escape, albeit a momentary one, that parallels the trajectory of the therapeutic journey itself; as Sedgwick comments, they form a "place where talking /to someone else is also /talking to myself" (115). Therapy itself is traditionally construed as a journey, a narrative of travel that conflates change with progress

(Miller 220). As the *haibun* alter the body of the text, the abstract space of the narrative begins to feel less consumingly Sedgwickian, and subsequently the memoir feels less tied to her embodied experience, as if this abstracted space refracts onto a more abstracted body composing it. Moreover, the *haibun* require readers to "participate and fill the gaps and the empty spaces with their own thoughts and experiences" (Rüggemeier and Scheurer 179). In line with this reading, Bradway claims that the spatial interjections of the *haibun* "manifest reparative affects without relying solely on a first-person narrative to express these feelings" (197). These poetic forms accept the limits of knowledge, both individual and social, and move beyond the individual speaker's experience into a kind of affect-laden indeterminate space, allowing the speaker to say "what I didn't know /and when I didn't know it, /and what *that* felt like" (*Dialogue* 15). The movement into the *haibun* suggests that the subject belongs to not only Sedgwick but somewhere between her and Van Wey, and between her and the reader; Elisabeth Stephens recognises how "such problematisations of the status and singularity of the autobiographical subject lay at the heart of [*Dialogue*]" (32). By making clear the struggle playing out in the larger narrative, and by slowing the pace and rhythm of the text, the *haibun* suggest a space of temporal relief.

While Sedgwick asserts that she finds the haiku form (a close cousin to the *haibun*) "precious" and "insipid" (*Dialogue* 194), her embrace of the *haibun* is linked to its affective capacity. Bradway argues that *Dialogue* "effects its intervention by reimagining the relation between self and other in ways that mitigate the intersubjective violence of paranoid defences, which it does through—not in spite of—its opaque, non-figural affective spaces" such as the *haibun* (199). Bradway sees the *haibun* as a linguistic and textual space where Sedgwick can "manifest… affect through formal means that are more capacious than plotted conflict or first-person narration" (199). As an affective potent space, the *haibun* erases the boundaries between the speaking 'I' and the subject of speech, and between the speaker and the reader. Sedgwick makes the affective capacity of the *haibun* explicit in another section, where she describes the feeling of "bursting out of my /eyesockets with pain" (*Dialogue* 6); not only does this *haibun* express Sedgwick's pain more forcefully than the main narrative does, but it appeals to the very sense through which the reader gains access to her words. By this means, the *haibun* allows for the interplay of affect moving within and between bodies, and subtly dissolves the boundaries between these bodies.

The *haibun* form materialises the movement of affect through the narrative space of *Dialogue*. The physical presence of the *haibun* on the page allows for what Carolyn Williams distinguishes as "the ability to see and feel the play of affect—not on a face or body but in print" (196). As Katy Hawkins notes, the spaces surrounding the *haibun* inform the text as much as the poems do, obstructing and breaking up the more lyrical rhythms of Sedgwick's dialogue (255). Certainly, Sedgwick initially recognises that the spatial qualities of the *haibun* are an essential part of its appeal; she uses the empty space of the *haibun* to accommodate distance, seeing that "to negotiate our strange /melody, I have some use /for all the white space" evoked through this poetic form (*Dialogue* 194). In this manner, the *haibun* allows Sedgwick to gain authorial control over the lapses, gaps and absences that traditionally characterise the patient's narrative of selfhood within therapy or psychoanalysis (Kofman 43). The spaces that frame the *haibun*, and the visual and rhythmical disruption they perform within *Dialogue*, allows Sedgwick to embrace the unspeakable, and acknowledge the epistemological limitations of her position as both autobiographical subject and author. Tonally, the *haibun* allow for the release of the depressive affect from the narrative, rather like letting the air out of a balloon; as the space opens up within the text, the sense of enclosure within Sedgwick's experience disperses into the larger narrative, which in turn mitigates some of the isolating qualities of singular personhood. In this fashion, Sedgwick communicates the affects of depression while allowing for moments of relief that she herself does not necessarily feel. The investment in Sedgwick's authorial persona, in this instance, works in opposition to following the formal path of the memoir, within which the *haibun* encourages a feeling of distance from Sedgwick's authorial voice. In addition, the *haibun* allows an affective transformation to occur; Miller writes of the pleasure in reading *Dialogue*, in which "the book seems to radiate the pleasure of its own form" (218), a statement which reflects upon the transformation of pain into pleasure that the text effects.

The case notes in *Dialogue*, too, encourage the incorporation of different relational perspectives into the main narrative. While Sedgwick's recording of the therapeutic endeavour is not an attempt to form "an authoritative record to appeal to" (*Dialogue* 116),

the inclusion of Van Wey's notes radically redistributes the sense of authority within the text. The confessional quality of Sedgwick's memoir is considered by Anne Rüggemeier and Marin C. Sheurer to be at times "so intimate, so personal, so focused on Sedgwick's inner world that it becomes difficult for readers to find a way into her experience" (179); the case notes, as a typographic and spatial break from the body of the memoir, allow for the inclusion of another perspective. The queered function of the case notes is evident in how they diverge from their typical purpose, to catalogue and isolate an illness to a specific person or exemplar. The different voices contained within *Dialogue* are formally distinguished by their typography—the sections authored in Sedgwick's voice in standard lower-case, whereas the case notes, authored by Van Wey, appear in capitalised blocks—however, the integration of the case notes with Sedgwick's primary narrative does not form a more coherent story of the therapy experience, but instead undermines the reader's desire for such a narrative. In fact, the impossibility of forming a complete, authoritative record of the therapy experience is theorised by Sedgwick and Van Wey, as they speak of "how fortifying it would be to have an authoritative record to appeal to" of their time together, while noting how Sedgwick "doesn't always seem to use this record of [their] hours so much that way" (*Dialogue* 116). Even as the case notes assume an increasing prominence over the progression of the memoir, they do not threaten to usurp authority from Sedgwick's main narrative. Instead, as the case notes continually remind the reader of the disruptions, fragmentations and omissions that exist within and between case note and primary narrative, they also serve to emphasise both the intimacy and the distance between therapist and patient.

As Van Wey's case notes are imperfectly absorbed into the main text of *Dialogue*, Sedgwick occupies the dual position of both reader and writer of her own narrative. Van Wey identifies the threat of anxiety occurring from this dual positioning, in terms of "how sadistic [Sedgwick] can be in reading someone else's writing," which he feels might "spoil [him] as a source of nurturance or her with sadism about how I write" (*Dialogue* 200). This case note raises the spectre of paranoid reading, but redirects this anxiety towards a reparative nurturing, wherein Van Wey gives in to the risk of being seen, and truly recognised, by Sedgwick. This recognition, in which the risk of self-exposure can be mitigated by Sedgwick's ability to perceive herself within these notes (Bradway 211), signals that modes

of reading autobiographically, rather than biographically, can be a source of reparative motives; to be seen, in this situation, is to see oneself intertwined with the subject. The ways in which the notes and Sedgwick's larger narrative rub up against each other, with information spilling out and breaking through one another, provide a textual mechanism by which modalities of touch inform the knowledge of the self and the other. These notes are the means by which Sedgwick can begin to read herself with the same acuity and nurturance that she reads others, and the continued fracturing of the narrative into notes and main text signals how *different* her relation to wholeness and identity is after therapy.

The therapy dynamic between the two participants emphasises how their position within the relationship encourages relation and affective exchange. Sedgwick and Van Wey discuss how the therapy experience acts as the two "trying to put our stories together" (*Dialogue* 103), which implies that the significance of integrating and comparing two the different reading strategies each style encourages, as well as the tactile, permeable integration of their narratives. Van Wey notes that Sedgwick expresses chagrin about falling into paranoid reading habits regarding her own account of therapy, after narrating a dream that she later interpreted as reflecting on an aspect of her relationship with Van Wey (*Dialogue* 55). Later, too, Sedgwick wryly comments on the distinctly "'psychoanalytic' stylization of the moment" (*Dialogue* 87) where Van Wey mixes up her name with another patient's. The authorial uncertainty regarding Van Wey's role in producing *Dialogue* has led to relatively little critical discussion of the incorporation of his case notes. This absence indicates a discomfort within Sedgwick studies on broadening the scope of her memoir; to consider Van Wey as integral to the production, and at least somewhat the subject, of this autobiography poses a challenge to the genre itself, and destabilises Sedgwick's status within her own memoir. While Cynthia G. Franklin argues that Sedgwick's ownership of her therapy narrative arises from her "skills as a literary critic," where her analysis of Van Wey allows her to flip the power relation between them, such a reading deliberately avoids considering what Sedgwick might gain from sustaining their relational identities (253). Instead, Van Wey is positioned as a reparative reader of Sedgwick as much as she is of him, in a manner which promotes an egalitarian and relational understanding of authority and authorial practices.

The temporality of the case notes, too, influences their ability to act in a reparative fashion. Sedgwick considers how paranoid impulses have "a distinctively rigid relation to temporality, at once anticipatory and retroactive," and it can be inferred that disruptions to this rigid progression can be a reparative force (*Touching Feeling* 146). The case notes model this disruption, as they are being retroactively fitted to the narrative; being both authored and included into the narrative at a different time than Sedgwick's own account is being recorded, they are a reminder of the indeterminacy and lack of control these notes afford Sedgwick's own singular perspective. In certain sections, these notes make this temporal disruption clear; in one example, Van Wey comments that Sedgwick "talks some about her friend Gary [Fisher]" (*Dialogue* 118), which precedes Sedgwick's own account of the discussion in an inversion of the order typically present in *Dialogue*. By reversing the order of these section, it becomes clear that they cannot be aligned towards a predictable or anticipatory result; Stephens comments that as the case notes allow Sedgwick's narrative to become more about "intimacy, not identity, affective dynamics rather than the therapeutic narrative" (38). In this manner, the inclusion of a clinical, institutionally-legitimated form of discourse into the narrative of *Dialogue* enables this narrative to encompass a range of relations to structural authority.

The inclusion of the case notes, just like her understanding of fantasy and masochism, permits Sedgwick to redefine the relationship of the patient to institutional discourses. The case study, as Kathryn Montgomery Hunter notes, traditionally acts as "a narrative of control," wherein the making of case narratives reinforces existing hierarchical states of power within the relationship between the therapist and the patient, and moreover produces narrative-based forms of these states (163). The case study employs language in enforcing control over the patient, and it locates power in how the therapist reshapes the "problem-event that has animated some kind of judgment" (Berlant, "On the Case" 663). The standard "passive, unbiased voice" of case writing aims to submerge the presence of the therapist within judgement, and in doing so positions them in irreparable authority over the narrative of the patient's wellbeing (Crozier 377). However, as Sedgwick notes in the beginning of the memoir, the term 'patient' affectively characterises both herself and Van Wey, so identifying with this term "doesn't feel like placing [her] at a distance" from Van Wey (*Dialogue* 1). Furthermore, the disruption of the hierarchal structure of therapy opens up

different kinds of relationships within this setting, and different means of relating to one another. Accepting the constructed nature of *Dialogue* means accepting that the case notes cannot have been incorporated into the text—either by selection, placement, or by re-writing—without being authored in some manner by Sedgwick. Such an argument does not presume to cast doubt on the authorial origin of the case notes, or to undercut Sedgwick's aims in shaping *Dialogue* around the words of another authorial voice, but instead draws attention to how the blurring of authorial voices is integral to the narrative's aims. If the case notes are considered part of Sedgwick's authorial purview, rather than the sole property and voice of Van Wey, then the positions of the patient and the therapist, and the right each has to speak of certain experiences, begin to meld together.

By including the case notes in her memoir, Sedgwick accesses a social, and most crucially mutual, experience of therapy. The case notes perform what Van Wey terms the "constraining" and "labour intensive" qualities of the individual in writing; by blurring the distinction between the first and second person narrators, he suggests that there are "emotional registers that [aren't] available while generating [the] first person" (*Dialogue* 207). These notes thereby host a more capacious, social understanding of emotion and of identity. While Sedgwick initially possesses mastery over Van Wey's interjections (Van Wey's excitement about how their exchanges blur the boundaries between self and other are undercut by Sedgwick, who thinks "Deconstruction 101" (*Dialogue* 31) in a rare moment of academic elitism), she quickly becomes absorbed into his own recounting of their shared experience, feeling like "it is as if I'm /Inside Shannon's head" (184). Insofar as these sections are typographically distinct, they mask how fluid the sense of identity is within them; Sedgwick even commented on this, noting that the use of the first person is permeable, and that "there are times when even I can't tell whose first person it is" ("Teaching Depression"). The therapy relationship is, consequently, not characterised by boundaries or hierarchies of power, but by a weaving together of the two participants, which foregrounds the social within the individual.

The case notes likewise complicate representations of subjectivity by blurring the narrative voices of Sedgwick and Van Wey. There are moments where it is impossible to identify the

speaker, as when a case note states "realisation: it's not me who's paranoid, it's my mother, about me" (*Dialogue* 125); in the moment of reading the words, the reader lacks the necessary clues that would distinguish that they are in fact reading from Sedgwick's perspective. In another instance, unlike the bulk of the case notes, the "me" speaking is Sedgwick rather than Van Wey, and the dream which it contains, of "Hal and I having sex in a big old hotel—enjoying—but I have to find my mother" proceeds for a large chunk of text without clearly reverting to Van Wey's narrative voice (*Dialogue* 204). The interrupted phrase "enjoying" emphasises the autonomy of affect, rather than tying affect to a particular experience, but it also opens up a question of who precisely is feeling this enjoyment; not only does the affect in this example escape being confined within Sedgwick's persona, it evades being categorised in a form of narrative which would aid such confinement (Massumi 35).[6] Only towards the end of the case note does Van Wey's perspective become evident, as he comments that "the dream leaves [Sedgwick] delighted with this portrayal of her sexuality at this time—the exposed structure, incoherence of levels, the confusion of Hal and her mother" (*Dialogue* 204). It is the reader's contextual understanding of Sedgwick, and her well-known reliance on the kinds of humour and references to anal eroticism which pepper this passage, that indicates that it is she who is speaking in this case note before Van Wey's writing confirms it; the fact that so much of the recollection occurs before this identification is allowed destabilises our understanding of which identities have authorial control in which sections of the narrative.[7] Unlike the anxieties surrounding the author in Chapter One, through which the interpretation of Plath as being out of control diminishes her authorial achievements and creativity, in *Dialogue* the shared authorial position is cause for both fear and delight. Katherine Kent declares that "at times we may also find it painful to read the way Shannon's notes reduce, discipline, misrecognize Eve's layered accounts of herself, even as this book reflects Eve and Shannon's developing intersubjective intimacy"

[6] Sedgwick's authorial power, in some ways, implicitly undermines Van Wey's presence within her narrative. As her text is finished, revised, prepared under the knowledge that it will be made public, while his is responsive to the experience of therapy and exists, permanently unfinished. Through this comparison, Sedgwick can be seen to challenge the ability of the analyst to finish the story of the patient, to provide a conclusion to their ongoing lived experience. If, as Hunter notes, "the medical case is not the patient's story—nor is it meant to be," Sedgwick's use of case notes can be seen as a model for shifting the case study to representing the interaction between the therapist and patient, authored by both parties (164). The case study, which "functions as a procedure of objectification and subjugation" (Foucault, *History of Sexuality, vol. 1* 192), is challenged by the proposition of unstable subject/object divisions, and by the possibility that the ostensible subject, Sedgwick, is erasing these boundaries.

[7] Another instance of this relation between form and touch can be found in Sedgwick's discussion of spanking as a form of anal eroticism, which she links to poetic enjambment (*Tendencies* 179). The feeling-capacity of the poem, in this example, is heightened through its ability to stimulate and touch the reader.

(507), but such disciplining is the result of all narrative representation, and pain as much as pleasure is involved in the condensation of a person into representation. In contrast to Miller's pleasure of the text noted earlier in this chapter, this reading privileges Sedgwick's self-representation over Van Wey's, and ignores how pleasurable the touching, overlapping and blending-together of these two identities can be.

The pleasure of indeterminate identity is, in fact, a crucial effect of how the case notes are incorporated into the main narrative of *Dialogue*. Rüggemeier and Scheurer share this view of the case notes, professing that "as often as Sedgwick's narrative voice reproduces Shannon's words," the case notes "echo her emotions or even adopt her voice," and indicating sections in which Van Wey speaks for or on the behalf of Sedgwick (176-7). One such example can be found in the note below, which outlines a "dream of you and a bunch of your other patients," in which "I began dancing, danced over to you and you got drawn into it" (*Dialogue* 86). In this section, one presumes the speaking voice is Van Wey, but the inclusion of other patients undermines this certainty; only when the first-person singular emerges later in the note does it become clear that Sedgwick is the narrator of this section. It is not, however, as clear as Rüggemeier and Scheurer suggest, that Van Wey is speaking on behalf of Sedgwick; rather, the indeterminacy of the passage means there is no clear way to tell who is authoring these sections, despite the memoir's history of identifying Van Wey or Sedgwick in distinct narrative forms. In case notes which follow this section, there is a sense that the narrative voice has become unmoored from any singular identity, and is residing in an affect-filled space similar to that of the *haibun*; the speaker comments that "it's like there are places inside of me where everything's reversed" (*Dialogue* 90) and loses the ability to express a coherent self, instead breaking down into fragments such as "swirling gray lost confused boring nothingness" (*Dialogue* 91). Insofar as these fragments resist being resolved, they are an example of reparative forms, emphasising wholeness in irresolution. By maintaining their indeterminacy, therefore, Sedgwick asserts the value of such incoherence.

The mutuality of this therapeutic relationship, furthermore, allows for both participants to benefit from this indeterminacy. The therapy encounter has not just transformed Sedgwick;

by participating in this exchange with her, Van Wey's conception of selfhood has also changed. Van Wey describes how Sedgwick has changed his worldview, in how it was "so much easier for [him] to envision things in discrete parts" before Sedgwick "[came] along and smudge[d] up the barriers" (*Dialogue* 31). The lack of barriers between them initially conjures a fear of infection, but in this instance is not seen as threatening by Van Wey, instead referring to the pleasurable experience of affective contagion. However, this paranoid tendency does not prevent Sedgwick from maintaining a flexible mode of thinking about identity. In a crucial case note, where Van Wey does not refer to Sedgwick at all, he defines his conception of personhood as "additive, [and] non-narrative," a view which allows him to consider people as "a kind of cubist three-dimensionality" rather than a fixed identity (*Dialogue* 109). This additive, multiplying notion of selfhood can be understood as reparative when considering the therapy relationship between Van Wey and Sedgwick; Van Wey augments Sedgwick's understanding of self, just as she does his, and this is best represented by the choices of case notes included in *Dialogue*. These case notes often fulfil narrative functions that Sedgwick's main account cannot, as in the note which divulges the fantasies Sedgwick has had of the two of them, including wrestling together. It is crucial that despite the promiscuous identificative practices occurring within Sedgwick's narratives, she includes a recollection of herself speaking these fantasies through another's voice rather than retell them herself. As such, the narrative explores "how they're intertwined— /his permanence in me—my /permanence in him—" (*Dialogue* 122), which brings together the two identities even as the syntax holds them separate.

In this manner, the case notes in *Dialogue* promote relationality through form as well as content. Van Wey comments that the "tension" in this model results from it being "intersubjective (e.g., teacher/student) but nondual" (*Dialogue* 215). This non-duality comes to an apex in Sedgwick's *haibun*, where she praises her "favourite pronoun: the dear /first person plural," by exclaiming "Promiscuous we! /Me, plus anybody else. /Permeable we!" (*Dialogue* 106). The use of the term promiscuous, in line with earlier discussions of movement and motility, suggests unrestrained movement and travel, while the term permeable reflects this motility inwards upon the construction of the self, in which the self is known through, not despite, mobility. As the speaker "deindividuates" (*Dialogue* 215), in Van Wey's term, they become porous and open to relational forms of affective experience.

In line with Sedgwick's definition of a reparative impulse, which is "additive and accretive," the drive towards repair involves assembling and "confer[ring] plenitude on an object that will then have resources to offer to an inchoate self" (*Touching Feeling* 194). While the reparative impulse in *Dialogue* is explicitly linked to the loosening boundaries of the self, it also promotes investment in another person as a reparative object.

Van Wey's ostensible role in *Dialogue*, as befitting his position as a therapist, is to interpret Sedgwick's speech into a narrative which could allow for the process of healing. He does so primarily by filling in the feeling that attends her utterances; in one such example, when he comments on an upcoming conference presentation "seem[ing] to make [Sedgwick] ill at ease" (*Dialogue* 117), his interjection adds the emotional context needed to fully understand her words. Towards the end of the memoir, however, Van Wey's interpretative role develops into something more akin to inhabitation. As he becomes aware that his notes will be integrated with Sedgwick's own, Van Wey increasingly relates to Sedgwick as a subject who possesses the ability to transform his own subjectivity. In one note, Van Wey comments upon reading Sedgwick's writing, and draws comparisons in his mind between her and his father; however, Sedgwick does not simply replace the father figure, whose relationship to Van Wey was characterised by fear and anger, but rather as "a reassuring version of him," both "accepting" and "sweet" (*Dialogue* 200). The intervention of Sedgwick into his understanding of familial bonds allows Van Wey to reparatively read, and subsequently revise, his concept of how a father should behave, and to reconfigure his emotional relation to this concept. Instead of reverting to paranoid responses, in which the 'deeper' story of Van Wey's relationship to his father must be unearthed, instead the revelation is used to flesh out the continuing story of Sedgwick and Van Wey. Bradway argues that "Sedgwick finds Van Wey's notes reassuring because they attempt to inhabit her point of view, reparatively reading her" (Bradway 211), but these notes also show Van Wey endeavouring to apply these reparative reading practices to himself. The value of reparative reading practices in autobiographical narratives, then, is in how these practices move between participants, from writer to reader, and in so doing how they promote the centrality of affective contagion in sustaining intersubjectivity.

In fleshing out the experience of illness in *Dialogue*, the case notes offer a new form for the representation of medicine distinct from the monadic, individualised structure of Western medicine (Frank, *Wounded Storyteller* 36). In the case notes, symptoms travel and move from one speaker to another, and retain their immediacy even when being reported by an observer. In one such example, Van Wey fully inhabits the experience of Sedgwick, expressing her fear of "the possibility of becoming phobic about IVs," which is qualified as "fear of fear of pain" around the "puncturing of one bodily layer and then another layer of pain inside" (*Dialogue* 212). This fear, which is connected to an inability for Sedgwick "just to be passive [and] let it wash over her" (*Dialogue* 212), is only acknowledged in the case notes, and not in Sedgwick's own narrative. That these symptoms only become known to the reader through the mediation of Van Wey's notes does not only suggest that illness impacts Sedgwick's ability to fully represent herself in her writing, but it also indicates that some symptoms may only make themselves known through relation. These fears, translated and communicated by Van Wey, affectively bind him to her experience. In this case note, the individual is not isolated within their experience of ill health, but instead embraced, sympathised with, and inhabited. This example indicates that the only way to truly know Sedgwick's experience is to let Van Wey read her; Sedgwick's reading of Van Wey, too, allows for a more complete subjectivity.

As the narrative progresses, Van Wey moves closer towards Sedgwick's initial position in the dialogue between illness and wellness, and towards her auto/biographical subjecthood. In many ways, he is more forthright about the feelings provoked by his illness, or at the very least how these feelings affect his therapy with Sedgwick. Van Wey describes his hospitalisation late in the narrative and how it "disrupts [Sedgwick's] position of being on only one side of sick/well division" and in so doing "throws her into the side of also being someone who has someone they care about gravely ill" (*Dialogue* 214). Over the course of *Dialogue*, the divisions between illness and wellness begin to disappear just as the divisions separating Sedgwick and Van Wey do. These divisions are referred to at the start of their therapy relationship, where Sedgwick speaks of her feelings about her "fifty-fifty" cancer diagnosis:

> 'Oh, no, breast cancer doesn't usually work like that. I *felt* but that was from the treatment, not the illness—if the cancer ever does get me, it

> probably won't be for years. And the chances of that are something like fifty-fifty.'
>
> Probably there's a smile on Shannon's face after I produce this. Certainly not because he wants me sick, and not either because he's glad I could be well. It's because, momentarily, he identifies with the mechanical elegance of the trap this disease has constructed for an anxious and ambivalent psyche. Fifty-fifty, I think he's thinking: perfect for turning this particular person inside out. (*Dialogue* 5)

The term "fifty-fifty" juxtaposes an even divide with the uncertainty of subject/object relations in this passage. Sedgwick reflects that "probably there's a smile on Shannon's face after" she refers to this binary term; Sedgwick reads into Van Wey's smile, which is "not because he wants me sick, and not either because he's glad I could be well" (*Dialogue* 5), a pleasure which responds to, rather than ignores, the potential risk of her condition. The prevalence of terms such as "probably" and "I think he's thinking" couch the section in Sedgwick's later knowledge of how Van Wey *would* have responded to such a statement, rather than a precise recollection of the moment itself. This temporal distance forms as the distance between Sedgwick and Van Wey narrows, which permits his increasingly prominent voice to unmake the obdurate rigidity of her sense of embodiment following her initial cancer diagnosis.

Towards the end of the memoir, Van Wey reflects on how the duality and uncertainty that attends Sedgwick's cancer, in which "tests show no new cancer. Tests show same old cancer," has intersects with the continued presence of his own back pain (*Dialogue* 216). The truth of these experiences of illness cannot be understood through a binary opposition of illness and health; just as Sedgwick's cancer cannot be adequately comprehended by the dualistic mindset of the people "who ask her if her news is good or bad," binary frameworks are "not a flexible or productive way of thinking about [illness]" (*Dialogue* 216). The conclusion of *Dialogue* returns to the initial site of breast cancer, this time belonging to someone outside the frame of the narrative. This moment, in which Sedgwick "got a call from woman she has known here who just found out she too has breast cancer," in which she "describes this woman as already having a significant depression… someone driven to keep working, even if she has no enjoyment in the labour" (*Dialogue* 220). As a contrast to the knowledge of Sedgwick gained throughout this memoir, someone who takes a great deal

of enjoyment in both her labour and her life, ill or not, this acquaintance is both related to Sedgwick and affectively distanced. The reparative engagements that structure *Dialogue* extend beyond the scope of the memoir, just as illness extends beyond the individual. This acquaintance offers both Sedgwick and the reader an opportunity to distance themselves from the personal, and tests the limits of identification. The resistance to curative narratives at the conclusion of *Dialogue* suggests that illness has moved location, but not vanished entirely, again conceding that the transmission of illness and affect alike occurs within a shared social sphere. The sense of fate which intrudes upon the narrative at this point reflects the everyday contagion of illness, in that it becomes inseparable from the daily fabric of life.

Chapter Three

"A Duet with Somebody Who Isn't There": Intimacy, Autism and Fictional Selves in Barbara Browning's *The Gift*

Barbara Browning's autofictional novel *The Gift* (2017) depicts a love story that revolves around questions of authenticity regarding both form and subject; in the novel, the author's avatar Barbara meets Sami via a YouTube clip of one of his ukulele covers, and their ensuing relationship eventuates to be a catfishing encounter. As such, *The Gift* is concerned with the ramifications of fiction, and of fictional identity, within autobiographical writing and lived experience alike. Barbara and Sami's relationship evolves around his apparent presentation as someone on the autism spectrum, and the revelation that Sami has been faking his identity, and furthermore his diagnosis, causes the reader to question what role a faked illness can have on social understandings of illness.[1] In this chapter, I explore how a fictionalised representation of illness, specifically Sami's faked presentation of autism, divorces modes of contagion from their biological basis, and in so doing this representation asserts the ability for affective contagion to constitute the reality of an event. The act of faking symptoms allows Sami's persona to be validated by its association with a particular diagnosis, and to benefit from the qualities associated with this diagnostic category. This performance, I show, sustains his fictitious relationship with Barbara, despite seeming to restrict or prevent affective ties from forming, as the relational quality of Sami's autistic pretence envelops Barbara in a diffuse, undifferentiated atmosphere of illness that prevents containment or individualisation. Barbara's inability to sustain firm boundaries between herself and others,

[1] A distinction regarding nomenclature should be made for clarity. From here on, the author will be referred to as Browning, and her fictionalised avatar as Barbara. The role of the catfish in *The Gift* is designated as Sami, and in Browning's unpublished afterword to the novel (cited with permission from the author), he is referred to as Rafi.

moreover, is what makes Sami's performance of illness real and affectively potent, and therefore implicates her in the emotional experience of his performed disorder.

False Positive: Catfishing, Autism and Affective Prosthesis

The Gift traces the relationship between Barbara and Sami, which begins initially through exchanges of videos. Barbara also records ukulele covers, albeit with a twist (her handle is "Naked Lady with a Ukulele" (Browning, *The Gift* 68), and she often sends her acquaintances covers which are intended to appeal to their sensibilities. The relationship between Sami and Barbara develops, and then collapses, after Barbara flies to Cologne to meet Sami against his wishes, and subsequently she begins to realise that the person she has been communicating with is a fabrication. *The Gift* is thus concerned with communication and intimacy, but it disentangles these qualities from their association with notions of truth, tangibility, and reality. As discussed in the previous chapter's analysis, the formation of an intimate relationship can incite affective contagion, which in turn informs an increasingly permeable sense of self for the participants. The real shock of *The Gift*, in this sense, is not that Sami has been catfishing Barbara; her friends express doubt about the situation frequently, and Barbara leaves clues in the narrative that even she does not fully believe in Sami's self-presentation. It is that Barbara creates and sustains an emotional connection with Sami because, not in spite, of his professed lack of emotional facility, and in doing so she exhibits a generous mode of reading which is affectively engaged and non-suspicious in orientation.

Supported by a wealth of sensory evidence, including spoken conversation, photographs, and singing, Sami's identity surpasses the standard relationship of the catfisher to the victim, in how it is evidenced in several sensory registers. This identity is therefore a persuasive sensory experience, unlike most accounts of catfishing, which are usually built out of text

and the occasional pilfered image.[2] The emphasis on sound in Sami's relationship to Barbara is unusual, even unique, in the depths and responsiveness this quality has to the events of their relationship. Barbara mentions that Sami "didn't appear to be a native speaker of English" yet "almost all the text on his website was in English, as was most of the music he sang," and despite living in Germany Sami "never sang in German" (Browning, *The Gift* 37). The dissonance produced from this account contrasts with the sheer presence of his voice, which Barbara describes as "more 'his' language than you would have guessed from his writing" (Browning, *The Gift* 38). In the unpublished afterword to *The Gift*, Browning mentions the stylistic cohesion of Sami's singing voice, "so consistent, over so many tracks in so many styles," as the central evidence of his identity as "Sami" ("afterword"). While his speaking voice has many ellipses, gaps and peculiarities to either distinguish or obscure his identity, Barbara interprets Sami's singing voice as his most consistently 'true' form of expression, evidenced in how Sami says that "the only thing I'm faking when I'm talking is… the modulation of my voice;" he does so "in order to sound… a little more human" (Browning, *The Gift* 40). Barbara attributes the distinctive quality of Sami's voice to a symptom of his autism, but it also signals a certain level of artifice in his character. As such, the false quality of his voice becomes more embedded as a part of his 'true' existence as autistic, rather than prompting distrust in his self-presentation.

Among the key elements of Sami's vocal construction are his unspoken pauses, which can signal a kind of emotional excess. Sami insists that these pauses are a function of narcolepsy, which arises from talking about traumatic subjects. Barbara depicts situations where Sami seems to fall asleep abruptly when reliving moments of emotional intensity over a phone call, in which "sometimes he'll leave in a big section of the sound of his breathing, evidently passed out on top of his headset" (78). These interruptions occur most frequently in their emails, and are signalled as a break in the narrative, as when talking about his family prompts

[2] Sami affirms the reality of his persona through visual cues, also, in excess of the usual means of the catfisher. While he uses a range of pictures on his website, which change "sporadically, depending on his mood," these pictures are less convincing than the visual art he sends to Barbara (Browning, *The Gift* 14). In the afterword, Browning says that she had told Rafi once "you're like a volcano in a bottle" and the next day he sent her a painting of that image, which he said a friend had painted after Rafi told him Barbara's description of him ("afterword"). The immediacy of the image affirms to Browning that Rafi has real relationships, and that her relationship to him is validated by the involvement of others. However, this is one of the means by which Browning unravels the hoax, as she locates this image on the website of the woman behind Rafi's persona, who is a visual artist.

“an abrupt stop in the text, and then, '---snip---,' and a new paragraph beginning” (Browning, *The Gift* 78). These breaks are evidence of textual signifiers representing an unrepresentable affective experience, in Sami’s case, and they suggest that *The Gift* occupies affective registers beyond that of the textual. Barbara brushes off this lack of communication as a “way to handle emotional overload” (Browning, *The Gift* 78) and her lack of suspicion about the validity of these events reifies her image of Sami as both ill and a passive subject governed by his symptoms. The truth-claim of narcolepsy, in terms of a diagnostic category that provides a narrative logic for lapses in communication, provides a cover for Sami’s delayed responses, which he can craft without the pressure of immediacy. Conceptual artist Hito Steyerl proposes that the affective quality of hope in the catfishing endeavour, in how this affect underpins the faith held in the epistolary form, effects an interruption of the “drab temporality” of the romance plot in the digital age (69). Sami’s symptoms appear to meet a “demand for explanatory narrative,” which G. Thomas Couser identifies as a common feature of disability life-writing (604), where the explanation makes the story and the teller whole. Sami’s explanatory narrative uses the fiction of disability to affirm the truth of his identity, and it can do so precisely because of the perceived truth-value embedded within sensory experiences.

One of the most prominent ways in which medicalised narratives inform cultural notions of the body are the understanding of diagnostic categories as an embodied source of truth. Sami’s identification as a person on the autism spectrum is presented through textbook, almost formulaic symptoms. Sami’s love of music is central to his presentation as autistic, and he says that “music is my only way to communicate my emotions as I have hard times with nonverbal communications,” which indicates a level of emotional facility in making music that exceeds his body language or facial expressions (Browning, *The Gift* 18). His descriptions of his childhood, too, conform to classical understandings of autism:

> He said that as a child he had an 'emotion clock' with a hand that pointed at different emoticon-like faces so that he could indicate his own affective state. He mostly couldn’t bear being hugged—as a child it made him scream, which got him in trouble—and he also liked counting and collecting things, and he liked to mimic accents. He found eye contact extremely uncomfortable because it conveyed too much information. (Browning, *The Gift* 25)

These symptoms quickly become the means by which he manipulates Barbara's attention. After disappearing from the internet, Sami reveals that an excessive amount of human contact causes him to become overwhelmed, and "social interaction was difficult for him because it wasn't logical but emotional, and social cues for irony or hostility or affection often eluded him" (Browning, *The Gift* 24). It should be noted that such social interactions, where Sami "ha[s] a very difficult time reading other people's facial expressions," are predominantly excluded from the domain of their communication, which is primarily composed of vocal and text-based forms (Browning, *The Gift* 24). Sami's confession that emotion overwhelms him is juxtaposed with his continued interest in her expressions of intimacy, and this affective juxtaposition is what enables Sami's catfishing of Barbara. Indeed, Barbara comments that she has a history of "appreciat[ing] people who didn't have very high affective expectations" (Browning, *The Gift* 24), and this history counterintuitively prepares her to be groomed for her affective generosity.

While recent years have witnessed an explosion in cognitive and neurological research into autism, in part to address skyrocketing rates of diagnosis, such studies have to some degree propagated discussion of the condition as one of emotional deficiency. The autism boom, in one sense, is less a product of increased research into the topic, and more an investigation into what Stuart Murray terms the "sense of [autism] being *characterised* in the public realm" ("Autism and the Contemporary Sentimental" 32). Murray discusses the notion that media portrayals of autism have formed their own hysterical "hot zone," using Elaine Showalter's term, through which both the sense of an epidemic and ideas of contagion spread via stories ("Presences" 28). This is arguably the prevailing public conception of autism, despite the impact of research, including work by Majia Holmer Nadesan and the SenseLab's Erin Manning and Brian Massumi, which has challenged the perception of autistic thought patterns as neurodeficient. Indeed, Nadesan's suggestion that autism is not an easily-recognised disorder of specific neurological differences, but "a nominal category useful for grouping heterogeneous people all sharing communication practices deviating significantly from the expectations of normalcy," responds to the ways in which the condition is "produced through the nosological clustering of symptoms" rather than a biological basis (214). The autistic symptom, in this sense, is constitutive of the disorder in

the public imagination, which in turn produces a conception of autism as both a social disorder and a disorder of sociality.

The public conception of autistic symptomology is thus employed by Sami to make his fiction of identity believable. As a form of neurological difference, autism is characterised by an extreme sensitivity to stimuli, which can manifest in affective distance or a sense of emotional overloading (Hacking 1472). These qualities are present to a lesser degree in lower-spectrum autism disorders, which are often represented as a disorder of deficient affectivity, whereas classical high-spectrum autism is characterised by "an absolute and global absence of emotional responsiveness" (Bergenmar et al. 204-5). Murray notes the association with discourses of lack in popular understandings of autism ("Presences" 33), and Sonya Freeman Loftis comments that autistic persons are perceived as lacking warmth or empathy (9). As an extension of this lack, Autism has not only been characterised in terms of emotional deficit, but in the aforementioned framing of "Theory of Mind." This aspect of the disorder, which has gained prominence through Simon Baron-Cohen's terminology of the "mindblind," means that for many people, autism has come to represent a walling-off of emotion—an inability to understand the emotions of the neurotypical brain, and an inability to communicate the non-neurotypical emotional responses of the autistic brain (81). Many researchers of autism, however, reject Baron-Cohen's terminology as inaccurate and insufficiently descriptive of an autistic person's experience of the world (Duffy and Dorner 202; Smukler 22). In particular, Murray critiques the "Theory of Mind" conception of autism, arguing that if "the individual with autism is posited as a 'non-reader,' then that the responsibility for understanding or interpreting his… actions comes from without" ("Autism and the Contemporary Sentimental" 27). This sense of lack often characterises the emotional experience of autism; autistic persons are often commended for their "unusual honesty and directness" (3-4), which implies that they cannot lie. In *The Gift*, Sami asserts his inability to accurately express his emotions in language, and in so doing he also appears to relinquish the mastery over language required to lie, persuade, or manipulate someone. Barbara's belief in his autistic presentation, therefore, is in part facilitated by the cultural construction of the autistic person as emotionally constrained, and lacking mastery over language.

When considering Sami's autism as a mode of engagement, or a relational tactic, rather than antisocial behaviour, Manning's perspective provides a useful contrast to the extant view of autism as affective limitation. In Manning's view, autistic persons are highly relational and expressive, and they sense and relate to the world around them in registers which elude the neurotypical population (*Always More Than One* 153). Manning, alongside her collaborator Massumi, juxtaposes the pathologising quality of neurocentric models of disorder with the limits of the neurotypical subject's experience. In this framework, autism exposes the limits of normative function precisely because it suggests models of thought that cannot be captured in standard structures of experience (Manning and Massumi, *Thought in the Act* 21). Sami's function as a relational subject heavily relies on the assumption that he is affectively constrained, and that this limitation can be supplemented by Barbara (as someone who presents as neurotypical, and therefore as affectively able, in contrast to Sami). As Sami's discursive identity, and subsequently his embodied presence within narrative, becomes fixed within a diagnostic category, he ceases to move affectively as an entity in and of himself. Instead, it appears that Sami can only attain full affective and narrative capacity when in conjunction with Barbara; his limited communicative range encourages her to supplement this via the production of her own stories, and his restricted affective range provokes a complementary excess of affect from Barbara. In his catfishing, Sami requires Barbara's affective labour to make his existence feel real; in this way, her actions combine the two schools of thought behind the term, namely the "gendered forms of labour which involve the affects in a central way" and the intellectual underpinnings of labour and production (Hardt xi). In *The Gift*, Barbara's affective labour takes the form of a complementary device by supplementing Sami's perceived lack.

However, Sami does not engage in the conventional fiduciary aims of catfishing, but instead the persona he constructs for Barbara appears to be designed to elicit emotion as an end unto itself. His actions, specifically those which are characterised as features of his autism, are highly manipulative, and provoke Barbara to supplement the emotion he signals he is lacking. The first instance of this emotional catfishing occurs when Barbara obliquely suggests meeting, and Sami halts their communication:

> Sami didn't write back for a couple of days. This was OK, I didn't think much of it, but on the third day I decided to visit his website just to see if

> he'd posted any new music. That was June 12, 2012. When I checked the website, he'd changed his profile photo and removed all but one track—a painful, heartfelt cover of Pink Floyd's 'Goodbye Blue Sky.' The only commentary under the track was: 'Bye—Sami.' The photo he'd left was a black-and-white, contorted shot of his naked back, arms writhing over his head. (Browning, *The Gift* 23)

The picture and track give Barbara the impression that her excess of emotion—the desire to encounter Sami in person—has prompted a suicidal act. While Sami later returns and apologises, attributing his absence to another correspondent's overeager communications, the manipulative nature of his actions begins to set the terms of his and Barbara's relationship, wherein her desire for emotional connection threatens to his sense of selfhood. Sami's presentation of sensory qualia appears to reflect the "fundamentally passive body" of normative medical discourse; if Sami is prevented from using his tools of perception, he thus loses the active power of both sensing and sensuousness (Grosz 89). Sami's internet presence positions him as an inactive recipient of sensation, but his actions (such as deleting the music on his YouTube channel) signal an awareness of how his presence impacts others. Positioning Sami as the inactive recipient of sensation, a "signifying subject in language" rather than an active participant (Manning, *Politics of Touch* 20), reflects both his difficulties communicating emotion and the remoteness of his physical presence. Through the mediation of Barbara's narration, Sami possesses a lack of sensory qualities, which makes his character feel less embodied within the narrative, and which by contrast affirms the sensory presence of Barbara's body.

In discussing Sami's autism, I thereby aim to show how diagnostic categories enable the legitimation of a fictional identity. I do not wish to suggest, however, that the diagnostic category of autism is in any way false, or that autistic persons' neurodivergent presentations are not an accurate account of the ways their minds work. In conversation, Browning notes that the real-life catfisher Rafi's presentation of autism did not raise alarm signs with medical professionals when described to them, and it is germane to assume that Sami's descriptions of autism are for the most part equivalent to Rafi's. While the nosology of autism typically opposes the sense of sympathetic feeling that can precipitate emotional contagion, it also reveals a means to understand the sociality of feelings that are complementary or supplementary, rather than equivalent (Ahmed, *Promise of Happiness* 39-40). The

affordances a diagnosis of autism lends to this particular narrative, in the manner by which it enables certain tropes of emotional incapacity and normative function, illuminate the means by which cultural understandings of an illness affect not only the sufferer, but the people who interact with them. As autism has historically been construed as a social disorder, in the perception of the general populace it arises through relation, rather than within the individual subject. Correspondingly, I argue that Sami utilises this perception of autism to heighten Barbara's senses, and subsequently he feels more real to her. To use a disorder of the emotions, as autism is commonly characterised, to effect a false identity-narrative does not suggest that the disorder itself is false, but rather encourages an examination of how emotion circulates between the catfisher and the victim.

For the purposes of this chapter it is fruitful to analyse the effects of Browning's description of autism through the framing of a "narrative prosthesis" (Mitchell and Snyder 4).[3] David T. Mitchell and Sharon L. Snyder see the figure of the disabled body in literature as requiring or demanding explanation, in how such figures embed a causal narrative into the body perceived lack of function in order to convert this lack into an easily-understandable story. Mitchell and Snyder suggest that as "the disabled body occupies a crossroads in the age-old literary debate about the relationship of form to content," then form is used as an indication of meaning where "disability's disruption of acculturated bodily norms also suggests a corresponding misalignment of subjectivity itself" (57). The notion of prosthesis, in this sense, frames bodily alteration "within a regime of tolerable deviance," which implicitly affirms the normative function of the unaltered body (Mitchell and Snyder 6-7). The notion of the prosthesis, which David Wills sees as a term of mediation between the literary or

[3] Contemporary readings of autism suggest that "because [it] is not a single impairment, but a diagnostic label based on behaviours, with a wide range (a spectrum) of characteristics, and because the autism category includes so many variations, it makes sense to consider autism with other disabilities—whether physical, behavioural, emotional, or cognitive" (Lewiecki-Wilson et al. 317). The flexible discursive positioning of autism allows it to function both as a disability, conceptually construed as lack, and as neurological difference or divergence. If one considers autism as expressing culturally fabricated notions of the mind and emotions, in the same manner by which disabilities evoke society's narratives about bodily unity, it calls into question the automaticity of emotion and thought (Garland-Thomson, 5). Considering autism as not solely cognitive or a disability foregrounds the relational quality of the disorder and of cognitive relations in general; as Diane Price Herndl argues, by focusing on the social construction of disability the embodied singularity of disease is often excluded ("Disease Versus Disability" 593). While the assignation of autism spectrum disorders to the realm of disability might enforce, as James Berger posits (570), a narrative form in which the social construction of the disorders are obscured, I will argue that the convergence of cognitive and disability models allow Sami's performed autism to explore the social construction of autism.

textual and the body (137), arises in Mitchell and Snyder's view as a way for narratives to move towards repairing the textual body, and the narrative prosthesis erases the disabled body from the reader's experience of the text (8). *The Gift*'s prosthetic function does not erase the disabled body from view, but rather reasserts its presence, by providing sensory evidence to distract from Sami's fictions of selfhood.

References to Sami's physical disability are plentiful in *The Gift*. The prosthetic is first introduced in regards to Sami's prosthetic leg (for which Barbara knits a prosthesis cozy), but the need for prosthetic intervention is also provoked by Barbara's love of dance, which Sami resists as an activity at which he is inept or unskilled in comparison to her, and he mentions that his dancing would have to be enabled by "crutches or a morris chair" (Browning, *The Gift* 17). Following this exchange, Barbara looks at his website and sees a new picture of Sami, in which he "appeared to be seated, nervous, looking slightly off to the side. The small image was from the waist up, but if you clicked in it, it expanded, and you could see his whole body. His left pant leg was rolled up, exposing a bladelike titanium prosthesis" (Browning, *The Gift* 17). As this image does not initially reveal Sami's prosthetic leg, its unveiling has an enticing quality to it; this information must be sought out, which has the intended effect of intriguing Barbara, but it is nonetheless easily accessible. Barbara observes that Sami "doesn't talk about feeling things with the prosthesis" (Browning, *The Gift* 52), which could refer to either Sami's tactile sense of his body or the emotional quality that the prosthetic gives him. Instead, Barbara embraces the idea of a prosthetised body, reasoning that "it was interesting to think of his prosthetic leg as though it were a musical instrument or a work of art," but she reveals that "it was even more interesting for me to think of his violin bow as a prosthesis" (Browning, *The Gift* 48). In this passage, Barbara configures physical disability as inviting artistic intervention, implicitly her own, for the purpose of attaining wholeness. In terms of *The Gift*'s representations of narrative prosthesis, Sami's position as a prosthetically-assisted figure is composed through his physical disability and his autism; however, insofar as physical prostheses are present in Browning's novel, it is Sami's mind that is more overtly construed as needing prosthetic augmentation. In particular, the constant supplement of emotion which Barbara gives to Sami, along with the status of autism as suspended between mental and physical states of disability, indicates that a prosthetic capacity of the mind drives the narrative of *The Gift*.

Sami's fiction of selfhood, therefore, is reified by its association with his illness. Persons with psychological or neurological illnesses have traditionally been associated with the technique of the unreliable narrator; William Riggan identifies the madman as one of four key tropes underpinning the unreliable narrator, and states that "the madman's narrative is… extremely unreliable in rendering an accurate picture of the occurrences and evaluative interpretations which he places on those elements of his narrative" (143).[4] In *The Gift*, Sami's fictive performance of autism has the opposite effect, of stimulating and propagating Barbara's trust in him, despite strong evidence that Sami is not who he appears. While catfishing typically negotiates between states of 'real' truth and affective truth, the diagnostic characteristics which enable Sami's catfishing indicate that his performance of autism is also navigating these states. As such, we can see how the cultural symptoms of this disorder, or the limitations attributed to individuals on the autism spectrum in popular culture, implicitly position autistic individuals as inherently more truthful because of their inhibited affective register. *The Gift* is a prime example, therefore, of how medical discourse can impact the truth-status of autobiographical writings, and of how fiction is not just the province of the novelist. What is critical to Browning's representations of disability, I argue, is how a deficit of emotion becomes conversely more reified by its relation to physical disability, which in Sami's case enables a more persuasive fiction of selfhood.

The prosthetic role of affect in *The Gift* forms in response to Sami's expression of autism, which I have argued functions as a kind of narrative prosthesis (Mitchell and Snyder 4). In terms of the novel's representations of narrative prosthesis, I propose, firstly, that Sami's position as a prosthetically-assisted figure implicitly insulates him from direct or even imagined affect; and, secondly, that by combining the prosthesis with his autistic presentation, Sami's character alludes to the possibility of an affectively prosthetised mind, wherein his perceived lack of emotional articulacy encourages Barbara's supplementation

[4] In works of fiction, the presence of "self-deluding narrators suggest[s] a saner mentality in the implied authorial voice which created them" (Riggan 133). Riggan states that the distance between the 'mad' unreliable narrator and the author crafting this persona allows the norms of behaviour to be shared between the presumed reader and the author, even as the narrator diverges from these norms (5). However, this relation is necessarily made more complex in autofictional works, where the narrator and writer are presumed to be relatively similar.

of affect. If Sami's presentation of autism is framed through Murray's argument that autistic persons are popularly conceptualised as non-readers, then generous reading acts as a supplementary, or prosthetic, model of reading others. Murray writes about the conception that autistic persons do not possess a strong "Theory of Mind," essentially lacking the ability to 'read' another person's behaviour as responsive to their mental state, and reasons that "if we describe an individual as having an incapacity to read the thoughts, emotions, and actions of others, then we potentially go some way to creating an idea of that individual, not as an agent, but as a figure who functions in terms that are supplied to him or her" ("Autism and the Contemporary Sentimental" 27). Sami's perceived passivity, which is inferred from his descriptions of his limited communicative ability, provoke Barbara to supplement his affective and interpretative limitations, in a manner which fills their interactions with a sense of shared affect. As such, their relationship is not only characterised by questions of illness and truth, but also of the value of interpretation more broadly. As Barbara and Sami establish a relationship composed through their ability (or perceived lack of ability) to 'read' each other truthfully, their exchange points towards the benefits of reading generously, opposed to suspicion, and by extension it offers a sceptical view of the truth-value of identity and selfhood.

While Sami is positioned as a non-reader, Barbara stands in comparison as an uncritical reader, or someone who does not want to interpret the evidence under her nose.[5] Rather than encouraging the pursuit of truth implicated in verifying Sami's identity, *The Gift* presents a model of how to read generously, a model which does not negate the hermeneutics of suspicion, but instead replaces suspicion with intimacy and self-reflexivity. Barbara's resistance to suspicion prominently informs the mood of the novel, which continually observes the wonder and happenstance of events. The fictions of identity at the root of the novel suggest that "there are different kinds of absence and various forms of concealment,"

[5] Michael Warner suggests that critique has rested on "fables of bad reading," in which critics can "imagine ourselves as the bearers of a heroic pedagogy, the end of which is not the transmission of a canon or the catechistic incorporation of facts and pieties, but an open future of personal and collective liberation, of full citizenship and historical belonging" (14). In collecting a set of values by which criticism can safeguard its intellectual primacy ("don't read like children, like vacation readers on the beach, like escapists, like fundamentalists, like nationalists, like antiquarians, like consumers, like ideologues, like sexist, like tourists, like yourselves"), Warner suggests that "within the culture of critical reading it can seem that all the forms of uncritical reading—identification, self-forgetfulness, reverie, sentimentality, enthusiasm, literalism, aversion, distraction—are unsystematic and disorganised" (15).

in which "latency or obscurity does not always signal repression, and not every act of interpretation qualifies as suspicious" (Felski 57). The sensory evidence which affirms Sami's existence, via his videos, phone calls and emails, means that Barbara only experiences him through acts of reading and of listening; subsequently, her interpretation of the events which lead to his unmasking evince a commitment to the affective truth of the encounter, even in the face of reasonable evidence that would render such a position untenable. Barbara thus enacts a mode of interpretation which resists the temptation to fall into paranoid reading practices; as Rita Felski outlines, reading practices which fall under the hermeneutics of suspicion "are forms of plotting that seek to identify causes and assign guilt," which manifest "tacit accusations, driven by a desire to identify fault, apportion blame, and track down wrongdoing" (87). Barbara's mode of reading Sami offers a challenge to critical modes of reading, in which her misrecognition of his identity allows for the flourishing of other, affectively saturated narratives to supplant a suspicious orientation. As Felski contends, critique's "overriding concern with questioning motives and exposing wrongdoing (the moral-political drama of detection) results in a mind-set—vigilant, wary, mistrustful—that blocks receptivity and inhibits generosity" (188). This positioning, Felski continues, shields one from "the risks, but also the rewards, of aesthetic experience" (188) and of relation more generally. Considering Barbara as an uncritical reader of Sami's autistic presentation reveals how she counters paranoia with positive affect, and furthermore positions this kind of generous reading as a valid alternative to the hermeneutics of suspicion.

Lived Fictions: Inappropriate Intimacy and a Hermeneutics of Generosity

As discussed in the previous section, *The Gift* is preoccupied by the discordance between a lived truth and an emotional truth. The following section will explore the relationship between intimacy and fictionality in *The Gift,* and it suggests that the novel's generic status allows both qualities to be felt by the writer and the reader. In this manner, the tension between the emotional and the neurological components of intimacy are mediated by forms of embodied characterisation which respond to other modalities of contagion, specifically

viral and sexual modes. The genre of *The Gift*, in addition to its subject, is invested in blurring the divisions between fact and fiction; Browning explicitly positions her works as novels in line with the tradition of autofiction, and in so doing necessarily evokes both fictional and autobiographical styles in her writing. In the genre of autofiction, a term coined by French author Serge Doubrovsky, the protagonist shares the name and some, though not necessarily all, key characteristics, of the author (Worthington 2). By referencing her role as a professor at NYU's Tisch School of Performing Arts, Browning engages with a distinctly academic mode of public autobiography, and she crams the novel with references to other academic and artistic luminaries. In this manner, Browning's work resists what Paul John Eakin terms "the adaptive purpose of self-narrative," which privileges the "maintenance of stability in the human individual," in asserting the primacy of one version of the self over another ("Living Autobiographically" 4). Instead, *The Gift* argues that versions of selfhood can coexist, and do not challenge the 'realness' of the self in question. If "the core concept of autobiography is *relation* (whereas for fiction it is *response*)" (Schmitt 143), then Browning's hybrid writing suggests that relation is never passive, and indeed presupposes a response from the reader.

Accusations of fakery and false identities are present early in *The Gift*, which hint towards the novel's invitation of a suspicious reading of Sami's identity. In one early example, Barbara initially makes a joke about Sami really being a German hausfrau, which turns out to be not far from the truth (75). Similarly, Sami admits to other online commenters doubting the veracity of his musical abilities, which Barbara illustrates in the following passage:

> A few weeks after the first dance to words, somebody accused Sami of posting sound files that he hadn't actually created. This person had sent him a very aggressive message through his website. This was evidently another classically trained musician, and he went to the trouble of tracking down some YouTube videos of other pianists who had performed a couple of the Beethoven sonatas with similar phrasing to Sami's. None were identical, but the guy seemed to imply that Sami had pilfered some unsourced recordings by established musicians and claimed they were his own (Browning, *The Gift* 75).

Barbara finds it easy to explain these accusations away initially, saying that "you can almost understand how a person could have this suspicion. If you didn't know his story, it did seem a little incredible that one person could be making all that music, on so many instruments,

in so many styles—plus singing like that, gorgeously" (Browning, *The Gift* 75). Sami's story and the sensory evidence are thus mutually constitutive, each lending the other a veneer of authenticity that would collapse without its support. While Browning recognises in her afterword that Rafi's (the name for Sami, ostensibly his 'real' name, which Browning uses in the afterword) auditory thefts were the breaking point of his hoax ("afterword"), initially the 'truth' of the music and of Sami's voice is enough to counter claims of falsehood for Barbara; by trusting the evidence of her ears, she resists the temptation to give in to suspicion, and ignores the evidence before her eyes.

Despite their seemingly irreconcilable relationship to the truth, the generic states of fiction and autobiography are often closely associated. Biography scholars Sidonie Smith and Julia Watson identify how life narratives and fiction are often conflated with each other, and they observe that autobiographies are easily mistaken with novels, while the reverse is a rare occurrence (7). The converse is true in the case of Browning's work, as her novels are assumed to represent real life in several different registers. The reception of women's autofiction tends to align such works towards the autobiographical aspects of the text, even if the author makes evident the fictionality of their work, and I suggest that the bleeding-together of autobiography and fiction in Browning's work shows the primacy of autobiographical narratives over fictional narratives in women's life writing.[6] As Browning's writing merges fiction and fact, and life and invention, the events that structure her life begin to correspondingly become more fictional, in a manner which suggests that contagious writing can impact the life which it is sourced from, as well as the inverse. This quality, furthermore, is manifested in the real-life implications of the publication of *The Gift*; Browning's unpublished afterword to the novel details her being stalked by another subject of the Rafi's catfishing, who was convinced that Browning was the catfisher in part because of her profession as a writer of fictions (Browning, "afterword"). Smith and Watson raise the question of hoaxes in their study of autobiographical reading practices, and they propose that while the threat of false identity can be present in the genre of autobiography, it has no place in a fictional text, where all identity is false (32). In contrast, *The Gift*'s subject reflects a larger concern surrounding the assumed mendaciousness of the fiction writer. Sami is as

[6] For a more detailed analysis of this phenomenon, refer to Chapter One.

much a creator of fictions as Barbara is, and the care and coherence put into his identity establishes an authorial agency which poses a challenge to Browning's central position as the author of her own story.

Indeed, Barbara signals from the very beginning of *The Gift* that her central interest in the form of the novel lies in the ways that fiction and reality cause friction in a narrative. After opening the novel with a description of her email from Dr. Mel, a weight-loss specialist from a town called Winnetka who mistakenly sends Barbara spam email, she later revises the terms of this event:

> I also let my students know that for reasons of discretion, I'd altered a few details in telling that story. I said that Winnetka was a fictionalised location, as was Dr. Mel's name and website, which you may have discovered if you attempted to Google him. These were close approximations of his real identity and location.
>
> My real name is not Barbara Andersen.
>
> Sami's real name is not Sami…
>
> Once in a while I invent entirely fictional characters. (Browning, *The Gift* 100)

The assertion that Barbara occasionally engages in fiction, couched within a work which that continually asserts itself a novel, goes beyond a mere allusion to the autobiographical elements peppering the narrative. Instead, I suggest that the status of her characters as fictional, to one degree or another, is the driving force behind the narrative of *The Gift.* In In her afterword to *The Gift,* Browning comments on the difficulty she found in maintaining states of fiction and reality within this novel, saying that "I wrote in the novel that it was a little irritating that [her friend] Abner kept putting 'Sami''s name in quotation marks, and I'm sorry if I'm irritating you by doing this now, but I feel compelled to be very clear about what's fiction and what's not" (Browning, "afterword"). In *The Gift* Barbara admits a feeling of chagrin towards Sami's deception, saying "it's funny, you'd think if anybody could collaborate with a fictional person, it would be me" (Browning, *The Gift* 167). The distinction, however, between Sami's fictionality and Barbara's own is situated in the slippage between representation and identity; Barbara declares that "I don't always think it's bad to misrepresent oneself. In fact, I wouldn't use that word, and I certainly wouldn't use

the word *lying*," and she concludes by saying "but in my case, I always call it fiction" (Browning, *The Gift* 168). In this sense, Sami's persona is an unambiguous misrepresentation, but does not function as fictional in the manner that Barbara's narrative persona does. However, Barbara's comment does invite the reader to consider the distinction between lying and fiction, and how one might distinguish between the two; if Barbara's lies are fictions, what, then, are Sami's?

In *The Gift*, Browning frequently writes scenarios in which her fictional avatar rubs up against apparently clear-cut distinctions between reality and fiction. These situations often become even further destabilised by the involvement of real figures such as high-profile academics Lauren Berlant and David Graeber; for example, Barbara notes her lover Olivia's irritation during Graeber's talk at Zucotti Park as part of the Occupy New York movement, which she attributes to "the fact that I'd recommended him to my lover in [first novel *The Correspondence Artists*]" (Browning, *The Gift* 35). The Olivia that appears in *The Gift* is one of the author's rare characters who is purely fictive, and Barbara says that she "had to make her up because someone else found it too painful to be part of the story when she read the first draft of this manuscript," and Barbara "loved this person and… wanted to do right by her" (Browning, *The Gift* 202). The Olivia character "has nothing to do with the person I excised from this text" (Browning, *The Gift* 202). The realness of Graeber in this instance, contrasted with the clear fabrication of Olivia's character, throws into relief Barbara's flexible position regarding her own fictionality. Barbara explains that while "many of [her] fictional characters are closely or loosely based on real people" she will "continue to have intellectual and sometimes intimate or erotic relationships with these people even after I've made them fictional" (Browning, *The Gift* 36). The inversion of this position, in how Barbara finds that "sometimes these capacities overlap" as far as her lovers are concerned (Browning, *The Gift* 36), suggests that real people can easily attain fictional status to Barbara as part of the life-narratives she constructs around her. The affective tone of Barbara's relations to character, either fictional or demonstrably real, suggests that the affective quality of fiction and reality is roughly equivalent in her perspective. Browning's slippage between real and fictional identities, in this sense, destabilises the hierarchy of feeling embedded within these concepts.

As previously outlined, the genre of autofiction relies on an incomplete metonymy of the persona of the author and their works, and this relationship is usually unidirectional, with the author's life providing context and verification for the novel's subject. However, Barbara often references the inversely novelistic qualities of her own life; in one such instance, she asks "remember how I told Sami very early in our correspondence that things I imagined in my fiction often ended up coming true? You'd be surprised how often that happens" (Browning, *The Gift* 141). This convergence of fact and fiction occurs in both directions, wherein the events of her life begin to resemble the novels she has written, as well as her work resembling and drawing on her life. Barbara details how in her first novel, the narrator "travels all the way to [fictional location] Bamako to meet her secret lover, but he doesn't show up, and it turns out there's been a miscommunication" (Browning, *The Gift* 160). She notices that these events are "uncannily familiar" in their resemblance of her trip to Cologne, and even mentions that Sami has read this book prior to their thwarted rendezvous (Browning, *The Gift* 160-1). However, events also occur which undermine Barbara's identity as the author of her own narrative. Towards the end of *The Gift*, the slow revelation of Sami's fictional identity makes Barbara question her status as author, stating that "I thought I knew the novel I would write and the dances I would make, but now I think maybe you wrote the novel and choreographed the dances, and I'm a character, which would surely serve me right" (Browning, *The Gift* 166). Barbara's oscillation between her existence as writer and her position as a character written by others emphasises the levels of identity-crafting occurring within *The Gift*, and in so doing destabilises her position as the author of her own autobiography. In this manner, *The Gift* unmoors the author from the central position of her autobiographical writing, as did Eve Kosofsky Sedgwick's *A Dialogue on Love* (1999). However, unlike the shared therapy experience documented in Sedgwick's memoir, where both participants become less mediated as the memoir progresses, both Sami and Barbara become more fictional as the novel proceeds.

The narrative structure of *The Gift* evokes the intimacy of the epistolary style, which resists narrative closure by foregrounding the active process of writing, in conjunction with forms of digital writing. *The Gift* employs traditional epistolary qualities to establish its digitally-

mediated spheres, including the thwarted love plot and the style of address in Barbara's messages to Sami (Campbell 338), and in so doing it incorporates qualities of digital and viral affect into the genre of the infectious autobiography. Digital writing, of course, is both a new way to read and to write, and "presents a contemporary complication of historical practices of writing" (Steyerl 58). Composing what Steyerl calls "the sensual aspect of an absence… to which the lack of a physical body is not an unfortunate coincidence, but necessary" (58), digital forms of writing inevitably alter the sense of embodiment and temporality contained in writing. The catfishing relationship is only one aspect of the narrative styles in *The Gift*; instead, it is the range of communicative styles and formats that allows feeling to saturate the space between Barbara and Sami. Mark Nunes identifies a shift in temporality that occurred with the rise of email, and he states that email uses the literary convention of epistolary form's reliance on real-time as a technique of depicting reality, but with the added distinction between publics, where "the *outer* public threatens to break *in* on the private at any moment" (107). Moreover, Nunes suggests that as "the clear potential for dissemination" is "implicated in every electronic transmission," in digital writing "all correspondences—even those intended as strictly private— become a kind of publication" (107). The intimacy of *The Gift*'s lovers' exchanges is mediated by this tension between public and private life; Barbara's sly rebuttal that she only talks about her sex life "in totally public forums like academic books and novels" (Browning, *The Gift* 52) reveals the sense of intimacy that she feels a public spaces equips her with. The epistolary drive, which in this novel is redirected along the lines of email, voice message and comment threads, suggests that the autobiographical impulse in *The Gift* is inherently bound up with the mediated effects of a public sense of identity.

In *The Gift*, intimacy appears in terms of excess, or what Barbara calls her project of "inappropriate intimacy" (Browning, *The Gift* 13). The qualities of Barbara's excess are introduced early in the novel, where she admits that "in truth, sometimes I am excessive, though I try to express my excess in ways that are easy to ignore—for example, recording ukulele cover tunes for people" (Browning, *The Gift* 4) The source of impropriety, here, could be found in at least two areas; firstly, the inappropriateness of the recording, and secondly the inappropriateness of sending the covers to people, sometimes unasked. Barbara obscures the inappropriate quality of the first quality until later in *The Gift*, where she reveals

that the title of her YouTube channel (the aforementioned "Naked Lady with a Ukulele"), and that her covers posted online often include her naked body partially covered by her instrument (Browning, *The Gift* 68). However, the impropriety of the second category is acknowledged early in the novel, as she describes the beginning of her exchange with Dr. Mel, who spams her with an email concluding "Love, Mel" (Browning, *The Gift* 3). Barbara responds to his advertising spam with a song, which she "didn't intend… to be flirtatious," but to be "inappropriately intimate" (Browning, *The Gift* 6). The intimacy that grows between Barbara and Sami is implicitly coloured by his status as someone on the autism spectrum, but also by his clearly defined opposition to the kinds of intimacy that Barbara attempts. However, I suggest that there is an aspect of this relationship that positions inappropriate intimacy in direct negotiation with Sami's autism, and furthermore with his position as a catfisher.

The impropriety of intimacy in *The Gift* emerges through an example of what Luciana Parisi calls "abstract sex" (1) or the permeation of sex into every corner of the body and mind. In one instance, Barbara recounts that she has wilfully misunderstood the term 'mediation,' and comments that she "assumed 'mediating oneself' was what I was calling masturbation" (Browning, *The Gift* 125). Here, sex permeates into the digital, and vice versa, through the digits of the hand. A further example of abstract sex is produced through Barbara's hand dances, which are a conscious play on the digitalisation of her and Sami's relationship. These dances are highly suggestive, and Barbara represents the first one as follows:

> I wanted to make him something, so I made a hand dance. I just filmed it on my computer, in my bedroom, my two hands against the dark red wall. It was very short, and there was no music. My hands looked like birds, or like lovers. Often when I wake up, I do a little dance like that with my hands—I watch them in the full-length mirror on my door, which faces my bed. (Browning, *The Gift* 56)

While the hand dances can be read as just that, a movement of the hands, the suggestion that Barbara does this often in the mornings carries a undeniable sexual quality, as her hands "look[ing] like lovers" can either indicate lovers of each other, or a functional resemblance to her own lovers. This sexual connotation is both confirmed and reduced by her remark that she later "sent him another hand dance that I really can't show you" (Browning, *The Gift* 59)—you, of course, meaning the reader. This dance is a much clearer expression of abstract

sex, with the sexual component occurring at the molecular (or grammatical) level of the text: "I made him a hand dance. Not like the lovebirds, the other one… And amazingly, it didn't freak him out. There was no sound on that one either. Or there was, but only breath—three crescendos and a decrescendo: < < < >" (Browning, *The Gift* 68). By condensing the sexual act into the very punctuation of the novel, Browning implicates the reader (the subject of the direct address), in the sexual act in a graphical and grammatical sense. As intimacy imbues the textual composition of *The Gift*'s narrative, it also reflects the transmission of sex from "the biological to the cultural, from the social to the technological" (Parisi 11), and responds to the larger dis/embodiment of the novel's relational practices. In *The Gift* sex, like identity, permeates through individual bodies and into the wider collective of Browning's readers.

While discourses of pathological excess inform anxieties around affective contagion, there is at present a lack of an existing medical framework for understanding an excess of intimacy. A scene from *The Gift* explores this tension well; in conversation with Berlant in a hotel bar, Barbara wonders about what role her expressions of intimacy are playing in her relationship with Sami:

> I told her a little about Sami and the dances I'd been making, and I said I wanted to write a novel about him and that I worried sometimes about the ethics of it, not just the novel, but the dances, everything, because even though I kept asking him if it was OK, he was, as he kept telling me, autistic. What did it mean to keep pushing all this intimacy on somebody who'd announced that he had severe social phobia? Lauren said there might have been a time when she would have worried about autistic love, but now she thought maybe all love was autistic. (Browning, *The Gift* 129)

Positioning autism as the norm, wherein "all love is autistic," obscures the acknowledgement that Barbara's intimacy is at direct odds with Sami's expressed autism. To explain why Barbara "keep[s] pushing all this intimacy" towards someone who appears to resist closeness, I want to suggest that Barbara's desire to give intimacy is in many ways propagated by Sami—that is, by the catfisher behind Sami's online persona. Barbara's sense that there is something inappropriate in their intimate relationship allows her to become a repository of this inappropriate affect, rather than questioning why such intimacy was occurring at all. This, I suggest, is the crux of the catfishing story: the negative incitement of Sami's symptoms spurs Barbara, seemingly without her full understanding, to express an

excess of intimacy. The perceived lack of affective circulation, wherein Barbara feels that she bears all responsibility for driving their relationship forward, precludes questioning how this relationship could be so one-sided.

Throughout this chapter, I have argued that Barbara's affective ecology is subordinated to Sami's autistic symptoms. Berlant's work permits an exploration of their shared intimacy as a form of intensity or heightened affect, rather than a distinct affective state in and of itself. Intimacy is a quality of feeling that does not assume shared feeling, unlike states of empathy and sympathy, but rather measures proximity and emotional amplitude. The feeling of closeness, or of affective proximity, is both communal and not; intimacy implies a sense of shared feeling between persons, but it does not need to be shared to be felt in the individual. Berlant remarks on the status of intimacy as a disorganised, "portable" affective drive that "creates spaces around it through practices" of intimacy, and finds that this mobility can "generate an aesthetic, an aesthetic of attachment, but no inevitable forms or feelings are attached to it" ("Intimacy" 284; 285). The sense of attachment, of a proximity that extends beyond mere closeness to a feeling of intermingled touch, suggests that the intimate encounter has a sensory component, but that such aspects are resistant to logic, as "intimacy only rarely makes sense of things" (Berlant, "Intimacy" 286). Berlant notes that as intimacy becomes substantiated as acts of desire, it "destabilises the very things that institutions of intimacy are created to stabilise," which indicates that the intimacy of communication (or intimation) is formed around the sense that the ideal world-view is threatened by isolation ("Intimacy" 286; 288). As such, Barbara's re-envisioning of Sami's pain evokes what Berlant calls "the therapeutic promises of sentimental discourse," wherein the "*dis*-interpellation or self-misrecognition" that qualifies such imaginative revisioning expands to the assemblage of their two identities (*Female Complaint* 47). To believe that intimacy can truly merge two bodies, in this sense, suggests that the supplementarity of shared pain can be therapeutic to the other, rather than to oneself.

The inclusion of an unbiased, external perspective on Sami and Barbara's relationship raises concerns about neural and psychological contagion. Barbara divulges how Abner expressed alarm after hearing about her illusion-shattering trip to visit Sami in Cologne:

> Abner was not assuaged. In fact, he was even more worried than he'd been before my trip. He had the bleakest possible evaluation of my story. He used the term *psychosis*. I found that rhetorically excessive. While you might call what happened to Sami during my trip to Cologne a *psychotic break* or *episode*, I thought the term was a bit exaggerated for a general diagnosis. Then it suddenly dawned on me that Abner wasn't talking about Sami. He was talking about me. (Browning, *The Gift* 193)

The implication that Barbara has been unhinged by her relationship with Sami and her increased proximity to him suggests that the intimacy these two characters share has carried another quality of mind. Barbara's sense of affective contagion can be seen as an extension of the neural embodiment of digital discourse. The intrusion of the neural into network communication evinces a non-viral biologicisation of the digital sphere, and acts as a mode of affective transmission that presupposes the bodily impacts of digital communication (Munster 112). The affect of neurological function, therefore, is tied to the affective neurality of contemporary network function; the transmission of Sami's autism is affectively inseparable from the neural affects of their relationship online.

In considering the catfishing relationship as an intimate public, as a mode of relation which provides an instructional mode of living, one can observe how the sentimental sensation of existence in the modern emotional economy of love reveals a deeper biopolitical resonance. Inasmuch as love is an antimemorialising practice (*Female Complaint* 169), Barbara's love for Sami represents an inability to know, rather than remember, the existence of the other. A relationship composed of ephemera reveals what Berlant calls "minor intimacies," generating from "the glances, gestures, encounters, collaborations, or fantasies that have no canon" ("Intimacy" 285) and which have no home in heteronormative love stories. Berlant contends that expressions of intimacy which diverge from heteronormative life plots encounter difficulties being converted into narrative; the lack of a normalising narrative, which could reorder the estranging shock of intimate desire into a known script, exposes the ways in which intimacy and desire pervert logic ("Intimacy" 285). Intimate communication is formed in the shadow of shame, as an "encoded expressiveness" that can only be deciphered by an intimate person (Kasulis 32). How, then, to express the qualities of intimacy in a form of writing that stands at the intersection of public and private? Berlant comments that the project of intimacy is to reframe such divisions ("Intimacy" 283), and the notion that intimacy is highly embodied, a "drawing into the body" of otherness, suggests

that intimacy threatens the boundaries of the body in a manner which is in itself threatening to the stable construction of an isolated self (Kasulis 43). In *The Gift*, the intimate quality of Sami and Barbara's relationship is not undermined by its basis in catfishing, but rather the existence of Sami (and "Rafi", his real-world counterpart) is made more believable by Barbara's and Browning's generating of intimacy around him.

Part of the tension between affective states is the intimacy inherent within the genre of autofiction; the revelations which permit the characterisation of *The Gift* as inappropriate would not have the same impact if the text was more overtly fictional, and it is the relation these events have to a lived reality that qualifies them as inappropriately intimate (and not merely intimate enough). Indeed, the mediation of relations are a key component of what makes Barbara's interactions inappropriate; the digital mediation of her ukulele covers would have a different emotive output if she sent only audio files, removing the presence of her naked body, or if she was physically performing them for an audience of people who knew her. However, the inappropriateness of her intimacy with Sami, initially attributed to their physical distance and never having met, contains another layer of impropriety that stems from Sami and not Barbara. Simultaneously, the intimacy of emotion is disorienting, and it projects an external awareness or a detachment of oneself in the moment of intimate knowledge of experience (Massumi 35). Attaining intimacy with another is at odds with the disorienting, unfamiliar quality of oneself within this engagement. In this sense, Barbara and Sami's interactions, while based in a range of fictions, are real in the sense that they produce and perceive the real affects which stem from this relationship.

Stories of catfishing, which expose the falsehoods that can underpin intimate communication, emphasise the phantasmic component of all love stories.[7] The love story at the centre of *The Gift*, therefore, operates as a form of Berlant terms "cruel optimism," or the state when "something you desire is actually an obstacle to your flourishing" (*Cruel*

[7] Stuart Brock proposes that "emotions like shame, embarrassment, regret, remorse and romantic love" are rarely encouraged in readers (217). Brock asserts that the low prevalence of such emotions stems from the intimacy these states have with both the feeling subject and the sensed object; he claims that as "some emotions require us to make judgments about the possibility of such physical interaction" and "cannot be had at a distance" (218); emotions such as these, therefore, prevent the formation of critical distance.

Optimism 2). Berlant argues that "the *affective structure* of an optimistic attachment involves a sustaining inclination to return to the scene of fantasy that enables you to expect that *this* time, nearness to *this* thing will help you or a world to become different in just the right way" (*Cruel Optimism* 3). Just as "all attachments are optimistic," all attachments are intimate; the aspects of revelation and incorporation bind the object and subject together in tandem:

> This cluster of promises could seem embedded in a person, a thing, an institution, a text, a norm, a bunch of cells, smells, a good idea−whatever. To phrase 'the object of desire' as a cluster of promises is to allow us to encounter what's incoherent or enigmatic in our attachments, not as confirmation of our irrationality but as an explanation of our sense of *our endurance in the object.* (Berlant, *Cruel Optimism* 23)

Berlant resists the affective quality of optimism to position this affect as a future-oriented mode of attachment, one in which the intimacy of the relationship enables a sense of narrative futurity in the existence of the object itself. A catfish love story, such as that of Barbara and Sami, foregrounds the intimate distance of written communication; Berlant suggests that "reading is one place where the impersonality of intimacy can be transacted without harm to anyone; writing and paper-giving are others" and that in such examples "there is no romance of the impersonal, no love plot for it" (*Cruel Optimism* 126). In an epistolary relationship composed entirely out of narrative communication, however, both reading and writing are acts of cruel intimacy, and of cruel optimism, wherein the written word contains the possibility for utter truth and, at the same time, falsity and concealment.

All stories of catfishing come to a natural conclusion, as once tested these narratives can unravel easily, in a manner which belies the complexity of their construction. Towards the end of *The Gift*, once Barbara starts to doubt Sami's existence, she begins to feel like their communication is one-sided: "I seem to be talking to myself. Before I felt I was talking to you. I'm sorry, it's just a little difficult sometimes to maintain the illusion" (Browning, *The Gift* 235). The suspicion that emerges following her trip to Cologne reveals the refracted nature of intimacy when the object disappears; now, despite her continued conversation with Sami, Barbara feels alone in this relationship, and perceives that it is composed solely of her own desires. Of course, Barbara is not only talking to Sami, but to the reader as well. By describing her sense of their relationship as "performing a duet with somebody who isn't

there," Barbara conceives of her embodied performance of intimacy as both singular and dual, an act of isolation of the subject and of affirmation of the object (Browning, *The Gift* 129). Furthermore, she equates her relationship to the reader, someone who is necessarily both absent and present in the text, to her relationship with Sami. Barbara reflects upon the conventional aspects of this unconventional love story:

> It's very easy for you to check, but to quote Popeye, I yam what I yam. A naked lady with a ukulele. Leon's real, even though he appears to be a dream, and so are my friends. My lovers are too, except that kind of love is always kind of illusory—that's what my novel was about, the one you read, that we're always kind of telling ourselves a story when we're in love. (Browning, *The Gift* 168)

The direct address to the reader invites them to consider their own participation in love stories; Barbara offers up her real identity as a guarantor of the truthfulness of her story, even as she references the "illusory" quality of her loves, and the readers are called to verify the claims made regarding her identity. That her readers can do so, and must conversely take her word of Sami's identity, distracts from the ways in which Barbara, Sami, and the reader are composed as fictive in the world of *The Gift*.

Following the events documented in *The Gift*, Browning's reputation as a creator of fictions in fact caused her to become further implicated in the catfishing hoax. In her afterword, she admits that, after sending the manuscript of *The Gift* to a few associates of the real catfish, they decided that she had either been the source of his identity, or "that the faker and I were in cahoots" (Browning, "afterword"). Browning could be easily attributed authorship of the hoax precisely because it is so easily of a piece with her pre-existing fictional works:

> I realise you may be reading this and thinking, 'This certainly sounds like something that would happen in a Barbara Browning novel.' Well, of course, that sounds very self-aggrandising. I'm an obscure, small-potatoes postmodern novelist with a tiny readership. There's no reason to think that you've read my other novels. But if you've gotten this far, you've read this novel. So maybe at least you're thinking, 'This certainly sounds like something that would happen in this novel.' (Browning, "afterword")

In attempting to place herself as within the fictional world of the novel, Browning positions the reader as someone who could be a victim of a catfishing hoax such as Sami's, and by extension fictionalises the role of the reader more generally. By taking the reader's

perspective, Browning implicates them in the increasing fictionality of her lived experience. Furthermore, the reader is vital for subverting notions of critical reading, as the suspicions of the reader become subsumed into Browning's logic.

Browning goes into further detail about the conclusion of her catfishing experience in her afterword, and she explores a link between the female autobiographer and discourses of dishonesty. Browning reveals that another duped subject, in this case a man, responded to the revelation about Sami's fictitious identity by blaming her after she reached out to contact him and some of the other victims:

> That night and into the next day came a flood of confusing and alarming emails from the possibly suicidal guy. Some appeared to be accusatory, others just plain devastated, most profoundly disoriented, and disorienting. The sheer quantity was overwhelming, and my first thought was that he was trying to put me through the kind of emotional torment to which he mistakenly thought I had subjected him. It was terrifying. He had my home address. It wasn't until I'd sent him an email threatening to press harassment charges that I began to sift through these messages. Some carried attachments, conversations between him and somebody else with an email emanating from iCloud.
>
> This person had a name. It was a woman's name. She was trying to talk the guy out of ending it all. She said she had been afraid of revealing her identity because she wanted to protect the people she lived with. She said she had a child. (Browning, "afterword")

The afterword reveals that the person catfishing Browning in real life was in fact a woman (the "hausfrau" of Barbara's unexpectedly accurate joke), which calls into question the sensory evidence which reinforced Sami's own identity, such as phone calls and voice memos. The accusation that Browning was in some way responsible for creating Sami's identity, which the man in question "mistakenly thought [Browning] had subjected him to" ("afterword"), speaks to the distrust readers have about female authors' lives in fiction, which is developed in detail in my discussion of Sylvia Plath in Chapter 1. Like Plath, Browning is seen as untrustworthy precisely because of her occupation and her gender; unlike her, however, Browning is perceived as unscrupulous in her use of fictions, rather than autobiographical material, and by extension incapable of telling the truth. The ease of access to Browning's personal life and home speaks to a latent threat contained within the autofictional impulse, as Browning was easily located via the manuscript she had sent to the

other victims. The perception that Browning is culpable for Sami's fictive identity is precisely because she is attempting to speak sincerely; her claim towards autobiography, contradictorily, makes her more of a fiction writer in the eyes of others. That Browning ends up bearing the repercussions of Sami's deceit indicates that a knowing fiction presents more of a threat than a concealed one, independent of malicious motive or intent.

The autobiographical and fictional exchanges of *The Gift* had real impact upon Browning's life, but they also provide a method of resolution. A generous reading, such as that discussed in this chapter, offers an ameliorative to the moribund methods of critique; Bruno Latour proposes that critique is at an impasse under the reign of the hermeneutics of suspicion, in which "the practical problem we face, if we try to go that new route, is to associate the word criticism with a whole set of new positive metaphors, gestures, attitudes, knee-jerk reactions, habits of thoughts" ("Has Critique Run Out of Steam?" 247). *The Gift* offers a strategy of critique that invokes these new positive attributes at the expense of critical distance, and does so in the service of undermining readerly investment in the bedrock of truth. As such, *The Gift* asks what it might mean to take someone at their word, and what might be gained if those words turn out to be fictions. While neither Sami nor Barbara possess the reader's trust in their perspective at the end of the novel, their relationship offers a generous reading of identity, in which the experience of their relationship is valued as 'real' despite the fictions which underpin it. In this way, reading generously in *The Gift* poses a challenge to the symptomatic logic of the hermeneutics of suspicion, and counters this negative affective orientation with intimacy.

Chapter Four

Gut Feelings: Auto/Biography and Disordered Eating in Chris Kraus's *Aliens & Anorexia*

Reading Chris Kraus can give the feeling that one is being consumed by an influx of personal disclosure. Best known for her cult work *I Love Dick* (1997) and its subject, her marriage to fellow *Semiotexte* co-founder Sylvère Lotringer, Kraus's writing is typically characterised by an excess of confessional style and a corresponding heightened sense of intimacy with the author. However, Kraus's third novel *Aliens & Anorexia* (2000), which focuses on a range of biographical, philosophical, and artistic subjects as well as the autobiographical subject of Kraus, deviates somewhat from this style. This chapter argues that *Aliens & Anorexia* establishes a parasitic mode of engagement with a lived figure, that of French philosopher and mystic Simone Weil, with the intention to direct the subject/object relations of auto/biographical writing towards a fluid affective experience of exchange and transmission. Rather than working in a diagnostic mode, which would anticipate the discovery of a shared disorder between these two figures, Kraus instead positions Weil's anorexia and her own Crohn's disease as a way of configuring a relational, empathetic atmosphere of ill affect. In this atmosphere, Kraus employs a form of bad reading, which I term "disordered reading," that encourages overidentification with a textual subject and intentionally erases the boundaries between people. By foregrounding textual modes of transmission, citation and metabolism, Kraus' writing performs identification as a means of bringing the digestive tract to a sensory and emotional register.

The Host and the Squatter: Shared Lives and Parasitic Texts

Kraus' characteristic style of writing is heavily invested in blurring the boundaries between fictive personae and real bodies. *Aliens & Anorexia* has three distinct sections: the first details Chris's attempts to sell her film *Gravity & Grace*, inspired by the writings of Weil; the second develops a long-distance S&M relationship with a film producer; and the third is a narrativised transcription of *Gravity & Grace*'s plot.[1] The first section, which is by far the most substantial, establishes Chris's relationship with Weil, and builds the connections between them on the level of philosophical and digestive similarities between the two. Over the course of this section, which moves between different time periods in both Chris's and Weil's lives, these two figures are reiterated as linked on both a superficial and deep level. Her four novels, *I Love Dick, Aliens & Anorexia*, *Torpor*, and *Summer of Hate* sustain a strong autofictional lineage, with the names of their protagonists often corresponding with those of the author and her associates, and with frequent correspondence between the events of the novels and the lived experience of these real people. The plot of *I Love Dick*, to illustrate this relation, revolves around Kraus and Lotringer's epistolary obsession with one of Lotringer's colleagues and elevates this romantic plot to the level of sheer absurdity. The 'real' quality of the titular Dick is far less important, in Kraus's novel, than his ability to be converted into material for Kraus's romantic, fantastic, and most importantly, solitary narrative explorations. Kraus's writing encourages equating the author with the protagonist, but it also sustains a certain sense of distance from notions of the truth, by privileging both autobiographical and fictional elements within her works.

This chapter therefore extends the discussion of autofiction conducted in Chapter Three, as it examines the role of auto/biographical truth and intimacy in a similar fashion to Barbara Browning's *The Gift* (2017), and further considers what impacts autofiction has when representing lives other than the author's. Like Browning, Kraus's mode of life writing allows her to form what Lauren Berlant terms an "intimate public," or "a space of mediation in which the personal is refracted through the general" (*Female Complaint* vii). Berlant asserts that autobiographies of a joint or collective experience permit the conclusion that

[1] As per the conventions established in the previous chapter, henceforth the use of Kraus will designate the figure of the author, and Chris will refer to the narrator of *Aliens & Anorexia*.

"the personal is the general" insofar as the personal is the common ground between isolated individuals (*Female Complaint* vii). The production of an intimate public allows for emotional contact to emerge as a social, shareable event, as "a way of experiencing one's own story as part of something social, even if one's singular relation to that belonging is extremely limited, episodic, ambivalent, rejecting, or mediated by random encounters with relevantly marked texts" (Berlant, *Female Complaint* x). In *Aliens & Anorexia,* Kraus questions how the public nature of her writing might be in tension with the production of individual experience, asking "how much is it possible to reveal without abandoning the point, the main event? Can seduction, i.e., a referencing of shared perceptions and experiences in the phenomenal and social world, augment the masturbatory objective of the text?" (115-6). While this statement refers to Chris's S&M relationship in *Aliens & Anorexia,* it has wider implications for the function of writing within this novel. The intimate public of Kraus's texts does not preclude the "masturbatory objective of the text," or the assumption that her writing is narcissistic and purely self-oriented, but rather directs this objective towards making seemingly private elements of self-exposure public.

The formal qualities of *Aliens & Anorexia,* in particular the negotiation between states of biography and autobiography, are inextricably entwined with Kraus's self-reflexive subjectivity within her writing. Beth Rose Caird and Jesse Dayan write perceptively on the role of Kraus as the subject of her works, and they suggest that "as both maker but also object of the writing, Kraus's role casts into doubt the inexorability of the gap that normal subjectivity manufactures, and which aesthetic theory traditionally seals into place" (64). Kraus therefore uses her lived experience "in order to produce the subject as distinct from the object," and arguably dispenses with the function of the object in her fiction (Caird and Dayan 62). While Caird and Dayan consider Kraus a "self-material author" who "uses her representational economy" to produce her work (62), in both *Aliens & Anorexia* and *I Love Dick* the incorporation of another lived experience stretches the fabric of the subject over two distinct poles. Crucially, Kraus privileges the subjective position as the source of writing, but she does not claim sole dominion over this position; rather, she incorporates figures other than the author into the role of autobiographical subject. Kraus' incorporation of another lived figure into the material of autofiction subverts a tendency towards viewing "any utterance in an autobiographical text, even if inaccurate or distorted, is a

characterisation of its writer" (Smith and Watson 15). The desire to read Kraus' own identity into the text abuts her inhabitation of Weil's persona, which in turn suggests that the centrality of the author in autobiographical texts can prompt us "to adjust our expectations of the truth told in self-referential writing" (Smith and Watson 16). As such, I argue that *Aliens & Anorexia* similarly reorients the formal qualities of the novel around biographical frameworks, establishing the novelist as auto/biographer across two lives and dispensing with the subject/object binary.

The narrative of *Aliens & Anorexia* is in part autobiographical, to the extent that autofiction can be understood to represent life, and in part composed of Kraus's investigations into the life and works of Weil. Through her subject of Weil, Kraus is able to explore the conflation of women's writings with their biography. The mutual ground of anorexia is perhaps ideally suited to the investigation of self-ownership; as Gillian Brown suggests, the anorectic embodies "the cognitive, invisible activity of self-proprietorship" (202), and this notion of visible proprietorship over a life is a key element of Kraus's narrative style. In *Aliens & Anorexia* Kraus writes disparagingly of scholars such as Nancy Houston, who Kraus believes "faults Weil for her denial of the body," and "pities her because she never fucked, and therefore must've suffered from a lack of self-esteem" (50). She also unearths similar sentiments in Kenneth Rexroth's reviews of Weil's *Notebooks for the Nation*, which blame Weil's religious inclinations on her associations with the wrong men (who "took her seriously," to Rexroth's dismay) and urges her to "forget about religion, put some meat on your bones and get a husband…" (Kraus 165). Kraus writes about how "nearly all the secondary texts on Simone Weil treat her philosophical writings as a kind of biographic key," which she protests, ironically noting how it seems "impossible to conceive a female life that might extend outside itself," or "impossible to accept the self-destruction of a woman as strategic" (49-50). Weil is a fruitful subject for this novel, and functions as an analogous figure for Kraus's outsider status from the academic and art-world circles that lauded her then-husband Sylvère Lotringer. To invert Kraus's formulation above, *Aliens & Anorexia* positions the life of Weil as a mode of philosophical enquiry and attempts to compose her biography as a model by which Kraus in turn can live. *Aliens & Anorexia* performs this self-destruction through a seemingly contradictory immersion in self-assertion, to undermine the notion of the individual through personal narrative.

The form of *Aliens & Anorexia*, too, emphasises the interplay of self-disclosure that occurs between biography, autobiography, and other narrative styles. By interspersing personal or 'true' experiences with the highly citational, academic elements of Kraus's research into anorexia and philosophy, Kraus courts the risk of what Elspeth Probyn calls "telling tales" in the context of academia, wherein "relating one's lived experience is taken as 'confessional' or as a proclamation of some truth" (*Blush* 40). However, Kraus repositions personal experience to occupy the same space as academic discourse, and subsequently imbues her scholarly evidence with the air of opinion. In turn, Kraus treats her academic sources as participants in the creation of identity, and in so doing explores how "all imagining involves a kind of self-imagining" (Walton 29). Kraus's investigations into Weil's subjectivity are an act of self-creation as much as one of biography. As such, Kraus' novel offers an example of "the aesthetic forms unleashed by postmodernism's 'waning of affect'," which Tyler Bradway describes as "forms that exuberantly embrace the subject's dispersal" acting to "catalyse relations that counter the prevailing political economy" (154). The aesthetic form of *Aliens & Anorexia*, which includes first-person narration, the call logs of Chris's phone sex operation, and the script of her film, signifies the inability of the subject to cohere into one singular narrative, and instead privilege failure and inconsistency as the prevailing affect of the text as a whole.

Kraus's biographical writing of Weil can be considered as an affective process, which forms an exchange and an absorption of the common link between these two women. Anna Watkins Fisher writes about the "parasitical" art of Kraus and Sophie Calle, and she emphasises the ability for such art to "query whether tactically and pre-emptively assuming the (im)position of such figures might take advantage of a cultural logic akin to double jeopardy" (225). Fisher instead suggests that Kraus and Calle perform "the figure of the parasite as a figure of overidentification," a form of affective engagement wherein "one pretends to take the system at its word and plays so close to it that the system ultimately cannot bear the intensity of one's participation" (225). The deployment of "strategic supplementarity," which Fisher sees Kraus performing towards her host (cultural theorist Dick Hebdige) in *I Love Dick*, results in Kraus "overwhelm[ing] the territory of [her] host"

and subverts Dick's central position within her narrative to create "the very condition of possibility by which Dick… undergo[es] a figural erasure, being eaten by the work" (231). Fisher suggests that "by piercing and feeding on their hosts, Chris Kraus and Sophie Calle swell in critical import, remapping the ideological territory of the host who is suddenly dwarfed by its parasite," and labels "heterosexual romance—or its objective correlative, intimate correspondence" as "the conduit for relational exchange across gender boundaries" (233). While Fisher restricts her analysis to *I Love Dick*, Kraus's most well-known work, I propose that her description of Kraus's writing as parasitical has further-reaching implications for *Aliens & Anorexia*, where the lure of romance is decentralised. As the central love narrative is displaced in *Aliens & Anorexia*, the relational correspondence occurs between Kraus and Weil, who is arguably the prime subject of this novel. In *Aliens & Anorexia*, the parasite becomes more than biologic metaphor, and instead foregrounds the biological embodied process of exchange and digestion that preoccupies Kraus throughout the novel.

In contrast to the affective prosthesis of *The Gift*, *Aliens & Anorexia* is predominantly parasitic in its mode of relation.[2] In examining the auto/biographic qualities of *Aliens & Anorexia*, I will employ Michel Serres' theory of the parasite as affective relation for the purpose of illuminating Kraus' parameters of relation. Serres theorises the power relation of the parasite to the host, and he argues that "the parasite is the essence of relation" (79). Insofar as the parasite's relationality obscures its function outside of the parasitic bond, this relationality suggests that a parasitic form occludes independent meaning. The ability for the parasite to invent "a new epistemology and a new theory of equilibrium" as a mode of creation exceeding the original capacities of the host is crucial to the knowledge-production of parasitical writing, even as Serres describes this relationship as inherently abusive (80). Serres proposes an inversion of the power relation between the parasite and the host, finding that the space between the parasite, responding to the prefix *para-* as "mean[ing] 'near,' [or] 'next to'" the host, opens the space for affective exchange to occur through the act of "eat[ing] space" (144). In configuring this parasitic exchange as a function of narrative,

[2] Samira Ariadad refers to the narrative structure of *Aliens & Anorexia* as prosthetic (50), but I argue that this mode of relation does not capture the full picture of Chris's engagement with Weil. For a more detailed discussion of affective prosthesis refer to Chapter Three.

Vicki Kirby claims that writing is "never granted an originary or foundational status because we tend to think of it as something parasitic" (62), a proposition which has fruitful ramifications for *Aliens & Anorexia*, given the difficulties Kraus experiences in establishing her work as artistically or intellectually valid. Writing that is overtly parasitical raises concerns about the intellectual primacy of the author; the manner by which this parasitic relation occurs at the level of language "raise[s] the operation of bodies up to the surface of language" (Deleuze, *The Logic of Sense* 24), and communicates bodily experience through textual form. The textual parasite, therefore, extends modes of reading and eating, and of writing and feeling, across the spaces between bodies. As a work of autobiographical fiction, the speaking subject of *Aliens & Anorexia* assumes a misleading proximity to the reader; this narrator "can hide by being too visible or too perceptible" (Serres 218). Just as the biological parasite "makes or secretes tissue identical to that of its host at the location of contact" to avoid being rejected by the host (Serres 202), so too does Kraus reform around her host.

Through shaping the narrative of *Aliens & Anorexia*, Kraus establishes a parasitic relationship with Weil's body of work, wherein the narrative grows as it ingests the lifeblood of another entity. Similar to the way Eve Kosofsky Sedgwick incorporates the case notes of therapist Shannon Van Wey in *A Dialogue on Love* (1999), the ingestion of another's words effects the formation of the composite text as a relational narrative. This relation is a kind of hyper-identification, through an assimilation of the self into the identity of another, but it effects this assimilation through parasitic modes. In the novel, Kraus models parasitical relation in two ways; firstly, through a textual parasite, of her film *Gravity & Grace* inspired by Weil's seminal philosophical work *Gravity and Grace*, and secondly, via establishing Weil herself as a host for Kraus's own sense of identity. The first mode will not play a substantial part in this analysis, as the film appears only through a kind of textual summation towards the end of the novel, and Weil's writings are only sporadically quoted. The second, however, explores Kraus's narrator's fixation with the lived body of Weil herself, and her sense of shared embodiment, as a means of repositioning the female subject within life writing. In an interview with Anna Poletti, Kraus recognises a trend in critical circles to redefine women's fiction in he terms of the writer's personal life. Kraus suggests that "it's as if there's a hard shell around the male narrator and a soft, gelatinous membrane around a

female narrator. People love to pick at and prod and pierce this membrane, but they respect the male narrator's shell" (Poletti 131). Kraus' use of the female narrator as a membrane, which separates her from the world around her while remaining soft and permeable, offers a metaphor for considering how female narrators incorporate and ingest their external influences. As a feature of embodiment, this membrane suggests that a female voice is less protected from the reader's aims, but also emphasises that the female narrator has more capacity to interact with the reader.

The immersive affinity Kraus establishes with Weil's life is most evident not in philosophical concerns, but in shared bodily experiences. Kraus writes that upon

> Re-reading *Gravity and Grace* by Simone Weil, I identified with the dead philosopher *completely*. Like her, I had a chronic illness that often made it difficult to eat. Both of us had long necks and shoulders that hunched forward when we walked, a clumsy eagerness that tried against all odds to break outside the limits of our awkward bodies. We both smoked handrolled cigarettes and had absolutely zero sense of our own 'femininity' or gender. We'd both been ridiculed at school, and later too, in the eternal high-school of the artworld. (103, my emphasis)

In his preface to *Gravity and Grace*, Gustave Thibon expresses how "a limpid mysticism emanated from [Weil]," which forms the basis of her appeal and strength (ix); Weil's philosophical gift, so to speak, is in how she emanates feeling. In this passage, Kraus is positioned as the recipient of Weil's feelings, performing what Serres terms a "parasitical game of mimicry," but from the under-examined position of the parasite entity (202). In this mode, Serres remarks, "to avoid the unavoidable reactions of rejection, exclusion, a (biological) parasite makes or secretes tissue identical to that of its host at the location of contact points with the host's body," resulting in the host body accepting the parasite and "act[ing] as if the visitor were its own organ. It consents to maintain it; it bends to its demands" (202). In his scathing description of *I Love Dick* as a novel that was "not so much written as secreted" (57), *Artforum* reviewer David Rimanelli inadvertently hits on the parasitical exchange occurring in Kraus's works. Kraus's writing is concerned with the embodied experience of exchange, and of equivalence, but this central focus is by no means the passive or unskilled process that Rimanelli insinuates. The terminology of secretion, wherein the agency of the parasite is submerged under the uncontrollable influx of their

tissue into the atmosphere of the host, is provocative when applied to Kraus's writing; configured as more body than speech, her writing similarly gives the effect of an uncontrollable emission while diverting attention away from the means of its production. The phenomenological quality of embodiment, in this relation, equivocates that the experience of the parasite comes to equal that of the host, as they share an identical sense of the world rooted in their equivalent positionality. This idea of shared processes, rather than shared disorders, is a novel way to approach the relationship between reader and writer in illness narratives. Kraus's identification and enactment of Weil's identity is not securely contained in either her narrative or her textual body; instead, this mode of absorbing other person's qualities emphasises a sense of unrestrained flow. That this sense of freedom might be challenging to the critic suggests that criticism requires a sense of fixity and stability in the subject. Kraus's secretion, in this sense, is most threatening because it cannot be staunched by the reader.

The fluid sense of embodiment that Rimanelli disparages is, in *Aliens & Anorexia*, a mode through which empathy is produced. Kraus's writing incites "a transformative empathy," what Mira Mattar characterises as "feeling *with* to the point of becoming different" (15). In the same volume as Mattar, Linda Stupart clarifies Kraus' understanding of empathy as that which "should not be considered as a feeling for, or as compassionate towards," but rather a challenge to the critical impulse (97). Stupart argues that "the empathetic exchange between objects is not the opposite of criticism" but rather that it "performs a radical act of voiding distance, of finally undoing the privilege of the critic, a new act of speaking that collapses the border integrity, the separateness, the empty, masculine genius of the critical" (97). Kraus, too, has spoken about the empathetic projection of her writing, asking in her interview with Poletti that "if the first-person narrator of a book is an autobiographical 'I,' wouldn't you want the other characters to be drawn biographically?" (127) Kraus envisions this form of writing as an empathetic projection which allows her to consider other characters' experiences and affective states (Poletti 128). In this interview, Poletti situates Kraus's writing as producing a triangulation between the writer, the subject, and the reader, which models an empathetic mode of reading as well as writing (129). This empathetic mode is invoked in Kraus's parasitic exchange with Weil; as Chris describes how "[Weil's] body was so saturated with content she felt her head would split apart" when studying (Kraus

149), Chris's narrative becomes more and more saturated with other voices, opinions, and citations, which evokes a similar sense of overload in the reader, and in turn encourages the reader to empathise with the depiction of Weil. Chris focuses on how "Weil was driven by a panic of altruism, an empathy so absolute she couldn't separate the suffering that she witnessed from her own" (Kraus 143), and suggests that such empathy is an equalising uniformity, wherein "empathy is not a reaching outward. It is a loop. Because there isn't any separation any more between what you are and what you see" (Kraus 150). Weil's concern for how spirituality and empathy are felt between individuals, which establishes the body of a community, proposes that emotional interpretation is the basis of understanding others. Insofar as Weil's philosophy evokes an emotional and empathetic projection, which determines how "we read, but also *we are read by*, others" (Weil 135), she is an ideal figure of this application of empathy. Insofar as *Aliens & Anorexia* uses Weil as a textual substrate, it is propelled to do so through the affects that her writing carries.

Digesting Difference: Affect, Ingestion, and the Alimentary Tract

As a novel about empathetic engagement, *Aliens & Anorexia* foregrounds the production of empathy throughout its narrative, through which the connection between Chris's digestive issues and Weil's anorexia generates an empathetically shared phenomenological experience of the world. Accordingly, positioning the concerns of *Aliens & Anorexia* within the alimentary tract offers a unique take on phenomenology and sensation. The phenomenology of the gut has been the subject of recent critical endeavours, and exploring the sensing and sensory capacities of the digestive tract can, as Sedgwick and Frank posit, "turn one inside out—or outside in" (522). The concealment of relation, in this manner, is not a call to be unearthed, but instead an invitation to examine the body from the inside out; as Rita Felski comments, "latency or obscurity does not always signal repression" (57).[3] To

[3] In this way, Kraus' novel is manifests Sedgwick and Adam Frank's question of what it means "to fall in love with a writer" (521). In their article "Shame in the Cybernetic Fold: Reading Silvan Tomkins," Sedgwick and Frank use the work of Tomkins to consider how his theory allows one "to cathect in a similar way a theoretical moment not one's own" which in turn reveals "a text spangled with unpathologising [and] at the same time unteleologising reflections on 'the depressive'" (521). In a similar way, Kraus cathects to

subvert the surface, in these terms, exposes the ability for gut affects to be public feelings, or to register in collective forms. Chris illustrates how affect moves through social bodies and into the individual via gut processes; at a poetry reading, she feels that "*the anxious scepticism at this harmless poetry event is so thick you can lean up against it like a wall*" (Kraus 157). At this event, "*particles of fear that [aren't]mine begin entering my body*," causing her stomach to clench (Kraus 157). In another instance, Kraus indicates that there is a misalignment between thought and digestion in her case, where "the more you think, the more impossible it is to eat" (155), as if the two processes work in opposition to each other, and by using the second-person pronoun here, Kraus interpolates the reader into her own intellectual and bodily processes. However, by framing these terms in opposition, Kraus does not imply the presence of a mind-body duality, but rather suggests that the processes of thinking and eating are similar or competing modalities of incorporating affect. Serres suggests that the parasite has an affective quality to its feeding, in that "it produces toxins, inflammations, fever," or in a less literal sense how "it excites the milieu" (144). The excitational quality of Kraus's writing, the friction and heat it gains from studying the relational subject, makes her writing difficult to grapple with; the equilibrium fluctuates, the subject refuses to settle.

In *Aliens & Anorexia*, Kraus develops an experience of selfhood which is porous, exposed, and fragile. Chris tells how, after hearing Bach on the car radio on a rainy afternoon, she "pulled over the shoulder of Springs Fireplace Road and wept" (Kraus 45). During this experience, she describes feeling how "my skin became so porous that the tremor of the cello crept into my body like an Alien" (Kraus 45). In another passage, Chris checks into the Hotel Crystal and feels that "[her] entire body felt like it was made of glass" (Kraus 47). These examples not only emphasise the relationship between porousness and bodily identity in the novel, but they enact a relationship between the environment (rain, the Hotel Crystal) and bodily experience (crying, feeling like glass). Chris's descriptions of Weil's illness perform a similar function, as they shift between description of her life and fragmented, unmoored feelings:

Weil, and models a means of reparative relation in which the figure of the anorexic is depathologised and considered for its communicative potential.

> The headaches started when Weil was studying for her exams at the École Normale. They lasted all her life. She never knew when they would start, or why, or how long they would last for. When the headaches hit, the rest of her went limp. Feeling your head exploding. Feeling your brain on the point of bursting to bits. *Feeling your spine jammed up into your brain and feeling your brain like a dried fruit*… The headaches made her nauseous, dizzy. She couldn't eat or drink; even chewing made her vomit. She felt as if her head was being pressed inside a vice. (Kraus 141-2)

The shift between first-person and second-person pronouns in this passage marks the transmission of empathy, from Weil to Kraus, and Kraus to the reader. The italicised sections, furthermore, refer to an earlier quotation from Ulrike Baader Meinhof's diaries, and in so doing broaden the scope of relation to include Meinhof as well as Weil. The simulated feeling of this passage is sensorially potent, and it involves the reader in Weil's experience. Weil's own experiences of these headaches, which she explains in *Gravity and Grace*, provoke this same desire for empathy through suffering; she writes that "I must not forget that at certain times when my headaches were raging I had an intense longing to make another human being suffer by hitting him in exactly the same part of his forehead" (2-3). In this moment, the transmission of empathy is embedded in both Weil's original text and Kraus's interpretation of it. Weil states that "whoever suffers tries to communicate his suffering (either by ill-treating someone or calling forth their pity) in order to reduce it, and he does really reduce it in this way" (5), which in conjunction with Kraus' description above suggests that the sharing of pain, when transmitted to the reader, alters the experience of that pain. In both Weil's philosophy and Kraus's novel, hence, the confessional impulse intertwines the need to share one's suffering and the transformational capacity of shared feeling.

Weil's focus on suffering is subject to the same sense of porousness that Chris feels in relation to food. In establishing a mode of relation to her primary subject, Weil, Kraus explores their shared experience of eating disorders, finding that "like [Weil], I had a chronic illness that often made it difficult to eat" (Kraus 103). The use of the term Alien in *Aliens & Anorexia* refers to Weil's childhood nickname, as she was "affectionately called… an Alien" (Kraus 49). Chris describes how "in Paris, Weil copied out the English words to a 17th century George Herbert poem called *Love*," and "as her stubborn hand was moving across the page she felt an Alien spirit enter her body" (Kraus 122). Responding to Herbert's words

moving through her body, Weil is rendered accessible to the Other, both that of the alien spirit and of Kraus across time. Chris considers this opening "a radical form of empathy" and suggests that Weil is possessed "by a sadness so enormous it creates a panic for *the good*" (Kraus 135). In Kraus' perspective, Weil's works materialise upon the body, as "all the things she wrote were field notes for a project she enacted on herself" (Kraus 49). Weil's work evinces a transmission of emotion through the "global flow of capital" (Kraus 135), and Chris is fixated by this influx of emotion, through which "the affliction of others entered [Weil's] flesh and [her] soul" (Kraus 174). This affliction, passing through the bodies of her fellow factory workers, is another instance of Weil's porous, receptive embodiment. In this passage, Weil's transformative empathy evokes what Louis Charland et al. describe as the 'passion' of anorexia. Just as Weil absorbs affliction with the intention of ending suffering, the anorexic experience can be seen to orientate itself around affective goals. Passions can "provide fixed points of orientation that endure over time and are the most stable and complex forms of affective organisation," and "have a felt dimension, which can vary in duration or intensity" (Charland et al. 355). These experiences can fall under the umbrella of a love affair, which suggests that perhaps this affective relation is "why it is so common to hear [anorectic patients] describe their relation to food in terms of love and hate" (Charland et al. 364). Indeed, while the affective relationship between the anorexic person and food can be seen as "ultimately secondary to the cognitive components," if anorexia is conceptualised as a passion this designation "highlights the importance and centrality of [its] affective components" (Charland et al. 362). In this manner, to consider affective life as structured, organised and goal-oriented permits a parallel consideration of Weil's starvation and her philosophy.

Food acts as a collective experience and a singular agony in *Aliens & Anorexia*. Chris characterises Weil's final days as being absorbed by food, and she observes that Weil invests a collectivity in eating that sustains her. Kraus specifies how

> On the last page of her London diary, Weil writes wistfully about symbolic food, foods that are sacraments of tenderness and roots. There were Easter eggs and Christmas turkey, strawberry jam, plum pudding. The panic of altruism, the panic of starvation. 'The sustenance that a collectivity provides has no equivalent in the world.' She must've felt her cells contracting. Hungry yet repelled by food, she asked the Ashford nurses for

> some potatoes, not mashed, but *gratinée*: cuisine *bonne femme*, she mumbled, prepared by a French woman, the French way. (179)

The images here express a sense of food that conflates sociality with sustenance, locating positive emotional qualities in particular foods. Chris depicts how, "hungry yet repelled by food, Weil wrote: 'our greatest affliction is that looking and eating are two different operations. Eternal beatitude is a state where to look is to eat'" (Kraus 166). This quote invokes the spectre of the parasite in Kraus's investment in Weil's life; if "to look is to eat," the biographical act, in its sustained observation of the subject, becomes a form of sustenance for Kraus. Kraus's biographical focus on Weil is what provides fuel for *Aliens & Anorexia* and generates the transformation of sensory input into narrative. However, this reading also implies that Weil is not just the inspiration but the literal substrate for Kraus's story, and must be consumed, transformed, and incorporated into Kraus's authorial persona in order to drive the narrative forward.

In building their relation, Kraus suggests that the affect shared between Chris and Weil is a sadness particular to the gastrointestinal tract. Chris, in fact, suggests that "sadness rests inside the body, always, nascent like the inflammation of a chronic disease" (Kraus 150). In trying to outline the connection between her film and Weil's writing, Chris finds that Weil's recognition of sadness "as a philosophical position" is implicitly connected to her "headaches" and "vomiting" (Kraus 119). By linking mood and digestion, Chris is in fact scientifically accurate; a study of bulimic patients characterised depression as "a nutritional disorder," which is responsive to changes in food intake (Fichter and Pirke 250-1). In considering depression as a relationally productive illness, therefore, Kraus extends the argument set forth in Chapter Three, in which I frame Sedgwick's narrative of depression as a relational product of paranoid and reparative reading practices; however, Kraus' presentation of depression is even more embodied and affectively diverse. Other negative affects are produced through digestion in *Aliens & Anorexia*; Chris states, not entirely ironically, that "cynicism travels through the food chain" (Kraus 173). This is attributed to the "intensely social" nature of food, the way in which food absorbs the affective state of its growers, cooks and handlers, and Chris claims that "none of these circumstances can be the least bit alienating in order for food to taste good" (Kraus 164). If, as Chris declares, "food's a product of the culture and the cynicism of it makes me sick," it can be argued that the

affective capacity of food can directly infuse larger cultural elements into the process of digestion (Kraus 164). The sociocultural quality of food, therefore, leads the subject to digest both nutrition and affect.

The centrality of gut health to *Aliens & Anorexia* speaks to the displacement of the digestive tracts from contemporary theories of feminist embodiment. Elizabeth A. Wilson has written perceptively on this issue, and she proposes that the latent antibiologism of feminist theory obscures the ability for the gut to be both an object of study and an interpreting agent. Wilson puts forward that

> Interpretations are not events confined to psychological (or cognitive) encounters. Nor are they simply actions that a cognitive system might visit upon a somatic system (a simplistic kind of suggestion). Biology too can decipher, parse, and appraise. The ruminations of the gut wall, the actions of the liver as it extracts a certain percentage of an antidepressant from the blood, the accounting of amino acids at the blood-brain barrier—these are moments of the body assaying its mental needs and limitations. (*Gut Feminism* 118)

Wilson identifies a productive approach to the asignification of the alimentary tract, stating that "if we begin by thinking about words and pills as intensively, asymmetrically imbricated with each other," the possible and plausible conclusions are that "words are serotogenic, incorporation is not only in a metaphorical relation to ingestion, [and] mind is linguistically and pharmaceutically kinetic" (*Gut Feminism* 118). In her research into the sociocultural biology of serotonin inhibitors in the treatment of depression, Wilson highlights how medicine and medicalised narratives which downplay the interrelation between subject and treatment also obscure how relationality is inherent to the body's response to said treatment. In such scenarios, Wilson argues that "medication sometimes acts like an interpretation" in its response to and engagement with the particular digestive landscape of each individual patient (*Gut Feminism* 119). Wilson's suggestion that "[her] argument is not that the gut *contributes* to minded states, but that the gut is an organ of mind: it ruminates, deliberates, comprehends" (*Gut Feminism* 5), complicates Kraus's level of engagement with her subject. For Kraus and Weil to be joined at the nexus of the digestion, through their not-entirely-distinct gastrointestinal disorders, suggests that Kraus sees the relational and affective rumination of the alimentary tract to be central to her comprehension of her subject.

Chris frames her experience of illness as a means to understand herself, as well as a mode of understanding a theoretical subject. In particular, the relationship between disorder and emotion is a crucial part of Chris's experience of Crohn's disease. Chris asserts that "it is despair that triggers chronic illness, a state quite different from depression," and emphasises the communicability occurring between different forms of illness:

> I never know when it will hit, but when it does, my body's pitched into a battle between the inflammation and the desire to stay well. It is a question of control. Sometimes the inflammation wins, and when it does, I lay under it. There is *no vacancy*. Despair arises from the knowledge that there is no longer any love or beauty in the world. My lonely friend has AIDS. He has no medical insurance, and I loan him money for a car because I can't bear the image of him sick and riding buses to the clinic. In a rush of gratitude, he invites me round to his apartment and shows me his vacuum cleaner collection that he uses to make a living cleaning houses and *bang*, I'm in the hospital for five days. (Kraus 158-9)

The implication that inflammation functions not in opposition to wellness, but to the desire towards wellness, suggests that Chris's bodily symptoms are an aspect of her mood. This is further exemplified in the final statement of this passage, where it is unclear whether Chris is hospitalised from exposure to her friend's infectious disease (an unlikely, but immediate connection) or to his feelings of gratitude and his environment.[4] Such a conception of illness resembles Sedgwick's intertwining of her cancer and depression, and her community's experience of the AIDS epidemic, but it literalises modes of transmission that Sedgwick assumes were limited to the realm of affect. For Kraus, embodiment is unsustainable because of all the thwarted existences that invade every engagement with the world. Affect, too, circulates despite and through the interventions of illness.

[4] This relationality is further referenced in a later passage, where Kraus muses on how she feels it is "impossible to drink the coffee without thinking about the Inca laborers who picked it, transported from their villages in cattle trucks to work for fifty cents a day," and that it is furthermore "impossible to view the paintings at the Frick Museum without thinking about the murdered workers, gunned down outside while protesting child labour," or "impossible to admire a $2500 pair of shredded Perry Ellis jeans without thinking about the new South African government's decision to spend its limited AIDS budget on education rather than provide its 1 in 5 infected citizens with AZT…" (149).

The role of metabolism in the processing of affect, too, highlights the interaction between emotion and the body. The invisible affects of the alimentary tract highlight the fundamental relationality of all affect. As the microperceptual body (or the body in which relation is felt) becomes located in the gut, the role of this area of the body in determining a collective body can become more evident (Manning, *Relationscapes* 95). The phenomena associated with hunger, specifically, is all-consuming, composing what Drew Leder describes as a "complex nexus of heaviness, exhaustion, conative urges, and discomforting sensations that, while gathering into nodes of crystallisation, ambiguously inhabits the entirety of the corporeal field" (*Absent Body* 42). When combined with the automaticity of the process of digestion, this affective sphere is both enveloping and highly internalised, perceptibly communicating an affective charge. Even within affect theory, where Brian Massumi's declaration that "affect is autonomous" guides many a scholar (35), the autonomy of affects stemming from digestive processes often goes unnoticed. Indeed, the notion that "the viscera seem most able and most articulate in relation to dysfunction" implies that the affective capacity of the gut is limited to varying degrees of distress (Leder, *Absent Body* 40). To write about gut phenomena, in this sense, allows the reader to connect feeling with perception, and with signification, in a manner not usually available to the invisible processes of digestion.

It is not only digestion that produces a specific form of affective experience, but also troubled digestion or malabsorption. Leder contends that "emotions are mediated by the autonomic nervous system and internal hormonal shifts," and that subsequently "our visceral states help shape our perceptions and desires" (*Absent Body* 136). In particular, Leder perceives that the communication between distinct organs of the viscera to another is what makes the transmission of a particular sensation exceptionally smooth; he states that as "a process taking place in one organ can experientially radiate to adjacent body areas or express itself in a distant location," which results in an "almost magical transfer of experience… effected along both spatial and temporal dimensions, weaving the inner body into an ambiguous space" (*Absent Body* 40). As Berlant suggests, metabolism equals absorption; a malfunctioning or ill-equipped metabolism can therefore allow for a discerning or directed partial absorption of a substrate ("A Momentary Anesthesia" 274). In this mode, Chris's declaration that "porousness equals malabsorption" implies that her affective openness disrupts her ability to properly metabolise, or to fully take external elements into the body.

The malabsorption of embodied affects extends to Chris' fantasy life, as in the scene where she imagines an alien abduction, where "like [Chris], the Alien is anorexic" (Kraus 168). In this dream, the Alien and Chris "talk about our malabsorption problems," where "everything turns to shit," and fantasise about a world in which "it were possible to circumvent the throat, the stomach and the small intestine and digest food just by seeing" (Kraus 168). In this example, the spheres of digestion, illness, and affect are intertwined, with the failure of one system affecting all. As such, the ability to conceptualise the affects of illness can be directed by the idea of "affect as a metabolising stimulus," which allows for the embodied experience of said affect "without needing to oversolidify oneself, one's objects, and the field of consequences" (Berlant, "A Momentary Anesthesia" 274). The affective quality of illness, in the alimentary tract, might very well be that of thwarted, poorly digested or rejected affect.

Chris's understanding of food, as inextricably linked with the processes of the everyday, positions food as both the source and the carrier of affect. Drawing on Gilles Deleuze and Félix Guattari, Probyn considers the role of the alimentary tract in the affective sphere, and she explores how the assemblages produced through eating are underexamined in contemporary philosophy. Probyn suggests that "while in the usual course of things we may not dwell upon this process, that basic ingestion forces us to think of our bodies as complex assemblages connected to a wide range of other assemblages," and reasons that "in eating, the diverse nature of where and how different parts of our selves attach to different aspects of the social comes to the fore and becomes the stuff of reflection" (*Carnal Appetites* 14). Probyn examines the bodies produced by digestive power, and the specific affective qualities that arise from different assemblages between power, food, and body. While Probyn terms the body of anorexia produced from these relations as "aesthetic and controlled" (*Carnal Appetites* 14), I would argue that these terms isolate the anorexic body from its relationality, and underplay the engagement with digestion and food that produces and maintains this state. By contrast, Kraus plays with the reach and grasp of the affective assemblage of food, stating that "since food's a disembodied signifier, there's almost always something missing, something wrong with the picture" (165). When Chris states that "when I can't eat it's because I feel totally alone" (Kraus 165), she evokes a social element to food that goes beyond the ritual of mealtimes and communal eating. Chris detects an all-encompassing quandary regarding the nature of food, stating that "to question food is to question

everything," and "to question food is to recognise the impossibility of 'home'" (Kraus 165). Chris' statements expose the many ways in which food, and an inability to easily partake of it, infuse the everyday.

Chris's focus on food is also medicalised through her examination of Crohn's disease, a disorder of the digestive tract. In one instance, Chris portrays her "third day of being sick with Crohn's Disease, not eating" as "a terrible defeat, it just goes on and on" (Kraus 159). She outlines how she feels "the start of an obstruction, the swelling" which threatens to impede her digestion, worrying that "if I eat the wrong thing now it will get blocked and then we're off—cramps and fever, vomiting, a week of hospital on IV," and concludes that "I'm already on the roller coaster, just resisting the big dip" (Kraus 159). Foregrounding the movement of her Crohn's disease, Chris explores the range of symptoms and sensations that characterise this disorder, and she outlines how "sometimes it's possible to use food as a cure. Small amounts of mushy food can sometimes ease through the obstruction, reduce the pain and swelling. Mashed potatoes gratinée, cuisine *bonne femme*" (Kraus 159). Here, the food that fills her desire is the same that Weil ate in her final days, dying from starvation-induced tuberculosis. This point of connection exemplifies how Kraus constructs a sense of relation through the digestive tract; by empathising through a shared inability to eat due to chronic illness, Kraus suggests that Chris' Crohn's disease and Weil's anorexia are digesting the same form of sustenance, the cuisine *bonne femme*, and by implication struggling to digest the same socio-cultural and intellectual impediments; Chris explains this state as "the body [being] so fraught with information, it becomes impossible to process food" (Kraus 159). Food, in *Aliens & Anorexia*, feeds the mind as much as the body; Chris' assertion that "if I'm not touched it becomes impossible to eat" (Kraus 167) conjures not only a physical sense of touch, but a feeling of community and commensality surrounding the process of eating.[5]

[5] The connection between women's intellectual pursuits and disordered digestion reaches back into the Georgian era. James Kennaway writes of the eighteenth-century conflation of digestion and neurology in the bluestockings, and he asserts that "women's digestions as well as their imaginations were, it seems, vulnerable to the excitements provoked by reading novels" (267).

Kraus' discussion of food in *Aliens & Anorexia* suggests that digestion is an impossible task, a function of our inability to truly assimilate an other. Midway through *Aliens & Anorexia*, Chris begins to quote from her diaries, written in Los Angeles in the late '90s. These sections exclusively concern her eating habits, and often go into great detail about the kinds of foods that evade her at the precise moment of writing. Chris describes staying in her friend Sabina's house, unable to eat but fantasising about food. The food which occupies her thoughts, such as "a freshly picked leaf of red or Boston lettuce, grown in season, lightly dressed in home-made vinaigrette," or "a single crab's leg served with drawn butter in a dirty waterfront café beside a trailer park in Maryland near the bay" (Kraus 164). These imagined "perfect food[s]" stand in stark contrast to the food inside Sabina's cabinets, which Chris notes that despite being "healthy and attractively displayed" imposes a sense of being "here for visual reasons, not to be consumed" (Kraus 164). Exposed to an overwhelming feeling of visual failure, termed "a violent breaking of the chain of desire," Chris slowly starves, "feel[ing her] cells contracting" (Kraus 164). This sense of visual failure can be directly correlated to Chris's "unappealing" film; the film's failure to find a buyer is equated to its lack of visual appeal, and Chris mocks it as "an amateur intellectual's home video expanded to bulimic lengths" (Kraus 28). The stylistic and narrative failures of *Gravity & Grace* mean that its viewers will not be able to effectively digest the film, through its lack of appeal or inability to visually communicate its contents. These twinned failures, or the inability to convert the visual input of food into her matrix of desire, and to convert her creative desires into a digestible art product, means that Chris remains fixated on the social, cultural and internal qualities of food. Unable to metabolise this concept of a perfect food, Chris goes hungry for the purpose of resisting assimilation.

Malabsorbed Signification: Anorexic Narratives and Disordered Reading

In *Aliens & Anorexia*, Weil's position as a subject for Kraus' identification limits the ecstatic and theological range of Weil's work. This identification acts as a form of bad reading, which permits and governs the relational exchange between Weil and Kraus. Kraus' reading of Weil moves towards a fluid positioning of the author and subject, in which "the event of

reading cannot be easily circumscribed to either the reader or the text because both are figured as permeable and plural" (Bradway xxxiv). Kraus' novel therefore reinscribes excessive identification as a method of disordered reading, which like other forms of bad reading "places itself *in relation* to the text, not insisting on the critic's interpretative mastery or priority over the text" (Bradway xxxiv). The movement of affect between Kraus and Weil, in this sense, "foreground[s] the permeable and non-dualistic thresholds that modulate between affect and signification" (Bradway xli), and the sharing of gut feelings makes this movement between emotional connection and bodily signification evident to the reader. Chris reiterates that as "female acts are always subject to interpretation," because "we don't say what we mean" (Kraus 162), this assumption positions the acts of women as inherently duplicitous.[6] As an alternative to this view, Chris cites Deleuze, who questions how anorexia is an "escape [from] predetermination" (quoted in Kraus 182) which can be reconfigured as "an active stance: the rejection of the cynicism that this culture hands us through its food, the creation of an involuted body" (Kraus 182). In this manner, Kraus draws a line between negative affective orientation and interpretation; in this logic, interpretation is only limiting when affects such as cynicism and suspicion fill the scope of analysis.

Anorexia is often positioned within medical discourse as a retreat from affect, or an attempt to isolate the individual from affective flows and commensality. For example, Probyn writes that as the anorectic registers disgust at her surroundings, she resists absorption into these surroundings and remains emotionally, if not culturally, isolated from them (*Carnal Appetites* 144). However, Chris also rejects the introjection of emotion towards the self, saying that "so long as anorexia is read exclusively in relation to the subject's feelings towards her own body, it can never be conceived of as an active, ontological state" (Kraus

[6] This view closely resembles Sarah Kofman's reading of Freudian psychoanalysis, within which the female patient is considered fundamentally insincere. Kofman argues that "because woman does not have the *right* to speak, she stops being *capable* or *desirous of speaking*; she 'keeps' everything to herself, and creates an excess of mystery and obscurity as if to avenge herself, as if striving for mastery" (43). In this sphere, Kofman continues, the female patient "*lacks sincerity*: she dissimulates, transforms each word into an enigma, an indecipherable *riddle*" and subsequently her "narrative is always full of gaps, foreshortened, defective, disconnected, incomplete, lacking in "links"; it is disordered" (43, emphasis in original). Both Kraus and Kofman judge that within patriarchal discourse, the female subject's interpretability is both demanded by her position in society and negated by her supposed mendacity, her readability is highly fraught. This logic can also be observed in Chapter Three, where Browning is read as mendacious by her fellow catfishing victim by dint of her gender.

162). She continues, pointing to a problem of signification in how "no one considers that eating might be more or less what it seems," and she finds that the interpretations which attend the disorder limit the individual's agency, as "at best, the [anorectic] is blocked in an infantile struggle to attain a separation from her mother. At worst, she is passive-aggressively shunning the 'female' state and role" (Kraus 161). Kraus maintains that "all these readings deny the possibility of a psychic, intellectual equation between a culture's food and *the entire social order*," which would necessitate an unbounding of feminine signification. The rigidity of a social order in which "a well-adjusted, boundaried sense of self is the only worthy female goal" (Kraus 161), demonstrates the impossibility of imagining feminine embodiment as mobile and active. The implicit dismissal of containment as the only valid mode of femininity is also discussed by Elizabeth Grosz, who suggests that the female body is characterised as liquefied, or in her words "as a leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting; as lacking… self-containment—not a cracked or porous vessel, like a leaking ship, but a formlessness that engulfs all form, a disorder that threatens all order" (203). If, as Grosz suggests, "women's corporeality is inscribed as a mode of seepage" (203), then their stability as a phenomenological subject can be undermined by this sense of flow. There is thus an intersection between the phenomenology of the gut, as occurring invisibly in automatic digestive processes, and the fluidity of feminine embodiment.

A key aspect of Kraus's investigations into anorexia in *Aliens & Anorexia* is her clinical, affectively flat descriptions of starvation. Kraus details at length the effects of starvation upon the body, and actively resists importing the emotional quality of her writing into these accounts. Kraus outlines how "in starvation's early phase, known as catabolism, the body realises it is no longer receiving enough nutrients to sustain itself and responds by trying to tune down," and how the thyroid responds by "stop[ping] producing hormones (sex is secondary to the survival of the organism), and it secretes a chemical, T-3, previously unknown to it, which slows the metabolic pulse by 5 percent" (156). The tonal flatness of this passage gains an air of ineluctable decay as it progresses, where Kraus's sentences contract just as she feels her cells doing so when starved:

> In phase two, the body starts to eat itself. Fat decreases, protein wastes. *When I starve I feel as if my blood is getting thin*, and this is what literally

> happens. The body seizes blood's rich haemoglobic protein to sustain its vital organs. When blood's exhausted, the brain then turns to muscle groups and skin. Stripped of all its protein, the skin is rendered dry and thin. The brain turns down the body's heat. The temperature drops. (156)

This quickening of pace mimics the process of starvation, which progressively ramps up as the body depletes its fat stores. The lack of affective engagement in this passage, combined with the increase in reading pace, suggests that the disorder of anorexia is somewhat automated, operating on "the organism" rather than Kraus or Weil themselves. As an instance of Kraus's writing retreating from the biographical into the clinical, this passage evidences how Kraus metabolises scientific research to fuel her sense of authority and expertise, without conjuring her own body as a scientific subject.

It has been common practice in research on anorexia to classify the anorexic body as an unreadable or poorly translated text. For example, Maud Ellmann's assertion that "the starving body is itself a text, the living dossier of its discontents, for the injustices of power are encoded in the savage hieroglyphics of its sufferings" walks the line between empowering and silencing the anorectic subject (16-7). Susan Bordo, too, has expounded the thwarted communication of the anorectic, terming the disorder as part of a history of feminised "pathology as embodied *protest*—unconscious, inchoate, and counterproductive protest without an effective language, voice, or politics, but protest nonetheless" (175). Bordo claims that the symptomology of anorexia "reveals itself as textuality," in which "we find the body of the sufferer deeply inscribed with an ideological construction of femininity emblematic of the periods in question" (168). While Bordo posits that the anorexic body is an "an aggressively graphic text for the interpreter—a text that insists, actually demands, it be read as a cultural statement, a statement about gender" (169), she does not consider the body to be a suitable medium for this communication. Furthermore, Ellmann remarks that self-starvation divorced from the intention of a hunger strike is not only incipient but incomprehensible, arguing that such an act "is reduced to the 'inane,' a word derived from the same root as 'inanition,' the latter meaning starved of *sustenance*, the former meaning starved of *sense*" (19). Ellmann maintains that the refusal to swallow is a response to the influx of mimetic media, and functions as "a metaphor for word-refusal," and asks "for what is it that anorectics cannot 'swallow' is not the very words that brought about their illness in

the first place?" (24). This view of anorexia seems difficult to reconcile with the rise of anorexic memoirs, which implicitly reinforce the primacy of words in anorexic nosology.

The medicalised phenomenology of anorexia has often been linked to gendered norms. Joan Brumberg outlines how fasting or excessive hunger in male bodies historically accorded them the rational outcome of death, denoting a sensible or normative body (74). Fasting women, however, "posed a basic challenge to the ideological and professional structure of modern science" through their refusal to cede to the logic of starvation (Brumberg 75). This challenge is configured, intriguingly, through codes of vision and opacity; Brumberg details the accounts of Kate Smulsey, a fasting girl of 1884, suggesting that "if Miss Smulsey goes on as she has begun she will in time become a transparent woman" (94), which would imply that she signifies more clearly as a readable subject as her physical form disappears. The notion of transparency also surfaces in Bordo's work on anorexia, characterising the requirement that "the body's meanings be utterly transparent and accessible to the qualified specialist (aided by the appropriate methodology and technology) and utterly opaque to the patient herself" (66). While medicalised discourse is predicated on the transparency of the body, where materiality becomes an obstacle to examination, this form of transparency suggests the opposite, and instead denotes a lack of valid subjectivity (Fuchs 96). Bordo insists that disorders such as anorexia have mystified scientific discourse through the creation of the patient as spectacle "in a form that is opaque and baffling to the Cartesian mind of the scientist" (67), which suggests that this tension between the spectacle and the unreadable body occupies a curious position in medical discourses. The inability to register as readable, or meaningfully opaque, suggests that the fasting girl loses her capacity to signify as anything other than a diagnostic category as she loses weight. The anorectic, as a contemporary expression of this condition, therefore poses a challenge to the interpretative drive of the reader, and in so doing erases the binary between surface and depth.

The anorexic body can, in a different mode of visual signification, register the presence of a disordered reading. Emma Seaber's work on textual contagion in anorexic life writing is crucial in establishing this argument. Seaber argues that while the causal mechanism between text and anorexic reader has yet to be ascertained, the social practice of anorexia is

strongly linked with reading (486). In her discussion of Marya Hornbacher's memoir *Wasted: A Memoir of Anorexia and Bulimia* (1998), Seaber examines how anorexically-inclined readers respond to, process and remember anorexic life writing differently to non-anorexic readers; for readers predisposed to anorexia, works such as Hornbacher's are read as instructive and alter their behaviour, as opposed to non-anorexic readers who exhibit no change (489). Seaber views this difference as indicating or constituting an interpretative community, noting that not only does an anorexic reading style affect the subjects' relation to texts, but it can also constitute "a precondition for many cases of anorexia nervosa" (489). The term reading disorder encapsulates both trajectories of this relationship, and Seaber suggests as this kind of reading disorder is extremely prominent in anorexic persons, it can be considered a precondition for the eating disorder; in this line of thinking, anorexia nervosa can be seen as the result of a particular set of close reading practices that interprets writing in a different way (490). Moreover, Seaber emphasises the literary mode in this relationship, noting that reading practices that rely on multiple interpretative modes are "a conscious invocation of the literary, and in particular of the hermeneutic: of teasing out arcane, profound, perhaps broadly bewildering meaning" (490). Seaber makes the distinction that the term reading disorder "encompasses both the conventional and the multiple, expansive senses of 'reading,' to include approaches to, understanding of, engagement with and responses to textual artefacts" in a manner which "sees readers privilege *their* interpretation of certain textual events over any number of others that may contradict it" (490). Not only does the designation of reading disorder diminish connotations of "extreme impressionability" in anorexic readers (Seaber 490), but it foregrounds modes of understanding, emotion, and thought which compose these reading practices as having the capacity to be anorexic. As a hermeneutical practice, however, this mode of reading avoids suspicious affect, and instead looks to depth-oriented reading practices to inform a sense of community and shared experience.

In suggesting that Kraus is a disordered reader of Weil's corpus, and that *Aliens & Anorexia* promotes a similar form of a reading disorder through the transmission of affect between reader and writer, I contend that the novel enacts a form of post-critical affective relation that opposes the hermeneutic aspects of anorexic reading. The filmic section of *Aliens & Anorexia*, in fact, might be a way to produce disorder, in its lack of clear connection to the

remainder of the novel, and in its clear emotional and experiential links to both Chris's and Weil's story in the novel. This disordered reading produces multiple interpretative modes within *Aliens & Anorexia* itself, rather than only projecting those modes onto an external readership, and implicitly presents a challenge to the singular interpretative genius of critique. While Kraus' mode of reading might "be disclaimed as an uncritical way of relating to culture and society, stripp[ed]… of the agency that accrues to rational-critical forms of participation in the public sphere," it shows how the shared experience of affective states "provide[s] a way to challenge the formation of that public sphere and, moreover, to elaborate alternative, embodied modes of social agency" (Bradway xxxii). As such, the sociality of illness structures the affective relations of *Aliens & Anorexia*, and of the bodies housed within the novel's form; in so doing, the novel also makes evident the impossibility of detangling its affective impact from its structural choices.

In *Aliens & Anorexia*, Chris quotes at length from second-wave feminist theorists to establish her analysis as occurring in opposition to conventional discourses around femininity. This quality is also crucially involved in turning the affective sense of *Aliens & Anorexia* from the clinical to the personal; Kraus's formal negotiation of her sources causes them to fit imperfectly, retaining the prickly individualism of her relation to Weil's work. While Nieves Pascual proposes that anorexic life-writing "shorten[s] the emotional distance between patient and reader," forming a "transference between the reader and the text" due to the personal experiences of the narrator (347), Kraus instead uses clinical, distancing sources to promote an affective connection between her narrator and the reader. Kraus uses criticism as a mode by which she can establish her position in contrast:

> Feminist analysis of anorexia gravitates towards the problems girls confront as they reach puberty. Maude Ellman in *The Hunger Artists*: 'It is through the act of eating that the ego establishes its own domain.' Nany Chodorow in *The Reproduction of Mothering*: 'Because the mother-daughter relationship remains so fluid and pre-Oedipal, the daughter fails to develop a sense of self that is separate from the mother.' Therefore, she stops eating. The most polemically feminist analyses of anorexia nervosa represent it as an adolescent girl's last stand against the female social role and what it 'means' to be a woman. Perversely, all this literature is based on the unshakeable belief that the formation of a gender-based identity is still the primary animating goal in the becoming of a person, if that person is a girl. (Kraus 160)

Chris then takes aim at psychotherapists and recovering anorectics, in whose accounts she finds the clearest representation of the "anorexic girl as a simpering solipsistic dog" (Kraus 161). The particular focus of this dissection is the notion that anorectics are "starving for attention," (Cherry O'Neill, quoted in Kraus 161) and that "as a group, they are manipulative and deceitful" (Hilde Bruch, quoted in Kraus 161). In Chris' view, to read anorexic tendencies only in relation with femininity automatically places the anorectic in the position of providing meaning to the observer, and to the larger cultural milieu, in contrast to discovering meaning within her affective life. In effect, the common notion that "the anorectic's protest, like that of the classical hysterical symptom, is written on the bodies of anorexic women" (Bordo 159) occludes consideration of how inscription, rather than reading, might be the meaning-producing mode of anorexia.

Kraus explores the affective possibilities of anorexia in *Aliens & Anorexia* through dismantling previous theorists' hypotheses around the disorder. As Chris asserts that "emotion is like hyperspace, a second set of neural networks becoming active in the body," she relates this concept to anorexia, suggesting that anorexic feelings move differently throughout the body (Kraus 133). The notion that anorectics are "*starving* for attention," while mocking in tone, implies that an affective lack is central to the anorectic's progression into the disease (Kraus 134, emphasis in original). Kraus later examines Weil's philosophy through comparison to her contemporary, Aldous Huxley, who in contrast to Weil is not perceived as "a manipulative girl" (137). Instead, Huxley is presented as

> A distinguished and credentialed thinker, and so we take him at his word. Yet why do Weil's interpreters look for hidden clues when she argues, similarly, for a state of decreation? She hates herself, she can't get fucked, she's ugly. If she finds it difficult to eat, it must be that she's refusing food, as anorexics do, as an oblique manipulation. 'The girl' in Sartre and Janet's narrative breaks down in order to gain sympathy and draw attention. Anything a female person says or does is open to 'interpretation.' If the female anorexic isn't consciously manipulative, then she's tragic: shedding pounds in a futile effort to erase her female body, which is the only part of her that's irreducible and defining. (Kraus 137)

Kraus implies that interpretation is opposed to feeling in this passage, in how the attempt to imbue the anorexic body with a readable meaning resists the codification of her body into interpretation. If the feelings produced in response to the anorexic body are always in service

to an interpretation, then this relation constructs the anorexic body as subservient to its observer. *Aliens & Anorexia* thus offers an ameliorative effect to this power relation, and instead brings the "iconoclastic ambitions" of critique (Felski 119) to its construction of the subject. Throughout this passage, Kraus suggests the existence of an unspoken challenge to this view of anorexia, one which aligns feeling with mind, resisting the model of interpretation and the readable body, and instead invokes a model of affect that does not negate the feeling subject.

An actively anorexic subject, which escapes the predetermination of interpretation, is present in not only the narrative of *Aliens & Anorexia*, but the film which inspired it. Indeed, Bordo's earlier description of the anorectic appearing as "opaque and baffling" to medicine (67) might also be an apt way to describe the transformation of the filmic narrative of *Gravity & Grace* into the final section of the novel. The final section of *Aliens & Anorexia* leaves Chris's narrative (and Weil's also) in favour of a narrative transcription of Chris's film. The transcription itself obscures the visual sense of the film which would exist in its own form, and instead positions the reader between sites of opacity and transparency in terms of its plot and emotional devices. In terms of plot, the final section layers the narrative of Gravity and Grace, two university students from Auckland, New Zealand, over a doomsday cult following. In this model, the mysticism which Kraus has attributed to Weil throughout *Aliens & Anorexia* is lent to Grace, while Gravity shares Kraus's own experiences of being rejected by the New York art world in the second part of the filmic narrative. To say that the final section is a film is to declare it akin to an anorexic body, exposed to the significative powers of observers but devoid of clear signification in and of itself. Instead, I propose that the inclusion of this narrative transcription evokes a hybrid form, in which a lack of signification tied to aspects of visuality only emphasises the communicative capacity of the body. The story of Gravity and Grace, when layered upon the story of Kraus (and of *Aliens & Anorexia*), which is in turn arranged in relation to Weil (and *Gravity and Grace*), uses visual failure and lack of signification to devalue the singular body of Chris's film and to build relation between these parallel narratives. The shared experiences between the film and novel include Gravity listening to the same Bach Partita that Chris responds so viscerally to in *Aliens & Anorexia*, which impacts her as "each swipe across the instrument's four strings is registering through her body as an act of recognition" (Kraus 205). These

experiences allow movement of shared experiences and affective transmission precisely because of the film's lack of a securely defined visual body. The film, therefore, feeds the affective quality of *Aliens & Anorexia* while reinforcing the role of visual failure in Kraus's work.

Aliens & Anorexia concludes with the suggestion that one can parasitically engage with one's own work. The novel ends with a specifically filmic coda, where "the film runs out. Black leader, music, credits," and none of these elements can be affectively present within the novel form (Kraus 255). Correspondingly, the film of *Gravity & Grace* is malabsorbed into the narrative of *Aliens & Anorexia*, but in a manner which signals how form affects one text's ability to colonise another. In this reading, the inability for the film of *Gravity & Grace* to productively digest Weil's life and philosophy, to produce meaning which audiences could sense and extract, signals that the notion of form is significant in determining which bodies can transmit in this mode. Insofar as the film fails to communicate a clear narrative storyline, either in relation to Chris, Kraus, or Weil, it does not just evoke an intertwined atmosphere of failure, mysticism and art-world rejection. Instead, ending the novel with the transcription of *Gravity & Grace* models the parasitic engagement Kraus establishes with Weil, and provides narrative fodder for the formation of *Aliens & Anorexia*. While the film remains poorly integrated, arriving as a coda without clear connection to the rest of the narrative, its inclusion in the novel suggests that Kraus is validating her source material. In this manner, parasitic engagement occurs without erasing or diminishing its host material, but instead making visible the transformation effected in writing about existing, independent narratives.

The structure of *Aliens & Anorexia* models a way of moving outside the strictures of the individual body. As previously discussed, the relationship between Kraus and her primary subject Weil is predominantly parasitic, but it can be argued that these late sections of the novel enact a different mode of ingestion. The incorporation of an assembled critical corpus, that of twentieth-century anorexia studies, means that Kraus's authorial voice becomes difficult to discern from that of her interlocutors. In the passages quoted above, it can be challenging to locate Kraus's own viewpoint in any specific passage, as she piles quote atop

quote in a melisma of citational meaning. Her argument appears most clearly in the spaces between citations, as a projected opposition to that meaning cited, and undermining or mocking the viewpoints she is speaking in a kind of unspoken counter-narrative. I do not suggest that this disappearance of authorial voice indicates a lack of control over the discourse produced; instead, I contend that Kraus's citational argument is a means to redirect interpretation away from her own subjectivity. By positioning these varied voices in conjunction with each other in a disordered hubbub, Kraus steps outside her isolated embodiment, and begins to speak from the positions of her citations. The use of sources, in particular, should be examined carefully with regards to Kraus' larger aims; given her dual position as an auto/biographer and fiction writer, the lenience given to factual accuracy in her life writing should necessarily be applied to her use of other sources. While I do not wish to question the accuracy of her citations, their existence signals Kraus's appeals to a truth-value that is consistently undermined in the rest of her works. As such, her citational style models a mode of transmission, of parasitical nourishment, that fills her authorial persona with a veneer of legitimacy that obscures her deeper engagement with the illegitimate. The inability for these critical sources to be completely ingested into the narrative of *Aliens & Anorexia* returns the reader to a mode of incomplete metabolism, but one that promotes a mutual integration and incorporation of embodied states. That this mutuality occurs during the most concentrated discussion of anorexia, where one might expect or demand the most personal revelations, indicates that Kraus's exploration of anorexia, and other digestive disorders, can be a means to escape the singularity of her authorial form.

Chapter Five

Itch, Wound, Scar: The Sentimentality of Pain in Leslie Jamison's *The Empathy Exams*

In Leslie Jamison's essay collection *The Empathy Exams* (2014), the personal and the social collide in experiences of illness. These essays investigate how illness might be experienced as entirely individualistic and invalidated by conventional medical discourse, and how the affects attending such illnesses are often feminised and therefore dismissed. Accordingly, this chapter will explore the relationship between shared states of feeling, including empathy, sentimentality and pain within and between Jamison's essays, in particular "The Empathy Exams," "Devil's Bait," "In Defence of Saccharin(e)," and "The Grand Unified Theory of Female Pain," and will propose a radically contagious model of feeling operating within Jamison's corpus. In *The Empathy Exams*, Jamison uses the formal qualities of the personal essay as a method for communicating both the subjective and intensely personal aspects of illness, and she does so with the aim of conceptualise the sentimental as a site for shared affective experiences. Like the infectious autobiographies studied in my previous chapters, Jamison's collection encourages relational interpretations through its incorporation of other narrative voices. Jamison's writing affirms that, despite its associations with narcissistic self-involvement, sentimental reading can redirect the oft-maligned solipsism of the personal essay towards social and collective forms of identity.

Contested Illnesses and Empathetic Communities

In *The Empathy Exams*, Jamison engages with an array of contemporary contested illnesses, ranging from conversion disorder, with its roots in paradigms of hysteria, to Morgellons, a novel skin illness which emerged in the public consciousness in the early 2000s. Illnesses of this type are related to psychosomatic illnesses, which can be traced back to Freud's theories of hysteria, which emphasised the ability for the patient's body to 'lie' or misrepresent its symptoms (Didi-Huberman 71). However, the increasing prevalence of contested illnesses since the 1980s signals a growing distrust of the medical establishment, and a corresponding rise in patient-centred medicine (Diedrich 26). The experience of writing about contested illness is as long as the history of the disorders themselves; a crucial paradigm of any contested illness is that it can only be legitimised through discourse, whether this discourse is personal or medical. As Pia H. Bülow explains, to bring a contested illness to the awareness of a wider populace "people have to put their suffering into words," but ironically "telling stories about contested illness always involves a risk of becoming mistrusted" (137). This bind goes some way to explaining why contested illnesses have such a strong presence in autobiographical literature, and how descriptions of such illnesses risk emphasising the inherent lack of objectivity in these forms of writing. Indeed, a lack of trust is embedded within the essay form; the essay's scepticism, Theodore Adorno argues, is opposed to the firm positionality which scientific discourse occupies, and it manifests this opposition by making both concept and language informing these concepts subjective, even as the subjects of these essays can encroach upon the realm of science (12). Rachel Blau DuPlessis concurs with this view, finding that the essay's distinctive style and address "ruptures the conventions —especially the scientistic ethos of objectivity—of critical writing" (25). In both "The Empathy Exams" and "Devil's Bait," Jamison takes on the task of legitimating contested illness through the empathetic field of her own body, but in "Devil's Bait" the site of empathy is a community, not an individual. As such, these essays explore how tenuously linked the objective and subjective positions are within the frames of medical and scientific discourses.

Jamison investigates the connection between the sociality of emotions and fictive states in "The Empathy Exams." In this essay, which I first discussed in the introduction, Jamison

portrays her experiences working as a medical actor in a training hospital, where "play[ing] sick" allows Jamison an opportunity to ponder the relationship between illness and fiction (*Empathy Exams* 1). While the job calls for testing medical students across different rotations, from paediatrics to surgery, "The Empathy Exams" only includes the case notes of Jamison's specialty role, Stephanie Phillips. Stephanie, a young woman who is identified as suffering from conversion disorder in the notes Jamison receives, experiences seizures which cannot be explained by any neurological condition, and which are instead attributed to her grief over her brother's death. While Jamison is encouraged, in her role as a standardised patient, to "act towards the norms set for my disorders," she believes that her lack of access to Stephanie's experiences, as opposed to her symptoms and case history, prevent her from fully inhabiting this character. The case study of Stephanie challenges Jamison's formation of empathy, as the unknowability of the other manifests as affective vacuity or absence. Jamison remarks that "one of the hardest parts about playing Stephanie… is nailing her affect—*la belle indifférence*," which she defines as an "air of unconcern displayed by some patients toward their physical symptoms"; *la belle indifférence* diagnoses a lack of affect as symptomatic of ill health (*Empathy Exams* 12). Neither Jamison nor Stephanie has a full knowledge of the character's motivations; Jamison writes that "her disorder is news to me. I didn't know you could convulse from sadness. She's not supposed to know, either. She's not supposed to think the seizures have anything to do with what she's lost" (*Empathy Exams* 1). In this example, the lack of concrete knowledge Jamison has about Stephanie's illness transforms this illness into affect, which is more easily understandable to Jamison. The physical symptoms Jamison portrays in her performance as Stephanie, including the seizures noted earlier, are "a way of inviting empathy without asking for it" or an "outsourcing [of] emotional content to physical expression" (*Empathy Exams* 12). As such, Jamison reasons that "encounters with Stephanie present a sort of empathy limit case: the clinician must excavate a sadness the patient hasn't identified, must imagine a pain Stephanie can't fully experience herself" (*Empathy Exams* 12). The limits of empathy demarcate both the limits of knowledge and of feeling; Jamison's interpretation of Stephanie's feelings signal that while feeling *like* a person can broaden the boundaries of the self, this expansiveness skims over the essential unattainability of Stephanie's experience.

As a contemporary reconfiguration of the diagnostic category of hysteria, the use of the label of 'conversion disorder' shares similar concerns regarding performance and validity to the hysterics. To define Stephanie's symptoms as markers of conversion disorder, therefore, does not immediately discount their effect on Jamison as she performs them. Even as hysteria is "constructed by the cultural images and medical discourses it imitates," it also "engenders condensed and displaced reproductions of an originary psychic disorder" (Bronfen 117). The disorder and the performance, in essence, cannot be isolated from each other, but can coexist without invalidating the other. Elisabeth Bronfen observes how in hysteric patients the psychic cause of symptoms "can be articulated only by proxy in the register of the body," which in fact diverts attention from the mind to the body (117). While hysteria exists as a culturally-produced disorder, which mimetically reproduces "culturally permissible expressions of distress" (Showalter 15), it can also radically redefines the patient's experience of embodiment as a function of performance.[1] As Bronfen infers, "one of the seminal definitions of the hysteric is that there is a noncoincidence between her self-representations and the being she really is, but in such a way that she not only plays roles, but that her existence resides in the performance of the roles" (118). In this sense, performance becomes the only means of validation the hysteric can access, and perhaps her only mode of authenticity. Performance is not separate from empathy in Jamison's perspective, and instead becomes a tool to access a hidden truth about identity, distinct from modes of detection or diagnosis:

> I've thought about Stephanie Phillips's seizures in terms of possession and privacy. Converting her sadness away from direct articulation is a way to keep it hers. Her refusal to make eye contact, her unwillingness to explicate her inner life, the way she becomes unconscious during her own expressions of grief and doesn't remember them afterward—all of these might be a way to keep her loss protected and pristine, unviolated by the sympathy of others. (*Empathy Exams* 6)

[1] Elizabeth A. Wilson observes that "by and large, the bio-logic of these transformations has been overlooked in feminist commentary on hysteria," and she perceptively argues that the neurological and physiological pathways activating hysteric symptoms have been neglected in both feminist theory and contemporary biology (*Psychosomatic* 4). Wilson asserts that "the neurology, physiology, or biochemistry of hysterical symptomology can be disregarded only in a theoretical milieu that takes biology to be inert," a milieu which "despite its expressed interest in rethinking the body, still presumes that the microstructure of the body does not contribute to the play of condensation, displacement, and deferred action that is now so routinely attributed to culture, signification, or sociality" (*Psychosomatic* 5). The inert predictability of biology in contemporary medical discourse suggests that the body can exist independently from its surroundings, or at least that the body is firmly bounded in both space and time.

The empathy required by Jamison to fully inhabit her character means recognising that feelings cannot be fully contained within the singular body; just as "empathy means realising no trauma has discrete edges," inhabiting the body of another "demands another kind of porousness in response" (Jamison, *Empathy Exams* 5-6).The tension between public and private forms of symptoms, in which performance is not a diversion from illness but a central component of it, suggests that sympathy is an inadequate means for understanding Stephanie's symptoms. Instead, what is required is empathy, which involves Jamison positioning herself in relation to Stephanie's trauma, trying to understand its feelings even if she cannot access their source. In this sense, the causality of Stephanie's grief, and the way in which it has translated into hysteric symptoms, does not lessen the gravity of her experiences when performed through Jamison's body.

This construction of empathy, furthermore, is developed in concert with the specific demands of the essay form. Ann Jurecic notes that the essay form is indebted to modalities of describing illness from its inception; as she discusses, the personal essay originated from Montaigne's convalescence following a near-fatal horse-riding accident, in his attempts to narrate the experience (*Illness as Narrative* 13). While Carl H. Klaus contends that the essayist writing about illness can be seen as "cast[ing] herself in the role of a defiantly self-revealing presence, in order to provide therapy both for herself and her readers," such positioning implicitly locates the reader as being "in the position of being someone like a fellow-sufferer, therapist, trusted friend, or close relative, willing to hear all without embarrassment or judgment" (125). Klaus's assertion is predicated on the reader's ability to empathise with the essayist; he writes that "essayists who write about their afflictions seem distinctly less interested in the chameleon-like role-playing that has long been a hallmark of the personal essay" (130), a statement which is countered by the medical acting of "The Empathy Exams." As the first essay in *The Empathy Exams*, Jamison's discussions of Stephanie's conversion disorder set the stage for a deeper investigation into psychosomatism, wherein the personal malady becomes increasingly social.

In "Devil's Bait," the second essay in the collection, Jamison explores an illness which might only reside in the social. In "Devil's Bait" Jamison attends a conference for a community of

people who believe they have Morgellons, which purports to produce invisible fibres from beneath the skin. Morgellons disease is a contested illness which has been increasingly growing in the public consciousness, which can incite scepticism or dismissal in both popular and medical contexts. Immediately Jamison connects the nosology of this disorder to hysteric expression, particularly in the fact that "70 percent of Morgellons patients are female" (30), an assertion which is backed up by the research finding that female patients develop Morgellons at a 3:1 ratio to their male counterparts (Fesler et al. 6). The symptoms of this disorder are overwhelmingly self-identified, due the disorder's lack of validity in contemporary medicine, and Jamison comments that while "the people I meet don't look disfigured at first glance" upon closer inspection "they reveal all kinds of scars and bumps and scabs. They are covered in records—fossils or ruins—of the open, oozing things that once were" (*Empathy Exams* 31). The narrative which transforms these disorganised or unspeaking records into symptomology, in this sense, is only validated in certain hospitable social settings. As a disorder of sociality, therefore, Morgellons draws attention to the communicative capacity of the skin, and to the ways in which bodies bear the marks of illness.

"Devil's Bait" shares a structural similarity to "The Empathy Exams" in its incorporation of scientific forms of writing. However, unlike the case notes in "The Empathy Exams," which rapidly exceed their role as external document and become a representation of Jamison's role as author and subject, the stylistic qualities of "Devil's Bait" evince her attempts to integrate reason and doubt. The structure of "Devil's Bait" mimics a scientific paper, with headings demarcating her discussion, results, and methods, and while Louise Aronson suggests that the adoption of these subheadings allows Jamison to "explore the world of people with Morgellons disease" (16), I argue that this structural technique performs a merging of the scientific with the personal. Furthermore, as experience in the personal essay "is mediated through the essay's own conceptual organisation" (Adorno 13), the progress of "Devil's Bait" suggests that scientific, objective modes of observation are necessary constituents of her experience of the conference. The objective qualities of Jamison's essay, in its clinical strructure and subheadings, are increasingly undermined by its content; as the materials of the conference resist categorisation under the headings provided, "Devil's Bait" affirms the primacy of the personal at the expense of objectivity.

At the beginning of "Devil's Bait" Jamison describes the people she meets at the conference, and the origin story they each provide to give coherence to their current state. Jamison details how "for Paul, it started with a fishing trip. For Lenny, it was an addict whose knuckles were covered in sores. Dawn found pimples clustered around her swimming goggles. Kendra noticed ingrown hairs [and] Patricia was attacked by sand flies on a Gulf Coast beach" (*Empathy Exams* 27). The divergent quality of each individual story builds a sense of convergence for each of these patients, who do not see the mode of transmission of the disorder as affecting the characteristics of the disease. Jamison goes into great detail describing the symptoms of Morgellons disease, and the prominence of its sufferers:

> For me, Morgellons disease started as a novelty: people said they had a strange disease, and no one—or hardly anyone—believed them. But there were a lot of them, almost twelve thousand of them, and their numbers were growing. Their illness manifested in lots of ways: sores, itching, fatigue, pain, and something called formication, the sensation of crawling insects. But its defining symptom was always the same: strange fibres emerging from underneath the skin. (*Empathy Exams* 27)

Jamison also reports a variety of "unidentifiable matter coming out of [the patients'] bodies," including "fuzz, specks, and crystals," and notes that "the sickness can start as blisters, or lesions, or itching, or simply a terrible fog settling over the mind, over the world" (*Empathy Exams* 27). Crucially, the substance of these extrusions are registered not categorically but phenomenologically, as the patients "didn't know what this matter was, or where it came from, or why it was there, but they knew—and this was what mattered, the important word—that it was real" (Jamison, *Empathy Exams* 27). The ontological uncertainty of Morgellons, as in my earlier discussion of a faked case of autism in Barbara Browning's *The Gift*, does not restrict its capacity to feel real, either to the attendees or to Jamison; however, Jamison's relation to the truth-status of Morgellons incorporates, rather than ignores, her doubt over the origins of the illness.

As a contested illness, Morgellons abuts precisely these issues of subjectivity and objectivity. Morgellons disease first entered the medical lexicon in 2001, when medical researcher Mary Leitao observed the presence of fibrous specimens emerging from her son's

skin (Fair 597). Leitao was also involved in the first scientific study of the disorder, that explored the relationship of Morgellons to delusional parasitosis—a skin disorder which is characterised by delusions of infestation—and claimed to observe the presence of "fibre-like strands and granule-like objects associated with skin lesions" when alerted by "crawling and stinging sensations under the skin" (Savely et al. 1). Aided by a hand-held microscope, the authors of this study visualised "a network of blue fibres under the skin of these patients… as well as blue and white fibres protruding from their lesions" (Savely et al. 1). Sufferers of Morgellons disease are actively involved in shifting medical paradigms; Lisa Keränen finds that, as they "lack… a mutually credible explanation" for the symptoms of Morgellons, "various stakeholders create narratives about Morgellons that bolster or challenge the biomedical paradigm of delusional parasitosis," and the disorder thus "sits at the intersection of a far-reaching contest to define the nature of the condition, its causes, and remedies" (40). Even as Morgellons exists in tenuous relation to medical validity, it is not completely insulated from medical discourse; those suffering from this disorder move between diagnoses of viral infection, dermatological ailments, and psychosomatism depending on the gaze of the observer, and their relation to the medical establishment.[2]

In terms of the sensory quality of the disorder, Morgellons is characterised by a convergence of haptic sensation, through which touch and sight mingle. The skin as a representative function of the body appears throughout "Devil's Bait," such as when Jamison mentions that she hears "someone talk about what her skin is 'expressing'" (*Empathy Exams* 31), using a phrase which combines the terminology of infectious disease with the language of

[2] In the patient with Morgellons, "the substitution of the diagnostic category [delusional parasitosis] with the name and diagnostic processes attached to Morgellons may not signify the intensification or expansion of the medical 'gaze'," but instead "its retreat or even transformation, a slight slackening of the mind-body duality typical of biomedicine" (Fair 609). Brian Fair comments that this example does not necessarily constitute an example of increased medicalisation, but rather an attempt to alter the juridico-discursive power of medical diagnosis altogether (609). Even as diagnosis "implies that [the disorder] has a recognisable and therefore respectable cause," as Kathryn Montgomery Hunter states, diagnostic categories provide access to many different scripts shaping identity within and outside medicine, including treatment, insurance, and workplace leave (*How Doctors Think* 66). Hunter suggests that "since many diagnostic labels have well-established social meanings, some of this information is already in the patient's possession" and that "such meanings are stored and transmitted in patients' stories of symptoms and therapy, danger and recovery, disability or death" (*How Doctors Think* 66). Recent shifts regarding the treatment and diagnosis of contested illnesses have prompted the remedicalisation of symptoms around neurological or psychological causes. As such, Fair writes of how Morgellons researchers negotiate this shift, "wherein dermatologists may use the name Morgellons rather than [delusional parasitosis], present Morgellons patients with a combination of topical ointments and psychiatric medication, and more thoroughly relate to the patient's illness experience" (609).

representation. In this manner, the skin's affective quality is related to its tangible surface; as Ann Cvetkovich argues, "the double status of *touch* as both an emotional and physical category" enables a "metaphorical slippage" which causes the "physical dimensions of touch" to materialise "emotional forms of power" (*Archive of Feelings* 68). In particular, the use of the skin's penetration, in the contested transmission of the disorder, makes clear how affective states are manifested as an effect of crossing bodily boundaries. Kyla Schuller details how Morgellons "is marked by a relentless crawling sensation, as if bugs were trafficking just above and below the surface of the skin," in combination with "small open sores out of which grow filaments reminiscent of thread or another fibre, as if the human body itself had begun to sprout flagella" (59). However, the crucial aspect of Morgellons disease is that while the sensational aspects of the disorder are generally accepted within the medical community, the presence of the fibres is not so commonly accepted; Schuller writes that "medical authorities generally view Morgellons as an unexplained syndrome most likely psychiatric in nature, similar to other sensory disorders… that official medical bodies relegate to the status of physiological manifestations of mental illness" (59). As such, Morgellons is concordant with earlier representations of hysteria, which in Bronfen's view has no autonomous existence outside systems of medicalisation. Indeed, Bronfen proposes that "the persistent inability for medical professionals to find a universal, systematic definition for hysteria ultimately illustrates that hysteria can have no autonomous and original identity outside its discursive formations" (102). To complicate matters even further, some researchers have identified similar microbial agents in both Morgellons disease and Lyme disease (another contested illness in the contemporary sphere), and similar patterns of diagnosis and treatment can be seen in both patient populations, which Schuller argues leaves "patients ripe for diagnoses of somaticisation and conversion disorders or similar psychopathological explanations" (59). Morgellons disease is, thus, caught between competing discourses of medical illegitimacy, which in turn helps awareness of the disorder to spread within multiple susceptible communities.

Unlike the larger environment of the disorder, the Morgellons conference in "Devil's Bait" is largely insulated from medical authority, and instead functions as a community supporting the sufferers' experience of a medically contested illness. However, despite their physical absence, the medical community is frequently conjured throughout the essay, and accused

of prolonging and heightening the continuing suffering of the attendees. Jamison notes that even finding the community can expose the patients to more suffering, as "the Morgellons diagnosis replaces one unquiet, lack of category, with another: lack of cure" (*Empathy Exams* 35). These experiences of patient-centred medicine, which attribute a lack of coherent meaning to medicine rather than to their incoherent symptoms, cause the attendees to openly dismiss medical understanding of the disorder. One speaker at the conference turns the tables back on his doctors, by "coin[ing] a new piece of jargon: DOD. Which means Delusions of Doctors," garnering "applause and a few hoots from the back" (*Empathy Exams* 39). Jamison wonders if this response suggests "that maybe *delusions of parasitosis* is just a symptom of another delusion: the hubris of thinking your know people's bodies better than they do" (*Empathy Exams* 39).[3] Insofar as this opinion contradicts medical knowledge, it supposes that if Morgellons is a delusional disorder, it is a shared delusion that has different effects on the individual relevant to their relation to the medical establishment. The dismissal the conference attendees have experienced is made tangible in the same environment, where "one senses a hundred identical wounds across this room. Not just pocked legs and skin ribbed with the pale tracks of scars, but also smirks and muttered remarks, hastily scribbled notes, cutting gazes seeing a category, an absurdity, where a person had once been" (Jamison, *Empathy Exams* 39). These patients express an inability to exist in a coherent and inviolate form; Jamison considers the "warring factions" dividing these patients in their choices of cure, be it "scraping or freezing the skin, hitting it with acid or lasers or electricity, scratching the itch or abrading it, [or] taking cocktails of antiparasitic medicines meant for animals three times our size" (*Empathy Exams* 42). Even these strategies for curing the disorder, to Jamison, represent the "symptoms of an individual cleaved into conflicting pieces" (*Empathy Exams* 42). In this sense, the mind-body divide is being represented on the visible surface of the skin, which complicates notions of readability and symptomology.

[3] The initial study by Savely et al. suggested that there is a psychopathographic component to Morgellons disease, but that "the putative underlying infectious disease, which has been unrecognised and untreated, can cause psychopathology in many patients" (3). These authors consider that this differentiates Morgellons disease from delusional disorders, which rely on a psychiatric diagnosis as the initial presentation of the disease, and instead claim that "in the case of Morgellons disease, a poorly characterised dermatologic condition appears to trigger secondary psychopathology that may be wrongly confused with a primary delusional disorder" (Savely et al. 3). While there is undeniably a psychiatric component of the disorder, the role this plays in the disease symptomology is therefore unclear. In addition to this putative psychosomatic quality of the disorder, Ohn et al. state that "patients with Morgellons disease lack insight, and are reluctant to be referred to psychiatric physicians," which pathologises the belief that the symptoms are organic in nature (225).

Jamison identifies different entry points into empathising with the conference attendees, despite not sharing their diagnosis, and in so doing registers the distinction between sympathy and empathy. She recognises that "itching is a feedback loop that testifies to the possibility of symptoms that dwell in a charged and uneasy space between body and mind" (Jamison, *Empathy Exams* 41), and concludes that this symptom is near-universal. In addition, Jamison divulges an experience of her own that resonates with the discussions at the conference, in which she had unwittingly incubated a botfly larva in a cut on her ankle. Jamison insinuates that the nurses, who look at her "kindly and without belief" (*Empathy Exams* 4), assume her paranoia is a given. However, the invalidation of her symptoms does not lessen her belief in the existence of the maggot; she remembers that while "for weeks, down in Bolivia, I'd been living with the suspicion that I had something living under my skin," once it appears "it was almost a relief to finally see it, bobbing out of my ankle like a tiny white snorkel. I finally knew it was true" (Jamison, *Empathy Exams* 34). The proof of specimen that Jamison sees is only temporary, and she "had about thirty minutes of peace before I started suspecting there might be another one left behind" (Jamison, *Empathy Exams* 34).[4] This experience reinforces Jamison's paranoid position, as the convergence of dream and past experiences shapes her response to her surroundings. Reflecting on this experience at the conference, Jamison empathises with the attendees, finding that "when I hear that Morgellons patients often spend hours with handheld microscopes, inspecting their own skin, I think, *I get that*," finding commonality in her "spent hours poring over my maggot wound, its ragged edges and possible traces of parasitic life" (*Empathy Exams* 35). This experience registers as prophetic to Jamison, who reads the "stray bits of hardened skin and weird threads—from bandages or who-knows-what" as "tea leaves to discern what made me feel so trapped in my own body" (*Empathy Exams* 35). This mode of relation, which closely resembles Chris Kraus's empathetic identification in Chapter Four, enable the formation of a parallel mechanism of empathy, as Jamison connects with the conference attendees based on shared experiences, rather than a shared diagnosis.

[4] The prophetic tone of this passage references a common dream about skin which is described by Steven Connor as a dream of worms or parasites infesting the skin. In this state, Connor writes, "the dream of worms does not destroy or deny the skin so much as reconstitute it, as a thing of holes, passages," which consequently renders the fantasy of impenetrable skin futile (242).

Jamison's display of empathy renders her susceptible to the contagious elements of Morgellons disorder. She expressed awareness of this quality before arriving at the conference, warning friends to counsel her against beliefs that she now has the disorder, as "doubting Morgellons hasn't stopped me from being afraid I'll get it" (Jamison, *Empathy Exams* 46). The function of doubt, here, does not insulate Jamison from her fear of contagion and the mechanisms by which this contagion manifests in the body. Later in the essay, Jamison begins to notice the symptoms of fibres marking her skin; she notices, after a shower, "small blue strands curled like tiny worms across my clavicle," and finds "what appear to be miniscule spines, little quills, tucked into the crevice of a fortune line on my palm" (*Empathy Exams* 46). This is seen as inevitable, and "odd[ly] thrilling" to Jamison, who wonders if "some part of me *wants* to find something. I could be my proof" (*Empathy Exams* 46). At other times, though, Jamison feels unwillingly colonised by the disorder, and she ponders how

> If you look closely enough, of course, skin is always foreign, anyone's—full of strange bumps, botched hairs, hefty freckles, odd patches of flush and rough. The blue fibres are probably just stray threads from a towel, or from my sleeve, the quills not quills at all but just smeared pen ink. But it's in these moments of fear, oddly that I come closest to experiencing Morgellons the way its patients do: its symptoms physical and sinister, its tactics utterly invasive. (*Empathy Exams* 47)

The experience of doubt, in Jamison's account, is so central to the experience of Morgellons that the conducive environment cannot fully banish the judgements contained within her findings. Jamison finds that her doubt is naturally at home within the other symptoms of Morgellons; upon the conclusion of the essay, she recognises that she has come to fully inhabit this uncertain space, and as she "walk[s] among the young and healthy" at the hotel she is staying at, she is "more or less one of them" even as she is "trying not to itch.... trying to not think about whether I'm itching. I am trying to not take my skin for granted" (*Empathy Exams* 46).[5] The contagious quality of itching, in Jamison's response, combines thought and

[5] The skin plays a crucial role in classical forms of hysteria too. Finding that the "marking of the skin has a strangely indeterminate status in discussions of hysteria," Connor suggests that the primary residence of hysteria is in the visible marks that "to hold together the drift and appearances and simulations that constitute hysteria" (124). The mark, however, cannot connote the certainty of undeniable physical change, which Connor argues would "imply the possibility of error or arbitrariness, the possibility that the physician, or the analyst was merely marking their subject," but instead must be misreadable or misattributed in a way that negates any one clear meaning of the mark. As such, a scar is a potent representation of hysteric marking, as

sensation; Steven Connor discusses the particular infectious theoretic standpoint of itching, which "strikes us as so particularly infectious, because it multiplies so obviously on the body of the individual sufferer, mimicking and anticipating its multiplication as it passes from person to person" (240). The sensations which Jamison encounters, in this instance, legitimise the feeling of Morgellons even as she doubts the existence of the disease.

"A Disease of the Feelings": Sentimentality and Sympathetic Writing

As a manifestation of contagious affect, Morgellons disease can be considered a malady of late capitalism, a term which Teresa Brennan uses to describe the "psychosomatic and narcissistic disorders that are not matched with a language that reorders the copious and nameless affects underpinning them" (15). Brennan identifies a historical increase in these affects, asserting that the insistence upon boundaries in contemporary Western society reflects a period of dismissed affective states; as she affirms, "boundaries, paradoxically, are an issue in a period where the transmission of affect is denied" (15), and Morgellons specifically materialises anxieties about communication and information impacting the agency of the individual. Furthermore, Morgellons shows how the hermeneutics of suspicion are entwined with notions of exposure and revelation, in which faith can be confirmed through a distrust of surfaces or evidence (Sedgwick, *Touching Feeling* 138). "Devil's Bait" details Jamison's unsuccessful attempts to employ paranoid reading methods to insulate herself from the affective environment of the Morgellons conference. This in part responds to her observation of the people within this community, who themselves behave in a paranoid manner; in attempting to map the story of Morgellons onto their individual experiences, these attendees manifest the mimetic quality of paranoia, in that it becomes the only means to engage with the world. While paranoia is an affective characteristic of

its physical clarity masks all other narratives of causation. As Petra Kuppers writes, a scar is a site of bodily mediation and bodily production simultaneously, signalling the unfamiliarity of the body even when incorporating this alien marker (1). The scar complicates visibility, and the firm trust placed in the experience of the senses, and has the same function as the hysteric's stigmata, which "marked places of invisibility, marked the places where they could not be seen" (Connor 124). This formulation of hysteria marks what Anna Mollow terms a "criphystemology" or a convergence of the embodied knowledge of hysteric or psychosomatic disorder and disabled existence, as these sufferers contrast epistemological uncertainty with phenomenological certitude (187).

Morgellons, affective contagion does not mean that this paranoia is encouraged in the reader; rather, I follow Eve Kosofsky Sedgwick's precedent in considering how depathologising paranoia might lead us to "disentangle the question of truth value from the question of performative effect" (*Touching Feeling* 129). Instead of paranoia spreading uncontrollably, "blotting out any sense of the possibility of alternative ways of understanding or things to understand" (Sedgwick, *Touching Feeling* 131), the paranoid thought practices occurring within the conference permit the spread of empathy within this environment without erasing Jamison's sense of doubt.

Jamison's attention to visible evidence, and to the immediately apparent as well as symptomatic readings, offers a reparative means to both validate the experiences of the conference attendees while sustaining her own doubt. Indeed, the essay is a prime candidate for reparative modes of reading; in their analysis of Adorno's work on the essay form, Stephen Best and Sharon Marcus assert the possibility of mimetic relation forming between the essay and its readers, and in so doing advocate in favour of "an immersive mode of reading that does not need to assert its distance and difference from the object" (14). If the essay form encourages mimesis, it is not the mimetic reproduction of paranoid thought, but the resemblance and identification which reduces such distance. Phillip Lopate pronounces that "the hallmark of the personal essay is its intimacy," and that "at the core of the personal essay is the supposition that there is a certain unity to human experience" (xxiii). This unity, crucially, contrasts with "the singularity of the first person," which Scott Russell Sanders argues is the feature which "lures many of us into reading essays, and that lingers with us after we finish" (665). In "Devil's Bait," while Jamison is structurally distinguished from the conference attendees, mediating their presence in her essay through her own perceptions and judgements, her singular command over the essay becomes gradually diminished as she begins to doubt her own feelings and sensations. By interrogating the logic of the singular first person in conjunction with contagious feelings, Jamison's essay asserts the possibility for the personal essay form to combine intimacy with a collective sense of identity and shared feeling.

Strategies of reparative reading can be seen in Jamison's treatment of the infectious nature of Morgellons, in which she dismisses the logic of symptomatic reading in favour of attending to the surface, in terms of both the body's surface, the skin, and the face value of meaning. Superficially, the mode of transmission of Morgellons, which as outlined in "Devil's Bait" occur independently of any living vector, would seem to invite a suspicious response; however, by attempting to take the conference attendees at their word, Jamison gives some credence to the material transmission of ideas. Jamison introduces this unique quality when in discussion with Paul, one of the conference attendees, who speaks of how his sister was initially resistant to the concept of Morgellons:

> She assumed he was on drugs when he first told her about his symptoms. But she was the one who eventually discovered Morgellons online and told him about it.
>
> 'So she's become a source of support?' I ask.
>
> 'Well,' he says. 'Now she has it too.' (*Empathy Exams* 44)

The notion that Morgellons is carried by the mere word, that by hearing about the disorder one can already be exposed, radically alters the biological understanding of infectious diseases. While the essay raises other emotional qualities of the disorder which are invoked through its transmission, both in the "the shameful sense of one as a potential carrier of infection" and in the satisfaction of seeing proof in "its manifestation in others" (Jamison, *Empathy Exams* 47-8), the specific modality of contagion is most worth considering in detail.[6] Crucially, this form of contagion belies sympathy or empathy, and carries the capacity to infect despite the recipient's potential resistance.

As an extension of this mode of contagion, "Devil's Bait" explores the belief that Morgellons is communicated, both conceptually and infectiously, via the Internet.[7] While

[6] Jamison mentions attending a 'Pets of Morgellons' conference session, which details the afflictions of pets who have been presumed to have contracted Morgellons from their human owners (*Empathy Exams* 48). This raises an interesting question for the trans-species transmission of this disorder, and it suggests that language is perhaps not the only means by which this contagion can occur.

[7] Kristin K. Barker has studied a similar sense of agency in online support groups for sufferers of fibromyalgia, and she deems that "routine exchanges at [such support sites] both define what fibromyalgia is and authenticate its existence" (27). While Barker posits that the debates occurring on these forums and sites "reproduces the very mind-body dualism through which medicine negates the 'reality' of participants' suffering" (29) Stella Bolaki proposes that the disorganisation of such "online forms of representing illness could be viewed as welcome alternatives to structure, coherence and unity and as promoting the idea of

this belief easily registers as paranoid projection, Jamison's investment in examining the evidence in favour of digital or verbal transmission can be analysed as a reparative practice. Jamison observes this notion of transmission in both sceptics and the converted, finding that the possibility of "*Transmission by Internet*" construes "chat boards as pied pipers, calling all comers" to the disorder (*Empathy Exams* 49). Like other contested illnesses Morgellons has "grown up alongside the Internet," in the sense that the disorder "wasn't officially born until 2001" (*Empathy Exams* 49). This belief is mirrored in contemporary discourses of both hysteria and anorexia, despite the long history of these illnesses; Maud Ellmann discusses how "anorexia is a disease of the McLuhan age, disseminated by telecommunications rather than by contact" (24), and Elaine Showalter observes a similar trend in narratives of hysteria, which "multiply rapidly and uncontrollably in the era of mass media, telecommunications, and e-mail" (5).[8] The analysis of Morgellons in "Devil's Bait" shares key aspects with Jamison's earlier discussion of conversion disorder in "The Empathy Exams"—both forms of illness share a lack of somatic origin, and an unavoidable relation to fictionality and communication which threaten the unity of the self. Furthermore, they reflect how the transmission of contested or medically-dismissed illnesses have always responded to contemporary discourses about technology and the permeability of the self.

The notion of contagion within networks, rather than purely as a mechanism of the viral, is implicitly associated with the Internet. Anxieties around digital transmission signal what Jamison considers "an obsession with our boundaries and visible shapes," or "a fear of invasion or contamination" (*Empathy Exams* 55) that considers the contagious quality of affect. Anna Munster examines "the virology of networks" in relation to the biological, and she observes an "increasing creep of biology into becoming the foundation for everything that moves either actually or virtually" (112). While Munster sees this as "a reclamation of vitality by the system of 'life' and indeed an instantiation of biopower," she also contends that linking affect only to the biologic body risks ignoring specific functions of feeling in

'illness as many narratives' in all its various meanings" (212). Not only does Bolaki stress that modes of storytelling which have proliferated on the internet, including blog posts and tweets, enable alternative narrative conclusions to form around illness narratives, she also suggests that as "the inbuilt interactivity of social network applications challenges the concept of authorship in favour of relational modes of expression" (212). Online illness communities therefore encourage reformulations of illness narratives, but they embed community in every aspect of the disorder, from transmission to cure.

[8] For further discussion of anorexia as a form of communication, refer to Chapter Four.

digital spaces (112). Networked contagion provides an extension of the bodily into digital arenas, but also posits the existence of affect independent of bodies within these networks, in a mechanism Munster terms "the going viral of affect" (113). As a mode of contagion carried on the Internet, Morgellons displays the possibility for the virality of language, and exhibits a higher affective range than in non-networked spheres of contagion. One study has argued that Morgellons disease can be considered a meme, which are themselves considered contagious internet phenomenon, as the sense of community within symptomatic individuals explains the rapid spread of the disease (Lustig et al. 90).[9] Finding that Morgellons disease spreads via the Internet in the absence of physical contact, this study suggests that as "most information available to patients exists on the Internet" the Internet cannot be isolated from the disorder itself, and thus "the World Wide Web is a second important contributor to the proliferation of the Morgellons moniker" (Lustig et al. 90).[10] This configuration evokes my earlier analyses of the figure of the uncritical reader examined in Chapters One and Three, in how the medium and/or message composing the information are presumed to disable the reader's ability to sustain critical scepticism and distance. Such flattening avoids acknowledging the reality of the sensations being experienced by the patient, and moreover limits the affective potency and validity of their experiences. In this sense, it would be germane to consider Morgellons patients as not poor readers, but effective ones, in their attunement to the emotional and sensational qualities of accounts of the disorder.

Jamison observes how this feeling of contagion pervades the language used at the convention, and how the symptomology of Morgellons can be flattened into metaphor. Jamison feels "how conveniently these lives could be sculpted to fit the metaphoric structure—or stricture—of the essay itself," in which Morgellons transmutes into a metaphor, or "a corporeal manifestation of some abstract human tendency," that obscures or neglects the attendees' material and embodied experiences of suffering (*Empathy Exams*

[9] Keränen further develops the involvement of the Internet in Morgellons, noting that "so prevalent is the role of the Internet is spreading awareness of Morgellons to potential sufferers that some clinicians maintain that self-diagnosis made from the Internet is a diagnostic sign, despite the fact that some Morgellons patients lack computer access" (41). Keränen notes that the technological site of contagion alters the affective qualities of both disease and diagnosis, as "the prominent dermatological/psychiatric configuration of it as an Internet hysteria flattens cause and effect" (42).

[10] For further discussion of the viral quality of digital writing, refer to Chapter Three.

33). Even when not immediately concerned about her own exposure to the disorder, Jamison feels the contagious movement of Morgellons from the bodies of the attendees to the language she uses to describe them. As part of the formal quality of "Devil's Bait", the feeling of an itch is magnified by the stylistic qualities of the essay which contains it. As DuPlessis states, what "unites essays, if it is possible to say, is probably a defining attentiveness to materiality, to the material world, including the matter of language," and it is this materiality which shapes contagion within Jamison's essay (24). Finding that "itching that starts in the mind feels just like itching on the skin—no less real, no more fabricated—and it can begin with something as simple as a thought," Jamison finally concludes that "it can begin with reading a paragraph like this one" (*Empathy Exams* 41). On this ominous note, Jamison suggests that, just like the writing on the web which initiated some of the conference attendees into the world of Morgellons, her essay can be considered contagious. By passing this threat onto her readers, Jamison argues that sensation and affect can promote empathy based on shared feelings, not shared experiences. While this sentiment might seem to attest to the paranoid qualities of this thought, it can be argued that Jamison's validation of both forms of itching resists symptomatic logic, and instead attends equally to depth as to surface. The merging of fact and fiction, here, is a reparative strategy which brings Jamison into the community of the conference, and by extension her readers, despite their presumptive doubts. By refraining from passing judgement on the truth-status of Morgellons, she suggests its qualities are more worthy of attention than its nature, and that how Morgellons feels is more important than what it is.

In *The Empathy Exams*, certainty is dismissed in favour of an uneasy identification that persists despite Jamison's resistance to the conference attendees' tales. Finding herself in a "strange sympathetic limbo," Jamison asks if it is "wrong to call it empathy when you trust the fact of suffering, but not the source? How do I inhabit someone's pain without inhabiting their particular understanding of that pain?" (*Empathy Exams* 39-40). By not distinguishing between first- and second-hand forms of pain, Jamison's attention to feeling over fact establishes a mode of relation between herself, her subjects, and her readers. In so doing, she seeks to avoid the bind that the Morgellons patient faces when seeking treatment, which Keränen sees as "a profound rhetorical quandary" relating to how "their appeals index the psychiatric diagnosis they seek to avoid" (45). Keränen states that both the patient and the

medical professional reassert the validity and agency of language, as "in the absence of mutually acceptable proof" both "engage in ongoing persuasive exchanges in which each attempts to bring the other round to his or her way of seeing the world" (46). Similarly, Jamison discovers that her language has become infested with the affective qualities of her surroundings:

> That anxiety is embedded in every layer of this essay, even its language—every verb choice, every qualifier. Do people have parasites or claim to have them? Do they *understand* or *believe* themselves to have them? I wish I could invent a verb tense full of open spaces—a tense that didn't pretend to understand the precise mechanisms of which it spoke; a tense that could admit its own limits. As it is, I can't move an inch, finish a sentence, without running into some crisis of imputation or connotation. Every twist of syntax is an assertion of doubt or reality. (*Empathy Exams* 39-40)

While Jamison considers her writing to be implicitly constrained by her inability to fully commit to uncertainty, this circumscription occurs precisely because of her exposure to Morgellons sufferers with reduced or erased bodily boundaries. In this sense, language becomes self-reflexively concerned with its material effects, and its capacity to carry meanings and affects from which the recipient cannot be fully inoculated. While Jamison notes that the anxiety she expresses resides in the essay's use of verb, syntax and tense, it can also be argued that the anxiety around infection reaches the status of the pronoun, in how the Morgellons community challenges the primacy of the singular, self-contained "I" which characterises the personal essay.

Jamison's role in the Morgellons conference draws attention to the corporeality of writing, in which writers "work ideas through our bodies [and] write through our bodies, hoping to get into the bodies of our readers," and suggests that writing is not merely descriptive of a community but constitutive of one (Probyn, *Blush* 141). In this sense, Jamison's language carries the uncertainty of her body in the space of the conference, in addition to the uncertain bodily epistemology of the people she portrays. The Morgellons conference, as a collective shaped by a shared history and beliefs, can be examined as an example of Lauren Berlant's theories of the intimate public. Through "expressing the sensational, embodied experience of living as a certain kind of being in the world," an intimate public validates the personal experience within the lens of its community, and these sites can act as "porous, affective

scene[s] of identification" between the participants (Berlant, *Female Complaint* viii). The enclosed circularity of the conference, which is a key quality of an intimate public, should be threatened by the narrative intrusion of Jamison; instead, she becomes incorporated into their representations of collective experience (*Female Complaint* viii). In a similar manner to how Berlant reads the consumption of women's culture as both social and resolutely individualistic, Jamison's interaction with the conference attendees structures her absorption into the intimate public even as her outsider status positions her at a remove. Through a shared history, or an affective resemblance to the lives of others, Jamison's doubt does not restrict her participation in this community; rather, the shared sense of uncertainty provides a common affective experience despite the members of this community having different orientations towards this feeling.

As *The Empathy Exams* documents the development of an intimate public, it also examines how sentimentality informs such a public. Women's life writing is in many ways an ideal location for the discussion of sentimentality; Ria Cheyne argues that "particularly in the context of contemporary literary studies, there is no more cutting criticism than to describe an author's work as 'sentimental'" (15), and this appellation is more often applied to women's work. *The Empathy Exams* considers how sentimentality operates in two registers, the affective and the linguistic. Berlant finds that while feminine sentimentalism is "not usually expressed in or addressed to the political register," it can be radically disruptive as an informant of ideology (*Female Complaint* 2). Berlant goes on to elaborate how sentimentality, especially that attributed to women, opens up spaces of "surplus enjoyment, surplus pain, or sublimity, made on behalf of the sentimental subject for whom authors reimagine the real world," with the object of surviving the trials of everyday life (*Female Complaint* 47). As such, sentimentality can be seen to counteract the singularity of the individual, within personal narratives or in a wider social context; we can either feel intimate with the essayist or we feel united with them, each constituting a different mode of relation and knowledge. Berlant describes sentimentality as an "aesthetics of remediation," a space of deliberate self-misrecognition, since "in order to benefit from the therapeutic promises of sentimental discourse, you must imagine yourself with someone else's stress, pain, or

humiliated identity" (*Female Complaint* 47).[11] This misrecognition allows the possibility for the autobiographical subject to transform and renegotiate the parameters of selfhood. While her experience at the Morgellons conference allowed Jamison to experience not only the sentimental affordances of the conference attendees' excess pain, it also permits her pain to register in the same senses as the pain surrounding her. As such, a sentimental mode of engagement reduces the division between Jamison and the attendees, and by extension, between the Jamison and the reader.

In another essay in the collection, Jamison scrutinises the role of sentimentality in structuring taste, both literal and abstract, and in forming critical relations. By integrating the affective into the biological, "In Defence of Saccharin(e)" unites taste, food and illness in a manner which evokes Kraus's use of digestive illnesses and disordered eating in *Aliens & Anorexia*. The essay explores the narrator's feelings towards accusations of sweetness, finding that affective displays of saccharine sentiment can be sickening to the reader:

> *Saccharine* is our sweetest word for fear: the fear of too much sentiment, too much taste. When we hear *saccharin*, we think of cancer: too many cells congealing in the body. When we hear *saccharine*, we think of language that has shamed us, netted out hearts in trite articulations: words repeated too many times for cheap effect, recycled ad nauseam. *Ad nauseam*: we are glutted with sweet to the point of sickness. (*Empathy Exams* 111)

The location of affect and source moves swiftly and unpredictably, as Jamison jumps from fear to shame, and from taste to cancer, and in so doing resists being confined to a stable point in the body. Jamison particularly resents the labelling of literature as sentimental, wherein "texts are dispatched by the clean guillotine strokes of these accusatory words: saccharine, syrupy, sentimental" (*Empathy Exams* 114). Jamison explores the aversion to sentimentality found in moral philosophy, noting that while "its moral critics attack

[11] Berlant outlines how this mode of discourse can be radically transformative, and also alienating, in the demands of identification it places upon the individual. Berlant proposes, moreover, that "in the intimate sphere of public femininity the passionate irrational attachments of affect and the normative transactions of emotionality shape women's physics and social lives and their responsibility to other people's lives" (*Female Complaint* 170), meaning that the twinned intimacy and exposure of women's affective lives reshapes the boundaries of their selves. As both Morgellons and personal essay writing are heavily feminised, the intimacy Berlant describes shapes both the kinds of affect being shared within these spaces, and the contagious strength of these affects.

sentimentality because it accords an undue agency to emotions," sentimentality is equally distasteful on aesthetic grounds, as "it does our emotions a disservice by flattening them into hyperbole or simplicity" (*Empathy Exams* 115-6). She cites Wallace Stevens' quote that sentimentality is "a failure of feeling," but does not uncover whether this means "that that we've failed our feelings or that they've failed us" (Jamison, *Empathy Exams* 116). Jamison suggests that "when we criticise sentimentality, perhaps part of what we fear is the possibility that it allows us to usurp the texts we read," a modality of reading which allows a reader to "insert ourselves and our emotional needs too aggressively into their narratives, clog their situations and their syntax with our tears" (*Empathy Exams* 129). Sentimental writing, therefore, links the performance of emotional distance with a securely boundaried self, and conversely associates affective contagion with lack of taste.

Jamison sites the fractious discourse around sentimental writing at the intersection between indulgent and unwanted affects. As an example of this discourse, she cites philosopher Mark Jefferson's view of sentimentalists as hosts for incubating their indulgent feelings (Jamison, *Empathy Exams* 114-5). Jamison conjures this view as an abject inhabitant of her own psyche and body, as

> [Jefferson's] rhetoric summons the image of a worm coiled in our stomachs, waiting for whatever melodrama we find to feed it. I have recurring dreams about parasites, alien creatures that hatch from eggs beneath my skin, and I imagine Jefferson showing up inside them, shying away as I explain my condition: *I've got a bad case of the sentimentals*. (*Empathy Exams* 115)

Again, feeling is construed as unpredictable, registering in places and in bodies that it should have no access to. Not only is Jamison exposed, in her imagination, to being colonised by these alien feelings, but she is also playing host to Jefferson himself inside these vectors. Unlike in Kraus's parasitic relationship to Simone Weil, here the parasite symbolises the puncturing of the individual's dermatic defences. This model of sentimentality is further developed by Jamison's analysis of Michael Tanner's philosophies; she considers how Tanner "frames sentimentality in terms of contagion" by terming it "a disease of the feelings," in which "we could find its ungainly tumours of excess inside of us, metastasising

like cells inside a lab rat's bladder" (Jamison, *Empathy Exams* 115).[12] By framing excessive feeling as pathological, Tanner's quote suggests that the modalities of affective contagion are well and truly in effect, and Jamison's use of this quote reflects how a "bad case of the sentimentals," in this line of thought, allows affect ingress into the body, through which it modifies the body's composition.

The sentimental outlook is predicated on a lack of distance between the observer and the subject. Sedgwick declares that "it would be hard to overestimate the importance of vicariousness in defining the sentimental" (*Epistemology of the Closet* 150). As the affective qualities of sentimentality shifted from "a term of high ethical and aesthetic praise" in the late eighteenth century to the contemporary, in which it "connote[s], beyond pathetic weakness, an actual principle of evil," this affective shift is permitted by the "tacitness and consequent nonaccountability of the identification between sufferer and sentimental spectator" (Sedgwick, *Epistemology of the Closet* 150-1). Jennifer Doyle claims that in sentimental art "the feelings generated in the affective circuits between people are banished as always already suspect, for not being real, authentic, and truly one's own," which can only be addressed by "the privileging of an anaesthetised version of the aesthetic encounter, from which the feeling body is banished" (80). As an infectious autobiography, however, *The Empathy Exams* resists vicarious involvement by favouring the "phenomenological, the subjective, and the experiential side of illness" by returning "the voice of the patient to the world of medicine" (Hawkins 12), and does so through reconfiguring the role of authenticity in feeling. The second-hand and sentimental feelings of *The Empathy Exams* propose that emotion does not have to be authentic to be real; furthermore, by gesturing to a lineage of women's illnesses, these feelings argue that the tension between authenticity and feeling has always been tied up in gendered concerns about the propriety of emotion. If "the self of pathographical writing is the self-in-crisis: when confronted with serious and life-threatening illness, those possibilities, fictions, metaphors, and versions of self are

[12] Jamison knowingly opens up a space to pathologise her emotions later in "In Defence of Saccharine(e)," where she writes of an old boyfriend who "told me that my emotional life made him dangle his stethoscope like a snake charmer," and that while her "moods weren't hard to see but they were hard to read, and even harder to diagnose" (*Empathy Exams* 122). That mood represents a diagnostic sign, in these terms, suggests that the "disease of the feelings" proposed by Tanner does not discriminate between those who feel and those who aim to describe these feelings (Jamison, *Empathy Exams* 115).

contracted into a 'hard' defensive ontological reality" (Hawkins 17), making this self 'soft' and sentimental can permit this reality to be less ontologically restrictive, and more responsive to the ways the individual's experience informs a social environment of illness. By promoting a kind of sentimental reading, wherein the location of emotion does not impact how it is felt, Jamison's work offers a readerly practice that negates the effects of distance entirely.

"Just the Right Amount of Pain": Sentimental Reading and the Pain of Others

Throughout *The Empathy Exams*, Jamison foregrounds the ability for feeling to move through social groups; in so doing, she attempts to address the tension between "voyeurism and empathetic participation" in her work, particularly in regards to the role of the writer as witness (Jamison and Percy 197).[13] In this manner, she allows the essay form to shift from resolutely individual to a more collective, shared representational space. In the final essay of the collection, "The Grand Unified Theory of Female Pain," Jamison attempts to fashion a metric for the reading and experiencing of different levels of feminised pain, ricocheting between the deeply personal and the near-universal, and extends her framework of empathy to sit somewhere between the individual and the group, blurring the boundaries between the individual and their enculturation. Through this conception of empathy, Jamison enacts a sentimental reading practice, wherein the pain of a community can be figured in the individual, and vice versa. The relationship this essay has to the larger collection is as a kind of capstone; "The Grand Unified Theory of Female Pain" covers a range of social and self-inflicted pain that Jamison discusses in her earlier essays, most significantly "The Empathy Exams." In terms of altering the perception of this subject, "The Grand Unified Theory of Female Pain" revisits certain events and casts them in a different emotive framework, and in so doing revises the quality of the revelations in her earlier essays. No longer asserting personal experience as immutable fact, in this final essay Jamison affirms the centrality of reflection, positionality and development in constructing her memories and experiences. By

[13] Jamison affirms that she is aware of the privileged position she assumes in her writing, and she cites the opinions of some critics who assert that the self-awareness of her writing "does nothing to dilute the toxicity of what the privilege has done" (Jamison and Percy 198).

returning to the events introduced in earlier essays, “The Grand Unified Theory of Female Pain” challenges Jamison’s ability to be self-contained, even as it builds coherence within the essay collection.

By the end of her collection, in “The Grand Unified Theory of Female Pain” Jamison delves into the clarity and function of pain as an affective and empathetic sensation. Earlier, in “The Empathy Exams,” Jamison delineates how the wearing of the patient’s pain, “like a terrible, seething garment,” provokes praise; apparently Jamison is “manag[ing] 'just the right amount of pain' … moaning in a foetal position and apparently doing it right” (*Empathy Exams* 12). The notion that Jamison’s pain is in some way correct not only conjures the multitude of ‘incorrect’ ways to express pain, but it also suggests that her pain would not be afforded medical legitimacy unless it registers at the permitted level. By contrast, in “The Grand Unified Theory of Female Pain,” by observing that “once pain is cleansed into something silver and necessary, it no longer needs to be illuminated,” Jamison finds that “pain only reaches beyond itself when its damage shifts from private to public, from solipsistic to collective” (*Empathy Exams* 215). To use Sianne Ngai’s terms, pain is both semantically and syntactically negative, as it is both “saturated with socially stigmatising meanings and values” and structured by “repulsion rather than attraction” (11). Investigating the sensory characteristics of pain alongside its use, Jamison discovers that the sharing of this sensation develops its capacity to extend beyond the individual, in a reaching-outwards which directly contrasts its semantic and syntactic negativity. In particular, Jamison references a specific kind of female pain in this essay; notably, she focuses on the pain that does not have a comfortable home in language:

> Despite these reports that 'women are biologically more sensitive to pain that men, [their] pain reports are taken less seriously than men’s.' *Less seriously* meaning, more specifically, 'they are more likely to have their pain reports discounted as 'emotional' or 'psychogenic' and, therefore, 'not real'. (*Empathy Exams* 188)

In terms of the generic quality of Jamison’s writing, her twinned concerns of empathy and pain become essential indicators of feminine invalidity, particularly in modes of testimony or reportage. This invalidity is linked to how pain is “both a bodily sensation and an emotion,” unable to be objectively located and quantified in the body (Gilmore, “Agency

Without Mastery" 86). In her study of chronic pain memoirs, Leigh Gilmore finds that pain writing often accords with posthumanist notions of the body as a "porous ecosystem" ("Agency Without Mastery" 91). By emphasising how writers who focus on pain and its materiality "disturb the discourse of pain when they centre themselves as active producers of meaning rather than bundles of recalcitrant symptoms or medical mysteries," Gilmore maintains that such writers wield agency and their authorial position to destabilise the centrality of a stable body within humanistic discourse ("Agency Without Mastery" 95). In "The Grand Unified Theory of Female Pain," Jamison treats pain as a linking agent, connecting her to events in her past which feel like they happened to different people, and producing continuity between herself and the other female figures she references throughout the essay.

In "The Grand Unified Theory of Female Pain," as in "The Empathy Exams," Jamison questions the validity of performance in emotional relations. Jamison comments, in an interview with Madelaine Lucas, that even though "we can fall into these weird cultural scripts that want to separate performance from authenticity," she believes that "performed feelings can teach us that they are still feelings" (Lucas 34). Just as the tension between performed empathy in "The Empathy Exams" calls into question the function of the affect, here Jamison questions in what ways "pain that gets performed is still pain" (*Empathy Exams* 188). In her pivotal work *The Body in Pain: The Making and Unmaking of the World*, Elaine Scarry observed that the field of medicine is a key example of the fact that "to have great pain is to have certainty; to hear that another person has pain is to have doubt" (7). This dictum has had a great influence over the study of pain, and has typically interpreted pain as a singular, isolating experience. In *The Culture of Pain,* David B. Morris discusses the "Myth of Two Pains," which can be defined as the false belief that pain either has only a mental or a physical source (2), a viewpoint which evidences the problems of localisation where pain is concerned. Hysteria, of course, is an early example of the lack of localisation of pain; Morris notes that both ancient and modern forms of hysteria signify how "pain is constructed as much by social conditions as by the structure of the nervous system" (104).[14] However,

[14] For further analysis of problems of localisation in hysteria, see Katja Guenther's *Localisation and its Discontents: A Genealogy of Psychoanalysis & the Neuro Disciplines.*

in her final essay Jamison attempts to encompass both her personal pain and a larger, more collective form of female pain, as a method of directing sentimentality towards action.

Jamison expresses concern over the kinds of pain that are privileged in contemporary formulations of empathy. While Jurecic is reserved about Jamison's emotional claims, finding that her "central focus in *The Empathy Exams* is … how difficult it is to understand another's suffering" ("The Illness Essay" 19), such an argument does not distinguish between understanding and feeling. Jurecic claims that while Jamison "suffers from real pain, injuries, and illness… she also recognises that she repels empathy because she can be reduced to a cultural stereotype: the woman who feels too much, the woman who needs too much" ("The Illness Essay" 19). This argument isolates the central problem of validity in Jamison's writing, namely the privileging of 'real' injuriousness over less evident forms of pain.[15] Instead, Jamison counters this view by arguing that "the moment we start talking about wounded women, we risk transforming their suffering from an aspect of the female experience into an element of the female constitution—perhaps its finest, frailest consummation" and relates this to the ways in which language lays affective sediment atop experience (*Empathy Exams* 187). She references how "the old Greek Menander once said: '*Woman is a pain that never goes away*'," and suggests that "his words work sideways to summon the possibility that being a woman *requires* being in pain; that pain is the unending glue and prerequisite of female consciousness" (Jamison, *Empathy Exams* 187). In "The Grand Unified Theory of Female Pain," Jamison theorises a way for women to express pain without losing their individual identity, but also by observing the way sentimental readings of pain erase boundaries between both experiences and the bodies that contain them.[16] In this sense, the sentimentality outlined in "In Defence of Saccharin(e)" becomes sharp and affectively challenging in Jamison's discussion of pain.

[15] Empathy which responds specifically to pain is suspected to be produced via mirror neurons, which transmit the 'feeling-of' an experience from one person to another through empathetic projection (Fitzgibbon et al. 501). Research has shown that pain centres in the brain are activated when pain is observed, and not merely felt, through empathetic engagement with another individual (Fitzgibbon et al. 501), and that the neural activity when experiencing the pain of others activates the same area when undergoing pain oneself (Lamm and Majdandžić 16).

[16] Jamison's definition of femininity resembles what Maurice Merleau-Ponty describes as a "pain-infested space," a sphere in which the status of the body or constitutive bodies is indistinguishable from the pain which draws awareness and attention to it (*Phenomenology of Perception* 107).

The style of "The Grand Unified Theory of Female Pain," in fact, allows it a heightened ability to access the experience of pain. As a lyric essay, it diverges from the more straightforward or science-influenced styles of the previous essays, favouring fragmentation and irresolution. In the lyric essay, "in order to narrate subjective experiences," the essayist "must employ inconclusive and broken structures as much as whole forms" (Hetherington and Robertson 7). The lyric essay "favour[s] fragmentation and imagery" (Miller and Paola 106), which allows the essayist to "honour the partial and fluid quality of memory" and to "express the gaps and inconsistencies" which characterise human experience (O'Rourke 402). Lyric essays "recognise that human experience does not always cohere," and in documenting these experiences, "the lyric essay sometimes needs to court disjuncture and brokenness" (Hetherington and Robertson 3). This fragmentation allows for readerly engagement "by surrendering to the fragmented form," where the essayist "declines a foregone conclusion." (Miller and Paola 106). Susannah B. Mintz considers the lyrical essay as an apt medium for the discussion of pain, given that the style disperses meaning across style, tone and voice (245). Mintz mentions that pain is a rare focus for life writing, which she attributes to the difficulty in locating truth in pain (244), and she comments on the lyric essay's "unique capacity to represent the self-in-pain by giving pain a rich experiential dimensionality that it lacks in more conventional accounts" (247). In contrast, Alyson Patsavas notes that the rigid monadism of medical discourse "solidifies a notion of pain as something individual, increasingly knowable… and to be avoided at all costs," and argues that "even scholarship that directly challenges the biomedical dominance of pain leaves the universally private, individualised, and tragic experience of pain largely intact" (208). The qualities of the lyric essay, therefore, diminish the private and isolated experience of pain, while insisting on its challenge to representational forms.

An element of Jamison's lyrical style can be found in her incorporation of poetic forms. In a similar mode to Kraus's parasitic narration of Weil's autobiography in Chapter 5, in "The Grand Unified Theory of Female Pain" Jamison resides briefly in the poetic corpus of Anne Carson to establish her experience of selfhood. She quotes an image of a woman disintegrating in the wind from Carson's poem "The Glass Essay":

> Long flaps and shreds of flesh rip off the woman's body and lift
>
> And blow away on the wind, leaving
>
> An exposed column of nerve and blood and muscle
>
> Calling mutely through lipless mouth.
>
> It pains me to record this,
>
> I am not a melodramatic person. (Carson qtd. in Jamison, *Empathy Exams* 194)

Jamison focuses on the final revelation as a permutation of the original wound, reading it as "a simultaneous announcement and disavowal of pain: this hurts; I hate saying that. The act of admitting the wound creates another: *It pains me to record this*" (*Empathy Exams* 195). Here Jamison inhabits Carson as a means to access her own pain, but also as a way to privilege the role of representation in this scene, which conjures the feeling of "a kind of nakedness, a feeling of nerve endings in the wind" referenced in the earlier essay "Morphology of the Hit" (*Empathy Exams* 74).[17] This mode of referentiality occupies a similar space to the Morgellons conference in "Devil's Bait", as well as conjuring the host of medical patients performed in "The Empathy Exams," and suggests that Jamison's conception of pain is both empathetic and sentimental, situated in a community setting and separated from notions of individuation.

Jamison attempts to come to a personal unification of her pain through the explication of her scars. Asking "after all I've said, how can I tell you about my scars?", she proceeds to list the material evidence of wounds, some of which have been present in other essays in *The Empathy Exams,* and some which are specific to this essay:

[17] This sharing can be linked to Jamison's narrative function; she references Michael Robbins' review of American poet Louise Glück's *Collected Poems*, which divorces pain from the author: "every poem is The Passion of Louise Glück, starring the grief and suffering of Louise Glück. But someone involved in the production knows how to write very well indeed" (Robbins qtd. in Jamison, *Empathy Exams* 199). The denial of female writer's ability to control their emotions, in this review, suggests that Jamison is most concerned with her authorial voice and the validity it provides to her experiences through, not in spite of, her pain.

> I've got a puckered white blister of tissue on my ankle where a doctor pulled out a maggot. I've got faint lines farther up, at the base of my leg, where I used to cut myself with a razor. I've got a nose that was broken by a guy on the street, but you can't tell what he did because money was paid so you couldn't. Now my nose just has a little seam where it was cut and pulled away from my face then stitched back together again. I have screws in my upper jaw that only dentists ever see in X-rays. The surgeon said metal detectors might start going off for me—he probably said *at* me though I heard *for* me, like the chiming of bells—but they never did, never do. I have a patch of tissue near my aorta that sends chemical signals it shouldn't. (Jamison, *Empathy Exams* 188-9)

Some of these experiences are accessible to the reader through their repeated presence in the essay collection; the affective legacy of the broken nose and the ankle scar are familiar to the readers who have encountered them and their affective load before, and potentially signal their truth-value by affirming Jamison's consistency between essays. However, the subsequent scars Jamison investigates are more immediately accessible to readers: she goes on to outline how "I had a terrible broken heart when I was twenty-two years old and I wanted to wear a T-shirt announcing it to everyone. Instead I got so drunk I fell in the middle of Sixth Avenue and scraped all the skin off my knee" (*Empathy Exams* 189). By connecting the visual and tangible, the scraped knee making legible a pain that can't be easily inscribed upon the body, Jamison positions the reader as witness, someone who "could see it, no T-shirt necessary—see *something*, that bloody bulb under torn jeans, though you couldn't have known what it meant" (*Empathy Exams* 189). Jamison desires a witness who could testify to the realness of her pain, despite lacking the ability to interpret the cause behind it, which in turn suggests that pain can be a shared experience irrespective of the body's singular composition. By resisting the conversion of these symptoms into a progress or curative narrative, Jamison asserts the need for pain to signify and be represented, even as it challenges the reader's ability to insert their own experience into the narrative. A sentimental reading unites these forms of injury, making no distinction between the physical and the mental, and encourages the reader's vicarious investment.

As a mark which indexes the body's pain, Jamison's work repeatedly returns to the scar as a tactic for problematising the individual body. Just as "Devil's Bait" lingered on the scars of the conference attendees, in "The Grand Unified Theory of Female Pain" Jamison uses her own scars to challenge how evidence is used to validify pain. As such, Jamison's

examination of scars evokes what Sara Ahmed calls the "surfacing of bodies" in response to pain (*Cultural Politics of Emotion* 25). This surfacing occurs particularly, though, in response to Jamison's role as a generator of narrative. Jamison writes of how

> For a little while I had a scar on my upper arm, a lovely raised purple crescent, and one time a stranger asked me about it. I told him the truth: I'd accidentally knocked into a sheet tray at the bakery where I worked. The sheet tray was hot, I explained. Just out of the oven. The man shook his head. He said, 'You gotta come up with a better story than that.' (*Empathy Exams* 188-9)

The failure of Jamison's narrative to adequately account for the particularities of her body, and the marks of pain it still bears, is the conclusion of the description of her scars. In this scene, the failure to merge narrative and body in a way that is acceptable to listeners (or readers) signals not only the invalidation of Jamison's experiences and pain, but of her narrative presence also. In this moment, the "slide between sensations of pain and other kinds of 'negative feeling states' is bound up with the work that pain is doing in creating the very surfaces of bodies" (Ahmed, *Cultural Politics of Emotion* 25). Ahmed outlines how "the intensity of pain sensations makes us aware of our bodily surfaces, and points to the *dynamic nature of surfacing itself* (turning in, turning away, moving towards, moving away)", through which the impact of a negative recognition or response upon the body "may impress upon the surfaces of bodies through negation: the surface is felt when something is felt 'against' it" (*Cultural Politics of Emotion* 26-7). The opposition felt by the recipients of Jamison's stories, in this sense, creates her experience of pain as both embodied sensation and psychical wound.

To investigate the range of emotional experiences which attach to pain, Jamison explores the ways in which different intensities of embodiment affect the shared experience of sensation. She outlines a rubric for defining and distinguishing different types of pain, in which

> Different kinds of pain summon different terms of art: hurt, suffering, ache, trauma, angst, sounds, damage. *Pain* is general and holds the others under its wings; *hurt* connotes something mild and often emotional; *angst* is the most diffuse and the most conducive to dismissal as something nebulous, sourceless, self-indulgent, affected. *Suffering* is epic and

> serious; *trauma* implies a specific devastating event and often links to *damage*, its residue. (Jamison, *Empathy Exams* 193-4)

Such a schema is an attempt to mediate the specific reading of sensation, and it appeals to a desire to acknowledge "how the feelings feel in the first place may be tied to a past history of readings, in the sense that the process of *recognition* (of this feeling, or that feeling) is bound up with what we *already know*" (Ahmed, *Cultural Politics of Emotion* 25). The prime mechanism of this sentimental reading (to which Jamison made reference in her classification as a 'wound-dweller') involves the interpreting of an injury; Jamison suggests that there is a clear textuality to the wound, finding that "while wounds open to the surface, damage happens to the infrastructure—often invisibly, often irreversibly—and damage also carries the implication of lowered value" (*Empathy Exams* 194). Implicitly, the wound disguises mediation, as "*wound* implies *en media res*: the cause of injury is past but the healing isn't done; we are seeing this situation in the present tense of its immediate aftermath" (Jamison, *Empathy Exams* 194). While Jamison considers how wounds mark the site of penetration, she is most concerned with the ways such sites give the observer access; as "wounds suggest that the skin has been opened," the visibility of the wound indicates that "privacy has been violated in the making of the wound, a rift in the skin, and by the act of peering into it" (*Empathy Exams* 194). Wounding, in this sense, exposes the fallacy of a wholly delimited self not only physically, but in terms of their affective constitution.

Like Plath some fifty years earlier, Jamison attempts to expand, rather than limit, the significance and affective signification of women's suffering. Even as Jamison admits that she cannot see a way out of the strictures imposed by pain, stating, "I'm tired of female pain and also tired of people who are tired of it. I know the hurting woman is a cliché but I also know lots of women who still hurt", she acknowledges that the dismissal of feminine experience is in itself wounding ("I don't like the proposition that female wounds have gotten old; I feel wounded by it") (*Empathy Exams* 199). Even though "female pain [exists] prior to its representations, even if its manifestations are shaped and bent by cultural models" (*Empathy Exams* 212), Jamison does understand representation as a ubiquitous way of experiencing pain. As such, these wounds, and the pain they produce, inform "the sociality of bodily surfaces" and invoke a collective construction of the individual body (Ahmed, *Cultural Politics of Emotion* 31). As Arthur W. Frank declares in *The Wounded Storyteller:*

Body, Illness, and Ethics, illness is the precondition by which narratives of ill subjectivity appear, and as "the *story* [is] told *through* a wounded body," listening to these stories materialises illness, as "the stories that ill people tell come out of their bodies" (2). As an infectious autobiography, perhaps more than any other example in this thesis, Jamison's work negotiates the social experience of illness through the singular, and they locate the role of feeling centrally within women's illnesses. The essays of *The Empathy Exams* assert that emotion cannot be disentangled from representation, and from sociality; by embedding these essays in a self-reflexive milieu concerned with their own construction, Jamison recedes from the singular focus and persona characterising the personal essay even as she delves into her own past, feelings and wounds. The wounded condition of *The Empathy Exams* reaches out from the page, and announces the embodied experience of not only pain, but also of writing about pain.

Conclusion

Contagious Ideologies and Autobiographical Fictions of Illness

In her 2019 essay collection *The Collected Schizophrenias*, Chinese-American author Esmé Weijun Wang wonders "how many different types of sick girl [she] can be" (186), a sentiment which is informed by her experiences of mental and contested illnesses. The bulk of the essays in this collection detail Wang's experiences living with schizoaffective disorder, a mood disorder which amongst other symptoms causes her to undergo intermittent psychosis. "Chimayó," however, deviates from this focus, and documents Wang's attempts to find a diagnosis that would explain her somatic experiences of peripheral nerve pain, fatigue, and fever. This essay thus demonstrates the ways life writing can be a medium for understanding the most contemporary formulations of illness, which are increasingly combining forms of mental and infectious transmission with other modalities of illness. Subsequently, Wang's essay is situated at the cutting edge of medical discourse, at a moment where our collective understanding of mental and psychosomatic illnesses might move forever beyond a Freudian paradigm. The diagnosis Wang receives for her neurological symptoms is one of chronic Lyme disease, which is highly contested within the medical community; Wang describes how

> The Centres for Disease Control which provides the framework from which conventional doctors across the country form their diagnoses, acknowledges that Lyme disease *exists*—in the 1970s, the citizens of Lyme, Connecticut, noticed a plague of medical symptoms, which were later pinpointed by Dr. William Burgdorfer as originating from a tick-borne spirochete—but claims that 'because of the confusion in how the term [chronic Lyme disease] in this field is employed, experts do not support its use.' (174)

Wang continues, quoting the CDC, to find that "'because Lyme disease may or may not be the answer for people who exhibit the symptoms of Lyme disease,' and because 'in many occasions it has been used to describe symptoms in people who have no evidence of a current or past infection with *B. burgdorferi*,'" most commonly "the CDC errs on the side of dictating that chronic Lyme disease is not a valid diagnosis" (174). Wang's chronic Lyme, therefore, is as associated with fiction as fact; even as this diagnosis has grown in prominence in recent years, the dismissal of the Lyme community's experiences by the medical establishment demonstrates the tension involved in legitimating a contested disorder. In this sense, chronic Lyme is semantically divided between discourses of legitimacy and fictionality. As more and more patients believe they have chronic Lyme, the divisions between Lyme-literate doctors and Lyme-denying doctors suggest that a diagnosis cannot wholly mitigate uncertainty which plagues these patients.

In examining of how contested illnesses manifest in social contexts, Wang cites Leslie Jamison's essay "Devil's Bait" as part of her discussion of Morgellons disease, which is commonly associated with Lyme disease. Wang describes how, "regardless of whether Morgellons is 'real' or whether it originates from bacteria as Lyme disease does," she cannot "put [herself] at a comfortable distance from" those "who self-diagnose with Morgellons" (176), just as Jamison herself could not. As Wang finds, she and they are "linked by desperation based in suffering," which is "based on a system of conventional medicine that not only has no method of alleviating that suffering, but also accuses us of psychosomatic pathology" (176). Long wary of the stigmatic effects of psychosomatism, she details how "for years, [her doctor] implied that my disabling illness was the consequence of complex post-traumatic stress disorder, which I interpreted as a formal way of saying that it was all in my head, a form of hysteria" (Wang 181). While Wang cites the prior resolve of her scientific inclinations, as "someone who finds comfort in science and authority," and who "used to work in a research laboratory," her experiences of unclassifiable illnesses, in which she was "so ill, that I couldn't hold down a full-time job, and to simultaneously be without a diagnosis, treatment, or hope," made her "receptive to the decree of chronic Lyme when [her test] came back positive" (175-6). Pursuing this contested diagnosis does not negate Wang's credibility; "sick people," she notes, "generally stray into alternative medicine not because they relish the idea of indulging in what others call quackery, but because traditional

Western medicine has failed them" (176). Wang's receptivity to her Lyme diagnosis does not, therefore, reflect an opposition to the findings of medicine, but rather identifies the limits of medicine as it currently exists, and its failure to encompass the full nature of her lived experience.

The illnesses discussed in "Chimayó" reflect the influence that contagious methods and idealities have had on mental illness. Furthermore, they allow Wang to explore the growing understanding of infection underpinning mental illness; Wang's initial search for a "Lyme-literate medical doctor" led her to being informed that her pre-existing schizoaffective disorder could be "related to an infection by *Borrelia burgdorferi* bacteria" (173). This doctor describes her illness as "neuroborreliosis, which implies an infection affecting the brain and central nervous system" (Wang 173). The diagnosis of chronic Lyme, as contingent as it may be, causes Wang to renegotiate her conception of her identity within illness. She initially felt as if "the narrative of bacteria infecting my brain [had] suddenly turned my schizoaffective disorder into something organic—a problem amid a constellation of other problems, to be considered alongside my growing litany of symptoms" (Wang 173-4). "Until then," Wang writes, "I had thought of my psychiatric illness not only as one of my primary identifiers, but as a beast all its own with an accompanying origin story" (173). At the conclusion of "Chimayó," Wang categorises her current state of illness, stating that that while she "experience[s] mild psychosis here and there," she does not "consider it possible to ever be completely free of the schizophrenias," as this form of illness has "been with me for too long, I think, to be obliterated, unlike these more recent ailments" (186). In contrast, Lyme "feel[s] like part of the wrong narrative" for the story of her life (Wang 186). Just as illness impacts pre-existing notions of selfhood and the trajectory a life can take, so too does it reshape the self in light of its symptomology, prognosis and lived experience. That Wang muses on her identity's multivalency within the language of illness does not reflect her fundamental instability, but rather the adaptability of the mind and body to the demands of a particular illness.

In "Chimayó," Wang performs disidentification with the medical establishment, as a method of negotiating between the benefits and drawbacks of medical treatment. José Esteban

Muñoz defines disidentification as “a reformatting of self within the social” (97), where “an ambivalent modality that cannot be conceptualised as a restrictive or 'masterfully' fixed mode of identification” (28) is formed between an oppressive cultural force and “a minority subject who is disempowered in such a representational hierarchy” (25). Medicine is necessarily both cultural and oppressive for Wang, as seen in her particular case, and through wider biases in medicine against women in general, and particularly women of colour (Feldman et al. 7; Johnson et al. 5). Wang’s disidentification with the medical establishment, therefore, is “a survival strategy that is employed by a minority spectator… to resist and confound socially prescriptive patterns of identification” (Muñoz 28). As such, it performs an affective orientation in response to her experiences of illness, which cannot be disentangled from the medical context which prevents her from receiving a diagnosis or treatment. As a survival tactic, her disidentification is necessarily an act of relation, in that it only makes sense when opposed to an authoritarian force which would shape her life in an untenable fashion. This disidentification is, crucially, ambivalent; without the access to medicine, Wang would have no hope of recovering. Her example therefore illuminates how a disempowered subject can establish themselves in tense relation to medicine, expressing both scepticism and a desire for the definition that a diagnosis could provide.

In contrast to this scepticism, the affect which most frequently attends Wang’s discussion of Lyme disease is faith—the belief in the certainty of one’s symptoms, or the desire for a diagnosis that could explain the arbitrary convergence of these symptoms. Wang considers that “a chronic Lyme diagnosis is a kind of belief system” (174); by necessitating both faith in one’s symptoms, and faith in a sympathetic or Lyme-literate doctor, this belief transforms disparate or unexplained symptoms into an explicable narrative of health. Indeed, as symptomology is at best vague and imprecise, all illness narratives carry the risk being dismissed or disbelieved by the medical community or by the wider population. While this contradiction might be especially true of contested illnesses, this thesis has shown that all illnesses can be said to be a kind of belief system, one which shapes behaviour and identity. The elements of fictionality which accompany this notion of faith, too, are central to Wang’s positioning of her shifting medicalised identity; she concludes that “these days, I tell people I have both chronic Lyme and schizoaffective disorder, and as far as I know they believe me” (181). This caveat is crucial; just as a diagnosis is based on belief, so too is another

person's experience of Wang's illness. To have faith, in this context, is not to diminish the fictional qualities of illness, but rather to prioritise experience and subjectivity over the collective fact-construction of medicine.

Wang's understanding of mental illness, too, responds to contemporary developments in the field. Throughout "Chimayó," Wang cites clinical studies which propose that bipolar disorder may have an origin in autoimmune diseases (180). Her Lyme diagnosis, too, is positioned at an uncertain intersection between autoimmune disorder and psychiatric illness; she describes how it is unclear whether "Lyme disease might have escalated my existing psychiatric condition by triggering an immune reaction. Or, as my LLMD believes, Lyme might have directly infected my brain, causing the symptoms that led to a diagnosis of schizoaffective disorder" (Wang 181). The shift in cause for schizophrenic disorders, which were once ascribed to family dynamics, has "coincided with unsuccessful efforts to locate a biological aetiology for mental illness" (Staub 42). Indeed, the genesis of mental illness has never been less certain; as Wang's neurologist notes at the beginning of the essay, "someday, we'll be able to trace all mental illnesses to autoimmune disorders. But we're not there yet" (Wang 172). In many ways, Wang's work is a logical extension of Sylvia Plath's—where Plath's writing eludes attempts towards diagnosis by filtering symptomatology through the language of affect, Wang's cannot be neatly diagnosed because her expressions of illness exceed modern medicine's ability to fully conceive of her symptoms in relation to each other. "Chimayó" therefore establishes not only the cutting edge of medical research into mental illness, but asserts the value of life writing to intervene into this field, as an embodied, affective means to understand forms of illness which cannot be fully captured by medical discourse.

This thesis has argued that the infectious autobiography is a unique site for negotiating the affective and fictive qualities which have long been associated with women's illnesses. Texts within this genre, which are characterised by their relation to autobiographical tropes and their refusal to conform to stable identificative states, are rooted in the real while embracing the fictive or potential affordances of narrating lived experience. The generic qualities of these works, suspended between fact and fiction, actively stand against the

progressive fact-making of medicine, wherein new discoveries render previously trusted narratives of illness invalid. Instead, these texts emphasise how both illness and identity are negotiations between fact and fiction. By foregrounding the affective experience of mental, contested, and psychosomatic illnesses, my analysis has exposed how women's emotions have been used to pathologise and medicalise. Other works in this area which have aimed to position illness as a "cultural and social phenomenon," rather than a medicalised experience (Cvetkovich, *Depression: A Public Feeling* 1), ignore the myriad ways in which medicine interacts and engages with the social. As such, I have considered the role of illness in light of the medical and the social, and do not implicitly assert the prominence of one framing of illness over the other. In this manner, this thesis demonstrates how "the relations between art and science" can occur as not "cooperation or as competition," but instead as "a kind of incommensurable summoning up of the same forces and contingencies through different, possibly untranslatable, goals and techniques" (Grosz, *Chaos, Territory, Art* 2). In re-centring emotion in this field, I have argued that analysis of affect is crucial in examining what forms the subjective and individual experiences of illness take, and indeed in considering how illness *feels* real, as it transforms from an individual to a collective or social experience.

The range of illnesses here share a relationship to the social body, and as I have argued, they manifest an inchoate social dimension to illness. This thesis has argued that the feeling body of illness is irreducibly social, composed of relations which erode the boundaries placed between individuals. These boundaries, the product of the individualised model of Western medicine in the contemporary era, are as prone to incursion through affective contagion as they are by more established models of contagion. Contemporary theories of affective contagion have proposed that, through circulation, transmission, and shared feeling, the feeling of illness can be as potent and transformative as the illness itself. Just as moods and feelings are material, historical and social (Highmore 2-3), so too are the illnesses of diagnostic psychiatry both "historically contingent" and social in nature; indeed, Allan V. Horwitz argues that when illness categories no longer fit the needs of the social body, these categories shift, evolve, or disappear (225). Accordingly, this thesis has examined how the historical aspects of feeling, through the associations carried by women's illnesses, influence illnesses from hysteria to depression, and how the long legacy of Freudian paradigms

regarding feminine mendacity are impacting contemporary forms of illness. The material and social qualities of emotion, though, have been the main subject of analysis, and I have advanced that the *feeling-real* quality of lived experience is combined with the sociality of contemporary illnesses, which permits to examine the contagious and communicable qualities of illness and feeling alike.

My research removes the affective qualities of mental, psychosomatic, and contested illnesses from their association with mendacity or self-delusion; instead, I have argued that all affective experiences of illness are necessarily suspended between states of truth and fiction. In *Ugly Feelings*, Sianne Ngai notes that the affects she studies engender a form of ontological uncertainty, and she writes that "not surprisingly, the boundary confusions built into the structure of these feelings, whether in the form of inside/outside, self/world, or psyche/body, reappear in the aesthetic forms and genres they determine" (22). Indeed, the genre examined in this thesis materialises this sense of boundary confusion, whereby navigating an interstitial space between fact and fiction allows the texts studied here to posit that the relationship between form and subject is unavoidably reciprocal. The affects studied veer from dominant or 'strong' states of feeling, and instead are slipperier, and less overt in their lessons, than feelings such as anger or fear. Instead, empathy, intimacy, gut feelings, sentimentality, and sadness encourage the reader to engage, and to stake their position in relation to the feeling under observation, without resorting to mimetic reproduction or antagonism. As such, this research is not so much a survey of the dominant affects of our time, but rather offers avenues into different states of feeling which encourage relation and extension of the self. Feelings such as empathy, which necessitate a blurring of the boundary between self and other, or depression, which intertwine mind and body, are not just represented through the medium of the infectious autobiography. I have proposed a mechanism of touch by which resemblance, reference, and proximity shape the reader as one who is touched by the text, and by association, the author. To say that a narrative touches us endows it with the strength of a real impact; to be touched, conversely, is to be reminded of the margins of the body. Instead, as I have argued, the infectious autobiography amplifies these feelings, and enables the texts studied here to extend beyond the metaphorical sense of boundary crossing, and to touch real bodies.

By researching the spectre of contagion in mental, psychosomatic, and contested illnesses, I have examined how bodily mobility and shared feelings are both gendered and pathologised, through considering both the infectious capacity of illness and the contagious quality of personal experience. The disorders studied here allow the tracking of discourses of contagion and contamination. While Priscilla Wald argues that twentieth-century discourses of contagion are undeniably social (2), I have considered how the social has begun to creep back into the domain of medicine in recent years. Rather than ignoring the social components of contagion, which emphasise individual movement and collective and community-based forms of sharing as part of "the necessity and danger of human contact" (Wald 2), I have put forward that these social elements are becoming more interpolated with non-contagious mechanisms of disease transmission than ever before. Fears of contamination, too, have been increasingly social; in *On Immunity: An Inoculation*, Eula Biss reflects on how such fears respond to "the belief, widespread in our culture as in others, that something can impart its essence to us on contact" (39). What my work has considered, in extension of this logic, is precisely *what forms* of contact can be considered contagious. Contagions transform the language of sensation, or "the zone of indeterminacy between subject and object" (Grosz, *Chaos, Territory, Art* 73), into that of collective belonging; Jasbir K. Puar argues that contagions "thus complicate even the most complex articulations of affiliation; that is, contagion returns the process of affiliation to indeterminacy and contingency" (172). In the context of mental, contested, and psychosomatic illnesses, discourses and tropes of contagion function to assert the indeterminacy and unpredictability of illness into a social model. This sociality suggests that life writing is a key means by which contemporary forms of illness can be understood, and that communicating experiences of illness through autobiographical narrative can shape how these illnesses are conceptualised, both in the medical community and in a wider cultural context.

The sociality of illness, or the communicative and relational qualities of illness, erode the boundaries between the ill individual and the notion of a 'healthy' other. As the disorders studied are often characterised by their emotional impacts or expression, the metonymical slippage which occurs between illness and affect reframes illness as inherently social,

brought to understanding in the context of a collective. Indeed, Puar notes that the affective turn in the humanities has shown how "no matter how intersectional our models of subjectivity… these formulations may still limit us if they presume the automatic primacy and singularity of the disciplinary subject and its identitarian interpellation" (206). This thesis has extended the remit of the affective turn from the humanities into the field of medicine, with an eye to how the singularity of the subject is becoming eroded through narratives of affective experiences of medicine and illness. By working to abolish the singularity of the individual discipline, I have necessarily relied on an interdisciplinary framework, but furthermore I have questioned the boundaries between disciplines more generally. This questioning has occurred at several intersections between the subject and the collective, including shared feeling, expertise, and historical frameworks of interpretation.

My texts' range of autobiographical styles, from confessional poetry to memoir, and from autofiction to personal essays, indicate that while the specific affordances of each style influence how contagion manifests, the element of contagion within lived experience is consistent throughout. However, if as Lauren Berlant argues, "the autobiographical isn't the personal" (*Female Complaint* vii), what relationship does lived experience have to the autobiographical? Berlant understands narratives which act as "autobiographies of contemporary experience" as tools to disentangle life writing from the limitations of the individual subject (*Female Complaint* vii), and I follow her lead in considering how life writing exceeds the bounds of the personal or the individual. The ability for life writing to transcend distanciation, and instead to make the experience being read *happen*, by enacting it in one's mind, makes this genre's privileged relation to the real felt viscerally and sensationally upon the reader (Schmitt 15). By establishing the parameters for a subgenre of life writing, I could investigate what impacts writing about illness and contagious methodologies have had on the field; the infectious autobiography emphasises the tension between truth and fiction already quiescent within the field of illness narratives, and shows how budding conceptions about the contagious capacity of mental illness have been developing since the rise of psychiatric medicine. However, as the discussion of diagnostic criticism in Chapter One found, there is limited benefit to diagnosing these forms of writing from a distance; rather, they beg to be engaged with, empathised with, and related to. Contagious writing, in this context, has been examined as mobile, transmissive, and most

crucially, affective, sustaining a tension between identification and susceptibility through the act of relation.

This thesis has extended the parameters of the post-critique movement, in its identification of diagnostic criticism, which I have argued is both common and reductive in its handling of illness. This mode of criticism, which promotes biographical modes of critique that attempt to diagnose the author, resembles what Sedgwick calls a strong theory, which without intervention reproduces itself as the only means for analysing medically-conversant texts. As an intervention, therefore, I have examined other modes of engagement, which are reparatively-oriented models of reading illness in which neither the truth-value of illness nor the author's presence in their autobiographical writing are assumed to be the aim of the text's examination of illness. My work reflects on the ways in which the humanities have, as Bruno Latour argued, been "encourag[ed] to fight the wrong enemies and, worst of all, to be considered as friends by the wrong sort of allies" ("Run Out of Steam" 231). Here, the medical establishment has been the wrong kind of ally for women and women's illnesses, in how it enabled the diagnostic potential already latent within the act of interpretation. As an example of post-critical analysis, this thesis has, in the words of Rita Felski, allowed readers to "place ourselves in front of the text, reflecting on what it unfurls, calls forth, makes possible" (12). As a "recognition… of the text's status as cofactor' (12), the modes of engagement have followed unpredictable, contrarian, and surprising forms of relation between text and reader. Furthermore, this emphasis on what the text "makes possible" is not limited to the affective, imaginative space of the humanities, but also the material and historical capacities of the text and its subjects. Unlike most post-critical methodologies, which Tyler Bradway argues "tend to overlook their own implicit establishment of affective norms for reading," and "rarely acknowledge their relationship to social contexts beyond the disciplinary history of the humanities" (xxix), the methodology of this thesis explicitly connects the erosion of assumptions or norms of reading with a social context which extends far beyond the humanities. By theorising novel modes of reparative reading in addition to the classical approach in Chapter Two, including generous reading in Chapter Three, disordered reading in Chapter Four and sentimental reading in Chapter Five, I have aimed to use the affective states involved in each mode to respond to the challenges of diagnostic critique raised in Chapter One, and to offer a range of paths forward.

The works studied here posit that illness, once the ultimate source of truth, has become subjective, creative, and relational, and in so doing expands the range of truths that illness can represent as part of the human experience. In "On Being Ill," Woolf argued that sympathetic relation, or the view of "a world so shaped that it echoes every groan, of human beings so tied together by common needs and fears that a twitch at one wrist jerks another, where however strange your experience other people have had it too," is proven illusory in states of illness (200). However, illness is more social and relational in the contemporary moment than ever before. That Woolf terms illness "the great confessional" (200) seems to meet resistance in her assertion of the isolating effects of illness; to whom, then, is one confessing? The infectious autobiography embeds this sociality in the very fabric of its construction, and works in this contemporary genre posit that all forms of illness are relational, social, and contagious.

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