

DARTMOUTH MASTER OF ARTS IN LIBERAL STUDIES QUARTERLY

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Dear MALS Community,

Greetings and warm (and I stress *warm*) tidings from the MALS *Quarterly*. As the snow falls and plows rumble by, curl up with us, a hot beverage, and the winter 2010 issue. We begin this issue with Hangping "Rocky" Xu's first impressions of, in his words, the "beautiful country." In "The Wal-Mart Encounter" and "*Fu*," Rocky learns about the hesitant skepticism of some Americans and, well, the *Fu* of others. Rocky writes in a style uniquely his own with observations of the natural and physical world missed by many.

Next up is Mary Fratini and "Freud, Jung, and Woolf: Mythologizing Psyche at the Dawn of Modernism," a cultural studies look at the modernist narratives derived from psychoanalysis, analytical psychology and literature. Fratini's curiosity lies in how these narratives, created for public consumption, are in fact consumed and the relationship between these relative contemporaries.

Lastly, Brian Sullivan alerts us to the story of William Bruce, a young man with paranoid schizophrenia who murdered his mother. Using Willy's unfortunate tale, Sullivan explores due process with respect to the medically ill, involuntary outpatient commitment (IOC) laws, and patient's rights concerning confidential medical records. Sullivan breaks down several similar cases and ultimately initiates a moral query on how society views those deemed mentally unfit.

The Editorial Board feels that these three pieces show a snapshot of some of the best current work going on in MALS. We hope that these works can generate some important discussions within the MALS community. Enjoy!

With kind regards,

Brian Zalasky
Editor-In-Chief

winter 2010

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MALS *Quarterly* Mission Statement

The Dartmouth MALS *Quarterly* is the quarterly journal for the Master of Arts in Liberal Studies program at Dartmouth College. The journal is broad in scope, and accepts submissions of any scholarly or creative work from current MALS students and all MALS alumni. It is a priority that all work is accessible to the full disciplinary range of MALS community members.

Our primary goal is to publish the best current work being done in MALS from the four tracks: Globalization, Cultural Studies, Creative Writing, and General Studies. Both through publishing this work and by providing detailed feedback on every submission we receive, we intend to initiate and encourage scholarly dialogue and discussion within the MALS community.

Cover Art

Our cover design features a photograph from Josh Labove, a current MALS student. Labove has a wide aesthetic range and his pictures of Dartmouth and beyond can be viewed at www.flickr.com/photos/jlabove.

Submissions may be sent to:

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The Wal-Mart Encounter

Hangping “Rocky” Xu

In a massive body, she was occupying over half of the bench at the Wal-Mart bus stop in Lebanon. Her head though, in sharp contrast with the rest of her body, is extraordinarily small and covered with thick hair – too thick to stay symmetrical with the head yet still too out of place to go with the body. Her hair is half gray and half black, pinned up all together, fairly tidily, in the shape of a Chinese spring roll. Somewhere on the top part she wore a colorful hairpin, the kind of pin an innocent young girl would probably fancy. The pair of heavy glasses was almost slipping over her nose bridge, so she adjusted them and then looked around searching for something. She was obviously waiting for the bus. In front of her was a package of Pepsi-Cola, some bread, and another bag with some unknown stuff in it.

Standing next to her, I couldn’t help stealing a peek at this lady. Her hairdo and body size reminded me of the Chinese women in the Tang Dynasty (618 – 907 A.D.), during which plump beauty was widely appreciated - certainly not in her size, but not the skinny image on the runway either. Next time you see a Chinese painting with a round woman face on it, most likely it is an artwork from the Tang Dynasty.

“Should I sit and talk to her?” I thought to myself, “how shall I start a conversation with a stranger? Do as my textbooks tell me to do? Yes, talk about the weather!” I was ready to practice my made-in-China English.

“Hi!” I took up the rest of the bench smiling and preparing to utter the next sentence I had recited from my middle school English textbook, “It’s a lovely day, isn’t it?”

“Oh, yeah! Mumble, mumble...” Her speech was not intelligible at all, but then, as soon as she opened up her smile to me, I gathered why that had been the case. Her front teeth were all gone with the remainder neither straight nor strong. I came to realize she had badly wanted someone to sit by her. And my out-of-the-blue emergence conveniently filled up her long-oppressed need, as immediately she started to talk non-stop even without asking for my basic information. I decided to enjoy being her listener, even though my usually very capable ears were protesting and suffering from her unclear speech. It took me a while to catch up with her English (maybe our textbook English should include more variety of speeches and discourses from all walks of life).

“I had a bad fall last night. See the bruise here? I just got my prescription. I’m fortunate to have my health insurance covered, though.”

“I’m sorry about that!” I had to force a pause from her speech in order to respond for the sake of social politeness.

So anxious was she to resume her own talk right away, “I work for Wal-Mart, but I’m moving out of Lebanon next week. It’s too expensive here. I’ve long been a single mother and my son is taking several jobs. I am moving to live with my elder sister five miles away from here. She’s got cancer. I am going to spend some time with her.”

She had this heavy breath, and, even though she had a strong passion to talk, she seemed to get too thirsty to keep it going, stopping to ask her Pepsi for help. I thought it to be an opportune time to introduce myself a little bit.

“My name is Rocky, by the way. I come from China and I just got here two days ago. I am a student at Dartmouth College.”

“I’m Tracy. My mom actually worked at the Dartmouth canteen for twenty years. I used to do some floor cleaning work at the Baker library. Anyway, so I’m moving out of the town. Lots



of work to do. “

At that point, the bus came up, and we were then getting ready to hop in. The summer sun was intense, spicy and overly warm-hearted. Tracy was full of sweat, her t-shirt all wet sticking with her fleshy body, her cute hairpin blinking and interacting with the sun. She had quite an issue standing up. Not wanting to embarrass her I didn't reach out to assist, but eventually she did make it on her own, after a back-and-forth struggle with her body. I offered to help her carry the cola package.

I felt the bus door would be too slim for Tracy, and, indeed, it was a close call. We finally got into the air-conditioned bus. Tracy had a deep sigh, feeling relieved to carry her body on board. She seemed to know everyone in the bus. The bus was filled with smiles and “Hey, Tracy, how are you?”

The driver didn't kick the wheels rolling until we managed to settle down in our seats.

Tracy was trying to pull herself together, to catch her breath, and to dry herself a little bit. Her body gave out an unpleasant feter, a mixture of perfume, sweat, and even rotten meat, I'm afraid. While she was resting, I broke the silence between us.

“It's an unusually expensive area, huh? I have been trying to find an affordable place, but it seems hopeless. Tracy, do you have any idea where I can get more housing information?”

“Maybe you should try the *Upper Valley*. They have the housing section on their classified ads.” Tracy took out a newspaper from her bag, and handed it over to me, “Keep it. It's a gift for you. Your first gift in the States, huh?”

“Yes, indeed. It's so nice of you, Tracy. “ I was thinking of doing something to return her favor, “Would you like to leave me your e-mail? Maybe I can come over to help you pack and move, if you like. “

“Sure.” She jotted down her e-mail on the paper looking over her glasses at me in a somewhat suspicious manner. The bus was arriving at Lebanon, which was Tracy's stop. She got off the bus. We waved goodbye to each other. The bus was moving on.

That night, I wrote Tracy an e-mail thanking her for the gift and volunteering to be a helping hand for her home moving. Here's her reply:

“It was very nice talking to you, Rocky. May God bless you. I wish you the best of luck in your house hunting. Don't give up. I am a Christian and I have been a regular churchgoer since I was a little girl. I have always wanted to be a good person. And thank you for your offer. I would take it when I was young. Not now any more. Life has taught me not to trust people, especially strangers...”

“Her speech was not intelligible at all, but then, as soon as she opened up her smile to me, I gathered why that had been the case. Her front teeth were all gone with the remainder neither straight nor strong. I came to realize she had badly wanted someone to sit by her.”

3

Fu

Hangping “Rocky” Xu

It is a tranquil hut. It’s not for living, but for waiting. It’s windowless and doorless, but has three walls. It is not the little house where those hermits, like Frost or Thoreau, retreat from the despair of the worldly lives. It serves as a bus stop for Dartmouth Coach, in New London, a small town half an hour drive away from the Dartmouth campus.

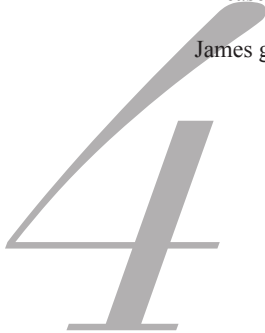
Right in front of the hut, the driver dropped me off the coach. It was a week before the summer break ended. I had been a tourist in Boston for three days, and on my way back, I stopped in New London to visit a friend who was enjoying his family’s summerhouse. I travelled heavy, carrying a backpack, a laptop bag and a big suitcase stuffed with the trophies of my Boston trip – winter clothes and the groceries I bought in Chinatown. I had meant to take full advantage of my time spent in the big city.

Looking around for my friend, I saw nobody but a parking lot full of vehicles. It was already 6.00 in the evening. “Where the heck is he?” I thought. I put away my luggage in the hut and the liquid inside the case made it extra heavy – soy sauce, rice wine, and canola oil. (Things were a lot cheaper at the Chinese supermarkets. I just couldn’t resist it.) The hut had some culture and personality in it – “Live free or die,” “God will light us through,” “Linda loves Amanda and we are lesbian” – we human beings seem to share some universal hobbies, but certainly the stuff carved here on the walls was different from that in China, a representation of what’s going on in a specific culture, especially at grass roots level. Throughout the hut I carefully studied what the ordinary American folks had to say.

“James, what the hell are you doing? You can’t just keep me waiting like this!” I thought. A bit impatient, I walked out of the hut, wishing to see my friend standing outside with a welcoming smile. Still not a single soul whatsoever! It was the Labor Day holiday, and summer was officially gone, as the Earth was shifting around. The scarf and sweater I bought at the Zara store came in handy, helping me fight with bouts of the chilly and crisp attacks from the evening wind. Time slows down while one is waiting for something or someone. I wish I could call James, but without a cell phone I didn’t know how to reach him.

The setting sun left the sky ablaze with a combination of fiery red and flaming orange, magnified by the vast forest covering the mountains, and accompanied by some dark spots here and there. The trees’ vibrant colorations provided the perfect backdrop for the picture of nature; a couple of squirrels appeared to my right looking up at me, blinking innocently, stunned into stillness; I, too, stood motionless, breathing lightly; our eyes locked, and someone threw away the key; but the crafty crows, out of the blue, flying over from the tree top, ruined my silent communication with the wild animal; the squirrels vanished into the bushes nearby, and the crows made some insidious noise, which put up a somewhat ominous air around me. I came to realize the Chinese culture is deep down in me, and in our culture the emergence of crows, characteristic of their non-musical voices and ugly black feathers, mean an ill omen usually before a tragedy is about to unfold. At that point, my mind was full of the Chinese horror movies I enjoyed and also hated when I was a kid. I was dominated by worries. “What’s happened to James? Something is wrong here!” I no longer had a mood for the natural beauties and wild lives. The crows flew away. “Please don’t come back.”

I had been waiting for almost one hour, and it was approaching 7.00 p.m. My hopes in James gone, I decided to take the 7.00 p.m. bus back to Dartmouth. Who knows? He might show



up in another hour's time with a good reason for having been late, but I didn't want to take chances and I couldn't wait on like this, in the middle of nowhere, unless I would enjoy making the hut into a hotel room. It was getting dark. Darkness brought a lower temperature. It was a foreign country to me. I didn't know anybody. James, after all, was equipped with modern communication technologies and I was not.

"Come on, Hangping! Be positive! At least you had a good time in and around the hut!" I thought. I smiled to myself, thought about my comfy room back in Hanover, and tried to justify this meaningless happening of my little life while waiting for the next bus to come. "I'll make you a spinach and 'egg flower'¹ soup as soon as we get home." Indeed it was dinnertime and my stomach was protesting.

7.10, but still no bus! "Dartmouth Coach never runs late. What's going on in this world? It's unfair. Why me?" I thought. Everything was wrong. A sense of fear struck me.

I went to double check the bus schedule, and down there it said: discharge only! This expression was actually over my head, but I guessed it might mean that without any passenger getting off here the bus wouldn't stop. What a joke! The situation was worsening. Anxiety was kicking in. According to the schedule there would be two more buses that might stop over at 8.15 and 10.30, but it would all depend on luck, which is always in short supply. I had to do something. I had to take initiatives. I had to take control.

"Why are you doing this to me? James?" I said it aloud, trying to calm myself down, "should I stop a random car and ask them to give me a ride?" Thanks Heavens, my eyes suddenly caught a Verizon phone booth on the corner. I rushed to the booth and wanted to give a ring to James. Coins only! I searched all my pockets, wallet and even other luggage, without finding any single quarter. All the one-hundred-dollar bills in my wallet lost their power in this case. I started to hate myself for being an unprepared traveler – no coins, no snacks, no cell, no car... I felt stuck, frustrated and vulnerable. Life was limited and disconnected.

There was only one-way to make a free phone call, and that would be to call 911. I was hesitating and struggling. "Is this an emergency at all? Will they ignore non-American citizens? Will they laugh at this stupid foreigner from China? But what else can I do?" I was nervous, but, strangely enough, excited to make the first emergency call of my life in the *beautiful country*². Plus, I had a funny curiosity about the quality of public service here.

"This is 911 emergency. How can I help you?" It was an emotionally detached voice.

I explained my dilemma to the operator. She helped to call my friend, but only got his voicemail. She asked about James' address and they would dispatch a cop to drive me over to my friend's. I was so much relieved, assured and grateful. "Thank you so much. You saved my life!"

After about five minutes, a patrol car was parking in front of me. This first experience felt good. A big guy drove me to an ancient house near the Colby-Sawyer College campus, which was James' family's house. It was getting much darker, and the sunset was about to sink down the horizon. The sun was arriving on the other side of the Pacific Ocean and my mum must be working on her garden. Did she feel something?

Out of the police car windows, a good crowd of crows was flirting around awkwardly on the meadow. Their voices were as unpleasant as ever. It almost felt like a curse. I thought, "Go away! I told you not to appear again. See? I am saved!"

My luggage and I went out of the car. The lights were on in the house, and I was in a hurry to hear James' explanation. The police officer was a quiet but nice guy. We shook hands and he left me all alone again outside my friend's house. The car went out of sight. I dragged my suitcase over to the front deck, knocked civilly at the door and meanwhile straightened myself up a little bit. The door was never answered. I was at a loss. What a creepy house!

“James? Are you in there? Hello?”

It was still dead quiet. Soon it would be pitch dark.

“What am I doing here? What am I supposed to do now?” My body, too tired and too starved to move on, fell apart on the deck steps. I was out of resources. “Why is it named as New London? Nowhere near London. No bus! No cab! No subway! Nothing!”

“James, are you playing the hide-and-seek with me?” I thought to myself, “I have always been a good person and just occasionally do some silly things. This is simply too much. I don’t deserve it.” I began to miss China and my family and my friends, the first homesick attack ever since I arrived in the States about two months ago. I wish my dad would drive along and give me a hug. A nostalgic feeling was fleeting over me when I was in this total despair.

I returned from my mental visit to China, trying to recollect myself and I took Plato’s wisdom of letting the intellectual take charge and not letting the emotions take control for long. I stood up and decided to go back to the hut to bet on the last two buses. “If this is not working out, it will be the last straw that breaks my back and especially my poor feet.”

But I had this solid feeling that at least one of them would stop to save this poor guy. I was trying to figure out how the cop drove me here. I vaguely remembered the route, but was not sure of it. My luggage seemed even heavier at this moment. When the suitcase was moving, its wheels produced lots of noises, which were crying out in the wilderness and were echoing all over the small town. I was walking along the main road. These days I had done too much walking and my right foot was injured, in constant pains. My stomach was grieving, and didn’t understand what was happening to his master. I had never seen myself so miserable. The sun was giving me his final energy to light my way. I walked on. The fallen leaves were chasing each other along the road.

The houses alongside stood calmly, in front of which their owners parked their cars. They gave out a warm and homely feel, with their lights on. I stood before one of them, taking a little break to catch my breath and to comfort my uncooperative feet, and through the living room windows I saw a dad and his little son playing some game. Joys were illuminating their faces under the lamplight.

“Shall I ask them for help? Do I just knock on their door? Will they ignore me? Will they take me as a terrorist? Do I have a bad guy’s look?” I thought. I was filled up with questions, but not actions. I didn’t want to be embarrassed. Nor did I want to ask for too much and spoil their family joy. The wind was messing up my hair; I felt myself being blown away.

“Hi, is it a long walk for you?” a tender female voice came out of a Honda SUV, which had just been pulled over by me.

“Oh, hi. Yes it is. I am actually walking to the Dartmouth Coach bus stop.”

“Come on in. Let’s give you a ride.”

“Thank you so much. It’s so nice of you.”

The lady got out of the car and switched to the backseat. I was asked to take the front seat.

“Hi, my name is John and this is my wife Sue. Back there is our dog, Teddy.” The driver had a solid voice and spoke in a businessman-like manner. He was wearing glasses and his eyes seemed to be shining with lots of wisdom that I had been striving to acquire.

“Hi, John and Sue. Thank you for the ride. My name is Hangping. I come from China and I study at Dartmouth College.”

“Great! So what brought you to New London?” John did most of the talking and Sue was a quiet and peaceful lady. She was taking care of Teddy.

“I am visiting a friend here. I couldn’t find him or reach him. So I am kind of stuck in here.”



“We thought you might need a ride, walking with your heavy luggage.” Sue said, touching and soothing her Teddy.

“Yeah, I really appreciate your reaching out.”

“You are very welcome, Hangping. You know what? I fell in love with your country. I was in Beijing for a week learning about the Chinese antique furniture. I actually have a Chinese antique furniture barn here in New London. We collect those made in the late Qing Dynasty³ and the Republic period⁴.” John pronounced my name almost perfectly. His speech was firm and clear. I could tell he had a passion for my culture.

“That’s great. I love the Chinese antique furniture myself.” I actually didn’t know how to respond properly because I just couldn’t believe that the Chinese ancient furniture had been delivered all the way here to this little town. I had once again realized that in the globalization age everything merges into one and space and time have been compressed.

“Your country has this amazing concept of what it means to be a good life. It consists of six elements---*Xi, Cai, Ji, Shou, Lu*⁵ and what is the other one?”

“I think *Fu*. It literally and originally means you are well fed and have a good material life. But now *Fu* in our culture has an enriched meaning. It refers to good fortune or blessing or simply a collection of everything that makes you happy and content.”

“Yes, exactly.” John seemed to like my explanation, giving me a friendly smile.

“There are two roads from our barn to the house. We are happy that we chose this one, otherwise we wouldn’t get to meet with you.” Sue joined us with her lovingly soft voice.

“I was blessed, really. So in China we say it is my *Fu* to meet with you.” We were arriving at the hut.

“I am going to take the coach back to Dartmouth, but I am not sure whether or not the bus is stopping here. Cuz it’s discharge only.”

“We can drive you back, Hangping.”

“No, no. That’s asking for too much. I’ll try my luck. But thank you for your offer.”

“Ok. But we would like you to keep our phone number. Just in case. And also you are welcome to visit us in future.” John was jotting down their number while Sue was handing me their quarter coins.

“Thank you so much, John and Sue.” Both of them got out of the car to say goodbye to me. I gave them each a tight hug. We waved goodbye to each other. My new friends then were gone.

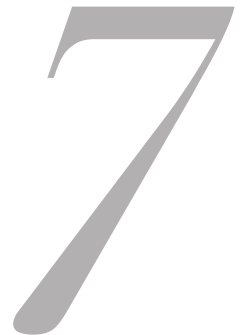
Back in the hut I was. I felt much better about New London because of this nice couple, marvelous human beings, plus their civilized dog. A brief encounter as it was, I could tell they have the nicest hearts in the world. The sun had left me alone. Darkness was now my companion. It was chilly. I was the only person waiting at the hut. It was coming close to 8.15 p.m. I was nervous. I was praying.

The SUV was driving along again and this time it was only John. “Hangping, my wife and I thought you must be hungry. We’ll take you for dinner and then drive you back to Dartmouth.” I was really touched. I did not know how to turn it down any longer, and so I hopped in the car. Things often happen when you least expect them. Around the corner, the bus was driving toward us, finally.

“It’s up to you.”

“I think I’ll take it. It’s getting late and I do not want to trouble you. But thank you, John.

“The hut had some culture and personality in it - ‘Live Free or Die,’ ‘God will light us through,’ ‘Linda loves Amanda and we are lesbian’ - and we humans seem to share universal hobbies.”



I am sure I'll come back to visit you. You made my day. You saved my life. Indeed you turned my fears into *Fu*."

"It's our pleasure. You are welcome anytime. Take the chocolate bar with you. You must be hungry. " John was so considerate. My stomach was cheering and just couldn't wait to enjoy the bar.

"Bye, John. Thank you very much. I'll see you soon."

I got on the Dartmouth coach. I couldn't fight back my tears. And in no time I finished the chocolate bar. When I was back in Hanover I called both my new friends and James. It turned out that I had got the date wrong. It was not James' fault. It reminded me of the Greek tragedies, which always start with a minor human error. We are all flawed and lives have their tragic potentials.

A few days later, I made my second trip to New London. I fell in love with this small town. My friends drove me around the town as well as the surrounding areas. We went hiking. We visited the town, their barn, and the lakes. I loved Teddy. She is an adorable dog. She has three legs and my friends adopted her. How lucky Teddy is! She is having a good life---full of *Fu*, and free from fear.

To thank John and Sue, I brought them a little gift I carried from China. It was a Chinese calligraphy work of a famous Chinese ancient poem, a simple but profound one. I translated it into English:

Seeking Hermit, Yet Unfound⁶

Under the pine trees,

I ask the boy of

his master's whereabouts.

The boy says,

"The master has gone for herb-collecting

somewhere just in this misted mountain.

But with the deeply thick clouds all over,

no clue can be traced

about where the master really is."

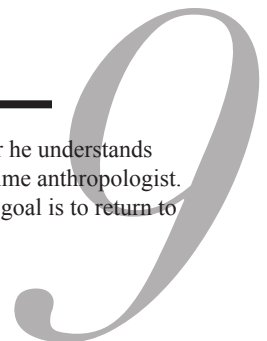
John⁷ and Sue had the calligraphy work framed, which is now hanging in their house. And I think I might carve this poem on the walls of that New London hut.



Notes:

1. “Egg flower” is the literal translation of a Chinese menu phrase *Dan Hua*. *Dan* means egg and *Hua* means flower. When an egg is smashed and poured into hot water it looks like flowers.
2. In Chinese we call the States the “Beautiful Country”.
3. The Qing Dynasty, also known as the Manchu Dynasty, was the last ruling dynasty of China, ruling from 1644 to 1912 (with a brief, abortive restoration in 1917). It was preceded by the Ming Dynasty and followed by the Republic.
4. The Republic of China was established in 1912 and ended when the People’s Republic of China was founded in 1949.
5. *Xi*, *Cai*, *Ji*, *Shou*, and *Lu* respectively mean joys, fortune, luck, longevity, and social status.
6. Jia Dao is the poet, who lived from 779 to 843, during the Tang Dynasty.
7. If you are interested in John’s Chinese antique furniture, check out his website:
<http://www.chineseantiquefurnitureshop.com/>

Hangping “Rocky” Xu is from China, but lives cross-culturally. The more he knows of other countries, the better he understands his own and the more inclusive his values become. As Rocky travels, he educates himself and loves being a part-time anthropologist. Through creative writing in a foreign language he gets to explore America, the world and himself. Rocky’s career goal is to return to China and teach in a university about America - the Beautiful Country.



Freud, Jung and Woolf

Mythologizing Psyche at the Dawn of Modernism

Mary Fratini

One can describe modernity as the inability to resolve the question, *what does it mean to be human, absent from the structural authority of god and king?* Eric Santner has termed the resulting turmoil a crisis of investiture. He writes, “When [rituals] are no longer capable of seizing the subject in his or her self-understanding... a generalized attenuation of symbolic power and authority can be experienced as the collapse of social space and rites of institution into the most intimate core of one’s being” (xii). These three writers – Sigmund Freud, Carl Gustav Jung, and Virginia Woolf – sought refuge from that collapse by locating a new authority for humanity in the psyche and consciousness within their respective disciplines of psychoanalysis, analytical psychology, and high modernist literature.

They were not exactly contemporaries chronologically, socially, economically, or professionally, but they do share a common historical moment with one World War completed and another on the horizon. In addition, the early twentieth century marks a turning point in the relationship between arts and sciences in Western culture, two discourses with muddled and troubled histories for women’s subjectivity. As Lisa Appignanesi notes in her history of women and psychology, “Though culturally they were inextricably linked, artists and the mind doctors now stood ranked against each other across the terrain of the human soul. And that terrain was often symbolically, as well as actually, signposted feminine” (253).

“These three writers sought refuge from that collapse by locating a new authority for humanity in the psyche and consciousness within their respective disciplines of psychoanalysis, analytical psychology, and high modernist literature.”

My presumption, which would not appeal to any of these thinkers, is that each offers a mythology of psyche that attempts to be at once universal and non-totalizing. In theory and fiction, they attempt to represent what it means to be human, to be conscious, as an individual and as a member of society. These are ontological models of consciousness – What is it? What does it do? How does it do what it does? Why? – offered to mitigate the uncertainty born in the wake of the dissolving authority of church and monarchy.

In choosing to pair psychoanalytic theory with literature, I am cognizant of the primary modes of criticism combining these two disciplines and ally myself most closely (although not perfectly) with

a practice of applied literature. As Pierre Bayard defines it, applied literature “is an attempt to express, by means of a paradoxical formulation, the hope of or claim to a reversal in perspective,” of the traditional psychoanalytical approach to texts that “places knowledge on the side of psychoanalysis and not that of literature” (207-208). “Applied literature searches to place the text in a position to instruct psychoanalysis and beyond this our knowledge of psychic phenomena” (214).

In a sense, this essay can be considered an attempt to access the historical dynamics of a particular episteme. As Barnaby Barratt notes in *Psychoanalysis and the Postmodern Impulse*, “every culture, or more broadly every episteme, determines for us that there are some meanings,

some modes of experiencing and understanding the self and its world, that are 'better' – more adaptive – than others" (12). I am reading these texts as stories and asking, *How do they represent the mind in narratives created for public consumption?* The act of answering that question will, I hope, lead to a conclusion that is itself only a beginning; for it is only after identifying what existed in the earlier models that we can identify which elements were brought forward, which discarded, and ask why? I will begin by synopsising the theoretical models of the psyche, of consciousness, and of collectivity/civilization within psychoanalysis and analytical psychology and then read Woolf's novel *The Waves* in light of, and against, those models.

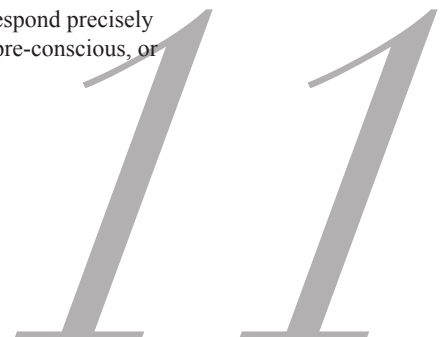
"I am reading these texts as stories and asking, *How do they represent the mind in narratives created for public consumption?* The act of answering that question will, I hope, lead to a conclusion that is itself only a beginning."

Sigmund Freud and Psychoanalysis: Developmental and Biologically-Sexed

Freud's model of the individual psyche is a developmental and sexed triad. The Es is the empire of the illogical and is present at birth as the source of drives. The Ich is acquired through socialization and becomes a mediating faculty between the external world of reality and the internal world of drives. The Über-Ich functions as a censoring authority, original emanating from the external world in the form of parents or caregivers and gradually internalized. In this sense it is both inherited and acquired. The Ich also functions as a mediator between the internal drives of the Es and the restrictions of reality as internalized in the Über-Ich. The Es, Ich, and Über-Ich form a triad regulating the energy of the drives, which are a contested set of theories Freud developed over time. Representing the physical demands on the psyche, Freud ultimately codified a binary set of drives: the erotic and the death, or destructive, drive (*Outline* 178).

Freud creates a developmental model for the psyche based on libido that corresponds to the process of biological development of humans from infant through adult. He both identifies these stages with specific and chronological points in time between birth and biological maturity, and allows for the possibility of re-inhabiting previous phases or even multiple phases at once. A newborn is in a state of primary narcissism that is autoerotic; there is no concept of subject/object or relationships, there is only the self as a source of pleasure. When the infant begins to identify a distinction between self and mother, s/he moves into the oral stage, which is characterized by extending pleasure to the site of the mouth. The sadistic-anal phase begins when the site of pleasure is extended to include the anus as a site of power by which the child can control what is inside and outside of its own body in relation to itself, but also to the wishes of the external world via the caregiver. The phallic phase begins with the child's discovery of his phallus, or in the case of a female, her lack thereof. This is the beginning of the sexed differentiation in Freud's model of psychic development, a difference that is muted by the infantile amnesia characterizing the following stage of latency. The sex-specific models of the psyche are re-expressed and expanded in the genital phase, characterized by libido investments becoming oriented towards the anatomical sexual function of the genitals, and the Oedipal, wherein the man or woman detaches from the primary love object of the mother and transfers his/her libidinal investment to a replacement love-object.

The concepts of libido and libidinal investment are the underpinning of Freud's model of consciousness, which also has three interactive parts, though they do not correspond precisely to the Es, Ich and Über-Ich. Psychic material in his model can be unconscious, pre-conscious, or



conscious. “The differentiation between the three categories of material that bear these qualities is neither absolute nor permanent. Something preconscious becomes...conscious without our being involved; and the unconscious can, through our efforts, be made conscious, whereby we may have the sense that we are often overcoming very strong resistances” (*Outline* 188). Unconscious material is the realm of the Es. It cannot be accessed directly nor is it inaccessible to language, but its existence can be inferred by observing the processes of libido in the Ich. The unconscious material in the Es is both that which is originally there and has never become preconscious and that which was taken up by the infantile Ich and then rejected and dropped back into the Es.

The Ich contains material that is preconscious and therefore capable of becoming conscious, or known, through language. Consciousness is a temporary condition, a fleeting state of recognition and understanding that is driven by sensual perceptions of the external world. The function of language, for Freud, is to allow humans to become conscious of the inner processes as well as material of the Ich by connecting memory traces of external stimuli. Making the inner processes of imagination and thought conscious denies the possibility of equating perception with reality and requires the creation of a mechanism called reality testing in order to distinguish between the internal reality of fantasy and the external reality of the phenomenal world (*Outline* 190). The Ich’s actions, then, are directed by observing and modulating this tension between fantasy and reality that is experienced as relatively pleasurable and unpleasurable as the tension decreases or increases. “An action of the Ich is then fully apt if it simultaneously satisfies the demands of the Es, the Über-Ich and reality – in other words, if it can reconcile their demands with one another” (*Outline* 176-177).

Freud identified multiple mechanisms for managing and directing libido, including repression, conversion, sublimation, condensation and displacement. When unconscious material from the Es attempts to move into a preconscious state, the Ich accepts or rejects it based on the state of tension described earlier. If the material is accepted it moves into a state of pre-consciousness; if it is rejected, it is either repressed or falls back into the Es. But Freud’s model is energy-based, and repressed material will seek another outlet. In a successful psychic adaptation, the repressed libido is directed into a socially useful product through sublimation; when it fails, the libido seeks expression through conversion into psychosomatic symptoms of neurosis or perversion.

When the Ich cannot manage the drives of the Es through expression, sublimation, or repression, the result is a psychotic flooding of unconscious material over the mediating faculty of the Ich. “From time to time, the Ich dissolves its connection with the external world and retreats into the dormant state, in which it makes extensive changes to its organization” (*Outline* 177). Since the unconscious is inaccessible to language, psychosis is largely untreatable (unreadable) in the Freudian model without a modicum of ego-control.

It is essential to note that this model of modulated energy is post-pubescent; prior to that point, unexpressed drives are either expressed or repressed and, regardless, are forgotten under the infantile amnesia characterizing the latent phase. Sublimation, key to a successful psychic development, is only possible after the development of a Über-Ich. Freud hinges the development of a Über-Ich upon a successful transformation of the Oedipus complex in that phase and sees the threat of castration as the motivating force behind such a transformation. But the intricate dance with biology in Freud’s model as both a binding universality and divisive anatomy, here comes down firm on the side of sexed difference. “We have found the same libidinal forces at work here as in the male child and have been able to convince ourselves for a while that they both take the same paths and attain the same results,” he wrote. “Then it is biological factors that distract them from their original goals and guide even active strivings, masculine in every sense, on to the tracks

of femininity” (“On Female Sexuality” 323).

Given that the sexual nature of libido and the relationship between castration, the Oedipus complex and sublimation are points of contention initiating and widening the split between Freudian psychoanalysis and Jungian analytic psychology, in addition to remaining some of the more controversial elements for post-Freudians and psychoanalytic literary critics, let me be explicit here in my reading of Freud on these issues.

Libido for Freud is sexualized energy. It is the manifestation of Eros, the erotic drive for attachment. As an active force, it is also inherently and universally masculine (as opposed to a passive force, which would be regarded as feminine) regardless of the anatomical sex of the individual or that of the object cathected (“Three Essays” 197). Therefore, although the sexual life of all humans in Freud’s model is separated into two phases preceding and following latency, men and women experience those two phases differently because women’s libidinal expression must shift from the universal masculine of childhood to a feminine manifestation after puberty. The realization of genital difference leads to the fantasy of using the phallus on the love-object of childhood, the mother, which then leads to the threat of castration for small boys. The realization of genital difference for girls, however, is recognition of sameness with the love-object. It cannot lead to a threat of castration – how does one fear the severing of what one does not have? – but to envy of males for what she lacks, and anger and rejection of the mother for leaving her in this inferior state.

While “inferior” carries multiple meanings and connotations here, I would argue that one interpretation is that women feel (or Freud hypothesizes that they feel) inferior not due to an anatomical lack of a phallus, but because that lack leaves them unable to engage in the Oedipus complex as an active subject rather than passive object. They cannot “use” the phallus on the mother; they cannot be threatened with castration; and therefore they cannot find a way in this model to shift their libidinal attachment from the love-object of childhood to one of maturity.

Freud likewise struggles with explaining the process of sexual maturation for women, identifying three potential paths following her experience (or lack thereof) of castration: turning away from sexuality altogether; clinging to the threatened masculinity of childhood (the masculinity complex); or a third “very torturous path of development that ends up in the final normal feminine attitude which chooses the father as its object and thus arrives at the female form of the Oedipus complex” (“On Female Sexuality” 313). The mechanisms for this third path remain opaque, however.

Freud’s model for boys holds no greater guarantee of successful development, but it does include or at least name the process by which he sees men shifting their libido to a love-object of maturity, namely sublimation. The incest fantasy of childhood cannot be expressed in maturity and must, in civilized societies, be repressed. That unexpressed libidinal energy then splits with a portion displaced onto a woman other than the mother and the remainder redirected away from the sexual act and transformed into the products of culture through sublimation.

Civilization, then, for Freud is not the product of libido but of libido repressed and redirected rather than freely expressed. Drawing parallels between the metapsychological histories of humanity and the individual, Freud’s model of civilization is likewise sexed. I say sexed rather than gendered because although here the biological determinism of anatomy is overlaid by the dynamics of love and a quasi-anthropological history of the family, Freud explicitly links civilization with sublimation, which we have seen is inextricable in his model from a process that begins with the recognition of anatomical difference.¹ He writes:

At this point we could not fail to be struck at first by the similarity

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between the process of civilization and the libidinal development of the individual...Sublimation of the drives is a particularly striking feature of cultural development which makes it possible for the higher mental activities – scientific, artistic, and ideological – to play such a significant role in civilized life...but it is impossible to overlook the extent to which civilization is built on renunciation (Civ 34).

Carl Gustav Jung and Analytical Psychology: Gendered Soul and Self-Consciousness

Analytical psychology has a radically different orientation to the products of culture, especially religion, the end result of a series of theoretical disagreements over the concept of sublimation, the Oedipus complex, incest-wish and originally the concept of a sexualized libido. As delineated above, the entirety of the Freudian model hinges on equating libido with erotic attachment rather than a desexualized energy. Freud wrote, “We will sacrifice all we have gained from early psychoanalytic observation if, following the example of C.G. Jung, we dilute the very concept of libido by making it coincide with the psychical drive force per se” (“Three Essays” 195,197). Jung shifted from a concept of the psyche as a libidinal to an energetic system, and created a model that parallels Freud in attempting to discover a series of rules governing the dynamic interactions of the psyche by way of observation and testing. However, he ultimately created an entirely different structural, developmental and civilization model.

Where Freud identifies three structures to the individual psyche evolving on a biologically oriented and sexed model from which he drew theories of the dynamics and location of conscious and unconscious material, Jung began with a three-part structure to consciousness from which he drew theories of individual and collective structures. For Jung there is consciousness, the personal unconscious, and the collective unconscious, but the psyche itself is an indivisible whole that includes the total of all the processes in these three spheres (*Essential Jung* 97).²

Within an individual there are the ecto- and endopsychic spheres which contain, respectively, sensual data from the external environment or from other sources including memory and judgment. The ectopsychic system is governed by four functions that are characterized by either an introverted or extroverted attitude towards the world. In sensation, a man receives information from the world of external objects; thinking allows him to name what his senses have told him; feeling accompanies his observation and provides a feeling-tone; and intuition allows him to predict where the named object originated, where it may go and what it may do next (*Tavistock* 40, 47).

Using Jung’s lecture notes, C.A. Meier then delineated seven laws for the functions: All four functions are required in order to fully apprehend a phenomenon, but thinking and feeling are rational and discriminating functions, whereas sensation and intuition are irrational and perceiving. The rational and irrational functions serve in opposed and exclusive pairs; in other words, a person can think *or* feel, sense *or* intuit at any given moment. Within each person, one function will be fully differentiated, its opposed function will be inferior in differentiation, and the remaining two will become auxiliary functions. The individual’s attitude – introverted or extraverted – will coincide with the differentiated function. The opposite attitude will coincide with the inferior function and that pair will be found largely in or contaminated by the personal unconscious. And finally, over the course of a human’s life there is a natural shift in the functions that ultimately reverses the typology altogether (Meier 98-103).

There is an underlying tension in both Freud’s and Jung’s models between what is *a priori* in the psyche at birth and what develops through life, as well as the role of inheritance and

adaptation in modifying either or both of those categories. Jung's model includes an inherent disposition towards attitude and function present at birth – “though the child is born conscious, his mind is not a tabula rasa,” he said. “The brain is born with a finished structure and it will work in a modern way, but this brain has a history” (*Tavistock* 45). Yet Jung rejected Freud's hypothesis of a motivating incest prohibition because “only a voluntary sacrifice of the primordial state of dependency – not a prohibition – could bring about the transformation which created a self-conscious individual” (Frey-Rohn 156).

The concept of transformation is essential within Jung's model of psychic development, which replaces Freud's five chronological (although open to regression) stages of early childhood with three – the anarchic, the monarchic and the dualistic (“Stages of Life” 99-100). The anarchic state stems from birth through the development of an ego-complex; it is characterized by recognizing or knowing without the ability to connect isolated “islands” of sensations into a memory. The monarchic phase begins with the development of an ego-complex to serve as a center by which the field of consciousness can be defined. Jung's ego is a complex, an “emotionally-toned content having a certain amount of autonomy” that is separate from consciousness. Recognition of this paradox – that the tool of consciousness, the ego, is itself separate from an earlier unified consciousness – inaugurates the dualistic phase which “consists in the awareness of one's divided state” (“Stages of Life” 99-100).

Jung posits a fissure within an indivisible, pre-existing whole not only as a model of a healthy as opposed to neurotic mind, but in fact as the prerequisite stage from which to launch a transformation into a self-conscious individual. The dualism preserves the concept of will-power as reflected in Jung's characterization of complexes as constellated points of energy indicating “unresolved problems of the individual, the points at which he has suffered a defeat, at least for the time being, and where there is something he cannot evade or overcome” (“Theory of Types” 80). Despite their differences – Freud explicitly denounced the concept of collectivity or a mass unconsciousness – both Jung and Freud identified the existence of the unconscious by observing the phenomenological effects of an unknown energy upon consciousness.

From the complexes, Jung developed his theory of archetypes, which necessarily expanded the role and importance of the collective unconscious in a person's day-to-day life as well as the process of individuation that became the goal of analytical psychology. Archetypes are a group of archaic character-images that derive from the impersonal or collective unconscious (*Tavistock* 41). In addition, the collective unconscious is the source of the energetic drives (no longer sexual but as unknown forces manifesting through spirit and instinct) that power the archetypes, which in turn provide form and meaning to the energy (Aurigemma 10,13). Complexes and archetypes manifest in an infinite variety of combinations, but Jung created a typology of several specific combinations that he believed to be universal, in addition to the ego-complex. These included the Shadow, the Anima/Animus, parental complexes, and the Self.

The Shadow is often compared with Freud's concept of the repressed in that it contains those elements of the personal unconscious that have been rejected by the ego-complex. It is an unconscious personality of the same sex and harmful only in terms of the present state of the ego; it carries the seeds for a potential alteration in consciousness by reconciling the two complexes. Jung characterized recognition of the Shadow as a moral challenge for the whole ego-personality and the next step in becoming self-conscious following recognition of one's dualistic state. As a vehicle for material from the personal unconscious, its contents can be neutralized or made conscious relatively easily. In comparison, the anima/animus represent an individual's soul as represented in a complex of the opposite sex and whose traits are often projected onto other people.

Although other archetypes are gendered, including the parental complexes, it is the model

of the anima/animus that brings Jung's concepts back to a biologically-sexed origin: "If therefore we speak of the anima of a man, we must logically speak of the animus of a woman, if we are to give the soul of a woman its right name" (*Essential Jung* 102).

Whereas Freud's model of psychological development split on sexed differences, providing sublimation as a process by which men, and only men, can channel excess libido, Jung's model emphasizes a universal bisexuality to the human psyche as modified by cultural ideals and observed through time:

We might compare masculinity and femininity with their psychic components to a particular store of substances of which, in the first half of life unequal use is made. A man consumes his large supply of masculine substance and has left over only the smaller amount of feminine substance, which he must now put to use. It is the other way round with a woman; she allows her unused supply of masculinity to become active. ("Stages of Life" 106)

The primary method by which an individual would consume such a psychic substance is not in the ego, but in the complex of the persona. As the face, or mask, of the personality that an individual presents to the world, the persona is concerned exclusively with its relations to external objects rather than the internal subjectivity of the ego or personal unconscious (*Essential Jung* 99). And as one individual has a multiplicity of complexes that become charged with energy as they constellate meaning from archetypal functions, so too does each individual have multiple personas that vary in relation to the external situation:

Any moderately acute psychological observer will be able to demonstrate without much difficulty traces of character splitting in normal individuals. One has only to observe a man rather closely, under varying conditions, to see that a change from one milieu to another brings about a striking alteration of personality and on each occasion a clearly defined character emerges that is noticeable different from previous ones... Which is the true character, the real personality? ...in my view the answer to the above question should be that such a man has no real character at all, he is not an individual but collective, the plaything of circumstance and general expectations... this mask, i.e. the ad hoc adopted attitude, I have called the persona... the man who identifies with this mask I would call personal as opposed to individual. (*Essential Jung* 97)

This is a type of split consciousness, but again Jung finds in the mechanism a measure of health and adaptation that becomes pathological only when it ceases to be controlled by the will. An emphasis on pathology versus adaptation, then, is one of myriad contrasts between Freud's and Jung's structures and dynamics of the psyche stemming from their epistemological disagreement over libido as Eros or energy. While the goal of both men as scientists was to identify by observation the rules governing the dynamics of psychic energy, the goals for treatment parted ways. Psychoanalytic treatment focused on redirecting libido expressed as pathology into sublimation whereas analytical psychology attempted to balance the exchange of energy within the totality of the psyche through a process of ever-increasing capacity for consciousness.

Virginia Woolf and *The Waves*: Fragmentation and Intersubjectivity

Another way of interpreting those two goals is with an attempt to re-vision subjectivity for modernity, a topic with which the literature of the time could rightly be described as obsessed. As Tamar Katz has noted, “Modernist experiments in narrative form often take as their goal the reshaping of narrative to a newly-envisioned subjectivity. Stream of consciousness, impressionism, point of view narration – a range of narrative strategies offer the perceptual process of the subject as the real story and in doing so raise the question of just what shape subjectivity might possess” (qtd. in Dickinson 28).

All of Woolf’s fictional work falls within modernism, but her later novels, including *The Waves*, published in 1931, broke additional ground in manipulating the chronology and physical forms of narration. The experimental format here follows six characters – Bernard, Neville, Louis, Susan, Jinny and Rhoda – from infancy through old age and death, conveying the expected content of plot, setting, and dialogue through parallel and sometimes overlapping monologues interspersed with prose-poems that critics refer to as the interludes.

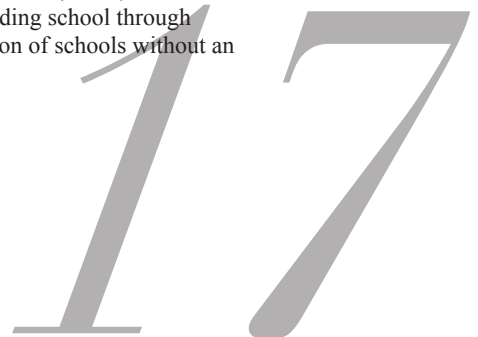
I will focus here on the sections representing infancy through middle age, since they are most analogous to the periods of life on which Freud and Jung concentrate, and disagree. Following Bayard’s model of applied literature, I will endeavor to read Woolf with the models explored above. Within those periods, I think the novel embodies and challenges three complex elements put forth by psychoanalysis and analytical psychology: the teleological developmental model; the relationship of memory to meaning at the individual and collective level; and conceiving of the subject/ivity in terms of fragmentation versus multiplicity.

Freud’s developmental model is vested in and powered by the sexual drive; structured on the biological stages of human development from birth through puberty; and consistently returns to early childhood years (before age six) for interpretation of the present consciousness and phenomenal experience of the subject. Jung’s model is vested in and powered by an unknown energy that includes, but is not limited to, the sexual drive; structured around stages of psychic progress that begin at birth but manifest most strongly in middle-age; and turns to archaic material from the collective unconscious as represented in archetypal images to interpret the present subjective experience of the external world.

The nine prose episodes in *The Waves* break down by chronological ages that arguably represent elements in both of these structures. The first section, which I call Elvedon after the imaginary realm described therein by Bernard, depicts the children from their earliest moment of consciousness in the nursery through departure for boarding school. It is originally an unsexed stage of unity despite the presence of nominal tags for each speaker, but the unity is broken into nascent subjectivities through the unrestrained expression of childhood libido. Jinny kisses Louis – “She has found me. I am struck on the nape of the neck. She has kissed me. All is shattered” (3) – simultaneously wrenching him away from a fantasy of roots extending through the earth and suddenly broadening her own erotic experience of physicality. “Now I smell geraniums; I smell earth mould. I dance. I ripple. I am thrown over you like a net of light. I lie quivering flung over you,” she says (13).

Susan sees the children kiss through a gap in the hedge and flees in a rage of jealousy, drawing Bernard away from his playtime with Neville in an attempt to comfort her. “I love and I hate. I desire one thing only,” she says. “I am already set on my pursuit... Though my mother still knits white socks for me and hems pinafores and I am a child. I love and I hate” (15-16).

As the next episode follows the children from the nursery to boarding school through their late teens, it introduces a sense of sex difference through the segregation of schools without an



overt act recognizing anatomical difference. But there are stirrings of sublimation – “I have been in the dark; I have been hidden; but when the wheel turns (as he reads) I rise into this dim light where I just perceive, but scarcely, kneeling boys, pillars and memorial brasses,” says Louis. “There is no crudity here, no sudden kisses.” (35) – as well as a fetishistic and inverted fixation among the boys, and a desire to serve as an object of desire and attraction for the girls.

As their lives continue beyond boarding school, the structures of society embody and enforce the sexed differences in access to culture as creators: the boys continue with college education and professional work, while the girls begin to pair off in romantic and sexual unions.³ Each woman’s experience can be interpreted along the Freudian model for a feminine resolution of the castration threat and Oedipal complexes absent the option of sublimation: Susan marries and bears children in a normal displacement from the first love-object of mother to a man; Jinny retains a masculinity complex, expressing her libido in a heterosexual and genital manner, but one too active for true femininity; and Rhoda remains trapped in an unresolved castration complex, rejecting all erotic attachment and withdrawing from all but episodic sensual experiences of the external world. She says:

I came to the puddle. I could not cross it. Identity failed me.
We are nothing, I said, and fell. I was blown like a feather. I was
wafted down tunnels. Then very gingerly, I pushed my foot across.
I laid my hand against a brick wall. I returned very painfully,
drawing myself back into my body over the grey, cadaverous space
of the puddle. This is life then to which I am committed. (64)

In a Jungian reading, however, Rhoda’s position is arguably verging on a shift from the monarchic stage of an ego-complex to dualism and recognizing the split state of the psyche and would therefore serve as a progressive rather than regressive model of femininity.

Similarly, the text first presents and then challenges an easy interpretation of Susan as a normal, healthy expression of female libido. “I have reached the summit of my desires,” she says, in late middle age:

The violent passions of childhood...are rewarded by security,
possession, familiarity...I ask now, standing with my scissors
among my flowers, Where can the shadow enter? What shock
can loosen my laboriously gathered, relentlessly pressed-down
life? Yet sometimes I am sick of natural happiness...I am sick of
the body, I am sick of my own craft, industry and cunning, of the
unscrupulous ways of the mother who protects, who collects
under her jealous eyes at one long table her own children, always
her own...Life stands round me like glass round the imprisoned
reed. (190-192)

Likewise, even where there is Eros and infantile sexuality in the Elvedon section, the text goes on to undermine the expected infantile amnesia within Freud’s model as each character refers back to those earliest sensations, first in a dinner at age twenty-five and again at the conclusion, when Bernard re-narrates their collective story to an anonymous listener. The memories are shared not only as repressed libido to be discharged by imaginative or therapeutic expression, but as organizing models by which their self/selves create meaning:

“Old Mrs. Constable lifted her sponge and warmth poured over us,” said Bernard. “We became clothed in this changing, this feeling garment of flesh.”

“The boot boy made love to the scullery maid in the kitchen garden,” said Susan, “among the blown out washing.”

...“And then the cab came to the door and pressing our new bowler hats tightly over our eyes to hide our unmanly tears, we drove through the streets...a second severance from the body of our mother...” (142-143)

The fixation upon these infantile, physical sensations of the external world can be read as a Freudian perversion or regression, nascent fetish, or neurotic obsession; alternatively they can be seen as a constellation of archetypal images within un-integrated complexes that are causing an imbalance of energy. In both cases, the memories are characterized primarily by their repetition under a variety of circumstance. As the previous scene concludes, the parallel monologues give credence to reading of the rote, almost obsessive recounting of fleeting sensations of the conclusion to the previous scene as ritual rather than symptom:

“But here and now we are together,” said Bernard. “We have come together at a particular time, to this particular spot. We are drawn into this communion by some deep, some common emotion. Shall we call it conveniently ‘love’?...No, that is too small, too particular a name...we have come together...to make one thing, not enduring – for what endures? – but seen by many eyes simultaneously... a whole flower to which every eye brings its own contribution.” (142-143)

Both Jung and Freud address ritual within their models of psyche and consciousness, with greater and lesser admiration and sense of its status as symptom or cure, but Woolf’s representation emphasizes the necessity of community, performativity, and temporality to ritual. The flower both constitutes and is constituted by this specific collection of characters, but only in this moment.

Here they are seven, joined by a classmate named Percival who never speaks in the story but whose death following this meal will mark the transition from young to old. When they gather again at the age of fifty and absent Percival, the flower will be only six-petaled.

As the text emphasizes the ritual interaction of individuals, presence, and time in order to create meaning, so does it also embody that complexity by fragmenting the narrative between the interludes and episodes. Renee Dickinson describes the relationship between these two forms as opposing representations of identity-driven subjectivity or formless universality. She writes:

In contrast to the episodes, where the characters are working to distinguish themselves in their gendered, national and vocational activities, the interludes develop a dissolution of these same identities as the sun becomes gendered neutral and then masculine... as the light strengthens, it contributes to the creation of its opposite, darkness, and with it creates a greater distinction between light and dark, self and other, masculine and feminine.” (35)

In addition to Dickinson's interpretation of Susan, Jinny, Rhoda, Bernard, Neville and Louis distinguishing themselves as subjects within cultural categories, I find that the monologues within the episodes also contain ambivalent and contradictory statements about the psychological experience of that process of individual identification, as well as the possibility that these are not in fact six individuals, but six facets of a single consciousness.

Returning to the Elvedon section, we see six separate subjectivities as defined by the names of the speakers. Originally speaking into a void without reacting to or interacting with the comments of the others, the voices evince an awareness growing beyond their physical surroundings to include first caretakers and then peers, both through physical touch. If you read each voice as an aspect a single consciousness, the sensation of touch is still a violent act but it becomes an expression of breaking an existing unity rather than binding two previously separate egos in mutual awareness, Thanatos rather than Eros.

Although Freud recognizes a destructive element within the libido, his model also requires all drives to aim at restoring their previous state. "If we assume that the living appeared later than the lifeless and arose from this, then the death drive fits into the formula I have mentioned [but] we can't use this formula for Eros [because] this would mean presupposing that living substance was once a unity which was then torn apart and now strives to be unified" (*Outline* 179). Shifting one's perspective to read *The Waves* as a fragmentation of a single psyche rather than a multiplicity of subjectivities, therefore, challenges the dualistic drive theory underpinning Freud's model alongside an interpretation of manifest content that seems to embody the truth of infantile sexuality.

"That is why I characterized my interpretive bias regarding the dynamics under examination here as mythological rather than aesthetic or scientific or historical. It is an increasingly common approach to psychoanalysis, both as a tool of cultural criticism and clinical practice."

Jung's model of psyche begins from a supposition of an indivisible whole, and so the shift in perspective does not offer such an immediate revision. However, reading the six characters as elements of a single subjectivity leads to a direct comparison with Jung's concept of the process of individuation. Are these six archetypes of unbalanced and un-integrated complexes? Are they six personas, six masks of an un-individuated subjectivity? Or is each character, even while existing as an archetype or complex for an unknown individual, also manifesting his/her own persona and complexes, thereby constituting a series of embedded psyches on the model of a Russian matryoshka, or nesting doll, without obvious end?

Woolf's words offer support for all of these possibilities, and more. As persona Bernard says, "I am not one and simple, but complex and many..."

They do not understand that I have to effect different transitions; have to cover the entrances and exists of several different men who alternately act their parts as Bernard. I am abnormally aware of circumstances" (76). The text seems ambivalent about interpreting this as one of six such complexes within an individual or/and a persona channeling its own source of energy. But Bernard's next words offer a sly wink in the direction of both meanings existing together, at the same time; the Self as a multiplicity that is simultaneously fragmented and whole. He says:

"But you understand, you, myself, who always comes at a

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call (that would be a harrowing experience to call and for no one to come; that would make the midnight hollow, and explains the expression of old men in clubs – they have given up calling for a self who does not come) you understand that I am only superficially represented by what I was saying tonight. Underneath, and at the moment when I am most disparate, I am also integrated.” (77)

Conclusion

In describing the critical process of applied literature, Pierre Bayard asks, “How can literature be in a position to instruct psychoanalysis?” He offers two steps: locating the text in temporal relation to the creation and ongoing development of psychoanalysis and identifying the degree of theorization in the literary text. In this case I have opted to compare theoretical and literary texts by Freud, Jung, and Woolf that are approximately peers in time in order to uncover some dynamics of the debate regarding the healthy or pathological constitution of a psyche in modernity, especially in relation to biology and libido.

I believe there is co-constituting relationship between theoretical structures, fictional narratives, and external reality as demonstrated in the analysis of these three writers standing at the dawn of modernism. As Allen Thiher states in *Revels in Madness: Insanity in Madness and Literature*, “Once a model for mind exists, the model becomes a plausible function of mind, even if the model is in some sense an invention of fiction. Fictions can and often do invest reality” (319). That is why I characterized my interpretive bias regarding the dynamics under examination here as mythological rather than aesthetic or scientific or, despite my temporal location of the texts, historical. It is an increasingly common approach to psychoanalysis, both as a tool of cultural criticism and clinical practice.

“The theories were never purely speculative, never purely theoretic, never merely fiction. They were always myth,” writes Dan Merkur in *Psychoanalytic Approaches to Myth: Freud and the Freudians*. “Neither clinical nor applied psychoanalysis has criteria for establishing truth. Our therapeutic techniques rely extensively on reified metaphors. In all case the reified metaphors are metaphysical. If theistic, they constitute myths. Though we may try to demythologize as much as we can, myth will always be with us” (139).

Footnotes:

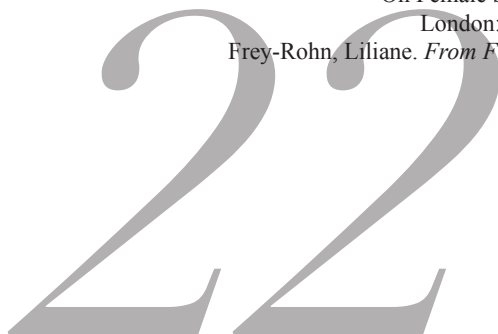
1. Here I am following a lead set forth by David Glover that combines later distinctions between sex and gender made by Kate Millett and Joan Scott. Quoting Millett, Glover writes, that “sex is biological, gender psychological, and therefore cultural” adding that, “Gender, according to Scott’s pithy definition, is simply a social category imposed on a sexed body” (xxiii). In this sense, although Freud shifts almost exclusively to gendered terms of masculinity and femininity rather than male and female in *Civilization and Its Discontents*, his concept of sublimation rests on biological concepts of genital, or sexed, difference. Judith Butler’s theories in *Undoing Gender* of sex itself as a cultural construct by which societies identify the human from the Other challenge this, I think successfully, but are beyond the capacity of this investigation. Jung’s concept of male/female is closer to this concept of gender as a social category and does not prioritize the moment of realizing genital difference, but for ease of comparison I will retain “sexed” for analytical psychology as well.

2. Some writings by Jung and his immediate followers add a different part to this model so that it becomes a topology of collective consciousness, the individual field of consciousness (which includes the personal unconscious) and collective unconscious (Meier 70).

3. Adding an Adlerian perspective to this applied reading of *The Waves* would be interesting, I think, because the characters are intimately created in and by the social world of England between the wars, attempting to reconcile the legacy of Victorianism with the rapid changes industrialization brought to social life. While critics have addressed the raced dynamics of the text through a post-colonial analysis, including Jane Marcus and Jane de Gay, and others have addressed multiple aspects of gender through feminist critiques, I do not know of any that conduct a reading via social psychology.

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Too Sick to Choose Following the Case of William Bruce Through the Pitfalls of Paranoid Schizophrenia

Brian Sullivan

William Bruce, or Willy as I knew him, was a diagnosed paranoid schizophrenic in 2005 (Kaye 2007). He was 23. Paranoid schizophrenia directly affects one percent of the general population (healthcentral.com 2009). Those that are living with this illness may suffer in two ways ranging from: “delusions of persecution, reference, exalted birth, special mission, bodily change, or jealousy” (schizophrenia.com 2009). The second aspect of paranoid schizophrenia deals with hallucinations. A patient’s hallucinations can manifest in varying forms. Some of the forms included are: “voices that threaten the patient or give commands, or auditory hallucinations without the verbal form, such as whistling, humming or laughing; hallucination of smell or taste, or of sexual or other bodily sensations; visual hallucinations may occur but are rarely predominant” (schizophrenia.com 2009). Much of the description above accurately portrays Willy’s illness. From the outside it seemed as though his agency was largely fantasy. There was a space between what he perceived his station in life to be and what the reality was.

I first met Willy when I moved to Caratunk, Maine. I was a raft guide and working there for the summer. He would bike over to where a few of the guides lived and talk, telling us stories that always seemed to be tall tales. When I told him I grew up in Boston many of his stories began to take a Boston theme. Overall, he seemed like a nice guy, just a little off. I never thought much about Willy, I hardly knew him.

In June of 2006, Willy Bruce killed his mother Amy. He chased her through the house and killed her in the bathroom with a hatchet (Robinson and Rodrigues 2009). “Later (William) told officials he thought the Pope had ordered him to kill her because she was an Al Qaeda operative” (Robinson and Rodrigues 2009).

This paper will use the circumstances around William Bruce’s treatment and refusal to take medication as a case study. Beginning with William Bruce’s history this paper then explores the process states and families must go through to force the mentally ill to take medications and the evolution of those processes through IOC laws. The question of the patient’s rights to refuse medication and his right to have his medical files confidential are also examined. Finally, this paper looks at the direction management of the mentally ill is moving from a legal standpoint and poses question to overall discussion: should age be the only factor in determining of adulthood? Could a case like William Bruce’s be avoided with more research and aid to families as adolescents with mental illness transition into adulthood?

Bruce’s History

William Bruce was a patient of the Riverview Psychiatric Center in 2006. William’s placement in the center was due to a “well documented history of dangerousness, paranoid thinking, and refusal to take medication” (Summary of Medical Records 2006). As a patient, William asked repeatedly for a discharge. The Disability Rights Center of Maine lobbied for William’s discharge and eventually got it on April 20, 2006. William’s family was restricted and cut off from all meetings concerning his discharge at the patient’s (William) request. Doctor’s notes

indicate that advocates involved with William coached him to sever family contact (Bernstein and Koppel 2008). The Disability Rights Center (DRC) is an “advocacy agency for people with disabilities. It is a non-profit agency independent of state and federal government” (Disability Rights Center 2009). The DRC promotes the “equality, self-determination, independence, productivity, integration, and inclusion of people with disabilities through education, strategic advocacy and legal intervention” (Disability Rights Center, Mission Statement 2009). According to “A Summary of the Medical Records” of William Bruce, the Riverview staff was never comfortable with the idea of William’s discharge (Summary of Medical Records 2006). Ultimately, the hospital was responsible for discharging William, but multiple doctors’ notes indicate that William received heavy prompting from his advocate from the DRC. “When Dr. Filene asked William about his activity level being increased so he could access the community he hesitated. Again according to Dr. Filene’s contemporaneous notes: “Ms. Callahan then stated, ‘They want to see that you can play nicely in the community. Just say yes,’ after which William Bruce stated ‘Yes’” (Summary of Medical Records 2006).

After William’s discharge from Riverview he returned home. Joe Bruce, his father, reported to ABC “‘He didn’t want help, he didn’t want medicine. He insisted there was nothing wrong’. Willy’s behavior quickly deteriorated and became more dangerous. ‘We began finding knives and stuff put in different places.’” (Robinson and Rodrigues 2009). The Bruces “could not force their son to be hospitalized or accept medication” (Kesich 2006).

Since the trial for the murder of Amy Bruce, William has been at Riverview Psychiatric Center and has been receiving treatment and medication. He will stay at the state hospital indefinitely. In an interview with ABC Joe Bruce sat next to his son and stated: “I can tell you with absolute certainty that if he had been on medication he would be in an apartment somewhere enjoying a job, and he would have a life, and his mother will still be alive today” (ABC 2009).

Involuntary Medication and the Law

Whether mentally ill patients have the right to refuse medication has been a topic of conversation in the mental health world for years. This section will examine the manner in which selected states have chosen to address this conversation through legislation relative to the last twenty-five years.

In the case of *Rivers v. Katz* 1986, a group of mental patients appealed to the State of New York. The original case was that the forcing of medication was in violation of their constitutional right to choose their own treatment. Furthermore, for the state to force medication, patients were entitled to due process. Lower courts ruled: “[those] involuntary psychiatric patients were... incompetent to make treatment decisions and that there was no violation of due process because the patients had access to an administrative appeal” (American Psychological Association Online). The American Psychological Association (APA) submitted a position to the court stating: “...involuntarily hospitalized have a federal right to refuse medication... so long as they have not been found incompetent or immediately dangerous to themselves or others.” The APA also made the statement that “while antipsychotic drugs are highly beneficial for many patients, they also have substantial side effects-thus implicating basic federal principals of individual autonomy that may only be outweighed by state interest when the patient is incompetent or imminently dangerous to self or others” (American Psychological Association Online).

“Using Willy’s story and history... the question of the patient’s rights to refuse medication and his right to his medical files confidential are examined.”

The New York Court of Appeals found that hospitalized mentally ill patients cannot be “forcibly treated with antipsychotic drugs” (American Psychological Association Online). The court also confirmed the statement from the APA for medication to be forced a person must be a danger to themselves or others. The court also stated that if a patient were found to be mentally incompetent, unable to make an informed decision concerning medication, the court would intervene.

A case in the Ohio Supreme Court ruled that involuntarily committed patients could be forced to take medication “even if they are not a danger to themselves or others” (Hausman 2001). In a unanimous vote, the justices declared after a patient has been found incompetent the state may force him or her to take medication. A restriction within the ruling: medication can be forced only “when there is no less-intrusive form of appropriate treatment available and taking the medication is in the patient’s best interest” (Hausman 2001). The evaluation process of whether a person should be forcefully medicated has two concerns for the patient. The potential benefit to the patient while on medication and the potential side effects of the medication.

According to Justice Douglas, The Ohio Supreme Court came to this decision while trying to find a balance of “paternalism and compelling government interest on the states part and the right to autonomy on the patient’s” (Hausman 2001). The court aimed to recognize the patient’s right to refuse medication while also recognizing that sometimes mental illness can take the ability a person has to make an informed decision away.

The complexities surrounding the medicating of non-consenting patients in the United States varies from state to state. In the case of *Myers v. Alaska Psychiatric Institute (API) 2006*, the State Supreme Court not only grappled with similar issues of the *Rivers v. Katz* case cited above, but in their ruling set a standard making it increasingly difficult for physicians to overturn a patient’s decision to refuse medication. They finally ruled “in the absence of emergency, a court may not authorize the state to administer psychotropic drugs to a non consenting mental patient unless the court determines that the medication is in the best interest of the patient and that no less intrusive alternative treatment is available” (Hinton and Forrest 2007).

The case of *Myers v. Alaska Psychiatric Institute* has had major implications in the way involuntary medication will be viewed and managed by the court systems, as well as medical institutions. This case further established the rights of an involuntarily committed patient, clearly defining the terms under which medication can be forcibly administered. *Myers v. Alaska Psychiatric Institute* also brought a new level of clarity to the blurry lines between the court system and medical institution regarding the representation of a patient’s interests.

In order to administer medications without the consent of patient the patient must “first be admitted to an institution based on clear and convincing evidence that, as the result of a mental illness, the patient was likely to harm himself or herself or someone else or was gravely disabled” (Hinton and Forrest 2007). In order for the committed patient to be held for a long period of time, two mental health professionals must sign a statement. That statement must include the consideration and rejection of a “less restrictive alternative and that the proposed treatment would be likely to improve the person’s condition” (Hinton and Forrest 2007). Physicians are required by Alaska State Law to explain possible treatments to patients “regardless of commitment status” (Hinton and Forrest 2007). In the event that a physician would like to override the patient’s choice to refuse medication, an appeal must be made to the State Court.

In the case of *Myers*, the Supreme Court of Alaska re-established the state’s role of *parens patriae*, the power of the state to act in the best interest of the people as a parent would. During the case the *Alaska Psychiatric Institute* argued that doctors were the most qualified to manage the patient’s best interests based on medical competency; attempting to establish that

API would be able to denote whether Ms. Myers should be forced to take medication (Hinton and Forrest 2007). The state's response was that "medical competency and expertise were not at issue, but rather the constitutional protection of the rights of liberty and privacy, which are protected by the courts" (Hinton and Forrest 2007). In addition, the Supreme Court of Alaska established a set of considerations to be reviewed by the court when examining cases like Myers (listed below).

- A. An explanation of the patients diagnosis and prognosis of their predominant symptoms, with and without the medication;
- B. Information about the proposed medication, its purpose, the method of its administration, the recommended ranges of dosages, possible side effects and benefits, ways to treat side effects, and risks of other conditions, such as *tardive dyskinesia*;
- C. A review of the patients history, including medication history and previous side effects from medication;
- D. An explanation of interaction with other drugs, including over-the-counter drugs, street drugs, and alcohol; and
- E. Information about alternative treatments and their risks, side effects, and benefits. (Hinton and Forrest 2007 from Myers, p252)

In order for a state to force an individual into any medical practice, like taking medication against a patient's will, a compelling state interest must first be established. Compelling state interests include matters of national security and/or harm to the individual or others. Mentally ill patients in Alaska have the right to refuse medication as long as there is not a compelling state interest to force medication (Hinton and Forrest 2007).

While the case of Myers v. Alaska Psychiatric Institute has clearly outlined a rigid standard of practice concerning forced medication of involuntary patients, there is great discrepancy between other states. Utah, for example, allows physicians to make any treatment decisions they choose for involuntarily admitted patients (Hinton and Forrest 2007). The direction of this issue remains to be seen, but for now remains on the state level.

The cases reviewed above could have been used to support William Bruce's choice not to take medication. The State of Maine affords the patient the right to refuse medication, as long as the patient is over the age of eighteen and not an immediate threat. Also, no cases could be found that questioned age regarding a legal definition compared to a mental assessment, or in the spectrum of adolescents.

Kendra's Law

The laws set forth in the cases above have ruled in favor of the individual and protected the patient's right to refuse medication with the exception laying in extreme cases. At what point does the focus of the court's concern shift from individual to the community at large; or are the courts expected to keep an even eye on both? While the question(s) of compelling state interest regarding the safety of the community as well as *parens patriae* have come up, the seriousness in which the court has reviewed these responsibilities must be called into question. The reality is that when a person with Attention Deficit Hyperactivity Disorder refuses his or her medication, the outcome can be far different from when a paranoid schizophrenic refuses medication and/or treatment.

The State of New York has enhanced a piece of legislation that has both been

controversial and widely received. The law is named after Kendra Webddale, who died after being pushed in front of a subway train by a schizophrenic in January of 1999 (Archibold 2006). The law also known as an IOC (involuntary outpatient commitment) law allows for the family members, medical professionals, or others to pursue a court order requiring a mentally ill person to go through outpatient treatment (Office of Mental Health, New York 2009).

While many states had guidelines set in place for when a mentally ill individual broke an existing law, an IOC law is different. In the past to force treatment, those around that individual would have to wait until the individual either broke a law, or became a harm to him or herself or another before courts would consider any kind of forced treatment. After an individual who was mentally ill broke a law, they were sent to a mental health facility of some kind, depending on the offense. An IOC law is fundamentally different because the intent is largely preventative. “The law is intended for the mentally ill who have not committed crimes and have resisted treatment” (Archibold 2006).

The ratification of an IOC law offers those who are close to the mentally ill (and often responsible for them in some way) an avenue to force treatment. Through the formative years and through most of adolescence, parents are given the charge of making medical decisions for their child. Decisions like what kind of treatment would be appropriate for their child and responsibilities like giving the child medication when they are supposed to take it are part of the parenting job even if the child is resistant (which can often be the case with any adolescent, but certainly one who suffers from paranoid schizophrenia as seen with William Bruce). Unfortunately, cases do exist like William Bruce’s, where the patient remains undiagnosed until after they are of legal age, robbing the parents of the opportunity to teach the child about the importance of the child’s treatment. Once a child with paranoid schizophrenia, for example, turns eighteen years old the parents have no more control. Parents can no longer force the child to take medication, or to be part of therapy. Because the United States does not make a distinction of rights based on mental condition as opposed to the age of an individual, this law has tremendous implications for families of those who are mentally ill.

In states without an IOC law a shift occurs when some mentally ill turn eighteen. A group that was once managed, with relative ease, now falls on the shoulders of court systems. IOC laws are in part designed with the distribution of responsibilities in mind; allowing parents, medical providers, and others to intervene in ways and time when the court may not see and therefore may not be able to act in the best interest of the mentally ill individual.

Had this law been in effect in the State of Maine the William Bruce case would never have happened. The Sate has been considering the institution of an IOC law since Senator Nutting proposed a version in 2005 (Souter 2005). Under the guidelines of other IOC laws the Bruce family could have appealed, and forced William to take medication regardless of his age. Had the law been accepted by the state at the time of proposal Amy Bruce may still be alive; however, the state has not yet passed the law.

The main concerns and scrutiny under the new IOC laws rest in patient rights. Dr. Riens, a Maine psychologist, is primarily concerned with the prospect of forcing “treatment on someone just because they are off or strange” (Souter 2005). Another leading question/critique of the law rests in the issue of refusal. Wayne Daily of the Connecticut Department of Mental Health asks: “What happens if a patient refuses medication? Are you going to wrestle them down in their living room?” (Souter 2005). The answers to these critiques are found within the law. Petitioners or those who may petition the state for IOC regarding an individual must have a connection to the patient via relation or through a supervisory role (psychologist, director of a service the individual receives, etc...) (Office of Mental Health New York 2009). If a patient receiving IOC

refuses care or to follow the treatment plan provided by the state, they may be admitted to a state hospital involuntarily. Once in the care of the hospital, the patients are evaluated by mental health professional for up to seventy-two hours. The evaluation determines whether the patient is in need of longer care or if he or she may be released into the pre-existing program (Office of Mental Health New York 2009). In the six years of the law's existence in New York the "program resulted in 63 percent less hospitalizations, 65 percent fewer episodes of homelessness and 75 percent fewer arrest" (Souter 2005).

Furthermore, IOC laws may act as a precursor to family rights of patients. Currently the families of patients can easily be shut out of meetings between doctors because patients are above the age of 18. Patients also have the right to invite whomever they wish to meetings. There has been a push by the National Disability Rights Network to have a legally based advocacy group responsible for ensuring patients are treated fairly (Bernstein and Koppel 2008) hopefully preventing advocates similar to the ones in the William Bruce case from causing damage. IOC laws are a step forward in mental health enabling a true community approach to the patient's best interest. If IOC laws can pass, and redefine the precedence for the treatment of patients, perhaps they can also pave the way for families to have rights to updates regarding the patient. Families having an understanding in the manner the mentally ill are managed could serve to better bridge the gap out of adolescence for the mentally ill and act as a preventative for tragedies like the Bruce's from happening again.

Public Opinion

In a case in Florida, a man who suffered from paranoid schizophrenia believed his mother to be a monster. He stabbed her, and then cut off her hands and feet. Scott, the offender, was eventually released to an unlocked facility.

The public responded via internet blogs: "I feel that Scott should move next door to Judge Simmons and see how the judge would feel with him living next door to him. Do you think he would feel safe? How do we know that Scott has been converted to a nice guy? What happens if he finds a girl friend and she says the wrong thing to him? Will he find her to be a monster and cut her hands and feet off also? Is the public really safe from him?" (Concerned Citizen 2009). In another post someone wrote: "Not all people with paranoid schizophrenia kill someone! This man killed his own mother, it was an overkill, even cut off her hands and feet! I guess he had an insanity plea and is to stay in a mental institution. He can function with medication in a closed mental facility. To have him go to town alone and work in a grocery store is unbelievable. Conduct an experiment at the expense of the public? Create work for him inside a locked unit! To place him in a new location that is not a closed unit is wrong! He is the wrong person to give an open door during the night! He committed a brutal murder! I would not want to live in the same town as him! I would not shop at that grocery store! I think he should have got the death penalty! His mother did not deserve to be killed and butchered!" (Countryiscool 2009).

A post shared by many contributors asked if the outcome would have been different if the judge was forced to live in the same community as Scott. Assuming the question is getting at the judge's willingness to take personal responsibility and thereby the state taking responsibility, this question leads to a much bigger one. Does the public opinion have a place in the courtroom in matters of mental illness?

Would it be safe for the mentally ill if the public had an opinion? Taking the opinion from sample blogs such as the ones noted above, it appears that the public would rather have some members of the mentally ill community locked up.

Public interaction with the mentally ill members of the greater community were limited until fairly recently. The deinstitutionalization of the mentally ill that took place through the late sixties and early seventies was the primary factor behind the introduction of the mentally ill community to the general public (Borinstein 1992). Before deinstitutionalization, families dealt with the complications of a mentally ill relative as a “private matter” (Borinstein 1992). In essence the deconstruction of the types of mental health facilities found in the early part of the twentieth century and the opening of “community-based mental health care brought mental illness to the public sphere” (Borinstein 1992).

In an article called *Data Watch*, Borinstein examines the response the public has to the mentally ill, and how current perceptions may have been formed. Two pieces of information found in his article are of particular interest to the paranoid schizophrenic community. The first is the “not-in-my-back-yard phenomenon” (Borinstein 1992) where people believe that a communal approach to treatment is beneficial and ideal for the patient; however, they do not want that program in their neighborhood. The second finding addresses a perception that has been alluded to throughout the paper. Does the public view the mentally ill as dangerous? According to Borinstein’s work: fifteen to twenty-four percent of the people in his study were “concerned about the potential violence and dangerousness of persons with mental illness.” Sixty-six percent of the respondents believe a stigma exists around the mentally ill (Borinstein 1992), which may be a factor in the fear shown in the previous statistic.

New Direction of Thought

“The state has claimed responsibility for the mentally incompetent through standards like *parens patriae*. Jails have grown, according to Harcourt, since the dismantling of asylums and mental hospitals in the sixties and seventies.”

As it stands, forced medication of patients is the issue most often discussed in court in comparison to other forms of treatment. While medication is the “cornerstone of paranoid schizophrenia treatment” (Mayo Clinic 2009), other research has suggested that psychiatric treatment can have a tremendous affect on those suffering from paranoid schizophrenia. Javier Saavedra notes in his article *Schizophrenia, Narrative and Change: Andalusian Care Homes as Novel Sociocultural Context* that “long stay patients create their identities by using more categories related to relationships and make fewer references to illness...”

Saavedra also notes that long stay patients “show a greater capacity for agency”. This study compares patients from two groups that have been living in a care home for different amounts of time. The study looks at the language ability of the two groups, specifically in the form of personal narrative to evaluate the individual’s ability to understand self. The findings of Saavedra’s work suggest that schizophrenics that are in care for longer terms have a better sense of agency. Because isolation is a problem for schizophrenics (Saavedra 2009) the group atmosphere helps through socially shared experiences. The forming of personal narrative that translates to the outside world could be a major piece in recovery (Saavedra).

Taking what is known from Saavedra and the resistance to medication that can be prevalent, why have court systems not blended the two by making rulings that may allow a patient to refuse medication if that patient meets other requirements like the long term care described above? In the aforementioned examples of court cases, the patient’s autonomy is the crux of the argument on both sides. Either the state is attempting to protect the patient’s autonomy by allowing

them to refuse medication, or the medical institution has found the patient's decision-making process to be flawed based on the choice they have made to refuse medication. Medical institutions have made cases based on the potential harm of the self or others. Unfortunately for the institutions, harm to self or others is imminent for the courts to intervene in the medicating of a patient (in most cases).

Perhaps a way to honor the patient's autonomy is to present a choice within the IOC laws to the patient to either take medication with the benefit of a less restrictive outpatient setting or to refuse medication with a more restrictive outpatient or inpatient setting. In this situation, all patients would have the benefit of therapy and resources present in a medical institution, while maintaining their personal autonomy. A detailed support system outside of the institution would have to be in place before a patient could leave. In this model, the state could also assess the support structures that are set in place for these patients assuming the true role of *parens patriae*.

Would it be possible for a state to restrict the possibility of a patient's release from an institution to be based solely on performance? This would shift power back to the hands of the patient essentially stating that if the patient improves without medication then they would be released; however in the event that the patient refused to use medication and in some cases therefore never improve they would have to stay and remain removed from society while unstable.

Unanswered Questions

In his article *Mentally Ill, Behind Bars*, Bruce Harcourt asks, "Do we need to be imprisoning at such high rates, or were we right, fifty years ago, to hospitalize instead?" Through his article of the prison system versus the institutions of the mentally ill he uncovers some alarming statistics. According to his research at the justice department, he found that over fifty percent of inmates in state prisons report to have a mental illness. The same research stated that over sixty percent of inmates throughout the country also have reported mental illness. Harcourt's work calls us to question what is happening to the mentally ill, and are they getting the treatment they deserve?

The state (in this case meaning government) has claimed responsibility for the mentally incompetent through standards like *parens patriae*. Jails have grown, according to Harcourt, since the dismantling of asylums and mental hospitals in the sixties and seventies. The information presented by Harcourt suggests that either many members of the mentally ill community are simply imprisoned for out of the norm behavior or left in the streets to fend for themselves in a world that does not understand them.

Over the years, patients have exercised their federal right to refuse medication, but do they have a federal right to leave hospitals whenever they choose? Why is it possible for a patient to answer questions with certain buzzwords and be released? Meanwhile, I'm sure there are patients that could be released but lack the social understanding to use language correctly and leave institutions. Where does the accountability come into play for doctors involved with a case like William Bruce's? Can patients be held at some level at the discretion of the doctor or institution? A significant gap exists in the research as it pertains to the understanding of adolescents suffering from a mental illness. How do families of those affected by paranoid schizophrenia handle the treatments involved with the patient? Do strategies exist for teaching the importance of medication to paranoid schizophrenics at a young age? If research focusing on these questions were conducted and empirical data extracted, the information taken could impact the need to utilize laws like IOC's. Cases where a young adult choosing to refuse much needed medication could be minimized through research and education. Meanwhile, IOC legislation could help to make cases like William

Bruce's more of a rarity, by supporting the families and doctor's insight into patient's health and forcing medication when needed. Age alone does not provide a person with clear judgment. IOC laws can help the provide a patient's family and doctors with tools to guide medication decisions when the patient is unable, regardless of the patient's age. Had these laws been part of legislation in Maine, the Bruce family may have been able to reverse William's choice to refuse medication, and Amy could still be alive today.

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Note: Valuable insight and information was also found in resources below, while they were not used directly in this paper, they were beneficial to the overall shape and tone.

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