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Critical Introduction to *No Easy Way Out: A Memoir of Interruption*

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NO EASY WAY OUT

A MEMOIR OF INTERRUPTION

by

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A DISSERTATION

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NO EASY WAY OUT

A MEMOIR OF INTERRUPTION

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No Easy Way Out: A Memoir of Interruption is a collection of personal essays examining themes of race, the body, violence and desire as it seeks to examine and interrupt inherited, normative understandings of work, art, beauty, love, and belonging. An illness narrative that follows my experiences as a girl born into a family of white Southern wealth, as a young crime reporter in the Deep South, and as a mother, scholar, and writer in the Midwest, *No Easy Way Out* raises questions about the entanglement of privilege, illness, and access to care. The book considers the stories I covered as a crime reporter at two daily newspapers—one in small-town Alabama where the homicide rate far outpaced that of much larger cities and another amidst the steel-and-glass-tower skyline of Charlotte, North Carolina—alongside my own history of mental ill health and psychiatric institutionalization. In doing so, it critiques how long-standing institutions—the nuclear family, psychiatric healthcare, and higher education, to name a few—are inextricably intertwined with and productive of our contemporary understandings of seemingly opposed binaries like "body" and "mind," "crazy" and "sane," "self" and "other." The memoir moves between longform and flash essays, the former drawing from my careers as a journalist and academic and the latter from spiritual insights arising from my work as a Tarot reader and astrologer. The flash essays act as lyrical interstices, spaces of dream, myth, and occult imagery that provide new insights, but slant. Together, these essays, based in logic, intuition, and something in-between, offer a reparative way of thinking about difficulty, in the brain, in the body, in the world.

AUTHOR'S ACKNOWLEDGEMENTS

In the process of writing this dissertation, I have approached radically different understandings of what it means to care and to be cared for, and I have learned to think of debt not simply as a moral failing but instead as part of the very definition of the gift that is to be alive, in the presence of art, and able to offer my own small contribution in writing. In this spirit, I would like to express my indebtedness and gratitude to the people who have created space for such a gift in my life. Thank you, first and foremost to Kiernan, whose sculptor's hands and caretaker's spirit make the objects, lights, and meals that are the soul of our house, our foundation, our lives together. This memoir is for you, and Theo, Fitz, and Sappho. And Theo, I will never be able to say what this past year has been like. I love you. Thank you for teaching me about motherhood, and writing, and fragility, and strength, and how my love for you beautifully constellates all of these. I am so wholly devoted to you; thank you for the gift of such devotion, of exploding the binary of giving and taking care.

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Thank you to my friend and mentor Jessa Crispin, whose writing saved my life, whose life inspires my own, and whose friendship and faith in me has been a great comfort. Thank you for taking care of me, through Tarot cards, Zoom calls, movie marathons, and the most beautiful clothes I've ever received, over the pandemic year.

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Thank you, finally, to my committee members Grace Bauer, Stacey Waite, and Claire Nicholas, for your feedback and encouragement throughout the dissertation process, and to Tom Lynch, whose conversations about the Anthropocene, mental health, and the Tarot helped shape the epilogue of this project.

It has been an honor and a joy to write *No Easy Way Out: A Memoir of Interruption,* and my gratitude to those mentioned here, and to the many others who aided the process of writing, thinking, and caring, has been transformative, in and of itself. Thank you.

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> *"If I can look directly at my life and my death without flinching I know there is nothing they can ever do to me again." – Audre Lorde*

At first, I thought I might be able to get away with romanticizing all the *not* writing I was doing during covid. After all, I reasoned with myself, almost no one wrote about our last great pandemic, the influenza of 1918 and 1919 that killed more people across the world than did all four years of the first world war combined. Unlike the explosion of narratives that have explored illness, human suffering, and pain in the decades since, scholars agree those early 20th century writers didn't have either the model or the impulse to make sense of pain the way writers have in the decades since the emergence of HIV/AIDs in the United States. "How to bring the [1918] pandemic and the narrative form together?" Ann Jurecic writes in the introduction to her book *Illness as Narrative,* "It is as if the project were unimaginable in the early twentieth century." *See?* I thought to myself when I began Jurecic's book in the late spring, *it makes sense I can't write right now. Those other writers couldn't either.* Ignoring what Jurecic calls the "flood of texts" since "those other writers" that have offered a path forward since then—offered ways to make meaning of, from, through, and against illness—I clung fast to the not writing. My body hurt; I did not sleep; my new baby was sick. Though I ostensibly have made my living from writing nonfiction about violence, illness, and pain, first as an investigative crime reporter in the deep south, and now as a graduate student teacher in the Midwest whose work examines those years against the backdrop of my own ~~struggle~~ ~~fight diagnosis~~ bulimia, (here the language always fails me, I don't know what to call this thing I have been doing with food and vomit and my body all these years, or why the mind suggests it, even after all the books, all the rehab, all the meditation, all the therapy, all the drugs), I hadn't managed to write a thing since I locked down myself, my husband, and my new baby in the early months of the COVID-19 pandemic. The words failed me. The desire to read what other people were writing failed me.

Instead, I thought about a Twitter fight I observed with more than a little casual interest in my seventh month of pregnancy. Novelist Lucy Ellmann gave an interview in *The Guardian* where she laments the force of motherhood on new mothers, how the needs of the child winnow down the mom's attention to baby only, whittles away the capacity for focusing on much else. ("People don't talk about how tiring, boring, enraging, time-consuming, expensive, and thankless parenthood is," Ellmann said. And: "illness, worry, conflict, overcrowding, the relentless cooking, the driving, the loss of privacy, the repression of your own sexuality, the education dilemmas, the lack of employment prospects, and all the wretched insanity of adolescence—these are big deterrents"). So many women writers on my timeline were outraged—oh, the indignity of another woman saying this; what a retrograde opinion; I published three books while I raised my three kids under the age of five and got a divorce—that kind of stuff. I was frustrated then, reading the response to what seemed like an honest interview from a woman who has done both her fair share of publishing and of having children. And during the first half-year of the pandemic, not writing anything, trying to raise a baby who was seriously ill for the first nine months of his life, trying to keep myself from relapsing into my own illness in isolation, I found myself living out Ellmann's words, my attention narrowed down to a red breast, a baby scale, a hypoallergenic formula, a hospital bill, a Tarot card, and a few sentences scrawled out each morning to keep me sane, to keep me from feeling completely silent. "Compassion can only flounder," Susan Sontag wrote *In Regarding The Pain of Others,* when confronted with mass suffering like a pandemic, like a war, like state-sanctioned police violence (62). And yet, Jurecic argues (and models) in her book published six years after Sontag's death, compassion in conjunction with critique can radically attend to the complexities and needs of intimate, everyday life. I want to say it was reading this, it was reading Jurecic, that got me on the page again. But in truth, I had begun to write—more and more, every morning, for myself, in my journal—weeks before I encountered her book, and how it felt right and real to me. "Like any good book," Lauren Slater writes when she encounters the work of philosopher William James in her own illness memoir *Lying,* "it did not teach me something new, but drew out the wisdom that was already there, inside me" (110).

No Easy Way Out: A Memoir of Interruption began as a way of, perhaps paradoxically, drawing out the wisdom about a complicated constellation of themes, including illness and motherhood, of course, but also belief, desire, inheritance, the body, critique, and compassion. A memoir-in-essays, the book marinates in the tension between seeking a way out, as the cliché goes, of the difficulty of such themes, on the one hand, and, on the other, in revealing the insights that arise from narrative that stays with the difficulty all along, that refuses to capitulate to a "way out" at all. The dissertation overlays explorations of the sexism, misogyny, and mental ill health that I have encountered throughout my life with questions about the privileges and problems afforded by my own birth into a white, wealthy family from the South and, later, by my fully funded acceptance into a well-respected graduate program. But what happens when the embrace of belonging begins to feel more like a leash? And how do you reckon with the knowledge that the very fact of your belonging means someone else is on the outs, barred access, denied human dignity? What of the shame of that? What of the anger? What of art that deals in shame, in anger, in wanting out, in drawing out? Over the course of this critical introduction I intend to trace a brief history of contemporary illness narrative as well as highlight some of the 20th and 21st century memoirs that have been integral in helping shape my own.

An Emerging Genre

Illness narrative as a genre arose in part out of a desire to raise and address similar questions of access, marginalization, shame, anger, and a chaotic host of emotions in the wake of the HIV/AIDS epidemic and the Reagan-era policies that exacerbated pain, death, and despair at the same time as they masked the policing of non-normative desire with the rhetoric of sexual danger and assault.[1] Members of the gay, black, and sex-worker communities disproportionately affected by these policies and by the AIDS illness itself found themselves caught at a dangerous intersection of death, desire, propaganda, and silence. Communicating this experience would perhaps not keep them from death and oppression, but then again, neither would staying quiet. As mainstream media narratives became quickly co-opted by conservative morality tales that tied HIV/AIDS to divine or natural retribution for queerness, blackness, sex work, and non-normative modes of desire, members of these communities began to rally around slogans like "Silence = Death" as they used life writing—essays, op-eds, polemics, and memoir—to counter the rising moral panic within the United States.[2] Illness narratives, as Jurecic notes, became "weapons in a cultural battle against homophobia, the disdain of the medical establishment, and the indifference of the government" (9). But if queer, feminist, and BIPOC writers and artists of the era intimately understood what it felt like to live under the force of majority suspicion and white heteronormative paranoia, they also understood the pitfalls of post-modern literary and artistic practice that saw "a hermeneutics of suspicion" as the

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[1] For a comprehensive account of AIDS activism and the entanglement of U.S. federal policy with increased illness, moral panic, and the policing of desire, see Steven Epstein's *Impure Science: AIDS, Activism and the Politics of Knowledge.* Berkeley: University of California Press, 1996. Print.

[2] Jurecic's *Illness As Narrative,* Leigh Gilmore's *Tainted Witness,* and Cherríe Moraga and Gloria Anzaldúa's collected *This Bridge Called My Back,* read together, provide unique insights into illness narrative as a particular genre of life writing that women of color and queer communities developed in response to both mainstream and academic narratives that either capitulated to the values of the ruling class of white conservative politicians or to the different, but similarly narrow values of the (usually white, male) elites of leftist academia.

ultimate marker of artistic value, economic merit, and critical success.[3] Developed by the philosopher Paul Ricoeur in the early 20th century and absorbed into the leading framework for and interpretative response to art in the post-World War II university system, the "hermeneutics of suspicion" puts its faith in the distrust and deconstruction of texts as well as in the exposure of the impossibility of authorial and narrative coherence, authenticity, and authority. Queer theorist Eve Sedgwick has elucidated the ways in which paranoid artistic and critical practice misses the complexity of embodied and political experiences of illness and care. "It must be admitted that, as a form of paranoia, the New Historicism fails spectacularly," Sedgwick writes in *Touching Feeling,* a book on theory, pedagogy, art, and criticism undertaken in the midst of Sedgwick's own treatment for the breast cancer that would eventually claim her life. "While its general tenor of 'things are bad and getting worse' is immune to refutation, any more specific predictive value—and as a result, arguably, any value for making oppositional strategy—has been nil" (142). The early writers of illness narrative, then, sought to embrace the "general tenor" of the moment while also mobilizing narrative as "oppositional strategy" above and beyond the academy's accepted values of interrogation and suspicion; they lived at the margins of the systems of power and domination in the 20th century United States while the very nature of their life's work put them in persistent contact with philosophical ideas like the hermeneutics of suspicion that at once undermined popular cultural forces even as they consolidated power within the academy.[4] Chicana writer and theorist Cherríe

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[3] Both Jurecic in *Illness as Narrative* and Eve Kosofsky Sedgwick in *Touching Feeling* problematize the paranoia, suspicion, and focus on exposure implicit in the "hermeneutics of suspicion" as the hegemonic critical stance of the academy since the early 20th century. Jurecic centers her critique of the hermeneutics of suspicion for its development in the academy as the gold standard of literary critique and production, so much so that it has displaced listening and, in the words of Sedgwick, become "nearly synonymous with criticism itself." Jurecic writes: "Distrust of texts' errors, lies, and manipulations have become prescriptive, and the project of much contemporary criticism has become to anticipate and contain textual and theoretical problems in advance" (3). While Sedgwick elucidates how such paranoia misses the complexity of embodied experiences of illness and care.

[4] The tension between radicalization that happens "in the streets" or within the bounds of lived experience and that which occurs within the university setting has been explored by such recent books as Eli Meyerhoff's

Moraga has written about this tension between academic belonging and embodied marginalization from the perspective of women of color: "The woman of color life is the crossroad, where no aspect of our identity is dismissed from our consciousness, even as we navigate a daily shifting political landscape," she writes in the fourth edition introduction to *This Bridge Called My Back*. "In many ways [we] catalyzed the reconstitution of Women & Gender and Ethnic Studies programs throughout the country … Still, the 'holes in walls' of our thinking remain wide and many and there is an abundant amount of 'bridging' left to be done" (xxii). Though Moraga does not explicitly discuss illness, her discussion of the complicated stakes in marginalized life writing that happens in conversation with, against, beyond, and through academic institutional backing certainly bears out in the lives and art of modern and contemporary writers of illness narrative.

Writers and artists like Audre Lorde and David Wojnarowicz, in the last decades of the 20th century, then, found themselves occupying a space of seemingly untenable contradictions. Lorde and Wojnarowicz, whose illness memoirs have been immense sources of comfort and intellectual prodding for me and so will be considered more fully here, had built their lives around tearing down the institutions of power; they were well-versed in the tenets of deconstruction, feminism, queer theory, and Marxism that refused the idea of a cohering self, or of a cohering narrative that could reveal some kind of ultimate truth. And yet they were ill. And yet they were sick in a country that bore no small amount of responsibility for their illness and for their lack of adequate care in the face of illness. Historian Ann Harrington emphasizes the inadequacies of the "physicalist medicine" model to address both the sociopolitical and cultural contexts of illness as well as the more existential questions that patients face about the fragility of their lives. "The physicalist approach to

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Beyond Education and Jackie Wang's *Carceral Capitalism.* It has also been explored for decades, by the very women of color who found themselves at the center of this debate, by the very nature of both personal experience and artistic and academic striving within a country that tends to validate such striving only within the walls of academic institutions. Please see Cherríe Moraga and Gloria Anzaldúa's *This Bridge Called My Back* for a multi-genre, affective exploration of these themes.

illness falls short, especially for patients, because it denies the relevance of the kinds of questions people so often ask when they become ill: Why me? Why now? What next? Instead, patients are told, "Your illness has no meaning" (17).[5] Neither did the hermeneutics of suspicion offer much in the way of addressing the personal or political questions surrounding the experience of illness for Lorde, Wojnarowicz, and many of the other illness memoirists of the time. Scholar Martha Stoddard Holmes, in her examination of the academy's reliance on the hermeneutics of suspicion, on the one hand, and on writer Elaine Scarry's assertion that pain is unspeakable, on the other, emphasizes scholarly discomfort with texts that stretch out across a range of messy affect in their attempts toward deeper meaning about selfhood and suffering. "If the nonparticipatory anesthetized patient is in many ways more convenient for the surgeon, the inarticulate sufferer is so for the theorist," Holmes writes (132).[6] It wasn't enough for these memoirists to say it was impossible to speak of illness, or that it was impossible to speak of the pain. Though they had certainly encountered the enticing arguments about pain's destruction of language in *The Body in Pain* and literature's mythologizing and thus stigmatizing of illness in Susan Sontag's *Illness As Metaphor,* they still found themselves faced with the need to challenge hegemonic narratives about illness and pain.[7] They still needed their own narratives about illness, pain, and a self who lives in the thick of it, a self who risks misunderstanding, fragmentation, and messiness. A self who risks disintegration, as Wojnarowicz writes in *Close to the Knives,* "I am a bundle of contradictions that shift constantly. This is a comfort to

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[5] See Harrington's monograph *The Cure Within: A History of Mind-Body Medicine*. Norton: Norton, 2008.

[6] See the article Holmes co-authored with Ted Chambers: "Thinking Through Pain." *Literature and Medicine* 24.1, 2005, pp. 127-41.

[7] For a discussion of Wojnarowicz's "acute awareness" of Sontag, the limits of autobiography, and his own conception of his writing as *autothanatography*—"the textual inscription of the subject's dying and death"—see Elizabeth Ann Shek-Noble's dissertation 'Any kind of outcast whatsoever': the art and politics of David Wojnarowicz from the University of Sydney School of Letters, Arts, and Media: Sydney, 2014. For an excellent recent discussion on Audre Lorde's determination to write about her personal experiences with cancer even in the face of prevailing academic discourse about the unspeakability of the self, see Emily Bernard's essay "Audre Lorde Broke the Silence" published in *The New Republic* in March 2021: https://newrepublic.com/article/161595/audre-lorde-warrior-poet-cancer-journals.

me because to contradict myself dismantles the mental/physical chains of the verbal code" (117). Similarly, in her pathbreaking illness narrative *The Cancer Journals,* Lorde grapples with the tension between the practical need to ascribe meaning to the painful, confusing experience of her breast cancer, as well as to address the political knowledge that the realities of illness, identity, healing, and healthcare are always in a process of being made and unmade by the cultural forces within which they find themselves situated. Just because the quest for meaning, or for wholeness, may ultimately be foiled or be interpreted as naïve, Lorde advocates for it as an act of resistance in line with the spirit of the best of feminism. "I am talking here about the need for every woman to live a considered life," Lorde writes in the chapter "Breast Cancer: Power vs. Prosthesis," which chronicles the medical establishments' resistance to and even outright horror at her decision to not wear a prosthetic bra after her mastectomy. "The necessity for that consideration grows and deepens as one faces directly one's own mortality and death. Self-scrutiny and an evaluation of our lives, while painful, can be rewarding and strengthening journeys toward a deeper self" (59).[8] Wojnarowicz, too, in his memoir published a decade after Lorde and just a year before both of their deaths, sees the act of writing into his illness, desire, and anger as a refutation of the different forms of paranoia promulgated by the political and intellectual elites in the United States. "I never have had what could be described as an ART EDUCATION. I am not even sure what an ART EDUCATION entails," Wojnarowicz writes and yet goes on to describe his own efforts to make art, to educate:

> When I was a kid I discovered that making an object, whether it was a drawing

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[8] Leigh Gilmore discusses the persistence and proliferation of the genre of life writing, of which illness narrative is a part, as raising a fundamental, unanswered question about the act of reading personal narrative itself: What interpretative alternatives are left to us, outside of suspicion, outside of easy acceptance of catharsis? *The Limits of Autobiography: Trauma and Testimony.* Ithaca: Cornell University Press, 2001.

> or a story, meant making something that spoke even if I was silent. As an adult, I realize if I make something and leave it in public for any period of time, I can create an environment where that object or writing acts as a magnet and draws others with a similar frame of reference out of silence or invisibility (156).

A deeper self, for Lorde, and a visible one for Wojnarowicz, was not necessarily a coherent one and was often far from a beautiful one. Illness narrative's potential to reveal the self was instead the ability to visit the underworld and come up bloody, breast-less, mad, horrific: "I wanted to be glad I was alive, I wanted to be glad about all the things I've got to be glad about. But now it hurts. Now it hurts," Lorde writes through pain from her hospital room. "Things chase themselves around inside my eyes and there are tears I cannot shed and words like cancer, pain, and dying" (45). The deeper self was a rageful one, one who knew the illegibility, the chaos, and the harm of that rage too.

Turning on unevenness, affect, and book-as-collection, both *The Cancer Journals* and *Close to the Knives* ardently refuse to coalesce into rational, well-behaved narratives that tie up their anger, fear, philosophy, and desire into neat, paranoid little bows at the end. Lorde, for her part, writes across the genres of speech, lyric essay, polemic, and diary entry as meticulously stylized paragraphs give way to run-on sentences, pages of questions, and italicized paragraphs of loopy logic. Diary fragments scribbled in the anesthetized aftermath of surgery transform into carefully considered entreaties about the collision of normative beauty standards, ecological devastation, and lesbian desire in her decision to refuse a breast prosthesis. Similarly, Wojnarowicz's "memoir of disintegration" juxtaposes explicit scenes of sex and dying, homelessness and art—full pages of unpunctuated paragraphs or only-capitalized letters—alongside precise arguments linking his personal experiences to the brutality of American values surrounding propriety, healthcare, sex, and work.[9] The unevenness of both texts recalls one of the central tenets of affect theory, which emphasizes how a text's meaning can establish itself first through the body, through Deleuze's logic of sensation.[10] For scholar Claire Hemmings, meaning that arises corporeally as well as—and even perhaps before—it emerges logically "points to the entanglement of the space of the present encounter…as the space of work, rather than the space that must be cleaned up in order for judgments to occur" (226). Lorde and Wojnarowicz's illness memoirs textually force a sense of entanglement and presence, in which the author's self and experience ultimately appears legible and messy, with a sense of depth far removed from the hermeneutics of suspicion's charge of naiveté to writers seeking such a self. The effect is to unsettle the reader, to implicate her, to elicit an understanding that is first apprehended by the body, as sensation, much in the same way illness itself is sometimes first registered as a lift of hair on the back of the neck, goosebumps on a warm day, a hollow stomach that lasts long after breakfast.[11]

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[9] Rather than deploying a paranoid reading of texts intent on revealing the gaps in logic, authorial insight, self-fashioning, and knowledge-making, affect theory apprehends meaning through an engagement with surfaces: how the words, sentences, and structure of a text interact with the act of reading itself to create sensations in the reader's body, a meaning that is understood first through flesh and intuition and only later worked out rationally.

[10] See Deleuze's *Francis Bacon: The Logic of Sensation.* Minneapolis: University of Minnesota Press, 2004. Print.

[11] Though contemporary affect theorists such as Lauren Berlant have, at times and quite unfortunately, been hostile to and suspicious of the literary and artistic merit of illness narrative, affect theory, which uses as its interpretative tools concentrations on the texture, sensation, juxtaposition, and prosody of a text, offers perhaps one of the richest ways of encountering and interpreting illness memoir and life writing. Excellent books describing affect theory's ability to change the interpretative relationship between reader and writer include Sedgwick's *Touching Feeling,* Marco Abel's *Violent Affect,* Claire Colebrook's *Death of the PostHuman,* and Brian Massumi's *Parable for the Virtual.*

21st Century Narratives of Mental Illness

If the early writers of illness narrative in the United States saw the imperative to write as emerging out of a response to and against the consolidation of power in accepted mainstream media and academic discourse, the writers of narratives of mental illness in the 21st century have found their aims more diffuse, especially as women writers grapple differently with the often gendered nature of their struggles.[12] Part of the issue perhaps emerges from the clouded nature of mental illness itself—both its obscure etiology and the reality of suffering that often occurs out of sight, hidden from the body's surface—and how its medical and cultural histories have been entangled in the vexed, concomitant histories of gender, race, and class, to be sure, but also in that of work and leisure, art and genius, the forces of evil and divinity. Furthermore, at the same time that public space and funding for art and literature outside of the academy was disappearing, the political elite has begun to co-opt the emotional affect of the narratives produced by those on the margins.[13] Reagan's silence and moral stiff upper lip throughout the AIDs epidemic has given way to a rhetoric of compassion mobilized to achieve the various ends of the George W. Bush, Obama, and, now, Biden administrations, the rhetoric of rage seized upon during Trump's tenure notwithstanding.[14] Meanwhile, the critical academy sees itself evermore divided in what Jurecic calls the attempts to trace the battle lines in discussions of narratives about illness between "the dispassionate critic who

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[12] For an excellent examination of issues of gender, misogyny, and sexism as it relates to diagnosis, the medical industrial complex, and illness, see Maya Dusenbery's *Doing Harm: The Truth About How Mad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick,* Caren Beillin's *Blackfishing the IUD,* and Sarah Fawn Montgomery's *Quite Mad: An American Pharma Memoir.*

[13] Books that further elucidate the relationship between gentrification, lack of arts funding, and the consolidation of intellectual and artistic production within the academy at the same time as political leaders have begun to appropriate "radical" academic thought for their own climbs to power include Matilda B. Sycamore's *That's Revolting! Queer Strategies for Resisting Assimilation,* Sarah Schulman's *The Gentrification of the Mind: Witness to a Lost Imagination,* and Joe Kennedy's *Authentocrats: Culture, Politics, and the New Seriousness.*

[14] See Jurecic's discussion of political co-optation of life writing techniques in *Illness as Narrative* and also Pankaj Mishra's examination of the Obama administration's efforts to double down on neoliberal individual models of labor, education, and striving in *Age of Anger.*

is suspicious of art that elicits sympathy or empathy" and the "empathic critic who seeks to acknowledge the suffering bodies at the center of art" (13). Furthermore, this split on the "correct" values of writing, reading, and interpreting narrative has occurred just as long-obscured debates about whether our entire understanding of mental illness has been predicated on bad science and corporate-greed driven models of psychiatric treatment have entered more public purview. As scholar Nikolas Rose writes, "The evidence supports the conclusion that much contemporary mental ill health in the Global North has its roots in increasingly unequal societies and in the rise of government strategies to reduce the size and scope of welfare provisions to promote the idea that individuals thrive best when they are encouraged to improve themselves through work, and to maximize their quality of life through consumption" (52).[15]

How does a woman tell the story of her own suffering from mental illness when the very reality of that suffering arises out of sociocultural forces that benefit from the continued narrative of that suffering as particular, individual, and unique to her, or else unique to her gender? Women writing memoirs of mental illness in the first two decades of the millennium have been divided in their attempts to address this question. Outside of the academy, women—usually white, usually benefiting from the support of independent, familial, or celebrity wealth—have produced narratives of what scholar Leigh Gilmore calls neoliberal striving: In these tales, the narrator begins with the revelation of a harrowing experience with mental illness—the gritty details of a life revolving around the accoutrements of bulimia's binge and purge cycle, for example, or the descent into depression arising out of an unhappy marriage, postpartum period, or work situation—and the book tracks her

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[15] Rose published *Our Pyschiatric Future* a year ahead of the 2020 pandemic. His comprehensive and damning overview about psychiatry's overreach and obscuration of the complex web of individual, sociological, and political roots of mental ill health is an important analysis of the mental illness "epidemic" we find ourselves in, and how those suffering might begin to change the course of narratives about mental ill health, social adversity, and neoliberal capitalism itself. See also Emily Martin's *Bipolar Expeditions* and Susan Bordo's *Unbearable Weight* for complementary analyses focusing specifically on the diagnoses of bipolar and eating disorders.

progress out of the depths of mental anguish through the wealth-assisted quest for and discovery of a newer, illness-free, "authentic" self. This authentic self often appears at the end of the narrative as one who has embraced her flaws and imperfections as a kind of resilience, whether through an acceptance of a cellulite-prone body, the freedom of divorce, or learning how to "ask for help" with the kids. The canny appeal of these types of redemption narratives that "whisper of true goodness as birthright and destiny," Gilmore writes, "depends on traveling a neoliberal life path of personal redemption that does not lead to political analysis or action" (106). Though the material of mental illness narratives such as Glennon Doyle's *Untamed,* Elizabeth Gilbert's *Eat Pray Love,* and Brené Brown's memoir-adjacent psychology volume *The Gifts of Imperfection* "teem with political material," they ultimately take "pain as material for self-transformation rather than an adequate politics," each ending with the vision of the authentic self, transformed yet obedient within the constraints of a society that rewards women for speaking about their pain, even profiting off of it, if they promise to fall back within accepted lines of polite performance and "the right liberal politics," albeit styled slightly differently from the beginning days of the writing process.

Within the academy, then, women writing illness narratives have found themselves further split in their opposition to the neoliberal striving of their more popular counterparts. Those who have staked their careers to academia's dispassionate stance of critical and artistic suspicion, interrogation, and dismantling often produce memoirs of mental illness that reflect these values, denying both the possibility of an authentic self and of a narrative that attempts to assemble one.[16] Trained to distrust their ordinary motives, or to pretend they are not there for the sake of literary acclaim or belonging, these writers forgo straightforward narratives of experience, trauma, illness,

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[16] Such memoirs often find themselves, too, anticipating the critical response to their work that expects this kind of suspicion. As Jurecic writes of the critics themselves in *Illness as Narrative,* "For scholars trained in such habits of reading, the idea of trusting a narrative to provide access to the experience of another person indicates a naïve understanding of how such texts function" (3).

and desire, in favor of textual play that underscores a focus on the constructivist nature of both the embodied and textual self. But if fragmented, post-modern books like Maggie Nelson's *Bluets* and Jenny Boully's *The Body: An Essay* see themselves as political statements against neoliberal life narrative and America's inadequate response to suffering, they also are perhaps unable to extricate themselves from the politics of an artistic production predicated on paranoia and suspicion, on the one hand, and on the anticipation of how power is accorded and sequestered within a network of academic elites, on the other. For Sedgwick, this "seems to me a great loss when paranoid inquiry comes to seem entirely coextensive with critical theoretical inquiry rather than being viewed as a one kind of cognitive/affective theoretical practice among other, alternative kinds" (126). But if Sedgwick goes on to advocate for reparative writing and reading practices that embrace self-, knowledge-, and narrative-making as a process rife with contradictions *and* possibilities, the other dominant group of women writing illness memoirs within the academy attempt to eschew the hermeneutics of suspicion through an alignment with what Jurecic calls the archetype of the "empathic critic" by centering in their narratives the primacy of the unraveling self, the suffering body. These narratives attempt some of the textual play of their colleagues but, on the whole, assemble a coherent story that ultimately reveals a suffering self unredeemed by transformation, recovery, resilience, or any of the other tools of the neoliberal feminist heroine's journey. Though narratives of this sort strive for a compassionate, adequate politics in place of neoliberal redemption, they often risk a kind of gendered and sometimes racialized essentialism of suffering: Here, a reader often finds mental illness, rather than true goodness, conflated with the true birthright of woman.[17]

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[17] Nietzche's analysis of resentiment bears noting here, as well as Sedgwick's discussion of how paranoid critical and artistic practices often emerge as anticipatory, self-protective efforts on the parts of communities who have experience state violence and marginalization, and so what seems like an attempt to dislodge the hermeneutics of suspicion instead reinscribes it into the text that anticipates what it needs to perform and assert in order to succeed critically. Sedgwick writes, "The unidirectionally future-oriented vigilance of paranoia generates, paradoxically, a complex relation to temporality that burrows both backward and forward:

Books like Esmé Weijun Wang's *The Collected Schizophrenias* and Porochista Khakpour's *Sick* often eloquently trace psychiatry's history of misogyny, eugenics, and bad practice as well as reveal the racism and sexism entangled in critical and artistic practices within academia. Yet they find themselves performing a kind of shrug at the narratives' ends as they take refuge in the legibility, relief, and paradoxical power accorded through an uneasy capitulation to diagnosis and the fear-inducing madness of the self.[18] "There might be something comforting about the notion that this is, deep down, an impeccable self without disorder, and that if I try hard enough, I can reach that unblemished self," Wang writes. "But there may be no impeccable self to reach, and if I continue to struggle toward one, I might go mad in the pursuit" (56). Here Wang swaps Lorde's willing, terrifying journey to "a deeper self" for a refusal to pursue an "impeccable" one. An understandable trade—one that anticipates the scholarly suspicion of pursuing anything that seems to shed light on the truth of the self at all. And yet one wonders about the potential for a narrative of mental illness that unabashedly—sometimes unevenly—seeks a deeper self even as it critiques the sociological conditions that chain such a search to chaos, failure, and the perpetuation of illness in the first place. Recent mental illness memoirs such as Terese Marie Mailhot's *Heart Berries* and Johanna Hedva's *Minerva the Miscarriage of the Brain* seem to come close as they consider selfhood, mental ill health in the process of writing, in the words of Mailhot, "truth [that] doesn't appear exact but approximate" (109). Both have provided a path forward for *No Easy Way Out* and so both will be more extensively

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because there must be no bad surprises, and because learning of the possibility of a bad surprise would itself constitute a bad surprise, paranoia requires that bad news be always already known" (130).

[18] In his chapter "If Mental Disorders Exist, How Shall We Know Them?" Rose details the expectation for and relief from receiving a mental illness diagnosis. Other than legitimating ailment, diagnosis "provides a language for speaking of our distress, making it thinkable in a way that also provides some kind of account of its nature, origins, and likely implications," Rose writes. "The diagnosis enables a story to be created about it—what has led to it, what it is, how it will be treated, what the outcome might be, how it can be spoken about with family, friends, employers, and others. No wonder patients and their families sometimes become attached to their diagnostic labels, and protest if for some reason they are eliminated altogether from the official psychiatric lexicon" (74).

considered here.

Published in 2018 and 2020, respectively, *Heart Berries* and *Minerva the Miscarriage of the Brain* are slim, tightly wound volumes that reveal the authors' struggles with mental illness as impediments to and inspirations for their art. Affective, genre-bending, chaotic texts whose techniques of juxtaposition, mythic flight, and circuitous revelation establish clear connections to Lorde and Wojnarowicz' memoirs several decades earlier, Mailhot and Hedva's narrators refuse the neoliberal self-redemption of their popular counterparts, the suspicion of their contemporary "Derridian outbursts turned topiary,"[19] and the rational self-monitoring of still other literary mental illness narratives. Moreover, through the books' considerations of angry motherhood in tandem with themes of mental illness, they refuse to shy away from an earnest quest for expanded consciousness, as well as for a multitudinous, reparative legacy in place of a harming/harmed one. "Names, words, money, time. The moon, magic, my mother," Hedva writes into and dismantles the constructed binaries that, in their past, have called them either "mentally ill" or "artistically genius." "The weight of truth is given to some of these and not the other. Depends on the place, of course. In some places, the moon, magic, and my mother are sovereign, they are miracles and they are also food, regular, ordinary, nightly food" (165). Determinedly drawing wisdom from pain, from nonsense, from the narrators' harmful entrenchment in their own mental illnesses, *Heart Berries* and *Minerva the Miscarriage of the Brain* dwell in explicit, lived experience; the personal here is both a revelation of how mental illness shrinks a world down even as it arises from the crushing histories of whiteness, family dysfunction, class, and American neoliberal values of work and meritocracy. Both women of color writers who gained admittance to and successfully completed MFA programs, Mailhot and Hedva both raise questions about the entanglement of whiteness with the kind of institutionally backed

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[19] As one reviewer called Jenny Boully's *The Body: An Essay.*

artistic production that anticipates the interpretative, critical, and value-assigning practices currently deemed as sophisticated and thus backed by scholarly power themselves. “My mindlessness became a gift,” Mailhot writes. “I didn’t feel compelled to tell any moral tales or ancient ones” (5). And Hedva, tenderly self-critical as they examine the artistic impulses of the work they produced during their MFA: “I wholeheartedly believed that I could make a neutral, ahistoric ground upon which the work could emerge, newborn, pure, limitless. How beautiful and stupid youth is” (4). From these resounding beginnings, then, the texts dwell in paradox over paranoia, possibility over politeness, a comfort with writing into mental illness’ personal horror and political hopelessness, and how the act of reflection changes—as if by magic, if only for a moment—the subject reflected upon.

“What I feel struck with is something smaller, in a less impressive world,” Mailhot writes in the first epistolary letter of *Heart Berries,* as bipolar, PTSD, and bulimia diagnoses have landed her within the white-washed walls of a psychiatric institution. Writing to the man she loves, will be treated poorly by, will abuse, in turn, and eventually will marry, Mailhot here links her illnesses to the history of white colonialism, misogyny, and genocide that she and her Native women ancestors have faced on the reservation. But she also troubles that link too with the feeling of “something smaller” and “less impressive.” If writers like Wang ultimately seek solace in legibility of diagnosis and institutional care, Mailhot wants to stay with the confusion and rage that the care of white, Western rational progress brings, how it ultimately disconnects her from her own matrilineage, however “crazy” and sometimes ineffectual it may be: “My illness has carried me into white buildings, into the doctor’s office and the therapist’s—with nothing to say, other than I need my grandmother’s eyes on me, smiling at my misguided heart. Imagine their faces when I say that” (18). Throughout the book’s elliptical returning to questions of mystic legacy and contemporary illness—Mailhot’s attempts to negotiate her desire to at once feel connected to and empowered by her mother’s world of Native intuition and healing as well as to critique the harm passed down to her through Native mother and White oppressor—the memoir allows the narrator to seek the kind of "deeper self" that refutes inherited binaries of sickness and health, mind and body, subject and object, perpetrator and victim, mother and monster. Writing from within the confines of a thousand prisons meant to pin the narrator down—the Native reservation, the white treatment center, marriage, an MFA program, motherhood—Mailhot instead embraces the paradoxes each says she cannot be: "I couldn't distinguish the symptoms from my heart. It was polarizing to be told there was a diagnosis for the behaviors I felt justified in having," she writes. "And then, I knew some part of my disease was spiritual or inherited" (70). This complication of symptom and "heart," behavior and "inheritance" rejects both binary discourse about madness and sanity as well as the emphasis on linearity and logic within the white academic canon of cultural production and narrative. Mailhot's construct of confused affect, as a force imposed upon her by culture even as she locates its origins within her particular past, is also cinematically tied to her own experience of mental illness—what she calls her "mindlessness," what affect theorist Brian Massumi might call her ability to tap into the gap between the content and effect of affect.[20] "What comes out here is that there is no correspondence or conformity between quality and intensity. If there is a relation, it is of another nature," Massumi writes of the autonomy of affect (84-85).[21] This "of another nature" quality of the narrator figure seeking self-understanding even as that search implicates self, society, and language in the ability to wreak havoc reveals a dedication to difficult truths, a resistance to transformation that doesn't wrestle with them, and an attempt to throw off the hegemony of rational writing and "correct" readings of art, history, affect, mental illness, women. "We are unmoveable," Mailhot writes at the end of "Indian Condition," mediating on the presence, intensity, and endurance of her grandmother,

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[20] This is the idea that affect is "corporeal but non-cognitive, as elucidated in "The Autonomy of Affect" and also Claire Colebrook's analysis of that essay in *Death of the PostHuman, p. 84.*
[21] Ibid, p. 83-109.

her mother, the Native women she grew alongside, and herself, "Time seems measured by grief and anticipatory grief, but I don't think she ever even measured time" (6).

In their collection of essays, poetic fragments, drawing, and photographs, Hedva demonstrates, too, a desire to mine a decade's worth of artistic production and mental illness for an "unmoveable" sense of self that both embraces and seeks to remake suffering's central role. Like Mailhot, Hedva announces their mental anguish at the start of *Minerva the Miscarriage of the Brain*, though they refuse to speak in psychiatry's specific terms: "my experience felt entirely unwilled, so I had to have myself tested" (5). Just as *Heart Berries* moves through the logic of juxtaposition, ellipses, and sensation, so too does *Minerva* operate through list, myth, surprise, and misbehaving. Essays about performance art morph into elegies for Hedva's miscarried child; prose reflecting on the entanglement of neoliberal capitalism and psychotropic medication gives way to poetic lists connecting thoughts about self-harm, mysticism, luck, and genderfluid joy, which, in turn, gives way to a photograph of Medea's shopping list from one of Hedva's performance art pieces during graduate school. If in *Heart Berries* Mailhot seeks to critique as well as understand the Native spiritual traditions that offer different interpretations for her illness and different ways of telling her story, so too does Hedva in *Minerva* draw on Hellenistic traditions of mysticism, astrology, and the occult as sources of irreconcilable pain and wisdom, "miscarriage" and "Minerva."

And motherhood, too: the daughter of a Korean-American father who tried to negotiate the conflict of his identities through assimilation, and a white, working-class mother who practiced witchcraft and died, young, troubled, and alone, Hedva seeks solace in mystic experience that provides nurturance, understanding, and inspiration adjacent to that of the family, art school, the American healthcare system. Rejecting suspicion of these mystic encounters and the multiple, deeper selves they initiate—"think of an art practice as a life in mysticism" they say, as if with a wink—*Minerva* ends with mental illness as paradox, as dream, as work, as art, as necessary, as problematic, as alien, and yet with the self as more deeply all of these things, too. "*Minerva the Miscarriage of the Brain* was not born as a book, she was not conceived at all. She springs from my head motherless," Hedva writes. They continue a few lines later:

> The book you hold in your hands bears little resemblance to that first manuscript… I don't think it's my responsibility to know what it's become, what it is, only that it is, that it has been. There is sleep, there is madness and mysticism, the horror of living that is transcendent and banal, always both ineffably together, and waking up to this each day summons its own music (166-167).

Both toying with and lovingly updating the notion of "the whole self" from Socrates, Plato, and the Greek philosophical canon, Hedva's memoir of mental illness reveals a unique stake in both textual play *and* in writing from embodied positions of history, family, profession, and politics.[22] By constructing memoirs of mental illness that refuse either narratives of neoliberal self-redemption or those of paranoid self-disciplining, Mailhot and Hedva interrupt both popular and academic understandings about the values and failures of contemporary illness narrative. They instead offer a vision of Sedgwick's reparative writing and reading of the self while also providing readers the opportunity, in the words of Jurecic, "to contend with culture in ways that do not skirt conflict or conceal tension" (122).

No Easy Way Out does not want to tread always, then, in evenness and depth, intelligence and rationality. Nor does it want to do away entirely, with the pursuit of wholeness, with narrative as

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[22] Susan Bordo, in her book *Unbearable Weight,* writes admirably on the tensions inherent in "postmodern subjects" in the chapter by the same name. She discusses how theorist bell hooks and therapist Jane Flax in their own "acutely postmodern" books "self-consciously and deliberately inhabit a variety of locations" while offering insights into "womanhood" that "emerge grounded in experience," Berkeley: University of California Press, 2004, p. 285. I'd argue the memoirs considered here enact something similar in their considerations of mental illness and selfhood.

a chance at reparation, with fragments as signs that point its narrator to something deeper.[23] Instead it seeks to raise questions as interruption, including: What would it mean to write from within whiteness, the dysfunction of family wealth, the academy, not to naïvely affirm or escape them but instead to shatter their margins? To marinate in the "honey reduction of the ugly," as Mailhot says, or, to write most of this book in my sleep, in the words of Hedva, "to write as soon as I wake, but it is through writing that I fully awaken" (164). To push the bounds of suspect belonging, to inquire into everyone's eventual onerous citizenship in the night side of life, to go deeper into what it has meant that I've made my home there all these years? To examine how illness was illness, yes, and, too, how illness was mask, was power grab in the same self-effacing way white, educated women have often tried to critique patriarchal systems of power and domination while trying to ascend the ranks all the same?

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[23] See Sedgwick's discussion of textual signs, koans, and fragments in"Pedagogy of Buddhism" in *Touching Feeling.*

Reflections on *No Easy Way Out*

I also began writing *No Easy Way Out* for more intimate, "daily" reasons. My baby was sick, and I was sick, and I was so angry, too, at all the sickness, and the not-knowing. I was so scared, all the time, every evening doubled over on the yellow-painted floor beside the washing machine, not doing laundry, not hurting myself, though in the past this was always the spot where one of those two things occurs. I began writing this manuscript as I had first begun writing in the wake of a miscarriage: by long-hand in my personal journals, using Tarot cards as guides, interlocutors, interrupters of old patterns of thought. I was tired of being afraid of becoming a cliché or being seen as naïve. Those things, it finally seemed to me, would be better than not becoming anything at all, no matter the critique of a straight white lady with a baby, a husband, a house, and a graduate degree using queer theory, radical feminism, and mysticism to get her on the page. For all of my confused senses of self and complicated feelings about narrative, one thing I know for sure is that I want to be a writer. The act of becoming one, every day, through Tarot cards and morning pages, has led me deeper into myself, more unwilling to flinch at the contradictions and fragility I keep finding than I ever have been. In the titular essay of the dissertation, I write about this process of transformation as one that doesn't inspire self-acceptance so much as a bald joy: "It looks much less grand than I assumed it would be, and yet, it still takes my breath away to take stock of my life's work over the past three years, every little morning stacked lovingly on top of the next, no matter the feelings, no matter the world, sometimes I can't face the joy it has brought me without weeping…" So much feels hidden from me, but in the Tarot and astrology—and experience of mysticism that first led me to them—I've found a way to make meaning of desire, a way to think about, as I believe Hedva called it, language as divinatory act. *No Easy Way Out* has attempted to trace how my desires have been linked to my suffering, how my privileges have been rife with contradictions, and to interrupt my own normative understandings of selfhood, illness, narrative, and art. The baby got sick, and the doctors didn’t know why. The baby got better, and they didn’t know much about that either. “I guess you can say this is where medical treatment is more of an art than a science,” the pediatrician said. I guess so, I think I said, wanting more than that, and also knowing it was one of the truest things she ever said.

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