Queering 'Madness': Possibilities of Performativity Theory

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'Performance,' whatever else one may say about it, is, "an essentially contested concept" (Gallie 1964, cited in Carlson 1996:1). Performance theory, consequently, is contested in that there are many different approaches to performance and performativity, making an attempt to understand this theory/philosophy somewhat bewildering. Thomas Csordas (1997:158) offers a helpful account of the three schools of thought on performance in anthropology, which he suggests constitute an "adequate" theory of performance, when synthesized. Leaving aside the question of whether there are, in fact, only three approaches to 'performance,' and what such an over-simplification might mean for an understanding of this complex theory, the schools include the cultural performance approach of interpretive anthropology, the performance-centred approach stemming from sociolinguistics and folklore, and the performative utterance approach taken from the philosophy of language (Csordas 1997:158-9). This essay will focus on the last of these approaches as it has been developed by Judith Butler, and the way Csordas has included performance as 'act' into his 'synthetic theory of performance.' Subsequently, I explore how one might apply this theoretical approach to the study of mental illness.

Origins of Performativity Theory: The "Ugly Word"
In "Performative Utterances," Austin (1961:220) assures us, "you are more than entitled not to know what the word 'performative' means. It is a new word and an ugly word, and perhaps it does not mean anything very much." Yet we must reject this entitlement and investigate the 'ugly word' since the theory of performance I am tracing begins with his notion of performative utterance. Austin (1961:222) explains that someone who makes an 'illocutionary' utterance, "is *doing* something rather

than merely *saying* something." He gives various examples including the response, 'I do' in a marriage ceremony, saying 'I apologize,' christening a ship and making a bet: "in saying what I do, I actually perform that action" (Austin 1961:222). 'Perlocutionary' speech acts, on the other hand, lead to certain effects that are not the same as the speech act, itself (Butler 1997:3). Austin also draws attention to the infelicity, which occurs when a performative is unsatisfactory, as well as the forces of utterances.

In addition to Austin's speech act theory, performativity theory emerged out of anti-structuralist critiques made by followers of practice anthropology, difference feminism and resistance studies (Morris 1995:571). Butler also follows Foucault, as her analyses are genealogical, tracing the processes that construct identity, and the subject itself, in language and discourse (Salih 2002:10). This Foucauldian approach is evident in Butler's (1990:23) questions concerning identity. She states:

> to what extent do *regulatory practices* of gender formation and division constitute identity, the internal coherence of the subject, indeed, the self-identical status of the person? To what extent is 'identity' a normative ideal rather than a descriptive feature of experience? And how do the regulatory practices that govern gender also govern culturally intelligible notions of identity?

A partial answer to these questions can be found in *Excitable Speech,* where Butler (1997:159) cites Bourdieu to suggest that the performative should be re-thought as an act that official language-users perform to initiate already authorized effects, and, "precisely as social ritual, as one of the very 'modalities of practices [that] are powerful and hard to resist precisely because they are silent and insidious, insistent and insinuating.'"

While Butler (1999:122) recognizes the importance of Bourdieu's work, she critiques his analysis of performative speech acts; he assumes that the subject uttering the performative is fixed on a map of social power, and the performative will be felicitous only if the subject is authorized to make the performative work by her position on the 'map.' This is simply not the way that the 'social magic' of the performative is animated, according to Butler. Not only does Bourdieu fail to realize that

social positions are also performatively constructed, but he fails to understand that a subject's social abjection is performatively instigated from various locales that are not always 'official' discourse (Butler 1999:122). Moreover, by insisting that performatives will work to the extent that subjects are authorized to perform speech acts, Bourdieu unintentionally blocks the possibility of agency that comes from the margins of power (Butler 1997:156). Butler (1999:123) argues that it is "precisely the *expropriability* of the dominant, 'authorized' discourse that constitutes one potential site of its subversive resignification."

Butler and Performative Power

Butler develops her theory of performativity in *Gender Trouble* where she insists that gender is not something one is, but something one does: "gender proves to be performative – that is constituting the identity it is purported to be....gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed" (Butler 1990:25). This statement reveals an essential difference between performance and performativity: the former assumes a pre-existing subject, while the latter contests the very idea of a subject (Butler 1990:33). Butler effectively points out that since gender identities are constituted by language, there is no gender identity that precedes language. In fact, *sex* is performative; when a doctor pronounces, 'it's a boy/girl!,' he is not simply describing what she sees, but is assigning a sex/gender to a body that can have no existence outside of discourse.

The doctor's performative utterance brings us to a discussion of 'interpellation,' by which Butler means the way subject positions are conferred and assumed through 'hailing:' "to be hailed or addressed by a social interpellation is to be constituted discursively and socially at once. Being called a 'girl' from the inception of existence is a way in which the girl becomes transitively 'girled' over time" (Butler 1999:120). Performatives, then, are both generative and dissimulating, as they compel particular behaviours by obscuring the fact that no natural sex to which gender can refer exists (Morris 1995:573). So this 'girl,' once interpellated, is compelled to 'cite' the norm to maintain her status as a subject: "femininity is the forcible citation of a norm" (Butler 1993:232). Butler follows Derrida in his use of 'citation' to refer to the ways in which ontological norms are used, forcibly or not, in discourse (Salih 2002:90). 'Citational grafting' occurs when one places signs between quotation

marks, cites, grafts and reiterates them in ways that diverge from the speaker's or writer's intent (Derrida 1972 cited in Salih 2002:91). Subversive practices occur when gender performatives are 'cited,' or grafted into other contexts: "the contentious practices of 'queerness' ... exemplify the political enactment of performativity as citationality" (Butler 1993:21).

Returning to Butler's insistence that the expropriability of the dominant discourse constitutes a possible site of its subversive resignification, let us explore further how this may occur. Using Althusser's classic example of the policeman's call, 'hey, you there!' which leads to one's subjectification upon turning around, Butler notes that such an interpellation can be an infelicity. For example, the performative may not effectively enact what it names, as the subject may respond to the law in such a way as to undermine it. Indeed, the law itself gives us the conditions for its subversion; when hailed, there is more than one way of 'turning around' and recognizing oneself (Butler 1993:122). Using Spivak's concept of "an enabling violation," Butler (1999:122-3) explains that the subject who opposes its construction gains agency by being involved in the power structures it seeks to oppose. Or as she puts it in *Excitable Speech*:

> the terms by which we are hailed are rarely the ones we choose ... but these terms we never really choose are the occasion for something we might still call agency, the repetition of an originary subordination for another purpose, one whose future is partially open (Butler 1997:38).

This possibility of resistance is highlighted in "Performativity's Social Magic," where Butler (1999:123-4) wonders whether using a performative 'improperly' can produce the effect of authority, and whether this misappropriation could expose dominant forms of authority and the exclusions by which they continue. In less abstract terms, she asks, what is the performative power of calling for the end to racism when the "we" who call have been disenfranchised from making such a call? What is the performative power of appropriating the terms by which one has been abused to rid the term of negative associations, or derive affirmation from that degradation, such as revaluing the category 'queer?' (Butler 1999:123). The appropriated terms, however, cannot take on rigid

meanings, as the possibility of subversion lies in unstable identities and misrecognition. We should not try to solve the crisis of identity politics by focusing on who has power to define identity; rather, we must "proliferate and intensify this crisis" and "affirm identity categories as a site of inevitable rifting" (Butler 1990:121, cited in Carlson 1996:183).

Such ambivalence and ambiguity is a hallmark of resistant performance, where identities become markers in an ironic play with the goal of questioning representation itself, and asking what is at stake in the performance of identity. In the slippage between claiming an identity and questioning the cultural assumptions that legitimate that position, alternate possibilities for identity positions outside the "authenticated" ones, can be found (Carlson 1996:183). This doubleness of performativity is described well by Jackson's (1989:2) understanding of 'lived experience,' which, involves, "*both* the 'rage for order' *and* the impulse that drives us to unsettle or confound the fixed order of things ...accommodates our shifting sense of ourselves as subjects and as objects, as acting upon and being acted upon by the world, of living with and without certainty..." So when Butler (1999:125) makes the disconcerting statement that "the performative is not merely an act used by a pregiven subject, but is one of the powerful and insidious ways in which subjects are called into social being..." we must not despair. For social performatives are also an important part of the political contestation and reformulation of subjects.

Performativity à la Csordas

Like Butler, Csordas draws on speech act theory, although as we have noted, performance as 'act' constitutes only one part of his tripartite theory of performance. In *The Sacred Self*, Csordas (1994:48) makes clear his understanding of performative utterances, when he explains that, "the prayer of command is a performative act in the strict Austinian sense, an utterance in which a demon is, 'in the name of Jesus,' commanded to depart. In theory, the 'saying' is the 'doing'..." In practice, however, despite the fact that demons cannot refuse the command since they are under the authority of the divinity, the performative is not always successful, particularly if the minister lacks confidence or experience. Further, the performative's failure may point to the absence of spirits, and the presence of psychiatric disorder (Csordas 1994:174). Finding support for Levin's (1987, cited in Csordas 1994:272) argument that narcis-

sism, schizophrenia and depression are not limited to psychiatric disorders, but are ontological facets of our society, Csordas cites the Charismatics' view of demonic origins in psychiatric disorder, cosmology and the self. One of the conclusions drawn is that demonology and deliverance are resources against the forces of nihilism – the nothingness of the self (Csordas 1994:272). These points will be addressed later as they have potential significance for treatment options of individuals with 'mental illnesses.'

Csordas' (1994:45) use of performativity is unique in that he also applies the Austinian formula to nonverbal acts, such as 'laying on of hands' and 'resting in the Spirit,' which are two of many ways of doing things crucial to the healing process. Similarly, in *Language, Charisma and Creativity*, he argues that the applause of loud praise actually creates charisma (Csordas1997:145). Furthermore, Csordas (1997:162) argues for an expansion of the idea of the performative act to include the performance of metaphor. One way to understand the performance of metaphor is to look at another key idea: the vocabulary of motives. This term refers to a group of words with specialized meaning, which rely on one another to complete their meaning, are constantly circulated in genres of ritual language, and are strategies for action as well as inducements to action (Csordas 1997:194). Returning to the idea of metaphor, "through performance the motives are metaphorically predicated onto selves" (Fernandez 1974, cited in Csordas 1997:196). Building on earlier studies that showed how performance of metaphors effects a qualitative transformation from lack of identity to specificity, Csordas (1997:221) demonstrates how metaphors can be cycled back into performance with new implications for understanding motives, which creates the possibility of new metaphors.

Ultimately, like Butler, Csordas understands the performative as a social ritual, albeit one of a very different nature: the performative utterances that make up Charismatic ritual language creatively transform the 'self' into the 'sacred self' (Csordas 1997:178) While Csordas (1994:276) demonstrates that healing is the creation of this sacred self, his approach is similar to Butler's in that he stresses the ambiguous and elusive nature of the self: "there is no such 'thing' as the self. There are only self processes, and these are orientational processes." Like Butler and Foucault, Csordas aims to trace the processes of orientation and engagement in which people become subjectified. While Butler

(1999:115) calls Bourdieu's distinction between the social and the linguistic into question because performativity can be thought of as an embodied activity, Csordas (1997:236) goes further in emphasizing the embodied nature of language. Indeed, following Merleau-Ponty, Csordas (1994:4) grounds culture and the self in 'embodiment.' Similarly, he stresses the embodied 'otherness' of language, which creates a sense of sacred otherness, in that discourse is experienced as originating outside its speakers and giving a special message to its listeners (Csordas 1997:234).

Applications of Performativity Theory: Queering 'Mental Illness?'

Turning from how performativity has been understood by Butler and Csordas, we will now reflect on how one might apply this theoretical approach to the study of 'mental illness,' or the experiences of those diagnosed with 'mental disorders.'[1] While this project may initially seem like a misguided leap, other researchers have found that Butler's notions of performativity can be applied fruitfully to issues of race, as well as gender. Butler (1997), too, writes of "hate speech" in terms of racism, as well as homophobic utterances. So it follows, that when one is called 'psycho,' 'schizo,' 'mental,' or 'crazy,' the utterance is performative in that one is subjectified in turning around. Butler indicates, however, that there are multiple modes of 'turning around,' when one is hailed in such a way. For example, at a 1997 British conference workshop on 'positive aspects of madness'[2] a man was asked what he would do if someone called him a 'nutter.' On video camera, he replied, "I'd thank them for noticing. I am different. I'm proud of my differences – they're part of me" (Sayce 2000:29).

Such a response lends support to Sayce's (2000:132-3) comment that "one can be 'disabled' and positively different – exactly as one can be 'mad and proud.'" This revaluing of madness recalls the reclaiming of 'black,' 'queer' and 'cripple' by other social movements. And as Butler (1997:158) reminds us, there is performative power in the appropriation of the very terms by which one has been abused. Conversely, the notion that one can be both 'mad' *and* 'proud,' needs further consideration in light of Dumont's (1983:260, cited in Corin 1990:183) insistence that, "if the advocates for the difference call together for it equality and recognition, they call for the impossible." Dumont is referring to the ambigu-

ous nature of 'individuality,' which signals both the promotion of self-realization and a uniform notion of what individuals should be; hence, 'identity,' 'individuality' and 'equality' are closely connected, resulting in the subordination of differences (Corin 1990:183). Corin (1990:183) notes that a tolerant attitude acknowledges differences and accepts or transcends them, but the attitude of North Americans toward marginality is 'indifference,' which sees little value in differences.

Still, Butler's work has been very influential in queer theory, and it may be possible to 'queer' mental illness. According to Halperin (1995:62), "queer is by definition *whatever* is at odds with the normal, the legitimate, the dominant. *There is nothing in particular to which it necessarily refers*. It is an identity without an essence." Queer theorists, including Butler, affirm the indeterminacy of all gendered/sexed identities, and point to the subversive possibilities in destabilizing and misrecognizing identities; it is somewhat paradoxical then, that a similar performative power can be found in what can be described as an 'anti-queer' or 'normalizing' strategy. For example, Schneider (2001) notes that a number of her informants stressed the 'normalness' of schizophrenia itself, and not only does such normalizing talk help individuals to create a more positive personal identity, but it also contributes to the definition and re-definition of the boundaries and meanings of the very categories of mental disorders. While Butler would likely eschew such a strategy of normalization, it is significant that its *effects* are similar to those that Butler promotes, in that 'schizophrenia' becomes an identity category marked by 'inevitable rifting,' as the boundaries are continually redefined.

A few of my informants, including Dee,[3] who was diagnosed with schizophrenia, queered or revalued 'mental illness' by insisting that it was not 'illness.' Dee stated:

> I just have faith that it's going to come to light that there's a lot more happening in mental illness than it just being an illness. Really, it could be part of a sixth sense that's not developed in…an understanding environment, and some day it will come to light that it's a very valuable part of the evolution of humankind.

And during a group interview, Dee told us about a physics professor who has bipolar affective disorder. When he was manic his students wrote down his ideas, and found that twenty percent of them were intelligent and opened a new area to explore in physics. It is likely that she was referring to Scott Starson who was also featured in a recent article entitled, "Brilliant man in an asylum fights doctors to top court" (Makin 2003). This physics expert has been in Penetanguishene Mental Health Centre, located in Penetang Ontario, Canada, for the past four years, and insists that he would rather be locked up for life than be medicated to 'improve' his life. The Supreme Court will decide this year whether psychiatrists can forcibly medicate Starson, who insists, "here, I'm basically dealing with the bottom of your species ... Your species deals with force so much. Force is not the way science operates. And the worst religion on the planet is psychiatry" (cited in Makin 2003). A revaluation of mental illness, is evident in Starson's bitter comment during one of his hearings: "Being 'normal' would be worse than death for me, because I have always considered normal to be a term so boring it would be like death" (cited in Makin 2003). However, there are problems inherent in his attempt to 'turn around' in a subversive way, including the following Catch-22: "if he admits to a serious illness, it opens him to being treated against his will. But if he denies it, psychiatrists can conclude that he lacks insight and forcibly treat him" (Makin 2003).

Such a dilemma raises the question of how much agency those diagnosed with mental disorders really have to appropriate the terms by which they have been abused, as they are often positioned outside the domain of 'speakability.' Starson is a physics expert with many endorsements of his abilities by other physicists, including the dean of physics at Stanford University, who considers his ideas to be ahead of his time. Most people affected by mental illness lack such illustrious careers, and would not likely have gotten as far as Starson in his efforts to cause 'mad trouble,' to paraphrase Butler. For example, the following "normalizing" strategy had the effect of causing rifts in identity:

> I personally think everybody has bipolar illness: some are in the middle with their chemistry, some definitely get blue, short term, some get happier than others. But in our case, we're more bipolar 1s or 2s or 3s, which is just a different range of it. But I think we're just a bag of water and chemis-

> try, eh …and I think it's within the human range. And I
> think we've been given labels to all these things …

However, when his psychiatrist believed that Lyle was manic, he hospitalized him against his will. Two other psychiatrists assessed Lyle and agreed that he was having an illness episode, leaving him to empathize with Nathaniel Lee: "they called me mad, and I called them mad, and damn them, they outvoted me" (cited in Whitaker 2002:211).

"Making It Crazy:" Performativity as Theatrical
 Performativity theory can also be used to address the illocutionary force of the utterance, "you have schizophrenia," made by a psychiatrist. In the interpellation, the doctor is assigning a 'disorder' to a mind that cannot exist outside of discourse. To paraphrase Butler (1990:25), "there is no crazy identity behind the expressions of 'madness;' that identity is performatively constituted by the very 'expressions' that are said to be its results." This notion is explored by Estroff, who examines the ways of 'making it crazy' in a Wisconsin community treatment program. By 'making it crazy' Estroff (1981:38) is referring to the fact that because clients are diagnosed and viewed as 'crazy,' they also make or produce craziness. On another level, 'making it crazy' refers to how clients' identities as 'crazy' people are the means by which they 'make it,' or survive. In other words, once hailed into being as one who is 'crazy,' one must cite the 'norm' of craziness to maintain one's status as a subject, albeit a subject who is crazy. Finally, 'making it crazy,' refers to treatment: "certain processes and factors, while intending alleviation of psychiatric disorders and suffering, may perversely be stabilizing, maintaining, and perpetuating them" (Estroff 1981:39). A Butlerian approach would have emphasized that performative utterances can *create*, as well as maintain mental illnesses.

Still, Estroff's work, which is rooted in a symbolic interactionist framework, has much resonance with performativity theory, which emerged later. For example, she points out that clients suffer, but are also capable of manipulating and maneuvering, evident in the notion that prolonging craziness could qualify clients for permanent, guaranteed income (Estroff 1981:229). In a sense, once the performative utterance, 'you are schizophrenic,' is uttered, one is subjectified into this identity, but one can respond in various ways: one can 'make it crazy,' and

receive benefits by performing craziness, or one can 'make it without craziness,' which calls into question the idea that mental illness is the *forcible* citation of the 'norm.' Estroff's main emphasis is not the illocutionary force of utterances, but by highlighting how and why craziness and normalness are performed, her work coincides with Butler's (1990:xxv) theory. According to Estroff (1981:229):

> [this theory] waffles between understanding performativity as linguistic and casting it as theatrical... the two are invariably related ... a reconsideration of the speech act as an instance of power invariably draws attention to both its theatrical and linguistic dimensions.

Another example of the way performativity has been used to study mental illness, can be found in Orr's (2000) research. While she had experienced panic disorder in the past, she was not suffering from the disorder when she 'performed' her fieldwork, as a research participant in a clinical trial comparing Xanax and another drug for the treatment of panic disorder and depression. Leaving aside the ethical questions about such a deceptive approach, Orr's research constitutes a unique application of performativity theory. While she had not yet read Butler's (1990) explanations of how performative, repetitive, bodily acts constitute the gendered body, before 'performing' her fieldwork, Orr (2000:58) notes that Butler's writings gave theoretical grounding to her theatricalization of the panicked body. The following understanding of how performativity can be applied to issues of mental illness is informative. Orr states:

> gender is not the only – perhaps not even the most transgressive–social identity to engage in 'cross-dressing.' The healthy body in 'drag,' impersonating the drama of embodied dis-ease, has been historically perceived as a subterranean threat to both the epistemology of medicine and the social ethic of productivity (Orr 2000:58).

The 'sick body,' real or performed, was perceived as a possible resistance to the performance of one's social role; however, by funneling that 'deviance' into the performative constraints of the 'sick role,' sickness also worked as social control.

The attempt to perform the "revenge of the sick role" involves the wish to disrupt the workings of the dominant mental orders not by resisting the hailed identity, but by rehearsing it with a vengeance, and staging it against its rites of containment. By gaining access as a healthy body/mind to the realm of medicalized and individualized 'cure' through performance of dis-eased submission, the sick role may incite the contagion of social dis-ease (Orr 2000:56-7). Butler's (1990:271, cited in Orr 2000:58) project intersects with this "revenge of the sick role:" "If the ground of…identity is the stylized repetition of acts through time…then the possibilities of…transformation are to be found … in a different sort of repeating, in the breaking or subversive repetition of that style." For example, this citation of norms to undermine their essences can be readily seen in 'drag' performances.

Orr's performance recalls an earlier one by Rosenhan (1973:251) and seven other 'sane' people, who approached twelve different psychiatric hospitals. The only symptom of abnormality performed prior to admission, was the hearing of voices that said 'empty,' 'hollow' and 'thud.' Nevertheless, all 'pseudo-patients' were admitted and eleven were diagnosed with schizophrenia and one was diagnosed with bipolar affective disorder. Their next task was to get out of the hospitals, and all were very motivated to do so; even though they were there as participant observers, and felt that they did 'not belong,' the researchers found themselves caught up in the process of depersonalization, which Rosenhan (1973:256) suggests results from the ambivalent attitudes of fear of the mentally ill, and benevolence, in addition to the hierarchical structure of the hospitals. The illocutionary force of diagnoses is evident in the fact that while all twelve people behaved 'normally,' it took them an average of nineteen days to get out of the hospitals, with the longest hospital stay being fifty-two days (Rosenhan 1973:252). While many of the 'real' patients voiced opinions that the pseudo-patients were journalists, or 'checking up' on the hospitals, the staff continued to believe that the pseudo-patients were severely mentally ill. Even when released, they were labeled, "in remission," leaving Rosenhan (1973:257) to conclude, "we now know that we cannot distinguish insanity from sanity."

Psychiatry and Other Vocabularies of Motives
While Csordas' work initially appears limited because of his failure to deal with issues of power, there are important conceptual tools that can

be gleaned from his use of performance theory. For example, his 'vocabulary of motives,' can be usefully applied to issues of mental illness. Recalling the meaning of this term as a group of words with specialized meaning, which rely on one another to complete their meaning, are constantly circulated in genres of ritual language, and are strategies for action as well as inducements to action (Csordas 1997:194), one can suggest that psychiatry itself is merely another vocabulary of motives. One could even compare Csordas' (1997:169) major genres of Charismatic ritual language to parallel genres in the psychiatric realm. For example, 'sharing' is comparable to what is sometimes known as 'group therapy,' while 'teaching' is similar to the 'life skills' courses offered to psychiatric patients.

'Prayer,' then, could parallel the genre of 'confession,' otherwise known as psychotherapy that occurs with psychiatrists. There is potential for the performative power of 'prayers of command' to be used in treatment, as the successful casting out of a 'demon' could prevent fossilizing the disorder in the individual through the stigmatizing diagnostic label. Levin's (1987, cited in Csordas 1994:272) argument that narcissism, schizophrenia and depression are not limited to psychiatric disorders, but are ontological facets of our society, give support to an option that would ground such disorders in the social instead of the individual. 'Prophecy' can refer to the diagnosis – the prediction that one is 'bipolar,' for example, and that one will never be 'cured,' but will always need 'meds.' Orr (2000:63-4) has an interesting understanding of how pills assume the role of prophecy in a "strange teleological spectacle," in which they are used to, " give visibility to a particular cluster of symptoms which disappear after pharmaceutical treatment, and then to confirm the validity of a diagnostic category (based on … that symptom-cluster) by 'predicting' the effectiveness of that drug in treating that diagnosis."

Another vocabulary of motives may be found in the speech of those diagnosed with mental disorders. As Estroff (1981) found, groups of words with specialized meaning were found in the domains of subsistence, medication and the division between 'normies' and 'crazies.' Yet another vocabulary of motives may exist in the 'voices' that 'crazies' hear. The illocutionary force of these 'voices' is unquestionable, and powerfully clear in the following description of "the affliction of Martin," which is believed to be demon-possession or mental illness. When

Martin's healer followed God's instruction to 'confront' the evil spirit to discover its identity, "it reacted violently with the telepathic message that it was going to 'knock Martin out.' Peggy tried to get him to sit down, but suddenly he fainted" (Csordas 1992:130). Csordas' (1997:234) notion of the embodied 'otherness' of language, which creates a sense of sacred otherness, in that discourse is experienced as originating outside its speakers and giving a special message to its listeners, is also relevant. The 'voices' heard by some of those diagnosed with mental disorders are experienced as originating from without, and the special messages are often strategies for action and inducements to action.

Csordas' (1997:221) notion of metaphors being cycled back into performance with new implications for understanding motives, creating the possibility of new metaphors, is relevant to the way some theorists are examining conditions like 'depression' and 'self-mutilation.' The cycling of metaphors back into performance is explicit in the following speculation: "can the cultural production and reproduction of the *idea* – 'cutting' – play a role in how it becomes a possible action?" (Fee 2000:75). Fee (2000:85) argues that 'depression' is a similarly reflexive process of identity construction, as expert knowledges are now social objects taken up as what people recognize as depression. Once restricted to psychiatrists, discourses of depression are now widely available in magazines, self-help books, television shows, films, radio, the Internet, and more. This cultural metaphor, then, cannot avoid being cycled back into performance: "depression…is one of many 'psychological commodities' now available for reflexive consumption….depression *is* something taken up as an object of self-understanding and decision-making" (Fee 2000:88). However, with this process come new implications for understanding motives, as depression also constitutes a site of self-*production*. The more we talk about (and are told) what depression is and how it affects our lives, and the more we 'perform' these metaphors, the more we add to what Fee (2000:76) calls its "discursive life," and consequently, its 'performative life.' In doing so, we may also confuse normative medicalized and clinical understandings.

The illocutionary force of utterances is clear in Karp's (1996 cited in Fee 2000:90) explanation that the feelings, perceptions, and patterns of depression are indeed real, but they, "arise and become real because they are derived to a significant extent from someone named depressed, and

thus from someone occupying a *socio-cultural* position." However, the interpellation can be infelicitous, as those diagnosed with 'depression,' may feel the need to continually cite the 'norm' of depression:

> [I] spent so much time trying to convince people that I really am depressed, that I really can't cope...now that it's finally true, I don't want to admit it...not so long ago...I was a little girl trying out a new persona, trying on morbid depression
>
> ... now here I am, the real thing (Wurtzel 1995:232, cited in Fee 2000:82).

This statement also underscores the threatrical nature of performativity, which is even more explicit when Wurtzel (1995:326, cited in Fee 2000:84) explains how she had constructed a melodramatic identity: "it had, at times, all the selling points of madness, all the aspects of performance art." The problem, however, was that once she had produced this particular self, she was afraid to let go of her depression, thinking that it constituted her entire self, and not knowing how (or even who) she would survive as her "normal self" (Wurtzel 1995:327, cited in Fee 2000:84).

Wurtzel's experience with mental illness differs from that of many others who attempt to 'pass for normal,' to avoid stigmatization. The following statement by user/survivor[4] leader, Joe Rogers (cited in Sayce 2000:26) at a 1996 public demonstration, gives a sense of how people diagnosed with mental disorders have been closeted, metaphorically and literally: "twenty years ago we wouldn't have come out on the streets because we were afraid. We've been hidden away in closets and attics...Well, we're not going to be locked away any more...We're going to stand up and demand our rights as citizens." While some user/survivors find 'coming out' liberating, others face stigmatization by friends, family, co-workers and employers. On the other hand, attempting to 'pass for normal' is also a challenge if one takes psychiatric medications that cause visible side-effects.

There are a number of ways that the survivor movement has attempted to 'queer' mental illness. For example, the Chair of Survivors Speak Out signed his letters, 'Glad to be mad,' and this was taken up in 1998 as a slogan and linked to the notion that the user movement could

become Britain's next movement for civil rights (Sayce 2000:31). But- tons on sale at the 1995 conference of the National Association of Rights Protection and Advocacy (NARPA) read, 'You bet I'm non-compliant and inappropriate,' and 'Go manage your own case and get off mine,' reflecting one of the aims of the conference: to put an end to forced psy- chiatric treatment (Sayce 2000:116). An interesting example of perfor- mative power occurred when user/survivors in Philadelphia pushed for a decently resourced, single-stream-funded, managed care service for mental health, and when it was threatened, they protested in the Capital building: "the Governor's 'I shall have order' statements were met each time by the response 'We shall have disorder', until the user/survivor organization won its case" (cited in Sayce 2000:141).

Just as heterosexuality requires homosexuality, and 'whiteness' requires 'blackness,' to constitute their coherence and confirm their boundaries, reason requires madness. However, reason or normalcy can be destabilized through queering, just as heterosexuality and 'whiteness' can be destabilized: "queering is what upsets and exposes passing; it is the act by which the racially and sexually repressive surface of conversa- tion is exploded, by rage, by sexuality, by the insistence on color (Butler 1993:177). One example of how 'normalcy' has been destabilized is found in the Aidan Shingler's unusual art, which is inspired by his expe- riences of madness. Beneath water-filled wine glasses set on a picture of the globe, Shingler (1996 cited in Sayce 2000:216) writes, "I believed that the moon was directly controlling my mind ... the moon affects the oceans... and human beings are composed of 80% water. Therefore my deduction was that the moon affects mind and body. During this phase I drank enormous quantities of water." Viewers are drawn into the strange logic, and 'mad' thinking seems plausible, everyday, yet jarring to so- called 'common sense' (Sayce 2000:216).

Interpellation Sans Speakers and Problems and Possibilities of Performativity

I have examined how one may be hailed as mentally ill, by 'hate speech' or the diagnostic discourse of psychiatrists. Butler (1997:34) notes that the interpellative name can also come about without a speaker, for exam- ple, on medical records. A few of my informants had not experienced the illocutionary force of the utterance, 'you are schizophrenic,' from their nurse or doctor. However, the interpellative name did arrive, as William

explains, when, "the nurses put a brochure in my bag that said, 'Face it, you have schizophrenia.'" Similarly, Rebecca recalled with some indignation, that a psychiatrist gave her a sealed envelope to give to her family doctor; Rebecca and her mother opened the letter, which stated that she has schizophrenia. Butler (1997:34) explains that in such cases, the disciplinary diffusion of sovereign power produces a field of discursive power that works without a subject, but still constitutes the subject.

The subjects in question, those labeled 'mentally ill' and divested of numerous rights and privileges because of this interpellation, must be kept in mind when deciding how or even whether or not to use performativity theory to understand them. What are the implications, moral and otherwise, of suggesting that depression, or any mental disorder for that matter, is 'performative?' While the ethical implications of this approach to mental illness must be considered further, it is also necessary to reflect on the ethical implications of the way mental illness has traditionally been medicalized, individualized, pathologized, and stigmatized, as well as the ways in which the sick role is perpetuated in our society. It is also necessary to explore how performativity is applicable to this field since it is a framework that has already been taken up by some advocacy groups and consumer/survivor groups, in order to revalue differences in a more positive light. A recent article in The New York Times stated that a new type of disabilities movement is arising where those, "who deviate from the shrinking subset of neurologically 'normal' want tolerance, not just of their diagnoses, but of their behavioral quirks. They say brain differences, like body differences, should be embraced, and argue for an acceptance of 'neurodiversity' (Harmon 2004). Those who argue that their condition includes heightened creativity refer to those who have so-called 'normal' brains as 'neurotypicals.'

Similarly, Antze (1999:35) demonstrates how some websites for those who are affected by Dissociative Identity Disorder stress that their condition is not a disorder at all, but another way of being human, and use phrases such as 'multiple household' and 'gift of plurality' to underline their claim to normalcy. The following statement illuminates the presence and the potential of performativity theory:

> Multiple Personality Disorder arrived on the scene bearing a
> new identity for precisely those patients whose personal
> experience of selfhood was most diffuse and fragmented ...

> gave them an identity based on their trouble with identity.
> But in doing so it opened a new site for dissociative mime-
> sis, for a theater of identity that has led to troubling ques-
> tions about the diagnosis itself. (Antze 1999:36)

A final example that tries to cause 'mad trouble' is the 'Hearing Voices Network,' whose members attempt to validate and normalize the voices they hear, which they view as a site for spiritual development (Blackman 2000:63). By viewing 'voice-hearing' as a normal variant of behaviour, members are able to adopt different relations to their voices leading to different ways of thinking and acting. Blackman's (2000:71) concern with "the ways in which new forms of subjectivity are being created in the gaps, contradictions and silences which surround the fiction of autonomous self-hood," echoes the above comments by Antze, and give a sense of the positive potential of performativity. My explication of these various groups is not intended to suggest that there is no risk of harm in applying performativity theory to mental illness – indeed, such ethical implications must be assessed on an individual basis. Rather than being a radical approach, however, performativity theory is *already* being taken up by a number of groups, and as such, warrants critical examination.

Returning to the question of the possibilities of performativity theory, Butler suggests that subversive possibilities are found in unstable identities and misrecognition, leading one to wonder how easy it is to destabilize or misrecognize the stigmatized identities that seem to accompany the myriad of diagnoses outlined in the Diagnostic and Statistical Manual of Mental Disorders (2000). Further, some have argued that Butler's notions of the performative subject and parodic subversion would not produce the 'rifts' she hopes for; by relieving the pressure of exclusion, performativity may, "short circuit the forces that create new identities" (Digeser 1994:671).

And what of those individuals who have found solace in the stable identity of 'schizophrenia,' for example, those who can now claim that their condition is no fault of their own, because it is biochemical in nature, akin to having cancer. For example, Andrew seemed to find comfort in the way psychiatrists had explained the nature of his condition, which he reiterated during our interview:

like they say, a disorder of the brain – problem with some of the chemicals in the brain which affect your thinking...a physical thing – there's something wrong with my brain – the chemicals don't quite work right...don't know what caused it...It could have happened to anybody...

Such statements lend support to criticisms of Butler's performativity theory that suggest that by stripping the notions of gender and sex (and in this case, mental disorders) of any essential content, an important source of unity for marginalized groups is also eliminated (Digeser 1994:668). It is important to remember that misrecognition and destabilizing identity categories can occur without the explicit attempt to subvert or 'queer' the norm. Indeed, as Schneider (2001) has pointed out, by emphasizing the normalness of their conditions, people with schizophrenia are using a normalizing strategy, but in doing so, they also contribute to the redefinition of the boundaries of schizophrenia, itself.

Whether we can even speak of the 'illocutionary force' of the 'madwoman's' speech is questionable, if it is "impossible speech," as Butler (1997:133) has called the words of the 'psychotic,' which are produced by the rules that oversee the field of speakability. Still, there seems to be potential in the use of performativity, since a performance approach to sickness can foreground the sickening social order, while still paying attention to individual distress (Lock 1993:143). An example that reflects this potentiality is Orr's (2000:58) 'performance,' instigated not by her individual symptoms, but by her feeling that psychiatric discourse has abdicated the difficult job of curing, in order to chase after pharmaceutical effects. By unmasking this sickening microcosm of the social order, she was able, to a certain extent, to incite social dis-ease (Orr 2000:57).

There is also potential for performativity theory to be applied to mental disorders, such as 'dissociative identity disorder' (DID) and 'borderline personality disorder' (BPD), both of which rest on the assumption that the 'normal' self is a unified, coherent and singular being. Butler, however, has successfully deconstructed the notion of a 'self' existing prior to the discursive effects of interpellation. Since individuals diagnosed with DID and BPD already have identities that can be characterized as 'inevitably rifting,' this 'abnormality' in the medical realm may constitute an advantage in the performative sphere. Butler (cited in Salih

2002:135) explains that, "the ambivalent Self marked by loss is tenuous at best, but agency lies in giving up any claim to coherence or self-identity by submitting to interpellation and subversively *mis*recognizing the terms by which we are hailed." Agency, or as Butler puts it, "something we might still call agency," may be more available to those who already lack a coherent self-identity. In contrast, it could be argued that the intense ambivalence and powerlessness following child abuse experienced by many individuals diagnosed DID and BPD would paralyze these individuals rather than making them agentic. Indeed, it is crucial to include the daily realities or 'lived experience' of those diagnosed with serious mental disorders, so as to avoid romanticizing either the experience of mental illness, or the value of performative approaches. However, ambivalence is also the hallmark of resistant performance, and Butler (1997:156) insists that the possibility of agency comes from the margins of power, as well as locating the possibility of subversion in such unstable identities. Such agency is clearly evident in the groups studied by Antze (1999), noted above. Few comments are required on the potential use of performativity theory in terms of 'gender identity disorders,' as Butler has so thoroughly detailed the performative nature of both gender and sex.

Of the attempt to apply performativity theory to the study of mental illness, we could say what Austin (1961:239) has said about his analysis of performative utterances:

> And is it complicated? Well, it is complicated a bit; but life and truth and things do tend to be complicated. It's not things, it's philosophers that are simple. You will have heard it said, I expect that over-simplification is the occupational disease of philosophers, and in a way one might agree with that. But for the sneaking suspicion that it's their occupation.

Performativity is complex, and in applying such a framework to issues of mental illness, the complications multiply. And while I am not convinced that anthropologists suffer from the same occupational disease, (and Butler certainly cannot be accused of over-simplification), this essay is clearly one example, as I have had to over-simplify the theories of both Csordas and Butler, in order to understand how the originary

subordinating performatives of 'madness' may be repeated, "for another purpose, one whose future is partially open" (Butler 1997:38). While there are risks inherent in this repetition, there is also what Butler (1997:161) calls, "the political promise of the performative," and the task of this politics is as follows: "to compel the terms of modernity to embrace those they have traditionally excluded, and to know that such an embrace cannot be easy; it would wrack and unsettle the polity that makes such an embrace." In moving toward this future that cannot be anticipated, we also move into what Foucault has called, 'a politics of discomfort.' Foucault's argument is ethical, as he claims that we have a moral duty to attempt to exceed the identity labels that have been applied to us.

In terms of mental illness, it seems that there has been some movement in this direction, as users are articulating a model of 'social inclusion' that rejects the notion of 'fitting in' and acceptance based on ability to 'pass' as 'normal.' Rather, 'madness' and other facets of mental illness are to be included as an experience that is part of our society; people who have these experiences are to be valued, and the contribution madness can bring is to be recognized (Sayce 2000:31). Still, this vision of the future is haunted by Dumont's warning that those who advocate for the difference who also call for it identity and recognition, call for the impossible. If we can remember Butler's (1997:87) point, though, that there is a disjuncture between utterance and meaning, and this is the condition of possibility of repeating the performative while simultaneously reformulating it, there is hope (as well as anxiety) that 'madness' can be 'queered.' This can occur through both linguistic and theatrical approaches, including novel ways of 'turning around,' citational grafting, new metaphors that are cycled back into performance, new vocabularies of motives, and even 'normalization' strategies that can cause rifts in identity categories. It will be interesting to follow Starson's 'mad trouble' and see what results. While his mother hopes that the Courts will decide to medicate her son, as he has no 'insight' into his condition, her next words of exasperation can be read in another way, one in which possibilities of performative power are rich: "He can rationalize anything. He always insists that *he* isn't crazy – *you* are" (Makin 2003).

Notes

1. For the purposes of this paper, I follow the definition of 'mental disorder' as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (2000:xxi). It sates: "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." Accordingly, 'mental illness,' refers to the experiences of those affected by mental disorders.

2. 'Madness' is the colloquial term for 'psychosis.' In the DSM-IV-TR (2000:297-298) 'psychotic' refers to the presence of particular symptoms: "in Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, and Brief Psychotic Disorder, … delusions, any prominent hallucinations, disorganized speech, or disorganized or catatonic behavior. In Psychotic Disorder Due to a General medical Condition and in Substance-Induced Psychotic Disorder, psychotic refers to delusions or only those hallucinations that are not accompanied by insight…in Delusional Disorder and Shared Psychotic Disorder, psychotic is equivalent to delusional." It is also important to note that psychotic features can occur in Major Depressive Disorder and Bipolar Disorders (DSM-IV-TR 2000:371, 383).

3. Dee, and later in the paper, Lyle, William, Rebecca and Andrew, are pseudonyms of 5 of the individuals diagnosed with schizophrenia or bipolar affective disorder whom I interviewed during my fieldwork in 2001 for my master's Thesis, "Meanings in 'Madness:' A Phenomenological Study of Mental Illness and Spirituality."

4. "User/survivors" or "consumer/survivors" are individuals who have had psychiatric treatment and spoken out about the abuses of the system and mobilized to make changes so that others will not have to endure similar experiences; 'survivor' refers to the fact that they 'survived' psychiatric treatment, often including involuntary hospitalization (Davidson 2003:37).

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