

Images of Schizophrenia

The Shattered Minds in *A Beautiful Mind*, *I Know This Much Is True* and *Fight Club*

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Images of Schizophrenia

The Shattered Minds in *A Beautiful Mind, I Know*

This Much Is True* and *Fight Club

For Vince

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2015

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IV

Abstract

This thesis will look at the representations, or images, of schizophrenia in Ron Howard's movie *A Beautiful Mind*, Wally Lamb's novel *I Know This Much Is True* and Chuck Palahniuk's novel and David Fincher's adaptation of *Fight Club*. I will discuss the representations of schizophrenia that reinforce stigma, as well as look at the function of these representations. This thesis will not look at only the negative misconceptions, but any misconception in these texts that can lead to stigma for the people suffering from schizophrenia. I argue for the need of representative images where individual differences are in focus. Media should try to avoid applying destructive stereotypes to the diagnosis, and the aim should be that these "images" end up showing the spectrum of the illness.

My Brother's Cries

*The cries from the first floor were not angry.
They were not loud.
Not the loudest
I had heard him cry.*

*My mother's steps were not angry.
Anymore.
She threaded lightly,
full of worry.*

His cries were full of fear.

*He could have whispered.
He could have screamed.
My Mother's arms would still not save him.
Not from this.*

His cries were full of fear.

*He was alone in his nightmare.
All she could do was watch.
Hold him close.
Like a child again.*

His cries were full of fear.

*She could speak to him.
Tell him what was real.
What was not.
But her words would still not save him.*

His cries were full of fear.

*The taste of white pills.
Four white walls.
Dreamless sleep.
Made his nightmares stop.*

*The walls were there
The next time too.
When my mother
Could not save him.*

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Introduction

Throughout recent decades, there has been a focus on how people with mental illnesses have been and still are being stigmatized in the media. Critics have been focused on pointing out portrayals that are stigmatizing and can have a negative effect on how people view different kinds of mental illnesses. These critics argue for the power the media has on people's perceptions of mental illness and how destructive representations of mental illnesses can be if they are misrepresentative or overly negative.

Stephen Harper, a well-known critic in media and film studies, has written articles and a book about the media and movie industry's representations of mental illness. In his article "Media, Madness and Misrepresentation: Critical Reflections on Anti-Stigma Discourse" and book *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress* he offers harsh critique of the ongoing and previous discussion of anti-stigma around mental illness. He criticizes the anti-stigma discourse in general but particularly the American Otto F. Wahl's renowned book *Media Madness: Public Images of Mental Illness* as well as the Glasgow Media Group's book *Media and Mental Distress*. Both these books expose supposed "myths" about mental illness as well as examining a range of media images that they find problematic.

The criticism Harper offers of Wahl and the other critics in the anti-stigma discourse is very similar to that of previous feminist criticism or other studies that examine categorizations of people. Otto Wahl seems to represent the "first wave" of criticism of the "images" of people suffering from mental illness. His focus is on, as first wave feminist critics, if the texts provide "positive images" and if they do not, then these texts are not good (R. D. Parker 151-52). Harper on the other hand, seems to be trying to broaden these "first-wave" critics' focus. As feminist critics today see the first wave feminist critics, Harper sees Wahl, and the other critics that agree with him, as a little outdated. He seems to be questioning if all images of mental illness have to be "positive" or "accurate" and he argues for the need to look at form of media as well as the function of the representation of schizophrenia.

While I agree with Harper on the need for focus on the function of mental illness in texts, I would also argue that, like in feminist criticism, there will always be a need to look at the “images” of mental illness. As long as there is stigma against people suffering from mental illness, these images have to be criticized. Like feminist critics today, critics of representations of mental illness should focus on what purpose the stigmatization in the text serve as well.

However, critics should keep in mind, as Wahl and other critics point out, that there is a tendency of portraying people with mental illness in a misleading and overly negative way. This is proof that, as when feminist critics first started their battle against misogynist traditions, society still has a biased view of people suffering from mental illness today and that there is still a need to break down such misconceptions before moving on what Harper argues for.

If other critics, like Harper, fail to recognize that media representations that reinforce the misconceptions that already exist or create new ones, should be criticized they might end up defending a tendency of creating stigma rather than helping to break it down. These critics will ultimately contribute to shift the focus from supporting the people suffering from mental illness, to arguing for the people who produce the texts that are reinforcing misconceptions or giving a problematic portrayal of an illness. Furthering stigma of people suffering from mental illness is presumably something they would want to avoid.

I would argue for the need of a second wave of mental illness criticism. This wave would front “images of mental illness” where people suffering from mental illness would not be subjects to misconceptions because of their illness. I would not argue, however, that the wave needs to celebrate the people suffering from mental illness’ “distinctiveness and specialness” (R. D. Parker 149). Through representative images, the third wave of criticism, where individual differences are in focus, “images” of schizophrenia would hopefully end up showing the whole spectrum of the illness. If the people suffering from the same mental illness need a sense of shared identity, this should be their own choice and media or critics should not apply destructive stereotypes to the diagnosis.

My aim in this thesis is to try to both criticize representations of schizophrenia that reinforce stigma, as well as looking at the function of these representations. I will use Wahl’s critical way of looking at these representations. However, unlike Wahl, I will not look at only the negative misconceptions, but rather any misconception. In other words, in addition to

criticizing texts for being overly negative or misrepresentative of schizophrenia, we should also look at the role of these parts in the text and see if this can justify the representation that they make.

When discussing psychiatric diagnoses one should try to find the more suitable one. What is the correct term to use about the people who have been given a psychiatric diagnosis? Mad, mentally disabled, mentally disordered, mental health consumers or mentally ill? What is the correct and non-stigmatizing term to use? To me, there seems like there is none.

The term “mad” often gives negative associations however, it is used positively when talking about Mad Pride, mental illness’ equivalent to Gay Pride. Mentally disabled is a negative term to some because the term “disability” might indicate that it restricts the way they live their life. Then again, to some this is a fitting description of how they experience their diagnosis.

Mental Disorder is the term used by the American Psychiatric Association in the DSM. This term does not make mental illness sound equal to physical illness and is therefore not fitting for my intention with this thesis. Mental Health Consumers is a term encountered in Otto Wahl’s book *Telling is Risky Business: Mental Health Consumers Confront Stigma*. He argues that it is the most accepted and neutral term there is. I find this term difficult to use in every-day speech and have therefore chosen to use mental illness.

Mental illness covers both chronic and non-chronic diagnosis and it does not indicate that it is restricting the person’s life but it does not exclude it either. If this term seems stigmatizing or offending to anyone, that is not my intention and I can only say that to me this is the most fitting term for the purpose of my thesis. I also think that illness is a suitable term because it makes mental illness and physical illness sound equal.

I will, however, avoid saying “the mentally ill” or the “the schizophrenic”, but rather “the person suffering from mental illness” and “the person suffering from schizophrenia”, because I do not think mental illness has to define you as a person. Where I do use the term “schizophrenic” is in the titles of chapter one and three. This however, is with an ironic undertone and my intention is to indicate that this is not the correct use.

As my thesis revolves around representations of schizophrenia, I will have to try to define it. The question is; is there an essential core to what schizophrenia is? If yes, how should we define this? Should we define schizophrenia by its deviance from the “norm”, by its binary opposition to the “normal” mind-set? Alternatively, should we see the changes

made in the DSM (*Diagnostic and Statistical Manual of Mental Disorders*), books like Jonathan Metzler's *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Deleuze and Guattari's *Anti-Oedipus* and all the other books that describe the development or the different versions of the diagnosis as testimony of the opposite?

How each person chooses to see schizophrenia is in the end, his or her choice. However the DSM is the “diagnoses bible” for psychiatrists and it defines schizophrenia in the following way:

Schizophrenia is a disturbance that lasts for at least 6 months and includes at least 1 month of active phase symptoms (i.e., two [or more] of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms.) Definitions of the schizophrenia subtypes (Paranoid, Disorganized, Catatonic, Undifferentiated, and Residual) are also included. (American Psychiatric Association 273)

Schizophrenia has been given 17 pages in the DSM IV, and it shows all the variations of it and the difficulties of defining it, as well as how many exceptions there are to the rules (for elaboration of the symptoms see chapter one). However, what we should try to avoid is to uphold misleading stereotypes that creates stigma towards the people suffering from schizophrenia and mental illness in general.

Stigma is a term I use a lot in this thesis. Nevertheless, it can be hard to determine what stigma really is. In the Collins Cobuild Advanced English Dictionary, stigma is defined as “If something has stigma attached to it, people think it is something to be ashamed of.” (Hogan 1535) while in the Oxford Advanced Learner's Dictionary online stigma is defined as “feelings of disapproval that people have about particular illnesses or ways of behaving” (Oxford University Press Online).

Lerita Coleman Brown takes on the task of explaining what stigma is in her article “Stigma: An Enigma Demystified” in the *Disability Studies Reader*. Stigma and the notion of people with mental illnesses or physical disabilities or illnesses, being treated or portrayed in a problematic manner seems to be the main motivation for disabilities studies and a central term, which therefore needs to be defined here too. How we can prevent stigmatizing people who are struggling, should in my opinion, be important for everyone.

Brown points out the difficulty of defining what stigma is because culture and society is ever changing. She goes on to say that, “Stigma represents a view of life; a set of personal and social constructs; a form of social reality. Stigma has been a difficult concept to conceptualize because it reflects a property; a process, a form of social categorization.” (Brown 147) In other words the criteria for someone being subject to stigma are never stable, and she goes on to say that what is stigmatized depends on matters like the social context (147).

In the case of mental illness I would argue that stigma comes from people being uninformed and that these people do not understand the mental illness. Robert Dale Parker captures Michel Foucault argument about the relation between knowledge and power. He writes, “He [Foucault] argued that we internalize patterns of expectations from the surrounding culture’s expectations so much that we take them for granted and suppose that they come from our own thinking.” (R. D. Parker 255) In other words, Foucault argues that there is no essential knowledge that exists outside of us, but that our supposed knowledge comes from the surrounding culture. Parker writes that this knowledge “is mediated by history, rather than being pure knowledge of unmediated raw truth. Foucault calls this kind of knowledge *discourse*.” (255)

We need to change this “discourse” to prevent stigma. When something is unknown and we do not understand it, we tend to fear it, and thus avoid it. People who feel they are subjects to stigma, are in some way or other, all marked by their deviance from the norm; the normal; the familiar and people’s internalized discourse. By informing, or creating representations of mental illness in media, people might get more insight to what suffering from for instance schizophrenia entails, and this might ultimately reduce stigma. Our *discourse*, to use Foucault term, needs to be extended to include a broader variety of individuals.

My interest in literature and movies is rooted in the idea of them being forms of cultural expression and therefor, cultural history as well. I see texts as mirrors of some specific parts of society or an idea of that time. Each text is to me an opportunity to discover something new; it being a contemporary mindset; an insight to a way of living; one person’s story or in the case of schizophrenia: an individual experience of an illness.

As the scholars of cultural studies, I too find that taking popular culture seriously can be productive and give insights to sides of society we would not see in canonical texts.

However, I choose to look at the texts I have chosen as a reflection of how people might see schizophrenia and I argue that these popular texts might influence its reader's impression of schizophrenia as well.

My knowledge of disability studies was very limited before I started writing this thesis and even discovering that there was a study called *Disability Studies* was a surprise to me. I found that disabilities were a well-researched area also within the literary field. The Readers that I first read discussed everything from historical perspectives, politic around disability, to stigma. By discussing disability at equal terms as any other categorization of people, Disability Studies recognizes the difficulties people suffering from various forms of disabilities have encountered and point to what must be done differently.

However, I was surprised by the fact that mental illness and physical illness and disability were researched under the same term. To me, mental illness and physical illness or disabilities are two (or more) different things. My general impression was that mental illness still is much more taboo today, than what physical illness is and therefore they would need very different discourses.

In this thesis, I will be looking at three texts that all portray representations—or images if you like—of schizophrenia. The first chapter will examine the movie *A Beautiful Mind* directed by Ron Howard and screenplay written by Akiva Goldsman. The movie will be compared with both the biography written by Sylvia Nasar with the same name and briefly a PBS documentary called *A Brilliant Madness* directed by Mark Samels. *A Beautiful Mind* is often seen as a positive contribution to the media's representation of mental illness, mostly because of John Nash's achievements and successful professional life with schizophrenia. This chapter inspects the role of schizophrenia in the movie and the parts of this representation that might be problematic, such as reinforcement of the link between mental illness and great achievements and an overly simplified recovery.

The second chapter takes a closer look at Wally Lamb's novel called *I Know This Much Is True*. The novel was a bestseller, became part of Oprah Winfrey's Book Club, and has been read by many people in the western world. The novel tells the story of Dominic Birdsey and his family, and how it is to grow up with a twin brother who suffers from schizophrenia. Like *A Beautiful Mind*, *I Know This Much Is True*, is considered an important contribution to the representations of schizophrenia in the media, both by critics and readers. However, this text also has parts to it that are too problematic to be ignored. Chapter two will

discuss the role of schizophrenia; the impact of the focalizer, the connection made between schizophrenia and femininity; the placing of blame and other parts of the novel that might be problematic in terms of portraying schizophrenia in a stigmatizing way.

The last chapter will dig into the literal and metaphorical portrayal of schizophrenia in *Fight Club*, both the movie directed by David Fincher and Chuck Palahniuk's novel. *Fight Club* has been both criticized and acclaimed by critics, but in hindsight, most critics agree that it is an important contribution to American cinema and that Palahniuk has written a modern classic. However, *Fight Club* provides representations of schizophrenia that are stigmatizing in multiple ways. This chapter will discuss the function of schizophrenia in the text and try to find out if the artistic and metaphorical way schizophrenia is portrayed can justify the misconceptions and stigma the representation can lead to.

I choose these texts because I feel they represent texts that many people have seen or read the last decades. All three of the texts have been seen or read by a significant amount of people and have thus made an impact on how many think of schizophrenia. The fact is; these representations of schizophrenia (and mental illness) are the ones that most people see or read. Their way of representing schizophrenia can have more of a social impact than more factual text such as memoirs or documentaries, which are media forms that might be fruitful to examine on another occasion. It is therefore extremely important that the creators of these representations are aware of the responsibility they have when creating a portrayal of schizophrenia and the consequences a misrepresentation might have.

To sum up: I choose these texts firstly because they have been read or seen by a significant amount of people over the last three decades, and secondly; I feel these texts have influenced how people see schizophrenia and, by extension, mental illness in general. My third and final reason for choosing these three texts is that they are such different representations of schizophrenia.

A Beautiful Mind is based on the life of an existing person and has been adapted, however loosely, from the biography with the same name. Because it is based on John Nash, the question of accuracy and realism is more relevant than in the other texts, which are purely fictional. Its representation of schizophrenia is especially problematic in terms of showing an overly positive side to schizophrenia.

I Know This Much Is True is pure fiction and a novel that introduces different forms of stigma in its representation such as, the link between femininity and mental illness and suicide and seeing the illness through the affected family's eyes.

Fight Club has become a cult movie and is based on a novel. It portrays the typical stereotypes of schizophrenia; such as it being a reaction to the postmodern reality; the misconception of it being split personality and it makes the link between schizophrenia and violence. It is different from the others by having a less obvious representation of schizophrenia that is linked to the reader or viewer's interpretation of it.

Stephen Harper argues that: "In an increasingly visual culture people are likely to form their understanding of mental distress through its cinematic figurations." (Harper, *Madness, Power and the Media* 59), and I would add, still through popular fiction as well. Because of the diversity of the texts I have chosen one can assume that most "average" people will have seen or read one or several of these texts and that they most probably will have let these representations influence their view of schizophrenia in an obvious or more subtle way.

My choice of topic for this thesis is not a random one: when I was thirteen years old, my older brother was diagnosed with schizophrenia. His diagnosis changed my life as well as his life. I will never compare my experience to anything close to what my brother must have been going through; however it was life-altering for the thirteen-year-old me also.

I was, and still am, very close to my brother and hearing him explaining what his psychoses were like, was so powerful and frightening that I was afraid to discover more about it. For many years, I chose not to research schizophrenia, in fear of what I might find, and if this would change how I saw my brother. My fright of the diagnosis was bigger than my will to understand what my brother was going through, which I find very sad today. I will never fully understand what schizophrenia is but at least, after many years, I now know more about what it is not. Most importantly, I have understood that schizophrenia is not something you are, but rather something you have.

I always found it hurtful—sometimes more than my brother, who most often disarms people with a humorous joke—when people assume that my brother has a split personality, is violent, assume he is extremely creative or when they react by saying "but he seems very normal" when they discover his diagnosis. This thesis is my small, somewhat insignificant tribute to my brother. I do not however assume, that he would agree with the conclusions I

have come to about these texts, since we are very different people and my thesis is, after all, only a literary analysis.

I see writing this thesis as an opportunity to learn more about schizophrenia through media, which I understand and love. My highest hope for myself while working with this thesis was to broaden my understanding of what schizophrenia is and to try to understand where the most common misconceptions are coming from.

1 The Exceptional Schizophrenic In Ron Howard's *A Beautiful Mind*

A Beautiful Mind was a huge success when it was released as a movie in 2001 directed by Ron Howard. Sylvia Nasar's biography about John Nash with the same name from 1998 had success too within its circle, but it did not reach out to as broad an audience as the movie did. The movie was awarded and prized by both viewers and critics; one of these critics was Otto Wahl, the writer of *Media Madness: Public Images of Mental Illness*. In the preface of the 2003 edition he points to *A Beautiful Mind* as being a positive contribution to the portrayals of mental illness in media.

A Beautiful Mind might seem like a positive contribution to the media's representation of mental illness in terms of portraying a person living with schizophrenia and managing to live a good life, even achieving great things, and, at the end being able to live without medications. Critics, like Wahl, might argue for the public's need to see a story about someone suffering from schizophrenia that ends in a positive way. However, what these critics fail to take in account is the problematic sides to this overly positive presentation of schizophrenia. The consequence of embracing the positive presentation of schizophrenia simply because it is "positive" might ultimately be a reinforcement of existing but less criticized stigma, or even the creation of new forms of stigma.

In this chapter I will discuss the representation of schizophrenia in *A Beautiful Mind*. I will argue that the portrayal of John Nash and his suffering from schizophrenia is problematic in terms of stigmatization because it reinforces false assumptions about the connection between mental illness and great achievements; as well as simplifying both the symptoms and treatment of schizophrenia. I find that the accuracy of the representation is relevant in *A Beautiful Mind* because it is based on a real person. The people watching the movie assume that since it is based on John Nash, it will portray at least some degree of realism. I will use Sylvia Nasar's biography with the same name, and briefly the PBS documentary *A Brilliant Madness* by Mark Samels to point out what is problematic about the way the film-makers have chosen to portray schizophrenia.

Instead of accepting *A Beautiful Mind* as a positive contribution to the media's representations of schizophrenia and mental illness and risk further stigma, we should examine the function or role of schizophrenia in the movie and see if the way the illness is portrayed is positive within this function.

The Historical Context and Development of the Diagnosis

Most of the plot in *A Beautiful Mind* is set in the fifties and sixties. This was a time where a lot happened in the psychiatric world in the United States and the film-makers should have a lot to work with. One of the movie's sources for criticism has been its lack of historical context for Nash's schizophrenia. Let us start by looking at what was going on in the psychiatric world at the time of Nash's illness.

After the Second World War psychiatrists were faced with soldiers suffering with the after effects of the war and American psychiatrists' understanding of mental illness expanded rapidly and redefined many mental illnesses, among them schizophrenia (Grinker 168). The definitions that existed were no longer adequate and in 1952 the first *Diagnostic and Statistical Manual: Mental Disorders*- known as DSM I, was published.

Mental disorders up to that time were seen as reactions to the environment. Schizophrenia was seen as a "schizophrenic reaction". In the book *The Protest Psychosis: How Schizophrenia Became a Black Disease* where Jonathan Metzl unveils how race is mixed into the definition of mental illness and schizophrenia in particular. He devotes large parts of the book to clarifying the development of the diagnosis in the DSM. One of his points is that: "Schizophrenia was known to be an illness that white people suffered from, supposedly harmless, overly sensitive people with "few friends who had been the model behavior in childhood" (Qtd. in Metzl xiii). He also claims that there was the assumption that these people often were (white) women or intellectuals. The people suffering from that time's definition of schizophrenia were also assumed to have such mood-swings that a split personality was part of the diagnosis (Metzl xiii). At the end of the 1950ties there was a change in the assumptions about schizophrenia; it went from being a seemingly harmless, white-privileged mental illness to being a mental illness that manifested itself by rage, and the diagnosis grew to include black men as well (xiii-xiv).

The treatment of schizophrenia also reached a crossroad in the 1950ties. From the 1920ties to the 1950ties, injections of insulin were a popular form of treatment (Rosenfield

191). The injections resulted in induced hypoglycemic comas and seizures in the patients and sometimes death. Lobotomy was also common; by the 1950ties as many as 40 000 patients had received lobotomies in the US (Rosenfield 191).

The discovery of chlorpromazine, however, revolutionized treatment of people with schizophrenia. At the time it seemed much safer than other forms of treatments. It was later discovered that the drug had horrible side-effects such as Parkinson syndrome and akathisia (Rosenfield 192), but the discovery of chlorpromazine is still considered a huge breakthrough and the start of anti-psychotic drug treatment.

This dramatic historical context was the scene around Nash when he was ill the first time. However, the time's view of illness is nowhere to be found in the movie. In fact, the only scene that put Nash's schizophrenia in the right historical context is the scene where he is treated with insulin shock. Even though it is a dramatic scene, there is little emphasis on his hospitalization and the treatment he got there.

The viewer does not get to know much about the drugs Nash is taking. There is little emphasis on what they do to him, other than making him impotent and more passive. What the movie does emphasize is that the drugs make it harder for Nash to do his work. He explicitly tells Sol how it is difficult to do his work: "It is difficult with the medication, because it is hard to see the solution" (Howard 01:24:30). The movie fails to inform the viewer if the drugs, does in fact take away his delusions and hallucination and if they have any severe side-effects. The viewer is left with a negative and undeveloped impression of what the drugs can do.

In the book, the drugs have a dramatic effect and improve his mental health drastically. Nasar writes that "Nash responded quite quickly to his initial treatment with Thorazine" a neuroleptic drug. She also writes, even though she makes the connection less certain, how he quickly felt better after his first hospitalization when he was treated with Thorazine. Even though Nash did indeed refuse to take any kinds of antipsychotic after 1970 (Nasar 353), his way of living with the illness is not the way most people suffering from schizophrenia cope. I will get back to this at a later point in the chapter.

The fact is that the conception of what schizophrenia was in the 1950ties and in the 20th and 21st century is worlds apart. If the movie-makers had chosen to give the historical context more focus there would have been more understanding of what this diagnosis meant

for Nash and his family and in terms of what the diagnosis would have meant for them socially.

Even though Nasar's biography present Nash's family, colleagues and friend as extremely patient and tolerant, Nash's paranoia and delusions had huge consequences in his life. The movie seems to try to focus on the few friends who kept supporting him and his family, such as "Sol" and Martin Hansen. In the book on the other hand Nasar writes a lot about what his illness did to the people around him and their view of him.

One of his colleagues is quoted in the book: "He was not quite right. He seemed to me very diminished. His mathematics was not at the same level. I found him odd, unpredictable, nonsensical. It was very painful. The secretaries were afraid of him. He was someone to avoid. You never knew what he would do or say." (Nasar 299) The movie only shows this in a few scenes where people are staring, but what must have hurt, like when his colleagues and friends avoid him, has been left out.

His marriage to Alicia too was eventually stretched to the limit. The wife that is presented as the rock in his life in the movie, and who was so in real life too, had her limits. The illness eventually resulted in a divorce. They maintained a relationship but it was more friendly than romantic for many years. Their son, John Nash Jr. grew up, and as it turns out was diagnosed with schizophrenia too (Nasar 351). This too has been left out of the movie completely.

To sum up: instead of reflecting the time Nash lived in when he was first sick, the movie makers seem to have chosen to give a modern point of view on schizophrenia. The movie is not so much about how schizophrenia was seen in the fifties and sixties and how completely devastating schizophrenia could be, but rather of how we want it to be seen in the twentieth century.

At this point it seems necessary to try to clarify what the symptoms of schizophrenia are, or to be more precise: how schizophrenia is defined today. Bearing in mind how much the diagnosis' criteria have changed in the last hundred years, it would seem unwise to think that today's definition will be definite. What has changed to the better is the admittance that the symptoms of schizophrenia differ from person to person; that the illness is now known to manifest itself in many different ways depending on the person.

The illness is so complex and devastating that it has become the disorder most people think of as "madness". (Wahl, Media Madness 15) In the handbook about schizophrenia

called *The Facts: Schizophrenia* the authors, Ming, T. Tsuang, Stephen V. Faraone and Stephen J. Glatt write: “Schizophrenia is now believed to comprise a ‘spectrum’ of related conditions with variable severity, course, and outcome” (1). The symptoms are divided into positive and negative symptoms. The positive symptoms are those the person has when the illness is within its active phase (Tsuang, Faraone and Glatt 5). The positive symptoms are, most commonly, delusions, and auditory, visual, or other sensory hallucinations (6). What the positive symptoms have in common is that they should be more or less easy for people with a healthy mind to recognize because of their absurdity and unlikeliness. (5)

“Negative symptoms predominate during the ‘prodromal’ and ‘residual’ phases of the illness. The prodromal phase precedes the first active phase, and the residual phase follows the active phase” (6). These symptoms are harder to spot and differ a lot depending on the person suffering from schizophrenia. Negative symptoms however are “often more chronic and, in some ways, more devastating than positive symptoms” (11). The negative symptoms can be anything from poverty of speech or mutism to paucity of movement (12). This definition is a reflection of society and to contrast it with the one in the 1950ties would have given the movie more depth in its portrayal of schizophrenia.

As stated above; Schizophrenia is one of the most complex mental illness we know of. The best treatment of it is still, today, a wild guess for each person suffering from it and neither psychiatrist nor patient know how the patient will react. The side-effects of some of the drugs can also be severe, which means that the people suffering from schizophrenia often have to choose between being ill or suffer from minor or major side-effects; which again proves how very little we actually know about schizophrenia.

Postmodernity’s Impact

Nevertheless, the world has changed since the 1950ties: postmodernity introduced a new worldview. Instability and the sense of fragmentation and not belonging came to be common. Schizophrenia became a symbol of this worldview: the idea of schizophrenia became the stable identity and a symbol of the postmodern identity. Catherine Prendergast argues that “Without the Schizophrenics postmodernity would struggle to limit its boundaries, for the schizophrenic in postmodern theory marks the point of departure from the modern, the Oedipal, the referential, the old.” (Prendergast 236) She writes about how the stereotypical

portrayal of a person suffering from schizophrenia was the definition of the fragmented world-view of the post-modernist condition (see this explored in chapter 3).

Prendergast points out that the post-modern reality was seen as equal to the experience of schizophrenia and that “reality is thus made accessible to postmodern theory through the thought patterns of the schizophrenic” (237). This view of schizophrenia and the supposed importance of this “identity” made it difficult for the definition of schizophrenia to develop. This so-called schizophrenic identity was also problematic because it was derived from exceptional people suffering from schizophrenia and not the more common “unexceptional” person suffering from schizophrenia, which is the same problem we face in *A Beautiful Mind*.

The “exceptional schizophrenics” Prendergast writes about is Judge Daniel Paul Schreber who wrote memoir about his experience of schizophrenia in 1903 (*Memoirs of My Nervous Illness*). His experience of schizophrenia became one of the most written about memoirs in all psychiatric literature. She also mentions Ted Kaczynski’s text in the New York Times in 1995 commonly known as the “Unabomber manifesto” as well as other less known texts written by people suffering from schizophrenia (Prendergast 240-241). Her argument is that they are all “exceptional”. She concludes with a quote by Daniel Frey on the importance of more focus on the average, unexceptional schizophrenic:

The extremes of schizophrenia get the most publicity, like the genius John Nash on the one hand and the subway killer Gary Goldstein on the other. Every day people like me get overlooked even though we compose the vast majority of schizophrenics. The mental health consumer movement is the last great civil rights movement in this country. (243)

The label of being the post-modern identity and exceptional might have impacted the impression society has of people suffering from schizophrenia. The movie *A Beautiful Mind* portrays the Nobel Prize winner, John Nash, whose name is added to the list of “extraordinary schizophrenics”.

To sum up: first, by seeing the schizophrenic identity as the postmodern identity the whole notion of normal is put upside- down. By seeing schizophrenia as the postmodern identity, schizophrenia becomes more normal than the “normal mind” and the question of

what is normal becomes what is “abnormal”. Secondly, these “exceptional schizophrenic” become more normal than the “normal schizophrenic” and the result is that the “normal” or “unexceptional schizophrenics” are stigmatized in the sense that they do not fit into either labels.

Nash’s Schizophrenia and “Coming Out”

With the above in mind, let us have a closer look at how Nash is portrayed in the movie and how his suffering from schizophrenia is portrayed. We have already established that Nash is portrayed as an “exceptional schizophrenic”; let us have a closer look at how the schizophrenia is portrayed.

When the fictional Alicia first discovers Nash is sick she is as shocked as anyone would be and tries to discover how far his disorder reaches. She keeps her cool because she has to and tries to take care of him the best she can. The movie makers manage to paint a realistic picture of how the experience of coming out as mentally ill can be, however they leave out the time of despair, where she tries to help him by going to Europe and doing what he wants. Travels to Europe were a big part of his time as ill and had a great impact on their lives (Nasar 269-332).

Being labeled with a diagnosis of mental illness that person has to process what that label means. Amy Kroska and Sarah K. Harkness explore the effects of being labeled with a diagnosis of mental illness in their article “Exploring the Role of Diagnosis in the Modified Labeling Theory of Mental Illness. Kroska and Harkness describe a “coming out” process that seems somewhat similar to that of a gay person. Without implying that being gay is any kind of illness, the society has constructed a norm that makes it difficult for someone who deviates from this norm to feel accepted.

Gay (or queer) people might struggle to be open about their sexuality in a society where heterosexuality is seen as the “normal”; and mentally ill people often struggle because they are labeled as mentally ill and therefor “different”. Both gay people and people suffering from a mental illness first has to cope with all the associations he or she has to that label, which often might be negative because it means being different from the norm. Then, secondly he or she has to face the fright of being rejected and being “different”. In the case of a mentally ill person this might lead into a negative spiral of self-feeling making a difficult situation much worse. (Kroska and Karkness 202-203)

The fictional Nash seems to be somewhat ashamed of his illness and is a little afraid of what people think of him at school. When he is allowed back and can act the way he wants without people bothering him, he does not seem to mind being different. He is accepted at the university and his students and colleagues are supportive.

In the biography, on the other hand, the worst part of Nash's positive schizophrenic symptoms lasts for over eight years and even the most patient friends and colleagues have given him up. His strange, paranoid behavior, phone calls and letters estranged him from everyone at one point in his life. The real Nash's lack of regular treatment made him difficult to be round. The effect his illness had on his family and friends is emphasized in the biography an important part of his life, this, however, has been completely left out from the movie. I will get back to the issues in the representation of treatment and coping with the illness later in the chapter.

To get back to the effects of being labeled with schizophrenia might have, the illness itself is more than any person should have to experience. Your mind falls apart and sometimes your social life does the same. The stigma which is attached to the diagnosis, might contribute to making the situation even worse by making people afraid. The feeling of being "different" and "not normal" is part of this. Stigma always seems to be connected to there being something that is normal.

The Notion of Normal and the Link between Mental Illness and Genius

As I mentioned in the introduction of this thesis, society's construction of normal and the general conception of normal is a central issue in Disability Studies; for there to be a feeling of being "different" there has to be a "normal". Lennard J. Davis explores this topic in his article "Constructing Normalcy: The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century" and his book *The End of Normal*. A key sentence from this article is "the 'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the "problem" of the disabled person." (3)

Treating psychosis seems to be essential for people suffering from schizophrenia, however, the label "schizophrenic" might stick even after the active phase of the illness. Will a person with the diagnosis ever be considered "normal" again? It is when the person suffering from a mental illness is well enough to sense the stigma towards the diagnosis that it might be even more difficult. The negative symptoms are, as mentioned earlier, often even

more devastating. The effects of stigma and the way the person is perceived by others can be devastating on top of the negative symptoms. One can wonder how many percentages of the world's population must have of psychological issues before the "abnormal" becomes normal.

Illness of some sort, mental or physical, is a popular phenomenon to write about in popular culture. Some even claim that as readers and viewers of the mainstream culture we suffer from an overrepresentation of people with disabilities (Couser 399). You find disabled characters in anything from Charles Dickens' till John Steinbeck's novels. Though not always presented in a negative way, some think that this "overrepresentation" of people with illnesses has resulted in a poorly painted picture of people with illnesses.

G Thomas Couser is one of the critics that claim there is an overrepresentation. He elaborates this further in his article "Disabilities, Life Narrative, and Representation". His claim is that the disabled person has been "hyper-represented" in popular culture and that the representations have been to the disadvantage of disabled people. He goes on to point out that the images rarely were controlled by people who in fact were disabled or ill and that they therefore often were "subjected to objectifying notice in the form of mediate staring"(399).

In other words, being "disabled" has become a symbol and an object and instead of telling a new story and broadening people's conception about being "disabled", the story is always already there: what is said is merely reinforcing what people already think. This not only deprives people suffering from a mental illness or a physical disability their ability to tell their own story, but it also makes being represented in literature and media in general something one-sided and therefore also often negative.

Otto Wahl has written about the representations of mental illness in his book *Media Madness*. He writes in his preface: "The images of psychiatric disorder that are presented to public audiences shape their attitudes and influence their behavior, when those images are unfavorable and inaccurate, as they often are, they contribute to the stigma and discrimination that present formidable barriers to treatment and recovery." (ix) Wahl's book focuses on all the negative representations of mental illness and how these are often wrong and have few nuances. While all of Wahl's examples are revealing, his focus is on negative representation and not so much the effects of any representations.

Wahl mentions *A Beautiful Mind* as a positive contribution to the public images of mental illness (*Media Madness* xi) and fails to see that the creators of *A Beautiful Mind* have found a new way of stigmatizing the people that suffer from schizophrenia. The creators of

the movie manage to make it seem like having schizophrenia equals being a genius in mathematics. They reinforce the much discussed link between mental illness and great achievements, when in fact; there are few evidences to support this.

The connection between creativity and “madness” is an ongoing discussion. Studies have been made, though not exclusively on the connection between schizophrenia and creativity. Albert Rothenberg writes in his book *Creativity and Madness*: “The need to believe in a connection between creativity and madness appears to be so strong that affirmations are welcomed and quoted rather uncritically.” (Rothenberg 150) Rothenberg points out how there has been done studies in this field, but how these either lack scientific publishing or has flawed methodology (150) and that the newly set focus on this topic has forced people to use unsatisfactory sources.

Edward Hare is one of the academics who argue that there is a connection between great achievements and mental illness: “Controlled studies have shown almost without exception that among those who display creative gifts or have distinguished themselves academically the incidence of mental illness is significantly higher than that among controls” (Hare 1587). The studies Hare are referring to are not focusing on schizophrenia in particular but his points are still valid to some degree. These studies make people think of mental illness as something positive, something that the creative and brilliant minds need to be exceptional, something that makes up for the fact they are suffering from some form of illness.

The distinction between Nash’s hallucinations and his real work is hard for the viewer to see, and according to Nash himself his delusions came the same way as his other ideas. “These ideas came to me the same way my mathematical ideas did, so I believed them.” (Samels 00:24:00). This is where it becomes difficult to separate illness from genius.

Nash’s delusions also intertwine with his visits to Pentagon and the chaotic state of the world at the time of the Cold War. This reinforces the difficulty of knowing what is real and what is not. His paranoia is a reflection of the paranoia of a whole country. The movie makers have managed to make the viewers see how it is to not know what is real and what is in your mind. It seems that this has been one of the main points of the movie-makers: for the viewers to “experience” schizophrenia and psychosis.

The fictional Nash has the ability to see patterns in both numbers and letters. The way the film makers have chosen to show this in the movie is by highlighting them and making them jump of the page and “come towards him”. There seem to be no distinction between his

psychotic delusions and his brilliance and the viewer is left no choice but to connect his brilliance to his schizophrenia, maybe even think he is brilliant because of his schizophrenia.

The Connection between Man and Illness

John Nash brilliance was stated long before his illness manifested itself the year he turned thirty (Nasar 240). When Nash graduated from Carnegie Institute of Technology in 1948 with a Master's degree in Math he got a one sentence recommendation from his advisor: "*This man is a genius.*" (Samels 00:07:00) Nash was only twenty years old and was completely oblivious to what would change his life completely ten years later.

When people are suffering from psychotic episodes; one of their symptoms seems to be that they do know more than others and that they have some sort of insight that others don't (Tsuang, Faraone and Glatt 6). The fictional Nash's feeling of superiority is never linked to his illness or psychotic episodes while in the movie it is presented as if it is part of his personality. An example of this is when he refuses to follow courses at Princeton, but that he would rather work on his own. He seems to think that he is superior to the other students and do not think he has anything more to learn. It is never clear to the viewer if this is his actual personality or if it is part of his negative (or positive) symptoms.

The book too presents Nash as a somewhat selfish and arrogant person. His career and goals are the most important things in his life. His selfishness is made obvious by the affair he had with Eleanor (Nasar 172). He kept an ongoing affair for several years and eventually got her pregnant. Despite an income that could provide for the three of them, he never married her and did not offer to pay child support (he was forced to do so later). Despite his lack of interest in both Eleanor and his son, he kept seeing them whenever it was convenient. Nash's first son, John David, was placed in foster-care and had a turbulent childhood because of his father's lack of care.

Nash's first son and relationship with Eleanor is completely left out of the movie, this however, were important events in Nash's life and could have helped in portraying a more whole character with flaws like every other person. Another part of Nash's life that has been completely left out in the movie, is the part where he has more or less queer relationships with other men (Nasar 92-98, 136-37, 180-83). Why this whole aspect of his life is left out is strange, since it seems to have had an impact a huge part of Nash's life. By developing the portrayal of Nash further, the film makers would have had great opportunity to elaborate on

what it must be to experience symptoms of schizophrenia, negative and positive and dive further into the nightmares Nash must have been living.

The fictional Nash's psychoses blend with the rest of his life and this makes it difficult for him to separate the delusions from what is real. For a viewer, however it should have been possible to distinguish between the two. As discussed earlier, positive symptoms should be more or less easy for people with a healthy mind to recognize because of their absurdity and unlikelihood" (Tsuang, Faraone and Glatt 5).

Most people cannot understand Game Theory. This may excuse the film makers' way of portraying Nash's psychosis. The average viewer will never understand how Nash's mind works and his delusions might then be seen as part of his genius. It is only when he is hired by William Parcher and the Department of Defense after his second trip to pentagon that things become absurd and unlikely. He himself even questions Parcher in the beginning, but he accepts the "abandoned warehouses" (Howard 00:34) as the headquarters, and the numbers on his forearm as the entry code, very fast. As the viewers, Nash seems to believe that he is exceptional and does not question why he has been hired for this job.

The portrayal of schizophrenia gives the viewer the insight to how real these psychotic episodes might seem and how devastating the feeling of not knowing what is real can be. The viewer experiences the same confusion the fictional Nash is experiencing. However, these experiences do not seem to happen in episodes and being all-consuming. The film makers present his hallucinations as if they exist parallel to the rest of his life. Except when he almost drowns his own son (Howard 01:36), he seems to be rather well-functioning and is able to hide his illness from both his wife and the rest of the world behind his somewhat strange behavior. There is no clear line between his healthy self and his sick self, and no clear line between his positive and negative symptoms.

In the biography Nasar writes about his delusions being all-consuming he heard voices and was extremely paranoid (Nasar 328). Nasar writes nothing of either Charles or Marcee, and the psychotic episodes described in the biography seem very different to the "experience" the viewer gets in the movie.

Albert Rothenberg writes in his book *Creativity and Madness* about the lack of thorough research on the subject of creativity and mental illness. In his opening chapter Rothenberg makes a long list of creative and especially talented people who has suffered from some kind of mental illness he mentions people like Vincent Van Gogh to Isaac Newton,

Robert Schumann and Edgar Allan Poe (Rothenberg 6). He does not, however, conclude by saying that there is a definite connection between “madness” and creativity; at the end of his book Rothenberg dedicates an entire page to list people who are just as brilliant but have not suffered from any form of mental illness (as far as he knows). “For every one of the disturbed people I mentioned in the introductory chapter, there are literally manifold numbers of equally creative persons with no demonstrable mental illness” (Rothenberg 158).

Rothenberg writes of how he thinks an image of a “mad creator” has been fashioned. He argues that this image has been created because of a “double-sided irritation” between the creative people and society in general. His argument is that there is a binary between the society in general and people who are exceptionally creative. He writes that society has a tendency to explain everything a creative person does by his or her mental suffering. This can be anything from alcoholic debauchery to long periods of absence and even suicide. Rothenberg writes: “Mental suffering is considered both the generator and the price of creativity.” (Rothenberg 158) The consequence is that any “abnormal” behavior of creative people is considered proof of this connection.

To make Rothenberg’s point relevant is easy in the case of John Nash: the movie presents Nash as one of these people; that excel in one area and has to suffer in another. As Rothenberg argues; society cannot accept that someone simply is brilliant, there has to be a price. The fictional John Nash becomes a very good example of the issue Rothenberg writes about. In the movie, his brilliance is always seen in connection to his illness, when in fact there is no apparent link between the two.

The Narrative Prosthesis

Genius being linked to mental illness is an issue David Mitchell and Sharon Snyder have pointed out in their article “Narrative Prosthesis” and book called *Narrative Prosthesis: Disability and the Dependencies of Discourse*. They claim that disability of some form has become an essential component of storytelling, particularly so the plot can fix or cure the “impairment” (222). In other words, instead of developing a plot around the characters, writers let the narrative evolve around a person with some form of “disability”. Thus the plot becomes: how to fix or help the “disabled” person.

In the case where a character suffers from something incurable, a chronic disease, like John Nash’s schizophrenia, the filmmakers seem to want to make him exceptional and excel

others in some other way. The lack of a possibility for “repair” when it comes to schizophrenia, forces them to replace it by making him a “genius”, a gift for economics and his creation of Game Theory. His genius becomes a positive side of his mental illness.

In many ways the fictional Nash’s schizophrenia becomes his narrative’s prosthesis: would there have been as much interest in his life had he not suffered from schizophrenia? Would the Hollywood creators have made a movie about an “average” American who won the Nobel Prize in Economics? Probably not, the narrative needs this prosthesis and the story of the “mad creator” to make an interesting plot.

John Nash won the Nobel Prize and that fact alone shows that he is very talented in his field. It is important to remember that he won the prize despite of his illness, not because of it. When you see the movie in this way, it is a positive representation of someone suffering from schizophrenia. Where the movie becomes problematic is in all the scenes that seem to point to schizophrenia as part of his genius, if not the reason for it.

The fictional John Nash seems to have all kinds of symptoms, not always symptoms recognizable as schizophrenic ones. As mentioned earlier, it is also difficult to know when the illness is within its active phase and not. The movie seems to want to present Nash’s whole life as an active phase and when he is excelling, this is more because of his ability to ignore his symptoms than him actually being treated.

Schizophrenia is something that affects Nash’s life, but it is presented as if it is something manageable. With some treatment, drugs, a dedicated wife and “good old-fashioned American determination” (Rockwell 37) a person suffering from schizophrenia can win the Nobel Prize. To an audience blissfully unaware of what a psychosis is, what the negative symptoms of schizophrenia are, and what the common and most effective treatment of it is, which is describing most of the people that have seen *A Beautiful Mind*, this movie presents to us a story with a happy ending.

The fictional Nash experiences Schizophrenia as an imaginary friend and a job in the government that becomes dangerous. Though strange, it is something we can grasp. Schizophrenia and the experiences the fictional Nash has are impossible to understand. Instead of trying to give a real insight to what someone suffering from schizophrenia can experience, these filmmakers have mellowed it down to give us the happy and hopeful ending we want.

The audience of *A Beautiful Mind* is introduced to schizophrenia slowly and without knowing it. The filmmakers have chosen to give Nash's positive symptoms physical shapes as people taking part of Nash's everyday-life. In this way the audience is, supposedly, not able to distinguish between what is real and what is not. This is the filmmakers' way of giving the audience an insight on how real the positive symptoms of schizophrenia are to the person experiencing them.

One of the symptoms of schizophrenia the audience "experience" is in the shape of Nash's imaginary friend and roommate; Charles. He is presented as an Englishman that seems extremely witty and sympathetic. Hallucinations are listed as a positive symptom for someone suffering from schizophrenia, but they are rare (Tsuang, Faraone and Glatt 6). The audience is not given any reason to question if Charles is real until about midway into the movie. Critical viewers might then notice that he seems to pop up everywhere without reason whenever Nash needs him.

The fact that Nash's visual and auditory hallucinations are given the shape of Charles is a misrepresentation of schizophrenia in itself. When a person suffering from schizophrenia is having a psychosis the psychosis is defined as fragmented. This is also an important point when it comes to the "stable Schizophrenic identity". As mentioned Schizophrenia is the quintessence of the post-modern world view. There is never one truth, never a whole. The whole world is fragmented and does not make sense, as the stereotypical schizophrenic mind. Even though the fragmented mind is a simplified explanation of what schizophrenia is, it is much closer to the truth than the experiences the fictional Nash has.

The positive symptoms that the fictional Nash has are not consistent with the experts' descriptions of schizophrenia. Even after taking in consideration the "exigencies of the particular form of the filmic medium" (Harper, "Media, Madness and Misrepresentation: Critical Reflections on Anti-Stigma Discourse" 460), there is no excuse for being inaccurate. An audience should be able to expect more of a movie's representation of schizophrenia, especially when the movie is based on a real person who has been open about his suffering from the illness.

As mentioned hallucinations are rare and we are to distinguish between hallucinations and illusions: "It is important to differentiate between hallucinations, which are perceptions or experiences that occur in absence of stimulus, and illusions, which are perceptions occurring in response to ambiguous stimuli." In other words what the fictional Nash hallucinates and

see and hear people that are not there consistently, might be possible, but would be a rare case.

The representation and embodiment of the symptoms is also problematic because it presents hallucinations as something positive. Charles is an addition to Nash's life; his presence makes Nash's life better. The audience is introduced to schizophrenia as something nice and witty in the form of a sympathetic Englishman, when in fact, memoirs and other accounts about what experiencing schizophrenic symptoms is like, give a very different picture. It is described as a living nightmare (Saks 4).

An example of a scene where the film-makers have chosen to make the link between the fictional Nash's brilliance and sickness is in the scene where he tells Sol that he tries to solve the Riemann Hypothesis, but he claims that "It's difficult with the medication because it is hard to see the solution." (Howard 01:24) He points to his head and it is not elaborated if he struggles because his mind is healthy or because the medication makes it hard to focus. A viewer might think he finds it difficult because he is no longer psychotic. It is as if the film-makers have left this open for interpretation on purpose. If the viewer believes in the connection between mental illness and great achievements this might be reinforced by this scene.

The fact is that the side-effects of the medication one has to take can be terrible. They range from involuntary muscle contractions similar to those who suffer from Parkinson's disease, insomnia, fever to abnormal blood pressure and weight gain (Tsuang, Faraone and Glatt 91-95). The fictional Nash choose to stop taking his medication, but is still able to live a "normal" life.

Charles' little niece called Marcee is also a strange choice of representing hallucinations. She plays on Nash's conscience by being sad when he does not give his fictional friends any attention. Marcee ultimately becomes the key to Nash's understanding of what is real and not. His rationality tells him that Marcee and Charles both are imaginary because Marcee never gets older.

The Unlikely Recovery

As I briefly mentioned earlier, the fictional Nash has an unlikely way of living with his hallucinations. There is a lack of medical treatment and the film makers present Nash's hallucinations and illusions as something it is possible to ignore. The fictional Nash's way of

coping with his hallucinations is not so much about getting rid of his imaginary friends and his employer, but rather of being able to separate real from imaginary and ignore what is not real.

When the fictional Alicia first understands that he is ill, she gets him committed to a mental hospital and she discovers that his illness might have been left untreated for a long time. In Nasar's biography about Nash however, Nasar writes in length about what a long time he was delusional and how this led to dramatic moves to Europe before he was forcefully sent back home (Nasar 282). She focuses on how difficult it was to diagnose him and get him treated, because he managed to convince doctors, family and friends that he was ok.

In the movie, his delusions are less dramatic and he is hospitalized much faster than in the book. The fictional doctor says "The only way I can help him is to show him what is real and what is in his mind." (Howard 01:11) As mentioned, the only insight the viewer gets to the treatment methods of that time is the scene where the fictional Nash gets insulin injections to produce an insulin shock. (Howard 01:19) Insulin is, in fact, part of Nash's treatment the first time he is hospitalized, and it is explored much more thoroughly in the biography.

Nasar describes the insulin treatment as "agonizing" (Nasar 292) and focuses on how this was a terrible period in Nash's life. She quotes Nash's own description of the treatment: "The foggy pain in my head...this was my unbroken routine for three months... very little of it is clear in retrospect save the agony of emerging from shock every day" (Nasar 292). The brutality of the treatment; both for body and mind and how little the doctors actually knew about the effects should have been emphasized much more in the movie. This was the treatment-method at the time, and it would have changed the viewers' impression of the movie profoundly. There is no elaboration of how painful and devastation this kind of treatment is, except that one scene. Once again the film makers have passed on the opportunity to put Nash's illness into historical context.

In the movie Nash and his wife decides to stay at home and get better there. His wonderful and tolerant wife says the following: "I need to believe that something extraordinary is possible." (Howard 01:45) And she goes on "maybe it is the hart that knows the waken from the dream... maybe it isn't here [putting her palm on his forehead] maybe it's here [putting her palm on his chest]." (Howard 01:44) From this point on Alicia decides that she will be his judge of reality, and this is also the place in the movie where the presentation

of the remission from schizophrenia becomes very problematic. The fictional Nash continues to see his imaginary friend Charles and his niece as well as his “employer” Parcher, but with great will and some struggle, he seems to get better and be able to live a more ‘normal’ life.

The movie’s presentation is too simple; one cannot merely use one’s heart to recover from schizophrenia. When reading about schizophrenia and the treatment of it, drugs are always recommended. The treatment of it varies as much as the illness. Each patient has to find the drug that works the best for him or her. The kind of remission that is presented in the movie is extremely rare.

Nasar writes about how Nash’s treatment with the drug Thorazine was something he responded to quickly (Nasar 307) and that he soon admitted to being sick and wanting to get better. When he in fact did get better, his marriage to Alicia had suffered so much that she did not want him living with them. His mental health was not stable and his delusions came and went. In 1968 Nash turned forty, but was forced to live with his mum. Nasar writes “eight years of illness had exhausted his former wife and friends and ruined much of his credit with the world.” (323)

Nasar writes that Nash, in fact thinks that he “rightly or wrongly, willed his own recovery” (Nasar 353) and this is the view that is presented in the movie too. The fictional Nash claims he is able to ignore the hallucinations by knowing what is real and what is not. “No they are not gone, maybe they never will be. I’ve gotten used to ignoring them, and as a result they’ve kind of given up on me.” (Howard 01:59).

In other words the movie makers have managed to present the view Nash himself has of his remission. However, how he manages his life is as extraordinary as his genius. That Nash is able to live with his hallucinations, might also be connected to his genius. Could it be that it is his unusual intellect that is the reason he can control his life? It becomes quite clear that he is not able to do his job when he is medicated and that this is the only way for him to continue his work.

By leaving out the severity of his illness as well as emphasizing how exceptional his way of living with the symptoms was, the movie makers create a representation of schizophrenia that is unrecognizable for most others suffering from the same illness. The ultimate consequence of this might be that others try to “ignore” their delusions which might have dramatic consequences. It might also create a much too simplified picture of what

schizophrenia is what it might do to the lives of those suffering from it and add more misconceptions to this already burdening diagnosis.

Openness around mental illness has given everyone the possibility to read first-hand about the experiences people have had. Nasar's book is merely a biography, but memoirs are also becoming more popular to write, as well as accounts written by family members who have seen the effects on their beloved. G Thomas Couser writes that in the last two decades the representations of disabilities have changed. He writes that people suffering from disabilities are, to a much higher extent, able to contribute to how their disabilities are presented, especially through autobiographies (Couser 399). This is a positive development in terms of making people understand what mental illness does both to the person suffering from it, as well as the family.

Conclusion

By understanding illness (or disability), people would be less afraid and more understanding and this would eventually lead to less stigma. The issue is that the big audiences do not read these memoirs and they do not see the documentaries that are accurate and tell the real stories of people suffering from schizophrenia (or other mental illnesses). The average Joe and Jane see the big Hollywood productions like *A Beautiful Mind* and the picture painted of schizophrenia in that particular movie might be the only thing they know.

When the only focus on schizophrenia is on the "extraordinary schizophrenics", like in *A Beautiful Mind* what does this do to the ones that are not extraordinary? If it is assumed that you are some kind of strange genius when you suffer from schizophrenia, what about the ordinary people with schizophrenia but without no extreme creativity or talent within science? The popular movies and especially the Hollywood productions are guided by the public's demand. The public seems to be in need of a happy ending, even for someone suffering from an illness. The issue then becomes if the picture presented of schizophrenia is too positive, too happy, too easy. The representation becomes unrealistic and stigmatizing because of all the nuances left out and all the individuals who do not feel represented in the presentation of the diagnosis they are suffering from.

The function of schizophrenia in *A Beautiful Mind* becomes an explanation for Nash's brilliance, and schizophrenia gets a big role in the "explanation" to how Nash wins the Nobel Prize. It is however, important to understand that representations of schizophrenia, such as

the movie *A Beautiful Mind*, are in fact a positive contribution to the representations of schizophrenia in the larger sense. As other movements, disabilities studies have gone through a transformation compared to a hundred years ago. Lennard J. Davis writes about how the “political and academic movement around disabilities is at best a first- and second wave movement.” (Davis, *Disability Studies Reader* 4th ed. 263) He too claims that, like other “movements” he claims that the first wave that came in the 1970 and 1980 was a wave that united and tried to establish an identity that could go against the “societal definitions that were formed largely by oppression.” (263).

The second wave however, which is where we are now, is where the people in the group “struggle to redefine the identity in somewhat more nuanced and complex ways.” (263). Being part of a group and being together in struggles against suppression or other ways of being treated unfairly becomes less important than seeing individual differences and therefor also different kinds of struggles.

A Beautiful Mind certainly portrays an individual and he does not have the most common way of experiencing schizophrenia. However, the movie makers have failed to portray the whole of Nash’s illness. What they present is not a whole character, a developed representation of schizophrenia and not a well-developed depiction of Nash’s genius. It seems that by trying to make a good Hollywood-production of a very interesting man, they have taken on too much. We only get to see half of everything, which ultimately leaves the audience with a very brief, superficial and sometimes even inaccurate representation of Nash’s life and illness.

To link this chapter directly to my thesis statement, and Stephen Harper’s argument, I would claim that the Hollywood “happy- ending” and creation of a hero-like protagonist goes at the expense of depicting a well-developed portrayal of John Nash and his suffering of schizophrenia. Likewise, the restrictions of this format are no excuse for the inaccuracy of the portrayal of schizophrenia.

Future movies or literature should try to show diversity, and especially when portraying real people, more developed representations of schizophrenia. We, as consumers and they as producers should try to show as accurately and subjectively how it is to experience schizophrenia as possible. The focus should, instead, be turned away from what the masses want to see and towards what the individual experience of schizophrenia is like:

from the exceptional to the ordinary. Only when we see all the colors of something can we hope to understand the whole picture.

My conclusion is that this representation of schizophrenia in this movie might be problematic in terms of reinforcing misconceptions and stereotypes about schizophrenia. There are obvious flaws to this representation of schizophrenia and when portraying an actual person a degree of representative accuracy has to be expected.

2 The Pessimistic Portrayal of a Twin Brother's Schizophrenia In Wally Lamb's *I Know This Much Is True*

This second chapter will be focusing on Wally Lamb's novel *I Know This Much Is True* from 1998 and how it portrays schizophrenia. It is a 900 page book that looks into many aspects of schizophrenia. The book was an instant bestseller and became part of Oprah Winfrey's Book Club and can therefore be categorized as being an important contribution to how people see schizophrenia today. The novel tells the story of Dominic Birdsey and his family. His twin brother, Thomas, suffers from schizophrenia and the novel shows in detail how Thomas' illness affects the whole family.

The novel is a good contribution to the body of texts about schizophrenia in terms of showing how much impact it has on the rest the family too. It also shows a unique side to how it must feel to be the sibling of someone suffering from schizophrenia. Being the identical twin and not inflicted by the illness, must make the unfairness of how mental illness strikes, feel extreme. The novel shows Dominic's fright of his brother's illness and it portrays beautifully the many feelings of guilt and despair the twin, as well as the family feel.

In the foreword of Otto Wahl's book *Telling Is Risky Business*, which tells the story of how people with mental illnesses have experienced stigma, Laura Lee Hall mentions *I know This Much Is True* as a positive contribution to the anti-stigma discourse. Its inclusion in Oprah Winfrey's book club and the discussion around it on the show helped raise "a strongly sympathetic voice." (ix) The novel does indeed look into how people are affected by schizophrenia; not only the person suffering from the illness but also the people surrounding this person. This might be one of the reasons scholars have seen the novel as a positive contribution to people's understanding of schizophrenia rather than criticizing it for its problematic sides.

What these critics fail to take in account when praising the novel; is that some parts of Lamb's novel reinforce false assumptions about people suffering from schizophrenia as well as their families. The consequence of seeing Lamb's book as a purely positive contribution to

texts about mental illness might be a reinforcement of existing stigma or the creation of new ones. I will be looking at the parts of the novel I find problematic in terms of reinforcing or creating false assumptions, such as; the impact of the focalizer of the story; blaming the mother for the illness; making a connection between schizophrenia and femininity; searching for what triggered the illness; connecting schizophrenia with violence; mental hospitals and treatment and recovery.

I will use Harper's argument and look at the function of the representation of schizophrenia in the novel and see if an acclaimed novel is in fact as positive a contribution to people's opinion of schizophrenia as it appears.

Seeing Schizophrenia through a Twin Brother

The choice of focalizer gives the novel a new voice. The point of view is not that of the person suffering from schizophrenia, but rather that of the twin brother. In other words we do not experience what Thomas is going through first hand. This allows us to question the same things as Dominic. We see it through the eyes of a twin that struggles to understand and help his brother, as well as distancing himself from it all because of his own fright of becoming ill.

Dominic both loves and hates his brother. He hates him because of the affect his illness has had on his life and because he has a constant fear that he too will develop schizophrenia. The librarian at the library where Thomas cuts off his arm, Mrs. Fenneck, fears Thomas, and her fear is intolerable to Dominic because he relates to it; he has the same fear. "And because I was afraid, too. Afraid of my brother. Afraid to be his other half." (Lamb 5) He recognizes her sentiments, but at the same time cannot stand anyone being afraid of his poor brother.

It is proven that the risk of schizophrenia runs in the family; the risk for siblings and children of people suffering from the illness is in average ten times higher than that of the rest of the population (Tsuang, Faraone and Glatt 35). Wally Lamb's characters Dominic and Thomas are identical twins which makes the risk even higher. If one out of two identical twins (which means identical DNA), has schizophrenia there is a 53% chance that the other twin will develop schizophrenia as well (Tsuang, Faraone and Glatt 5).

Dominic's fear of schizophrenia is in other words real and he has to battle his own fear as well as trying to take care of Thomas. By making Dominic the focalizer and by him being an identical twin, Lamb cleverly introduces the topic of genes which is central in the research

done on the illness. Schizophrenia is at least partly caused by genes; however some form of stressful life-event is often seen as the trigger (Tsuang, Faraone and Glatt 46-47).

The reader, who does not know or love Thomas, first meets Thomas when he cuts off his hand in a public library. Lamb's choice of opening is a strategic and powerful one. The reader is thrown into a violent and traumatizing part of the story and he or she does not have any insight to why Thomas does what he does. In this way the reader might identify with the other people in the library and how horrible this incident must be for them, instead of sympathizing with Thomas, asking themselves what could possibly have made this man cut off his own hand.

The reader would most probably relate to "When the other people in the library realized—or thought they realized—what had just happened, there was chaos. Some ran for the door; two women hid in the stacks, fearing that the crazy man would attack them next." (Lamb 6) They might think as a parent: what if my child was at the library? As a spouse: my wife or husband must be terrified. Dominic too feels sympathy for the other people in the library. To try to understand what could drive someone to do such a thing; to try to understand how extremely powerful and all-consuming psychotic episodes can be, come second to relating to the people that witnessed Thomas' amputation.

The choice of focalizer is central when it comes to who the reader sympathize with. The distance between the reader and the thoughts and actions of Thomas makes it difficult to understand him. Thomas' choices or actions are seldom explained and the reader sees him from the outside. Seeing the twin-brother's point of view is interesting, but unfortunately there is a lack of interest in trying to understand Thomas. The result of this is a somewhat one-dimensional character that is hard to sympathize with. An example of a scene that could have been an opportunity to understand Thomas is when he commits suicide. What is it that drives him to do this? Except through Dominic's guilt, this is not successfully explored.

The whole story is seen through Dominic's eyes. The readers are not meant to see it from Thomas' side of the story, but rather that of the, at times, very unsympathetic twin-brother. Lamb does not portray Dominic so that readers would only feel compassion for his situation. He is portrayed in a way that makes him seem to have the tendency of excusing his own behavior and the way his life has become, because of his brother being sick. The perspective we are given is a fresh perspective, where the focalizer does not try to hide his often very egocentric view on the story.

The expected in a story that portrays the family with someone suffering from schizophrenia would have been one where the reader is given a focalization that allows him or her to try to understand Thomas and illness. *I Know This Much Is true* is different. It shows all the ugly feelings of the brother. These feelings are not normally expressed, because the person expressing these feelings would end up seeming too unsympathetic and egocentric. This novel gives us 900 pages of a story colored by such feelings and the result is sometimes refreshing, but often very frustrating. The function of schizophrenia in the novel is to show how Dominic, through his brother's actions, is affected both in his life and also in his personality.

The Impact of Time and Searching For “The Trigger”

The setting and time-frame of the novel is important since the definition of schizophrenia has changed consequently since it was first defined as schizophrenia in 1911 (Dowbiggin 68). The novel is set both in present time, which would be the 1990s, as well as the twins' childhood in the 1950s and 1960s. The contrasts of the novel's present and past views of schizophrenia becomes prominent in Dominic's conversations with doctor Patel, Thomas' psychiatrist. By describing both the 1990's and the 1960's, Lamb contrasts and shows the progress of the treatment and psychiatrists opinions and of how it is developing.

The *DSM I* and the development of the diagnosis criteria in the *DSM II*, which was published in 1968, shows the change in the perception about mental illness. Lamb describes the situation both before and after this shift. As described in the novel; before the *DSMII*, much was blamed on the personality of the person suffering from the mental illness.

In the book *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Jonathan Metzl unveils how also racism is mixed into the definition of mental illness and schizophrenia in particular (see Metzl for more on this). In his clarification of the development of the diagnosis in the *DSM* he writes: “The DSM- II eliminated the word *reaction* from disease descriptors.” He elaborates what the consequences of this simple change meant for the people suffering from schizophrenia. Schizophrenia and other illnesses were no longer seen as “extensions of normal personality” but rather as “distinct groups of illnesses”. In other words mental illnesses were no longer perceived to be a reaction to something, but an illness in itself (Metzl 96). This was ground-breaking for the people affected by mental illness: they were no longer to blame for their illnesses. Metzl's book is important in understanding how far misconceptions of mental illness have gone, also among

psychiatrists, and how devastating stigma, and in this case racism, can be for the people affected.

By including Dr. Patel in the story, the reader gets an insight on how a psychiatrist today might act when it comes to schizophrenia. Dominic ends up going to Doctor Patel, at first to help her understand Thomas, and eventually for him to try to sort out his own life. Doctor Patel manages to convince Dominic to keep coming to talk to her for his own sake with a metaphor of two boys being lost in the woods: “I may never find one of the young men,” she says referring to Thomas, continuing: he “has been gone too long”. “But as for the other one, I may have better luck. The other young man may be calling me” (Lamb 285). With the help of Dr. Patel, Dominic realizes that he too has suffered because of his brother’s situation and that he might need to be saved too. Through the conversations Dominic has with Doctor Patel the reader gets to know how growing up with Thomas has affected Dominic.

Dominic mentions several times how the twins’ mother both blames herself and get blamed for Thomas’ illness. “They were always insinuating that somehow or another *she* had caused it.” (Lamb 270) This is what Dominic tells Patel in one of their sessions, referring to Thomas’ doctors. This was earlier a common assumption about how schizophrenia was developed. The “schizophrenogenic mother” was the term used about the mothers of people suffering from the illness. The term is considered to have been coined by the psychiatrist Freida Fromm-Reichman in 1948 (G. Parker 452). This term was the start of a 30-year period of blaming the mothers of people suffering from schizophrenia for their child’s mental illness. The mother’s personality was supposedly the trigger for the child’s schizophrenia (Seeman 284).

John Neill writes in his article “Whatever became of the Schizophrenogenic Mother?” about how American psychiatry was focused on “nurture” in the search for “the roots of psychopathology” in the 1950s (Neill 499). He goes on: “Two concepts were central in the notion of the schizophrenogenic mother. They were the notion of maternal overprotection and maternal rejection.” (Neill 500). These concepts made it seem impossible for the mother to participate in the recovery of her child: it alienated her.

Ming T. Tsuang *et al.* write in *The Facts: Schizophrenia* how this theory did not take in account how the mother’s behavior might be a consequence of having a child with schizophrenia. Even before the onset of the disorder the “unusual characteristic” of the child might have led to this. (Tsuang, Faraone and Glatt 50) In other words the mother’s behavior

was not necessarily what triggered the schizophrenia; it might have been the other way around: that it was the child's illness—it being the positive or negative symptoms—that triggered the mother's behavior.

The question of what causes schizophrenia has been unanswered since the diagnosis's was first made. Does it come from genes or outer circumstances; nature or nurture? As mentioned, nurture was for many years the answer to this question and the mothers of the people suffering from the illness were subjects of this suspicion. It is unclear if the novel condone this way of thinking. The twins' step-father, Ray, clearly blames their mother for Thomas' illness and Dominic too seems unsure if his mother is to blame or not.

When Dominic tells doctor Patel how doctors used to blame his mother for Thomas' illness, he says it is unfair (270) and he is very irritated by doctor Patel's interest in their childhood. In other parts of the novel Dominic himself seems to be thinking that how their mother treated them differently might have resulted in Thomas being sick and not him. Dominic's frustration with doctor Patel might come from him actually thinking that there is something to it. This leaves the reader thinking like the focalizer: torn between the two options; is she to blame or not?

Dominic and Thomas had a difficult childhood. Their father was absent and unknown to them and instead they grew up with an aggressive and, at times, violent step-father. But let us first examine the mother, Concettina, and explore how the notion of a schizophrenogenic mother fits into the childhood the twins had. Their mother is portrayed as a feeble and timid woman; who tries to take care of her twin boys the best she can, but is completely dominated by her husband. She favors Thomas over Dominic and could fall under the category of an over-protective mother when it comes to Thomas.

Concettina has a close relationship to Thomas and her over-protective side becomes obvious at times. An example of this is how she spends stolen moments, when Ray is out, "playing nice" with him in a separate room (753). Dominic is asked to go downstairs and is not included in their game of pretending to be Mrs. Calabash and Mrs. Floon, drinking tea. Concettina claims "this wouldn't be fun for you" and asks Dominic to look out for Ray. She clearly treats the two boys very differently.

Ray is the portrayal of the all American man. He thinks that mental illness is something that can be ignored and that it is a sign of weakness. On several occasions Ray blames Concettina for Thomas' mental illness: "If she'd just let me raise him the way he

should have been raised, instead of running interference for him all the time, maybe he never would have landed down below in the first place.” (62) Ray characterizes “masculinity” in the traditional sense. He’s blaming of Concettina ends by claiming that “He’s [Thomas] got to be toughened up.” (62). Ray is portrayed in a very unflattering way and the reader is clearly meant to feel sorry for the mother. Ray’s violent and unpredictable behavior is portrayed in a way that might even suggest he was the part of “nurture” that triggered Thomas’ illness.

In several parts of the novel Ray tries to “toughen” Thomas up and it becomes clear that he cannot stand the relationship between mother and son. He too seems to be colored by the time’s idea of the “schizophrenogenic” mother contributing to her son’s development of schizophrenia. The 30-years period where psychiatrist allowed themselves to blame the mothers for their children’s suffering, must have been an extremely difficult time to be the parent of someone suffering from the illness. Not only did the parent have to worry about her child’s suffering, she was also to blame for it. Or worse: when the psychiatrist, who should be the expert, claims she is the source, she might end up believing it herself.

Anne Harrington discusses the consequences of blaming the parents, and childhood, for the development of schizophrenia in her essay “The Art of Medicine: The fall of the schizophrenogenic mother.” She quotes one of the parents that feels blamed for their child’s disease “We failed to understand why parents of a child with leukemia were treated with sympathy and understanding, while parents of a child with schizophrenia were treated with scorn and condemnation.” (Qtd in Harrington 1292). The consequence of blaming the mother might be that she tries to be less involved not to make things worse.

Ming T. Tsuang et. al writes in *The Facts: Schizophrenia* about the importance of the role of family and friends. People suffering from schizophrenia are advised to live close to their family for a period when recovering from positive symptoms. It is stated that the support and understanding from family and friends can make a big difference in the recovery period (Tsuang, Faraone and Glatt 120). One of the consequences on the other hand, for a mother that is seen as a schizophrenogenic mother might be that she feel she should keep her distance and the child might lose an important support in his or her life.

We now know that schizophrenia has much to do with genes, but not entirely, as this novel tries to prove. This leaves room for doubt and for some a need to place blame. Had schizophrenia come only from genes, both identical twins should have been affected. In the case of this novel a reader might ask him or herself: did the way the boys where treated

differently in their childhood make a difference? It must have made a difference since one of the two identical twins is ill and the other is not. Why is it that made one twin ill and the other not? These questions are left unanswered in the novel and open for the reader to answer him or herself.

Dominic's fear of schizophrenia is not without reason, studies of identical twins shows that schizophrenia is hereditary but also that it might be influenced by outer circumstances. It is believed today that an especially stressful event might trigger the first episode of positive symptoms (Tsuang, Faraone and Glatt 46-48). This view on how schizophrenia is triggered is also shown in the novel. It seems like Thomas is under constant pressure from his step-father Ray. Both mental and physical abuse as well as trying to live up to the expectations his mother and step-father has, pushes him into a downwards-falling spiral, and eventually makes him sick.

Dominic seems to think that one of the reasons for Thomas being ill and him not, is his step-father. He feels guilty for not having stopped the bullying and at times he blames both himself and Ray for Thomas' illness. Why is he left unharmed? His guilt is divided: on one side he feels guilty because he is not sick; and on the other he feels guilty because he is afraid he was part of triggering Thomas' sickness. "Was *that* what triggered it—set in motion whatever had blossomed in Thomas's brain?" (Lamb 762) Dominic asks himself this after recalling one of Ray's outbursts towards Thomas. He goes on "Biochemistry, biogenetics: none of the articles I'd read—none of the experts I had listened to—had ever been able to explain why Thomas had gotten the disease and I hadn't. Had we given it to him—my mother and Ray and me?..." (762). Since it cannot be determined what causes schizophrenia in one twin and not the other questions like these remain unanswered.

By pointing to the guilt and uncertainty schizophrenia inflicts on the family, Lamb reveals the difficulty of not being able to except the illness. This is important for a reader, not only to comprehend the difficulty the family is facing, but also to grasp how little we actually know about schizophrenia. The passages about Dominic's guilt are also important in terms of making the reader recognize that there is no reason to try to place blame. This part of the novel shows that placing blame might even have a negative effect on the recovery and complicate this even more. Lamb manages to show how difficult the situation is for the twin brother: feeling both lucky and guilty for being the one of the two ho does not suffer from schizophrenia.

Ming T. Tsuang, and the other writers, of *The Facts: Schizophrenia* on the other hand, write about how important the family's role is in the person suffering from schizophrenia's life and recovery (122). For the family to participate as best as they may, they should not have to face other people's assumptions of who is to blame whether this might be the mother, the step-father or the brother.

The Question of Femininity

The games Thomas and his mother were playing and the traditionally seen "feminine" traits of Thomas' character lead us to another part of the novel that is problematic and that might be seen as an explanation for Thomas' illness. Thomas is presented in a way that reinforces the link between mental illness and femininity. This is problematic in terms of making men who suffers from schizophrenia and other mental illnesses feel less "masculine" but also in terms of upholding the belief of mental illness being a weakness and therefore something "feminine".

In his book Jonathan Metzl gives an overview of the development of the definition of the diagnosis and he points out a shift of the perception of schizophrenia towards it being a "feminine" illness a hundred years ago. Both leading American newspapers and popular magazines between the 1920s and the 1950s assumed that schizophrenia was an illness that afflicted (white) women (Metzl xii). It was considered to manifest itself in "sensitive people with few friends who has been the model of behavior in childhood." (xiii). These characteristics fit well with the portrayal of Thomas Birdsey. He is portrayed as being the sensitive of the two twins; he had few friends and was the model child in his childhood.

The cultural constructions of gender roles; what is feminine and what is masculine, is central when addressing the misconception of mental illness being a "feminine" trait. Martha Sajatovic and her co-writers discuss the difficulties gender-roles might create for people suffering from mental illness in the article "Gender Identity and Implications for Recovery Among Men and Women With Schizophrenia". The socially constructed notion of something being masculine and feminine is an issue also when it comes to mental illness.

Guy Boysen, Ashley Ebersole, Robert Casner and Nykhala Coston write about mental illness and gender in their research article "Gendered Mental Disorders: Masculine and Feminine Stereotypes About Mental Disorders and Their Relation to Stigma". They argue that people's assumptions and stereotyping of what is masculine and what is feminine still exists

today, and that this is attributing to uphold stereotypes and ultimately stigma about mental illness. Traditionally, “psychologically healthy men” should be “aggressive, though, independent, unemotional, stable, and unconcerned about their appearance” and women should “be talkative, gentle, expressive, sensitive, and concerned with their appearance” (Boysen *et al* 549).

There are several parts of the novel that reinforce this assumption about there being a link between mental illness, schizophrenia in this case, and “femininity”. Lamb seems to be aware of the fine line he is treading since Dr. Patel mentions both the words “gentleness”, “sensitivity” and “femininity” about Thomas in one of her conversations with Dominic. “Given your brother’s gentleness, his sensitivity, would it be fair to characterize Thomas as the more *feminine* of the two of you? Is that one of the distinctions you would make, Dominic?” (Lamb 607).

Lamb is confronting the issue of mental illness and femininity head on. Thomas is clearly the one who has most of the, traditionally seen, “feminine” traits of the two twins. Dr. Patel confronts Dominic about his fear of being more like his brother: “What I suspect,’ she said, ‘is that you share some of your brother’s sweetness, his gentleness and vulnerability—his weakness, as you put it—and that that has frightened you. And that perhaps, it is the constant denial of those qualities in yourself which has exhausted you. Made you sick.” (Lamb 607) This is the way Lamb confronts the issue: by letting Dominic be the more “masculine” of the two and fearing to be more “feminine”. And it is only after he opens up to Dr. Patel and his ex-wife that he starts to feel better and less afraid.

Because Dominic is the focalizer of the novel his fear of being “feminine”, and thus more like his brother, taints the whole novel. Doctor Patel points out one of his assumed reasons and also an explanation for Dominic’s need to appear masculine. This could have been an excellent opportunity for Lamb to break this misconception down, however, other sections of the novel reinforce this assumption and Lamb’s intentions become unclear.

Thomas is presented in a more “feminine” way than his brother because he seems to not be able to stand up for himself. He is on several occasions forced to ask his brother for protection from bullies. A reader with a modern view on the world might not see this as a particularly feminine trait but through the focalization of Dominic, Thomas appears “feminine” and in need of protection. An example is when the twins went to the statue of liberty and Thomas is too scared to go up and Dominic has to stay down with him (166) and

another example is when the twins have a summer job and the boss is bullying Thomas: “Dell started this joke about how he couldn’t tell us apart unless we each had a shovel in our hands. Then he knew who was who, no problem. He nicknamed us the Dicky Brothers, Dick and Dickless.” (254) Even though the boss is a horrible man, and the reader sympathizes with Thomas, it is only when Thomas is pushed to his limits that he stands up for himself. First he asks his brother for help first. “Could you speak to Dell? Get him to stop calling me dickless?”(324). The way the situation is presented is influenced by the focalizer, Dominic’s opinion of this. He clearly thinks that Thomas should be able to stand up for himself.

When the boss calls Thomas “dickless” and Dominic “dick” he is suggesting that not being good at physical work is connected to his lack of masculinity. Even though the reader does not agree with the very unsympathetic Dell, there is still a hint of a lack of “masculinity” because of his need to be protected by his brother. This might be another way the focalizer influences the reader’s opinion.

At one point Dominic discovers that both Thomas and many of the other patients at Hatch have been raped (Lamb 697). Among all the other things rape does to a person it is associated with the feeling of being powerless. For men there is also the sense of feeling less “masculine” because the masculine stereotype is associated with superior strength and the role as initiator (Mezey and King v). In the plot the rapes have a function, since this is what leads to Thomas being released from the hospital. It is also Lamb’s way of pointing out that institutional rapes are not uncommon (Mezey and King 67-74). However, the choice of rape seems to be there mostly to strengthen the sense of him being “emasculated” in the eyes of someone defining masculinity in the traditional sense. Lamb’s choice of letting Thomas be raped might thus reinforce the sense of Thomas being “feminine” for readers with a traditional view of gender roles.

As mentioned the twins’ step-father thinks that part of the reason for Thomas’s illness is that he is not tough enough. He tries to toughen him up by being extra tuff with him. Ray is both aggressive and violent and hurts both Thomas and Concettina on several occasions. His anger towards Thomas seems to be a mix of him not being tough and “masculine”, but also his close relationship with his mother. At one point in the novel, Ray catches Thomas and Concettina “playing nice”, where Thomas is dressed as a girl and they have a tea-party. Ray is furious and calls Thomas “*A goddam girl! ...No son of mine!* Ma’s arm got broken because she stood in his way – came between his rage and Thomas.” (Lamb 760).

Separately the hints of Thomas' "femininity" seem harmless, however, when seen all together they make a representation of schizophrenia in Thomas that is upholding the idea of there being a connection between "feminine" traits and mental illness. This can be stigmatizing to other people suffering from the illness. Their personality, and to what degree they are more "feminine" or "masculine" should be seen separately from their diagnosis and not part of it. Blending gender and culturally constructed notions of what is feminine and what is masculine makes an already difficult situation worse.

What is problematic about the traditional stereotypes of what is masculine and what is feminine is that, as all stereotypes, it excludes so many individuals, so many people. The gender normativity, as the heterosexual normativity, is excluding all people that do not fall into this idea of the norm, and create the sense of something that deviates from the norm, people that are "different" and "other". Judith Butler discusses gender normativity as well as heteronormativity in her well-known book *Gender Trouble*. She argues that "'female' no longer appears to be a stable notion", that there is no clear category of female, and by extension this should mirror the notion of something being "male" too. Butler asks for critique of the categories of identity and less focus on female and male (Butler xxix).

Butler's critique of gender is also relevant when it comes to mental illness. Should a man suffering from a mental illness feel emasculated because he deviates from the norm? Should he feel "feminine" because he is sensitive? Or "genderless" because he is unstable? Not only is this problematic because he might suffer more because he feels like he is less of a man, it is also problematic when it comes to women. Why should mental illness be something "feminine"? Mental illness does not see gender and the symptoms do not care if you are "male" or "female", "masculine" or "feminine".

Sajatovic writes: "Cultural expectations for men and women with schizophrenia may differ, and it has been reported that men with schizophrenia may be less able to carry out normative gender roles activities than their female counterparts. (Sajatovic, Jenkins og Strauss 96)" In other words: it is less "masculine" to suffer from a mental illness. Sajatovic goes on by claiming that "men and women with schizophrenia often appear 'genderless' insofar as mental illness itself is perceived to eclipse other factors in identity" (96). Sajatovic might well be right, however, if novels or other portrayals of mental illness and schizophrenia keep coming back to the notion of mental illness being a "feminine" trait, these representations

takes away the focus of the mental illness and contribute to upholding dangerous stereotypes instead of increasing peoples' knowledge about the actual illness.

The difficulty the socially constructed gender-roles and what is “normal” and not normal, and how this might influence mental illness is something that is explored by Brett Scholz, Shona Crabb and Gary A. Witter in their paper “ ‘We’ve Got to Break Down the Shame’: Portrayals of Men’s Depression”. One of their arguments is that the “reproduction of the idea that men should not express feelings” in the media reinforces stigma when it comes to mental illness. (1650)

Thomas’ character being “feminine” is stressed in many ways, and one may wonder why Lamb has chosen to make this such an important aspect of Thomas’ character. Instead of making his sensitivity and close relationship with his mother part of a more complex character, Lamb reinforces assumptions of there being a connection between mental illness and femininity. Lamb has 900 pages to construct a full and layered representation of schizophrenia, but instead he limits the representation to focus a lot on femininity and does not bring anything new to the table. As stated earlier: Thomas becomes a reinforcement of stigma instead of a character that breaks down stereotypical assumptions about schizophrenia.

The Connection to Violence

Another assumption about schizophrenia is that the people suffering from the illness are violent. There has been done a lot of research on the topic to find out if this connection is real. Otto F. Wahl writes about public images of mental illness in his book *Media Madness: Public Images of Mental Illness*. Wahl’s book is packed with examples of misrepresentations of mental illness in the media and he devotes a whole chapter to the assumed connection between mental illness and violence.

Wahl writes that one of the most common and most damaging assumptions about mental illness is that people that suffer from mental illnesses are violent and/or criminal. He mentions the “mad murderer” and how this stereotype is a very common stereotype that does not only appear in movies, but in mass media in general (56). Movies like *Red Dragon* (Ratner) and *Fight Club* (Fincher) (I will discuss *Fight Club* at length in chapter 3) reinforce these assumptions.

Wahl goes on by pointing out how the focus on the connection between mental illness and violence and murder is very stigmatizing and destructive for the people who are labeled

as mentally ill and how the media is upholding misconceptions as well as fear and stigma towards people suffering from mental illness. His whole book is dedicated to pointing out how wrong and misleading these representations of mental illness can be.

As mentioned in the first chapter and introduction, critics of Wahl, such as Stephen Harper in his article “Media, Madness and Misrepresentation”, point to the weaknesses of Wahl’s book and how the “anti-stigma criticism is a little over-generalized” and he goes on by saying it “sometimes derogates the popular culture in which these representations are found” (461). In his book *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress* Harper discusses the notion of there being different kinds of violence and violence not always being something bad (49). He writes “Violence can therefore have social as well as interpersonal manifestations and can have coercive or liberatory force.” (49)

Also Lamb touches upon the topic of violence. Thomas is not violent towards others, with the exception of him hitting Lisa Sheffer, Thomas’ social worker (Lamb 503). Even though this episode seems rather undramatic and Sheffer even tries to hide it from Dominic by covering it up with make-up (501), there is no avoiding the fact that he did hit her. The situation Thomas is in when he hit Sheffer would have been stressful for anyone. “In an attempt to calm everyone down, Sheffer had reached to take Thomas by the hand. That’s when he’d freaked—hauled off and whacked her in the face.”(503) If he hits Sheffer because, as he states, “identical twins communicate in ways she knew nothing about” and he knew that Dominic was hurt from falling several stories down, or if it was because of his paranoia which was a consequence of his diagnosis that he hit her, is unclear and left open for interpretation.

Thomas is violent towards himself. In the very first chapter of *I Know This Much Is True* we get a good insight at the drama in this novel. Thomas, decides that he had to “make a public statement that would wake up America” (Lamb 8) convinced by his deep belief in Christianity and while reciting Saint Matthew’s gospel, chapter 5, verse 29 and 30 ““ *And if thy right eye offend thee, pluck it out and cast it from thee... and if thy right hand offend thee, cut it off and cast it from thee: For it is profitable for thee that one of thy members should perish and not that thy whole body should be cast into hell.* ”” (5) Thomas cuts off his right hand with a knife.

The first chapter sets the tone of the whole novel, and the reader understands that this is not going to be a story with a happy ending. If the story begins with the loss of a hand, what

else are the characters going to lose? The incident is of course dramatic in itself but since the whole novel is told with Domininc as the focalizer, the reader can only try to understand what pain Thomas must have suffered through the information given to Dominic. The Orthopedic surgeon who treated Thomas tells Dominic how he is “amazed” by the determination. He informs Dominic of how the pain should have made Thomas stop midway in his amputation.

With his left hand, Thomas enacted each of the steps he'd rehearsed in his mind. Slicing at the point of his right wrist, he crunched through the bone, amputating his hand cleanly with the sharp knife. With a loud grunt, he flung the severed hand halfway across the library floor. Then he reached into his wound and yanked at the spurting ulna and radical artery, pinching and twisting it closed as best as he could. He raised his arm in the air to slow the bleeding. (5-6)

The calculated and well planned amputation that Thomas preforms on himself; his calmness and how well though-trough the amputation is, shows determination and self-control that is hard to understand. However, since Dominic is the focalizer, the reader does not get to read about the pain Thomas must have felt and the reader does not know if it was a psychotic episode or if it is in fact a religious act. Dominic being the focalizer prohibits the reader understanding Thomas' mind. The choice of focalizer influences the reader's opinion of the amputation and Dominic's view of what happened is the one the reader adopts.

Mrs. Fenneck, the librarian at the library where Thomas preforms his amputation, also gets her side of the story told. Lamb devotes several pages in the first chapter to Mrs. Fenneck's reaction. The effect of Mrs. Fenneck's story is that the reader sees Thomas' story from even further away from him. The reader understands that this is not going to be a story about “the schizophrenic experience” but rather about the experience of the schizophrenic experience. Despite of her very selfish act of coming to Dominic's house, he does not seem to judge her. However, he does not seem to have any sympathy with her either. Dominic is simply too preoccupied with himself to care. When he hands her a statement of him not holding her responsible for his brother's action, it is not to give her peace, but rather to make her go away. “I did it because I needed her to shut her mouth. To get the fuck out of my foyer.” (5)

Wahl or other critics of making a connection between violence and mental illness might see this episode as contributing to stigma towards people with schizophrenia. Harper, on the other hand, might see this kind of violence as something else. Had it not been for the choice of focalizer, could this have been seen simply as a religious statement? The fact is that this was a well-planned amputation and even after Thomas has lost his hand, he insists on not wanting it reattached. He is certain that he did the right thing (7). Dominic is sure this comes from his brother's illness but had the reader seen this with Thomas as the focalizer, would he or she see Thomas' actions as unexplainable? Could it be understood as a religious or political action to make people aware, rather than an action done because of schizophrenia?

Hospital and Treatment

After Thomas amputated his own hand in a public library he was forcefully committed to the maximum-security Hatch Forensic Institute. Even though Thomas did not hurt anyone except himself he was seen as a criminal that could endanger others (Lamb 72). "He always checks in at Settle after an episode" (72). (Settle is where he usually goes after a psychotic episode), but this time is different. All of this is terrifying for both of the twins and the prison-like conditions at Hatch, and the terrifying guards, make the situation even worse. Thomas is brought there in restraints as if he were a dangerous criminal.

Wally Lamb portrays a mental hospital that functions as a prison "a squat concrete-and steel building surrounded by chain link and razor wire" (68). Thomas is taken there after the amputation because he is supposed to be a danger to others (69). Not only does the high degree of security and surveillance amplify Thomas' paranoia. the way the guards treat the patients as inmates of a prison makes it unbearable for Dominic too when visiting his brother.

The descriptions of Hatch fits the way mental institutions were not many decades ago and the way Thomas is treated shows how mentally ill people were seen. Many mentally ill people who have been institutionalized in the US describe prison-like conditions and horrible treatments (Metzl, Wahl, Saks, Kesey). The description of Hatch is taken even further when Lamb portrays the guards as violent rapists. There is no doubt that Lamb wants the reader to see these high-security prisons as ultimately negative.

This part of the novel is important in terms of making the reader understand how difficult it must have been, and still is, for the family to seek treatment in fear of what might happen to their loved ones. Lamb's way of portraying the prison-like mental hospital is very

effective in terms of criticizing the treatment of mentally ill people. It shows how mental illness was, and sometimes still is, seen as a form of crime and how devastating this can be for the people affected.

Describing Hatch as a prison and the brutality of what the two brothers face on the inside of those walls is an important part of the novel in terms of showing how horrible institutions like this can be. The emotional trauma this might cause, on top of what the family and mentally ill persons are already facing, is important to be aware of. People suffering from mental illness should not be treated as criminals, but as people with an illness and their family and loved ones should be treated with respect and understanding.

In the last century mental hospitals have gone through dramatic changes (Tsuang, Faraone and Glatt 103). Jonathan Metzl writes about the history of mental institutions and schizophrenia in his book: *The Protest Psychosis: How Schizophrenia Became a Black Disease*. He focuses on the transitions from hospital to prisons in the 1960ties and 70ties and how schizophrenia became a “black” disease. He even claims that “prisons emerged where hospitals once stood” (xxi).

The function and role of schizophrenia in this novel is connected to the focalizer being Dominic. Dominic seems to be in no hope of his brother ever recovering and treatment is a topic that is seldom discussed. The lack of focus on treatment is somewhat problematic when it comes to the representation of schizophrenia. In contrast to *A Beautiful Mind*, where Nash’s recovery was too simplified, in *I Know This Much Is True*, there are no signs or hopes of recovery or remission for Thomas. His psychosis and paranoia appears constant from his amputation to his suicide and his treatment is only briefly mentioned.

Most reader would agree that Thomas seems very ill. When his delusions make him plan and execute an amputation of his hand, it might be hard to picture a recovery. However, the lack of hope for recovery is alarming and it might reflect the focalizer’s view of schizophrenia. Also Doctor Patel, the psychiatrist, seems to think Thomas is a lost cause. She tells Dominic that “he has been gone too long” and about a recovery “the odds, I’m afraid, may be against it.” (Lamb 285) It seems like the negativity towards Thomas’ recovery stretches beyond the focalizer’s point of view on the subject and suggests that it is a more general opinion of the recovery from schizophrenia.

The story of Thomas Birdsey seems hopeless from the very start of the novel. There is no way of “repairing” him and when Thomas eventually commits suicide and they “find his

body, in waist-deep water, caught up in the branches of a fallen tree.” (Lamb 711), this is the fix of the “impairment” that has affected Dominic’s life (Mitchell and Snyder 227) (see theory discussed in chapter 1) and the novel. Thomas was what was wrong with Dominic’s life. He has to struggle with guilt and the loss of his twin; but when Thomas is removed from his life, everything seems to get better.

After Concettina’s passing, Ray and Dominic are Thomas’ only remaining family. Ray’s choice of not visiting Thomas after his amputation shows how uncomfortable he is with the whole situation. Thomas dying seems to be the most convenient outcome for Ray too. He no longer has to try to understand or attempt to relate to what Thomas is going through.

Suicide is a well-known possible consequence of schizophrenia. The risk of committing is one hundred times higher than that of the general population (Nasar 308). The part that is problematic about Thomas’ death is that it is presented as if this is the only possible “solution”. How could Thomas ever recover, or stabilize, if even his psychiatrist doubted it being possible? The novel leaves little room for hope.

Dominic, the twin brother, who should be his closest support, reaches a point where he feels Thomas is his “anchor”. In an outburst in Dr. Patel’s office Dominic compares Thomas to an “anchor” that is “pulling me down. Even before he got sick.” (Lamb 280) He continues his metaphor by saying that he is given “...just enough rope to break the surface. To breath.” (280) Thomas’ impact on Dominic’s life is a big revelation at this point in the novel. It shows that Dominic feels that the burden of having a twin that suffers from schizophrenia is barely letting him breath.

Seeing things through Dominic’s eyes allows us to get an insight to how devastating schizophrenia is for the family. These admittances from Dominic are also problematic in terms of blaming the person who is sick for the suffering of others. Dominic ends his outburst by saying “That he’s my *curse*. My *anchor*. That I’m only going to tread water for the rest of my whole life.” And finally “I’m never going to get away from him! Never!” (280). These thoughts are something one would normally not express and, as mentioned earlier, we get to see a new side of being the family to someone suffering from schizophrenia.

Despite the importance of knowing what a huge responsibility it might feel like to have a brother with schizophrenia, there seems to be quite obvious hints towards the only solution being Thomas’ death. Doctor Patel has stated that he is beyond help and Dominic, quite literally, states that he struggles to breathe because of Thomas. Even though Dominic

manages to get Thomas out of Hatch, he seems to be without any plan of what he is going to do to help Thomas. It also seems like it would be very hard for Dominic to get his own life sorted out with Thomas present in his life again. This suggests that Dominic's motivation for getting his brother out is his own relief from guilt and not to save his brother.

The end is a testimony to how Thomas' death is a relief for Dominic. Thomas dying is a realistic outcome for someone as ill as him; however, the novel sets this up as the best solution for everyone. It seems like Thomas' death is the only way that Dominic can start living again. With no signs of stabilizing, his constant paranoia and the psychiatrist's lack of belief in his recovery makes Thomas' life hopeless. Dominic ultimately manages to put the life he always wanted together: he is reunited with his ex-wife and adopts his dying ex-girlfriend's daughter, all because of Thomas' death and the strength this gave him to fix his own life.

The novel can be seen as a "bildungsroman" for Dominic with Thomas as the obstacle for him to overcome and learn from. Dominic seems to become a less angry and more sympathetic person at the end of the novel than in the beginning. He has learned from "overcoming his obstacle" and at the end he is a more desirable person for even his ex-wife.

If the reader sees this novel as a portrayal of schizophrenia and the person suffering from it as an obstacle that needs to be eliminated; or as Snyder and Mitchell would put it: "a problem in need of solution"(Narrative Prosthesis: Disability and Dependencies on Discourse 47) this novel becomes very problematic. The consequence might ultimately be that a reader, who does not know much about schizophrenia and the possibility of living a good life, believes this is the outcome for most people with schizophrenia and the best one for their families too.

On the other hand, a reader might feel differently towards Dominic than what he or she felt in the beginning of the novel. He or she might be more aware of the impact the focalization has on the story and see Dominic in a different light. He has showed how egocentric he is and how little Thomas' well-being actually means to him, as long as he has managed to get him out of Hatch and he longer has to feel guilty.

Conclusion

I Know This Much Is True can at times seem to try to cover too much. It is like a textbook description of "how to write about schizophrenia". It has the unstable mother, the absent

father, the violent step-father, the twin, the “feminine” schizophrenic, the sacrifice of a hand, the hints of incest, the horrible maximum security mental hospital, the fright of developing schizophrenia, the impact on the family, the religious fanatic, the suicide, the other point of view, the stigma and it goes on and on for 900 pages.

This novel gives, in spite of its overall pessimistic view a sense of realism it covers a huge amount of historical aspects of schizophrenia and it also, in a way, presents where research about schizophrenia is today. The novel paints a realistic picture of how little we actually know, how difficult treatment can be, how devastatingly schizophrenia can be for the family and what ultimately might be the absolute worst ending; suicide.

Where the novel is problematic however, is when it comes to reinforcing the false assumptions of the connection between mental illness and femininity as well as schizophrenia being an illness that is impossible to live with. Lamb leaves little hope for recovery or well-functioning treatment and he portrays Thomas’ suicide as a relief for the remaining family. The novel does not contribute to a more positive view of schizophrenia, it rather shows all the negative aspects in one story; an amputation of a hand in a public library and suicide being the “cherry on top”.

The novel portrays an important representation of schizophrenia and it tells without filter how schizophrenia can weigh whole families down. The portrayal of Dominic shows how some have to sacrifice a lot to be there for their suffering family members and how this might impact their lives and personalities. It also shows how it might be necessary for family members to get help themselves to be a support and get on with their lives. The schizophrenia in *I Know This Much Is True* also has the function of showing the unfairness of mental illness and its ripple effects.

To conclude *I Know This Much Is True* gives a very negative representation of schizophrenia. All the worst-case scenarios for someone suffering from schizophrenia are put into one novel. There should, maybe, at one point have been left a little room for hope; shown how there is space for mentally ill people in the society today and that it is possible to live with the illness and have a meaningful life. This novel might broaden people’s conception of schizophrenia and make people understand some difficulties the family members might face, but it leaves a very dark picture of the illness, with no hopes of recovery and where suicide is the most likely outcome. This might be an unfortunate result of reading a novel and also

prove to be damaging in terms of wanting to lessen misconceptions and stigma around people suffering from schizophrenia.

3 The Whole World Is Schizophrenic In David Fincher and Chuck Palahniuk's *Fight Club*

In the final chapter of this thesis I will be looking at *Fight Club*. The book was released in 1996 and the movie in 1999. Both are already considered modern classics, with cult status. Read Mercer Schuchardt captures the impact both the movie and novel has had on its audience in his collection of articles called *You Do Not Talk About Fight Club: I am Jack's Completely Unauthorized Essay Collection*. He writes, "In truth, whether considering his novels, his movies, or Chuck Palahniuk himself, the effects of cult-like devotion is discernible, and that effect begins with *Fight Club*." (Schuchardt 2) He also writes about how far *Fight Club's* impact stretches: "*Fight Club* didn't just inspire a movie, it inspired a video game and a myriad of imitations in manifest cultural forms." (2)

I have chosen to focus mostly on David Fincher's film adaptation from 1999 and less on the novel. The reason for this choice of emphasis is that I have the impression that the movie has been seen by an even larger audience than Chuck Palahniuk's debut novel has readers, and is therefore more relevant to my overall problem statement.

As the other texts I have looked at in this thesis, *Fight Club* is an example of popular culture. *Fight Club* has been both criticized and acclaimed by critics, but in hindsight most critics agree that it is an important contribution to American cinema. The film critic Jason Horsley writes, "*Fight Club* is the last word in a cinema of schizophrenia; it depicts the process whereby the schizo inflicts his madness onto the world at large, in which the lines between objective reality and (the schizo's) subjective perception of it have become so blurred that any distinction is no longer possible." (Horsley 227) Bennett Kravitz writes about how *Fight Club's* representation of schizophrenia is "closer to verisimilitude than real life" but that it still provides "an imaginative and reasonable reaction to late capitalism." (Kravitz 21) In other words, these critics agree that the movie's representation of schizophrenia makes it difficult to separate psychosis, or positive symptoms, from reality. The viewer (or reader) does not know where reality ends and the hallucination starts. Kravitz also points out how

schizophrenia is portrayed as an understandable expression of the postmodernist frustration of the loss of identity in a materialistic and consumerist society.

In contrast to the other texts that have been discussed in this thesis, *Fight Club* portrays another view on schizophrenia. *A Beautiful Mind* and *I Know This Much Is True* portray representations of schizophrenia that are easily recognizable and where the texts themselves claim that they are portraying schizophrenia. The representation of schizophrenia in *Fight Club*, on the other hand, is linked to the reader's own interpretation of the text. Many seem to think the narrator is suffering from schizophrenia because he must be hallucinating when he meets with Taylor, when Taylor is in fact himself. Others might argue that the schizophrenia in *Fight Club* is present, as mentioned, symbolically of the reaction to the postmodern society and other might argue that there is no portrayal of schizophrenia in *Fight Club* at all.

I will assume, in my further discussions that the text is in fact a portrayal of the illness in both a literal and a more metaphorical sense. I will use the arguments Horsley make (and connect what Kravitz point out) to the theories of Deleuze and Guattari and Catherine Prendergast (also discussed in the first chapter) about the notion of schizophrenia as the post-modern identity. I will use this chapter to discuss the function of schizophrenia in *Fight Club*, the movie as well as the novel, and try to find out if the artistic and metaphorical way schizophrenia is portrayed may justify the misconceptions and stigma the representation may create.

The Postmodern Identity

In chapter one I mentioned how schizophrenia is seen by many as being the embodiment of the postmodern reality. The fragmented self represents the postmodern feeling of fragmentation and disconnect with reality. Catherine Prendergast argues that seeing schizophrenia as the postmodern mind is problematic. She discusses the arguments that Deleuze and Guattari make in their book *Anti-Oedipus* and claims that they “ground their analysis of the late capitalist order in a stereotypical portrayal of the schizophrenic” (Prendergast 237). She thus argues that they have found their figure of anti-Oedipus in the schizophrenic. In other words, one might understand their research as an attempt to mold or limit, the “schizophrenic identity” into strengthening their own theory of anti-Oedipus.

Deleuze and Guattari write in their book *Anti-Oedipus* that as Freud, they divide society into two: one group of those not tolerating the oedipalization, the psychotics, and those who do and are satisfied with it, the neurotics (Deleuze and Guattari 124). However, they argue, unlike Freud, that the reason for psychosis and neurosis are linked to a broader capitalistic society, and not just to suppressed sexual desire. They write, “But isn’t it true instead that, in psychosis, the familial complex appears precisely as a stimulus whose quality is a matter of indifference, a simple inductor not playing the role of organizer, where the intensive investments of reality bear on something totally different (the social, historical, and cultural fields)? Oedipus simultaneously invades consciousness and dissolves into itself, testifying to its incapacity to be an “organizer” (Deleuze and Guattari 123).

Prendergast’s arguments, and by extension Deleuze and Guattari’s too, are highly relevant when discussing *Fight Club*. *Fight Club* portrays the postmodern world and the hopelessness it can bring upon people and it plays largely on the arguments of Deleuze and Guattari. Prendergast calls this way of seeing schizophrenia a cliché (238), however, it still seems to be the way many interpret the representation of schizophrenia in *Fight Club*.

A viewer or reader of the movie and the novel could divide the characters of *Fight Club* into the psychotics and the neurotics too. The psychotics would be all the men that join Fight Club and eventually Project Mayhem. These would represent all the men that cannot handle the way they have ended up living. The neurotics would be all the rest of the world, among them all the women, who just keep on living their lives as they have so far: accepting society’s limitations. The psychotics try to break free from lives where they have been suppressed but socially accepted. These lives were meaningless and without purpose.

Many critics have followed the same trail of thoughts that Deleuze and Guattari have, one of them is Jason Horsley. In his book *The Secret Life of Movies: Schizophrenic and Shamanic Journeys in American Cinema*, he argues that “‘society’ - as what comes between us and our deeper reality- is itself a form of schizophrenia.” (Horsley 6) He goes on to say that “humans are becoming progressively more and more schizoid due to the imposition we know as society.”(6) In other words, Horsley is saying that society itself is schizophrenic and that it is turning us into schizophrenics as well. According to Horsley since we all live in the same society no one can escape; schizophrenia is a “collective condition” that everyone is suffering from, in various degrees. In contrast to Deleuze and Guattari, he is not separating the people

who suffer from schizophrenia from the people that are not, but saying that the whole world is “schizophrenic”.

Horsley’s argument is grounded in the belief that our “collective schizophrenia” is being denied “by the very social forms that have caused it in the first place” and that it can only “surface, indirectly, through cultural artifacts such as movies.” (6) To put it another way; society, which has made us sick, is also trying to keep us from showing our sickness. It is only through art that our sickness is allowed to show. His whole book is dedicated to showing us these “Schizophrenic and Shamanic Journeys” in American Cinema, or in other words: pointing out where our “collective sickness” is showing.

Calling schizophrenia a “collective sickness” is problematic in several ways. By saying we are all suffering from schizophrenia he is simultaneously saying no one is suffering from it. That it is the norm. Where Horsley’s ideas about schizophrenia might become even more problematic is when he states that he does “not subscribe to the idea of schizophrenia as a disease.”(6) He writes:

In matters of psychoanalysis I am layman; I do not subscribe to the idea of schizophrenia as disease. It seems to me that the problem of schizophrenia, if such it is, must come far deeper than physical or mental causes into a sickness of the soul. I highly doubt that schizophrenia, as has been suggested, is evidence that ‘the brain is badly in need of repair’ nor can I imagine any way to mend such a hypothetical split, crack, or leakage. The assumption of diagnosing schizophrenia is that there are schizophrenics and that there are the rest of us. We assume that schizophrenia is a deviation from a desirable state of health and normality to which the schizophrenic must be returned, and so ‘repaired.’ (6-7)

In other words Horsley brings a new dimension into the discussion: a spiritual one. To believe in his theory you need to be able to believe in a spiritual soul. He sees schizophrenia as a spiritual revelation. This might be hard for many to agree with in our materialistic society.

The fact that people suffering from schizophrenia have positive and negative symptoms and most need medical care to get rid of them, at least the positive symptoms, is the counter-argument to Horsley’s idea of “collective schizophrenia”. If we are all suffering from schizophrenia, what are then the people with unbearable psychoses?

Even though Horsley's argument is romanticizing and simplifying a potentially devastating mental illness, his argument takes away the boundary between "us" and "them". If there is no "normal" then there would be no deviation from the normal. Or to see it in another way; if schizophrenia was the normal, what would then be abnormal? Horsley claims, as stated above that:

The assumption in diagnosing schizophrenia is that there are the schizophrenics, and then there are the rest of us. We assume that schizophrenia is a deviation from the desirable state of health and normality to which the schizophrenic must be returned, and then 'repaired'. (6-7)

He goes on to argue that this "normality" is a construction of our society and an idea that all minds have to belong to the same reality might be the issue.

The idea that the "normal" is not the most desirable is a very including and non-stigmatizing way to think, and we could wonder, at least on an ideological level, if there are different realities and that these should be accepted (see the notion of "normal" discussed at length in chapter 1).

However, by making schizophrenia a collective state of mind, Horsley rejects the fact that some people are truly suffering from this mental illness and want to be "cured" and "repaired". Not so much because they want to fit the norm, but simply because that "state of mind" is unbearable to them. It should not be forgotten that for many of the people suffering from schizophrenia it is not about being perceived as "normal" or fitting into society's expectations, but rather finding a way to live a life without psychosis.

There are both positive and negative sides to seeing schizophrenia as being "normal", or the "collective state of mind". On the one hand, seeing a severe mental illness as something normal and not something terribly different and strange could reduce stigma and thus make it easier for the people suffering from any mental illness. On the other hand, seeing a mental illness as something normal, or even as a healthy reaction to society today, should not be desirable either. Schizophrenia, with its horrible positive and negative symptoms should be taken seriously and it should not be seen as desirable.

Another argument is that seeing schizophrenia as a reaction at all, is inaccurate. Schizophrenia is not defined as a "schizophrenic reaction" anymore. As explained in detail in

previous chapters, we now know that schizophrenia comes mostly from genes. In other words, in a strictly medical (and conservative) way, schizophrenia cannot be explained entirely by blaming society.

Being mentally ill is still a more stigmatized form of illness than being physically ill. For many, seeking help for mental problems may seem more difficult than seeking help for a physical illness. One cannot point to a broken bone or a sore throat and the mental illness can be harder to diagnose. The patient might also be afraid of not being taken seriously. A mental illness cannot be bandaged or operated on and it can be hard to find out what kind of treatment the person needs. As mentioned in the previous chapters, each medical treatment of people suffering from schizophrenia has to be individually developed.

There are parts in both the film and the novel that show how mental illness is still seen as secondary to physical illnesses or disability by some. The novel and the movie, present this in different ways. In the beginning of the second chapter of the novel the novel's protagonist asks his doctor for help to get some sleep after three weeks of insomnia. The protagonist is simply told that his insomnia is "just the symptom of something larger. Find out what's actually wrong. Listen to your body." (Palahniuk 19) When reading this, the reader sympathizes with the narrator and finds the doctor's rejection insensitive.

This could be read as a testimony of how people with physical issues or disabilities are generally more accepted and understood, than people with mental health problems. How can he listen to his body, when it is his mind that is sick? The doctor goes on by telling him that if he wanted to see "real pain, I should swing by First Eucharist on Tuesday night. See the brain parasites. See the degenerative bone diseases. The organic brain dysfunctions. See the cancer patients getting by." (Palahniuk 19) The doctor compares the narrator's insomnia with illnesses he finds much worse than the narrator's. This makes the novel's narrator think that his problem is insignificant and that he should stop complaining.

The novel's narrator follows his doctor's advice and goes to these support-groups under false names, pretending to suffer from the same things the other participants are suffering from. Only by pretending to have a physical disease does the narrator finally find the comfort that he needs and can let all his hopelessness pour out in tears in the arms of an over-weight man who has had his testicles removed. In the novel this episode shows how the narrator has tried to get help and not gotten any acceptance for his mental problems.

Having a physical disability is by no means easy and people with physical disability is also stigmatized and marked as different from the norm. However, it seems like the discourse of anti-stigma has come further with physical disability than that of mental illness. When mental illnesses, such as schizophrenia, is seen as the desirable normal by some it can be tempting to embrace this way of seeing it. Nevertheless, one has to keep in mind, as mentioned earlier, that this is a very difficult illness to live with and that most people suffering from schizophrenia desire a life without it.

The same episode is presented in a very different way in the movie. The narrator going to the doctor is presented as if he in fact, is complaining without reason, in hopes of getting drugs to sleep. The doctor's reaction seems understandable to the viewer, because the narrator is portrayed in a less sympathetic way. The words they say in both versions are the same but the two pictures painted are potentially very different. Why Fincher has chosen to interpret the scene in this way might be that seeing the narrator in this manner is more productive in terms of presenting his schizophrenia as something metaphorical and a political statement rather than an actual mental illness.

Both texts present the "normal" life as something undesirable and something that will ultimately make you unhappy. In the Movie "normal" is not easy to understand, we never actually see the people that live "normal" lives, except as the people that are victims to the things the members of Project Mayhem do.

If we were to define what a "normal" life is in *Fight Club* the narrator's life in the beginning of both texts seems to be what we have to study. He lives in an apartment, his home is furnished with IKEA-furniture and he is "a slave to the IKEA-nesting instinct" (00:02). To shop at IKEA is so inexpensive that you continue buying, instead of repairing. This reinforces the critique the text is presenting of the materialistic, consumerist society.

He is hopelessly unhappy, suffers from insomnia and he hates his work. His job is to investigate horrible car accidents for a major car-manufacturer, and to calculate if the cost of insurance makes it financially worth doing any changes to the car to avoid other accidents. His job is a testimony to how cynical society has become and what the members of Fight Club and Project Mayhem are revolting against.

In terms of being successful in his job; earning enough, being "smart" and having a well-furnished home; the narrator says himself after having met Taylor, he was "close to being complete" (00:29). However, his insomnia is proof of how unhappy and unfulfilled he

actually is. As Horsley claims, society has made the narrator sick. The narrator becomes a symbol of what the “corporate” society can do to a person and, as it turns out, the consequence can be schizophrenia.

In a speech to the members of *Fight Club* Taylor puts the feeling of meaninglessness into words: “We are the middle children of history. We have no purpose or place. We have no great war. No Great depression. Our war is a spiritual war. Our great depression is our lives.” (01:11) This spiritual war he is speaking of fits right with Horsley’s idea of schizophrenia being a “collective sickness” and a “sickness of the soul”. The feeling of our lives being meaningless has driven them all into schizophrenia.

Horsley argues that it is in art that our “sickness” surfaces. In other words: *Fight Club* is just an expression of our sickness, an expression of our schizophrenia. He writes: “*Fight Club*, the movie—a great movie in its way, and expressly mad for an apocalyptic generation—can only really be appreciated as an externalization of an internal process, a process hitherto perceived as a ‘disease’: that of schizophrenia.” (233) He calls *Fight Club* a prof of our sickness, “an externalization” of our “internal process”, or an externalization of Palahniuk and Fincher’s internal process. Since texts are allowed to express frustration in other ways than people, *Fight Club* has fewer restrictions and their authors are allowed to portray their frustrations freely.

“The Schizophrenic Experience”

The function of schizophrenia in the movie and the novel seems to be both to illustrate the craziness of the capitalist normality and its consequences, as well as trying to make the audience “experience schizophrenia”, that is to say the confusion and desperation it can create. This fits well with Horsley’s idea of movies being a way of expressing an internal process.

As mentioned earlier in the thesis, some who have experienced the trauma of a psychotic episode describes it as a “waking nightmare”. It is seemingly as if your reality has become a place where anything can happen, and you cannot separate the real from the unreal. In a written text, the reader can be brought directly into the thoughts of the person suffering from schizophrenia. He or she can read what the person is thinking and feeling and it can seem very real and close to the reader because all “pictures” must be created in the mind.

The “schizophrenic experience” is more difficult to portray in a visual media. To translate the “schizophrenic experience” into a visual media, the movie makers cannot rely on letting the narrator create the world around him through his descriptions and thoughts. Even with the narrator’s continuous comments on what happens, the viewer still has the visual, concrete, seemingly reliable and neutral photographic picture of what happens to the narrator. In the novel the narrator’s view is the only view and everything is tainted by the potentially unreliable focalizer, as it is through his thoughts we see the rest of the world. The author can, to a certain extent manipulate the thoughts and pictures the reader creates in his or her mind.

In the movie, the movie-makers, as an author, have to make a choice if they want the camera to be the narrator’s view of the world, or if it should be objective. Fincher, the director of *Fight Club*, seem to have chosen both. The camera appears to present an objective world, where the narrator’s voice is trying to direct the focalization of the movie and the viewer agree to these premises. However, the audience is brought into the delusional mind of the narrator without knowing. As a person suffering from psychosis, the audience believes that everything they see is an objective presentation of the cinematic world. This is a clever mind-trick that in a visual way makes the audience experience the confusion of the narrator. It is only when the narrator understands that what he has been seeing and experiencing is something other than what he thought, that the viewer does the same.

Without comparing the cinematic experience with the actual experience of someone suffering from psychosis, the film-makers have succeeded in creating a movie that tricks the viewer into questioning everything and thus also expressing this “internal frustration”. The audience sees Taylor Durden as a real character interacting with the narrator and other characters, and most people would rely on the objectivity of the camera. When the viewer discovers that what he or she has been seeing is in fact not real, the whole narrative world of the movie has to be viewed in a different way, and everything the viewer thought to be real is potentially just in the narrator’s head.

This way of presenting schizophrenia and psychosis could be criticized for being an unrealistic or inaccurate way of portraying it. Even to say that what the narrator is suffering from is schizophrenia, can be questioned. Some film-critics choose to call it multiple personality disorder, or split personality. However, the narrator interacting with his second personality might suggest that this too is an unsatisfying diagnosis. Confusing schizophrenia with multiple personality disorder is one of the most common misconceptions about

schizophrenia. This misconception is rooted in the history of schizophrenia and the misconceptions or misdiagnosing which was common for many decades (Tsuang, Faraone and Glatt 3-4). Wahl writes that schizophrenia is one of the most “misused and misunderstood psychiatric terms” and how the confusion of what schizophrenia might be is reinforced by using the psychiatric term incorrectly (Wahl, *Media Madness* 14). By confusing the two diagnoses *Fight Club* might be criticized for reinforcing this misconception.

If the reader or viewer manages to overlook the inaccuracy of the portrayal of schizophrenia he or she might see the metaphorical aspect of the way schizophrenia is represented in the novel and movie. It is undeniable that the way the “schizophrenic experience” is portrayed is productive in terms of tricking the viewer into not knowing what is real and what is not and he or she might in some way get some insight in the hopeless feeling in having to question everything you know. On the other hand the portrayal can be problematic, because it uses schizophrenia as metaphor.

Metaphors is eventually what turns into clichés and by framing the life of the narrator as something gray and meaningless and making him into a symbol of the hopelessly lost postmodern mind the texts are dangerously close to a cliché of the postmodern man. The unnamed narrator’s fragmented mind becomes a metaphor for the crazy capitalist, post-modern world we are living in. The narrator’s strive to feel alive, and how he only feels alive within the hours of *Fight Club* is supposed to be a reflection of life in general. The lost man in search of meaning and excitement in his life and not wanting the “normal” is a figure we have seen many times before (in anything from Sam Mendes movie *American Beauty* (1999) to Peter Shaffer’s play *Equus* (1973) and even the classic *Don Quijote* (1605) written by Miguel de Cervantes Saavedra).

We can all agree that the narrator in both texts is unreliable. Since what we are seeing and reading is what the unnamed narrator is experiencing, there is no way of knowing what is actually “real”. Emily Anderson writes about *Fight Club*’s unreliable narrator and discourse in her essay “Telling Stories: Unreliable Discourse, *Fight Club* and the Cinematic Narrator”. She writes of how the story, as the narrator, is fragmented. A first time viewer will see the film as a complete story without seeing any contradictions that might make the viewer suspect an unreliable narrator. The same goes for a first-time reader of the novel. But the moment the viewer is made aware of Tylor and the narrator being the same person, the story is another story, equally convincing and equally lacking contradictions. (Anderson 90)

Anderson also points to different hints the movie gives us about Tylor and the narrator, these hints are taken metaphorically in the first viewing and literally in the second. An example of this is when Jack says “Taylor’s words coming out of my mind” and “I know this because Tylor knows this” (Anderson 91). In the first encounter with the texts, the viewer or reader does not take these statements literally, but when he or she becomes aware of Taylor being the narrator, he or she can see the texts again, this time in another way, noticing all the hints we are given throughout the story.

The viewer, as someone suffering from schizophrenia, can experience these texts both as someone suffering from schizophrenia, not knowing what is real, and as someone who knows what is real. This will give two different experiences of the same text. As Anderson points out the second time you see the movie, you know that even though you see Tylor, you know it is the narrator himself. The film manages to show one picture and communicate another and the viewer agrees to these terms because of the narrator, and the movie’s schizophrenia (81). This complex way of giving two stories of the same reality, or picture, is Palahniuk and Fincher’s way of giving the viewer or reader “the schizophrenic experience”.

The “schizophrenic experience” is also explored by Kenneth Payne in his essay “The Killers Inside Them: The Schizophrenic Protagonist in Joh Franklin Bardain’s *Devil Take the Blue-Tail Fly* and Jim Thomason’s *The Killer Inside Me*”. He concludes his essay by saying that the novels “disqualify the normal” and “installs the deviant psychology of schizophrenia as the central intelligence and invites us to view the social world through its decentering prism.” (Payne 261)

As the protagonists in Payne’s essay, the unnamed narrator in *Fight Club* too invites its viewer or reader to see the world through the “schizophrenic’s decentering prism”, fragmented view, and the “central intelligence” is schizophrenia. The viewer or reader of the texts knows only what the narrator’s schizophrenic mind present to them. Payne goes on to write that “Each novelist unsettles the madness/sanity and fact/fantasy divides, and dispels the mystique and misconception surrounding the schizophrenic state by narrating from inside it, leaving it looking uncomfortably blended with the greyness of ‘normal’” (261). This is exactly what is done in both the novel and the movie. Where reality ends and the schizophrenic mind starts is unclear until Tylor is unveiled as another side of the narrator.

Fincher and Palahniuk manage to blur the line between what is mad, what is sane, and what is fact and what is fantasy. By doing this they are challenging the notion of us and them

and closing the gap between the two. Fincher and Palahniuk have managed to create moments of confusion. When the narrator is starting to realize what is actually going on is the most confusing scenes. He starts to hunt Tylor, and finds out who he really is, “You stopped in last week, Mr. Durden,” he says. ‘Don’t you remember?’ Tylor was there. ‘You were here, sir.’ I’ve never been in here before tonight.” (Palahniuk 158) Another example is the only time that the narrator and Tylor actually mention schizophrenia. “Oh, this is bullshit. This is a dream. Tylor is a projection. He’s a dissociative personality disorder. A psychogenic fugue state. Tylor Durden is my hallucination. ‘Fuck that shit,’ Tylor says. ‘Maybe you’re *my* schizophrenic hallucination.’ I was here first. Tylor says, ‘yeah, yeah, yeah, well let’s just see who’s here last.’” (Palahniuk 168)

Moments like these are where the viewer or reader has to re-think everything he or she has seen and question everything that has happened in the movie. These are the moments of confusion where the viewer or reader might get the glints of how frustrating it must be to not be able to trust your own senses: to see, hear or feel something, and still having to question its realness.

Metaphors and Rhetorical Ownership

Fight Club is praised for being a criticism of the postmodern society. However, to some the very fact that Fincher and Palahniuk uses schizophrenia as a metaphor can be very problematic. By using mental illness as a symbol of something else, it can take away the focus of the actual hardships of people suffering from schizophrenia.

In the preface to her book *Illness as Metaphor* Susan Sontag writes “My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and not the healthiest way of being ill—is one most purified of, most resistant to, metaphorical thinking.” (Sontag 3) To put it another way: metaphorical use of illness can make a difficult situation worse by making illness into something it is not. As I mentioned in chapter 1, the metaphorical use of schizophrenia might make the definition of schizophrenia hard to develop according to new findings. Limitations created by a static definition will exclude new findings in science and this will exclude too many individual deviations. The different versions of the DSM are proof of the big changes to the diagnosis and how little we still know. This is why a so-called schizophrenic identity is problematic. The narrator’s schizophrenia, that is supposed

to be a result of a reaction to the capitalist world we are living, is a metaphorical label that is romanticized and not what the actual experience of the illness might feel like.

Some, like Wahl and Sontag, might have argued that metaphorical use of an illness should be avoided at all costs. Sontag writes the following about the metaphors attached to AIDS:

For the time being, much in the way of individual experience and social policy depends on the struggle for rhetorical ownership of the illness: how it is possessed, assimilated in argument and in cliché. The age-old, seemingly inexorable process whereby disease acquire meanings (by coming to stand for the deepest fears) and inflict stigma is always worth challenging, and it does seem to have more limited credibility in the modern world, among people willing to be modern – the process is under surveillance now. (179)

Sontag's idea of striving to have rhetorical ownership is something that can be applied to most illnesses, both physical and mental. Schizophrenia is no exception to her argument. The people suffering from schizophrenia or other illnesses should be the ones to have rhetorical ownership over the diagnosis, meaning that they should be the ones to determine what it means and in what contexts it should be used. An illness and a diagnosis have enough meaning associated to them, without metaphors adding more, often misleading and potentially stigmatizing ideas to it.

Wahl writes about how the misconception of split personality being schizophrenia is often used in media (15). "the use of the term "schizophrenia" (or "schizophrenic") by writers and reporters as a shorthand to describe a state of affairs in which there are dramatic contrasts has become widespread." (15). Also in every-day language is this misconception of schizophrenia often used about issues that have many sides to it. Wahl mentions several examples of how the term "schizophrenic" is being misused. His examples range from "Schizophrenic Environmental Policy" to indicate inconsistent political actions, to "Cereal schizophrenia strikes at grocery store" or "Reformers now seek an antidote for the Navy's schizophrenia". The misconception of schizophrenia being multiple personality disorder, he writes, is being upheld by the misuse of the term. Rhetorical ownership, as Sontag puts it, would help to remove this common misconception.

An argument in disfavor of *Fight Club* is then, that we should not encourage further creation or upholding of metaphors. It is still unclear to most people what schizophrenia actually feels like, that a clarification of what the illness entails should be the main goal for everyone. It is also the popular media and entertainments' responsibility to not create further misconceptions and by extension stigma, through metaphor and misrepresentation.

As I claim in the introduction, one could in fact, argue that the whole idea of *Fight Club* being a representation of schizophrenia is a long shot. However, because so many think *Fight Club* is portraying schizophrenia it becomes an important representation to discuss. In some ways *Fight Club* shows just how far misconceptions about schizophrenia stretch. Critics' view of this movie is proof of how some actually think that the whole world is "schizophrenic" and how the label is applied and used about situations that do not necessarily have anything to do with the actual mental illness.

Fight Club is packed with symbolism. When the members of Fight Club expand and the narrator starts to see them everywhere could be seen as another form of metaphor. The members of the secret group of people who are supposedly following the rules of not talking about Fight Club are suddenly everywhere. They are marked and recognizable by what they do at night: black eyes and broken noses.

All the members of Fight Club know what the others have experienced and they have the secrecy of fight club in common, without being able to talk to each other about it. They are marked, but not by a disability, but by a shared experience and reaction to society. These men become the symbol of the post-modern man and his (schizophrenic?) reaction to what society has become is visible. These men find common ground and recognition for their state of mind by marking their deviance from the norm. Through fighting they find a new way of feeling alive and of finding the people that struggle the same way as them.

One of the main differences between mental and physical disability is often that physical, in contrast to mental, can be seen by the surroundings. Despite some people's belief that you can see when someone has a mental illness; this is, most often, not the case. A mentally ill person can pass for being "normal". The fact that one cannot notice if a person is mentally ill makes the boundary between the normal and the different, "us" and "them", harder to uphold (Cross 199).

Simon Cross writes in his article "Visualizing Madness: Mental Illness and Public Representations" about the need to separate the mentally ill from the "norm" as a way of

distancing mental illness from “us”. He writes of how this imaginary boundary is created as a “reassuring message that the devastation of mental illness is not likely to happen to ourselves or the people around us” (Cross 199). His argument suggests that one of the reasons for stigma and need to see mentally ill people as “others” is grounded in the fright for becoming mentally ill ourselves.

The feeling of being different, or other, is part of the way the narrator in *Fight Club* is feeling. His need to feel alive and find meaning to his life is what he seems to struggle with. *Fight Club* turns the notion of who is “normal” and not around and thus the notion of “us” and them too. The normal becomes the deviant schizophrenic mind and they become the reader, and the abnormal, the neurotics, the once who continue their lives as “IKEA-lovers” are the strange ones. Viewers might even feel sorry for the remaining victims of the consumerist society and their contentment with their lives.

For most readers and viewers the character we would normally see as “us” become what we would normally call “them” and the other way around. In other words, the representation of schizophrenia in *Fight Club* does not only challenge modern, consumerist society and its meaninglessness, but also the notion of the “norm” being the most desirable for everyone.

Violence

Violence is a big part of the plot in *Fight Club* and for many this could be seen as problematic. Connecting mental illness and violence is dangerous in terms of stigma towards people suffering from different kinds of mental illness. This is yet another topic Wahl writes about: “The role of violent, dangerous villain is the most commonly assign to mentally ill characters in mass media.” (Wahl, *Media Madness: Public Images of Mental Illness* 65) He writes of how destructive this can be for people already troubled by a mental illness. Wahl goes on to criticize both movies and other media portrayals of strengthening the connection made between mental illness and violence. He calls the picture that is painted “grossly inaccurate representation of people with mental illnesses.”(86)

In the eyes of critics like Wahl *Fight Club* might be seen as reinforcing the link between schizophrenia and violence. If we see the narrator as the only one suffering from schizophrenia, he is unpredictable and dangerous when he is Taylor. He also encourages violence in the fight clubs; the whole movie glorifies the notion of feeling alive when you

fight. If a viewer chooses to see the link between schizophrenia and violence as an important and striking one in this movie, it can indeed lead to further stigma. However, most viewers and readers of these texts would agree that this is not the most prominent link made. The link made between violence and masculinity is much more obvious, and something we will come back to a little later.

Harper has an important counter argument to Wahl; he argues in his book and article, that there are different types of violence. “Violence can have many causes (sociopolitical as well as psychiatric) and not all of them imply moral corruption.” (Harper, “Media, Madness and Misrepresentation: Critical Reflections on Anti-Stigma Discourse” 473). Wahl argues that there should not be made any connection between mental illness and violence, while Harper claims that all connection to violence is not bad.

In other words, critics that share the same perspective on anti-stigma as Otto Wahl, might argue that the link between violence and mental illness should be avoided at all costs not to reinforce stigma about mental illness or in this case, schizophrenia and violence. While critics that agree with Harper would want to explore the function of the violence in that particular media form and not necessarily simply rule it out in fear of linking the violence to mental illness.

The violence that is performed in *Fight Club* is not “inherently evil”, as Harper puts it, but rather a form of politically motivated violence that could be seen as potentially liberating (Harper, “Media, Madness and Misrepresentation: Critical Reflections on Anti-Stigma Discourse” 473) In fact, that the narrator suffers from schizophrenia is not the main focus when it comes to the violence in the movie, and the fights are also performed by, presumably, mentally stable men. As stated earlier, the link between schizophrenia and violence is not the most important part of these texts, even though violence is a big part of the texts, the purpose of the violence is not, I would argue, linked to schizophrenia. Therefore, seeing *Fight Club*'s representation of schizophrenia as a reinforcement of the connection of schizophrenia and violence seems too simple.

Horsley, however, claims otherwise:

...both violence and schizophrenia are results of – or at the very least inextricably bound up with- repression. Both can be seen as a consequence of a social environment that is severely restrictive and that denies a free, healthy, expression of emotions and, above all, sexuality. Violence is the

externalization of this frustration and schizophrenia its internalization, but both can be seen as symptoms of a common 'disease' - the society. (8)

In other words, he is making a direct connection between schizophrenia and violence, claiming that both violence and schizophrenia is the result of a restrictive society, thus a healthy reaction to the same sick environment.

His argument, unlike that of Deleuze and Guattari, is based on the Freudian idea that most issues can be traced back to suppression of sexuality. It is unclear what Horsley can back his argument with and his idea seems outdated. However, he obviously connects schizophrenia (as he defines it) to violence and sees it as an expression of suppression. He explains his argument by applying it to *Fight Club*: "The narrator splits himself off so as to have some company in the void. *Fight Club* is a kind of postmodern, schizophrenic creation myth—except it's about destruction. The narrator is the lonely god who, in the frustration and impotence, creates a devil to act out his fantasies." (Horsley 228-229)

Taylor becomes this devil and he is everything that the narrator is not, but wants to. He is impulsive, muscular, argumentative, well-spoken and he lives a life unattached to materialism. He is free. And finally, he also gets the girl. Taylor is the narrator's fantasy and what drives him to live his life differently and to express his frustrations through fighting.

If readers, like Horsley, sees the violence in *Fight Club* as being a reaction to the suppression that has resulted in schizophrenia, the violence in *Fight Club* becomes very problematic. This way of interpreting the violence would mean that *Fight Club* is reinforcing the assumption of there being a link between schizophrenia and violence. The belief that violence is necessary for people suffering from schizophrenia is potentially very destructive for the people with the diagnosis.

One of the functions of schizophrenia in *Fight Club* is to reinforce the sense of the protagonist and the other men in the texts' strive to break with society's notion of what is good and normal. Both Palahniuk's novel and Fincher's movie were praised for their portrayal of the strive to reclaim the modern man's place in society as well as his lost masculinity. Schizophrenia is used as a tool to reinforce the sense of being lost in the postmodern- world. The fragmentation of the schizophrenic mind is used as a metaphor to how displaced these men feel.

The Masculine Reaction?

If we agree with Deleuze and Guattari and Horsley that schizophrenia is the embodiment of the postmodern condition and that *Fight Club* is a portrayal of this, all the men that join Fight Club are schizophrenic. Like the narrator, these men are all struggling to find meaning in the hopelessness of consumerist society. Only when these men are in Fight Club do they feel alive. As the narrator puts it, “You weren’t alive anywhere like you were there” (Fincher 00:44). Fight Club is the only place where they feel in touch with themselves again. The traditional idea of masculinity is, as stated in chapter two, to be “aggressive, though, independent, unemotional, stable, and unconcerned about their appearance” (Boysen, Ebersole and Casner 549). The “schizophrenic” in *Fight Club*, in opposition to the “schizophrenic” in *I Know This Much Is True*, is a glorified embodiment of all these traits: Taylor Durden. In *I Know This Much Is True*, femininity is a weakness that may activate schizophrenia. While in *Fight Club* femininity is the cause of the ruined society and masculinity is the liberation from this. Femininity though, in both cases is destructive.

The whole notion of masculinity in *Fight Club* is problematic. It is implied that women are the cause of men’s emasculation and ruin, and it is because of women that these men so desperately need to fight and revolt against society. Society is “feminine” and the movement that the narrator and Tylor start is revolting against the society and the feminization of men.

Taylor’s “masculinity”, which is what the other members of *Fight Club* are striving for, is presented as if it stands in contrast to the “femininity” of the postmodern society: a society where people, like the narrator are suffering from the “IKEA-nesting instinct”. Nesting instinct is referring to the ultimate motherhood, thus being feminine, and here restrictive and negative. “And I wasn’t the only slave to my nesting instinct. The people I know who used to sit in the bathroom with pornography, now they sit in the bathroom with their IKEA furniture catalogue.” (Palahniuk 43) This also implies that the male that used to masturbate to porn now is emasculated. This might again, be seen as a symbolic castration of men.

It seems like *Fight Club* finds a new way of blaming women for schizophrenia, this time exclusively imposed on men, and this may just be another form of the “schizophrenogenic mother” (as discussed in detail in chapter two). Women are supposedly

creating this materialistic, fragmented and meaningless society and to free themselves men have to reclaim their masculinity through the liberating schizophrenia.

The movie builds its story on the assumption that women desire what the men revolt against. Women actually like the capitalistic, consumerist and materialistic society, and they have also created this society: “what you see in fight club is a generation of men raised by women” (Palahniuk 50). An example of this is when the narrator mentions his childhood, brought up by his single mother: “Me, I knew my dad for about six years, but I don’t remember anything. My dad, he starts a new family in a new town about every six years. This isn’t so much like a family as it’s like he sets up a franchise.” (50) This little insight is a reference to the lack of masculine influence in the narrator’s life too. Still the father is not to blame. “A generation raised by women” once again blames the mothers for schizophrenia. The “schizophrenogenic mothers” create a postmodern society focused on materialism and thus forcing the men into schizophrenia, which is their only way to reclaim their masculinity and finding true meaning in their lives.

The women’s role in *Fight Club* is also that of a seductress or the *Femme Fatale*, yet another negative portrayal of women. Marla Singer is the last thing that forces the narrator over the edge and into schizophrenia, or fight club. Jans B. Wager explores the *Femme Fatale* and gender, as well as the film-noir qualities in *Fight Club* in his book called *Dames in the Driver’s Seat: Rereading Film Noir*. He writes the following about Marla, she:

...looks exactly like a femme fatal when she makes her entrance into the narrator’s life. Mysterious, wearing big black sunglasses and a hat, she shows up at a testicular-cancer support group just as the men engage in one-on-one embraces. The narrator, pressed cozily into the hormonally enlarged breasts of Bob (Meatloaf), instantly intuits the threat Marla represents to his existence. (103)

With *Femme Fatal* we understand the woman as a strong seductive force that lures and seduces men away from their righteous path. Women are thus portrayed as “schizophrenogenic mothers”, seductresses and as threats. None of which are positive especially positive characteristics.

In the vast mass of the critique of *Fight Club* there seem to be one important part missing: the part where anti-consumerist critique and feminism intersect. The movie and novel too, are portraying the consumerist society as feminized and, as stated earlier, feminine. The fact that the society that the movie is portraying and rebelling against is called feminine is problematic in itself. Even more alarming is the fact that there have been so few critical voices raised about this obviously problematic side to the text.

Is it so that everyone that has seen the movie or read the book has accepted the consumerist society as feminine? Sally Robinson points to the lack of critique done from a feminist view in her article “Feminized Men and Inauthentic Women: Fight Club and the Limits of Anti-Consumerist Critique”. As the title of her article suggests, she argues for the need to include women in the anti-consumerist critique, and she questions why women are blamed for the consumerist culture. She mentions the section about soap production as proof of this one sided blame:

Tyler’s delight at the idea of ‘selling rich women’s fat asses back to them’ in the form of designer soap seems a clever exposure of the ironies of consumer culture. But, this is not just ‘human’ fat, it’s women’s fat. This detail makes it clear that the film’s critique of consumer or late capitalist culture cannot be separated from its insistence on a crisis in masculinity. The joke here depends on the audience’s acceptance of the premise that body-conscious, self-indulgent, fake women embody the ills of a consumer culture drunk on ‘self-improvement,’ and deserve to be duped by these masculine, svelte, working men. (8)

She continues her argument by stating: “The ills of consumer culture are embodied not only in the ‘rich women’s fat asses,’ but in the ‘feminine’ value of self-improvement, and the men who trick the women are positioned as producers, not consumers and, thus, their own implication in the consumer system goes unremarked.” (8)

Her claim is in other words, that women, once more, play the bad part. This time they are given the role of consumers of the consumerist society. Men, on the other hand, play the good part being the producers. Robinson’s argument is that when Tylor and the others sell the “rich women’s fat asses” back to them they are performing a justified revenge. Even though

the men are largely responsible in this consumerist situation as inventors, producers and sellers, they are not to be blamed. Why is this so acceptable to most critics?

Robison argues for the need to look at the issue of how women and femininity are portrayed as the cause of the consumerist society and that the “cultural crisis” men in *Fight Club* are portraying, does not include women (1). This lack of feminist criticism is relevant in this thesis because, as stated earlier, one might see these men as suffering from the “collective sickness” of schizophrenia as the consequence of the consumerist society. Why are not then, women revolting against this society, and where are the schizophrenic women? I will address this a little later.

Robinson goes on claiming: “Rather than critique the film’s representation of masculinity, then, I will argue that the film’s articulation of its anti-capitalist rebellion as a fight against feminization not only relies on and perpetuates a stable, trans historical idea of gender difference, but also imagines contemporary social realities as serving the needs of women at the expense of men.” (2) In other words Robinson’s argues that the idea of gender being something uniform and constant is problematic because there is no such thing as a stable masculine identity. We live in a time where gender must be seen as a spectrum, like mental illness, not to exclude all the people who do not fit these “stable” identities.

Another way of seeing the problematic sides to the movie that Robinson writes about in her chapter is to link it to Deleuze and Guattari’s notion of dividing people into “psychotics” and “neurotics”. If schizophrenia is to be seen as a “collective sickness”, or a reasonable reaction to the postmodern society, the representation of schizophrenia in *Fight Club* excludes all women. Where are the psychotic women suffering from schizophrenia?

The movie would have two possible answers to this question, both equally problematic. On the one hand, it would mean that all women are “neurotics”, comfortably accepting postmodernity, materialism and all the other things men revolt against. On the other hand, it might suggest that women’s schizophrenia, or the female psychotic, do not have it in them to react the same way as men, since feminine traits are considered to “be talkative, gentle, expressive, sensitive, and concerned with their appearance” (Boysen, Ebersole and Casner 549). If women are suffering from neurosis where men are suffering from schizophrenia, is not this an archaic view that we have left behind generations ago?

Robinson argues that one of the major issues with *Fight Club* is that “The film pursues a masculine authenticity, rather than an authentic masculinity, and masculinity, thus, becomes

the location of the real, the authentic.” (7) The film’s pursuit of “masculine authenticity” make women seem “inauthentic”. This might suggest that feminine traits are, and history repeats itself, undesirable, and in this context “fake”.

The only female character in the novel and movie is Marla Singer, and despite the overwhelming negative view of women and femininity, Cynthia Kuhn argues in her article “I Am Marla’s Monstrous Wound: *Fight Club* and the Gothic” that Marla is the third major character and has a great impact on the story. She argues that:

Moreover, while critics are understandably intrigued by the nameless narrator and his alter ego, Tylor Durden, the third major character remains largely unexplored, despite the narrator’s immediate identification of her as a central player: ‘I know all of this: the gun, the anarchy, the explosion is really about Marla Singer’ (Palahniuk, FC 4). As we are drawn into Marla’s dark emotional landscape and assaulted by her harsh verbal parries, she emerges as perhaps difficult to like but impossible to ignore. (Kuhn 36)

Marla, perhaps by simply being a woman is the root to everything, mostly the negative, but she is also the one to save the narrator in the end. Kuhn goes on to write that Marla is key to the story, “Although *Fight Club* does not provide a happy ending, Marla still facilitates an influential hybridity in the text: as tempter and rescuer, monster and mirror, she inspires the narrator to try to free—and to be more—himself.” (Kuhn 45)

If one agrees with Kuhn’s argument of Marla’s importance in the story, she might be seen as a positive view on women. She does not engage in fight club or Project Mayhem and she is what makes the narrator ultimately realize that he and Tylor are the same person, an awakener. However, she is still, as Kuhn puts it, “difficult to like” and to a female viewer or reader, she may be a hard character to relate to because of this.

Conclusion

The schizophrenia in *Fight Club*, both the novel and the movie, is most visible if you choose to see it as a metaphor, a symbol. As Schuchardt claims in his collection of essays of interpretations of *Fight Club*: because *Fight Club* is such a complex text, any interpretation is

correct (Schuchardt 3). As I have argued Deleuze and Guattari's version of schizophrenia is present in *Fight Club*. The narrator and Tylor start a movement that tries to revolt against the consumerist society. The function of schizophrenia in the two texts is to give the opposition to the consumerist society a label. Schizophrenia is portrayed as a natural and healthy reaction to a sick environment, if one chooses to see it through Horsley or Deleuze and Guattari's eyes. This means that the metaphorical, symbolic value of schizophrenia in the texts is that of a necessary reaction to a sick society.

In addition to being, as Horsley claims, a collective sickness, it is also used to separate women and men from each other. Schizophrenia becomes a male illness. Its symptoms are violence and the need to destroy the systems society has created. Women are seen as being the cause of the sick society that has made them ill.

Metaphorical or symbolic use is also problematic because it may uphold misconceptions and stigma. When using a mental illness as metaphor we give the illness other meaning that what it means to the people bearing the actual illness. The people suffering from schizophrenia should have the rhetorical ownership of the diagnosis, because they alone know the illness from within.

The real symptoms of schizophrenia, and the sense of not being able to separate the real from what is not real, are also explored in the texts. Fincher manages to trick the viewer through the visual media and make him or her experience the same as the narrator. The viewer gets a small insight to what it is like not to be able to trust your own senses.

Even though the idea of making schizophrenia the normal as a way of pulling apart stigma, the way the illness is portrayed is problematic, both in the literal and the metaphorical sense. The way schizophrenia can be seen in *Fight Club* cannot be justified by its function. One cannot justify the means to an end. And the way schizophrenia is portrayed in *Fight Club*, may not justify the misconception may create.

Epilogue

As I mentioned in my introduction, my springboard for research has been different editions of *The Disability Studies Reader*. Many of the texts have been relevant for my research either literally or figuratively. However, even though mental illness and physical disability and illness seem to overlap in the common term: Disability Studies, I do believe in the necessity of recognizing the differences between mental and physical illness.

Firstly, the most important difference is that unlike most physical disabilities, mental illness cannot be seen or located (other than that it is in the brain). Secondly, even though many physical disabilities cannot be seen either, they are generally more accepted. “I cannot work because I have a broken foot” or “because I have cancer” would most often make people respond in an empathic and understanding way. While if someone has the courage to say: “I cannot work because I am deeply depressed” or “because I am having positive symptoms of schizophrenia” this would most certainly make people respond very differently.

This leads me to my third point: the fact that mental illness is still taboo in our society. I would argue that this is because of a hierarchy of illnesses, where illnesses are ranked according to society’s recognition of them. Mental illness is, in my opinion, still at the bottom of this hierarchy and until these differences are leveled out, mental and physical illness should not only be discussed under the same term.

As I write in the introduction of this thesis, like every other field of study, it being feminism, queer studies or mental illness studies, there is a time for everything. Feminism, for instance, has had three waves, where each one is built on the former. If we compare these waves to what I have been discussing, than maybe physical disability and illness studies have come to the third wave, while mental illness studies still has only reached the second? Maybe critics like Harper are pushing for a focus that the discourse is still not ready for? Perhaps the stigma is still so influential that the main focus should be on criticizing negative and misleading representations of mental illness, and Harper’s suggestion of a shift in focus should come second to this?

I hope that in the future, mental illness will get its own study and that future students like me, might find a Reader called “Mental Illness Studies Reader” at their universities’

libraries around the world. In my opinion, to give mental illness its own Reader and collection of theories would be a step in the right direction in terms of breaking down stigma and seeing the differences and individualities, as well as the links mental illness has with physical disability and illness.

Attached you will find quick sketch of a suggestion for a table of contents for *The Mental Illness Studies Reader*. I have kept the different sections similar to those in *The Disability Studies Reader* but I have replaced the texts that spoke of physical disability and illness with texts that are discussing mental illness specifically.

In the section that discusses the historical perspectives of disability studies most of the texts have been replaced with new ones. The reason for this is that the history of mental illness is very different from that of physical disability and illness and to understand mental illness today one should try to understand its history as well.

The section that differ the most from *The Disability Studies Reader* is the section I call “Stigma and Misconceptions”. Where Davis’ has only chosen to include two texts, I have six. I believe that Davis’ choice of letting this section be this small is a reflection of how far disability studies have come. I chose to expand this section because, as I hope this thesis reflects in its whole, I see a great need to break down misconceptions to reduce stigma towards people suffering from mental illness and I think this needs emphasis in *The Mental Illness Reader*.

If we, at some point reach a place where mental illness can be seen as equal to physical illness and disability, we might want to discuss what the actual differences are, and if there are any? Is not mental illness also a symptom of something being wrong with the body? Because, is not after all, the brain also an organ of the body? Where does the physical body stop and the mental part start?

The texts I have discussed are very different and together they portray a broad variety of representations of schizophrenia. What they all have in common is that their representations all have sides to them that may be seen as problematic in terms of reinforcing stigma. The image of schizophrenia in *A Beautiful Mind* might be problematic because there are obvious “flaws” to this representation of schizophrenia and when portraying an actual person a degree of representative accuracy has to be expected. Its most apparent problematic side is its tendency to portray schizophrenia in an overly positive way.

I Know This Much Is True on the other hand, gives a very negative representation of schizophrenia. The problematic side to this text is that all the worst-case scenarios for someone suffering from the illness, are put into one novel. The novel does not leave any space for hope and this is also an unfortunate way of portraying schizophrenia.

Fight Club's problematic sides are many. Its most apparent (and most interesting) part is the way schizophrenia is linked to the postmodern identity. The idea of making schizophrenia a reaction to society might be seen as problematic because it is then seen as natural or even desirable. The consequence might be that it seem like it is something one does not want or need to recover from.

All the texts I study in this thesis portray white, male characters suffering from schizophrenia, and this is a fact that I am well aware of. Let us hope that my selection is not a reflection of most texts written about the illness. But rather that the reason why I have ended up with such a specific group of characters, might be because of my own "whiteness", or the fact that my personal motivation for writing about representations of schizophrenia was my brother, who is in fact, a white male. There is no denying that my upbringing and life both limits and inspires this thesis.

However, I see the need for specific focus on individual experiences to be able to broaden views on mental illness. A proof of the individuality within the group of people that suffer from schizophrenia is reflected in the treatment of the illness. The person suffering from the illness never knows how he or she will respond to medication, and neither does the psychiatrist. In other words, the person's individuality impacts both symptoms and treatment. This is also how I can justify having such limitations on my thesis. This thesis is my way of contributing to a more diverse impression of mental illness. Because, as I state in the introduction, by informing, creating, or in my case, criticizing, representations of mental illness in media, diversity within mental illness and schizophrenia is highlighted. This might help to show how people suffering from schizophrenia are very different and that stereotypes are often very misleading.

We must remember that also literary or cinematic analyses are tainted with personal opinions and taste. I try to remind myself that, as I also stated in the introduction, I cannot assume, that people suffering from this illness, like my brother, would agree with the conclusions I have come to about these texts. Some people might find the portrayal of the "exceptional schizophrenic" in *A Beautiful Mind* so uplifting that it is purely positive. Others

might find *I Know This Much Is True* a valuable and informative story and some might find the artistic “schizophrenic experience” in *Fight Club* poetic and intriguing. We must remember that there are just as many differences in opinions among people suffering from schizophrenia, as there are among people who are considered “normal” and that diversity in opinions reflects the diversity of representations needed.

I hope that my thesis will encourage further research. I see a lot of potential for other theses that could be focusing on race, age, gender, nationality, economical situation or any other categorizations of people suffering from schizophrenia. I really hope, and think, that someone will find just as many, if not more, interesting aspects in such literary and cinematic representations of schizophrenia.

Note

Disabilities Studies was an unknown part of the literary field to me when I started doing my research. I therefore started by reading several editions of *The Disability Studies Reader* edited by Lennard Davis. Some of the texts in Davis' *Readers* discuss mental illness directly and many of the other theories that can be applied to mental illness as well as physical ones. I will therefore have to thank Davis for most of the secondary literature I have used in this thesis. If the texts I have used are not in *The Reader* itself, they were most certainly found because I used *The Reader* as a springboard for further research and reading.

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Attachment

Proposal for a Table of Contents for:

The Mental Illness Studies Reader

1. An introduction By Lennard J. Davis on normality in relation to mental illness

Part 1: Historical Perspectives

2. “Disability and the justification of Inequality in American History” by Douglas Baynton
3. “In Retrospect: The Five Lives of the Psychiatric Manual” by Roy Richard Grinker
4. ---- a text that confronts the feminization of mental illness throughout history. Ei. “Gendered Mental Disorders: Masculine and Feminine Stereotypes about Mental Disorders in Relation to Stigma” by Guy Boysen
5. ---- a text written by Jonathan Metzl about his work in *The Protest Psychosis: How Schizophrenia Became a Black Disease*.
6. ----a text written about the deinstitutionalization in the US

Part 2: The Politics of Mental Illness

7. “A Mad Fight: Psychiatry and Disability Activism” by Bradley Lewis
8. ---- a text written by Margaret Price about her work in *Mad At School: Rhetorics of Metal Disability and Academic Life*.
9. “Disability, Democracy, and the New Genetics” by Michael Berubé
10. “The Institution Yet to Come: Analyzing Incarceration Through a Disability Lens” by Liat Ben-Moshe

Part 3: Misconception and Stigma

11. “Stigma: An Enigma Demystified” by Lerita M. Coleman-Brown
12. ----a text written by Otto F. Wahl about his work done in *Media Madness: Public Images of Mental Illness*.
13. “The Unexceptional Schizophrenic: A Postmodern Introduction” by Catherine Prendergast

14. ----a text written by Albert Rothenberg about his work in *Creativity and Madness: New Findings and Old Stereotypes*
15. “Exploring the Role of Diagnosis in the Modified Labeling Theory of Mental Illness” by Amy Kroska and Sara K. Karkness
16. ----a text written by Stephen Harper about his work in *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress*.

Part 4: Identities and Intersectionalities

17. “The End of Identity Politics: On Disability as an Unstable Category” by Lennard J. Davis
18. “Defining Mental Disabilities” by Margaret Price
19. “When Black Women Start Going on Prozac...” by Meri Nana-Ama Danquah

I remember we were sitting at the kitchen table. My brother has always been the one to love discussions and his arguments are often the most persuasive. His enthusiasm and insistence on being right is exhausting at times. But something was different this time. His philosophical arguments were too philosophical. And his theories were too absurd. He had found God's words in a book, and it was not the bible. The words were there, I had only to read between the lines, he said. God was speaking to him, and me, if I would only let him. My brother had heard God speak to him from between the lines of Douglas Adams' The Hitchhiker's Guide to the Galaxy, and nothing would ever be the same.