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Chapter 4:

Re-Presenting Madness in the Form of a Quadrilogue

Introduction

The value of research participants' subjectivities as valid objects of study in social science

research has a long history in qualitative inquiry. Sustained questioning of positivist

assumptions of researcher neutrality, scientific objectivity and the possibility of value-free

research (Davies 2007) led to the flourishing of research approaches emphasising the value

of 'lived experience' (Hammersley 1992). Drawing upon diverse theoretical frameworks, a

plethora of subjective methodologies employ novel and ground-breaking approaches (Denzin

& Lincoln 2000). Similarly, the research inspired by these approaches also shed light on

areas of experience and social life previously marginalised by social scientists, such as crime

and imprisonment, mental health, ethnicity, sexuality and power (Holman Jones 2005).

The works that arise from these subjective methodologies mark what many label a

'golden age' in social science research (Denzin & Lincoln 2000). However, despite attempts

to mark out new territory in the investigation of personal experience free from the ideological

baggage of positivism, many of these approaches are underpinned by problematic theoretical

assumptions (Riessman 1993). In practice, this often results in qualitative research taking on

established social science conventions consistent with positivist social science. Some of the

conventions include a clear linkage to theory and hypotheses, the predominant use of

impersonal 'academic' third person voice and the employment of conventional writing

structures (Anderson 2006; Ellis, Adams, & Bochner 2011). Even more problematically

perhaps, the researcher is often entirely invisible from the research, even if their assumptions and prejudices are visible in the work in indirect ways (Holman Jones 2005).

Given this, the initial surge of interest in qualitative approaches and their associated critique of positivism led to a position where the form and content of how research was communicated did not change. In essence, many qualitative approaches failed to capture and communicate the experience of subjectivity in any particular depth (Grant 2014), especially in terms of the experience of certain subgroups within mainstream society such as homosexuality, ethnicity and mental health (Biddulph 2010). Indeed, it was often researchers from these subgroups who found that their personal experiences of difference were either misrepresented, or marginalised entirely, by the white, male, middle-class, heterosexual and abled hierarchies of mainstream academia (Holman Jones, 2005). Arguably, new approaches were needed that captured such experiences but could also challenge the 'onto-epistemological' (Barad, 2007) assumptions underlying such practices (Speedy, 2013).

Criticisms of positivism were thus sustained and extended during a period in human inquiry termed the 'narrative turn' (Riessman 1993), or the 'triple crisis' of representation, legitimation and praxis (Denzin & Lincoln 2000). Informed by postmodern and poststructuralist critiques of humanism underlying much of the research in the social sciences (Grant 2014), narrative researchers aim to honour, as close as possible, the lived experience of participants in terms that participants themselves describe. In practice, this entailed research which was either generated by the participants themselves (e.g. in the case of Frank's narratives on cancer), or participants were recruited by academics as 'co-producers' of the research (see Ethrington, 2007). Perhaps the most startling innovation in narrative research is the re-appropriation of the experiences of the researcher and the subsequent weaving of these narratives back into the reporting of the research process (Speedy 2013).

In is in this climate of critique in the social sciences that the methodology of autoethnography emerged. Autoethnography combines personal narrative ('auto') writing ('graphy') to reflect on, analyze, and explore socio-cultural practices and institutions ('ethno'). Within autobiography, the focus is often on 'epiphanies' – 'remembered moments perceived to have significantly impacted the trajectory of a person's life'(Ellis et al. 2011). These recollected accounts are retold for dramatic or personal interest purposes (Biddulph 2008), often utilizing literary tropes (eg first or third person accounts, dialogue, imagery etc.) to increase the interest of the story and maximise impact for the reader. Ethnography, on the other hand, is a form of research which purports to illustrate the cultural, relational and social practices of a given community or a sub-culture within a wider social group (Davies 2007) through the researcher's practice of participant observation –becoming an active member of the social group under observation (Anderson 2006). Autoethnography combines both the conventions of autobiography in the retelling of 'epiphanies' with the explicit ethnographic goal of investigating the social world (Ellis et al. 2011).

Autoethnography is both a process and a product of social research, utilizing personal experience as primary data in developing an understanding of social phenomena (Denshire 2014). In other words, the researcher's experience of belonging to particular groups in society is used as the basis for exploring wider social themes relating to difference and belonging. These issues are particularly pertinent for researchers involved in mental health and madness studies.

The narrative turn in mental health research

Madness is arguably one of the most disruptive experiences in Western society (Leader 2015). A psychotic breakdown is most likely to occur during late adolescence, a time when essential social, vocational, educational and sexual experiences are established. The impact

can extend to all domains of functioning throughout the person's developmental trajectory (Bentall 2009). Experiences such as hallucinations, unusual beliefs and distorted perception are linked to high psychological distress, mood disturbance and functional disability (Bentall 2003). The prognosis for someone experiencing a first-episode psychosis can be bleak, with partial recovery rates estimated at around one third (Warner 2004).

Literary attempts to depict the experiences of madness through memoir and life-writing, and those using or working in mental health services, are extensive (Baker et al 2010). Outside fictional representations, more straightforward first person accounts of mental health difficulties abound (Hornstein 2009). Indeed, medical memoirs of madness and mental distress are so extensive (Baker et al 2010) that a full account is well beyond the remit of this chapter.

It is worth noting that significant overlaps between autobiographical, narrative and clinical accounts in the relating of psychological distress provide ground-breaking leaps in terms of knowledge of self and society. Indeed, most of the early theories of psychoanalysis are derived from the narratives presented in Freud's early case studies (Frosh 2016), including Freud's famous case study of madness based on the memoirs of Judge Schreiber (Freud 1911; Schreber 1903). Freud's own insights into the unconscious are derived from his own self-analysis, which arguably places subjectivity at the forefront of knowledge-production (Frosh 2017). Additionally, first person accounts of psychosis inform later theories of schizophrenia (Cohen 1970).

Autoethnographic accounts of mental health arguably differ from these forms of analysis as autoethnography is a methodology developed for the explicit purpose of exploring social and cultural reality alongside personal subjectivity. Inspired by the 'illness narratives' of writers such as Frank (1993), who used his own personal experience of illness to inform his research, an early ground-breaking example of an autoethnographic account of

psychological distress is Kathryn Church's (1995) *Forbidden Narratives*. Church experienced a psychological breakdown during the data collection for her PhD thesis. These experiences became a major focus of the thesis, and were woven into the analysis of her participants' stories of mental health activism and resistance (Church 1995).

Church's (1995) account was developed prior to establishing autoethnography as a research methodology. More recent examples of explicit autoethnographies of mental health include Grant's (2006) personal narrative account of breakdown and recovery, and Short et al.'s (2007) presentation of a co-constructed narrative, including three perspectives of the author's breakdown and hospitalisation presented simultaneously. Additionally, Jago's (2002) controversial depiction of an academic breakdown is portrayed using a 'layered account' approach (layered accounts focus on the author's experience alongside data, abstract analysis, and relevant literature), a method used by Rambo (2013) in exploring her experiences of dissociation and multiple identities during therapy. Autoethnographic accounts of counselling and psychotherapy also explore themes such as: the impact of a bereavement on professional practice (J. K. Wright 2009); the intrusion of the politics of psychotherapy (particularly the culture of 'evidence-based practice') on identity as a care professional (J. Wright & Cunnigham 2013); and the experience of leaving a counselling practice (Wyatt 2013).

Taken together, these accounts provide insightful and powerful accounts of the interaction between mental health experience and the social world. As the next section shows, such approaches are not without their critics.

Criticisms of narrative

The alliance of first-person accounts of madness found in literature, biography and case study with narrative social science methodologies such as autoethnography, appears fruitful.

Nonetheless, autoethnography is considered a controversial approach in the social sciences for many reasons. It has been criticized for a lack of validity, objectivity and parsimony (Anderson 2006); lacking academic rigour (Ellis & Bochner 2000); and narcissism and bias (Denzin 2006). Others call into question ethical issues surrounding the use of personal experience in research, particularly in terms of informed consent (or the lack of) from other persons in the text (Tolich 2010).

Other critiques centre less on practice and more on theoretical assumptions of the work, particularly what can is called solipsism or ontological individualism (Guignon 2008). Atkinson (2009) argues that, 'narratives are treated as proxies for the direct apprehension of subjective, personal experience' (Atkinson 2009, S1.3) resulting in the voices of narrative 'treated as sources of authenticity, grounded in the biographical particularities of speaking subjects' (2.11). Ultimately, these assumptions are inherently individualistic, borrowing extensively from humanist ontologies that prioritise the experience of self-enclosed subjects without linkage to the social. Such humanist notions also dovetail rather uncomfortably with neo-liberal capitalist ontologies extolling discourses of individual self-improvement and wellness (Wright 2013). In Atkinson's (2009) and others' (Atkinson & Silverman 1997) view, narrative research therefore, 'embodies a Romantic view of the speaking subject... devoid of social identity or cultural resources', whilst the narrating speaker is 'celebrated as an atomised subject' the ultimate consequence of which is the 'equation of the social with the personal' (2.14).

Perhaps a deeper and more incisive criticism is that much narrative research assumes an untroubled relationship between experience and its inscription, replicating the humanist assumptions plaguing early qualitative research. This appears paradoxical, given that many narrative approaches borrow extensively from postmodern theorists such as Derrida and Cixous (Speedy 2013). Theories as diverse as the 'metaphysics of presence' (Grant 2014)

derived from the work of Derrida (1976), Foucault's (2001) analysis of discourses of power and psychoanalytic notions of the unconscious (Frosh 2015) trouble this narrative assumption of epistemological authenticity. What binds these critiques together is a questioning of the notion that the researcher voice is able to provide a clear window into the inner life of the self (Grant 2014), along with the assumption that self and voice are identical (Glass 1974).

In contrast, the voices of 'self' are better portrayed as multiple and contradictory, belying a unitary selfhood or reliable, central, coherent narrative (Grant & Zeeman 2012). Similarly, as experience is filtered through situated, contextualised language distorted by historical and contemporary relations of power (Grant 2014; Grant, Short, & Turner 2013) there are serious questions around whether research can retell experience in an uncomplicated, unmediated way at all. In psychoanalysis, truth concerning the self is both unconscious (i.e. not immediately accessible to awareness) and something we inevitably defend ourselves against due to the painfulness of that knowledge (Winship, 2014). This reality prevents the straight-forward accrual of self-knowledge according to many neo-liberal paradigms (C. Wright, 2013), as a profound scepticism is placed on conventional notions of the 'self' or even the possibility that 'knowledge' can be derived from first-person perspectives or autobiography (Frosh, 2015).

Narrative research falls into difficulty in two main ways. The first, is that it is inherently solipsistic, presenting the first-person perspective uncritically and without linkage to its social context. Individual narratives are presented in isolation from any associated social critique or analysis. The second major problem is that the framing of first-person narratives is limited by the social, psychological, linguistic and cultural context in which such narratives are communicated. These problems make claims of 'authenticity', a concept that is powerful to narrative writers and often used as a rallying cry for autoethnographic research (Ellis 2004), at best fanciful; at worst illusory.

These problems are further exacerbated in mental health research. Madness is a 'limit experience' which, according to Foucault (2001), has the 'function of wrenching the subject from itself, of seeing to it that the subject is no longer itself, or that it is brought to its annihilation or its dissolution' (p. 241). Such experiences are not experienced as linear or coherent as the sense of self is often fragmented or even entirely absent from itself (Woody 2003). Additionally, recollection is distorted by unusual experiences such as delusion and hallucination (Baldwin 2005) and the person's experience may not adhere to a coherent storied structure (Stone 2004). Perhaps more profoundly, the very language of madness itself is disjointed in its communal, intersubjective roots (Glass 1989). This creates 'a disjunction between the content to be narrated and the possibilities inhering in conventional narrative forms' (Stone 2004, p. 18), and this difficulty strikes at the heart of narrative attempts to re-story madness.

Given these concerns it is no surprise that some service user researchers and activists question the value of narrative research in mental health. Indeed, one prominent service user researcher colleague referred to such research as the 'pornography of the first-person perspective' detracting from the possibility of generating substantial knowledge to challenge the practices of orthodoxies such as medicine. This is a position echoed in other forms of mental health service user activism research (Costa et al. 2012).

Establishing the 'Quadrilogue'

Does this mean that narrative approaches to health research, particularly with madness, are doomed? To a certain extent, the answer may well be yes. Narratives are filtered through the vagaries of language, through the mechanism of social discourses of power (eg the academy or the clinic), or else subject to the researcher's bias, both conscious and unconscious.

Narrative research will always fail to adequately represent the subject of experience to a certain extent.

However, these difficulties need not preclude the attempt to narrate experience. In a similar vein to Stephen Frosh's (2016) impossibility of talking with finality about one's relationship to psychoanalysis as the unconscious subject is liable to be inaccessible, or at least distorted by defensive representations, 'one has to speak, or nothing happens at all' (p. 470). As Judith Butler forcefully points out, the act of speaking constitutes an important aspect of performativity in terms of the realization of narrative identity (Butler 1999). How to do this, of course, is the crucial issue, particularly when recognizing some of the pitfalls of narrative discussed in previous sections.

There is always the possibility that first-person accounts slip into overly-gratuitous or over-aestheticized representations retaining the somewhat uncomfortable character of 'patient porn' or 'disability tourism' (Costa et al 2012). Yet, in mental health in particular, certain discourses enjoy a greater sense of legitimacy, based upon established professionalised hierarchies, power relations and reified ideology (Parker 2007). These claims of legitimacy do not always correspond to accurate and nuanced understanding of what it is like to be mad (Laing 1967), even though they dominate the mainstream of clinical practice (Wallcraft 2013). In other words, stories can play a role in reclaiming marginalized identities by building solidary and inspiring activism (Costa et al 2012), or else in establishing identity through a form of performativity, without slipping into the perversions of exhibitionism or voyeurism. A narrative account sensitive to these risks may provide a basis for assessing the knowledge claims of survivors outside of the 'master' discourses (Dickson & Holland 2016) of the clinic or the psychiatric profession. Gayatri Spivak proposed the notion of 'strategic essentialism' (Danius, Jonsson, & Spivak 1993) as a deliberate strategy that marginalized groups employ to lay claim to a shared identity, even though it is recognized these categories

are somewhat spurious. In the same way, narrative approaches similarly lay claim to a 'strategic authenticity' in representing the experiences of madness.

One strategy to create an authentic mad narrative is through the utilisation of different perspectives and texts in an unfolding dialectic or conversation. Frank (2005) proposes a dialogical approach to illness narratives informed by the work of Russian philosopher Mikhail Bakhtin, in which the multiple viewpoints of the 'self', situated in its social context, are explored concurrently. Frank (2005) thus formulates a socially-situated self that interacts with multiple actors in a matrix of socially-constituted discourse, and not the atomised social self of liberal humanist discourse.

The present research continues Frank's ideas by proposing a 'quadrilogue' as a form of an autoethnographical mad narrative. It should be noted that the term 'quadrilogue' need not imply a direct dialogic engagement between some or all the sources used in research, but that the juxtaposition of different texts together effectively encourages them to 'speak to each other', or at least the reader to approach them that way. This echoes the idea of both contextually mediated documents and intertextuality in social research (Prior, 2008). Such an approach recognizes not only the dialogical self of Frank's (2005) research, but more so: a multifaceted self that is situated within a network of social and institutional relationships, and which also crosses time from past to contemporary perspectives. The use of the quadrilogue in my research on my experiences of psychiatric care is discussed in more detail in the following sections.

Quadrilogue Methodology – Background

The concept of the quadrilogue emerged from my PhD research on the subjectivity of madness. The purpose of the research is to interrogate the question of authenticity in madness narratives via an autoethnographic methodology using my own experience of mental health

services as a guide. More specifically, I want to establish a way of representing the experiences of madness (and its treatment) with a degree of integrity to the experience, without falling into the pitfalls peculiar to narrative research mentioned in the sections above. Taking my cue from psychoanalytic, mainly Lacanian, theory on institutions (e.g. Mackie, 2016) and Foucauldian analysis of discursive practices of self-care (Foucault 2009), I represent the socially-situated nature of the self and how different discursive practices lead to the construction of certain identities.

The research represents an experience of madness and its subsequent social impact. The data used is from three main sources: personal recollections and writings; my medical notes; and my mother's diary. These three sources are supplemented by a fourth perspective: my own as a researcher undertaking doctoral work; making sense of the data through a range of activities including reflexivity, supervision meetings, discussions, diary notes and theoretical interpretation. This fourth perspective is integrated in order to ask questions about the three perspectives to make sense out of their relationship.

Therefore, the three perspectives (patient, medical team, carer) overlap to some extent, especially in terms of their relationship with each other chronologically (ie they are written around the same time). In contrast, the fourth perspective of the researcher folds these aspects together and encompasses them by framing questions about the relationship between them, particularly in terms of apparent discrepancies, contradictions and differences. These questions are used as a spring board to make theoretically informed judgments about what the data represents in terms of madness and its treatment. The data sources corresponding to these four perspectives is represented in Table 1, below.

The following section presents an example of the use of the quadrilogue in my autoethnography through the experience of using electroconvulsive therapy (ECT).

Table 1. Perspectives, data sources and examples used in the quadrilogue.

Perspective	Data sources and description	Example
Patient	Recollections from personal experiences, poems and diary entries.	**Breakdown** We try not to make it sound human by producing an affect that's unreal. As we try to oil the machinery again we must appear our best not to feel.
Carer	Diary entries from my mother from the periods 1994-2000, given to me unsolicited following a discussion of the research.	
Team	My NHS patient file 1994-1997, including staff clinical notes, letters from psychiatrists and reports.	
Researcher	My ongoing reflexive research diary (2009-present) and supervision notes.	
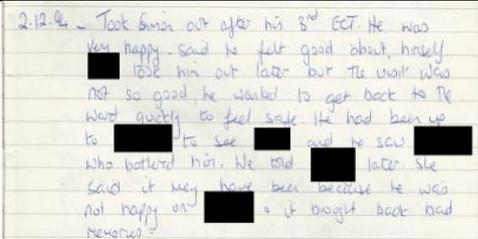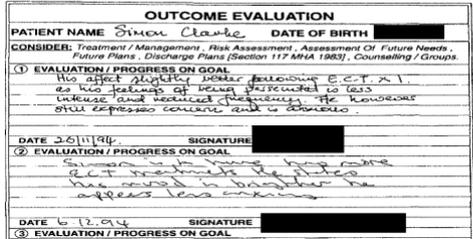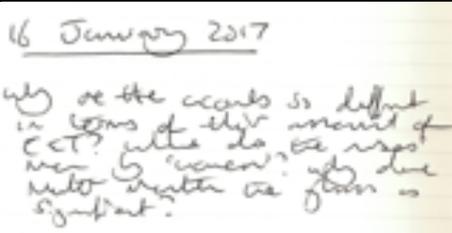
The Quadrilogue in Use – Analysis and Discussion

During my inpatient stay I received 12 sessions of ECT. ECT is a psychiatric treatment administered by electrical currents passing through the patient's brain, intentionally triggering brief seizures. It is an extremely controversial procedure, both vilified and praised by service users, professionals and carers alike (Whitaker 2010). According to the UK National Institute of Clinical Excellence, ECT should be used 'Only to achieve rapid and

short-term improvement of severe symptoms after an adequate trial of treatment options has proven ineffective' (NICE 2003, pg. 4). Despite these guidelines, studies indicate that practices of coercion are common, with many patients reporting severe side-effects and insufficient explanation from medical staff (Rose et al. 2009). There are also marked differences between staff and patient perceptions of the benefit of ECT (Rose et al. 2004).

Table 2 illustrates the methodology in action. The patient perspective is represented by a poem written at some point after discharge a month later, the carer example by a diary entry some hours following after ECT was administered, and the team perspective is represented by clinical notes written shortly after the procedure.

Table 2. An example of the use of the quadrilogue in electroconvulsive therapy.

Patient	Carer	Team	Researcher

Breakdown	25.11.94 Simon had ECT Thursday (24th). When I came and saw him later he was wearing his glasses!! He was also alert and seemed hyperactive. We met Dr ___. Simon asked if he could go home & stay the night but was told he had to take things slow.	His affect slightly better following ECT x 1 as his feelings of being persecuted is less intense and reduced frequency. He however still expresses concern and is anxious.	Why are the accounts so different in terms of their assessment of ECT outcome? What 'concern' is being expressed by the patient? What is the significance of the glasses for the carer? Why is suppression of feeling so important for the patient?
We try not to make it sound human			
By producing an affect that's unreal.			
As we try to oil the machinery again			
We must try our best not to feel.			

What does this very brief example of the quadrilogue say about the experience of ECT? Additionally, what are the implications for the quadrilogue as a methodology in terms of illustrating madness and using mental health services? Taking the researcher's questions as a starting point to interrogate further, the most striking observation is the differences of opinion and how they are expressed. For example, the medical team determine success in surface symptomology: better 'affect' and 'reduced frequency' of paranoia. Quite remarkably, and perhaps symbolically, the carer determines success in terms of the patient reassuming the aspects of a former disability in the 'gaze' of the Other (Krips 2012). In contrast, the patient's voice seems to express treatment in terms of a game or performance, of pretending to be well by supressing affect, an episode likened to an industrialized process.

Interpreting such findings becomes a complex process. Arthur Frank (2004) uses the term 'generosity' to depict an ethic of care (relational in character), within the care setting in which a medical intervention takes place. In doing so, Frank makes the case that medicine is often effective in terms of outcome (ie the patient gets better, or is relieved of their symptoms), but ineffective in terms of process (ie the patient may feel dissatisfied, upset or angry about how the treatment is administered). The example in the quadrilogue therefore may provide an example of the failure of generosity – a patient restored to normative psychological functioning, received gratefully by members of his family; but the short, sad lament expresses some evidence of a lack or a failure to acknowledge something vital. Ernest Hemingway remarked to his biographer (Hoftman 1955) following his course of ECT: 'What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient....' (p. 280).

Taking this point further, one of the most remarkable aspects of Foucault's later work is his recognition that Western culture had separated the acquisition of knowledge from the formal requirements of transformation peculiar to its attainment (Foucault 2009). In other words, Western medicine has appropriated knowledge about the world without that knowledge impacting subjectivity. In terms of its treatment of the insane, this necessitated some degree of silencing mad voices (Foucault 1961) or an absence of a 'care of the self' (Foucault 2009).

In the example of the quadrilogue demonstrated above, what seems quite clear is that the effect produced by ECT demonstrates Foucault's point forcibly. The subject is changed but not transformed, and the essential character of this change is the resumption of a former state of dependency (symbolised through the glasses in the carer's account) or, perhaps worse, the presentation of an empty façade that belies the subject's 'true' state of despair and

anguish. In many ways, the subject's life may have been saved (and who can blame the mother's elation?), but at a terrible cost.

This cost could be characterised as a lack of transformative engagement with subjectivity that results, eventually, in what Freud may have characterised as a 'return of the repressed' (Freud, 1915; Strachey, 1957) as the cycle of breakdowns and treatment continued for several years afterwards. Worse, it added a further overlay of trauma, indicated by nightmares and flashbacks. In summary, ECT may indeed have removed the immediate symptoms of paranoia and depression, thus giving the illusion of a 'cure'. However, it was a cure which only buried the psychological issues that led to the breakdown in the first place. It was through a non-medicalised, therapeutic faith community that the trauma of ECT could be released and the underlying psychological issues finally resolved, addressing the pattern of breakdown/treatment once and for all.

Conclusion

This chapter argues that the representations of mad narratives and mental health experiences in narrative research methodologies such as autoethnography are vulnerable to a number of criticisms, including methodological solipsism and theoretical naivety regarding the role of language and culture. To counteract these issues, a quadrilogue methodology is proposed; an approach which combines several different sources together along with multiple perspectives on the same event. The four elements of the quadrilogue are: i) first-person recollections of events; ii) the author's medical notes; iii) a carer's diary; and iv) contemporary reflections on the data. In discussing the accounts, the chapter focusses on how the different perspectives express modern psychiatry's failure to install an ethic of generosity (Frank 2004).

References

Anderson, L. 2006, 'Analytic autoethnography', *Journal of Contemporary Ethnography,* vol. 35, no. 4, pp. 373-95.

Atkinson, P.A. 2009, 'Illness narratives revisited: the failure of narrative reductionism', *Sociological Research Online,* vol. 14, no. 4, article number: 16, viewed 13 March 2014, <http://www.socresonline.org.uk/14/5/16.html>

Atkinson, P. & Silverman, D. 1997, 'Kundera's immortality: the interview society and the invention of the self', *Qualitative Inquiry,* vol. 3, no. 3, pp. 304–25.

Baldwin, C. 2005, 'Narrative, ethics and people with severe mental illness', *Australian and New Zealand Journal of Psychiatry, vol.* 39, no. 11-12, pp. 1022–29. doi:10.1111/j.1440-1614.2005.01721.x

Baker, C., Crawford, P., Carter, R., Lipsedge, M. & Brown, B. 2010, *Madness in post-1945 British and American fiction*, Palgrave, London.

Barad, K. 2007, *Meeting the universe halfway: quantum physics and the entanglement of matter and meaning*, Duke University Press, Durham, NC.

Bentall, R. 2003, *Madness explained: psychosis and human nature*, Penguin, London.

Bentall, R. 2009, *Doctoring the mind: why psychiatric treatments fail*, Penguin, London.

Biddulph, M. 2008, 'Stolen intimacies: (Auto)narratives of *MSM, HIV, spaces and sexualities *men who have sex with men', *Auto/biography Yearbook 2008*, pp. 171-93.

Biddulph, M. 2010, 'Can only Dorothy's friends speak for Dorothy? Exploring issues of biographical positioning in qualitative research with gay/bisexual men', in T. Huber (ed.), *Storied inquiries in international landscapes: an anthology of educational research,* Information Age Publishing, Charlotte, NC, pp. 215-18.

Butler, J. 1990, *Gender trouble*, Routledge, New York.

Church, K. 1995, *Forbidden narratives: critical autobiography as social science*, Gordon and Breach, Newark, NJ.

Cohen, S. 1970, *Drugs of Hallucination*, HarperCollins, New York.

Costa, L., Voronka, J., Landry, D., Reid, J., Mcfarlane, B., Reville, D., & Church, K. 2012, '"Recovering our stories"': a small act of resistance', *Studies in Social Justice*, vol. 6, no. 1, pp. 85-101.

Davies, C.A. 2007, *Reflexive ethnography*, Routledge, Abingdon, UK.

Danius, S., Jonsson, J. & Gayatri, C.S. 1993, 'An interview with Gayatri Chakravorty Spivak', *boundary 2,* vol. 20, no. 2, pp. 24-50

Denshire, S. 2014, 'On auto-ethnography', *Current Sociology,* vol. 62, no. 6, pp. 831-50.

Denzin, N.K. 2006, 'Analytic autoethnography, or déjà vu all over again', *Journal of Contemporary Ethnography,* vol. 35, no. 4, pp. 419-28.

Denzin, N.K. & Lincoln, Y.S. 2000, 'Introduction: the discipline and practice of qualitative research', in N.K. Denzin & Y.S. Lincoln (eds.), *The SAGE Handbook of Qualitative Research*, 2nd edn, Sage, Thousand Oaks, CA, pp. 1-28.

Derrida, J. 1976, *Of Grammatology,* trans. G. Spivak, Johns Hopkins University Press, Baltimore, MD.

Dickson, A.G. & Holland, K. 2016, 'Hysterical inquiry and autoethnography: a Lacanian alternative to institutionalized ethical commandments', *Current Sociology,* vol. 65, no. 1, pp. 133–48

Ellis, C., Adams, T.E. & Bochner, A.P. 2011, 'Autoethnography: an overview', *Forum: Qualitative Social Research,* vol. 12, no. 1, Art. 10.

Ellis, C. & Bochner, A.P. 2000, 'Autoethnography, personal narrative, reflexivity: Researcher as subject', in N.K. Denzin & Y.S. Lincoln (eds.), *Handbook of qualitative research,* 2nd edn, Sage, Thousand Oaks, CA, pp. 733-68.

Ellis, C. & Bochner, A.P. 2006, 'Analyzing analytic autoethnography: an autopsy', *Journal of Contemporary Ethnography,* vol. 35, no. 4, pp. 429-49. doi:10.1177/0891241606286979

Ethrington, K. 2007, *Trauma, drug misuse and transforming identities: a life story approach*, Jessica Kingsley, London.

Foucault, M. 1961, *Madness and civilization: a history of insanity in the age of reason*, trans. R. Howard, Routledge, London.

Foucault, M. 2001, *Power,* trans. R. Hurley, J. D. Faubion (ed.), The New Press, New York.

Foucault, M. 2009, T*he hermeneutics of the subject: lectures at the Collège de France 1981—1982*, trans. G. Burshell, Picador, New York.

Frank, A.W. 1997, *The wounded storyteller: body, illness, and ethics*, University of Chicago Press, Illinois.

Frank, A.W. 2004, *The renewal of generosity: illness, hospitality, and dialogue*, University of Chicago Press, Chicago, IL.

Frank, A.W. 2005, 'What is dialogical research, and why should we do it?, *Qualitative Health Research,* vol. 15, no.7, pp. 964-74. doi: 10.1177/1049732305279078

Frank, A.W. 2015, 'From sick role to narrative subject: An analytic memoir', *Health,* vol. 20, no. 1, pp. 9-21.

Freud, S. 1911, *The Schreber Case,* trans. A. Webber, Penguin Classics, New York.

Freud, S. 1915, 'The unconscious', in *The standard edition of the complete psychological works of Sigmund Freud, volume XIV (1914-1916): on the history of the psycho-analytic movement, papers on metapsychology and other works*, trans. pp. 159-215, trans. J. Strachey, The Hogarth Press and the Institute of Psycho-analysis, London.

Frosh, S. 2016, 'Towards a psychosocial psychoanalysis', *American Imago,* vol. 73, no. 4, pp. 469-82, doi:10.1353/aim.2016.0025.

Frosh, S. 2017, 'Primitivity and violence: traces of the unconscious in psychoanalysis',
Journal of Theoretical and Philosophical Psychology, vol. 37, no. 1, pp. 34-47.
http://dx.doi.org/10.1037/teo0000049.

Glass, J.M. 1989, *Private terror/public life: psychosis and the politics of community*. Cornell
University Press, New York.

Grant, A. 2006, 'Testimony: god and aeroplanes: my experience of breakdown and recovery',
Journal of Psychiatric and Mental Health Nursing, vol. 13, no. 4, pp. 456–7.

Grant, A. 2014, 'Troubling 'lived experience': a post-structural critique of mental health
nursing qualitative research assumptions', *Journal of Psychiatric and Mental Health
Nursing,* vol. 21, no. 6, pp. 544-549. doi:10.1111/jpm.12113

Grant, A., Short, N.P. & Turner, L. 2013, 'Introduction: storying life and lives', in N.P.
Short, L. Turner & A. Grant (eds.), *Contemporary British Autoethnography*,
SensePublishers, Rotterdam, NL, pp. 1-16.

Grant, A., & Zeeman, L. 2012, 'Whose story is it? An autoethnography concerning narrative
identity', *The Qualitative Report*, vol. 17, no. 36, pp. 1-12.

Guignon, C. 2008, 'Authenticity', *Philosophy Compass,* vol. 3, no. 2, pp. 277–90.
doi:10.1111/j.1747-9991.2008.00131.x

Hammersley, M. 1992, *What's wrong with ethnography?* Routledge, London.

Holman Jones, S. 2005, 'Autoethnography', in N.K. Denzin & Y.S. Lincoln (eds.), *The Sage
Handbook of Qualitative Research*, 3rd edn, Sage, Thousand Oaks, CA.

Hornstein, G.A. 2009, *Agnes's jacket*, PCCS Books, Ross-on-Wye, UK.

Hotchner, A.E. 1955, *Papa Hemingway: a personal memoir*, Da Capo Press, Cambridge,
MA.

Jago, B.J. 2002, 'Chronicling an academic depression', *Journal of Contemporary
Ethnography,* vol. 31, no. 6, pp. 729-57.

Krips, H. 2010, 'The politics of the gaze: Foucault, Lacan and Žižek', *Culture Unbound,* vol. 2, no. 1, pp. 91–102.

Laing, R.D. 1960, *The divided self*, Penguin, London.

Leader, D. 2014, *What is madness?* Penguin, London.

Mackie, B.S. 2016, *Treating people with psychosis in institutions*, Karnac, London.

National Institute for Health and Clinical Excellence (NICE) 2003, Guidance on the use of electroconvulsive therapy, NICE, London.

Parker, I. 2007, *Revolution in psychology: alienation to emancipation*, Pluto Press, London.

Parker, I. 2015, *Critical discursive psychology,* 2nd edn*,* Palgrave Macmillan, London.

Perkins, R. 1994, 'Choosing ECT', *Feminism Psychology,* vol. 4, no. 4, pp. 623-7, doi: 10.1177/0959353594044023

Prior, L. 2008, 'Repositioning documents in social research', *Sociology,* vol. 42, no. 5, pp. 821-36.

Rambo, C. 2013, 'Twitch: a performance of chronic liminality', in S.H. Jones, T.E. Adams, & C. Ellis (eds.), *Handbook of Autoethnography*, Left Coast Press Inc., Walnut Creek, CA, pp. 627-38.

Riessman, C.K. 1993, *Narrative Analysis*, Sage, Newbury Park, CA.

Rose, D., Fleischmann, P., Wykes, T., Leese, M. & Bindman, J. 2003, 'Patients' perspectives on electroconvulsive therapy: systematic review', *BMJ, vol. 326*, no. 7403, pp. 1363-8. doi: https://doi.org/10.1136/bmj.326.7403.1363.

Rose, D., Fleischmann, P. & Wykes, T. 2009, 'Consumers' views of electroconvulsive therapy: a qualitative analysis', *Journal of Mental Health,* vol. 13, no. 3, pp. 285-93, doi: 10.1080/09638230410001700916.

Schreber, D.P. 1903, *Memoirs of My Nervous Illness*. New York Review of Books, 2000, New York.

Short, N.P., Grant, A. & Clarke, L. 2007, 'Living in the borderlands; writing in the margins: an autoethnographic tale', *Journal of Psychiatric and Mental Health Nursing,* vol. 14, no. 8, pp. 771–82.

Speedy, J. 2013, 'Where the wild dreams are: fragments from the spaces between research, writing, autoethnography, and psychotherapy, *Qualitative Inquiry, vol. 19,* no. 1, pp. 27–34.

Stone, B. 2004, 'Towards a writing without power: notes on the narration of madness', *Auto/Biography*, vol. 12, no. 1, 16–33.

Strachey, J. 1957, The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works. ii-viii. The Hogarth Press and the Institute of Psycho-analysis, London.

Tolich, M. 2010, 'A critique of current practice: ten foundational guidelines for autoethnographers', *Qualitative Health Research,* vol. 20, no. 12, pp. 1599–610.

Wallcraft, J. 2013, 'Service user led research on psychosis: marginalisation and the struggle for progression', in S. Coles, S. Keenan, & B. Diamond (eds.), *Madness contested: power and practice,* PCCS Books, Ross-on-Wye, UK.

Warner, R. 2004, *Recovery from schizophrenia: psychiatry and political economy* (3rd ed.). Brunner-Routledge, Hove, UK.

Whitaker, R. 2010, *Mad in America*, Basic Books, New York, NY.

Winship, G. 2014, 'Lucy, Major Tom, Bion and the psychotic vacuum', *Psychoanalytic Psychotherapy, vol. 28, no.* 3, pp. 282-94.

Woody, J.M. 2003, 'When narrative fails', *Philosophy, Psychiatry and Psychology,* vol. 10, no. 4, pp. 329–45.

Wright, C. 2013, 'Against flourishing: wellbeing as biopolitics, and the psychoanalytic alternative', *Health, Culture and Society,* vol. 5, no. 1, pp. 20-35.

Wright, C. (2014). 'Happiness studies and wellbeing: a Lacanian critique of contemporary conceptualisations of the cure', *Culture Unbound: Journal of Current Cultural Research,* vol. *6*, pp. 791-813.

Wright, J. & Cunnigham, M. 2013, 'Transitions, therapy, tensions, and testimony: written in-between, *Qualitative Inquiry,* vol. 19, no. 1, pp. 53–59.

Wright, J.K. 2009, 'Autoethnography and therapy: writing on the move', *Qualitative Inquiry,* vol. 15, no. 4, pp. 623-640.

Wyatt, J. 2013, 'Ash Wednesdays: an autoethnography of (not) counselling', in N.P. Short, L. Turner & A. Grant (eds.), *Contemporary British Autoethnography*, Rotterdam, NL, SensePublishers, pp. 127-37.