A HISTORY OF ENGLISH AUTOBIOGRAPHY

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In an essay of 1935 assessing the impact of Freud on modern culture, W. H. Auden poke fun at current misconceptions of psychoanalysis: to ‘the man in the street, the cure for all ills is (a) indiscriminate sexual intercourse; (b) autobiography’ (Auden 1935, 69). Option (b) has certainly flourished in the age of psychoanalysis, notably in the great autobiographical novels of Freud’s modernist contemporaries Joyce, Proust, Mann, Musil, and Svevo. Psychoanalysis actively produces autobiography in Svevo’s La Coscienza di Zeno (Zeno’s Conscience) (Svevo 1923:3), where the hero’s analyst urges him to write his life story to get to the root of his smoking addiction, but then publishes this confession out of revenge when the patient abandons the analysis.

Svevo’s satire seems to endorse Foucault’s charge that psychoanalysis perpetuates the ‘immense and traditional extortions of the sexual confession’ enshrined in the Catholic Church, while adapting this ritual to a supposedly scientific framework (Foucault 1978, 69). Indeed, psychoanalysis and autobiography have abetted one another throughout the long century following Freud’s Interpretation of Dreams (1900), itself an autobiographical work based on the author’s self-analysis. Joseph Wortis recalls Freud’s admission that ‘he was never analyzed himself; there was nobody to analyze him. “But I discovered analysis,” he said. “That is enough to excuse me”’ (Wortis 1954, 17). Freud’s self-analysis could be seen as both cause and symptom of the autobiographical explosion that began with high modernism and still reverberates in today’s popular culture, where memoirs regularly outsell fiction and TV viewers flock to the tell-all confessions of the Oprah Winfrey show.

This appetite for self-revelation goes back at least as far as the Romantics, with their celebration of the (usually male) individual, not for his typicality but for his uncommonness and strangeness. Commenting on this popular enthusiasm, Goethe writes, ‘We love only the individual; hence our enjoyment of all public self-expressions, confessions, memoirs,
letters and anecdotes, even of unimportant persons' (Reik 1949, ix). Psychoanalyst Theodor Reik quotes this aphorism in his own autobiography, *Fragment of a Great Confession*, whose title derives from Goethe’s autobiography, where the author claims that all his works are ‘fragments of a great confession’ (Goethe 1987, 214). Likewise, Nietzsche affirms that every great philosophy is ‘the personal confession of its author, and a kind of involuntary and unconscious memoir’ (Nietzsche 1989, 5).

Freud takes these insights further, detecting confession not only in the works but in the body of the psychoanalytic subject. ‘He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret’, Freud declares. ‘If his lips are silent, he chatters with his finger-tips: betrayal ooze[s] out of him at every pore’ (Freud 1953–1974, 7.78–9). In Freudian theory, memories repressed by consciousness resurface on the body in the form of psychosomatic symptoms: ‘hysterics suffer mainly from reminiscences’, he claims (Ibid., 2.7). Thus autobiography oozes from every pore.

For the purposes of this chapter, psychoanalytic autobiographies may be grouped into two broad genres, the first comprising life stories by psychoanalysts, many of them Jews driven out of their home countries by the Nazis, which resulted in ‘a new kind of diaspora’, as Anna Freud described this wave of emigration in 1934 (Steiner 2000, 17). The second genre consists of patients’ accounts of their experience of psychoanalysis. In both genres, the writer is obliged to compromise between fidelity to the analytic process – slow, piecemeal, recursive, dialogic, inconclusive – and the conventions of the *Bildungsroman*, pledged to the chronological development and integration of the self. By imposing narrative continuity on the ors and shards of memory, traditional autobiographies perform the function that Freud ascribes to ‘secondary revision’ in the dreamwork, whereby ‘the dream loses its appearance of absurdity and disconnectedness and approximates to the model of an intelligible experience’ (Freud 1953–1974, 5.490). This pseudo-narrative has to be dismantled in order to gain access to the stuff of dreams, the memories and desires encoded in their pageantry.

The remainder of this chapter explores how analysed and patients contend with these formal challenges in writing their life stories. I begin with Freud, whose autobiographical writings veer between the continuity of the *Bildungsroman* and the discontinuities of psychoanalytic anamnesis or unforgotten. Next I discuss memoirs written by the refugees from Nazism who transplanted psychoanalysis from Germany and Eastern Europe to the Anglophone world. I also consider Wilfred Bion and

Marion Milner, British psychoanalysts who experimented with offbeat forms of life-writing. The last part of this chapter turns to memoirs by analysands, examining how these works tackle the discrepancy between the linearity of narrative and the timelessness of the unconscious.

### Autobiographies by psychoanalysts

In his case history of ‘Dora’ (1905), Freud suggests that hysterics suffer from an autobiographical disorder that renders them incapable of telling their own story. When asked to recount the history of their illness, the ‘first account may be compared to an un navigable river whose stream is at one moment choked by masses of rock and at another divided and lost among shallows and sandbanks’ (Ibid., 7.16). Only towards the end of the treatment does this confusion yield to ‘an intelligible, consistent, and unbroken case history’ (Ibid., 7.18). Freud’s description of hysterical autobiography as an ‘un navigable river’ evokes the modernist novel – think of Marlow’s journey up the Congo River in Conrad’s *Heart of Darkness*, with its dreamlike obscurities and inconsistencies. The cure for this narrative disorder, as Freud sees it, consists of an ‘intelligible, consistent, and unbroken’ history told in a straight line, comparable to the traditional *Bildungsroman*.

The trouble with linear narrative is that it belies the anachronistic nature of the unconscious. In *Civilization and its Discontents* (1930) Freud compares the unconscious to the city of Rome, where ‘all the earlier phases of development continue to exist alongside the latest one’ (Ibid., 21.70). The past therefore lives on, encroaching on the present and disrupting the continuity of history. As Michel de Certeau puts it, the psychoanalytic past ‘re-bites’ (il re-mord; it is a secret and repeated biting). History is ‘cannibalistic’. Conventional historiography, by contrast, depends on a ‘clean break between the past and the present’ (Certeau 1986, 3–4). To do justice to the psychoanalytic conception of mental life, autobiography would have to jettison the principle of chronological development, inventing forms of narrative responsive to the dynamics of regression, deferred action, compulsive repetition, and other temporal upheavals characteristic of the primary process of the unconscious.

How do these observations reflect on Freud’s autobiographical writings? His highly impersonal ‘An Autobiographical Study’ (Freud 1953–1974, 20), first published in 1925, focuses on the author’s public life; a few perfunctory remarks about his childhood quickly give way to accounts of his education and professional development, culminating in the discovery of
psychoanalysis and the history of its cultural dissemination. Apart from the bare mention that his parents were Jews, Freud touches only briefly on his father's background and passes over his mother entirely, although her formative influence is acknowledged in the theoretical pronouncement that 'the first love-object in the case of both sexes is the mother; and it seems probable that to begin with a child does not distinguish its mother's organ of nutrition from its own body' (Ibid., 20, 36). An Autobiographical Study therefore reveals little of Freud's inner life, except by way of omission and ellipsis. Virginia Woolf objects to this form of life-writing for providing only a record of external facts while leaving out 'the person to whom things happen' (Woolf 2002, 79).

Fortunately, Freud shows more candour in his analytic works than in his official autobiography. To find 'the person to whom things happen', we must look to works like The Interpretation of Dreams. In composing this masterwork, Freud told his friend Wilhelm Fliess that he had 'lost the feeling of shame required of an author' (Freud 1985, 315). Indiscretions aside, the formal innovations of the 'dreambook' recapitulate the analytic process in which 'everything that has to do with the clearing-up of a particular symptom emerges piecemeal, woven into various contexts, and distributed over widely separated periods of time' (Freud 1953-1974, 7.12). By adding multiple footnotes to the original text, Freud creates a kind of palimpsest in which 'all the earlier phases of development continue to exist alongside the latest one', as they do in Rome or the unconscious (Ibid., 21.70).

Although The Interpretation of Dreams emerged out of Freud's self-analysis, he enlisted his friend Wilhelm Fliess as correspondent and effectively as analyst. The vicissitudes of this relationship are responsible for many of the interruptions in the writing process to which The Interpretation of Dreams owes its 'modernist' texture. These interruptions, as Ilse Grubrich-Simitis has shown, 'tore holes in the emerging textual tissue' and contributed to 'the piecing together, the excisions, the shifting back and forth of material, the character of what, so to speak, remained an open book, a collective text, a patchwork' (Grubrich-Simitis 2004, 25). The resulting openness has encouraged Freud's readers to become his analysts, using his own methods to re-interpret his interpretations.

The most discussed example is Freud's dream of Irma's injection, the analysis of which begins in Chapter 2 and resumes throughout the dreambook with an insistence reminiscent of the return of the repressed. On the night of 23–24 July 1895, Freud dreamt that he was reproaching his patient Irma, who was suffering from abdominal pains, for failing to accept his 'solution' to her symptoms. Taking her to a window, he looks down her throat, dissecting 'extensive whitish grey scabs upon some remarkable curvy structures ... evidently modelled on the turbinal bones of the nose'. He then invites his colleague Dr M to repeat this laryngel/gynaeological investigation, accompanied by his friends Otto (a stand-in for Fliess) and Leopold. The dreamer then concludes that Irma's infection has been caused by an injection of trimethylamin mistakenly administered by Otto: 'Injections of that sort ought not to be made so thoughtlessly ... And probably the syringe had not been clean' (Freud 1953-1974, 4.107).

Freud interprets this dream as an attempt to exculpate himself of professional misconduct. But as Freud's doctor Max Schur (1966) was the first to point out, it is Fliess, rather than Freud, that the dream is trying to exonerate. Swayed by Fliess's fanciful theory of the nasal aetiology of hysteria, Freud had arranged for his friend to perform his signature nasal operation on Emma Eckstein, a patient suffering from stomach pains and menstrual problems that Freud attributed to excessive masturbation. Some days after the operation the patient suffered a massive nasal haemorrhage, filling two bowls with pus, and her nose began to emit a fetid odour. The wound continued to haemorrhage until another specialist pulled out of her nose a long string of purulent gauze, which Fliess, in an egregious act of medical negligence, had forgotten to remove. Although Freud defended Fliess at the time, this episode opened a crack in their friendship that eventuated in a full-scale rift.

'Few dreams have been the subject of so much comment', Didier Anzieu has pointed out (Anzieu 1986, 137). Indeed, a bibliography of Irma's Injection would exceed this chapter's word limit. Anzieu himself proposes that this dream conjures up the primal scene of parental intercourse, the white patches in Irma's throat representing the father's semen in the mother's vagina. Such conjectures probably reveal as much about the reader as the dreamer, demonstrating how the holes and 'patches' of Freud's text call forth the unconscious of its interpreters. 'In psychoanalytic treatment', Phillips remarks, 'it takes two to make a life-story' (Phillips 1994, 68). Thus autobiography becomes hetero-biography, with the analyst's unconscious informing the patient's reconstruction of the past.

Psychoanalysis in exile

The psychoanalyst Margaret Mahler, a Hungarian by birth who emigrated to New York, records in her memoirs that within two months of the
Anschluss of 1938, when Austria was annexed to Nazi Germany, 'virtually the entire Austrian psychoanalytic community had departed for Britain or America' (Mahler 1988, 86). They also fled to Palestine, South Africa, Australia, New Zealand, and even Ceylon (Steiner 2000, 5). Among the estimated hundreds of psychoanalytic refugees were a significant number of women who, having already achieved professional success against formidable odds of sexism and anti-Semitism, went on to take a shaping role in the British and American schools of psychoanalysis. These women include Mahler herself, together with her erstwhile analyst Helene Deutsch (1884–1982), who was born in Poland and moved to Boston in 1934, and Hanna Segal (1918–2001), also born in Poland, who boarded the last Polish ship to leave for Britain in 1940 and completed her training at the British Psychoanalytical Society in 1945 at the precocious age of 27. Segal’s analyst, Melanie Klein (1882–1960), born in Vienna, had moved to Britain earlier in 1927, where she was to cross swords with Anna Freud (1895–1982), herself an émigré who accompanied her father to London so that he could ‘die in freedom’ in 1939 (Gay 2006, 656).

The memoirs of these female psychoanalysts offer an inspiring contribution to the history of women’s emancipation in the West; they also provide a poignant record of Jewish European culture prior to the Second World War. Most psychoanalytic refugees lost close relations to the Holocaust, including Freud himself, four of whose five sisters were murdered in Auschwitz shortly after his own death in London. Freud’s female disciples mainly hailed from educated middle-class assimilated Jewish families; both Deutsch and Segal came to psychoanalysis through the Communist movement, a paradoxical trajectory given the widespread Communist disdain for Freud’s ‘bourgeois’ science (Wortis 1954, 59).

Deutsch and Mahler were born to parents who had hoped for boys, and both felt rejected by their mothers, developing a strong identification with their fathers: ‘for most of my childhood and youth I hated my mother’, Deutsch confesses (Deutsch 1973, 50). Ironically, these father-identified female analysts were to contribute a major shift of emphasis in psychoanalysis away from the father towards the mother. It is as if they were compensating for their defection from the mother by affirming her absolute dominion over psychoanalytic theory.

‘Everyone lives two lives simultaneously’, Deutsch declares:

One of them is devoted to adapting to the outside world and improving one’s external circumstances. The other consists of fantasies, longings, distortions of reality, undertakings unfinished, achievements not won. (Ibid., 14)

This doubleness, however, makes little impact on the linear progression of Deutsch’s narrative. Its traditional form may reflect the need to restore continuity to a life story riven by geographical exile, and to summon up a lost community destroyed by genocide. Like Mahler, Deutsch takes few risks with form, but both their autobiographies stand out for their attention to the authors’ early years. Similarly, Hanna Segal told an interviewer: ‘I like talking about my early childhood, not only because old people like to reminisce but also because I find that in the biography of great analysts (and other people as well) information about their early childhood is always missing’ (Segal 2008, 3). Segal is probably thinking of Freud’s Autobiographical Study, with its frustrating reticence about his early life. By contrast, Segal, who was analysed by Melanie Klein, takes a Kleinian perspective on her own formation, emphasising the traumatic effects of early weaning when her mother succumbed to the Spanish flu epidemic of 1918. While the autobiographies of famous men usually focus on the adult years, female psychoanalysts adapt the genre to delve into the mysteries of infancy.

Milner and Bion

The British psychoanalyst Marion Milner (1900–1998) started her career as the author of a series of pseudonymous autobiographical studies, culminating in her famous study of inhibition, On Not Being Able to Paint (1950). While Deutsch claims that ‘everyone lives two lives simultaneously’, Milner brings this duality to the surface by using her own diaries and drawings as the material for her analysis. As Hugh Haughton has observed, this technique creates a ‘double-time sense’ comparable to Beckett’s Krapp’s Last Tape (1958), where Krapp replays tapes of his own voice supposedly recorded at different moments of his life (Haughton 2014, 35). But Krapp’s derisive attitude to ‘that stupid bastard I took myself for thirty years ago’ (Beckett 2009, 24) contrasts sharply to Milner’s quasi-mystical absorption in her inner life.

Quoting Woolf on Montaigne, Milner insists that the ‘soul, or life within us by no means agrees with the life outside us’ (Milner 2010a, 9–10). The only way to achieve a ‘life of one’s own’ is therefore to acknowledge the ‘mysterious force by which one is lived’ (Ibid., 2010b, 196). For Milner, as for Rimbaud (Rimbaud 2003, 571), ‘“je” est un autre’. Hence
Milner's 'excursions into the hinterlands' (Milner 2010a, 62) of her own mind evade the standard highlights of life-writing, such as lovers, family, contacts, and career. Nor does she have much to say about her war-torn century, except as its horrors impinge upon her introspection. Although she denied the charge of mysticism, her idealisation of the unconscious makes her something of an outlier to the psychoanalytic establishment, which tends to emphasise the pathological rather than the creative force of the unconscious.

Of the psychoanalytic autobiographers of the last century, Wilfred Bion (1897–1979) arguably takes the greatest risks with literary form. Although his first two volumes of memoirs are more or less straightforward narratives, Bion's final autobiographical work, paradoxically entitled The Memoir of the Future (1991), mobilises multiple alter egos in a mixture of fiction and confession that flouts conventional chronology. Described by Bion as 'a fictitious account of psychoanalysis including an artificially constructed dream', the three-volume Memoir could be seen as an attempt to 'study the living mind' in all its turbulence, without resolving its warring elements into a stable form (Jacobus 2005, 261, 274). Unlike the psychoanalytic refugees from Europe, Bion and Milner were rooted in Britain, and perhaps their rootedness enabled them to risk discontinuity in form, having suffered fewer radical discontinuities in life. Their European colleagues, on the other hand, may have opted for traditional techniques in order to repair their shattered life-stories.

**Patients' autobiographies**

The second category of psychoanalytic autobiography consists of patients' recollections of analysis. These include patients of Freud's, some of whom provide amusing anecdotes about the founder of psychoanalysis. The modernist poet H. D. (Hilda Doolittle) travelled to Vienna in 1933 to be analysed by Freud, thanks to the generosity of her put-upon lover Bryher (Winifred Ellerman). H. D.'s *Tribute to Freud* offers memorable glimpses of Freud's couch-side manner, including his preoccupation with his chow Joji, who snoozed through the sessions and frequently distracted 'the professor' from his patient's outpourings (H. D. 1985, 162). Dogs also loom large in Roy Grinker's account of his analysis with Freud in 1932, especially Anna Freud's giant Alsatian called Wolf, who would bark furiously when the doorbell rang and thrust his jaw into the trembling patient's genitals. Grinker confesses: 'I entered Freud's office with a high degree of castration anxiety' (Grinker 1975, 39).

Helene Deutsch, also analysed by Freud, reveals little of the master's methods except that he cut short her treatment to give her hour to the Wolf Man, who had recently returned to Vienna after the Russian Revolution. Freud's blatant act of favouritism towards his most famous patient triggered the first major depression in Deutsch's life (Deutsch 1973, 133). The Wolf Man's autobiography, meanwhile, shows little sign of the 'first-class intelligence' that Freud admired in (and probably projected on) his patient (Pankejef 1971, xi). In his nineties the Wolf Man dismissed psychoanalysis as a confidence trick, complaining in particular that Freud's reconstruction of the primal scene is 'terribly far-fetched' (Obholzer 1982, 35). So it is, but it is infinitely more intriguing than the valetudinarian to whom it is imputed.

One of the most harrowing accounts of mental illness from the patient's point of view is Sylvia Plath's autobiographical novel *The Bell Jar* (1963). This well-known work, however, scarcely touches on the 'talking cure'. Instead the novel focuses on cruder forms of treatment, notably the botched electroconvulsive therapy that Plath also remembers in her poem 'The Hanging Man' (Plath 2008, 141): 'Iizzled in his blue volts like a desert prophet'. The word 'silence' reverberates throughout this narrative, a silence Plath compares to a focus pickled in a bottle, and the doctors rarely try to break this hush with words, preferring insulin injections and electric shock to verbal engagement. Although the novel ends with the heroine's (unconvincing) recovery, the images that linger are those of a mental health establishment pledged to drastic interventions, including lobotomy, to restore its victims to 'normality', that is, compliance.

Equally harrowing, Marie Cardinal's autobiographical novel *The Words to Say It* (1975) recounts the author's descent into insanity, followed by her recovery through psychoanalysis. As Diane McWhorter (1982) has remarked, reading *The Words to Say It* 'Feels like a drastic act, a surrender to the protagonist's apocalyptic mental illness'. What makes the narrative bearable is its positive outcome – the unnamed narrator emerges from her seven-year analysis reborn; what makes it a page-turner is its skilful plotting and lush metaphoric prose. Born in Algiers in 1928 to a French colonial family, Cardinal was forced to leave the country soon after the outbreak of the Algerian War, and she associates her illness with the bloodshed that ensued. Indeed, bleeding is her most debilitating symptom; by the time she meets her psychoanalyst, she has been haemorrhaging from the vagina for three years. Her symptoms having baffled the medical establishment, the narrator is sent to an asylum to be doped with drugs, which reduce her to inertia without providing any respite from the anguish that she calls 'la
Chose: 'the Thing was not the same anymore, agitated, breathless, weak; it had become thick, gelatinous, sticky' (Cardinal 1983, 17). Realising that she prefers the 'exhausting struggle with the Thing when it was enraged' (Ibid., 18) to this nauseating stickiness induced by drugs, the narrator escapes from the asylum and seeks help from an unnamed psychoanalyst. 'I am bledd dry' (Ibid., 31), she informs him in her first session, having bledd continuously since their previous interview. The doctor pronounces this disorder psychosomatic: 'That doesn't interest me. Speak about something else' (Ibid., 32), he demands. The patient is outraged - how dare he ignore this spectacular, life-threatening symptom, which has brought her so much shame - and so much attention? But the doctor's drastic intervention works: the bleeding gives way to a wholesome haemorrhage of pent-up tears. Indeed, the symptom is permanently trounced: 'I didn't know, I couldn't know it, not on that day, that the blood would never flow again without stopping for months and years' (Ibid., 33).

Bruno Bettelheim, in an afterword to The Words to Say It, defends the verisimilitude of this implausible recovery - 'although there are no magical cures, as the long period of psychoanalytic treatment...amply demonstrates' (Bettelheim 1983, 297-8). Yet he claims to have encountered other cases in which symptoms were fostered by the analyst's determined disregard for their flamboyance (Ibid., 303). Even so, sceptics may wonder if Cardinal invented this episode or telescoped the time involved in its curative effect. In fact the author has admitted that the climax of the novel, the scene in which the narrator's mother reveals that she attempted to abort her, never happened in reality. A fictional necessity rather than an autobiographical fact, this confession provides a psychic rationale for the narrator's incessant bleeding: that is, she is trying to abort herself on her mother's behalf, miming the menstrual flow that her mother failed to induce. This confession also implicates the personal in the political, taking place on 'la rue sur lequel coulera plus tard le sang de la haine' - the same street where blood would flow during the Algerian war (Cardinal 1983, 132; Heathcote 2006). What flows from the mother in this episode, however, is 'the words to say it', her incontinent confession. This word-letting proves almost as lethal to her daughter as the blood-letting of the botched abortion, the 'cure' her mother failed to bring about. As Cardinal reflects, words can be 'wounds' or 'monsters', 'the SS of the unconscious' (Cardinal 1983, 240), but they can also be agents of salvation by the end of the analysis, the talking cure has overcome the talking cure, together with the curse of ceaseless blood.

Psychoanalysis and autobiography.

Some readers have felt 'taken in' by the fictional element of Cardinal's memoir (McWhorler 1984). But if the truth were 'easy to tell', Dan Gunn comments, 'we wouldn't need analysis (or fiction for that matter) in the first place' (Gunn 2002, 8). Cardinal herself explains that psychoanalytic autobiography necessitates at least a rearrangement, if not a full-scale fabrication of the facts:

to help those who lived in the hell where I also lived, I promised myself that I would some day write an account of my analysis, and turn it into a novel...For analysis can't be written down. It would take thousands of pages, many of them repetitious, in order to express the interminability of nothingness, the emptiness, the vagueness, the slowness, the deadness...And then, in this immense monotony, several strokes of lightning, those luminous seconds during which the entire truth appears, of which one takes in only a fraction, believing one has taken it all in...Fantastic volume composed of all the paper in the world. (Cardinal 1983, 248-9)

In other words, psychoanalytic autobiography is unnarratable. Much the same could be said of autobiography per se, which would be unreadable without selection and fabrication. Although some analysts have tried to write case histories that trace the daily course of an analysis, those that are successful bow to the discipline of story-telling. Freud, an enthusiastic reader of detective fiction, produced case histories that read like murder mysteries, omitting most of the frustrations of the analytic process. Even Marion Milner's (2002) lengthy case study of Susan, a schizophrenic patient whom she analysed for sixteen years, makes use of fictional techniques - suspense and peripeteia, while acknowledging the glacial pace of analytic work. Melanie Klein's Analysis of a Ten-Year-Old Boy (1961), on the other hand, records each session of a four-month treatment conducted in Wales in 1940, when both analyst and patient had evacuated London during the bombing. This case history makes for gruelling reading because of its unedited exhaustiveness, but also because of the monotony of Klein's interpretations, in which every game the child plays, every shape he draws and every syllable he utters, is commandeered into the presumptive primal scene. Weirdly, these interpretations grow increasingly convincing, at least to this reader, making me wonder if Klein's obsessions are contagious, or if the unconscious really is as boring and repetitive as she implies.

Dan Gunn, a distinguished scholar of fiction and psychoanalysis, as well as an editor of Beckett's correspondence, takes on the challenge of narrating psychoanalysis in his witty memoir Wool-Gathering, Or How I Ended My Analysis (Gunn 2002). Although Gunn's symptoms are far less dangerous than Cardinal's, he also suffers from uncontrollable 'fusses'. One such
‘Bin memoirs are a peculiar genre’, Taylor observes (Taylor 2014, 129). Most are horror stories, like Sylvia Plath’s, where the asylum is experienced as a prison and the doctors as heartless automatons. Yet a small minority of such memoirs, including Taylor’s, defend the asylum as ‘a refuge from unmanageable suffering (a “stone mother,” as some describe it), however bleak the physical environment and attenuated the caregiving’ (Ibid., 127).

Now that the Great Confinement, as Foucault dubbed the age of the asylum, has given way to the vagaries of ‘care in the community’, Taylor’s memoir offers an elegy for a defunct institution, gone the way of workhouses and orphanages. Good riddance, undoubtedly: few would lament the demise of mass incarceration of the poor, the orphaned, the insane, and other misfits like unmarried mothers; but many would deplore the cost-cutting neglect that often goes by the name of community care. As Taylor points out: ‘When politicians talk about “community care” what they really mean is women; women inside and outside families; women struggling, often with meagre resources, to look after loved ones who are too crazy or old or physically incapacitated to look after themselves’ (Ibid., 82).

What makes Taylor’s ‘bin memoir’ more peculiar than most is that she was undergoing psychoanalysis during the months she spent in Friern Barnet. Three times a week she would leave the institution to berate her analyst. Dramatic vignettes of these duels punctuate a narrative otherwise composed of personal recollection and historical research on the asylum. The analyst’s ability to withstand his patient’s torrents of abuse, to ‘hold’ her in a safe relationship, eventually led to her recovery. This was no miracle cure, however; Taylor’s analysis lasted twenty-two years, making the seven years of Cardinal’s analysis seem perfunctory.

If Cardinal’s recovery is less than convincing, given the magic powers accorded to her shrink, it is Taylor’s ‘madness’ that taxes credibility. That she was drinking too much is irrefutable; she also showed symptoms of obsessive compulsive disorder, compounded by severe depression. But was it mad to organise a rota of care giving from her friends before retreat voluntarily to Friern, where she was allowed to leave three times a week for her analysis? Whatever her diagnosis, Taylor’s memoir shows that psychoanalysis is out of reach to ordinary mortals: only the wealthy could possibly afford such treatment, whatever its benefits.

Epilogue

While Cardinal makes extravagant claims for psychoanalysis, Taylor makes them for her own pathology. In either case these memoirs raise doubts
about their authors' credibility, an occupational hazard for both autobiographers and psychoanalysts. The furor provoked by James Frey's *A Million Little Pieces* (2005), a largely fabricated memoir of his drug addiction, exemplifies the dangers of autobiography, in which the art of story-telling tends to get the better of historical accuracy. Such memoirs, like Cardinal's, sacrifice the facts to narrative excitement, yet leave their panting readers feeling cheated of the truth.

Psychoanalysis resembles fiction in that both demand a kind of 'negative capability', in Keats's words, 'when man is capable of being in uncertainties, Mysteries, doubts without any irritable reaching after fact & reason' (Keats 2009, 62). Adam Phillips explains: 'If you buy a fridge, there are certain things you will be guaranteed. If you buy a psychoanalysis, you won't be. It's a real risk, and that also is the point of it' (Phillips 2008). Both psychoanalysis and fiction depend on a willing suspension of disbelief. And perhaps this is the therapeutic benefit that both provide: an oasis of uncertainty amidst hard facts and univocal ideologies.

**Bibliography**


Psychoanalysis and autobiography


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PART 5

Kinds of community (ca. 1930-contemporary)