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SCHREBER'S MEMOIRS: THE CRISIS OF THE AUTOBIOGRAPHICAL PACT AND THE ETHICS OF TAXONOMY

Abstract: Daniel Paul Schreber (1842-1911) starts to write *Memories of my nervous illness* in 1900 (during his stay at Sonnenstein Asylum) and he publishes it in 1902, before leaving the sanatorium. His personal account on schizophrenia is an essential reading for the clinical, psychoanalytic and psychological training, but the filter that will be adopted in this study will pertain to a different angle, concerning to a greater extent the formal considerations, the convention of classification – be it nosology or stratification of discourse. By a strict defamiliarization of Schreber's writing from the usual context of symptomatology/pathology and by initiating a theoretic enclave where the reading of the *Memories* meets the auctorial intention (materialized quite from the title of the work) – thus, a *literary* examination – we may discover the subversive mechanics of ethics and politics affecting such a borderland and puzzling issue, unfolded best in the question whether the text produced by a recipient of mental illness has literary dignity. Thus, the present study will tackle with the identification of the textual legitimate approach to Schreber's anamnestic exercise, with the identification of the proper receptive stance to such a compendium of disjointed ontic syntax, and the proper managing of a mutilated autobiographical pact that lacks a strong coherence guarantee that would have been otherwise integrated in the structural categories of reality, hypothetical loyalty to the objective truth, etc.

Keywords : schizophrenia, fiction, autobiography, post-traumatic narrative, parrhesia

Foucault argues in his essay *Madness and culture* the fact that illness, generally speaking, is the image of a culture and the outline of this image is built up through an ensemble of anthropological virtualities that are either neglected or suppressed (Foucault, *Mental Illness*,70). The pathology is inscribed thus in the terms of a reification of the cultural repressed categories - but this reification is paradoxical since it materializes the limits of a discourse of contestation, deficiency, absence. (Foucault, *Boala* 21-22). Moreover, the

psychiatry also promotes a unidirectional discourse institutionalization, consisting in the monologue of reason concerning madness, based solely on the “silence’ (in a social sense) and the abstract universality of the latter (Foucault, *Istoria nebuniei X*).

If the dialogue with pathology is unattainable, Gilles Deleuze finds in *Proust and Signs* a solution (in a wittgensteinian spectrum): bodies in themselves are/ instigate discourse (Deleuze 54). All the more the tarred, pathologized body which, becoming the stage of the symptom, leads to the metamorphosis of all discourses into symptomatology. Georges Didi-Huberman notices this phenomenon in *The Invention of Hysteria* – even a clinical stance with aesthetic valences like the clinical iconographies of Salpêtrière is bound to assiduously search for the excrescent symptom of the illness, domesticating thus the frantic theatricality of hysteria by aligning its representation with the historical archetype – the *classical tableau* (Didi-Huberman 135). Daniel Paul Schreber (1842-1911) starts to write *Memories of my nervous illness* in 1900 (during his stay at Sonnenstein Asylum) and he publishes it in 1902, before leaving the sanatorium. By a strict defamiliarization of Schreber’s writing from the usual context of symptomatology and pathology and by initiating a theoretic enclave where the reading of the *Memories* meets the auctorial intention (materialized quite from the title of the work) – thus, a *literary* examination – we may discover the subversive mechanics of ethics and politics affecting such a borderland and puzzling issue, unfolded best in the question whether the text produced by a recipient of mental illness has literary dignity.

The present study will tackle the identification of the textual legitimate approach to Schreber’s anamnestic exercise, with the identification of the proper receptive stance to such a compendium of disjointed ontic syntax, and the proper managing of a mutilated autobiographical pact, that lacks a strong coherence guarantee that would have been otherwise integrated in the structural categories of reality, hypothetical loyalty to the objective truth. These interrogations are essential because there are plentiful diaries, memoirs, autobiographies depicting the experience of mental illness and the solutions pertaining to the taxonomic conflict of such texts are still placed in the blurred space between critical theory, literary theory and the psychopathological discourses. The resolve could be a hybrid theory, desirably in the framework of medical humanities.

Lacan argues that the theoretical root of the lack of formal and literary dignity of psychosis can be explained through a linguistic metaphor: the overbid of the signifier in the detriment of the signified – only the material, symptomatic counterpart is taken into account,

while the signification is nullified through this hunt for the reified sign – which is susceptible to the medical gaze, in Foucault's terms (Lacan 534). This medical gaze reinforces the rigors of biopolitics, building up power choreographies – the medic/psychiatrist has veto power regarding the metamorphosis of the madman's discourse into a mere psychopathological instrument, a cynical object lesson (Foucault, *Clinique*, XIII).

The impasse of the reading pact

This introductory part will deal with the impossible employment of the existing theoretical concepts in respect to the fictional structures of the clinical memoirs. Philippe Lejeune offers a primal theoretical infrastructure concerning the engaging in the textual mechanics when he coins *the autobiographical pact* concept. His idea is that the reader engages himself with the *truth* of the text through either the fictional or autobiographical pact – yielding a truth presumption only inside the discourse realm in the case of the former and by expanding this presumption to the auctorial, ontic horizon in the case of the latter (Lejeune 4). Neither of these two scenarios, however, is able to validate the internal architecture of the memoirs of a psychological trauma. In lejeunian terms, the autobiography is a retrospective story of a real person, underlying the individual life, especially the account of his personality (Lejeune 12). The functionality of such a definition is based on the axiomatization of honesty and reason in the exercise of autobiographical discourse but there is no account for the third possibility, beyond the *lie* of the fiction and the *truth* of the memoirs/diary – namely the subjective record of the (maladive, hybrid) mental illness.

In *Autobiography as Defacement*, Paul De Man approaches this very impasse of the autobiography – the fact that it is not bound to be categorised through the means of formal distribution of species since it represents a way of reading - not only the prerequisite of the auctorial intentionality, but a theoretical regimen of reception. It may seem that “Autobiography seems to belong to a simpler mode of referentiality, of representation, and of diegesis” (920). What is forgotten, however, is this dialectic of referentiality – discourse/event, life-writing/life itself:

We assume that life produces the autobiography as an act produces its consequences, but can we not suggest, with equal justice, that the autobiographical project may itself produce and

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determine the life and that whatever the writer does is in fact governed by the technical demands of self-portraiture and thus determined in all its aspects, by the resources of his medium? (920) .

Beyond this intern dilemma of autobiography observed by De Man, the collapse of the traditional reading pact when applied to such a text like that of Schreber's roots in the conflict between the auctorial intentionality and the position of the reception – be it the competent reader in respects to psychopathological insights, be it the reader that applies a literary filter to such a discourse – both instances are proven to be reductionist. Schreber initiates a discourse that subscribes the limits of autobiography - creating a retrospective analysis of his paranoid deliriums under the aegis of facticity, of the palpable:

Of course other people will be ready to counter me with the slogan that I suffered from a mere hallucination. But the certainty of my recollection makes this for me subjectively quite out of the question, the more so the phenomenon was repeated on several consecutive days and lasted for several hours in each single day (133).

However, the reader will initiate a fictional pact, treating what the author considers *fact* as *fiction*. This is why Lejeune's theory on autobiography does not stand, because it only refers to the situation where the author-narrator is in the entirety of his mental functions and able to reliably recall the past. The critical management of such a discourse is even more problematic because Schreber attests the material inconsistency that can be allotted to his experiences at the sanatorium and he tries to exorcise this inconsistency through its very assertion: "these changes were objective events (...) while writing these lines I am fully aware that other people can only think that this is sheer nonsense" (120).

What is at stake is the solving of this reading conflict generated by the anamnestic drill of the mental illness. Both the reading through a psychopathological grid (as a mere instrument, as a discursive materialization of the illness, with didactical components) and the reading through a strictly literary grid (by meshing the wheels of fiction and the autoreferential gymnastics of the textual architecture) ignore the very auctorial intentionality, specifically the initiation of a autobiographical pact – which is vehemently declared from the title. We propose, thus, a third reading arrangement that also encapsulates the component of the auctorial intentionality – the *clinical pact*.

The clinical pact (personal/arbitrary nomenclature) defines the subcategory of the autobiographical pact that attests the truthfulness of a discourse like Schreber's not in its ontic penchant, but in the cultural constellation of the illness – also providing literary dignity to such memoirs. I will attempt to underline the concept of clinical pact by developing argumentative instances that will pertain to the memoirs of psychosis in particular.

Narrative identity

The first problem that needs to be addressed in respects to how to encapsulate Schreber's memoirs in the formal logic of the classical autobiographical pact is the management of the author's/narrator's identity and the axiomatized identification between the two discursive functions. Max Saunders notices the same impasse in the introduction of his *Autobiografiction* – namely, the fact that “contractual” autobiography of Lejeune – the situation in which the real author, the narrator and the name on the front cover overlap – does not also outline the consortium between fiction and life-writing professed particularly by the writers starting with the late nineteenth century (Saunders 4). Respecting the above mentioned issues, one can canvass which is the guarantee of the discursive unity of the clinical autobiography. Generally, in the case of memoirs we tackle with a robust narrative identity and the benign fuse of the triadic auctorial function – author/narrator/real person. In the particular case of the clinical autobiography, this consensus is mutilated by one of the basic particularities of the schizophrenic/psychotic behaviour: *splitting of the ego*. Thus, the honesty presumption we are to offer such a text is just that of a veracious imagery of illness experiences, since the lack of unity of the self as narrative identity makes the clinical autobiography impossible to define through the means of usual literary taxonomies.

I shall insist on the *narrative identity* about which Paul Ricoeur writes in the eponym essay. The narrative identity is “the sort of identity to which a human being has access thanks to the mediation of the narrative function” (73). It is necessary to determine what is the meaning through which the entire semantic field of the *narrative* concept is instrumentalized in this paper: namely, independent of fiction – as a synonym of writing – without bearing nuances pertaining to the truthfulness of the act of writing but rather to the act of writing the self. The narrative identity is defined by Ricoeur as the fusion between history and fiction (in the spirit of Saunders' autobiografiction), compiling the elements of an artificially preserved

opposition. We can analyse the management of the identity in the case of clinical memoirs by the dual pattern through which Ricoeur defines it: as *similitude* (mêmeté) or as ipseity (ipseité), namely as similitude with the self or continuity, permanence. (73) Both these rationales of the identity are revoked by schizophrenia through what Charlotte Buhler coins as transitivity¹ - epiphenomen of the lacanian mirror stage², i.e. the identification with another (be it another human being, an object or imaginary phenomena) with an eye to the self construction.

Thus, *Memories of my nervous illness* and the clinical autobiographies are placed into a constitutive impasse: the correspondence of the auctorial functions is impossible since the writing self is split and the narrative identity is uneven – there is no continuity of the self. Paul De Man also does not solve this dilemma, even though he summons into question those autobiographical instances that transgress the limits of the diaristic/memorialistic verisimilitude: “It may contain lots of phantasms and dreams, but these deviations from reality remain rooted in a single subject whose identity is defined by the uncontested readability of his proper name” (920). This exclusivity of the subject with round identity rooting in reality precludes the clinical autobiographical stance and what is left at this point is the revamping of the formal situation into a descriptive taxonomy that also attests this kind of clinical memoirs instances. This impasse is dictated by what Paul De Man coins as “Lejeune’s stubbornness” – namely, the definition of the autobiography only through its performativity and its contractuality. (922) To get back at the premises of this chapter, the only way to solve the internal reading conflict of clinical memoirs is by also taking into account the auctorial intention, even if this appropriation initially produces an allergy inside the reception sphere. If the intentionality of an autobiographical production is present (that is certified in Schreber’s case from the title and the introduction), this filter needs to overthrow the circumspect and

¹, During the mirror stage, a phenomenon called transitivity may occur. This arises at certain moments during psychic development and is characterized by a toggling movement where a child’s actions are seen as equivalent to those of a colleague. This imaginary transitivity can be seen in a child who hits a playmate and says, without lying, “He hit me.” For the child, it is exactly the same thing. The phenomenon of transitivity was observed by child psychologist Charlotte Buhler in very young children. They do not often distinguish sharply between their own experiences and those of others. If a child falls and is injured, for example, another child may cry”, Luciane Loss Jardim et al, *Fragments of an other: a psychoanalytic approach to the ego in schizophrenia, International Forum of Psychoanalysis*. Routledge, 2011, p. 164.

², Il y suffit de comprendre le stade du miroir comme une identification au sens plein que l’analyse donne à ce terme : à savoir la transformation produite chez le sujet, quand il assume une image, - dont la prédestination à cet effet de phase est suffisamment indiquée par l’usage, dans la théorie, du terme antique d’imago.”, Jacques Lacan, *Le stade du miroir comme formateur de la fonction du JE telle qu’elle nous est révélée dans l’expérience psychanalytique, ÉCRITS*, Firmin-Didot, Paris, 1966, p. 93.

distrustful attitude of the reception. What is delivered through Schreber's work is *true* in a particular sense, but having a formal structure that allows this tag to become an operating function in the more general sense of the memoirs/diary/life-writing instances.

The wounded storyteller - post-traumatic discourse

The concern regarding the truth and the reality is indeed an aporia for psychoanalysis – Lacan articulates about the guarantee of meaning – *Le grand Autre* – the *locus* where the discourse/speech is constituted. This guarantee of meaning can also be understood as symbolic order of the world, the nuance of a certain certification of meaning through the materialized otherness being the last lacanian understanding of the term. In order to establish the clinical pact, it is crucial to identify Schreber's schizophrenia with the Big Other. Moreover, Lacan argues that schizophrenia's offset is the shock triggered by the sudden realization of the fact that the subject's entire knowledge mandatory for the maintenance of the symbolic order of the world has collapsed. The unconscious is "structured" by and through language and the signifier's shortage leads to the instauration of the paranoid schizophrenia. The consequence of such a mutilation in discursive and symbolical morphology leads to a series of intense rearrangements of the signifier chain – use of neologisms, paradoxes, fallacies, odd syntactic structures (such as Schreber's system of unfinished phrases). The fragmented discourse is an attempt to re-establish the symbolic order with a new guarantee of meaning – the illness, the traumatic experience itself.

Schizophrenia isn't just adjusted as a discursive coherence guarantee, but, by this very discursive refurbishing, it constitutes implicitly the ontic coherence grid. Even though Schreber is self-conscious regarding the metamorphosis dictated by illness and is capable of using the temporal axis "before and after" – preserving thus the vestiges of the former ontic coherence amputated by the psychotic experience, his entire autobiography is, however, an "instruction" manual meant to explain and the *New Order*.

Ricoeur rhetorically asks in *Narrative Identity*: "After all, do not human lives become more readable (lisible) when they are interpreted in function of the stories people tell about themselves" (73)? In the case of a patient that displays the experience of his illness, such a story about himself will always involve biopolitical nuances. Foucault coins as *parrhesia* the free discourse, always connected to the necessary courage confronting danger and in *Fearless*

he also frames the *parrhesiastic game* – the mechanism that lays bare the life of the subject, leading however to a situation when the one that confesses is always in an inferior position to the one of the interlocutor – this is a mechanism of political subjection through discourse. (Foucault, *Fearless* 16) Schreber's life-writing exercise is parrhesiastic par excellence.

Another argumentative stance worthy of discussion is the post-traumatic discourse. His memoirs can also be understood through this frame – like a discursive exorcism of his illness and, implicitly, of his difference:

It is therefore necessary to give those persons who will then constitute the circle of my acquaintances, an approximate idea at least of my religious conceptions, so that they may have an understanding of the necessity which forces me to various oddities of behaviour, even if they do not fully understand these apparent oddities (Schreber 15).

Meg Jensen argues that this kind of post-traumatic works are in fact memory monuments – probably the closest position to Schreber's writing manner being the way in which she defines the autobiographical fiction as the interrogatory topos placed between the material, sensible life and a potential life, now vanquished by the traumatic experience. (Jensen 701-725) Schreber intuits this chasm through the oftentimes dubitative tone of his discourse: "It is extremely difficult to distinguish mere dream visions from experiences in a waking state...It is unavoidable therefore that my recollection of that time must in some measure bear the stamp of confusion" (71). This circumspect attitude is specific to the entire text, the author placing himself always in that interrogative space of illness Jensen talks about, space that is open to a dual temporality – of the tarred present and of the potential neutrality of the past. Moreover, Jensen emphasizes the benign effect of such an exorcism of trauma through discourse, with all the autoreferentiality of that fragmented and narcissistic ego of traumatic memory: "For the post-trauma writer, storytelling itself is both the cause and the symptom of suffering, offered in gender-blurring, pseudo-symbolic, and dangerous language" (715). Coming back to the problem addressed by Paul de Man, the autobiographical project itself (the act of storytelling in Jensen's work) can determine and can contour the life through the rigors of life-writing techniques, overthrowing the classical genesis of the text production. This overturn is valorised chiefly in the case of *recovery narratives*. David Roe and Larry Davidson analyse the relation of the diseased with the exposure of his illness, namely that if

schizophrenia is defined through the splitting of the ego and thus, any discourse produced by the patient will be considered inexorably as lacking coherence and self-consciousness – psychiatry denying systematically any personal report of illness and articulating only the position of the clinician. The situation should be assessed differently in the opinion of the two researchers: the discourse produced by the schizophrenic is not only equally valid as research material with the discourse produced by the medic, but it is also crucial regarding recovery, since it will determine the fragmented subject to assemble himself as an organic protagonist of his own story and thus to reintegrate the self and the illness in the common frame of a unitary narrative.

Conclusion: taxonomic ethics

In *The wounded storyteller*, Arthur Frank argues that, in the deliverance of trauma, the physical act becomes an ethical act – those that had medical reports being written for them now have a voice and this appropriation is an eminently ethical one. The demand to reassess the classification conditions of a discourse like Schreber's occurs from the compulsoriness of the restoration of the signified dignity and of creating a frame that will lead to its commentary in a reality that is susceptible to the rearrangements of the ontical syntax. The only frame in which the status of the clinical autobiography/memoirs can be reassessed in a way that is apt to celebrate the auctorial intentionality is through the particular treatment of the clinical pact that functions with the meaning presumption inside the coherence dictated by illness. This frame is all the more paramount, given that the exercise of writing about psychosis and the fragmented self is a mechanism of recovery, of organic unification. Last, but not least, the symbolic order of the illness becomes autoreferential through the management of the clinical pact because the discourse is interpreted in regards to the auctorial intentionality.

Huyssen notices in the metamorphosis of the illness' narrative/autobiography dictated by the context of trauma the fact that even if there is a certain breach between reality and its representation through image/discourse, this imperfect arrangement of referentiality leads to openness in regards to the establishment of new possibilities of representation, concluding that, anyway, the semiotic breach can't be annihilated by means of orthodox depiction. Foucault argues that there is a metamorphosis regarding the relation of the patient with his body and the peculiar phenomenon of the illness and this shift is noticeable through the way

in which the medical interrogation changes: from “What is the problem with *you*?” to the impersonal “Where does *it* hurt?” leading to an organic chasm between the patient and his condition (Foucault, Clinique XIV). The instability between signifier and signified specific to psychosis leads to a manifested fissure between the representation of the world and the world itself, contributing thus to a new management of the idea of representability in the particular frame discussed: can we articulate the (at least formal) request of referentiality in the case of clinical memoirs of psychosis? If the answer is positive, at the end of the realia of this relation doesn't thus rest the abstract universe of illness that dictates ontic modalities through delirium, paranoia and hallucinations? Last, but not least: how can the discussion about Schreber's memoirs psychotic ego be managed in such a manner that the human dignity of a voice appropriation for illness narrative is not damaged?

The appropriation of narrative voice is the appropriation of human dignity, because any kind of trauma performativity also bears ethical and political. At Adorno's question whether one can write poetry after Auschwitz, at the question if it is possible/feasible to write after the dismantling of the personal symbolical morphology (through schizophrenia in this case) the answer is the same – it is not only possible, but it is imperiously necessary in order to sculpture the durable post-traumatic monument – a presence that does not only stand as a witness for an absence, for a loss, but a body that bears meaning though its very existence.

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