

Agency, Subjectivity, and the Schizophrenic:
Meaning in Madness Beyond the Bounded Subject

By Taylor G. Buck

Submitted to

Central European University
Department of Gender Studies

In partial fulfillment of the degree of Master of Arts in Gender Studies

Supervisor: Eszter Tímár
Second Reader: Linda Fisher

Budapest, Hungary
2014

Abstract

In this thesis I consider the ways projects of diversity and inclusion leave intact and unproblematized a centralized norm of the intelligible, coherent, self-reflective, individual subject. Such projects continue to exclude those who fail certain standards of intelligibility, relegating them to a space of abjection in relation to which norms of proper subjectivity and citizenship are simultaneously secured and troubled. I specifically discuss schizophrenia as a discursive construction that functions as an exemplar of this abject Other. I utilize threads of queer theory to question the very concept of normativity and formulate alternatives to the hegemony of the rational subject. At the crux of my discussion is a skepticism of what we might assume mental illness means, does, or looks like, in an effort to recognize modes of oppression inherent in such assumptions and imagine alternatives that do not silence those labeled ‘crazy.’ I turn to feminist disability studies, a field whose project has largely developed within a neoliberal biopolitical framework of rights-claiming, inclusion, diversity, and normalization, to consider in what ways this framework is limited by its reification of a certain requirement of agential subjectivity. How does the definitional incapacity of the ‘schizophrenic’ (non)subject indicate the ways in which these projects of diversity continue to exclude? What norms are (and ought not be) taken as originary and preferable, and at whose expense? Finally, how might we imagine forms of agency and intelligibility not through a centralized, ‘sane’ human subject, but instead through indexes of sensation and processes of becoming that capacitate a wide range of heretofore abjected bodies and minds?

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Introduction

It seems none of us can quite figure out what it means to be crazy. There is a remarkable lack of evidence about what exactly constitutes a mental illness; whether it is social, hereditary, biological, genetic, environmental, or any fusion of these. Nonetheless, as with any stigmatized label, we make plenty of assumptions. At the crux of my discussion, then, is a skepticism of what we might assume mental illness means, does, or looks like, in an effort to recognize modes of oppression inherent in such assumptions and imagine alternatives that do not silence those labeled ‘crazy.’ More specifically, I turn to feminist disability studies, a field whose project has largely developed within a neoliberal biopolitical framework of rights-claiming, inclusion, diversity, and normalization, to consider in what ways that project is limited by its reification of a certain requirement of agential subjectivity. How does the definitional incapacity of the ‘schizophrenic’ (non)subject indicate the ways in which these projects of diversity continue to exclude? What norms are (and ought not be) taken as originary and preferable, and at whose expense?

Concerned primarily with such processes of normalization, some strands of queer theory are useful in destabilizing the tacit assumption of and commitment to the rational, coherent, bounded and self-representative ‘self.’ Beyond the point that schizophrenia has not been adequately considered in feminist disability studies—though that is part of it—I argue that the very category of schizophrenia troubles the means by which such considerations are substantiated. Its very construction, through the DSM, medical discourses on genetics, public understandings, the regular use of offhand remarks like ‘that’s crazy’ or ‘they’re psycho’, etc., enables and potentially disables this ideal, rational, non-psychotic subjectivity through which those of us (at the moments when we are) not labeled ‘crazy’ can claim the status of humanness and subsequent rights. I argue that this happens through the necessary exclusion of those who do not sufficiently meet the requirements of that kind of subject. At different moments

these failures may be women, POC, LGBTQs, and so on, all of whom have been and are labeled ‘insane’ and/or treated as less than ‘human’ on a regular basis in different moments and contexts. To best understand what it is that facilitates such Othering, and to effect some reflection on how we all may participate in the Othering of those we may call ‘crazy’, an assessment of the construct of schizophrenia is a particularly helpful starting point. It exemplifies this exclusion, primarily because in order to include the schizophrenic at all in rights-claiming—that act which rests at the center of liberal humanism, to which feminist disability studies is often dedicated—he/she is required to transcend ‘illness’ or ‘disability’ through a specific kind of recovery rhetoric that creates and naturalizes this narrative of regained sane subjectivity and secures a biological norm. Schizophrenia in its current construction, defined primarily by unintelligibility and lack of agency, is thus rendered capable of meaning making only through medical discourse and/or a narrative of ‘recovery’ of proper, compliant subjectivity. The construction of the ideal subject—the individual who can claim rights at all—is constituted by and constitutive of projects of inclusion, requiring the exclusion of some in order to function as norm.

My argument is both aligned with and critical of feminist work that argues that certain bodily norms have been taken for granted without attention to disability (Garland-Thomson 2005:1568) and that urges a rendering of disability as difference rather than loss, negativity, or obstacle to be overcome. Such arguments have potential, but remain insufficient insofar as they accept a logic of diversity still rooted in norms of subjectivity. I urge a nuanced rethinking of the primacy granted to the rational subject and concomitant agency that in many ways remains intact in the ‘difference’ paradigm. I favor an embracing of that space of negativity as a space also of agency and knowledge production without necessitating recourse to clinical interpretation or narratives of recovered sanity. If we continue to take as given certain norms of what it means to engage with each other and the world in ways that make ‘sense,’ failing to consider why and how such norms have come to function through networks of

power and violence, we cannot truly account for people with a range of disabilities that fundamentally disrupt these norms. My intention is thus not to argue for or against the value of specific projects of belonging, but to show how the subject on which they depend is historically embedded in a process that necessitates exclusion (and depends on its own construction) of an inadequate Other—here, the schizophrenic. It is in the deconstruction of normative projects of belonging that the category of the schizophrenic can no longer be naturalized, its boundaries no longer appearing secured, and that the inherent violence of such systems of Othering becomes apparent.

It is imperative to consider at what cost the re-valuing of ‘difference’ must come—at whose expense these new, more inclusive norms of ‘ability’ or normativity are secured when we fail to decenter the normative rational subject in our consideration of what McVeigh (2013) calls “the question of belonging” that lies at the heart of the constantly changing project of delineating who does and does not belong, who is and is not “normal,” acceptable, proper, intelligible. My research and discussion is thus invested in a feminist and disability studies agenda that “fights discrimination, advocates for the rights of women, seeks to dismantle ideologies of oppression, critiques medical discourses of mental illness, and demands equal access to social services and medical treatment” (Donaldson 2002:112), while simultaneously working to ‘queer’ notions of the normative subject.

How might we understand schizophrenia not as biological and/or psychological dysfunction, nor as pure social construction, but as a means through which a rational, bounded subject and its concomitant Other are imagined and deployed through the mechanisms of late capitalist biopower? What (or who) is made possible when the goal becomes not regaining some ideal of ‘sanity’ that is taken as natural or originary, but of allowing for and embracing fluctuation and recognizing schizophrenia as non-homogenous—allowing for engagement *as* schizophrenic, not only when “cured” (Prendergast 2013)? If a certain sort of rationality is no longer taken as given, natural, and ideal, we can explore new understandings of the agency of the person deemed mad.

I begin Chapter I with a discussion of normativity, normalization, and the concept of abjection as delineated by Julia Kristeva and taken up by Judith Butler. I discuss Butler's examination of the concept of "copy/original" to frame a destabilization of sanity and rationality as originary, and then discuss the 'schizophrenic' as a discursive device that enables and secures that against which it is set up. Chapter II then directly addresses how feminist disability studies and feminist theories on mental illness address (or fail to address) the question of 'mental' disability and illness, and in what ways these approaches reify an originary sane subject against its 'mad' counterpart, failing to destabilize this assumption of the normative psychological subject. Chapter III then confronts the question, "What does 'schizophrenia' mean?" first by considering the ideal-type rational subject from which mental illness is presumed to deviate, and then by addressing the biopolitical construction and development of the diagnostic category. Chapter IV proposes some speculative alternative conceptions of agency, subjectivity, and knowing that embrace fragmentation and affect and decenter the bounded, masculine, rational human subject as sole agent.

Chapter I: (Compulsory) Normativities and the Schizophrenic as Discursive Abjection

Normativity, Normalization, and the Object

A critique of ‘normativity,’ ‘normalization’ and ‘norms’ requires a few clarifications. In many social and technical sciences, as Alexis Shotwell (2012) explains, the term ‘normative’ is used to describe what is “correct, good, to be pursued, acceptable, endorsed or allowed” (Shotwell 994). To label a claim as ‘normative’ is to label it as prescriptive, delineating an ideal. It is through processes of normalization that normativities are enforced—processes that are generally “delimiting and constraining [to] the terrain of possibilities” (Shotwell 994). Normalization is thus “simultaneously a limiting *and enabling* part of our exercise of subjectivity” (Shotwell 994, emphasis added). It is in this distinction between normativities as impositions and as enabling, useful ethical standards that Shotwell is helpful in a critique of norms that does not require the concept’s outright rejection. Her concept of “open normativities” is a useful framework for embracing ethical norms while still remaining dedicated, as many feminist and queer thinkers are, to the rejection of oppression through normativities based in compulsion and exclusion. There is an important difference between upholding ethical ways of being and imposing static norms on others through processes of naturalization and regulation.

Nonetheless, much feminist and queer scholarship routinely assumes a default negative connotation of all things ‘normative,’ especially when the term describes categories like “gender(normative), hetero(normative), or homo(normative)” (Shotwell 991), neglecting the ways in which certain normativities actually inform queer and feminist politics. While ‘normative’ generally “indicates a constrictive and restrictive force, delimiting the range of subjectivities one might inhabit in terms of sexuality and gender” (Shotwell 991), perhaps a rethinking of the concept of ‘normativities’ rather than its complete disposal would be more useful in making certain subjects intelligible without

perpetuating the exclusion and unintelligibility of others. Thus, in my criticism of normativities and norms, I do not argue for the complete disposal of normativity. Instead, in agreement with Shotwell, there is potential in a more nuanced, “open” understanding of norms and inclusion that may provide a way of thinking about holding ourselves and each other responsible through standards that are by definition fluid, in constant flux, always anti-oppressive, and non-human-centric. Norms are a necessary part of social life that “structure intelligibility” and “implicitly underwrite our social worlds, manifesting on affective, embodied, and presuppositional levels” (Shotwell 993). We can (and must) recognize the constructedness of norms—that they are never given or natural—but must find ways to do so without completely disposing of the concept of normative standards.

This does not preclude a thorough critique of ‘the normal,’ a concept employed frequently on a daily basis that, despite its seeming naturalness, is nonetheless “part of a notion of progress, of industrialization, and of ideological consolidation of the power of the bourgeoisie” (Davis 2013:12). Resistances to norms are not unfounded, since these norms often are violently and oppressively exclusionary (Shotwell 992), with profound implications that, as Lennard J. Davis argues, “extend into the very heart of cultural production” (Davis 2013:12). Nonetheless, to outright reject “the terrain of the normative” and thus enforce the equation of normativity with oppression, has a few important pitfalls (Shotwell 2012:992). Shotwell suggests that such a move “individualizes our resistance, obscuring the agency and power involved in setting norms, and it makes it hard to talk about the normative claims we queers and feminists want to make” (Shotwell 992). Insofar as we define normativity as “the process by which people claim that a given way of being is good or beautiful, or to be endorsed,” a process distinct from any expectation that everyone ought to adhere to such standards (Shotwell 992), it seems to be a project in which queer and feminist work is very much invested. A crucial task of disability studies, then, as Davis rightly suggests, is not simple inclusion of disability into existing delineations of normality, but a destabilization of the “hegemony of the normal”

through questioning its very foundation (Davis 2013:12) and considering reformulations of what is marked 'abnormal'.

In an effort to de-naturalize static, exclusionary norms (whether in terms of gender, sexuality, mental health, or others), it is helpful to consider how the abnormal is framed. Julia Kristeva's conceptualization of the abject shows how that which disturbs the presumed fixity of a norm is actually constructed through the process of establishing and securing norms that are then retrospectively taken as natural (Kristeva 1982). For Kristeva it is "not lack of cleanliness or health that causes abjection," not the 'reality' of unhealthiness or failure to adhere to certain standards, but that which "disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite" (1982:232). This ambiguity is largely intolerable, primarily because it threatens to reveal the instability of norms that claim an unwavering status of the natural. In her introduction to *Bodies That Matter* (1993), Judith Butler expands this discussion of abjection by connecting it to the materialization of the subject. For her, abjection describes certain "zones of social life" that, despite their distinct classification as "unlivable" or "uninhabitable," are "nevertheless densely populated" by (non)subjects who fail certain standards of subjectivity (Butler 1993:3). The very fact of their inability to claim subject status, and their consequent exclusion from the benefits of the privileges granted exclusively to the individual who passes as a 'proper,' is precisely what enables that "domain of the subject" (Butler 3). While Butler focuses exclusively on how certain sexed/gendered bodies are marked as abject, the ever-present threat of the external (yet always potentially internal) invalidation of madness can serve as another key example of this repudiation of the abject into an external space of unintelligibility. The abject (read: schizophrenic) is given its force through this rejection, and functions as a sort of constant haunting of the normative and unstable performative (whether 'sex' or the genetically functional brain) which functions as the material space in which the subject is secured. The proper subject is defined by her/his ability to claim both a will

and a self-regulated, bounded material body. The abject schizophrenic threatens the presumed stability of this subject precisely because it “disturbs identity, system, order” (Kristeva 232).

How, then, in rethinking normativities as open rather than exclusionary, might we imagine what is “good or beautiful, or to be endorsed” (Shotwell 2012:992) without the oppressive and violent exclusivity, fixity, and naturalization inherent in most norms? How might we imagine “new, more capacious norms—normativities friendlier to the proliferation of many kinds of embodiments, subjectivities, and ways of being in the world” (Shotwell 991) to enable intelligibility without necessitating an unintelligible, abject Other? Through Judith Butler’s concept of “copy/original” and Robert McRuer’s “compulsory able-bodiedness,” we might begin to answer these questions by recognizing the fundamental instabilities of that ideal normative subject against which the schizophrenic is positioned.

Copy/original and compulsory normativity

Fundamental to the implementation and regulation of oppressive, compulsory normativities is what Joan Scott describes as the outright denial of the way such processes are founded on exclusion (Scott 1991:790). To posit the goal of visibility/inclusion as an alternative to invisibility/exclusion fails to acknowledge that each side of the dualism depends on the other. The very concept of heterosexuality requires a deviant Other against which it can define itself. Likewise, certain norms of rationality, reason, and a capacity for agency and self-reflection require the notion of insanity, the total disruption of those standards, to function as norms at all.

The notion of an original, whether heterosexuality or rational capacity, both being components of the above discussed rational liberal subject, requires a notion of a copy against which it can position itself. Thus each depends on the other for its intelligibility, and neither can be said to precede. To which category the authority of “original” is granted depends on the power relations at play. In “Imitation and Gender Insubordination” (1990), Judith Butler addresses an audience of lesbian

theorists about the production of the very group identity under which she has been asked to speak: “lesbian.” She immediately problematizes this label, arguing that identity categories are “invariable stumbling-blocks” and “sites of necessary trouble” (Butler 1990:121) in their dependence on a system of repetitive posturing of an original against its supposed copy. She begins by looking to the figure of the closet to elucidate this system of perceived heterosexuality-as-origin that requires the constant reproduction of the closet in new forms. The act of coming out requires that one could have been “in,” dependent on a dichotomy that positions the closet against an assumed “original” of straightness. Thus the outing act “must produce the closet again and again in order to maintain itself as ‘out’” (Butler 123). Through repetition, one strives for an ultimate “disclosure of ‘gayness’” that is postponed by the systemic polarity of “copy/original” that necessitates the closet figure in the first place (Butler 123). The repetitive specifying act of “coming out,” following Butler’s example, only shifts the line of deviance, alters these power relations, and fails to recognize the copy/original system as itself problematic. Butler urges the elucidation of the falseness of the hetero claim to “original” status through showing the falseness of the very notion of “original,” instead of seeking the same borders of normalization that heterosexuality pretends to maintain through its panicked repetition.

Despite her focus on sexuality, Butler’s discussion can in some sense be mapped onto numerous normativities, including the disabled body/mind. Robert McRuer (2002; 2006; 2010; 2011) extends Butler’s concept of “copy/original” to the (dis)abled body, arguing that compulsory heterosexuality and “compulsory able-bodiedness” are inextricably linked in the construction of the ‘normal’ body. “Emanat[ing] from everywhere and nowhere,” compulsory able-bodiedness mirrors compulsory heterosexuality “by covering over, with the appearance of choice, a system in which there actually is no choice” (McRuer 2002:92). His usage of Butler might be further extended for the purposes of destabilizing not only the compulsory norm of the (dis)abled body and the correlative norms of sexuality, but the likewise intertwined norms of the rational subject. Importantly, the able

body/mind is an ideal that can never be located in any specific individual. Founded on “the inevitable impossibility, even as it is made compulsory, of an able-bodied” and/or able-minded “identity” (McRuer 94), compulsory able-bodiedness functions through an “incomprehensible [...] identity that is simultaneously the ground on which all identities supposedly rest and an impressive achievement that is always deferred and thus never really guaranteed” (McRuer 93). We are compelled toward bodily norms that are always beyond our reach, just as we are meanwhile engaged in discourses of diversity and appreciation of difference that cover over this compulsion toward naturalized, ideal standards. This system “repeatedly demands that people with disabilities embody for others an affirmative answer to the unspoken question, Yes, but in the end, wouldn’t you rather be more like me?” (McRuer 93). Likewise, we are compelled toward norms of mental health and self-regulation that are never fully attainable, or even fully definable. One might suggest tolerance of “difference” in mental health, but unless it considers the still-present coercion toward a recovered ideal of ‘sanity,’ it risks this same affirmation of the question, to borrow from McRuer, ‘Yes, but in the end, wouldn’t you rather be sane like me?’

The disabled and/or queer body/mind (each implicated in/by the other) is not only a threat of the “disability to come” (McRuer 2006:207) but also a threat to the shaky claim to ability in the present. As Jasbir K. Puar argues, it is not only the constant fear of/erasure of the disability to come that stigmatizes and excludes the sick and disabled, but the “disavow[al of] the debility already here” (Puar 2011:152). In other words, the fabrication of a dividing line between abled and disabled bodies/minds allows for the refusal to acknowledge in what ways even those who seem safely positioned on the side of normative ability continue to fail standards of ideal subjectivity. As Butler suggests, it is in this potential space of destabilization, of revealing the already present instability of that which is taken as original and ideal, that we may find political potential (Butler 1990:124). The goal is thus not just to reveal that some norms are hegemonic, but to expose those norms as

fundamentally unstable in their claim to originary status. In this vein, McRuer suggests a disability correlative to what Michael Warner calls “critical queerness,” which he labels “severe disability” (McRuer 2002:96). McRuer explains, “a severe critique is a fierce critique, a defiant critique, one that thoroughly and carefully reads a situation” (McRuer 96). This emphasis on severity is a sort of reclamation and reversal of a term that is usually used to delineate those who are “the most marginalized, the most excluded from a privileged and always elusive normalcy” (McRuer 96). Most importantly, this critical reclamation of the space of negativity reveals the potential of such bodies “to call out the inadequacies of compulsory able-bodiedness” (96). He suggests a re-imagining of disability/queerness not as expansion of norms, but as the constant, active challenge to the very idea of those norms that “would resist delimiting the kinds of bodies and abilities that are acceptable or that will bring about change,” and would instead “function ‘oppositionally and relationally but not necessarily substantively, not as a positivity but as a positionality, not as a thing, but as a resistance to the norm” (McRuer 2002:97 quoting Halperin). The schizophrenic as “severely disabled,” then, might be intelligible not as a bounded, agential ‘thing’ or individual, but through its relational and positional challenges to violent hegemonic norms.

As Butler emphasizes, once we begin to understand the ways normative dualist constructions such as sex/gender—or sane/insane, physical/mental—function, we can begin to rethink the lines along which certain bodies are exiled to the space of not-matter(ing). More specifically, it is from this space of not-matter(ing) that this “rearticulation” can actuate. This is the key distinction between Butler’s project and those of normalizing discourses of diversity. The latter seeks to draw certain bodies back inside the realm of intelligibility only to reposition itself against new abjections, while the latter begins from this ‘outside.’ Butler poses a question that captures the import of this difference well. “What challenge,” she asks, “does that excluded and abjected realm produce to a symbolic hegemony that might force a radical rearticulation of what qualifies as bodies that matter, ways of

living that count as ‘life,’ lives worth protecting, lives worth saving, lives worth grieving?” (Butler 1993:16). This challenge speaks to the thrust of my own research. How can agency be imagined from this ‘outside’ space of abjection? An analysis of how the abject figure of the schizophrenic is constructed and deployed discursively will facilitate a more comprehensive reimagining of what it means to qualify as a subject, capable of agency and of making oneself intelligible to others, and how projects of diversity may take this subject for granted, unwittingly complying with systems of compulsory normativity and exclusion discussed thus far.

Schizophrenia as Discursive Tool

The schizophrenic Other, an identity that is both rooted physically in the brain and is defined by disruption of that which most fundamentally constitutes identity, namely reason, represents a sort of exemplary abnormal; it cannot be incorporated into discourses of rational self-aware subjectivity because it is the inability to adhere to such models of subjectivity that designates schizophrenia. I thus focus on the schizophrenic as a “cultural icon,” to borrow Octavio R. Gonzales’s term, surrounded by certain rhetoric and deployed to enable certain constructions of the sane Western subject of late capitalism. The term ‘schizophrenia’ is a discursive symbol of un-reason in which all that is encompassed by the circulating term ‘psycho,’ ‘madperson,’ or a range of others, becomes bounded and brought into the realm of scientific/medicinal knowledge production, imbued into molecules, and made visible by and sanitized through modes of modern scientific observation. I undertake a discussion of how ‘schizophrenia’ functions discursively with the help of Gonzales’s article “Tracking the Bugchaser: Giving the Gift of HIV/AIDS” (2010), wherein he positions the bugchaser—a man who seeks out HIV positive partners from whom to contract the virus through bareback sex—as a discursive tool in much the same way that I position the schizophrenic: as an imaginary figure “constructed such that its very nature is grounded on its inherent incommensurability with the truth

effects of normalizing discourses” (Gonzales 2010:90). Schizophrenia is constructed as the unintelligibility against which the intelligible and rational can be naturalized and positioned as original.

Unintelligibility is at play in constructing schizophrenia in two ways: the schizophrenic (non)subject is fundamentally unintelligible to the non-schizophrenic subject, as evidenced, for example, by the comment ‘you’re crazy!’ as well as by the use of the term ‘schizophrenia’ to indicate disjointedness or incomprehensibility. At the same time, the definition of schizophrenia lacks any clear referent, fragmented into individual body parts, personal histories, and a vast multiplicity of symptoms manifesting only in certain moments. By understanding the schizophrenic as both a strictly rhetorical deployment never locatable in a single human body, and as fragmented into lived bodies/minds, we thus preclude the traps of either reifying ‘madness’ as that against which sanity is naturally opposed, a model primarily biological, or of simplifying and metaphorizing it into pure social construction. An understanding of schizophrenia that takes into consideration such fragmentation legitimates the lives of those coping with mental illness without homogenizing, naturalizing, or de-naturalizing their experience, and gives material bodies their due without reconstituting them as somehow prior, ‘natural,’ objectively ‘real’ and without agency. Through a process of disentangling agency and intelligibility from the contemporary rational, self-aware, productive subject of late capitalism, we can begin to imagine ways of expanding and reformulating goals of diversity and inclusion that no longer require this subject. An understanding of the iconic schizophrenic—delineated by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, but also through popular conceptions of what makes someone ‘crazy’—as necessarily un-locatable makes room for an attentiveness to how the construction of the rhetorical device both secures and troubles the boundaries of that normative, rational, ideal subject.

Even within work that seeks to account for and include the schizophrenic, we can see the continued appeal to norms of intelligibility that necessitate a deviant against which these norms can

legitimate themselves. These works tend to take two main forms: the appeal to medical and biological discourse, or the rejection of the biological in favor of a paradigm of pure social construction. In terms of schizophrenia, the former attempts to frame schizophrenia as an ‘illness like any other’ (Read et. al. 2006), while the latter has been shaped through the anti-psychiatry movement and feminist discussions of the liberatory potential of madness.¹ As Gonzalez discusses, these approaches are paralleled in conceptions of HIV/AIDS through the “medical vs. social construction of HIV positive status” in relation to the subculture of bugchasing. On one hand, medical discourse constructs HIV/AIDS as an objectively recognizable disease—an internal virus that has a negative impact on the health of individual, bounded bodies.

The medical construction of HIV positive status thus writes the individual into a discourse of disability situated against normative ability much in the same way that efforts to frame schizophrenia as a biological “disease like any other” posits the goal of destigmatization through medicalization (Read et. al. 2006; Blackman 2007:1). On the other hand, the “social construction” of HIV positive status urges empowerment of the disabled person through the reclamation of capacities. It chiefly seeks to normalize the disabled body through rhetoric of ‘different’ ability, with the central goal of regaining access to an intelligible, individual will. This discourse appeals to an audience of ‘responsible’ (read: properly gay, sane, and able-bodied) subjects who unquestioningly share the value of access to normative spaces of intelligibility. We can read the schizophrenic into Gonzales’s discussion insofar as the empowered, presumably treatment-compliant and self-aware person with mental illness is enabled by and against the non-compliant subject who poses what Lisa Blackman describes as “the greatest risk to public health and safety” (Blackman 2007:3), not only via a failure to take medication or partake in therapy, but also via an inability or unwillingness to “take up a particular relationship to

¹ Both approaches are addressed in more detail in Chapter II as they have manifested in feminist theory/disability studies.

their mental health difficulties” (Blackman 3). Just as the bugchaser is framed as “an existential menace to the normal self” who is “radically ineffable, literally impossible to comprehend or empathize with” in their perceived choice to seek contraction of HIV (Gonzales 2010:91), so the schizophrenic (by definition non-compliant and without self-awareness) haunts the unstable boundaries of intelligibility and sanity, posing the ever-present threat of violence toward others and reminding us all of the tenuousness with which we claim our own reason and rationality. This approach brings important nuance to our understanding of schizophrenia, because it suggests that not all experiences of the diagnosis are the same—some may adhere better than others to rubrics of recovery and compliance. This adherence is embedded in systems of racial, class, gender and sexual oppression, among others, and demands adherence to norms even within the space of mental illness. I thus use ‘schizophrenia’ to indicate that which is continuously relegated to the realm of unintelligibility—that which enables not only the normative sane subject but also the properly compliant ‘mentally ill’ subject.

The schizophrenic’s fragmentary experience of ‘madness’ is irreconcilable with norms of rationality and individualism, and is deemed meaningless in the meaning-system of the coherently ‘sane.’ Gonzalez makes a similar point when he challenges the dualist depiction of responsible gays vs. the reckless queer Other, who is in this case the bugchaser—a dualism on which both medical and social constructions of HIV status depend. By exploring the discursive function of the bugchaser as queer Other, he argues that a system of empowerment based on the normalization of (some) gay bodies/minds serves only to reify systems of oppression that posit deviant gay male desire as “monstrosity” (Gonzales 2010:104), requiring that gay men adhere to primarily heterosexual norms of desire that continue to position certain gay men’s sexuality as reckless, destructive, and dirty. The queer, deviant Other is impossible to empathize with when positioned against the gay subject who, in his newly normalized position, recognizes intentional contraction of HIV as a perplexing act of recklessness—of irrationality, even, in a sense, of insanity. It is the relocation of reckless deviance

from the gay man in general to the bugchaser that allows for the normalization of a certain kind of gay male desire. Likewise, the channeling of all things irrational into the label ‘schizophrenic’ enables norms of rationality, intelligibility, recovery and cure that can then be taken as preceding ‘schizophrenia’ itself. The able body/mind depends on the moral incoherence and reprehensibility of the subcultural body to secure that able body/mind as ‘enabled,’ hygienic, and intelligible (Gonzales 105). It is thus no longer the gay/disabled/mentally ill body in general that is marked as abject, but a more specific type of gay/disabled body, thus allowing for the inclusion of certain acceptable, sane, responsible gay/disabled/mentally ill bodies into the space of normalcy and acceptability. It is this shifting of the line of deviance, without the destabilization of the core norms at play, which is problematic in projects of normalization and diversity.

The coherent narrative of recovery requires this “distancing theater of deviance” (Gonzales 2010:105) wherein the schizophrenic remains a phantom threat, their motives or systems of meaning-making impossible to comprehend without the (re)interpretation through tools of the discourse of reason and rationality. The bugchaser’s unintelligibility is constituted through his incommensurability with standards of morality and self-care, i.e. as reckless, provoking the reaction: ‘How could anyone *want* to contract HIV?’ His perceived choice (to ‘chase the bug’) marks the bugchaser as, at least partially, immoral and unreasonable. The schizophrenic, unreasonable by definition, cannot be extricated from these overlapping norms of sanity, morality, cleanliness, and class that have produced iconic discursive figures like the bugchaser.² The bugchaser and the schizophrenic alike are thus most importantly discursive functions—tools with which normative constructs of hygienic sexuality and psychosocial norms can be secured. While, unlike the bugchaser, the schizophrenic may not outright be understood to have ‘chosen’ madness, s/he nonetheless occupies a space of unintelligibility highly

² Other examples of such figures include Saartjie Bartmann the ‘Hottentot Venus’ (Gilman 1985:213), whose protruding buttocks became an iconic representation of black female (deviant) sexuality, and the masturbator of late 19th century British discourses on sexuality and self-control (Hunt 1998:578). Each is heavily embedded in discourses of (in)sanity—a topic that, while relevant, is beyond the scope of this paper.

charged by a history of deploying madness to explain virtually all forms of deviance, a tactic that has served the function of normalizing that standard subjectivity from which the abnormal deviates.

I use the term ‘schizophrenia’ not as a convenient metaphor, a problematic tactic of which Catherine Prendergast has convincingly criticized numerous postmodern theorists (2013), but as a discursive tool that does something, and has very real consequences—for all of us, but especially for those who, in constantly shifting ways and moments, are relegated to the space of abjection through the term’s strategic deployment, “displace[d...] onto panic icons” (Gonzales 2010:106) and denied agency. In her essay “The Unexceptional Schizophrenic: A Post- Postmodern Introduction” (2013), Prendergast argues that the moves of cultural critique for which postmodern theory has been most indispensable have nonetheless been made possible through the securing of one identity: the schizophrenic. She argues that a sort of model, “exceptional” schizophrenic has been deployed and stabilized by postmodern theory, thus appropriating the term for its philosophical purposes in order to secure otherwise indistinct boundaries and consequently rendering invisible (while reifying) “the schizo” who is “reduced by hospitalization, ‘deaf, dumb and blind,’ cut off from reality, ‘occupying the void’” (Prendergast, quoting Deleuze & Guattari:237). This excessive metaphorizing of the schizophrenic enables a postmodern cultural critique while denying the schizophrenic any agency or space for change, proposing to liberate us from oppressive norms while simultaneously “cast[ing] certain identities outside the social order” all over again (Prendergast 238). The metaphor of madness is positioned against the ‘real’ schizophrenic—the one whose illness is increasingly posited as a malfunction of the molecular brain, and who is increasingly expected to adhere to contemporary standards of (pharmaceutical) treatment. The ‘schizophrenic’ can only speak through these normative regimes of the clinical gaze or self- reflective recovery, since endemic to the category is the (non)subject’s lack of speech.

As Prendergast's critique suggests, it is important to recognize the dual potential of either delegitimizing/rendering invisible those experiences labeled schizophrenic, or of over-metaphorizing madness against the 'real' experience of those living with the label and symptoms of schizophrenia. An approach that takes the schizophrenic as a rhetorical phantom creates space for the heterogeneity of what is marked 'schizophrenic experience' without naturalizing the diagnostic category itself, and without assuming that all such experience looks the same. Schizophrenia is never embodied in any ideal form, but always cropping up in fragments, haunting those normativities that are constantly trying to secure their shaky boundaries. To borrow again from Gonzales, the (unintelligible) excluded Other "invoke[s] even as [it] menace[s] normative regimes" of "assimilation and able-bodied" (and able-minded) "health" (Gonzales 2010:106). 'Schizophrenia' marks a necessarily fluid, fluctuating grouping of traits and experiences specific to individuals but necessarily embedded in the discourse in which it functions.

The schizophrenic individual never adheres to a specific way of being 'mad.' While, as Prendergast puts it, "The public seemingly only desires the stable schizophrenic, easy to incarcerate, or easy to celebrate as the occasion requires," unable or unwilling to "allow for fluctuation between states, and even less for the possibility that both states exist at once" (Prendergast 2013:243), it is precisely this fluctuation and newfound intelligibility that is enabled by the above-outlined understanding of the schizophrenic as rhetorical figure of abjection. It does not require a fixity of schizophrenic existence, but instead makes room for those marked as schizophrenic to, for example, "engage in civic rhetoric, while being schizophrenic. It would allow them to occupy the contested public sphere, bringing to it the force of their narratives" (Prendergast 243) and enabling the project of finding ways to make visible what she describes as "an increasingly public citizenry of schizophrenics" who claim public space and intelligible (self-)representation, and "enjoy a rhetorical position and a life that is not predicated on complete absence of impairment," but on the "right to

unexceptional instability” (Prendergast 239). Instability and nonlinearity ought to be integrated into frameworks of intelligibility—a project that requires a reconsideration of what makes us intelligible in the first place.

This chapter has shown how the schizophrenic, a rhetorical construct of abject unintelligibility that haunts a tenuous claim to ‘sanity,’ is productive of and produced by a system of compulsory normativity that renders certain people as always outside the bounds of rights-claiming and inclusive projects of diversity. The next chapter focuses more specifically on work in feminist disability studies that tacitly or explicitly depends on and reifies a certain conception of the agential, intelligible subject, thus perpetuating the schizophrenic as unintelligible Other.

Chapter II: ‘Mental’ Disability/Illness in Feminist Disability Studies

Schizophrenia, as Elizabeth Donaldson argues, “is a useful category to analyze” in that it “challenges the normalizing logic” of both medical and strictly social models of disability through the specificities of its impairments (2002:111). For example, “using a wheelchair does not disrupt the notion of American quite so much as being delusional does” (Donaldson 111). In other words, the schizophrenic disables a psychological subjectivity that, for disabilities marked physical, can remain intact. Through a process of securing the division of mind and body that positions some disabilities as bodily and others as mental, one can hold to a project of accommodating/normalizing the disabled body without challenging deeper norms of citizenship, subjectivity, and what it means to have agency/freedom—norms to which the schizophrenic fails to live up. With the schizophrenic’s deviance from those latter norms, i.e. by failing to meet standards of the self-aware, rational, consistent subject, it becomes much more difficult—arguably impossible—to generate a model of inclusion/accommodation that does not exclude the schizophrenic, as well as those on whom similar traits of failed subjectivity are projected, without disentangling norms of rationality and reason from the capacity for agency and a much more fluid, unstable, fragmentary sort of coherence.

In this chapter I consider multiple formulations of disability and mental illness, in disability studies as well as in psychiatric/scientific discourses, that depend on a certain notion of the rational subject-as-agent, precluding adequate deconstruction of how that subject comes to be, and how this subject is normalized through the continued exclusion of its Other, the schizophrenic without claim to rationality. My intention is not to critique all of disability studies, or to argue that we ought to abandon any goals of normalization and acceptance of disability. Without negating the important influence, both social and embodied, of political tactics and arguments of inclusion, it is nonetheless

important to consider on what kind of subjectivity the very access to humanness, intelligibility, and thus agency and rights-claiming depends within frameworks of diversity and normalization.

In much critical and feminist disability studies ‘mental illness’ or ‘mental disability’ is included peripherally in a list of potential disabilities while its particularities and its incompatibilities with arguments for accommodation are ignored as the focus remains fixed on recasting disability as difference. For example, Rosemarie Garland-Thomson (2013) describes how “what counts as disability has ranged across a broad spectrum of physical, motor, mental, sensory, behavioral, medical, and appearance conditions that restrict function and limit participation, these have overwhelmingly been perceived as stigmatized forms of inferiority” (Garland-Thomson 917). Yet, as she goes on to discuss the political value of recognizing disability not as inferiority but as potentially empowering identity, she fails to consider how constructions (and physical manifestations) of ‘mental’ and ‘behavioral’ disability may not conform to projects of identity. To actually confront this categorical instability would mean exposing the problematic nature of a project of inclusion in the first place. In other words, that mental ‘disability’ is insufficiently addressed in most work³ is indicative of a problem beyond just that insufficiency. The goal should not just be to more sufficiently address the ‘mental,’ but to consider how this work perpetuates the exclusions it intends to challenge, in order to then consider how we might instead conceive of the tangible and intangible through new understandings of agency that no longer depend on a centralized model of ‘self’ enabled by dualisms of mind/body, sane/insane, biological/culture, disabled/abled.

In an effort to account for the schizophrenic through a decentering of the rational subject-as-agent, the point is not to redefine the subject along new terms of individuation and citizenship that incorporate the schizophrenic, since such a project is impossible, the schizophrenic being constructed

³ The very inscription of the term ‘disability’ onto something not visibly physical raises important issues about what exactly qualifies as disability and why. See Corker (2001:44) for a discussion of the problematic equating of disability with physical visibility.

as that which, when intelligibility requires adherence to a certain rubric of rationality, can never be intelligible in such terms. The impulse toward a fissure of sane/insane and the diagnostic categories, psychiatric treatments, and projects of institutionalization and/or social exclusion that result, cannot escape a structure that does violence to those who do not live up to the terms within which a subject can be conceived. Calls to include the disabled in conceptions of life worth living often take for granted the conditions of rational subjectivity through which such lives are legitimated. But what happens when the subject itself is destabilized to such an extent that its fabrication as “stable” is no longer possible? What of the inability to do/support what is required by Western society in order to claim one’s individual rights at all?

It is here that a rights-claiming, inclusive paradigm falls short, and where a critical look at normative projects that “point[s] out a wide field of normalization, rather than simple intolerance, as the site of violence” (Warner 1993:xxvi), can be helpful for an understanding of ‘mental illness’ not as something to normalize and tolerate, since this perpetuates the same networks of violence, but as a site of alternative ways of asserting agency. In an effort to redefine which lives are worthy of life, worthy of grieving, worthy of care, we ought to think ‘madness’ through a framework that challenges the very structuring that enables an ideal of tolerance complicit with hegemonic norms. “[I]nterpreting disability as human variation rather than essential inferiority” is an important first step (Garland-Thomson 2005:1567), but is insufficient without complex analyses of how that variation is constituted and made to function in highly political systems of normalization and pathologization.

The focus on the ‘physical’

Some disability studies authors explicitly state that they intend to deal only with ‘physical’ disability, citing, as Susan Wendell does in the introduction to her book *The Rejected Body* (1996), a lack of expertise about “mental disabilities” and a “[particular interest] in attitudes towards the body” (Wendell 6). Wendell’s work on disability and chronic illness, whose invaluable intention is to grant adequate space to the lived, physical experience of disability, is particularly explicit in this move to

polarize mental and bodily disability and illness. Wendell draws a fixed distinction between mind and body by positioning her project exclusively in the realm of “physical” disability (Wendell 1989:121; 1996:6), thus naturalizing the divide between bodily and mental, as if this distinction exists objectively rather than as a result of a history of Cartesian dualisms that naturalizes either/or dichotomies. Wendell continues,

I know that many people with disabilities have both physical and mental disabilities, and I am interested in mental disability, of which I have some personal experience; but since it raises some different, additional issues, I discuss mental disability specifically only a few times in the book. I have tried, however, not to make any unqualified generalizations about disability without questioning whether they apply to mental disabilities. (Wendell 1996:6)

Similarly, in a footnote, Wendell states that a feminist theory of ‘mental’ disability is needed, but is not her focus (Wendell 1989:121). She neglects to define what makes a disability ‘physical,’ and occasionally includes ‘psyche’ in her discussion of what ought to be acknowledged in understandings of disability, thus relieving herself of having to address the “additional issues” raised not, I would argue, by the different nature of what is marked as mental-but-not-physical disability, but by the impossibility of maintaining the divide of mind and body once a thorough effort is made to include ‘mental disability’ in a project like Wendell’s.

It seems that if Wendell were to really make sure “not to make any unqualified generalizations about disability” (Wendell 1996:6) she would find that her inability to address disability marked ‘mental’ stems not from its inherently different nature, but because it more explicitly troubles that core subjectivity on which new orientations to bodily difference still depend. By positioning the physical against the mental, Wendell takes for granted that, somewhere beyond the physical, we are all intelligible, potentially productive subjects. Further, the dualism of physical *or* mental actually has the effect of disembodiment in so far as it fails to account for the sensate experiences of disabilities not readily visible and/or labeled ‘physical’ (Corker 2001:41). Alternatives of accounting for the lived, embodied realities and experiences of disabilities of all kinds, even those that trouble norms of

subjectivity itself, will require the dissolution of this binary of physical/mental and a renewed focus on sensation and processes of interaction no longer dependent on centralized, bounded, embodied selves.

Less explicit but more pervasive in this move to distinguish the body from the mind is the discussion in feminist and critical disability studies of disability as a strictly cultural interpretation of a pre-existing physical ‘difference’—a “cultural interpretation of human variation” that, in its physical manifestation, is not inherently meaningful (Garland-Thomson 2005:1557). Garland-Thomson describes this framing of disability as one of the core assertions of the field. It is, of course, an important step beyond an understanding of physical disability as inherent lack or natural deficiency (Donaldson 2002:112). However, as Donaldson critiques, an impairment-disability system that mimics the sex/gender dualism in this way by suggesting a neutral, meaningless ‘impairment’ whose (negative) meaning occurs through social systems that mark certain pre-existing (physical) ‘impairments’ as disabling, secures an “ideal, disembodied social subject” imaginable outside of the confines of these social systems that (de)value certain pre-existing biological realities (Donaldson 111). In other words, to claim that the devaluation of natural human variance is a social judgment on prior biological difference naturalizes a certain definition of the social subject who, in this formulation of disability-as-social-construction, remains intact while it is the body that is labeled as deviant. Alternatively, other feminist scholarship has applied the social construction framework explicitly to mental illness in an effort to destabilize the psychiatric naturalization of psychological pathology.

The ‘madwoman’ trope: Insanity as subversion?

Like those who distance themselves from ‘mental’ disability by stating a vested interest only in addressing the ‘physical’ or by positing disability as social (de)valuation of bodily difference, others have, following the anti-psychiatry movement of the 1970’s and 80’s, addressed ‘mental’ disability in a way that grounds its goals of social change in the search for and critique of the ‘societal causes of individual and interpersonal problems’ (Avery 1998:1) while rejecting a psychiatric paradigm. Such a

rejection appears rooted, as argued by Bonnie Burstow (2007), in the reality that tools of the psychiatric profession have been and often are used abusively against women, creating mistrust. Because of its utilization as a means of social control and its historical tendency to medicalize and pathologize women's unhappiness, Western feminist theorizing around mental health has largely departed from frameworks of psychiatry.⁴ Such work attempts to normalize 'madness' by arguing that it functions to oppress those (women) whose minds/emotions deviate from hegemonic norms of class, masculinity, whiteness, etc. Mirroring much of disability studies work that addresses physical disability, this approach parallels what Gonzales calls the 'social model of disability' which frames disability as a potentially liberatory 'form of empowered embodiment and communal belonging' (Gonzales 2010:93). This blunt move to position mental illness as purely socially constructed attempts to destabilize the centralized rational subject through the assumption that it is primarily women, or those who are feminized, that are disproportionately labeled as mentally ill. It is problematic for a number of reasons. Most relevant is its denial that mental 'illness' has any material, biological, embodied reality, as well as its neglect of the fundamental unintelligibility of the person deemed mad—by definition, the schizophrenic is denied the faculty of meaning-making and agency, precluding transgressive potential.

This is a critique convincingly argued by Marta Caminero-Santangelo in her book *The Madwoman Can't Speak, or, Why Madness is Not Subversive* (1998). She argues that mental illnesses marked as madness can never provide tactics of subversion (Caminero-Santangelo 179), positioning her work against a trend in feminist scholarship and activism that frames madness as women's rebellion against a system wherein women's experience is devalued and made to conform to masculine norms. She argues that such a space can never be subversive because, while it provides "the illusion of power,"

⁴ This introduction is taken from a blog post I wrote for Feministing.org's community blog that addresses in more depth the ways feminist social workers and activists may work to include women with severe mental illness. See bibliography for detailed citation (Glendora 2012).

the ‘only outcome’ for the madwoman will always be “greater powerlessness” (Caminero-Santangelo 3) as she will inevitably remain “trapped in silence” (Caminero-Santangelo 4). Caminero-Santangelo goes on to discuss that literary representations or memoir narratives that seem to make the madwoman intelligible and allow space for resistance actually (necessarily) emerge from the author’s ability to reflect on moments of madness only from a perch of regained sanity. Intelligibility thus still requires a positioning against the mad. For feminist scholars to posit ‘madness’ as a primary site of (female) resistance, then, is to “demonstrate just how fully they themselves can engage in public, rational forms of discourse” (Caminero-Santangelo 180). Caminero-Santangelo also acknowledges the import of the bodily/material, and the ineffectiveness of an approach that fails to recognize their co- constitution. She writes:

It seems highly risky to pin all arguments about the social and regulatory aspects of technologies of madness, including their production of gender ideology, on the premise that mental illness must be completely severed from biology; any scientific evidence to the contrary will then inevitably undermine the cause. (Caminero-Santangelo 32)

Her argument, paralleling Donaldson’s that madness, despite its “enduring romantic appeal,” provides women “little possibility for true resistance or productive rebellion” and results only in the “limited political efficacy of the mad subject” (Donaldson 2002:101), is convincing and effective. However, her unproblematic acceptance of the equating of subjectivity with agency, as well as her reification of ‘madness’ as some kind of objective reality of meaninglessness that enables rationality, lead her to make the claim that the madperson will never have agency without recovery of rationality. She argues that madness is defined by a loss of subjectivity, and that subjectivity is a necessity for any agency. Thus madness cannot be subversive because subversion requires agency, and agency is impossible without “subjectivity” (Caminero-Santangelo 1998:117), which importantly includes the capacity for intelligible speech (Caminero-Santangelo 122). Caminero-Santangelo reifies the construct of ‘madness’ as loss/destruction of the subject by accepting that this normative subjectivity is the only source of potential for “emancipatory female agency” (Donaldson 2000:np), and that such a position

must be regained. She fails to address the biopolitical, discursive function and construction of the ‘madness’ she discusses, securing schizophrenia in its pre-constituted unintelligibility, a constant and objectively real threat to the sane, rational subject. Put differently, Caminero-Santangelo revives the phantom schizophrenic ideal-type precisely in her casting away of madness as utter unintelligibility. Despite her attempts to circumvent the naturalizing and biologizing of mental illness, it is exactly this that results. Her argument, while importantly positioned against the claim that mental illness is a pure social construction imbued with emancipatory potential, is complicit in the normalization of a certain ideal-type subject that necessitates the exclusion of those deemed ‘mad.’ It will thus always fall short of fully accounting for those who fail standards of proper subjectivity.

This chapter has shown how previous approaches toward disability that seek to destabilize hegemonic norms of physical and mental (dis)ability are often at least partially complicit in the reification of an ideal, coherent, rational and productive subject. We might thus consider ways of expanding and rearticulating challenges to such norms by more thoroughly destabilizing the norms that have heretofore tacitly undergirded goals of re-valuing difference and expanding definitions of who qualifies for inclusion. The next chapter discusses the specificities of the normative rational individualist subject in more detail. It then considers the biopolitical production of the diagnostic category ‘schizophrenia’ in relation to this ideal subject to indicate how the ‘sane’ and ‘insane’ are inextricably co-constituted and to gesture toward potential reformulations of normativities no longer dependent on a certain ideal-type subject.

Chapter III: Schizophrenia as Disruption of the Late Capitalist ‘Self’

As any attempt at a finite definition reveals, and as evidenced by debates about the term’s usefulness and accuracy (‘Schizophrenia’ 2006; Lieberman & First 2007), ‘schizophrenia’ cannot unproblematically signify either specific individuals or any finite set of experiences or traits. An explanation of what I mean by ‘schizophrenia,’ then, is most effectively accomplished through a consideration not of what the term objectively ‘means’, but of how it functions discursively. In this chapter I consider the schizophrenic, in its ideal yet always unstable formulation, never embodied by particular individuals, as a type of abjection that enables the very intelligibility and sanity from which s/he is generally thought to deviate. I first address how this late capitalist, self-aware subject-as-agent, born in the West but consistently universalized and naturalized, has come to be and to function, and in what ways it remains intact in efforts to redefine norms of able-bodiedness and boundaries of citizenship.

The persistent centralization of the very concept of identity is central here (Puar 2013). The emergence of liberal subjectivity—the “unitary, rational subject”—is usefully outlined by Couze Venn (1998; 2010) in his discussion of the rise of the institution of psychology and psychiatry. This subject is rooted in an individualism that “makes possible any co-ordination amongst [a] variety of normative practices” (Venn 1998:121), including those practices of regulation of the disabled/ill. The ideal-type subject necessitates figures of deviation to secure its normalcy and legitimacy—thus “the poor, the ‘criminal,’ the mad, the non-European and women are, almost by definition, abnormal, deviant,” defined as such through appeals to “the mysterious clarity of common sense and translated into ‘facts’ through quantification” of their degree of deviance (Venn 123). These “facts,” such as those imbued into the diagnostic category ‘schizophrenia,’ are not fixed, but are embedded in a history of networks of power. To fail to decenter/denaturalize the normative subject means the continued relegation of

some (those deemed insane, broken, irrational, etc.) to the space of unintelligible abjection—the space of non- or sub-humanness.

The Subject of Late Capitalism

How do we understand ourselves as selves? It is with Aristotle that we begin to see claims that what differentiates the human self from the animal is the human's nature as a political being, imbued with the capacity of *logos*. Thus, that reason is concomitant with humanness is not new—it can be traced to the very origin of politics (Derrida 2009). What is more specific to the contemporary moment is the persistent centralization of the very “notion of identity” in liberal discourses (Puar 2013:25), a notion founded on the capacity for (self) recognition and the ability to speak, and rooted in the individual material body. This “individual free to choose” is not a natural given, but is the product of a Western system that has based itself on what Nikolas Rose describes as “the disciplined subject, the isolated labourer, the contract and the market” (Rose 1985:203)—a network of power relations that produce certain bodies in the service of capitalism. This transcendental individual, whose soul and conscience were the product of Christianity, was imbued with citizenship and rights with the emergence of liberal democracy (Rose 1985:203). The ideal subject, as Venn explains, is “actively constructed” through, on the one hand, modern science and reason, and on the other from discourses of law, “of general rights and of possessive individualism,” these two components linked through a presumed capacity for rational judgment (Venn 1998:128). The intelligible subject becomes such through discourses of citizenship, individuality, and ideals of a “unified, coherent, self-centered subject” (Rose, 1998:4) whose freedom of choice lies at the center of his/her humanness.

This productive, rational subject is not fixed firmly in dualisms of rational vs. irrational, but is instead determined in dynamic relation to capitalist standards of productivity—both the productive capacity of individual bodies, and the ways profit can be made through the (in)capacities of bodies. As Puar explains, what makes an acceptable, normal subject is entwined with what makes a body

productive in capitalism, at the same time that both normativities and pathologies are constructed along lines of what is most profitable (Puar 2011:153). In the first instance, “techniques of disciplining and training [...] seek to maximize the capacities and productivity of the body” (Venn 1998:141). Disability as labor power deficit is inseparable from consumer capitalism insofar as disability “names the abject refus/al of industrial capitalism” (Betcher 2010:109), casting certain bodies/minds as un-productive. On the other hand, disability presents “vital opportunities for the creation of private profit and national economic growth” (Rose 2007:209), leading to massive, powerful industries, such as the psycho-pharmaceutical industry, that take part in the regulation of bodies/minds.

Disabilities and illnesses, in their gradient, fragmentary manifestations, are thus not strictly the failure to be productive, but are also by definition profitable for capitalism. There is, then, no strict division between the sane and insane, subject or non-subject, since such divisions are increasingly constituted through ongoing, ever-changing standards of productivity and profitability—“variegated aggregates of capacity and debility” (Puar 2011:154)—manifest in processes of fragmentation and diffusion into certain moments, social spaces, and (increasingly molecular) body parts. It is thus not a question of ability vs. debility but of how bodies are or are not rendered useful and productive—of “which bodies are made to pay for ‘progress’ [...], which debilitated bodies can be reinvigorated for neoliberalism, and which cannot” (Puar 153). These norms are “consistent with the dominant form of sociality” and serve to reproduce specific relations of power (Venn 1998:125). Thus schizophrenia in part serves as an ontological sectioning-off of those whose incapacities render them un-productive citizens of late capitalism. Further, it is precisely that move of exclusion that naturalizes certain standards of productivity and renders certain bodies/minds eligible for rights-claiming.

These norms are embedded in what Foucault calls biopower: the “numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” (Foucault 1978:140). With modernity, he argues, has come an increased interweaving of two previously distinct

modes of control—that of the population at large on one hand and individual bodies on the other—which “guaranteed relations of domination and effects of hegemony” necessary for the development of capitalism (Foucault 141). As described by Rose in *The Politics of Life Itself* (2007), the concept of biopower exposes a range of tactics for the regulation of humans on an individual and population-wide scale, “as living creatures who are born, mature, inhabit a body that can be trained and augmented, and then sicken and die” (Rose 54). Networks of power traverse not only the broadly societal, but also necessarily the very material of the individual body, neither of which is separable from the other insofar as the production of knowledge results from the regulation of each through the other (Rose 53). The question of the vital processes of life thus becomes a highly political one when biology cannot be taken as pre-existing, objective materiality.

Foucault has labeled this control of the human body “anatamo-politics,” one of two poles of biopower. The other, “biopolitics,” refers to regulatory controls of the population at large. The 19th century, he argues, saw the integration of these two poles through numerous “great technologies of power” (Rose quoting Foucault, 2007:53). The body, that site of life in its crudest form, cannot in fact be separated from systems of power, but is rather the primary means through which legal and political control is realized (Foucault 1978; 1997; 2004). Biopolitics “has to do with the entry of biological life into the field of political techniques” (Schinkel 2010:158). Thus analyses of the “juridico-institutional” and biopolitical modes of power cannot but take both into account as mutually constitutive, because it is with “the assertion and presentation of this ‘body’” that democracy is born, not “abolish[ing] sacred life but rather shatter[ing] it and disseminat[ing] it into every individual body” (Agamben 1995:124). It is thus no longer through force that norms are enforced, but through the regulation of those bodies, on an increasingly minute, even molecular scale, via the instituting of hegemonic normativities whose compulsory nature is necessarily covered over by the illusion of ‘free’ choice. “Attempts to maximize [the body’s] utility and produce its willing docility” (Venn 1998:127) no longer

depend on coercion, because individuals themselves are compelled to strive toward norms that are taken as naturally, objectively ideal.

That the body is the necessary material of recognition of humanness is not solely an aspect of our contemporary moment, or even of modernity in general. Biopower has arguably been a useful paradigm for some time (Agamben 1995:119). Yet the cerebral subject of technologies of molecularization and psychopharmacology is a particular manifestation of biopolitical control. A look at the contemporary construction of the self as molecular and genetic brings increased nuance and relevance to Foucault's biopolitical framework. As Rose argues, new technologies mark a shift from the era of psychoanalysis—during which the individuality of the subject resided primarily in a “psy-shaped space” to which the psychologist/psychiatrist/psychoanalyst laid claim—to an era in which we see ourselves through the molecular functioning of the biological (Rose 1998). We are increasingly coming to understand ourselves as individuals and citizens through biology and how we can manipulate and control it. The deep interior space of the psyche has been “flattened out” and “displaced by a direct mapping of personhood, and its ills, upon the body or brain,” the primary site through which all psychological realities take form (Rose 2007:26). It is thus that “the cerebral subject,” having become “the anthropological figure inherent to modernity” (Vidal 2009:6), is further reduced to biology, now on a micro scale of genetics (Hedgecoe 2001).

Just as the body and mind become indistinguishable and “a widespread belief about personal identity” take shape, namely “that to have the same brain is to be the same person, and that the brain is the only part of the body we need in order to be ourselves” (Vidal 2009:6), so are the qualities ascribed to the properly functioning brain determined as specific to the human, now more than ever. Thus humanness is conceptually rooted in a capacity for reason, following Western cultural traditions and eventually science, and reason is biologically rooted in the brain. The brain becomes the ‘real,’ material site at which reason manifests, through biological functions that are depicted in ways that

presume scientific objectivity and that gain legitimacy through tactics of visualization that are presumed objective (Vidal 2009:197). The centralization of the self in the biological space of the brain indicates an ideal of a neurologically healthy brain, distinct from the realm of political meaning and constituted as that toward which all individuals ought to strive.

If the humanness of the human resides in the brain and depends on the organ's 'normal' functioning, any deviation is pathologized. When pathology is understood as exclusively or primarily genetic or molecular, it is evacuated of its embeddedness in the systems of biopolitical control outlined thus far. This pathologization will take a necessarily different form, with different implications, than other physical 'disabilities,' if only because of what I have laid out so far: that the brain *is* the self. It is the self itself that is being disturbed on a biological level. The schizophrenic functions as that which is no longer human insofar as s/he is no longer capable of what marks proper subjectivity. "Characterized by delusions, hallucinations, disorganized speech and behavior, and other symptoms that cause social or occupational dysfunction" (Hiller 2013), schizophrenia straddles the imaginary line between human and animal that it has assisted in creating in the first place. So long as "psychology, along with the other sciences of the social, takes for granted the specific conceptualization of the individual as the unitary, pregiven rational (and male) subject" (Venn 1998:131), it is in its perpetual haunting of sane subjectivity (rooted in the brain) that the schizophrenic, defined through its direct opposition to this sane, coherent, rational subjectivity, functions as a threat to the very materiality of that subjectivity. Madness is thus that which "reason can know as its dark side, and against which it measures its rationality," constituting an "intimacy between reason and unreason, the thin dividing line which is maintained at the cost of constant vigilance" (Venn 137). Without fundamentally challenging this paradigm, projects of diversity cannot adequately account for disabilities defined by the fundamental disruption of that rational, core self on which Western rights-claiming discourses depend. I now turn to the diagnostic label 'schizophrenia' as an exemplary instance of this disruption.

Diagnostic Construct of Schizophrenia

The term “schizophrenia” was introduced in 1908 by Swiss psychiatrist Eugene Bleuler, but its usages and meanings have never been stable, even for Bleuler himself (McNally 2011). A close look at the changing definitions, boundaries and meanings of schizophrenia reveals that it has been anything but the “stable trans historical object” it is often imagined to be (McNally 109). “Schizophrenia” was etymologically preceded by the term “dementia praecox,” which Bleuler argued to be an inadequate term for the observed symptoms. His new term—a combination of the Greek verb *schizein*, meaning splitting, and the Greek *phren*, meaning first “diaphragm” and later “soul/spirit/mind”—marked what Bleuler saw as most fundamental to the “disease,” a splitting of the personality. He wrote:

I call dementia praecox schizophrenia because, as I hope to show, the splitting of the different psychic functions is one of its most important features. In each case there is a more or less clear splitting of the psychological functions: as the disease becomes distinct, the personality loses its unity. (Ashok et. al. 2012)

The diagnostic category has taken many forms since its conception.⁵ In the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) V, published in 2013 after a 14-year revision process, schizophrenia is “characterized by delusions, hallucinations, disorganized speech and behavior, and other symptoms that cause social or occupational dysfunction” (Hiller 2013:np). A diagnosis requires the existence of symptoms “for six months” with “at least one month of active symptoms” (Hiller np).

Despite a considerable lack of empirical evidence (Blackman 2007:3), schizophrenia is consistently described in both medical and popular discourse as a biologically locatable disorder whose causes and treatment can be tracked and developed only through the continuing progress of modern science toward an ideal of objective purity and specificity.⁶ The most common mainstream

⁵ See Kirschner (2013) and Gambrill (2014) for analyses of such shifts.

⁶ See Rose (2008) and McNally (2011) for more comprehensive discussions of this molecularization, purification, and specification.

descriptions define schizophrenia as a kind of yet-to-be-fully-understood hybrid of biological and social causes, resulting in what contemporary psychiatric and medical discourses have, over the course of the late 20th and early 21st century, increasingly framed as a disorder of the brain (Walker & Tessner 2008; Rose 2008; Vidal 2009; Scull 1992; Read et. al. 2006; McClean 1990). What distinguishes the contemporary biopolitical moment of conceptions of schizophrenia rests at least partially in the specificities of the modern self-brain connection, and in how this connection manifests in new ways through the molecularization of mental illness.

That so little is understood about how and why ‘schizophrenia’ manifests indicates the impossibility of drawing such blunt conclusions about the objective reality of matter against its cultural interpretation. The impossibility of objectively locating ‘schizophrenia’ precludes a definite distinction between physical and mental disability and disease. As Belinda Clayton (2002) writes, “When the current array of ‘clinically legitimate’ cases of illness, such as DVT, bipolar disorder (formerly manic depression), ADHD, CFS, etc. produce themselves in such a way that cannot be sufficiently understood, except in terms of mind and body unity,” this dualism becomes increasingly unstable (842). She argues that what she calls “postmodern maladies,” of which we may consider schizophrenia to be one, refuse to subscribe to an either/or, a/b logic. Such distinctions “are no longer relevant in an oscillating world where bodies and their histories, past, present and future are never clearly defined” (Clayton 2002:841).

In response to stigmatization, and paralleling much popular and cultural narrative of mental illness, this “biogenetic paradigm” is manifest in what John Read et. al. call the “illness like any other” approach, which positions psychopathology as a strictly biological, molecular disease no different from those diseases we already likely accept as exclusively physical (Read et. al. 2006; McCall 1990). A symptom of the problematic nature of this tactic is its apparent ineffectiveness in the reduction of stigma. In their study of public attitudes about and understandings of schizophrenia in this era of

increased diffusion of depictions of schizophrenia as a “disease like any other,” Read, et. al., found that “negative attitudes about schizophrenia are consistent over time and place, with dangerousness and unpredictability forming the core of a toxic stereotype” (Read et.al. 304). Further, “attitudes do not seem to have improved over the 50 years they have been studied.” In fact, some evidence suggested they have gotten worse. More problematic are the assumptions on which this ineffective project rests—namely, again, that the physical and mental can and should be catalogued on either side of a binary. The “illness like any other” framing still assumes the dualism of science/politics (and body/mind) in that it relegates a highly politicized, socially embedded ‘disease’ to the imagined realm of medicine, the West’s most touted field of objectivity. By defining schizophrenia through a linear narrative of the progress of modern science, resulting in a molecular “disease like any other,” we neglect to acknowledge (thus participating in and perpetuating) the ways in which the “popular ideology of rational individualism of Western capitalism and biomedicine” regulates standards of health and intelligibility for purposes most beneficial for the maintenance of such power (McClean 1990:977). It thus does little, if anything, to relieve the stigma and violence enacted against those marked mentally ill (Read et. al. 2006; McClean 1990).

That the ‘true cause’ of schizophrenia remains elusive but is nonetheless increasingly sought in the molecules of the body follows 20th and 21st century fusions of undesirable traits, both ‘mental’ and ‘physical’ and likely understood by the contemporary reader as hardly related, into single definitions of lives marked as undeserving of life. As Leonard J. Davis writes,

One problem for people with disabilities was that eugenicists tended to group together all allegedly ‘undesirable’ traits. So, for example, criminals, the poor, and people with disabilities might be mentioned in the same breath. Take Karl Pearson, a leading figure in the eugenics movement, who defined the ‘unfit’ as follows: ‘the habitual criminal, the professional tramp, the tuberculous, the insane, the mentally defective, the alcoholic, the diseased from birth or from excess’ (cited in Kevles 1985, 33). (Davis 2013:6)

Such a collapsing of the categories of the somatic and the psychological has also arguably contributed to deep stigmatization of people labeled mentally (and physically) ill or disabled. From this seemingly

‘backward’ orientation toward the relationship between material and psycho-social realities of bodies has emerged what Blackman refers to as a brand of “psychopathology [that] is constituted through a logic of loss and deficit that produces the singular, bounded neuro-chemical or biogenetic body as its object of study” (Blackman 2007:1). Schizophrenia is thus consistently described as an objective deviation from a shared reality, like in an article entitled “Schizophrenia” (Piotrowski 2013) that attempts to define schizophrenia as a ‘factual’ disease. The author states that schizophrenia “can roughly be translated to mean ‘split mind,’” indicating that “individuals with schizophrenia do not always experience the world as it is. The world can be one way in their mind and another way in what is going on around them” (2013:np). An objective reality is thus secured, access to which is restricted to those deemed sufficiently sane.

The schizophrenic is marked as an improper witness, incapable of participating in meaning-making, even (or especially) when it is the disorder itself that is to be witnessed and understood; their self-report cannot be trusted (Caminero-Santangelo 1998:20). Instead, an inner truth can only be revealed, on the one hand, through its exposure to the light of modern science, and on the other through the interpretation of sufficiently sane witnesses. It is thus not the subject that speaks, but the doctor or proper subject who speaks through interpretation of the schizophrenic’s speech/embodiment. The schizophrenic body is made to speak through its genes, molecules, and the myriad black boxes that must remain closed in order to secure the norms of proper subjectivity imperative to Western systems of domination, at the same time that the schizophrenic mind becomes intelligible only through retrospective narratives of recovery and self-awareness.

By biologizing schizophrenia, the individual body is interpreted not through listening to the experience of individuals, but by making the diseased body (and mind) speak through its clinical interpretation. In an era of increasing medicalization and molecularization of mental ‘illness,’ intelligibility depends more and more on expert observation. Psychiatric discourse divests of all

meaning the “stammered, imperfect words without fixed syntax” of the ‘mad’ and, “only on the basis of such a silence,” proceeds to “[posit] the separation” of rational and insane as “already effected” (Foucault 1965:x). The clinical gaze, as it claims a position of objectivity and a monopoly on knowledge of mental ‘illness,’ naturalizes that which it has rendered meaningless. In her book *Treatments* (2007), Lisa Diedrich considers the ways disease is increasingly individualized biologically, and through this process is also sanitized and purified of its social/political embeddedness.⁷ Following Foucault, Diedrich argues that “in order to determine the space of disease, to precisely locate the ‘pathological fact’ within the patient’s body, ‘the doctor must abstract’ the patient” (Diedrich 2007:5, quoting Foucault). The patient is “individualized as a body,” though “not as the subject of her own experience of illness” (Diedrich 2007:5), necessarily caught at the intersection of “examination and interrogation” wherein “language and the gaze converge on the object: the pathological fact extricated from the patient’s body” (Diedrich 2007:5). The expert doctor serves as objective translator of that which is otherwise deemed unintelligible. “It is not the patient’s voice that matters, but the doctor’s voice offering an exhaustive description of the patient’s abstracted body” (Diedrich 2007:5).

Yet it is through these processes of interpretation that the very construct of the unintelligible schizophrenic is produced and deployed. As Diedrich argues, any legitimated “practices of witnessing”—whether through science, from a position of mental ‘health’ or ‘stability,’ as a social worker, or from any other position privileged by the claim to sanity—do not merely observe or interpret a reality (Diedrich 2010:91). Instead, in the very process of looking, of “try[ing] to make sense of what we see (and don’t see), we too participate in the production of mental illness as a category of analysis” (Diedrich 92). Witnessing “brings into being” the very categories (schizophrenia) and

⁷ Bruno Latour, in *We Have Never Been Modern* (1991), argues that key to modernity is a paradoxical belief in a distinction between science and the political, that very belief being what allows for the proliferation of highly political networks of power. The process of purification relies on a sense of motion toward a telos of science—this motion forward, paired with a retrospective ‘we know better now,’ has defined the process of modernity since the Enlightenment (12).

practices (of diagnosis and treatment) that it makes intelligible (Diedrich 92). There can be no interpretation or observation of schizophrenia that stands outside of the processes by which it is constructed.

The de-humanization of the schizophrenic is evidenced by psychosis's function as an exception to rights-claiming through appeals to "public good" and safety. Just by virtue of having been diagnosed with a mental illness, a person can be readily hospitalized without her/his consent, "intervention by the state" being legally "indicated for individuals who are deemed unable to make rational decisions for themselves, including the mentally ill" (Menninger 2001:np). In the name of protection of a "public" of proper rational subjects, the schizophrenic is confined by the law to the psychiatric hospital, in a sense "eliminated without punishment" (Agamben 1995:139) for the sake of the greater good. Having fulfilled the prerequisite of having been diagnosed with a mental illness at all, any perceived "dangerous behavior toward self or others, grave disability, and the need for treatment" (Menninger 2001:np) become grounds for arrest and/or hospitalization, which usually results in (forced) medication.

This violent impulse toward "the sake of the greater good," unsettlingly reminiscent of more blatant eugenics projects like that of the National Socialist regime (Agamben 1995:140), has manifested historically in the asylum (see Foucault 1965) and is now apparent in technologies of psychiatric medication. It exposes a key element of the ever-present potentiality of reduction to non-human status in all citizens (Agamben 1995:140). In other words, the threat of the schizophrenic lies not in the objective "dangerousness" of their behavior, but in the haunting of what is already unstable, namely the very claim to proper humanness, to bounded subjectivity. The threat of loss of human status "is no longer confined to a particular place or a definite category. It now dwells in the biological body of every living being" (Agamben 140). Thus we are all in a sense potentially insane—this potential residing in the molecular functioning of the biological brain—making it all the more

important to maintain the schizophrenic as abject in order to diffuse the threat of insanity and maintain some sense of secure division between self and Other, sane and mad, intelligible and unintelligible.

Rather than delineating any kind of essential nature of the self, assertion and regulation of identity and individuality depend on performative language to produce what that language claims merely to describe (Venn 2008:24). This can be seen in projects of citizenship and rights- claiming that have employed the mythic “unified, coherent, self-centered subject” and, as Rose puts it,

[...] bemoaned the loss of self in modern life, that sought to recover a self, that urged people to respect the self, that urged us each to assert our self and take responsibility for our self— projects whose very existence suggests that selfhood is more an aim or a norm than a natural given. (Rose, 1998:4 emphasis added)

Oriented toward the performative actions of “assertion” and “taking responsibility,” such projects serve to secure the ‘normal’ subject as unproblematic, even as their very necessity reveals the instability of such norms. As McRuer and Puar argue, exclusion is a requirement for all projects of citizenship (McRuer 2011:113). Puar’s discussion of the “queer terrorist,” a site of meaning that triggers violent responses precisely because of its incomprehensible queerness, makes clear how Western citizenship discourse is secured against those bodies marked out as unintelligible queer threats. In understanding the schizophrenic, then, the concept of the queer terrorist is useful in that it exposes the production of normative national subjects against the abject space of the unintelligible— those who, returning to Kristeva, trouble the boundaries of norms at the same time that they enable them. Puar outlines the imagined ‘terrorist’ as an inherently queer construction within U.S. discourse—an already-queer assemblage of networks that come together to engage and enable certain meaning-makings. She argues that “the production of normative patriot bodies [...] cohere against and through queer terrorist corporealities,” thus needing the queer terrorist to secure Western empire through “discourses of U.S. exceptionalisms” (Puar, 2005:121). In other words, the ideal, normalized national individual is coherent only as it is positioned against the incoherence with which the (feminized, sexualized) terrorist threatens the ideal of the (hetero-masculine) individual. Likewise, it is

in opposition to the threatening rhetorical phantom of the schizophrenic, both haunting and constituting the imagined boundaries between the sane and insane, intelligible and unintelligible, that the proper citizen is constructed. Thus a project like Garland-Thomson's that suggests a reclamation of the label "misfit" in an effort to redetermine the boundaries of citizenship (Garland-Thomson 2011:601) falls short in that it remains faithful to the goal of inclusive citizenship, failing to consider for whom this inclusion will, by definition of citizenship itself, always be impossible.

Redeemable only through a narrative of cure and recovery, 'insight,' and compliance with specific treatment regimes, the (non-compliant) 'crazy person'/'psycho' can pose a terrifying challenge to iterations of 'sane,' bounded subjectivity and individual will. One learns, for example, to fear insanity as an external curse that would wrench from us our very ability to make rational decisions. One learns to fear the schizophrenic as a violent, unpredictable being who lacks the ability to coherently self-represent. Within this paradigm of self-regulation and individual insight, "The hero is one who is able to accept their diagnosis [...] and recast themselves as an object of hope and faith" (Blackman 2007:8), a construction of the success story positioned against and enabled by "those constituted either as an object of fear and threat (the recalcitrant), or an object of pity and sympathy (those who cannot effect their own transformation with or without drugs)" (Blackman 8). Just as the bugchaser legitimates the healthy gay male body whose sexual practices are "safe," resulting from a proper self-care that is a key element of modern biopolitics as discussed by Foucault (1978), these two latter figures of madness enable the recovery narrative, available only to some, that undergirds the continued Othering of certain people marked mentally ill.

The terrorist Other, like the schizophrenic, provokes a violent reaction precisely by their irreconcilable queerness. They are "an unfathomable, unknowable, and hysterical monstrosity" (Puar 2005:127)—a description of the terrorist assemblage that can read also as a description the schizophrenic who, like the terrorist, is "completely chaotic" in their "disobeying [of] normative

conventions of ‘appropriate’ bodily practices and the sanctity of the able body” (Puar 131). The violent response to the ‘terrorist’ relies on a violent response to the non-normalizable, the assemblage that cannot be subsumed into a discourse of normativities. The fear of the schizophrenic—“Aren’t they dangerous?” was a common question posed by new volunteers at Deborah’s Place, where I worked with women with schizophrenia—is likewise a fear of that which cannot be reconciled with the normative privileging of subjectivity and the will. The schizophrenic thus parallels the “queer terrorist” and the bugchaser in that all three must be either violently confronted or normalized in the process of securing normative notions of selfhood directed toward late capitalist productivity. While the bugchaser is constructed as backward sexual deviant and the terrorist is the target of the call, “You terrorist!” if not of violent hate crimes, the schizophrenic, in their challenge to normative notions of sane subjectivity and individual will, is institutionalized, ignored, ostracized, mimicked and abused. Psychosis is understood as a crisis in that it represents the coming-undone of the person; the very status of the person is undermined by their deviance from notions of normalcy. Disability rights discourse, like the “medical vs. cultural constructions of HIV positive status” and discourses of multiculturalism, is thus fundamentally problematic in its rootedness in normalizing (and thus diffusing the threat posed by) disability, and in its lack of attention to schizophrenia as an especially insoluble site of deviance.

This chapter has addressed the normativities that constitute the ideal, rational subject of capitalism in the West. No longer adherent to dualisms of sane and insane, the proper subject becomes such through the biopolitics of capitalist productivity and profitability. These systems of control and regulation are becoming increasingly molecularized, rendering the brain the seat of the autonomous, rational self. Schizophrenia, then, is that ever present haunting potential of the total loss of self—a potential likewise biologized, and thus made more ‘physical’ than ever. An understanding of mental health, citizenship, and the pathologized ‘schizophrenic’ as outlined in this chapter helps elucidate

what kinds of exclusions neoliberal projects of diversity and inclusion often fail to recognize when certain norms of intelligibility, rationality, and inclusion within bounds of citizenship are upheld as goals. The next chapter speculates briefly about potential alternatives for imagining agency and intelligibility without the preservation of the bounded self-aware citizen-subject.

Chapter IV: Affect, Shadows, and the Move Beyond the Contemporary Rational Subject

Considering the ways in which the yoking of agency to a certain notion of the proper subject renders some people perpetually excluded, perhaps it is more accurate and useful to look for other ways of defining agency and intelligibility than through dualisms of mind/body, sane/insane, intelligibility/unintelligibility, etc. Since it is the historical founding of the self in a capacity for reason and knowledge that renders the schizophrenic incapable of speech, of being heard, or of becoming intelligible through one's body, perhaps an understanding of the body as "latent potentiality, always in the process of becoming," and "always reworking itself" (Clayton 2002:847) would be more useful than a continued division (even in its collapse) of a dualism of mind and body. In this chapter I consider potentials for agency, without or beyond this bounded subject: a dissolution of the rational core self in favor of ways of knowing and being that make imaginable an agency of the madperson and integrate understandings of the ways the very categories of sane/insane, subject/non-subject, and human/non-human are both "historically contingent and have real material effects" (Diedrich 2010:92). I intend not to propose formulated resolutions, but to suggest some preliminary routes that may be useful in rethinking (dis)abled subjectivity and agency. A number of concepts, when brought together in relation to the schizophrenic's fundamental challenge to 'sanity,' may prove useful in imagining ways of making the 'insane' intelligible and ascribing agency to those labeled schizophrenic without necessitating recovery or clinical interpretation. This discussion is brief and speculative, and is meant only to suggest routes for future thought and discussion that may extend beyond paradigms of rights and diversity.

Central to these suggestions is an appeal to the decentering of a bounded human-as-agent, and the hegemonic binaries that result. This includes what Puar describes as "an intervention into the

binaried production of disabled versus nondisabled bodies that drives both disability studies and disability rights activism” (Puar 2011:153), as well as the destabilization of the privileging of sight over other sensations. Sharon V. Betcher’s suggestion of the usage of *flesh* instead of *body* in discussion of disability (2010) speaks to this more nuanced understanding of embodiment no longer entrenched in notions of either physical boundedness or a transcendental ideal form. She argues that “feminism’s recuperation of the undervalued body” has done little to challenge either the ways disabled bodies/minds are marked as abject or the ways late capitalist industries have turned disability into profitability (Betcher 107). The goal of reclaiming and re-defining embodiment through an appeal to the coherence of diverse selves may instead, as I have argued, serve to “hide its transcendental demeanor in a corporeal overcoat” (Betcher 107), perpetuating the same problems that lead feminism to recuperate the body in the first place. Betcher writes,

Whereas *body* can invite the hallucinatory delusion of wholeness, and thus the temptation to believe in agential mastery and control, *flesh*, I want to propose, admits our exposure, our vulnerability one to another, if also to bios. Flesh, the dynamic and fluid physics of embodiment, cannot as easily as the body submit to transcendentalist metaphysics, to the logic of the one. Flesh suggests that the capaciousness of a life resembles a teacup crackled with ten thousand veins (Betcher 108)

Those cracks and veins imply a jettisoning of wholeness as either reality or goal—a move that also implies a dissolution of the divide between (bounded) mind and (bounded) body—and implicates the subject as always-already split, fragmented, a conduit or channel.

Engaged in a similar project of rethinking the very notion of what it means to be an embodied, intelligible subject, Blackman concerns herself with “how to ‘think’ the body as discursive, material and embodied without reinstating the notion that the discursive and material are two separate, pre-existing entities that somehow ‘interact’” (Blackman 2007:1). She suggests a re-thinking of our very understanding of what it means to be human and to have agency. This is relevant to schizophrenia in that it signals a decentering of the speaking, rational human as sole agent and a collapse or reformulation of the dualism of body/mind. This suggests that we do not need to normalize ‘madness’

by framing it as a biological disorder, or to require ‘recovery’ of self-aware, reasonable speech in order for the mad to become intelligible. It suggests that, so long as it is no longer only the expert clinician who has agency of interpretation and knowledge production, the person labeled schizophrenic can perhaps be made intelligible/granted agency without (or alongside) the processes of biologization and recovery discussed thus far. As Prendergast argues in her discussion of post-modern fixation on the metaphorical “exceptional schizophrenic,” schizophrenic speech and embodiment “should appear problematic. It should appear fragmentary. But it should appear, and once appearing, be considered unexceptional” (Prendergast 2013:244). The schizophrenic subject, the person deemed insane, ought to be capable of agency without being made to conform to norms of subjectivity so long as it is not on specific Western notions of subjectivity (or matter) that notions of agency depend. It is not in the ‘cured’ or ‘recovered’ schizophrenic that ‘sense’ can be made of the diagnosis and experience of schizophrenia, but instead (or also) through the schizophrenic self, in all its inconsistencies and ruptures, who must come to be seen as agent without impositions of the normativities embedded in dichotomies like that of mind and body. The very attempt to disentangle the physical and mental exposes the simultaneous necessity and impossibility of that distinction. In making such a move, we inevitably secure the rhetorical device of the schizophrenic as unintelligible abject in order to legitimate a certain conception of the normative psychological subject.

A number of theories have been proposed for making schizophrenic experience intelligible in modern times without clinical interpretation or ‘recovery.’ Lysaker and Lysaker (2002), for example, claim that the realization of a ‘self’ proceeds through a continued dialogue between that self’s internal and external realities. Schizophrenia, then, for the authors, is a disruption of the dialogue necessary for the self to exist at all. While they fail to consider in what ways such a structure of what allows and precludes ‘existence’ is historically produced, their approach does gesture toward the inherent instability of subjectivity. The authors recognize dialogue as always multiplicitous and contradictory,

never centralized, and as a dynamic, ever-changing process of engagement with the world and with each other. Thomas Sass (1994) alludes to this instability by arguing that a modern understanding of schizophrenia indicates not its position as realm of contradiction and unreason (the failure of the above dialogic model), but as one of “exaggerations of tendencies fostered by this civilization” (Sass 103). In other words, for Sass ‘symptoms’ of schizophrenia do not represent a radical departure from naturalized norms of modern thought but instead illuminate the instability of those norms themselves, and their fundamental contradictions. The schizophrenic is in a dual relationship with modernity: existing not just as a product of but also as a reaction against the prevailing social order. He writes:

The schizophrenic’s unconventionality and withdrawal, and the generally idiosyncratic nature of his or her preoccupations, bear witness to an unwillingness, or incapacity, to conform to the standard expectations of modernity, and to a yearning instead for some kind of subversion or escape. (Sass 108).

While I think Prendergast’s critique of the over-metaphorizing of schizophrenia would rightly apply, at least in some sense, to both of these arguments, each also gestures toward a space wherein agency may become distinguishable from its corollary, the contemporary rational subject, allowing also for the denaturalizing of that subject and a move toward open, non-oppressive normativities not dependent on that exclusive space of intelligibility. Both formulations acknowledge the insecurity of “the forces which continue to besiege a reason that knows itself to be vulnerable and prone to error” (Venn 1998:136). The schizophrenic is menacing in part because it threatens exposure of the instabilities of norms whose hegemony depend on their being taken as objectively true and stable.

Likewise conveying the boundless nature of abjection, Diedrich uses the metaphor of the shadow to consider the ways in which we witness and interpret schizophrenia. There are, she argues, three types of shadows at play: first, the social structures of stigma and shame; second, the shadow cast by one subject on another, in the sense that “we come into being in the shadow of others,” always “[emerg[ing]] in relation to the subjectivity of others”; and third, the shadows cast by the practices of witnessing itself, in both spatial and temporal terms, over the experiences of those labeled

schizophrenic (Diedrich 2010:94). If we also accept that “witnessing is a practice of illumination,” and that “illumination changes the substance of that which is illuminated” (Diedrich 94), how can the shadow of schizophrenia be captured? How can it be both illuminated—granted meaning and meaning-making agency—and understood in all its fragmentary incoherence? Or rather, “in Foucault’s terms, how do we see the shadows of unreason in the glare of reason” (Diedrich 94)? This question brings to the fore what has consistently unsettled feminist work: how to theorize transgression within the bounds of an oppressive system without either reifying that system or rendering oneself meaningless through the complete refusal of the system’s terms. If it is through reason that we become/make ourselves and each other intelligible at all, to do away with that “glare of reason” would lead only, it seems, to darkness. Yet might other potentials for the destabilization of the ideal-type reasoning agential subject exist without complete rejection of the ways in which certain norms of mental health remain desirable?

One such potential is in what Desiree D. Rowe and Karma R. Chavez (2011) call the “performativity of madness.” They argue against the insistence of “the impossibility of subversion in connection with madness,” and instead “investigate the productive potential” of what is marked as insanity. They utilize the work of Annette Schlichter (2003) who, like Caminero-Santangelo (1998:123), acknowledges the necessity of existing at least partially within a given symbolic framework in order to achieve intelligibility and thus effect change. Yet Schlichter poses an alternative reading of what Caminero-Santangelo writes off as always-already devoid of agential, productive, meaning-making capacity, and suggests that arguments like Caminero-Santangelo’s “close down” an analysis that may otherwise “[enable] a variety of complex, critical strategies in feminist theory” (Schlichter 2003:310). Schlichter goes on to suggest a feminist project of representation without reification that she calls “the discourse of critical madness” (Schlichter 310) that can recognize in what ways the ‘mad’ voice is always-already embedded in the logic of the reasoning masculine subject, while still accounting

for the nuanced production of meaning through madness, beyond the binate hegemony of bounded, static ‘reason’ (Schlichter 313). Rowe & Chavez use Schlichter’s discussion as a basis for delineating a mode of “critical madness” that confronts and deconstructs the binary logic of the sane subject-as-agent on one side and the agency-less madperson on the other. “This performativity,” they argue, which is neither fully free-choosing nor completely without agency, creates the potential for subversion within the confines of ‘madness’ in that it “ruptures traditional politics of knowing (both madness and queerness)” (Rowe & Chavez 2011:278) without negating the undeniably debilitating material consequences of “being deemed mad” (Rowe & Chavez 275). The kind of performative agency they outline, in all its inconsistencies, jerkiness, and unpredictability, “turns away from traditional humanist approaches that are centered on a specific subject” in favor of “a subjectivity that does not rely on an essence” and can come to be precisely through its precariousness and contradictions (Rowe & Chavez 281).

To abandon reliance on bounded, natural essence for the sake of variability and becoming implies a shift from the supremacy of vision—from the equating of ‘objective’ knowledge with ‘clear’ sight—to a valuing of what Puar, quoting Amit Rai, calls “ecologies of sensation” (Puar 2013:40). Vision requires distance for accuracy, perpetuating the “distancing theater of deviance” discussed by Gonzales and facilitating both the appearance of a norm’s naturalness and objectivity as well as the continued abjection of those who (threaten to) disrupt its tenuous borders and orderliness. The supremacy of vision also impoverishes our relationships with each other and with the world by dismissing or covering over other more protean, flowing, unpredictable, intense sensations. Alternatively, an appeal to touch and feeling requires proximity, undermines the normalizing projects of sane, rational subjectivity, and makes possible more adequate understandings of the queer meaning of the unintelligible Other.

This also opens up new ways of imagining agency through the post humanist goal of a non-anthropomorphic notion of humanness that seeks to “resituate language as one of many captures of the intensities of bodily capacities, an event of bodily assemblages rather than a Performative act of signification” (Puar 2011:157). In other words, intelligible speech, of which the rhetorical ‘schizophrenic’ is by definition incapable, is no longer that which fundamentally undergirds the capacity for agency, but is only one of many ways in which meaning is made, both socially and materially, through interactive processes of becoming rather than static modes of being. Karen Barad (2003) speaks to this project in her call for the destabilization of the human/nonhuman boundary on which a representationalist account of matter depends *a priori*. The category of the human, for Barad, becomes yet another “discursive emergence” in a system of the generative performances of “intra-active” matter (Barad 2003:820). Agency, or the capacity for performativity, then no longer belongs exclusively to (certain) humans, because it is not something one “has” but something that is produced through intra-actions of all sorts of matter.

Insofar as matter and humanness are parts of material, performative systems of becoming through “reconfigurings/entanglements/relationalities/(re)articulations,” agency becomes a dynamic capacity of all matter. This connects to Saba Mahmood’s reconceptualization of liberal notions of agency (2001). Mahmood critiques the assumption that agency is only manifest in the liberal human’s ‘free choice’ toward change. She argues that the collapsing of agency into (impossible) norms of freedom and the capacity for transgression is not a necessary, universal postulate for understanding and fighting oppression, but that such an assumption is, like representationalism for Barad, the product of specific Western cultural traditions. To fail to decenter the assumption that agency is only “true” when in the name of resistance precludes a more comprehensive understanding of where and in what ways agency exists. Thus, Mahmood argues, it is imperative to start to understand agency as a “capacity for action” (of which resistance is only one), as well as through the historical and cultural

disciplines in which a subject is formed (Mahmood 210). In the same way that, for Barad, “all bodies, not merely ‘human’ bodies, come to matter through the world’s iterative intra-activity” (Barad 2003:823), it is not merely those bodies considered by Western liberal standards as actively resisting and ‘freely’ choosing that can be seen as agents. This disentangling of agency from liberal assumptions of freedom, choice, and enactments of change, makes possible the conception of choice and the capacity for agency without a simultaneous requirement that it manifest in certain bodies or through certain intelligible acts (of speech).

When we no longer assume a fusion between the capacity of agency and the manifestation of that agency in ‘logical,’ comprehensible forms of resistance and self-representation, agency becomes not a doing by someone or something, “an attribute of ‘subjects’ or ‘objects’” on something or someone else (Barad 2003:827) with both preexisting the interaction, but a constitutive component of the very existence of meaning and matter—“it is ‘doing’/‘being’ in its intra-activity” (Barad 827). It becomes possible, then, to conceive of agency not as the enactment or manifestation of freedom or pure rational agency, but as simultaneously constrained and undetermined, produced and productive (in a sense not delimited by modes of capitalist production). If we no longer require the (liberal) human agent to conceive of agency, it “opens up a much larger space” (Barad 825) for consideration of the myriad ways in which, for Mahmood, “other desires, aspirations, and capacities that inhere in a culturally and historically located subject” (Mahmood 2001:223) become intelligible, and in which, for Barad, we no longer “[exclude] an entire range of possibilities in advance” of “important dimensions of the workings of power” (Barad 2003:826) and are thus able to more adequately understand the ways in which matter (including human matter) comes, through intra-active performance, to matter. Perhaps then we can begin to hear and see schizophrenia as both material reality and product/component of complex networks of agential intra-actions that produce meaning despite, or through, deviations from norms of rational subjectivity. A notion of agency that is not dependent on

a certain subject to have that agency creates space for what Diedrich calls the “performance of becoming free” (Diedrich 2010:108). By orienting ourselves toward projects of open normativities that, at the same time that they turn away from inclusive projects of citizenship, continue to “want the sensation of ‘feeling much better’ (in all its resonances)” (McRuer 2011:114), we may find that a multitude of human beings heretofore marked abject become intelligible at the same time that they productively contest normative modes of knowledge production.

Conclusion

The preceding four chapters have outlined the necessary elusiveness of ‘schizophrenia,’ a mental illness that functions as the exemplar rhetorical phantom whose haunting of the tenuous borders of the rational, sane, self-aware subject is constitutive of the very legitimization of such norms and deviations. Projects of normalization and inclusion that leave intact the centralized, naturalized norm of the proper subject, demanding a return via complicit recovery and clinical interpretation to what is constituted as an ‘original’ form of rational humanness, inevitably exclude those marked schizophrenic from claiming agency and rights. To begin to counteract the violence of a system that negates the very humanness of those labeled ‘crazy’ requires more than the claiming of rights as we commonly understand them, since rights-claiming discourses will in some sense always secure the exclusion of those who are cast out for their failure to perform proper subjectivity. Any move toward the inclusion of disabled and/or ill bodies/minds must pay attention to the ways in which the requirements of the intelligible subject are left intact, perpetuating the exclusion of those against whom such requirements are maintained and naturalized. So long as a conception of agency founded in Western individualism and capitalist productivity remains unquestioned, anyone deemed incapable of enacting or claiming such agency are excluded from a rights-claiming discourse.

Far from conclusive, this project has likely raised more questions than it has answered. We are perhaps no closer to answering the question of what it means to be crazy, for example. Yet this ‘failure’ to reach satisfactory, practical conclusions about what to ‘do’ about the problem of the exclusion of those marked mentally ill seems rather appropriate for the topic at hand. After all, the argument has at least partially been that we ought to consider the potential for “open normativities” (Shotwell 2012) that decenter the contemporary rational subject and embrace models of agency no longer rooted in naturalized hierarchies of rationality and reason, based instead on an agency that comes to be through

fluidity, indexes of sensation, and processes of intra-active becoming not dependent on a core rational subject. By reconceptualizing the intelligible, agential 'self' through affective relations rather than bounded individuality, we can start to dissolve the binary of sane/insane in favor of more open, non-exclusionary notions of humanness.

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