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Tragedies, Transgressions, and Transformations: Memory, Suffering, Pain,  
and Recovery Culture

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A Thesis

in

The Department

of

Communication Studies

Presented in Partial Fulfillment of the Requirements  
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## ABSTRACT

### Tragedies, Transgressions, and Transformations: Memory, Suffering, Pain, and Recovery Culture

Cathy Busby

In this study of the movement of private pain into public spaces, I have analysed the interests that inform pain discourse and have investigated and documented understandings of pain and how the telling of it has been received.

Pain is felt within the confines of the body. In the process of making sense of pain stories I both walked with people in pain to document first hand accounts and inserted textual analyses of pain mediations. This study of recovery culture is informed by historical and current self-help literature. This enabled me to understand ways pain has been constructed in public discourse.

One site of this analysis is the recent debates of child sexual abuse. Another is the development of the autopathography investigated here as a regularity and a way of reinhabiting the space of pain in public discourse. This thesis proposes expanding public spaces for pain through juxtaposed categories, developed out of my research and experiments in the visual arts.

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Part of what this dissertation consists of is a study of the interface between the circulation of ideas about pain, and people's pain as it is known by the sufferer in a day-to-day way. I am grateful to the Alcoholic Anonymous groups who graciously welcomed me, to the staff at HarperCollins Publishers both in New York, and to the many individuals who discussed their pain with me.

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During these years, Dr. Martin Allor worked through the tricky balance of enough criticism to get it right, but not so much that I would be overwhelmed. He also blended intellectual challenge with emotional support and practicality, "Yes, Cath, you can do that part in a day..."

I am grateful to the many friends who have shown interest in my work, and stayed close and available to me through the process. I'd especially like to thank my family, particularly my mother, Norah Busby, and my sister, Miriam Busby, for being there.

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## **CHAPTER 1:**

### **Introduction of Problematic, Theoretical Framework, and Chapters**

I began this project wanting to understand how representation of emotional distress in popular culture were related to how people feel and act in pain. It was a question that permeated my life, a question somewhat motivate by the shortcomings of recovery culture, therapy and self-help books n my own experience. I remember in the Doctoral Forum showing slide of painkiller ads and covers of self-help books and using textural analysis to explain how they might be a corpus for study. This is where I started.

In dealing with pain in my own life, I felt conflicted about the modes of pain relief available. The vocabularies seemed limited and restrictive and I wanted to explore and understand the available categories and their applications. [the separation of body and mind, the emotional rags to riches narrative.

Pain research takes place in sociology, philosophy and the science and these are often separate from lived pan. I wanted my work to contribute to developing communication discourse on pain that would take into account various perspectives, moving in and out of lived pain and its mediations.

Before coming to graduate school, I was trained as an artist and had been working as a curator of contemporary visual art. Part of my motivation for doing my MA was to make sense of curating in an art institution, thinking about how resources were allocated and how the discourse was determined. I had chosen video art as my site, a relatively recent medium to be validated within the art institution and the area at the time that I was most personally

invested in. And it seemed to me that the most solid artifact from the art institution that documented its priorities was the exhibition catalogue production. Discourse analysis had allowed me to map out the interests and practices involved in the production of these objects, and with the tools of textual analysis I was able to do close readings of them. But there was another layer of motivations and interests underlying this production which influence their content, and these factors weren't knowable through these forms of analyses. In order to understand them, I would have needed to talk to the people involved. In this dissertation I took this step, talking to people who influence certain aspects of the public discourse on pain, as well as examining publicly accessible texts; self-help books, autopathographies, and new accounts.

The process of this dissertation was one of being with people's pain, accounting for my own, as well as analysing texts. The title, *Tragedies, Transgressions and Transformations: Memory, Suffering, Pain and Recovery* hints at the sliding dramatic, hyperbolic and multiple ways that pain is contained in contemporary culture; real tragedies and their mediation, transgressions of the dominant pain discourse and transformations of the emotional self. I wanted to understand how emotional distress and recovery are continually reformulated.

To do this, I chose a variety of sites that include the self-help book as historical document and contemporary manual. Harper Collins publishing house and interviews with staff involved in different levels of book production and dissemination there, AA meetings and interviews with participants, a case study of someone in AA recovery, the discourse of child

sexual abuse, the memoir or autobiography that deals with on-going suffering that I have called autopathography, my subjective accounts of pain, and several contemporary art projects. In the conclusions, I name the recurring threads in my research and writing practice including the peripatetic experience and the book as an authority, as container of life stories, as archival document, and as iconoclastic.

By using discourse analysis as a guiding principle, I allowed a creative construction process to go on in the organizing of the material. I wanted to tell a story through recovery culture to look at contemporary players in the self-help publishing world, to looking at victim and survivor identities. In putting together the stories, I looked at recovery culture, then focused in on a particular book and its controversy, and the emerging identities. I used discourse analysis to frame my project and structure the flow, and I used ethnographic methods to come face to face with my subjects. In Chapter Three, I am trying to hold onto those threads, to go further with the limitations of mass-produced emotional identities that result in victim to survivor discourse. Autopathography is a response to the narrowness of victim, survivor identities, and in that section, I am using textual analysis. In the final chapter I account for my own interventions - orienting research methods through my pain. This chapter, in part, is an account of my active response.

My dissertation includes an unusually wide variety of different research paths, rather than my pursuing data and resources within a single discipline or site of research. Pain has been given a multiplicity of definitions, and much of the most influential research has looked at pain from an objective

standpoint. One example is the McGill Pain Questionnaire, which boils down pain descriptors like torturing, gnawing and wrenching to a numerical score. These frameworks capture pain in a way that may be useful for some purposes, but not adequate to account for the full experience of individuals in the variety of physical and psychological pains that they suffer.

Objective research tends to privilege regularities of experience, things that individuals have in common over individual differences and unique experiences. Art works, on the other hand, tend to focus on the individual and privilege aspects of experience that are unique, unshared and in need of description for which existing discourse may not be adequate. My experience in the visual arts led me to have an interest in the contribution of these individual narratives or explorations, the way that they can fill in the blanks that are left by other modes of examination. I had an interest in finding that many sites and aspects of pain discourse rather than privileging only those that are more readily accessible. The artists' projects I looked at were not concerned with gaining a mass audience and so the generalizations that are made with mass market publishing are not part of how art production is developed. It is for these reasons that, in my concluding chapter, I discussed the contribution of artworks on a par with other information I examined. Ethnographic research, in which I talked to and spent time with individuals in pain, was another way of uncovering narratives that may have been glossed over, left out, or simply missed by other modes of inquiry.

In looking at how the features of individual experience have been obscured by objective research on pain, it becomes obvious that we need to look at how the whole discourse of pain is structured. This is especially true because of the

way that a public pain discourse influences the subjective experience of, and accounting for, pain. This is why I have applied the multiple methodologies to this analysis.

I was looking at ways the categories of emotional pain were internalized and expressed without seeing it within a single structure such as AA. Part of my concept was to move across sites that were both representational and experiential. Constructing the autopathography and spending time with Teresa were two different ways of gathering data on modes of recovery. In looking at mediations, I used the ethnographic research to understand the construction of mediations. Crossing back and forth between these was necessary in understanding how people expressed what they felt to increase or relieve pain, for example how Teresa's use of text informed her way of talking about her pain.

When I looked at the controversy on recovered memory I found an instance of extended mediation of a specific pain in popular culture. The participants, who are stakeholders in the mediation, are literally battling out the question of how the pain around child sexual abuse will be mediated. The recovered memory debate is something of an exception to the rule. The bearers of pain often have insufficient opportunity to contribute to the construction of the discourse. I began my project with the idea of pain being worked with as an object of study. As someone in pain, I found this objective approach difficult to take. I was more willing to bear the subjective approach and to engage with the experience of other sufferers. The therapeutic model, like the objective research framework, maintains a distance. I decided to reduce the distance, to walk with people in pain. I saw myself as more of a participant in

communities I was engaging with than the therapeutic model, or the model of impartial researcher, would allow.

What I found through my ethnographic research, particularly with AA participants, was how these categories determine how pain is talked about. I saw the excess in how people spilled out of these categories, such as survivor of child sexual abuse, or recovering alcoholic.

As part of understanding the experience of people in pain, I sought our life stories, extended accounts of individual pain and how it fits into the overall context of a life. Authopathographies, like Roseanne's or Dennis Rodman's ,are a place where the individual narrative that I examined in my ethnographic research come together with public mediations. These narratives, unlike those of the individuals I spent time with personally, have been packaged for consumption and subjected to the publication decision-making process, but at the same time they offer an outlet for some degree of pain deviation or surplus. Roseanne and Rodman are able to offer the individual details of their own stories that don't fit with the standardized public narrative (e.g.. Rodman's cross-dressing or Roseanne's tummy tuck as pain reliever). Since these narratives are widely accessible, they will contribute to the content and shape of public discourse.

In the actual writing of the thesis I preserved the traces of my subjective and personal approach, of the relationships I formed with people and what I (sometimes) disclosed to them about myself. I felt the inclusion of these process factors in my thesis would establish grounds for negotiating a different kind of relationship, not only with the people I studied, but also

with my reader. We all know pain, and rather than foisting on my reader still another pain discourse that has been formed under conditions unknown to the reader, I chose to expose the influences that shaped the views that I have presented. This also informs the structure of the dissertation. I let it permeate the research framework. I hope that this disclosure helps my readers to evaluate my research procedure and conclusions and also to see themselves as participants in an on-going process of shaping adequate ways of talking about pain.

This dissertation is concerned with mediations of emotional pain and ideas about how to manage or alleviate it in light of competing discourses about how to feel, and an industry that produces ideas about how to reconstruct emotions in order to feel better. The relationship between the expression of feeling and its circulation in public discourse is mutually informative. Self-help books are produced to meet the needs of the consumer, and their production concretizes this problem in public discourse. Publishers evaluate self-help book buying trends and produce books that will meet demand. At one level of analysis, recovery is defined in commodity terms of production and circulation of self-help books in public discourse. The self-help book informs the reader of the emotional condition, and the reader/buyer owns this signifier. Readers invest in the book as an aid to feeling better and the market produces what sells. Meanings are produced and circulated between readers/buyers and publishers, and the market mirrors emotional needs at a particular moment, while the self-help book is a holding place, a repository for proposed problems and solutions.

The dissertation begins by defining recovery culture through self-help literature since 1945. The focus of the review is on mediations of emotion and feelings, examining the interaction between consumption of pain and recovery discourses showing how they inform each other in producing, defining, circulating and marketing emotional pain diagnosis and relief through books. Self-help books may be thought of as the product and residue of a process that involves a complex network of economic, market, and normative behavioral interests. They interpret, commodify, and market painful stories within consumer culture. The relationship between production and consumption is also informed by public events such as pivotal legal cases and media stories making a specific emotional problem a social one, as with child sexual abuse. This discursive formation is a means of analysis of a culturally specific politics of feeling.

I have chosen to map a discursive analysis that includes popular culture and contemporary art and curatorial practice. Contemporary art discourse provides a language for reinvention, along with visual analysis and the theoretical space for this analysis of social relations, a productive addition to the standards and practices of social science. There are numerous simultaneously disparate events, practices and personal struggles that I am trying to connect in this dissertation. I ask, "What is representable pain within this discursive formation?", "What are the absences in mediations of emotional distress?", "How is pain contained and understood in popular culture?", "How do particular recovery narratives become validated and dominate recovery discourse?", "What are the political stakes in naming emotional conditions?", "What kind of identities emerge out of such public discourse?", "How does public discourse inform the construction of feeling?",



"How and where do discourses of recovery, survivorship, and suffering emerge in popular culture?"

In the course of developing this work over the past six years, I have built an archive of mediations of emotional suffering and recovery. This network grew as I organized the material I was gathering, mainly from popular press, about self-help, recovery and therapy. Underpinning this process is my relationship to feeling and acknowledgment of its mediation through public discourse, as someone who is attentive to how I feel, eager to talk about feelings, and often in need of support, searching for ways to feel more comfortable in myself and less anxious, overwhelmed, or depressed, states in constant internal negotiation.

This dissertation is motivated by a desire to make sense of cultural understandings of pain, particularly emotional distress. I've been frustrated by the way talk about pain closes or contains it, with popular expressions like, "get over it." This research and writing was a process of working through my pain and seeing it in relation to cultural discourses. At the outset, my personal process of relieving distress was more developed through psychotherapy and an array of physical and psychological treatments. My professional and academic processes of investigating the formations of pain discourses followed.

Analyzing the practices of recovery discourse and its practices is a way of making visible its multiple forms, language and locations. The research began with my interest in pain discourse generally, and an idea of collaboratively producing an artists' book on the subject, which evolved into an anthology

entitled *When Pain Strikes* (Burns, Busby, Sawchuk, 1999). At the time, I had several years of experience of undergoing psychotherapy, and was aware of how I had changed myself through it. I wanted my contribution to be in the area of mediations of emotional pain. I was a satisfied customer, guided through emotional difficulties and assisted in finding ways of telling my stories, emotionally transforming myself in order to feel better about my life. In my experience of recovery culture through therapy there was a connection between the one-to-one experience, and self-help literature. A book might be recommended by a therapist, or books in the room suggested the interests of the therapist.

As a child I remember my father in his study surrounded by his floor to ceiling book shelves. I don't know exactly how they were organized. The titles on the spines were like miniature narratives; a kind of wallpaper to me. He was in a helping profession as an Anglican minister and these books guided him with understanding Christianity (*A Pastoral Preacher's Notebook, Christian Ethics and Social Policy*), counselling and teaching (*Psychotherapy and a Christian View of Man, A Priest's Work in Hospital, Making the Adult Class Vital*), thinking about progressive political change (*A New Radical's Guide to Economic Reality, NDP The Dream of Power*) and his emotional and spiritual searching (*The Saving Person, The Struggle of the Soul*). I don't know exactly how he used them. I didn't often see him reading, but I imagine he read a few pages at a time to help him think about the problem or comfort others, or provide inspirational words for audiences, which he had to do frequently. I always understood his non-fiction collection, including self-help and inspirational books, to be important and necessary to him. Since his death in 1994, these books are a way I remember him. I have selected some

and made them into an archive. Through these books I remember him - what he was like, what he believed, his struggles. Creating an archive from these books alerted me to meanings produced in groupings of books.

My mother's emotional distress and extended periods in psychiatric institutions was my first experience of how pain is medicalized and what I saw was her confinement and punishment for not being able to function emotionally, as if she were to blame. My work is motivated by the belief that moving private pain into public discourse can work against the tendency to silence it. For most of my life, I needed to forget painful periods because of feeling that those memories were destructive and unproductive. However, I believe that this remembering is part of dissipating pain.

For an installation entitled *Self-Help Library* for the New Museum of Contemporary Art (1994), I gathered a self-help book collection. This art installation was presented with *Visiting Hours* by Bob Flanagan, a performance artist who practiced sado-masochism as a means of self-treatment for cystic fibrosis, a protracted and terminal illness. I did this work six months after my forty-year old brother died. Being with my brother and witnessing the process of body disintegration was familiar to me and perhaps helped with my mourning. In this exhibition, Flanagan put loss of physical health into the public domain. Alongside it, the *Self-Help Library* was a place for the museum visitor to reflect on self-help. It presented a context and history of self-treatment as found in self-help books. Visitors nodded with recognition of titles, and recalled stories of being given a book under particular circumstances by a friend or relative, sometimes laughing at the recollection. The *Self-Help Library* was the beginning of my curatorial work of

recognizing the potential of creating a social space to facilitate connections between books and visitors, and between visitors themselves. It was also the beginning of my work of transforming the modernist space of the contemporary art gallery, into a dialogic one. In *Where Does It Hurt?*, a project that I will discuss in Chapter Five, I experimented with the art exhibition form as a way to investigate overlapping sites of pain and reflect on how they have been culturally divided, separated into physical and psychological, or medical, artistic, or sociological. For this exhibition, as with the dissertation as a whole, books have been a central source for documentation of pain and ways of dealing with it. *Where Does It Hurt?* included books about pain from many perspectives: medical textbooks, artists' books and self-help books. Whereas self-help books and autopathographies are another indication of the limits of dominant models, artists' books offer ways of approaching pain that are not limited by conventional categories and divisions.

### **Theoretical Framework**

There are particular methodological challenges facing the analysis of discursive constructions of emotions because much discursive analysis looks at language and its use, assuming that discourse can exclude the processes of constructing emotions and feelings. However, discourse analysis allows for the view of networks of interests and their intersections, providing a localized picture of social conditions. Through analyzing concrete forms, the researcher raises questions as to how specific existing knowledge formations inform the construction of a discourse. It is a practice and process that begins by asking pertinent questions to define political stakes and explore epistemological assumptions. This form of analysis suggests that there are

knowledges rather than Knowledge, rationalities rather than Reason, truths rather than Truth, and micropolitics rather than Politics (May 1993: 2). In a general sense, it is a hermeneutic concerned with political enunciation and who has speech. In doing research that attempts to account for the mediation of feelings and emotions I have chosen to work with discursive analysis because it is concerned with the intricacies of power and its circulation.

The domain of analysis includes objects that do not necessarily resemble one another and are publicly available. The objects that make up the corpus are connected in a network, and used to answer questions about social relations of power/knowledge. This complex arrangement of forces or tensions is the *dispositif*, or apparatus:

...a thoroughly heterogeneous ensemble of non-discursive elements - statements, writings, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions.  
(Foucault 1980: 194)

In my work the *dispositif* is composed of self-help books, the earliest subject indexes from HarperCollins Publishers, published testimonials, interviews with workers involved in book publishing, interviews with recovering alcoholics, HarperCollins employees, self-help browsers, field notes from Alcoholics Anonymous meetings, a disrupted lecture about repressed memory, journalistic accounts of the repressed memory debates, celebrity accounts of suffering and recovery in books and articles (autopathographies), my memories of emotional struggle, art exhibitions related to the organizing of an archive, and artists' books related to pain. Through the network that they comprise, I tell a story about recovery culture.

A discursive construction is a genealogy, as Foucault came to call the collection and analysis of various kinds of historical materials, including specific and local memories. In the genealogy, the researcher works within the tensions of the social practice being studied, which distinguishes it from the earlier conceptual frame of an archeological approach. Genealogies can also be thought of as requiring the work of "specific intellectuals" (May 1993: 6), those who focus on particular sets of intersections, rather than beginning with universal claims. Foucault speaks of genealogies as an anti-science, reconstructing the order of power, divesting "globalizing discourses" (28) in favor of local, intimate views of power. Recovery discourse is a locale that illuminates a set of power relations as they inform the construction of emotion and mediate feeling. For the embodied researcher there can be no exterior space from which to analyze discursive constructions of emotions and the senses. The body of the genealogist is presumed to feel, while analyzing the conditions for the production of emotion. The work of Anne-Marie Fortier (Fortier 1996: 303) is founded in this embodied approach. She brings her autobiographical accounts into the text of entering an Italian Catholic community. She is French Canadian and Roman Catholic, and she has lived with a number of traditions she is observing, as she attends numerous functions and gets to know members of this particular community in London. Out of her observations she makes claims about, for instance, subtle processes of subjugation that she, as a woman in this community, became part of (314).

Foucault began his study of the subject by analyzing objectification through "dividing practices" (Rabinow 1984: 8), a technique of domination found in the study of prisoners and mental patients resulting in binarisms such as

normal/abnormal, sane/insane. Later he analysed the process of “scientific classification” (8) problematizing the discourses of labour (analyses of economics), life (analyses of natural history and biology), and language (analyses of philology and linguistics). In the third mode, “subjectification,” (11), the person is actively involved in self-formation. The process of self-understanding is mediated by an external authority figure, the priest or analyst, and the process takes place within the body, soul, thoughts, and conduct. The role of the confessor or psychoanalyst figures significantly, both historically and metaphorically.<sup>2</sup> Subjectification surpasses dividing practices and scientific classification as a more adequate account of the relationship between recovery practices and emotional constructions. On one level, the self-help book can be seen as a discursive extension for the confessor or psychoanalyst. Within this view, power is in constant motion, circulating in the capillaries of the social body, neither a single force nor contained in static networks. The project of political resistance takes place through strategies of transgression, resistance that requires remaining open, aware, vigilant in order to re-route relations of power. Transgression recognizes complicity in power relations:

It [power] is never localized here or there, never in anybody’s hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising power. They are not only its inert or consenting target; they are always also the element of its articulation. (Foucault 1980: 98)

This dissertation mobilizes discursive constructions of emotions and the senses to locate power within those capillaries of the social body, from speech, to institutional policies and practices. In tracing out the categories of emotional distress, I will analyze their construction within the publishing

industry. Foucault's model of subjectification is applied to an analysis of a particular set of power relations in "Bodies of Theory, Bodies of Pain: Some Silences" (Berland 1993: 14), where the female academic body is defined by a complex network of institutional practices. To speak and act for health can be a strategic, transgressive act particularly in contexts where it is denied or undervalued. She lays out what is at stake for women in terms of physical and emotional health examining the conditions of women in academia and the role of autobiography in voicing and determining the discourse - in silence, we sacrifice our bodies, the potential for love, intimate relationships, and the possibilities of children. Ill health in the form of chronic back pain, insomnia, and chronic fatigue syndrome are symptomatic of institutional power relations. The demands of networks of institutional interests require overwork, and as with the process of subjectification, this is performed by internalized processes with the consequence of damaging the body, not the textual body that we understand in terms of representation, but the physical body that has to keep up the work, and deny how it feels.

Regularities occur across a range of texts at the level of statements and indicate institutional processes, which must be considered in terms of regulation. Emotional distress is a regularity that is used as an analytic tool throughout, to understand the different investments in it, whether for profit, out of desperation, or for professional recognition. Mapping is useful in examining the interaction of multiple statements or regularities in order to make meaning of emotional distress and recovery discourse. "Discourses not only exhibit immanent principles of regularity, they are also bound by regulations enforced through social practices of appropriation, control and 'policing'" (Foucault 1980: 236). Regularities must be considered within



specific cultural contexts. In *Language and the Politics of Emotion*, (1990) anthropologists C. Lutz and L. Abu-Lughod investigate emotion across cultures. They hypothesize emotion as a socio-cultural construct presenting research on Bedouin, Hindu, Tamil, and American expression of emotion in specific circumstances. Emotions and feelings have been seen as a core of the self, the seat of the individual (Lutz and Abu-Lughod 1990: 6), yet they can be understood as varying in specific social and political contexts. Emotions have been the research objects of philosophy and psycho-biology, and the consequence is a reliance on introspective reportage, which turns attention away from the social context (Lutz and Abu-Lughod 1990: 12). The research of Lutz and Abu-Lughod questions emotions as unified in expression, internal, irrational, and natural (2) and substantiates distrust of emotional essentialism in looking at instances of emotion in a number of cultural sites, such as love poetry or the discourse of friendship, play, and anger in a comparative study of Bedouin and American cultures. Through their research they construct emotion as discourse, and cite a genealogy of 'emotion', which they assert is problematically understood as physical forces within the individual that bolster a sense of uniqueness, taken to provide access to 'inner truth' about the self. (6) This work disproves emotional expression as essential.

In Western popular culture, science is mobilized to make truth claims and positioned opposite feeling and intuition. Throughout the dissertation there is an underlying assumption that emotions are constructed rather than biologically determined. As will become evident, I attempt to specify some of the interests that influence memory construction and to describe the public discourse that determines the value of suffering, the reliability of memory, and the possibility for emotional reconstruction, recovery, and re-invention.

Ian Hacking begins his investigation of similar issues in making a political case for the construction of multiple personality, officially diagnosed as a mental disorder in 1980. He suggests that in the diagnosis of multiple personality is a scientific replacement for a spiritual understanding of the soul. Hacking is influenced by Foucault and the archaeology of knowledge and looked to the late nineteenth century developments in psychology, philosophy and politics that contributed to the "sciences" of memory. He analyses the idea of the soul in crisis and suggests that science put memory, which is accessible to scientific investigation, in its place as key to understanding the self. "The spiritual *travail* of the soul could now become hidden psychological pain, not the result of sin that seduces us within, but caused by the sinner outside who seduced us" (Hacking as cited in Persky 1995, E4). Hacking offers the view that we are constantly re-narrating, re-describing, re-understanding our pasts, and that we re-experience them differently within different sets of memory constructions. This work emerges in part from the debates around false memory syndrome with Hacking affirming the view that memory is dependent on multiple political, psychological, and economic interests.

In criticizing the "bourgeois masculinist" conception of the public sphere proposed by Habermas, Nancy Fraser identifies his assumptions: that social equality was not necessary for political democracy, that a single public is preferable to multiple publics for the workings of democracy, that private interests and issues are separate from and undesirable to discourse in the public sphere, and that the democratic public sphere must clearly delineate civil society from the state. (Fraser 1993, 9) She identifies two senses of "private" which often function ideologically to delimit the boundaries of the

public sphere in ways that disadvantage subordinate social groups. One pertains to private property in a market economy and the other to intimate domestic or personal life, including sexuality. Each of these senses is at the centre of a rhetoric of privacy that has historically been used to restrict legitimate public contestation. Similarly, in *Interrogating Incest: Feminism, Foucault and the Law*, Vicki Bell looks at how incest became criminalized within western jurisprudence. She traces the historic definition of incest from unnatural acts, fear of inbreeding, and more recently as harmful social acts. She employs discourse analysis to tackle the tendency to equate incest with harm that requires legal intervention to bring about justice. With changing discourse, the prohibition of incest changes its meaning from inbreeding to psychological harm. Incest was a private matter, as were many other forms of child sexual abuse until recently.

In discussing a separation of public sphere and private interests, Fraser discusses the transition from private to public concern related to domestic violence against women. She claims the pressure from feminists who formed a "subaltern counterpublic" (20), re-located discussion of male violence against women in the home from a private to a public concern. Until the early 1970's when women in North America began speaking, writing, and organizing in the public sphere, incest and other forms of child sexual abuse were private and professional matters. Professional recognition and validation developed as the discourse moved from a "subaltern counterpublic" to a state-recognized concern. One of the means of shifting understandings of child sexual abuse has been through the public telling of individual stories, the testimonial. The book is a central way that these stories become public and circulate.

Testimony is spoken and witnessed memory, with multiple interests informing, representing, and giving it meaning, depending on context and its construction within the interests of a specific historical moment. As Dori Laub and Shosana Fellman have noted in their work with survivors of the Holocaust, testimony can be both healing and politically influential (Laub and Fellman 1992). The significant role testimony plays in discursive construction, as it borders private and public knowledges, is seen in sexual abuse literature. In *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* (Bass and Davis, 1988), Ellen Bass and Laura Davis compile testimony from women as evidence for the reader and as a public disclosure documenting child sexual abuse. Testimony here is the discursive link between private and public. The self-help book is the voice of, and contributes to the constitution of a "subaltern counter-public". *The Courage to Heal* is the banner, marking the shift of child sexual abuse from a private distress of individuals, to a large and vocal public community. In recovery discourse there is a pressure to identify oneself as a survivor. The pain of the victim as private and individual contrasts the collectively constituted pain of the survivor. Survivor identity makes a public statement and a community through the commonness of this pain, and associates it with other forms of suffering and survival. However, it levels varieties of experience in order to create a common ground, losing degrees of violence and circumstances in which abuse occurs.

Alcoholics Anonymous is the training ground and primary model for self-telling and testimony and began the practice of systematic disclosure as an integral part of the *Alcoholics Anonymous Twelve-Step* model, requiring a

shift from the private distress to public testimony. John Steadman Rice's article, "Discursive Formation, Life Stories, and the Emergence of Co-Dependency: 'Power/Knowledge' and the Search for Identity" (Steadman Rice, 1994) considers life stories as either forms of empowerment, or subjugation to forms of authority prescribed within co-dependency discourse. He proposes an historical frame to trace the emergence of the psychological category of co-dependency by way of Alcoholics Anonymous (Alcoholics Anonymous) and Family Systems Theory, weaving together this history with documentation from several self-help books about co-dependency and calling for a treatment of life stories as discursive formations. His investigation of co-dependency uses the literature of popular psychology, specifically self-help titles: Melody Beattie's *Co-Dependent No More: How to Stop Controlling Others and Caring for Yourself*, 1987 and John Bradshaw's *Healing: The Shame That Binds You*, 1989. In this dissertation, the investigation of books extends out from an inquiry into the category of child sexual abuse.

In her article "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification" (1988), Paula A. Treichler connects the social construction of AIDS to its material and linguistic reality: "...signification processes are not the handmaidens of 'the facts'; rather, 'the facts' themselves arise out of the signifying practices of biomedical discourse." (32). She contends that AIDS is both a lethal disease and an epidemic of meanings of signification and that this multiplicity of meanings shapes the way we tackle the disease. She identifies the ambiguous and contradictory language used in bio-medical discourse, whose meanings, she points out "are part of powerful and deeply entrenched social and historical codes" (40). Her work points out how crucial signifying processes are to political decision making. Returning to mental

health and issues of recovery, and recalling Hacking's work on the contestation of memory within and outside scientific practices, the reader can begin to see a construction of health and recovery, fluid processes influenced and formed by multiple interests.

Raymond Williams' conception of structures of feeling values tentative, speculative, uncertain analysis of a present cultural event and opens a space in social theory for analysis of the present to avoid containment and the fixedness of the past, proposing a generalized social 'feel' of a moment, its presence (Williams 1977, 132). Williams theorized to understand a generation or epoch breaking up generalizations, the binarisms of subject/object, feeling/thought, private/public. Structures of feeling are networks in motion accounting for the 'feel' of a moment. Rather than waiting for fitting definitions, classifications or rationalizations, the researcher senses impulse, restraint, and tone. Williams points to art as an indicator of a new structure forming (133). It is a hypothesis of the social that adds evidence to present cultural processes. Williams is defining impulse, restraint, and tone as affective elements of consciousness and relationships, as a structure with specific internal relations that are interlocking and in tension. He is also defining: "a social experience which is still in process, often indeed not yet recognized as social but taken to be private, idiosyncratic, and even isolating..." (132) This valuing of art as research that feels, has feeling, knows the 'feel' of a moment, is useful in considering the sensory space of pain where ideas about feeling are put into productive motion. This concept helps to validate the intuitive processes used in the following chapters and points to the influence of emotions on social conditions that must inform how emotions are analysed.

The structure of feeling is not systematic, and may be felt as uncertainties, unevenness, and confusion (129). Williams suggests that the processes affecting ever-changing language may result in stylistic changes and these are useful in thinking about autopathography, life stories framed in terms of suffering and a form of memoir specific to this cultural moment. The autopathography will provide an analysis of celebrity and conjunctural pain moments in several case studies that privilege the emotionally damaged, suffering self, engaged in recovery practices. Autopathography is distinguished from autobiography in that it has a neither tragic nor happy ending, but one of recurrent suffering, characterized by repeated redemption, and on-going struggle. It assists in defining the multiplicity of recovery narratives where recovery takes place as a nonlinear process. These narratives contrast previous celebrity representations of suffering of the tragic star (Marilyn Monroe, James Dean, Judy Garland). The celebrity may gain their fame through the autopathography, or may re-identify the self based on this story. Autopathographies come from locations as diverse as sport, the monarchy, political activists and television personalities. Those written by Dennis Rodman, Princess Diana, Gloria Steinem and Roseanne, constitute the literary genre of emotionally troubled, transforming celebrities who tell their stories of childhood trauma and adult recovery in book form. Autopathography lends celebrity endorsement to emotional struggle and recovery. The concept helps to answer why and how suffering is a dominant narrative of substantial market value. The structure of feeling signifies the social feel of a particular moment, creating a style. It is an anti-reductionist theory of meanings and values as they are lived and felt with emphasis on articulation of presence (135), analyzing specific, rather than general, forming

and formative processes. Williams' analysis can be extended to an examination of the American television star Roseanne, who has put her 'finger on the pulse' of women's survivor identification and domestic working-class frustration in Anglo-North America in the early 1990s. Some sets of relations can be proposed within the network that contains this representation of Roseanne, but it cannot be fully understood and accounted for. The feeling for individuals evoked in relation to the star, and the 'feel', like a mood, in which it is contained, is palpable. Is it the tensions that are felt in relation to the institution of the family, or is it the recasting of the mother as central, vocal, and wise that attracts viewers and readers to this star persona? We can verify popularity by tv ratings and sale of autobiographies, but there is an excess that cannot be quantified. The hypothesis of a cultural presence is "inalienably physical [...] here, now, alive, active, 'subjective'" (128). Like mediations of Roseanne, this physical feeling presence could be imagined extending beyond the boundaries of categories and rationalizations and providing space for the articulation of feelings in the specific time and space of the art exhibition. This is elaborated in discussions of the construction of a feeling social space in Chapter Five.

Elaine Scarry's *The Body in Pain* (1985) is concerned with the language of pain and the signs it produces. She claims that direct descriptions of physical pain quickly move to metaphoric statements such as "it feels as if" and continue with metaphors of weaponry (agency) or wound (damage). Such metaphors suggest that there is a need to express and visualize feeling. "Physical pain is not identical with (and often exists without) either agency or damage, but these things are referential; consequently we often call on them to convey the experience of pain itself" (Scarry 1985, 15). She further argues that it is difficult



to describe pain without either weapon or wound imagery, particularly given the etymological home of pain in “poena” or “punishment”. Even the elementary act of naming this interior event “entails an immediate mental somersault out of the body into the external social circumstances that can be pictured as having caused the hurt” (16). Scarry argues that physical pain is certain for the person experiencing it, yet uncertain for those who are not.

The self-help book names emotional pain, providing a language for talking about particular emotional states. It is evidence of mediations of various emotional distresses within recovery culture discourse and lends physical presence and validity to that particular pain. In its immediacy and intensity pain may feel fluid and intangible and the self-help book names it specifically, thus anchoring it. Within recovery discourse there is a need to name in order to be believed, and this becomes an important interest in the creation of categories of pain, and books, particularly within the constraints of the market. Recovery culture, in the form of narrative, must make identifications with audience. Scarry proposes that weapon and wound metaphors are the only way of describing pain and making it understood by others.

### **The Chapters**

Self-help books act as a material reference point for this project. They document the American and Canadian pre-occupation with emotional distress, and put private suffering into public discourse. Chapter Two examines the history, production and circulation of self-help books, and considers them in terms of mediations of feeling. Chapter Three moves into a victim and survivor discourse, mobilizing *The Courage to Heal : A Guide for Women Survivors of Child Sexual Abuse* and analyzing mediations of child

sexual abuse, taking into account the repressed memory debates and the stakes of victim and survivor identities. Chapter Four introduces the autopathography, stories of suffering and recovery told as memoir. Chapter Five concludes the dissertation while considering an art exhibition that I curated entitled *Where Does It Hurt?*, which included self-help books and books from different cultural and disciplinary contexts that inserted pain discourse into a public social space. What follows is an introduction to each of the chapters.

Chapter Two, "The Production and Circulation of Self-Help Books Within Recovery Culture," analyses the self-help book which documents discourses of memory, suffering and pain, defines and circulates recovery terms such as dysfunction, co-dependency, victim and survivor. At this level of analysis, the self-help book is an object of historical significance, documenting how emotional distress has been constructed and mediated. It can be thought of as the residue of the tensions in recovery discourse, and leads to questions of production and circulation including commodification and consumption. This chapter provides a brief history of the self-help book genre from the categories of 'self-improvement' and 'psychology and self-help' from 1946, when major publishing houses began subject indexing, to the present. This chapter examines some of the ways talk about emotional distress is formalized and consolidated into the vocabulary of self-help books. In Alcoholics Anonymous meetings, for example, standards from the literature are put into practice and give structure to speech. This circulation demonstrates the Foucauldian model of how power is constructed and invested through discourse. The confession as explored by Foucault in *The History of Sexuality, Vol. 1.*, documents the telling of one's sins as a Christian

ritual, to its adaptation to medicine and psychiatry in the 19th century. Confessing was a procedure of individualization, and was adapted to a variety of relationships reenacted by the priest/believer, student/teacher, and patient/doctor. This is important background to my examination of the stakes in the disclosure of stories of suffering within contemporary North American culture. Finally, the chapter investigates the production of books using HarperCollins Publishers as a case study. Reference to material from this archive and library, along with excerpts from interviews with publicists, designers, and a senior editor elaborate ways these books are constructed as desired commodities.

The construction of self-help literature of the past fifty years is reviewed, providing a background to recovery culture generally, as well as surrounding academic literature about self-help books. The chapter includes an analysis of regularities across a selection of self-help books, examining the seamless appearance of the book and the formal elements that distinguish one book from another, including covers, titles, graphics, size and page length of the book, writing style, author's presence through photos and credentials, endorsements of the book and marketing strategies. Excerpts from in-store interviews with self-help book shoppers are analysed in terms of their relationship to the creation of need and the maintenance of a market, elaborating the complex relationship of production and consumption. Research drawn from discussions with a senior editor at a major publishing house proposes that such editors, in consultation with marketers and the publisher, determine what is published. Another level of analysis of self-help literature is generated out of field-notes from Alcoholics Anonymous (Alcoholics Anonymous) meetings and interviews conducted with members.

These expand the network of interests in the production and circulation of this discourse, and elaborate the construction of recovery narratives, the raw material of many self-help books. It becomes clear that there is a relationship between oral and published testimony in the progressive emotional improvement of the sufferer. Some comparisons are made between the narratives found in self-help books, and interviews with recovering alcoholics. One Alcoholics Anonymous newcomer, Teresa, dependent on the program and its books, allowed me into her recovery process at the early stages, providing insight into the mediation of self-help literature in the midst of her first ninety days of recovery. I was able to observe and document her belief in and dependence on the model. In her recovery story, felt pain, Alcoholics Anonymous program demands, and market interests, (including psychotherapy and self-help books) intersect. This genealogy marks conjunctural moments where the promise of recovery - you can feel better - is vital to its users, presenting the reader with a complex account of recovery discourse and practices.

Chapter Three examines the relationship between False Memory Syndrome and its dependence on scientific discourse and truth claims about memory. Entitled, "The Veracity of Memory and Pain in Public Discourse: The Recovered Memory Controversy - Victim and Survivor Identities in Mediations of Child Sexual Abuse" it foregrounds specific sets of interests and their intersections related to child sexual abuse and memory, thus providing a focus for recovery cultures in contestation. It introduces 'false memory syndrome' and the recovered memory debates, which have challenged child sexual abuse recovery practices and their claims of related damage. The politics of sexual abuse, memory, therapy, and recovery are investigated

within discourses that privilege either science or feeling. Much of the source material for this discursive investigation comes from popular press. The analysis will specify the stakes in the process of recovery in child sexual abuse literature and mediations of narrativized experience. The self-help book, *The Courage to Heal*, has been particularly contentious in this debate, and will be a central point of reference, for its content, and as a signifier of the topic.

Advocates of the book maintain that it is a valuable manual, aiding women in a healing process, while detractors cite it as promoting the invention of memories of child sexual abuse. The cultural interest in this widely distributed manual-type book, is substantiated by citing instances of it in public debate. This chapter addresses the place where private lives become the substance of public discourse and inform the context for improved mental health. It is concerned with how memory is mediated: how it is defined, produced and circulated within recovery culture and self-help books. In addition, it examines discourses of memory, recurring traumatic events of child sexual abuse, and how feelings and emotional states are negotiated in public discourse. The mediation of life stories, the compulsion to narrative, and community formations through identification with these stories are central themes of the analysis.

Narratives of victim and survivor identities in self-help books, and in popular press reporting of sexual abuse, are central to child sexual abuse recovery discourse. Rosaria Champagne (1996) distinguishes victims as remaining within heteropatriarchy, unaware of the systemic roots of the crimes they have experienced. The victim may identify with the perpetrator and will often keep silent or minimize the abuse. By contrast, survivors have awareness of discourses of feminism and/or experiences of psychotherapy,

and realize the political project of recovery and voicing of experience and its meaning, aware of the community of survivors to whom they belong. Survivors realize they are not alone. Champagne references *The Courage To Heal* for its definition of child sexual abuse, and credits the authors with asserting that incest survivorship depends on the perceptions of the survivor (18-19). In this argument there is a rigidity of the identity, and an imperative within the discourse to fit specified terms. Like Alcoholics Anonymous's definition of the alcoholic, there is little allowance for plurality. With survivors of child sexual abuse, there is a political agenda and a need for solidarity within it. The book form has acted as a banner to this end, specifically *The Courage To Heal* in the discourse of child sexual abuse.

The autopathography, investigated in Chapter Four, "Autopathography: Celebrity Stories of Suffering and Recovery," provides book-length survivor stories, an expanded version of the testimonial found in self-help literature. Where the previous chapter took a close-up view of a particular set of social relations, identities and interests, this chapter focuses on celebrity personae and victim and survivor identities to take another perspective on occurrences of recovery discourse in popular culture. There is shared form and content between recovery books and autopathographies. Both include testimonial stories of transformation from victim to survivor rooted in memories of childhood and the family, but the autopathography is entirely testimonial, rather than an insertion of testimony to punctuate a recovery program. If, as Richard Dyer has proposed, the star represents the cultural tensions via a persona, then Roseanne, for example, as a suffering survivor, is indicative of this cultural moment as she embodies this set of anxieties in her celebrity

identity. The autopathography can be seen as part of recovery discourse and as a contribution to social space that legitimates suffering.

Chapter Five, "Conclusions: The Production of Pain Discourse in Private and Public Space," links the first four chapters through discussion of books and their significance to private to public movements of recovery discourse before extending this work to an occupation of public social space in the art exhibition, *Where Does It Hurt?* Within the dissertation, I have attempted to open up space for a more fluid understanding of both problem and method which allows for the two to emerge and be defined in relation to one another during the course of an investigation. Pain, which encompasses both physical and emotional aspects of experience, is a highly complex and variable phenomenon. Truths about pain are both objective and subjective, but academic disciplines tend to privilege the objective, which is more accessible to traditional modes of justification. The impossibility of making generalizations about the subjective aspects of pain, which are arguable most central, leaves it vulnerable to a falsifying reification as objective truths and consensual or collective, as opposed to particular, understandings dominate pain-related discourse.

In the course of this investigation, I will rely on my own experience of pain as a source for understanding its subjective and specific dimensions. Rather than specifying the problem in advance and defining a method for studying it, I will let myself be guided by the understandings which emerged from the interface of academic research and reflections on my own experience. The interaction of external and internal sources will enable me to reintroduce the subjective and see how it is formulated and sometimes distorted through the

mediations of objective understanding, such as those found in self-help books. Readers use these books and their systems to mediate the experience of pain, while maintaining a sense of authenticity of the self, suggesting the individual's place in a community of sufferers and bringing their pain into the domain of objective understanding. My concern with both private and public understandings of pain leads me to cross disciplinary boundaries, an approach which permitted and demanded the transformation of the problem as I was working. Artists' books and art-related sources are more concerned with authenticity, with defining particular or subjective truths about pain as opposed to satisfying market and peer pressures, such as autopathographies and Alcoholics Anonymous, which demand generalization. While the autopathography is a life story told as a narrative of suffering, *Where Does It Hurt?* compiled books that addressed pain, not only through narrative, but through a range of research tactics and strategies. I also connect *Where Does It Hurt?* and its self-help literature and a previous installation, *Self-Help Library*. I curated the *Where Does It Hurt?* exhibition for the Walter Phillips Gallery at the Banff Centre for the Arts, September-October 1996. It provides a case study analysed in this chapter for its use of books in the construction of social space, for critical presentation of the books as mediations of pain, for my multiple curatorial roles, and for these relationships to audiences. This construction of a temporary archive proposed and provided concrete evidence for localized pain discourses. The exhibition's investigation of artists' books and contemporary curatorial practice was a temporary construction of a social space and archive of hundreds of books that constructed pain discourse using books in public space. I acted as a guide in the exhibition, and the discussions that took place within this space are discussed in this chapter.



In this introduction I have laid out the problematic, provided a theoretical framework and described each of the chapters. I have also positioned myself in relation to this investigation, as I do throughout the dissertation, weaving in memories of my pain in order to assert pain's subjective and particular dimensions. The dissertation draws on multiple sources to explore mediations of pain, always in the process of formation. The book, self-help, autopathography, or artist book, is a mediation of the talk of emotional distress and in the dissertation forms one centre. Stories of pain that I document, in-depth with Teresa, or in specific painful moments or anecdotes, form another. The creation of possibilities for formations of pain-filled social space are documented in *Self-Help Library, Where Does It Hurt?*, and *When Pain Strikes*.

## ENDNOTES

1. *Time Capsule: A Concise Encyclopedia By Women Artists*, Robin Kahn, editor, New York: Creative Time / SOS Int'l, 1995. p 243

## **CHAPTER 2:**

### **The Production and Circulation of Self-Help Books within Recovery Culture**

In this chapter my approach is to move through specific social spaces and experiences to recall them in terms of their relationship to an understanding of recovery culture. I walk the reader through the production and circulation of self-help books and the social worlds they inhabit. Through this peripatetic approach I move from site to site, introducing personalities and their contexts into the research. Most importantly, this way of moving through the research enables me to bridge disparate articulations of this discourse in private and public space. After a brief history of self-help books, this chapter takes the reader to a large bookstore as a place of negotiation between the needs of the shopper and the product, the book. The next section guides the reader to HarperCollins Publishers as a workplace that produces self-help books. This exploration begins in the library and archives of the company, where annual catalogues are a source for tracking the development of categories in the publishing industry. It moves to the appointment of a new CEO and her presentation as a recovered workaholic. This discussion of the links between personality and bureaucracy offers an opening for a discussion of the corporate structure under the pressures of its parent company, The Newsgroup Corporation. The next movement is to the offices of several other workers and finally a senior editor who is an Alcoholics Anonymous (AA) member. The production and consumption of discourses of recovery in the AA movement will be discussed through my experience of attending AA meetings and discussions I had with AA members. In order to follow the intense and complex process of revelation and self-transformation that the

recovering substance abuser experiences, the section that accompanies AA meetings explores the recovery process of one member and her relationship to AA and its self-help books.

Stories of recovery are mediated through self-help books and are sources informing book production. While such books are one discursive form, AA meetings, and informants are other sites for analysis of the discourses of recovery culture. Recovery discourses are marketed and circulated through users who have an emotional need met through a particular method of self-transformation. Identification in self-help books takes place through the recognition of a shared experience or a perceived mutuality. In Chapter Three, identification, naming oneself as part of a shared community, will be developed in looking at survivor identity. In this chapter, I will show how identification with a community is part of the way both self-help books and AA work. Identifying with the community takes place through telling a story about one's life to the group. The book form can serve as a meeting place where people in emotional distress consolidate their understanding of themselves through imagining others' stories and themselves going through a similar process. This sense of the need for community, and expectation that the book can assist is familiar to me in my process of emotional struggle. I have been a consumer of recovery methods and have bought books and therapy, determined that they would help. There have been gaps and inadequacies in these aids. My investigation and this tour are invested with my critical response to these inadequacies. I have wanted to transform my painful experiences into reflections available to others using the critical tools of discourse analysis.

## **An Overview of Self-Help Book Development**

What follows is a sketch of some of the important trajectories that influence the current content and structure of self-help books based on a review of literature about progressive change of the individual. The Protestant work ethic with its emphasis on diligence and the belief in salvation through work and discipline informs current ideas about working on oneself. If the recovering person takes an inventory as AA requires, and works through the steps, the result will be an improved self. Another long-standing foundation of self-help books dates back to Horatio Alger and the abundant literature he produced advocating the ability of anyone to overcome poverty and attain wealth. The 'rags to riches' mentality has been picked up both in financial self-improvement and emotional transformation literature. At the turn of the century, a movement away from traditional religion coalesced in the formation of New Thought, with its emphasis on the god within (Starker, 1988, 20).

Self-help book production in North America can be traced back to Puritan works such as Cotton Mather's, *Bonifasius: Essays to do Good* (1710), guiding the reader to do God's work on earth. Historian Richard Weiss, asserts that this book was the beginning of the genre of success literature. The Protestant ethics of work, diligence, and thrift are found in Samuel's Hardy's, *Guide to Heaven* (1673), and Bishop Bailey's, *The Practice of Piety* (1611). This chronology moves away from the Puritan and Protestant beginnings and into a more secular approach by the 18th century. <sup>1</sup> Ben Franklin is an exemplar of success by his assertions in *The Way to Wealth* (1757), advocating success through industry, frugality, prudence, temperance, silence, resolution, justice,

moderation, and humility (Starker 1988, 14). The self-help book in the 18th century was a source of moral guidance, a useful and practical knowledge guide within the framework of the Protestant ethic. Starker claims that works coming from the religious community tended to be prescriptive and anecdotal, representing a specific philosophical system while books coming from secular life were more informational and dealt with more practical concerns (Starker 1988, 15). Moral character, not merely financial wealth, was seen as the way to benefit from life.

Unitarian minister and Harvard graduate Horatio Alger made a significant contribution as a children's author writing over one hundred books following a rags to riches theme, "a poor but honest young person, through a combination of industry, kindness and other virtues, plus a dash of incredible good luck, rises to a higher station of moderate wealth, and happiness." (Starker 1988, 19). His message was that hard work would result in success in the form of wealth, a principle he maintained in books such as, *Luck and Pluck* (1869), *Sink or Swim* (1870), and *Tattered Tom* (1871), which all sold millions of copies. Alger's stories were in response to industrialization, urbanization and unrestrained capitalism of post civil war America.

The idea of the self as source that originated in the notion of a god within, self-reliance and individualism, makes an important connection to contemporary self-help books and recovery programs. New Thought, founded on Puritan values and virtues while being aware of their limitations, grew out of a congress in 1894 and was followed by the establishment of the International New Thought Alliance in 1908. By 1914 it had produced an abundance of popular books and periodicals and its

membership included groups such as Metaphysical Healing, Divine Science, and Church of Religious Science. New Thought affirmed that creative power was to be found within the individual and introduced and advocated inner strength and mysticism which could be accessed by anyone according to Ralph Waldo Trine in his, *In Tune With the Infinite, or Fullness of Peace, Power, and Plenty* (1897). The work proposed mind over materialism, attempting to provide a practical and immediately useful religion. "Mind Power" was seen as the source fulfilling one's wishes. God was not envisioned as the all-knowing father of Protestantism, but as a spiritual power or force called Divine Intelligence, Oversoul, Spirit of Infinite Life and Power, Universal Intelligence. The sincere believer would be provided for by the Supreme Mind. Trine was influenced by Emerson, whose "transcendentalism" was an earlier reaction to materialism. For Emerson, the individual was the architect of his or her own life. "Rather than powerless pawns of industry, politics and urbanism, people were properly to be viewed as important, unique and full of potential, as local manifestations of Divinity." (Starker 1988, 21). This idea emerged at the time of Darwin's recently discovered views on the evolution of humanity and the rapid social changes of the turn of the century.

In his book *Prosperity Through Thought Force* (1904), Bruce MacLelland, advocated that the reader tell oneself daily that, "I have courage, I am fearless." A repetition of this process of self-affirmation is found in Napoleon Hill's 1937 bestseller, *Think and Grow Rich*, a book that is still in print, it proposes that the reader, "Close one's eyes and fix one's mind upon money until it began to come into one's life" (Starker 1988, 25).

The discipline of psychology entered the lives of North Americans through books from the late 19th century. In *American Nervousness* (1891), George Beard attributed nervousness, "a lack of nerve force" (Starker 1988, 33), to the accurate watch and the pressure of punctuality, the press and information overload, carriage traffic, trains, and high noise levels. Current books about stress and burn-out are informed by the idea of this deficiency that results from external forces that the self must learn to successfully negotiate in order to reduce nervousness, stress or avoid burn-out. The 1960s saw the beginning of the best-seller in emotional self-help, extending from the human growth potential and women's movements and their resulting definitions of self and relationships. Self-help publishing expanded in the 1960s and was followed by the introduction of dysfunctions, illnesses, syndromes and abuses concerned with addressing changing relational structures. By the late 1980s, a number of best sellers were concerned with co-dependency and their authors, such as Marianne Williamson, became celebrities. According to publicists at HarperCollins the reputation and the image of the author is now more important than the content of the book. Precedent for this trend can be seen in the fame of Napoleon Hill, Horatio Alger, and Dale Carnegie. The current trends in the late 1990s include the diversification of the genre, specifically the production of books that propose spiritual solutions, quality of life, 'life-style' management and time management. Self-help literature continues to be a resource documenting and echoing social trends and unresolved tensions. My study of trends in self-help literature moves from this sketch of its past into the present with its circulation between production and consumption. The following section situates contemporary self-help books in a retail setting in relation to buyers. This is a way of beginning to look at the production of books and the circulation discourse.

## **Locating Self-Help Books and Consumer Browsing at Barnes and Noble, New York**

In the fall of 1992 I began conceptualizing the recovery industry as consisting of products and services provided by therapists, group leaders, authors, and book publishers. I had occasionally read books to help me with emotional difficulties in my life, specifically related to anger and primary relationships. I had also sought therapy first because of stress on the job and later to help me through the break up of a marriage. I wanted to reflect on my conflicted feelings about therapy and self-help books within a public cultural context. Applying my skills and knowledge from cultural studies thus far, I decided to begin by looking at material evidence about the containment and packaging of emotional transformation in the form of the self-help book. In 1992, at a large chain bookstore in Montreal I found the Psychology section had a mixture of self-help and textbooks replete with fifteen hundred titles, from Freudian classics to current bestsellers. These numbers indicated the diverse, voluminous consumer interest in the topics, and provided a material starting point for investigating the conceptualization of the self-help book within the publishing industry. I also recognized the pervasiveness in every day conversation of the discourses in these books: the idea of the progressive narrative, that we will overcome our troubles. The idea of toxic parents and dysfunctional families, and perhaps most important to me, the concept of abuse and victimization. Addressing these books heightened my awareness of the pervasiveness of emotional difficulties people were facing and positioned me to recognize the presence of a larger public.



My interest in self-help books was galvanized in 1994 by an invitation to develop an exhibition at the New Museum of Contemporary Art in New York. The chief curator heard about my writing on recovery and asked if I could create a complementary installation to accompany and contextualize an exhibition that focused on the sado-masochistic performance art of Bob Flanagan. During the resulting exhibition, *Self-Help Library*, I talked with exhibition visitors about the books and their associations with them. I wanted to learn about attitudes, associations, and approaches readers have in selecting self-help books. This experience laid the groundwork for me to observe and interview other book buyers as a way of finding out how and why readers engage with and buy books.

In her discussion of fieldwork, Anne-Marie Fortier (1996, 303) recounts her immersion in Italian Roman Catholic culture in London, England in order to explore gender construction and the insistence on heterosexual normativity. She describes herself as working on the boundaries of anthropological traditions. Rather than observing an exotic other, she sees herself as sharing aspects of life experience of those she is observing. Like the members of this Italian population in London, she is of Catholic descent and non-anglophone. Her critique is informed by the shared experience she brings to being in this community. Like Fortier, I am familiar with and invested in the culture I am researching. At times my role as a researcher may not be obvious to those I am observing. I understand the codes of this culture and I am able to blend my position on the border between observation and participation through critical awareness of my proximity and my feelings relative to the research sites. This position as a researcher means that I know, and can learn. I know how this pain is structured and the process of looking for self-help books. I

am not only an observer. I feel I understand from my experience how people come to this point in their struggles. My position enables exchange between the two of us. Pitfalls include the risk of making assumptions and not being able to keep a balance between entering into another's pain and one's own, remaining separate from it. There's the risk of not being able to maneuver through the emotional and intellectual uncertainty, particularly when moving from the emotional to the intellectual. I am bridging the separation of emotional pain and intellectual observation through therapy, writing and analysis. Fortier shared characteristics of those she observed - their cultural displacement, and her being both part of their culture as a Catholic in London, but at odds with their assumptions about her desire to be in a heterosexual relationship. Like Fortier, while in the midst of the culture I was observing, for instance in attending AA meetings, the motivation was different, I was not an alcoholic. One recovering alcoholic remarked after I spoke at a meeting that I had all the makings of an alcoholic, and was surprised that I was not addicted. In doing this research, I have chosen to work from a fluid rather than fixed position, where there is a critical exchange between the emotional and intellectual parts of myself as a researcher.

Walking in the main entrance of the busy Barnes and Noble bookstore at 22nd and Sixth Avenue in New York, the shopper is greeted with numerous displays of recent releases, banks of magazine racks, and the expansive purchasing counter (January - March, 1996). In this large bookstore, now a familiar public place where people gather, there was the possibility of observing, from various vantage points, without being intrusive. It is prototypical of the trend in retail marketing that enables shoppers to feel comfortable in the store that references domestic space. Easy chairs, couches,

and work tables sub-divide the floor and there is a children's area, a music store, and a cafe. The colour scheme is warm yellow and dark green, and the lighting is diffused, suggesting a tasteful living room or affluent city library, prosperity in both private and public spaces. <sup>2</sup> Following the main aisle through the store we pass Travel, Biography, History, and a large fiction section followed by an area where authors give readings, and conduct book-signings. The Self-Help section is situated between the Decorating and Gardening books at one end, and the Art History/Criticism books at the other. At the outskirts of the Self-Help section, bordering its far end is Health, Medical Reference, Nursing. At the other end is Sexuality, Astrology and New Age. Within the Self-Help section itself are the sub-headings of Addiction/Recovery, Psychology, Health, Diet/Nutrition, Fitness, Inspiration, Relationships, and Self-Improvement. These categories and their associations underline the relationship of physical and emotional health with spiritual growth. This categorizing that locates decorating with ideas of self-improvement can be traced back to the earliest subject-indexing within the publishing industry in the 1940s.

This physical geography of categories situated my observations of browsers with the Self Help section. From the mezzanine cafe I looked directly down into the banks of eight-foot shelves and watched interactions of browsers with the books. There are about ten people in the section now. A woman picks up *Listening to Prozac* and flips through, back to front, then stops to look carefully at the publisher's page. She goes to the shelf and picks up *Mood Swings* and does the same thing before writing something down. Then she looks at *Listening to Prozac* more slowly but without stopping to read anything in detail. Abruptly, she leaves them both on a book return cart and

walks away. It appeared that this browser was using the bookstore as a research library, investigating these titles. A man in his forties picks up and replaces *The Road Less Traveled*, gives it about five seconds, slightly more than a glance. He moves on to the Sexuality section and looks at *The Ultimate Sexual Touch*. I see that many more men frequent the Sexuality section than women. I observe a woman in the Addiction/ Recovery section. She puts down *A Time To Heal* and concentrates on *Relationships In Recovery*. I see that there are some shoppers I would not interrupt, sensing their need for privacy and their emotional vulnerability.

A man in his twenties studies a psychiatric manual. He looks up something in the index and turns to find it. Next to him a man is reading *Healing Fiction* page after page, settling one arm into the shelf to support himself. Meanwhile, the other man rests the hefty psychiatric manual, *Synopsis of Psychiatry*, on the shelf in front of him. He picks up the other book he has in hand, *Be Kind to Yourself*, pulling out *Psychology of Addiction*, just long enough to read the title before pushing it back. Continuing to scan this immediate area, he stops at *Changing HIV Risk Behavior*. He reads the acknowledgments page, then moves to the table of contents. He looks over some pages in the body of the book, starts to put it on the shelf, hesitates, shoves it into its spot and moves from the Psychology aisle to the Self-Improvement section. I decide to approach him. Coming down from my perch in the cafe, I'm aware of the change in perspective from the mezzanine above looking down at the ground level, where the distance between myself and the buyers diminishes. A few steps away from the Self-Improvement aisle, I take a breath, approach this man and explain that I'm doing research on how people decide what to buy, and could he explain his process to me. "I

won't be buying anything today. I don't have the money. That's why I came here. I'll get a few books to look at, and go upstairs to the cafe." He has been seeing a therapist for over a year, and she recently suggested he have a psychiatric evaluation. He's skeptical of psychiatry and is doing some research to decide if he wants to take her advice. He explains that he's a fan of Gary Null, author of *Be Kind to Yourself*, has listened to him on the radio for a couple of years, and suggests I tune in. "He's a holistic, amino acid balancing guy. He takes a rational approach." At home he is reading *Listening to Prozac* now, and really likes the case histories, claiming the book is very well-written. He explains that he's not sure if *Be Kind to Yourself* is good or not, but he'll decide over coffee. "I'm looking at stuff about depression. I want to fix things up from my childhood." This browser is using these books to decide how he will go about making changes to improve his mental health. The geography of the store enables him to pursue the books in a leisurely manner. He has more browsing independence than a smaller store would afford; the section is large, there is no sales person, and books can be taken to reading tables or to the cafe, facilitating longer periods of reading.

I observe the variation in time browsers spend with books. A woman at the end of the Self-Improvement aisle crouches down, picks up *The Complete Idiot's Guide to Managing Your Time*, and thumbs through it. Another woman picks up *The Divorce Book* from the Relationship section. She still has her coat done up and her scarf circling her neck. Apparently she is not planning to spend long in the store. She also pulls *Going Solo* from the shelf but replaces it, walking hastily towards the cash with *The Divorce Book*. This shopper was among the browsers who move quickly through a particular

section, stopping to scan spines, pulling books off the shelf and glancing at them, reading parts and gathering several books for comparison, choosing what to purchase.

The first woman I talked to was reading book spines when I asked how she chooses self-help books. "I'm looking for a book for my friend who I'm meeting later. When I'm looking for a self-help book for myself, it's because it's been recommended by a friend." She says she's surprised by the bright and bold colours of the books, pointing to one in particular that she said resembled a *Wired* magazine cover. She expects and prefers the covers of self-help books to be soothing, soft colours. She is frustrated that the title she is looking for, *Simple Abundance*, is not more easily recognizable. She's seen it before, but can't spot it now. I approach the woman I saw a few minutes before in the Relationship section. She says titles are more important to her than authors in selecting non-fiction. With novels, she tends to read the complete works of an author, while with the self-help books she buys, relationship and sex manuals, her selection is based on problems and possible improvements she could make in her life at the time.

I'm in a relationship and I want to make it better so I'm looking at relationship books. Last week I bought a book about Chi decorating... But these books [nodding at the relationship books] are instead of going to therapy. I come here every week and that's because of [the features of] this bookstore. It lends itself to dropping by.

She said she usually buys something, and describes book shopping as a hobby, jokingly calling herself a "book-a-holic". Though she buys and reads a lot of books, she doesn't own many because she gives them away. She recommends and gives books to friends when they tell her about a problem. I wondered how her friends received these gifts. I mused about whether they might have

felt the given book was a substitute for talking about a problem, for face-to-face contact and compassion, as I had once felt about the gift of a book addressing grief.

At the time of my brother Stephen's death, his palliative-care doctor gave copies of his book, *I Can't Stop Crying: It's So Hard When Someone You Love Dies* (1992, Rev. John D. Martin and Frank D. Ferris) to members of our family. He left the books before my brother's body had left the house, and before I had a chance to start crying. I didn't open the book until recalling this experience of feeling the inadequacy of any comfort, aside from human connection, at that time. Perhaps a book that assures the reader of not being alone, and of recovery from the loss could be comforting and reassuring to some readers. The authors encourage the reader to feel, and there are many firsthand accounts of bereaved experiences. It opens with a section on grief, proposing the need to feel permitted to grieve, and the three 'R's - realization, recognition, and re-building, then advocates recognition of emotion: loneliness, anger, guilt, hopelessness. The last section is about recognizing the effects of the loss, including the effect on relationships with family and friends. Its workbook style is punctuated with italicized testimonials and sections for readers' notes at the end of each of the three parts. The containment of feeling related to loss within a one-hundred page book was insulting and annoying to me, even though there are some good tips for coping. My anger at this book was partly because of the bad timing of the gift. The large and complex emotions can't be adequately expressed nor categorized in a step-by-step process. It felt like there was an effort on the authors' part to determine what and how the bereaved should feel. This form of containment and organization of grief fits within the Protestant

influence on the genre. The reader is advised that the grieving process is work: "Remember, only you can do the work grief demands, but you don't have to do it alone"(72). This grief discourse does not leave space for the process to fail, or to get stuck, to not be progressive.

In October 1993, several months before my brother's death, our family came together for palliative therapy with Dr. Ferris. My brother sat in a wing-backed armchair that exaggerated his emaciated figure. His eyes were large and sunken, the figure of his vitality by now lost to his illness. This was the first time we talked as a family about coping with Stephen's illness. The goal of this session seemed to be to enable us to cope, to assure us that things would be okay. However, clearly things were far beyond our control as Stephen slipped away from us before our eyes. He had been a successful, beautiful, loving, active man who was now slowly and painfully dying. The therapeutic discourse, like the book, was one of control and management, containing our experience within its constraints. Both give assurances of relief, but may aggravate the situation by being so inadequate in what they offer.

My musing was interrupted by a man in his early thirties who wanted to know if I was doing market research. I explained that I was compiling research for my dissertation and was interested in how books are produced within the publishing industry and received by shoppers such as himself. I asked why he was in front of the Addiction/Recovery section, and he explained that as a drummer in the music scene he's noticed an increase in dope smoking these days, including his own, and is concerned with the impact of daily consumption on his health. He wants to know if he's killing



millions of brain cells with every joint, or making himself impotent, and says that he gets the most up-to-date information by checking recently published books. Continuing in conversation, he explains that he is skeptical of authors who commercialize spiritual ideas, because they aren't accountable to their readers. Similar to my experience with *I Can't Stop Crying*, he said:

Books don't soothe sometimes when you have an open wound, sometimes it can make it worse, cut it open wider...[but] sometimes it's helpful to know that there are others who are thinking about the same things.

He told me he reads philosophical books like the *Tao*, *the Kabala*, and *Bhagaveda Gita*, which say the same important things about how much you actually know about yourself and the universe when you "tune in". He looked up at the shelves and said that it's amazing that there are so many different books saying pretty much the same thing. He says that he thinks books sometimes take the "staff of life out of your hands," as if the book knows better than you. When this informant goes book shopping, he chooses by "tuning into" what his mind "wants to eat". He believes that "Everybody has their own source and you don't need a broker [the author], a middleman [the publisher], or a real estate man [the bookseller] - I'm so sick of the real estate scams of New York City." This analogy between self-help book production and real estate exemplifies a critical perspective that this browser has in relation to the books. He is using them selectively, and making critical judgements of their reformulation of knowledge that he claims is not new and is available in traditional spiritual books.

My observations and conversations with self-help book shoppers revealed their interests and expectations of what the content of the books would offer them. I learned that there are a variety of users and that they are bricoleurs,

picking and choosing for meaning across texts. I found that people use the store as a research library, looking at many books. These people were working at choosing self-help books, discriminating shoppers, neither naive nor gullible. I learned that self-help books are used in place of therapy, and as a way that a reader can become someone else's therapeutic advisor, without intimate involvement by the suggestion that they read a particular book. I was aware of the discrimination of readers, not about how they use them.

I wanted to relate what I experienced, in order to locate readers within the space and in relation to the books in the context of the store, its architecture, fittings, and arrangement of books. How were people using and moving in this carefully structured corporate design where the location of self-help books for example, were next to a cafe? Buyers are led through the store along a singular route ensuring their pass by particular sections, sections resembling those that were first named in the early 1940s. How does layout and categorization play out in relationship to the desire to find help for pain? The people I approached most often thought I was a marketing researcher and would clarify my purpose. Coming from the position of both user and critic, I was looking at the place where those interests meet, and I wanted to be precise in documenting the analysis made by browsers in determining the usefulness of a particular self-help book.

### **A Peripatetic Tour of HarperCollins Publishers**

In expanding the research question to further analyse the levels of interest that inform the discourse of recovery, I wanted to learn about how self-help books were produced, by whom. What were the industrial conditions that informed this discourse, and resulted in these books? At this mainstream

publishing house, all categories of books would be produced under the same conditions, so what would distinguish the production of self-help titles? How had the category of self-help developed? Were self-help books thought about differently by marketers, publicists, editors, than other books produced at HarperCollins? I knew that HarperCollins produced many self-help titles, among them a number of books about abuse and recovery. This section sheds light on interests that inform self-help book production, one grouping of interests that make up recovery discourse.

I'm at HarperCollins as an independent researcher, acquainting myself with some of its spaces and workers. This corporation is one of the world's largest book publishers producing 1,500 new titles annually. The corporation grew from a single family enterprise into an international publishing empire. In 1817 James and John Harper opened a printing shop in Manhattan and in 1833 were joined by their two brothers and named themselves Harper&Brothers. Authors have included Mark Twain, Charles Dickens and Thomas Hardy, with landmarks in publishing including *Harper's magazine*(1850), *Harper's Weekly* (1857), *Harper's Illuminated and New Pictorial Bible* (1846). The adult trade division now includes Harper Business, Basic books, Harper Reference, Harper Paperbacks, Harper Perennial and Harper Audio. In 1962, Harper&Brothers merged with Row, Peterson and Company, with numerous acquisitions following. <sup>3</sup> In 1987, Harper&Row was acquired by the media conglomerate News Corporation and continues acquisitions under the News Group up to the present. In 1990 the company name was changed from Harper&Row to HarperCollins. Between October 1995 and May 1996, the period in which I made visits to HarperCollins, rapid changes in corporate structuring were underway, informed by the priorities of

the News Group, and larger tendencies of publishing competitiveness in the context of globalizing and downsizing trends.

The categories and subjects as they were added to the title and author indexing system at HarperCollins are discussed in order to give historical grounding to the self-help category. Several books from the archive are introduced, for the purpose of historical reference. Profiles of Harper Collins employees provide the reader with a sense of the current working environment in which recovery titles are produced. What follows are a series of profiles of HarperCollins workers. Most of the working processes of employees are situated within their working environments. This contextual information allows for links to be made between the job and the effect of rapid organizational change within the corporation.

### **Profile 1. Anthea Disney: HarperCollins CEO Promoted**

In March 1996, Rupert Murdoch, who controls the News Corporation, appointed Anthea Disney as new president and chief-executive-officer of HarperCollins. This marked a change in leadership style from a 'Visions and Values' team-work perspective with the goal of becoming the best English-language publisher in the world, to a more hard-nosed concern for the bottom line. Murdoch had previously entrusted Disney with fixing other News Corporation company franchises, such as *TV Guide* where she is credited with bringing up revenues to one billion dollars in 1995, making it the magazine industry's top revenue producer. She had no previous experience in the publishing industry. Two articles appeared at the time of her appointment to HarperCollins describing her career track; one in the *Wall*

*Street Journal* (Hal Lancaster, March 12, 1996), entitled "Life Lessons: Walk on the Wildside, Along Path to the Top", the other in the *New York Times* (Glen Collins, March 4, 1996) entitled "After Disappointments, A New Chief for Harper Collins". The *Wall Street Journal* article outlines her story of burnout and transformation in the column, "Managing Your Career", while the *New York Times* article provides a career profile emphasizing Disney's success as chief-executive with Fox Television, and as producer of the *TV Guide* and "Current Affair". Her life story is written in terms of emotional rags-to-riches: she works too hard, burns out at thirty, hitting bottom, and recovers, learning how to survive in her retreat period before rising to corporate success with the News Corporation. The article introduces Disney using the self-help model of providing advice in the form of her 'Life Lessons': 1) adapt to the culture you're in, 2) after a fast rise you may need to take time out for reflection, 3) hire talented people who aren't like you, 4) find someone who believes in you and trust their judgement, and 5) "If there isn't the possibility of falling on your face, you're probably not scared enough to do a good job" (Lancaster, B1). The author describes her slow-down of taking four years out for reflection and therapy, emerging more self-confident: "You can't be a manager if you're constantly looking for praise. You have to focus on what other people need. I'm no longer an approval junkie." Her reputation is that of an aggressive and effective leader, a cut-throat profit-seeking executive, a success in the environment of restructuring, downsizing and job elimination. She has a proven ability at increasing profits. Her challenge at HarperCollins will be to produce books of substance that may not be commercially profitable, along with books that will generate revenues, and thus please owners and stock-holders. 4 She will be involved in editorial advising, editing, and publicity. Anthea Disney has revealed to the press that

she has experienced emotional distress and that she understands pain. She has struggled and conquered her difficulties, her persona indicative of recovery discourse within popular culture. In the Horatio Alger style of emotional rags-to-riches, she represents the new feminine business woman constructed from selected details of personal struggles. This image serves as a new literary image as will be developed in the discussion of the autopathography in Chapter Four. As the personality, often defined in terms of struggle, becomes increasingly important in selling books, it is timely that the company's new CEO would be introduced by way of her pain and emotional struggles.

### **Profile 2. Donna Slawsky, Librarian: Classified Indexing and the HarperCollins Library/Archive**

Librarian Donna Slawsky provided me with HarperCollin's post-war title/author catalogues printed on thin paper resembling telephone books. Catalogues date from 1847, but it wasn't until 1946 that the first classified index was introduced. Its categories include Educational, History, Politics, Current Events, Poetry and Drama, Science, Nature, and Technical books. Books that relate to emotional adjustment are found in the category of Health, Nursing, Physical Education: *How to Find Health Through Prayer, Psychosomatic Diagnosis, Devils, Drugs, and Doctors, Keep Them Laughing, Public Health Statistics*. In the category Home, Family, Children, Decoration books concerned with adjusting one's life include, *From Friendship To Marriage, Does Child Obey, When Your Son Goes To War, Let's Arrange Flowers, Needlepoint as a Hobby, and The Army Wife*. Though these books address both relational issues and decorating concerns, the commonness is found in their addressing of private home life. In this 1946 classified index,

Psychology, Psychiatry, Sociology is a blending of private and public concerns and one of the largest categories with close to ninety titles, including: *How To Develop Your Personality*, and *Probing Our Prejudices*. Religion and Philosophy is also large with just over one hundred titles such as, *Justice and the Social Order*, *A Philosophy of the Christian Revelation*, and *Youth Looks at Religion*, *Courage for Crisis*, *On Being A Real Person*, and *On Beginning From Within*. At this time, the category of Religion and Philosophy accommodated titles addressing social issues and personal strategies. However, none of these titles suggest a damaged self or a self that has hit bottom as a starting point. The thirty-seven titles in the Self-Improvement section advise on improving speech: *The Public Speaker's Treasure Chest*, *The Art of Plain Talk*, career guidance: *How To Develop Your Executive Ability*, *How To Find and Follow Your Career*, relationships: *How To Improve Your Human Relations*, and general improvement: *You Triumphant*, *Power Through Constructive Thinking*. Self-improvement in 1946 proposed overcoming hardship through willpower and developing the already complete self into an improved state, and this was converted to financial prosperity. This contrasts with current self-improvement literature that assumes a damaged self in need of emotional repair. There is an absence of reference to conflict in intimate relations as well as an absence of tools for psychological self-diagnosis as found in current self-improvement literature.

In 1946, Home, Family, Children, Decoration could include books about family management with reference to coping with war-time and making the best of circumstances. At this time the institution of the family was taken for granted by contrast to current categories in the 1990s that accommodate the non-permanent family and alternate family structures, for example, *The*

*Family Crucible: the Intense Experience of Family Therapy, Lesbian and Gay Parenting Handbook, Marital Separation, Families on the Fault Line, Good Divorce, The Fragile Bond: In Search of an Equal Intimate and Enduring Marriage, The Alcoholic Family.* These divisions also indicate private and public social boundaries of the period. As archival document, the classified index provides evidence of the social construction, tensions and priorities of this American post-war moment. Categorization is a way of organizing and classifying social relations which are historically determined. The 1995 HarperCollins back list is a 270-page catalogue and in it, self-help books are found primarily in two sections: Addiction and Recovery, and Psychology and Self-Help. Addiction and Recovery includes approximately sixty titles that address alcoholism, smoking, love addiction, co-dependency, eating disorders, and twelve-step approaches to recovery informed by the Alcoholics Anonymous (AA) tradition. The Psychology and Self-Help section includes more than two hundred books about substance abuse, child sexual abuse, anger, grief, issues to do with therapeutic processes, depression, and the pros and cons of anti-depressants, relationships, self-esteem and healing issues. Psychology and Self-Help more broadly addresses ways of coping and recovery, whereas Addiction and Recovery is centred on AA and books directed to those familiar with twelve-step programmes. In addition, books related to incest are found in both these categories and in Gender Studies. The New Age, Astrology and Numerology category includes books that address emotional recovery.

The twenty-seven page 1996 Psychology catalogue sub-divides Psychology into Theory and Research, Strategies For Change, Healing From Abuse, Relationship and Gender Studies, Children and the Family, Spirituality, and



Resources. It highlights authors who have several titles with the company including Ellen Bass and Laura Davis (*The Courage to Heal*), John Grey (*Men Are From Mars, Women Are From Venus*) and Harriet Lerner (*Life Preservers*). This catalogue broadens the definition of Psychology from the 1995 back list catalogue. Whereas in 1946 Psychology was in a category together with Psychiatry and Sociology, Psychology is now its own category, and the self in this category is separate from the social. In 1946 *How To Develop Your Personality* and *New Schools For A New Culture* are in the same category along with *Pain, Sex and Time*, and *School and Church*. Also, in this index it is difficult to distinguish books directed to professionals from those directed to the lay reader: *Principles of Abnormal Psychology*, *Delinquency Control*, *Expression of the Personality*, and *The Meaning of Happiness*. These titles address the third person while *Overcoming Anti-Semitism*, and *On Being a Real Person* are not overtly directed to the third or first person. In 1946 it is Self-improvement that addresses the individual with titles like *How To Find and Follow Your Career*, *How to Develop Your Personality* and *Help Yourself to Beauty*. In 1950 the category of Psychology, Psychiatry, Sociology and Self-Improvement is much the same with the addition of titles that address the first person, for example, *Divorce Won't Help*, *Families Under Stress* and *How Psychiatry Helps*. This trend towards identifying the individual's problems continues to the present.

Donna Slawsky's insights into the rapid change at the company in terms of technology, structuring, and leadership come from her experience as an employee of eight years making her a long-term employee, as most staff stay only a year or two. She is my tour guide at HarperCollins Publishers, providing me with an overview of the larger corporate structure and its

current changing conditions. As librarian and archivist, Donna meets editors, assistants, and other workers from the company, helping them find information. After conducting a survey of users Donna found that some employees feel the library is indispensable to their jobs. For example, editors will look for other books related to a publishing topic under consideration, and sometimes find originals in the library that can be reprinted. There is a tension in Donna's job related to current expectations of company managers, who are dealing with a new degree of pressure to increase company profits, and of old-style company needs for information gathering. The company is primarily concerned with the production of books that will sell in a very competitive market and is particularly interested in keeping authors and agents happy. These relationships are especially important now, because of the competition between publishers over celebrity writers. "I get requests for documents [to be given to] the children's author and illustrator, Maurice Sendak, just to keep him happy." It's part of the strategy for keeping authors with the company. To meet these kinds of requests, Donna needs to have the material at her fingertips, but this is hard to do with the pressure to reduce documents. She explained the division between new and old style workers and management approaches, with the new style putting increased emphasis on profit at the expense of infrastructure, such as an archive. Space is at a premium at the New York head office and the library is squeezed into the basement, crammed with books. At the level that physical space reflects the values of an institution, then the product, the book itself appears to be more valued as a product than as literature, judging by the location and size of the library.

The former 'Vision and Values' leadership style involved a lot of extra work for employees, including weekend workshops and teamwork for ongoing projects over two years until 1996. Now departments and divisions fear cutbacks, "with the new administration it's like nothing existed before they walked in... very much of the 'now' society, not thinking of the past," Donna informed me. She is frustrated with the safeguarding of information in this environment. Questions of past and future and the idea of history as a teacher are irrelevant under this administration. The orientation now is to the consumer market through mass market books. The college division has been eliminated because it wasn't profitable. News Corporation insists that fifteen percent of their profit comes from publishing: "We are part of a media empire that needs money," one of the publicity staff pointed out. There are other profit-making opportunities with the link to the News Corporation, like the tie-ins between publishing and television. Warner, Paramount, and Disney can use intellectual property in their movies and television shows like *Melrose Place*, *90210*, and the *X Files*, with books as spin-off products of their television shows. The major sellers are tied in with other media, like radio star Howard Stern's *Miss America*. Some people have left the company recently because of their unhappiness with its commercialization: "Like Howard Stern gets all this publicity and his book isn't exactly a piece of genius... nobody cares about a first time fiction author," a publicist explained.

### **Profile 3. Jennifer Suitor, Publicist: Strategies and Stakes in Pitching Celebrities and Selling Books**

Donna recommended I talk to Jennifer Suitor in Marketing and Publicity about the process of promoting a book. She met me in the Publicity Department on the eighth floor and gave me a tour, including her office, a

four-by-eight foot cubicle-like work space sectioned off with mobile partitions. There was a large computer on one side, and files and books stacked up everywhere else. This minimal and impermanent office suggested short-term jobs. In the windowless conference room, which doubled as a lunch room, I met Jennifer's co-workers, two young women, who were eating their lunches and watching a soap opera. Jennifer took the lead in answering my questions, and her co-workers occasionally elaborated. Most of the publicity staff at HarperCollins are entry level women and often stay with the company less than a year, working long hours towards the possibility of a better job, usually with another publishing house.

Marketing is the umbrella division controlling the budgets for Advertising/Promotion and Publicity. Publicity is the bigger department with twenty-one staff, while Advertising and Promotion have seven or eight employees. The role of Publicity is to get free advertising by arranging interviews and guest appearances, as well as compiling the company's catalogues, creating counter displays, and placing newspaper advertisements. The director of Marketing is consulted about manuscripts, along with the directors in Editorial and Publicity. The Marketing department, and other directors, determine the 'plan card' for a book and this includes its synthesis, category, strategies for advertising, and budget. Payment to the author is determined by how important the publisher decides it is to keep this author. The company wants to keep 'big authors' and will enlarge the publicity budget to keep them happy. The author's current celebrity determines the strategy for pitching the book, along with the necessary hook. The strategic details are left to the individual publicist. In order to have an author on a television show, "There has to be something new and fresh about it, and you

have to figure out how it ties in with current issues in the media,” Jennifer explained. Some titles are easier to get media bookings for than others. Fiction and first-time writers are hard to book for interviews. Self-help books are easier because they address mass audience concerns, but still require a tie-in to current issues in order to secure a booking. A minimum publicity budget of \$15,000. US is allotted for a book launch tour, usually allowing about \$1,500. per city. The scale of the budget is relative to the author's celebrity and negotiated with the author's agent. Work in publicity is done on an on-call basis, with the expectation that you work until the job is done. She explained that when your author is on the road you can expect them to call you at home at any time of the day or night, and that this is part of the job. The work is standardized and publicists are pushed to the limit to meet the expectations of their jobs, with no room for their innovation into systems of publicity. “There is an interest in the bottom line, but isn't that the nature of life these days?... Being on the Bestseller List is crucial. You gotta do it,” one of the publicists explained.

Continuing in the conversation around the table with Jennifer and her co-workers, I learned that the popularity of a book is not always immediate. *Men are from Mars and Women are from Venus*, John Grey's bestseller, was not selling well in the first year. However, he was speaking extensively and holding seminars outside HarperCollins' publicity; he was himself credited for the boom in sales. “He has a huge following and filled Carnegie Hall. Can you believe it? John Gray sold out Carnegie Hall.” These publicity workers acknowledged that they are not always responsible for a book becoming a bestseller. Celebrity authors such as Deepak Chopra develop their own publicity strategy.

These three women agreed that Publicity takes the rap for every complaint, "There's a lot of pressure to get reviews and if the book doesn't sell well publicity is blamed for not doing their job. But it may be that the book wasn't written or edited well." These Publicity staff feel they have to contend with authors who come to Publicity either very happy or very frustrated with their experience of working with editors. Jennifer explained a current self-help book she is publicizing. Harriet Goldhor Lerner is a well-known self-help author whose first book, *The Dance of Anger* (1985), was a HarperCollins bestseller. Since then she has written several sequels, including *The Dance of Intimacy* (1989), and *The Dance of Deception* (1994). Her current book, *Life Preservers*, (1996) about love, work and family, is about to be launched and Jennifer is doing the publicity. The Lerner ten-city tour for *Life Preservers* requires that she arrange interviews as well as organize travel and escorts in each city.

"First we pull the review list with 100 to 200 people on it, and I begin making calls and pitching the book. I'll try for the hottest morning show in Seattle, if they don't want it then I'll go on down the list... sometimes there's a process of negotiating with television or radio people...If you take this little person on your talk show, we'll give you someone big like Newt Gingrich."

In publicity, the work is to determine and target consumption patterns. There is a protocol on how this is done, and predetermined limitations including budget, while at the same time, informal negotiations take place with media workers, arranging, for example, this kind of trade in authors for on-air time.

Through investigation at HarperCollins, we can see that the ideas that particular authors promote are put into public discourse through a network

of commercial interests. I began to think that there is an arbitrariness to the ideas circulating about a particular issue. If an author is seen as commercially viable as a celebrity, they are given more attention than a lesser-known author, and the content of the book is of secondary importance. Tie-ins with other current media issues will also determine the promotion of a particular author and book. In 1993 through 1995, false memory syndrome received much media attention with a glut of books about memory and false memory following. Perhaps some of these book contracts and the publicity they received once launched can be traced to the perceived currency of the issue. This will be investigated further in Chapter Three.

#### **Profile 4. Michael Storrings, Art Director: Competing Interests in Book Cover Production**

Michael Storrings is an Art Director in his early 30's who has been at St. Martins Press for five weeks, and was previously at HarperCollins for six years. His office is small; located in the Flat Iron Building on Broadway at 20th Street, New York City. He directs the design of six hundred book covers a year. Ten years ago, the work Michael did would have been done by two or three people. Now he and his half-time assistant and a stable of freelancers do the work. Freelancers are used as necessary, and depending on the particular job he'll hire a photographer, illustrator, and designer if these jobs can't be done in-house. For full-time employees, salaries in the publishing industry in New York range from \$200,000 to \$300,000 for publishers; \$30,000 to \$150,000 for art directors; and \$20,000 to \$35,000 for editors. No full-time employee would earn less than \$20,000., Michael informed me.

He produces trade and mass market covers, trade defined by the scale of the print run, usually with about fifteen thousand paperbacks and seven thousand hard cover copies. Hard cover issues are usually published one year previous to the trade paper release. Occasionally, a trade book will be printed in a larger run, like *Men Are From Mars, Women Are From Venus* which is really at the scale of what Michael called "industrial production" at 100,000 copies a run. Mass market will have a minimum print run of 20,000 copies and are always cut to 4 and 3/16 inches by 6 and 3/4 inches, the standard paperback rack size.

Michael talked about using the concept of food packaging to guide the design of book covers: "They have to be clean and simple like a good advertisement." He emphasized that with self-help books the shopper needs to read the cover information quickly and easily like nutrients on a vitamin package. He thinks that people don't have the patience they once did, for reading. The presentation of the book, through its cover, includes quotes by a familiar author for the reader/buyer:

You have to think about who would substantiate that book, usually a house author... there's a built-in market for quotes... Like if you have a book about relationships, you want to get John Gray to endorse it, or Deepak Chopra to endorse a book about spirituality and abundance. 5

Paneling, boxing, and colour are used to quickly contain and separate bits of information on the cover. Michael said he gets his ideas from going to bookstores; he has to know what's out there in order to keep abreast of what the competition is doing. He also looks at sales kits from other companies, greeting cards, gift-type items and clothing — things people are buying.

"Decisions about design depend on the personality of the designer and their interpretation of what's happening in the market — what people are looking



at and responding to." He looks at the colours of that market, for example, a book about parents coming to terms with having gay children would not use a red background. Blue, on the other hand, is calming, soothing, suitable for a hard topic. So usually you are playing off design ideas that are already circulating in the marketplace. "Like now you'll see a lot of books looking like *Men Are From Mars, Women are from Venus*. Designers follow trends and other people's styles, although the market can be ready for something new."

When he designed the soft cover version of *The Courage to Heal* he wanted it to look clinical - straightforward, textbook-like, a professional handbook that a doctor could use, as well as a layperson. This is a strategy for reaching a wider audience. The concern is that "too much character" will narrow the market. "Most self-help book covers are mainly type. They're serious, clinical in a way — not creative. They're generic and straight-forward. They have to appeal to a variety of different people." He points to *Beyond Acceptance*, a book about parents of gay and lesbian children as an example:

I'm just back from a sales conference, and one of the sales reps suggested that the cover should have a pink triangle on it. I know this isn't a good idea. The covers should be neutral. People should be able to read them without being threatened. What you are trying to do is to create a clean package that will appeal to a mass market. That's why they don't usually have a picture because how do you choose a picture that doesn't exclude some people? If you use a picture of people they are white or non-white.

The 'neutrality' in cover design is intended to ensure that the market for the book is not limited by the cover. The pink triangle might limit the audience. Having spoken with Publicity and this art director, it becomes clear that nothing in the construction and promotion of these books is haphazard or benevolent, rather informed by the imperatives of the market, and yet the

content of books such as *The Courage to Heal* appeals to assisting the unique individual and her particular problems.

Informal feedback from colleagues and others not so close to the field contribute to the design process. In thinking through the first draft of a cover, Michael considers typeface and compares his ideas to what's on the market at that time. He thinks in terms of how to sell the book to the buyer, the regional representative. A number of books are introduced at once in presentations at a cover conference. Editors, Publicity, Sales and Marketing, look over a dummy mock-up of the jacket. The final decision is made by the publisher and editor, and often the first proposal is rejected, although suggestions like, "play up the title, add a quote", may be the extent of feedback.

About two hundred titles are presented at seasonal trade books sales conferences, which as an event are a cross between a party, a launch, and a meeting with representatives from across the country. Directors from Editing, Marketing, the Art Department, as well as the publisher attend. "You have to get the reps excited, so the event has to be festive." Book jacket designs are made into slides and projected, sometimes with sound effects, to create excitement about the books. Major trade authors will be asked to speak. Mass market, which is a whole other sales force, has two of these events a year, with about ten books on a list.

The sale of books to sales reps who will distribute them has nothing to do with content; it is the covers and the excitement that can be created around authorship that sells them. Thinking back to the interviews with book buyers and their concern with content, I am struck by the contrast between this

emphasis on image in production, and consumer expectations for solid content. Michael discussed the introduction of a new book onto the market with the entire emphasis on how the book would sell, how "big" it would be.

**Profile 5. Carolyn Cahill, Interactive CD ROM Project Manager:  
HarperCollins Translates Self-Help Books to CD ROM**

"If this disc can help one person I want to do it." Carolyn Cahill

I met Carolyn Cahill at her office and she talked for over an hour about her work. She has been doing interactive design for three years. She completed studies in computer graphics at the Pratt Institute in New York. She worked at AT&T Interactive TV and America On-Line before coming to HarperCollins two years ago, with a contract for the American Sign Language project. She was then hired as Project Manager for Harper Interpersonal, a CD ROM production department, a few months later. Their first CD ROM was John Gray's *Men are from Mars, Women are from Venus*. The second project, beginning in February 1995, was Bernie Siegel's *Love Medicine and Miracles: The Interactive Workshop on CD-ROM - A Guide for Living Life's Challenges* which develops from the book by the same title and is about coping with 'life-challenging' illness. Out of his work with cancer patients, Bernie Siegel developed a strategy which he extended to overcoming other kinds of problems and enjoying life more fully.

In doing the research for this project, Carolyn found there was nothing comparable on the market and she wanted to fully utilize the interactive capability of the technology. She worked with outside developers and sub-contractors, bringing their skills and creative perspectives to the look and feel

of the prototype. Carolyn thinks that this CD ROM helps people connect to one another in order to think about their situations differently. She became familiar with Siegel's seminars and videos to prepare herself for the process of translation to CD ROM form. She asked for feedback from the editor, met with Siegel, and through this exchange came up with "better, greater, more wonderful ideas". Siegel saw and approved everything and according to Carolyn, the interactive CD ROM form allowed his personality to come through in the product. Workshop participants were interested in sharing their stories and demonstrating what these sessions are like, and Carolyn saw this aspect of the product as very successful.

CD ROM sales are limited and Carolyn believes this is a marketing problem, believes that the big and unwieldy Marketing Department is unable to do niche marketing well. Several advertisements in specifically targeted magazines have been the only exceptions. There is the added problem of a poor fit with bookstore display. At Barnes and Noble, the CD ROM section held all these products from games to reference material to John Gray's CD ROM. Gray's CD ROM has sold about 50,000 copies (30,000 is considered reasonable, and over 100,000 would be a blockbuster), and Siegel's has sold less than 5,000 copies since it was released two months ago. Gray sold many more books than Siegel to begin with, which perhaps makes him an easier sell. There is a limited volume of self-help CD ROMs on the market, however several are in development: *The Road Less Travelled* by M. Scott Peck, *The Seven Habits of Highly Effective People* by Stephen Covey and a CD ROM by Deepak Choprah.

Carolyn gave me a copy of the Siegel CD ROM. In video-like sequences Siegel opens the CD, introducing the viewer to each of its sections: "Personal Workshops," "Exploring the Unconscious," "Words of Inspiration," and "The Books." (The CD includes the three Siegel books *Peace, Love and Healing*, *How to Live Between Office Visits*, and *Love, Medicine and Miracles*.) The graphics consist of images of flowers and beaches with the sound of bubbling brooks and wind in the trees. Siegel's guiding voice is gentle, certain, the voice of paternal wisdom. In the introduction, he talks about his pain as a doctor in not knowing how to deal with patients as people, which came as a revelation to him in 1977. Like Ben Franklin who located himself with his readers - "I am just like you" - in *The Way To Wealth, or Alcoholics Anonymous*, Siegel defines his own pain as a way of identifying with his readers' pain. The recounting of revelation by Siegel is a common occurrence in AA testimonials. His moment of revelation in 1977 resembles the revelatory moment of hitting bottom required of alcoholics in AA.

Siegel explains that his CD ROM is easy to explore, and suggests that the viewer use it in a non-linear way. In the section "Words of Inspiration," seven interviews with "Exceptional People" can be activated. The exceptional patient, the cancer survivor, has depended on self, family, doctor, alternative therapy and spiritual faith in turning their cancer into a life-affirming experience. By clicking on one of the faces, a window opens with a descriptive summary beside a headshot of the speaker who discusses how they have overcome the despair and disappointment of their life-threatening illness in a manner that suggests that the listener can do the same.

The joining of image, spoken word and text in an interactive environment lends itself to the self-help genre with its sense of immediacy of the viewer meeting people with similar experiences and the sense of virtual community that the viewer can join. The viewer 'meets' seven group members who speak in the Personal Workshops under the headings, "Loving Yourself," "Healing Yourself," and "Doctor, Patient Relationships." Clicking onto "Bernie's Questions" in any of the sections, the viewer chooses from multiple choice questions, and in selecting, is given a response from Bernie Siegel. This proximity to the author suggests an inclusion of the viewer that approximates a one-to-one meeting with a doctor, plain-clothed and casual.

The video component of the CD ROM lends a compelling presence to the author as he speaks directly to the viewer accompanied by patient witnesses who support his narrative. He speaks directly to the viewer through his lectures and group sessions and makes interventions between speakers. Further interactivity is provided by immediate vocal response to self-assessment questionnaires. The CD ROM asserts a position that despair and depression kill people and that the user has the power to define their good health through the right attitude. You must reveal your vulnerability and see your disease as permission to give to yourself. Fun must be a priority, you must be able to lose track of time; Siegel maintains that a child-like spirit heals body and spirit. People in the support group represented in the CD ROM say cancer is a blessing, an opportunity to learn to love yourself. In "Another look: loving yourself/staying well" he asserts that the individual changes the universe and rescues society... you'll be surrounded by love if you decide to love. Siegel reassures the user that life would be easier if we were born with a guidebook. At the beginning of the program, he urges the audience to listen

to the voice within, claiming that the user has the power to control their illness and that the CD ROM is a way to explore, redirect, find a path, transcend limits. Siegel echoes the turn of the century idea of "mind power," connecting the power to control oneself with the freedom of CD ROM technology and its non-linear roaming capacity to make your own map. There is the possibility of ongoing dialogue with Siegel through the on-line site that he visits once a month to interact with viewers. Siegel hopes to provide more wide-spread services through the website. Carolyn says, "This is a wonderful way for people to share information and communicate... information they couldn't get otherwise." There's a thought for the day taken from book excerpts, and a question of the week, topics of discussion, and Siegel responds to the thematic message board. The site gets a small amount of traffic, but most users leave comments. This conversion of *Love, Medicine and Miracles* from text to spoken word and from testimonials to group sessions demonstrates a new mediation of self-help discourse, both an aspiration that this technology can help connect users with one another and contribute to new healing processes and raising issues of access to support through technology. In its simulation of actual interaction, it bridges the space between actual experience and the book.

**Profile 6. Doug Leonard, Senior Editor: Deciding Which Self-Help Books to Publish**

I explained to Donna Slawsky that I wanted to know how specific self-help book titles were decided upon and that I wanted to meet an editor. She suggested Doug Leonard, a senior editor for a major trade publisher and after discussing my project over the phone we decided to meet for breakfast at a Chelsea cafe. Over coffee and muffins he asked about my research, why the

topic of pain and self-help, what was I trying to get at, and what did I think about self-help books. I explained that I was coming to terms with pain in my life, particularly related to the recent sudden death of my father and the slow decline and eventual death from AIDS-related illness of my brother. He immediately told me that his mother had recently died, though not unexpectedly. We found common ground in the talk of pain in our lives, and we moved between discussing the publishing industry and each of our life stories. In the course of our conversation Doug explained that decisions about what to publish are informed by an editor's personal experiences and interests.

When I asked Doug about the decision-making process in determining a particular title he told me about the ways in which his personal interests inform what gets published. Last year, for example, in reading a book about a ninety-year-old osteopath, Doug thought it would be more powerful for the subject of the book to write his own book about his practice in cranial manipulation and the improvement of energy flow. Doug then related his interest in alternative practices, recent misdiagnoses and unnecessary major surgery of his father, an established cardiologist. He related this to his health concerns with being HIV-positive and the failures of conventional medicine in treating people with AIDS. It was these interests that motivated Doug to approach the elderly osteopath, and invite him to author his own book. The resulting book, published in 1996 <sup>6</sup>, is about the importance of sharing your illness with like-minded people and being of service to others facing similar challenges. The sense of community around a particular emotional or physical health concern is found throughout self-help literature. It is fundamental to know that you are not alone in your ailment or troubles. The



first of the twelve traditions which accompany the twelve steps is "our common welfare should come first; personal recovery depends upon AA unity". It is also about the role faith plays in healing and the idea that prayer can heal. Although AA is not mentioned in the book, according to Doug these approaches come out of the AA program. The way Doug talked about the book gave me a sense of its resonance with the AA orientation.

I told him that as part of my research I had been attending AA meetings, and that I'd been struck by the feeling of urgency to have one's pain heard; that I was aware that the self-help genre was influenced by narratives coming out of the AA programme. He told me that he is an AA member and suggested that I come to the meeting he attends. As I was leaving this meeting, I wondered if this ability to talk about our lives in relation to our work was because we were meeting in the public space of a cafe, rather than inside his workplace.

Doug explained that the publishing industry has a lot of senior editors like himself who make decisions based on their personal interest. He had recently been editing the story of a celebrity alcoholic and felt confident in editing her book because of his knowledge and interest in an alcoholic life. He relayed another story of a colleague bringing her personal experience to the job of decision-making. She had separated from her husband less than a year after the marriage and took on publishing projects about shame, guilt, and abuse, issues she was personally dealing with at the time. Doug explained that depending on the scale of the investment, he gets approval from the Editing Director, the Editor-in-Chief, or the Publisher. The amount an author is paid is based on what the marketing people think you can sell, which also determines the scale of the production. Sometimes you have to out-bid

another publisher to acquire a title. Marketing and Publicity are consulted about a title although they don't have final authority to determine whether it will be published.

Our conversation turned to the repetition of themes in self-help literature. Doug explained that at the moment god is making a big comeback in self-help books and I said a reorientation on god and spiritual power enjoyed a wave of publishing success at the turn-of-the-century. He proposed that in the seventies self-help books were more secular and in the eighties more testimonial. Now, he suggested, they're about looking for spiritual answers.

He explained that he had not begun to grieve the death of his mother. This was partly because he had just started his new job as Executive Editor at a major publishing house and felt that he couldn't take much time off. He explained that, like many alcoholics and drug addicts, he has grown accustomed to not dealing with his feelings, so that he is more used to not having feelings than having them. He said he wanted to start some kind of grieving process and asked about mine. I told him that objects from my brother helped in taking me close to memories of him, making the loss feel closer and more real, bringing focus and a sense of tangibility back. I said that I seemed to need to repeatedly revisit this painful place. I talked to him about recently sorting through my brother's files and papers on the third anniversary of his death in December 1996. I told him how close it brought me to the time of his death to find the last 'things to do' list that he'd made which included writing his obituary and thanking his doctors. The other thing I found in this pile was the last bank statement and fifty dollars in cash sitting on top of it, the last money Steve had touched. I told him how I went

through this sorting process with someone and that I wouldn't have done it alone. Doug said he'd been more grateful than ever for having AA at this time. He also told me that he'd started working with a new therapist. I mentioned how AA was central to recovery discourse in terms of the way life stories are told and said I thought it could be useful to have first-hand experience with the AA recovery model, but that I didn't feel comfortable going to meetings since I'm not an alcoholic myself. He assured me that meetings are open and suggested I come to his group.

As well as discussing his professional experience in the production of self-help books, our exchange included finding experiences in common through talking about the deaths of loved ones, moving through the pain of loss in our families. In marketing books Doug explained that authors are celebrity personalities now and more important than the topics themselves. He gave the example of Marianne Williamson and Deepak Chopra. We talked about self-help books from our different perspectives. At the end of our discussion he said he was thinking of leaving this line of work if he finds he cannot believe in it. This methodology requires talk that includes the exchange of feelings, as well as information and knowledge. Fortier discusses the tension in being a researcher with an embedded autobiographical voice. She refuses the distance from subjects usually taken by ethnographic researchers and argues that despite agreement to the presence of the researcher, there is still "reluctance to put the personal in the text" (Fortier 1996, 306). The process of self-telling that I went through with those who were the subject of my research both gives it direction and is layered into my work.

## **The AA Meeting: Gay Men Negotiating the 12 Steps**

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement to membership is the desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses or opposes any causes. Our primary concern is to stay sober and help other alcoholics achieve sobriety. (*An Introduction to AA*, 1993, p. 1)

This section introduces AA as a context out of which characters and narratives emerge while in the process of identifying alcoholism as a problem, and the process of surrendering to a higher power. The AA recovery programme has served as a model for many kinds of self-help books by defining stages of recovery from an unmanageable life, to finding common ground with others through the sharing of stories. According to AA, an alcoholic may recover but is still always an alcoholic. Observations from the meetings I attended will be used to introduce and begin to define the terminology of AA. Almost all these meetings that I attended between March and May 1996 were geared towards gay men who populated the neighbourhood of Chelsea, in New York City.

The New York City Meeting Book lists over thirteen hundred AA meetings scheduled from morning to evening and taking place across New York City, where the organization originated over sixty years ago. Group names like 'Watch Your Step', 'No Forbidden Topics' and 'Fireside,' suggest the range of specific interests different groups address. Every meeting has a different name, some as straightforward as the name of the neighbourhood, others

suggesting the emotional orientation of the group. Doug invited me to meet his group, the 'South Surfers' in the basement of a community centre in a small, windowless seminar room. When I arrived, five men were seated around the periphery of the room, with space for another ten or so. The 12 Steps and 12 Principles were posted. 7 Observers are welcome as long as they respect the rules of the meeting, including anonymity. I was offered a number of informational brochures. Among them was a listing of available publications including seven books, three booklets, forty-six pamphlets, five videos, and the monthly AA periodical, all produced by the General Service Office of AA. "An Introduction to AA" straightforwardly and methodically presents the organization, what alcoholism is, a list of questions for self-diagnosis, and what AA can do to help. The section, "What is Alcoholism," begins, "Alcoholism is a disease! Medical science recognizes it as a public health problem rather than a moral issue". The brochure explains that "AA combines the basic and essential elements of sound alcoholism therapy." It requires belief in a Higher Power for spiritual well-being and making amends, in so far as possible, of all past wrongs in order to relieve the mind of inner conflict. AA provides an opportunity for sympathetic mutual discussion, which, it claims, gives relief to complexes, repressions and self-recriminations. In addition, AA teaches that part of helping yourself is helping others. Its proven method is divided into manageable steps that appeal to audiences of varied intellectual levels, cultural origins and emotional states. The brochure entitled, "44 Questions," explains that AA members have a selfish interest in offering help to other alcoholics who are not yet sober in that it helps them stay sober. This is the 12th step of the program: "12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in

all our affairs"(p 14). AA focuses on this single problem in a space that is anonymous and offers fellowship apart from other professional or personal identities. It offers a non-alcoholic social life, where the individual is sustained by the structure of the organization and its members.

The meeting started with a dozen or so men present. Ricardo 'Qualified', telling his life story in the first twenty minutes of the meeting from his perspective as an alcoholic. His narrative fit the codes of drinking that results in hitting bottom, surrendering, and coming up through recovery, reminding me of pre-AA Horatio Alger rags to riches narratives. He talked about being Cuban, Catholic, feeling different as he grew up, and being gay. He talked about his wall: "The Berlin wall came down but mine didn't..." and how he maintained it with beer and pot. His 'bottom,' the term used to describe the lowest point and the revelatory moment of deciding to change, to rescue oneself, came when his mother was critically ill and his lover left because "I was such a mess" due to the drugs and alcohol. He said this particular 'room' was important to him because when he first turned to AA, he came to this meeting. Several people talked about the 'rooms' in a way that suggested emotional attachment to the experiences that took place in this familiar physical space.

Between meetings I had coffee with Jim, a school teacher in his late thirties, who told me he's not really sure if he's an alcoholic in the sense that some of the guys are. He would come home from work and have a drink, and over time he noticed that this number increased to two or three. He thinks it's particularly common for gays and lesbians to depend on drugs and alcohol because of their marginalization in society. Jim has been part of the Roman

Catholic church all his life. He said about this AA group, "...that sense of spirituality is so much deeper than anything I've experienced in the church. It's the common pain and seeking to get through that pain." He told me how hard it has been for him to ask for help. "It's embarrassing to say I need help." However, he also goes to therapy once a week and along with AA, is working on "finding himself." It seems that for Jim, AA offers an opportunity to understand himself better even though he distinguishes his alcoholism from others in the group. He's not sure if he ever really 'hit bottom', and yet the process of recovery and the importance of AA is profound in his life.

At another meeting where Doug 'Qualified,' he talked about the need to socialize in bars and use drugs if you're going to dance for sixteen hours. He reminisced about a now defunct club, The Saint, and the gay epiphany he had there, discovering drugs, men and dancing. Judging by the nodding of heads, this was a shared experience within this gay male culture. AA narratives for gay men include exhilarated coming out stories that connect alcohol with a sense of gay liberation and gay male identity. Being gay without drugs and alcohol emerged as a specific social negotiation in these stories.

This specific cultural community exceeded the traditional AA framework and highlighted particular constraints of the programme. These men transgressed the written boundaries of AA in order for it to accommodate their sexual practices, illnesses and experience of discrimination. Men in this group questioned whether they could be moderate consumers if they improved other things in their lives like their self-esteem, so that they did not need to depend on alcohol. They viewed people who were not in the programme as less troubled than themselves and expressed a desire to meet others outside of

AA. Bars are the usual location for sexual and intimate encounters for these men, and so with giving up alcohol there was also the loss of a safe place where they could be 'out'.

Kevin, who was familiar to some in the group, arrived late. He had been walking up and down the avenues, anxious and desperate. He reported that his friend, an HIV-positive member of the group had killed himself this week, fed up and feeling hopeless about the medical treatment he was receiving. He had signed himself out of the hospital and jumped off a building near his home. Many of the men in this group were HIV-positive, with self-described multiple dependencies on drugs, bars, sex, along with alcohol. In this setting I was plunged into the immediacy of the gay male alcoholic experience and its particularities during the AIDS epidemic. All of these men were facing multiple losses of friends, lovers, and community, compounding their alcoholic recovery, adding loss as a shared dimension in addition to regular demands of alcoholic recovery. There is an excess of loss and its pain that exceeds the AA literature.

'Self-telling' provided the narrative boundary in these group meetings and enabled me to make the distinction between the literature and the experience. What they share is acknowledgment of difficulties and a search for common experience, which I saw in the nodding of heads when something was said or comments which affirmed that it is "just like that for me too." This commonness contained within the testimonial or 'self-telling' has been commodified since the self-help books at the turn of the century through to the present.



I felt privileged to be included in these group sessions where men were openly giving each other emotional support by listening carefully and putting their own problems aside to make room for the speaker to be heard. The space of AA seems to allow these men to be open and vulnerable, emotionally available for each other, in a way that no other social space allows. Even though this model has been appropriated and commodified both in books and for-profit programmes, it seems to continue to meet diverse needs by offering open access to a multiplicity of interest groups.

### **Tie Me Up: The Disciplining of Pain in Alcoholics Anonymous (AA)**

When I was in Pittsburgh last week I met this astrology guy, and he said from the end of May through June during Mercury's retrograde, you can expect curve balls. You have to be a receiver. It's an important time to let go. Don't sign any contracts or anything. You have to let go. This starts May 20, so that makes me nervous.

-Teresa, May, 1996

Teresa and I met through a mutual friend at a time when she was negotiating her relationship to AA and going through an emotional overhaul using narrative to reconstruct herself, with her life's pain at the centre. It is the narrative construction through storytelling that takes place through the AA programme that is central to this section of my inquiry. AA is a full-time commitment for Teresa, unlike the gay men from the South Surfers group who had longer-term experience in the meetings and didn't communicate her degree of urgency to recover. Teresa is an intense woman whose alcoholism was complicated by the intersection of her work in the sex industry as a dominatrix.

While attending AA meetings provides glimpses of emotional turmoil, Teresa in the early stages of her recovery allowed me closer proximity to this upheaval. Without either the familiar support of alcohol, nor a new place of being settled in herself, she was on the edge, increasingly aware of her past mistakes and wrongdoings as she did her 'moral inventory', Step 4 of the AA Twelve Steps. She saw me as neither alcoholic nor in crisis, rather someone she could confide in. It was important for her to have contact with non-alcoholics..As an outsider to her life and AA, I could be called upon for support and at the same time she was aware that I was doing research. I felt I could meet her in this place because of my familiarity with the feeling of losing a sense of emotional stability.

Her pain was given meaning through group meetings, individual therapy, talking with others between times, and the AA books. Teresa believed that the hard work of changing herself would pay off and that she would be rewarded as her new life took shape. "It's very sad," she went on, "to say good-bye to your lover, friend that is alcohol." She drank in high school, and did bennies and speed as well. "My shrink calls it an oral thing, like my verbosity... I like to shop a lot, too, but I'm a bulimic shopper. I'll buy stuff, and then take it back." Her background is white and middle class, and she is exceptionally bright, woman, resourceful, critically trained and enjoys revealing herself, making it possible for me to see and feel a recovery process underway in its complexity. These qualities also interrupt a straightforward adherence to the programme. She reads the seamless texts of the AA books selectively, fitting into the narratives, finding agency through their discourse, while recognizing herself in excess of them. At the same time, the narrative

structure of AA self-help books provides a protective channel or bulwark for Teresa.

She has invited me to her apartment to talk about the self-help books she's using. The phone rings again: "Hello?" Pause. Teresa has just leapt to the phone, both exasperated and eager to get it: "My sponsor says that lending the money only helps to continue in an alcoholic way. It's called enabling. If I give you money in the first ninety days it's a gift... I know you need the money, and I know you'd get it back to me, and I don't want you to go back [to the sex industry]... yeah, well... my sponsor has to think of me first... I know it's embarrassing [to ask for money]... everyone in there [AA] gets embarrassed... Can you hang on? I'm getting another call... Hi, I haven't heard from you in soooo long!" Back on line one: "Another girl we'll be bringing into the [AA] meeting soon. My favorite coke whore. I'll give you the \$150... I think you can get a regular stupid job... dog walking, or anything." She pauses to listen. "You get a job that's not great, not glamorous... It's not that I'm upset about this. It's that I want to do the right thing." The caller has a call coming in, and the conversation ends abruptly. Teresa returns to the table, joining me for lunch once again and tells me that support over the phone is important. You're supposed to phone five people a day. Everyone has a sponsor, someone who has been in the programme more than ninety days and acts as an advocate assisting others in their progress.

She explained that after 90 days you 'Qualify', telling your story in terms of experiences, strengths, and hopes. Everybody listens, then claps for you, cheers you on, and can speak in turn, addressing some aspect of your story. What you say can be anything relevant to your alcoholism, but you're

supposed to identify with the feelings of the speaker, not their personality. Teresa opened her agenda, and I saw 'Qualify' written boldly in this Sunday's rectangle. She'd carefully printed the word, outlining each letter and made stars around it, so that it jumped off the page in the week her agenda was opened to. One of the ways I felt I provided support for Teresa was by listening to her at a time when she was developing her story as she approached this important event of 'qualification'. Teresa is in the midst of a struggle to regain control of her life, control that is being directed by the AA program. In this model her past excess has a rationale and logic, while she gives it new meaning through narrative and a new personal and communal place. Her community has shifted from fellow sex workers to fellow AA members. The high degree of structure in AA operates as a constraint and discipline at the same time as creating community and systems for control through the sponsor, the phone calls, and the books.

There's a painting of St. Francis of Assisi above the table that we're sitting at in Teresa's compact Manhattan apartment. The saint, in brown robes and skull cap, gazes heaven-ward. It's big in the scale of her apartment, about four feet square, amidst stacks of books - cultural theory, biographies, and sex manuals, including a coffee table one on top about fetish and leather, that she is pictured in, along with skin magazines like *Penthouse*. She tells me that when she was growing up, this St. Francis painting was above the fireplace in the family home. Looking at it, she comments, "My mother came to visit back in the winter, and I got her to bring the painting. She's an alcoholic. She went to one meeting, but some people can't stop drinking... too much pain." The private physical space of her home reflects the emotional changes she is making in her life, which are informed by psychotherapeutic and AA

guidance. It seems to me the painting is an expression of her changing identity and search for a 'higher power' and her childhood recollections of home.

Teresa is in her late thirties, has worked in both the art and academic worlds, and as a 'sex expert' in roles as a dominatrix, erotic dancer, lesbian sex activist, and sex improvement course instructor. She has two older sisters who she is in touch with, but doesn't feel close to. She began drinking as a teenager and recalls blackouts but always thought it was something she could control until recently. Teresa attended her first AA meeting on her therapist's recommendation and wasn't convinced that the programme could help her. After her second meeting she changed her mind and decided to commit herself to the programme. These past few months, ninety-seven days to be exact, have been exhausting. Putting a stop to her drinking has thrown her life into disarray. Most of her relationships seem like they're not good for her anymore: it doesn't make sense to work in the sex industry, as it did before. She feels a huge sadness about giving up on her academic career and sees her rebellious sexy persona as self-destructive. She's eager and determined to transform her life, and is attending weekly one-to-one therapy sessions, daily AA meetings, and has a sponsor. "During the first thirty days of not drinking it was so painful. I couldn't get out of bed. I had allergies, sweating and fever. It's hard to concentrate...it still is. De-toxing starts at day one, and lasts through the ninety days." Her father joined AA six or seven months ago. She's wondered if she's doing this for him, because of the timing, and has had to let go of that, too. The idea of 'letting go' relates to Step 3: "Made a decision to turn our will and our lives over to the care of God, *as we understood Him.*"

At the same time, Teresa hides self-help books when people visit her. "It's an open wound. People will judge your character. It shows that you weren't responsible... and some people won't rent to you if they know... I wouldn't read this book on the train." She rests her hand on the thick volume, *Alcoholics Anonymous*. "Everybody would know... I like the anonymity of the program. There are these expressions that people in the program have, like, 'Are you a friend of Bill's?'" Bill was a co-founder of AA, and this is a coded way of asking if you're a member. And there are lines and words that are used repeatedly, like, if someone says 'serenity' or 'surrender,' you know they're in the program." Teresa's description of the AA codes suggests community formation through shared language. This is also found in child sexual abuse self-help discourse, for instance in the identification of oneself as a survivor. The book is a document that addresses the alcoholic or the survivor, a complementary guidebook and resource, and a repository of the language and structure of the programs.

One more time, the phone rings, and Teresa rushes to get it, apologizing for jumping up on the way. Teresa: "I'm so fucked up financially. It's not that I'm trying to... I want to lend it to you..." The woman on the other end gets another call. Teresa sits back down and tells me she hasn't had a bank account for ten years.

I'm really trying to break my taxi addiction. Today I'm going to give myself lots of time so I can take the bus to work... It's a mistake to lend this money. Here I am sharing when I don't want to. And you have to trust your sponsor, and she says I shouldn't [lend the money].

A man Teresa met at a bar has paid her rent since December.

He's in love with me... I don't even like men very much. It started with him buying me these huge bouquets of flowers, and baskets of food, so I told him I really wanted time off work from erotic dancing so I could write. So he pays me three hundred dollars a week. Sure, he wants a love relationship, and it'll never be that, but if he wasn't spending it on me, it'd be someone else, right?

In not drinking, Teresa was the midst of thinking about her relationship to money and sex. "AA has to take over now. You need people to tell you what's good for you. I'm not trying to do it all perfectly. I have to make some mistakes. I think this is one of them," loaning or giving one hundred and fifty dollars to a "a baby" in the program, an alcoholic friend who's been recovering for seventeen days. "Sobriety is like a steady job. You have to re-learn common-sense. I feel like a pre-teen, but you've got to feel your feelings when they come up... not hide them." Teresa and the last caller had once in awhile gotten very drunk together, and "done a lesbian duo exhibitionism thing with lots of flirtation." She stopped eating for a minute. "Oh, my side. I've got a pain from eating so fast and talking so much..." Teresa had already explained that the alcoholic mind is greedy, deprived, underprivileged, underfed; it has to slow down.

She said that she was going to be performing at 'Jackie 60' a popular club in the meat packing district of New York and invited me along. Shortly after midnight she came on stage as Madame Cynthia. <sup>7</sup> She looked particularly tall, wrapped in a sheath of black shiny latex pants, and a short matching jacket, cut low to accentuate cleavage, with heels adding to the towering effect. Her brown wig was curly, a camp, British-matronly hairdo. She sipped tea from a china teacup, placing it carefully on the saucer, sitting down in a wing-back chair to answer the phone, and getting up again to pace the stage. She

was the Madame, joined on-stage by a school-girl character in a short pleated skirt and pig-tails, a deranged looking boy-slave character in a pale blue hospital gown, and a slut-girl character in a shiny-black outfit and fishnet stockings. The ambient performance stretched over hours, in the dark spot-lit club, as the audience moved to the techno-endless beat. In the audience there were many more men than women, some drag queens, and many masters with slaves. The crowd half-watched the stage show, and cheered occasionally, dancing on through the night. Madame Cynthia was in control of this British house of pain. She zipped the slave into a body bag and put a tight-fitting mask over his head, with just a tiny breathing hole left, and he stood against the wall like this for a while. The school-girl and teen slut characters feigned passion and took money from onlookers who wanted to get on stage. A man from the audience wearing a latex shirt and sunglasses was strung up, hand-cuffed to a pipe close to the ceiling where he hung for a few minutes before being released. Madame Cynthia stood back and observed, in control and detached from the action.

In the AA programme, the former control she had over her life in the sex industry is disintegrating, leaving her detached and in turmoil while searching for a new self-definition. This performance can be seen as a metaphor for the reorganization of her life within the constraints of AA where she battles with control and surrender, in the process of renegotiating her past and present identities. AA draws directly on this Protestant version of redemption and connects to nineteenth century self-help books such as those written by Horatio Alger.



The next time we met was at my place. Teresa had suggested that we get together so that she could tell me about her self-help books agreeing that I could take notes. She explained that *Living Sober : Some methods AA members have used for not drinking* (1975) is about helping you get through social situations by identifying with others' stories. She and other AA members take what they want from this book and laugh off its dated language, like calling someone who sips alcohol secretly a "flask nipper."

She explained that the name of the organization changed from "The Way Out" to "Alcoholics Anonymous" with the publication of the book, *Alcoholics Anonymous*, in 1935. This is the main book and everybody quotes it like scripture. "It talks about a higher power to take over your will. You have to be totally submissive when you're an alcoholic [in AA] I have to let go of everything." By her own diagnosis she'd been an alcoholic for fifteen years. She turned to chapter 5, "How it Works", and read the first step, "We admitted we were powerless over alcohol - that our lives had become unmanageable."<sup>8</sup> She explained that the 'we' is important because we are part of a community. Unmanageability might take the form of having accidents, you might be cross-addicted, or abusing sex and alcohol, or for some people it's crack, coke and pot. It peaks when the alcoholic "hits bottom." She said the bottom was an important myth of the alcoholic. I asked what the bottom was like for her, and she said it was bad, and I wanted to ask more, but felt her vulnerability, and stopped. Our conversation moved back to her instructing:

Many people act alcoholically throughout their life. They make non-sober decisions, for instance based on "geographics" - continually splitting town to make a clean start. I want to show you the promises on page 83. I like going to the promises meetings because they tend to be more positive. At other meetings there can be a lot of whining. You

know, it's all these middle-class people, and they'll say something like, "I got a flat tire this morning, and I really wanted a drink."

She read out loud from the promises that are discussed at 'Promises' meetings:

We are going to know a new freedom, and a new happiness. We will not regret the past nor wish to shut the door on it. We will apprehend the word serenity, and we will know peace... No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear.

Bent over the book, focusing intensely on each promise, she said, "Isn't that beautiful... on with the work of getting there... 'Self-seeking will slip away. Our whole attitude and outlook on life will change. Fear of people and of economic insecurity will leave us.'" Teresa interjected, "I know that if I drink I'll never get a driver's license or have an adult relationship." She turned back to the book, "We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.' You're not supposed to start a new relationship for a year. I don't think I'm going to wait. People don't have to become saints or nuns or monks or anything." The suggestion is abstinence, at least in the first ninety days, "because it could send you into such deep things." The idea is that you want to have a foundation:

...alcohol and sex just go together. I think it's always used to lubricate the libido. You know I used to teach these courses, 'How to Drive your Man Wild in Bed,' which was really about how to manipulate him, and 'How to Drive your Woman...,' which was how to get her clothes off, which really meant getting her drunk."

We talked about working in the sex industry, and Teresa explained that she wanted to get out of what she was doing now which is topless dancing. "I'm

not in this body anymore when I'm doing it. This isn't who I am. It's so cerebral, it's like I'm talking. 'Jackie 60' is fun, different...distracting...a bit like a drug." She'd heard of Prostitutes Anonymous, and thought that cross-addiction was very common.

Very few women make sober money in the sex industry. You make a lot of money, but then you want to spend a lot, because you feel like you've earned it in the hardest way. You probably end up making about the same if you make \$5. an hour... Now I've got to take the bus more... I just have to make time for it... I'm so used to taking cabs, and my shrink and my sponsor say I have to stop... I can't afford them.

The second step is that we "came to believe that a power greater than ourselves could restore us to sobriety." Teresa has started thinking that spiritual pursuit is a privilege of being an adult, and that means having an open mind. If someone is disillusioned with the idea of a higher power, they can exchange that for the 'goodwill' of the meeting. She explained that she prefers to call her alcoholism a 'self-diagnosed affliction,' rather than a disease. She was an AA cynic until she joined - she was "in denial... alcoholics are the best AA bashers. I know I'm sounding defensive, and I don't mean to." Teresa explained that university taught her to be a critic. Her impulse would be to deconstruct what somebody was saying before they even got the words out.

Teresa suggested that I should go to a meeting, and that we could go together. She pulled out her well-used copy of *The Meeting Book* and said she thought the best one would be on Tuesday night. It's called *Never Too Late*, and is open to anyone. She usually goes to a beginner group in her neighborhood, only open to alcoholics. When she first started attending meetings she said she didn't feel safe: "some meetings are more insane than others. When

people are in recovery, they can be violent... but there is a feeling of safety in the room. People do come in drunk, but they stay at the back. They stay quiet."

It is through the meetings that Teresa has come to realize that she needs a change of working environment. Some people's jobs before getting sober either enabled them to drink, like working in a bar, or in a high pressure job, where it would 'make sense' to drink after work to unwind. Teresa's 'sobriety job' is as a hostess at a cigar bar:

It's supposed to be humbling. There's no responsibility, and I'm working in a place where I don't take my clothes off. Topless dancing is an insane environment. Maybe I'm acting out as a topless dancer. I feel like it's a non-sober behaviour.

Step 4 requires making a "searching and fearless moral inventory of ourselves." Through doing the moral inventory, Teresa was rethinking her life and interpreting it through the lens of the programme.

The programme says you have to become a child, be disciplined, and simplify life. You wouldn't believe it... after you stop drinking it's hard to figure out how to get your socks on. The programme gives you tools. You can phone somebody... and you have a sponsor - someone who steps you through the steps."

She instructed that it's good to have a 'home' meeting, to be able to return to. There's a lot of crying: "public crying...washing of deep hurt. It's the shame, knowing you've been unmanageable... knowing you've hurt yourself, deprived yourself... there's been love and support, and I've sabotaged it." I noticed the wince in changing from 'you,' to 'I'. "I need to be heard right now, or I feel like I'll fade to the back of the room, and get drunk." Tears welled up as she described how badly she felt about not having finished her university degree. Articles she'd written, or were written about her said she

had a degree, but she didn't. I heard the frustration and determination in these stories of her daily struggles. These were structured into her narratives.

AA is about trying to keep you in the middle, but without any drugs. The point is not to be medicated. "When people are on anti-depressants, they aren't really in themselves. Many people in AA take Prozac... enough that it's talked about. I would love some anti-depressants myself, but I have to let it go." She feels angry at people who have anti-depressants and are in AA, and claims it's not fair.

There's this acronym, HALT - hungry, angry, lonely, tired. If you're hungry, eat, if you're angry or lonely, call someone, and if you're tired, have a nap. Drinking is not an option. But becoming crazy with your emotions... you have to stop yourself. I have eaten more cheeseburgers and chocolate milkshakes... it satisfies a lot of feelings, and you feel full, and you don't want a beer on top of a shake.

Turning to page 449, she talked to me about changing herself:

I often read from the book. It's about acceptance. Alcoholics want to make other people do what they want... they also lie, steal, and cheat. I feel like I wasn't entitled to be in school. I didn't do any of it, really." Her eyes get watery. "I had to get out before being discovered... I have a collection of popular sex theory books... well a few, anyway. I've written advice columns for *Penthouse*, and been on talk shows as an erotic expert. But I think I've done a lot of it to be rebellious... the bourbon drinking topless lesbian. It's all under review. Getting sober is such a process."

The problem of alcohol is at the centre of her new identity. This kind of categorical self-definition connects to the titling and categorizing of self-help books in their centralizing and generalizing of symptoms that necessarily privilege one in particular.

The "Never Too Late" meeting is in a church basement. There was no indication from the street that this was the location, but as soon as I walked in I knew it was the right place. I could see and feel the warmth between people; the atmosphere was cheerful, made up mainly of white middle class men and women with some Hispanic and black people. There was a head table and a semicircle of about sixty chairs. The twelve steps and the twelve principles were posted at the front of the room, along with some sayings written in calligraphy and framed: 'Easy Does It', 'Live and Let Live', 'But for the Grace of God, I am Responsible'. Teresa had explained to me that terms like 'sobriety, job', and rules like "I can call myself an alcoholic but you can't" circulate only in speech. Fifty or more people are chatting, sipping coffee, finding places to sit, or looking at the table set up with books, and related AA materials. Someone from the table displaying books calls out that if anyone is new, they should get a copy of this, holding up *Living Sober*. Teresa's seated in the front row, and I take my place across the room towards the back.

The meeting is the standard hour and a half long, and starts with a voice breaking into the din of conversation going on in the pre-meeting hubbub. "My name is Judy, and I'm an alcoholic. Tonight's meeting..." and the ground rules were quickly laid down. Judy told a story of her life as a child who identified with the alcoholic men in their soiled white suits who came into her father's pharmacy, and the stories she heard of prominent members of the community who had been dragged out of the gutters the night before by the local sheriff. Judy was a dramatic woman, stately, composed, and probably in her mid-sixties. Growing up, she had identified with movie stars who wore white cut-on-the-bias satin gowns, and sported a cigarette in one hand and a martini in the other. She hooked up with a navy man in a white suit

when she was about twenty, only a couple of years after the suicide of her mother. She details her alcoholic decline, and ultimate wandering through her neighborhood in a drunken stupor. Some AA people came to her doorstep eventually, and that's where her AA life began. After an inner battle as to her need for it, she decided to try AA. This part of her story was brief, with her life steadily improving, although she lives with the major regret of neglecting her children during those heavy drinking years. Her qualification was followed by contributions from the audience of their experiences with alcoholism as they resonated with her story. Teresa raised her hand, and after a couple of other speakers, had her turn. She said she had a collection of etiquette books and that they had taught her how to carry herself through. Judy nodded. Teresa felt really badly tonight because of quitting her sobriety job. She spoke quickly, describing her hatred of this job, but knowing she needed it. There is a discrepancy between her moment to moment barrage of feelings and pain, and the oral self-telling and self-help literature that tells the story in retrospect, containing the lived narrative into a progressive form, editing it into order. AA cannot accommodate the complexities of Teresa's life, and yet they are important to her.

Judy's story touched a number of people at the meeting. One man said, "people laugh when they hear their pain being spoken." There had been many a laugh during her talk and he said he identified with her use of drama. Theresa later said that she thought all alcoholics have a flare for drama, "you just don't get 'cheap' drama after you're sober - throwing dishes across the room, chopping up your boyfriend's clothes into little pieces." As a step on the way to getting there, more experienced people in the program encourage you not to do things without thinking it out. Some people were celebrating

three days of sobriety, others fifty-one or sixty-four days. Several people had recently met their ninety days qualifying time while another woman was coming up to a year, and another man approaching the five year mark. Someone else had a fifteen year anniversary coming up. Marking these occasions and having them witnessed was obviously important. A ten minute break followed and about half the attendees left. Afterwards the discussion period continued for another half hour. The meeting closed with everyone standing and joining hands for a collective reciting of the AA prayer: God grant me the serenity to accept the things I can not change, courage to change the things I can and wisdom to know the difference. After the meeting, while putting chairs away, remaining participants talked over their particular problems at this moment with fellow members or their sponsor.

After the meeting tonight, standing at the corner of Broadway and 79th in the pouring rain, Tamara, who had also been at the meeting, suggested she could get Teresa a job at her restaurant. Teresa told Tamara that she really wanted to write for money, like she had for *Penthouse*, being paid \$2,000. for a piece. Tamara looked bewildered. This level of ambition was beyond her and didn't sound like humility.

Teresa and I talked about the meeting we had just attended. She said it had a strong core with a lot of solid people, and that many of the meetings don't feel so solid with more people on the edge. This was a pretty light meeting - lots of times people bring up deaths, surgeries, miscarriages, and births. Teresa remarked on a woman doctor who was there tonight who used to abuse drugs by writing herself prescriptions, and is now recovering, and a Latino woman



from a poor crack-smoking background who was one of the people celebrating ninety days - a miracle to Teresa. She explained that not everyone in AA is an alcoholic, so they will often say, "I'm an addict." People use the AA structure to accommodate a variety of self-diagnosed addictive behaviours.

Now we have people going into 'K-holes', that's the expression for becoming immobilized, literally unable to move, on Special K, the horse tranquilizer. I made up this expression, a 'cab hole', you know like a k-hole. You can't get a cab. You're stuck. When I left your place the other day, and went out onto 6th, I was in a cab-hole. I must have waited ten minutes, and I was so frustrated! It was raining, and I only had my little shorts on... underdressed... I do that all the time, and assholes were whistling and gawking. Anyway, this bike courier guy looked at me and patted his chest where his cross hung. It was as if to say, 'Calm down, don't worry, God is with you.' A lot of people turn to God to replace their pain. I mean alcohol was my higher power, my courage. After about ten minutes I got a cab, and sobbed all the way home.

This section looked at the life of a woman who is negotiating her recovery through the AA programme. It traced her self-presentation during this time in which she relocated herself in AA, leaving behind the sex industry and alcohol. This movement required a shift in both social life and income source in the midst of her identity reconstruction. She had to learn to 'let go', and at the same time continue to maintain herself. In the past, she has successfully changed identities from artist and filmmaker to supported girlfriend, from academic to dominatrix. She called herself a bourbon-drinking topless lesbian, and has used etiquette books to help her take on traditional feminine roles in order to be attractive to men. Now she identifies herself as a recovering alcoholic. It is implicit that the person in recovery can reconstitute their identity and relocate themselves in social worlds. The struggle between a job as an exotic dancer or as a cigar bar hostess exceeds the AA discourse, which places material conditions beyond its purview.

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The groups that make up AA are transient even though the organization itself is solid. The commitment to this model of community is dependent upon personal deficit and shared pain. Recovering identity is necessarily mobile, impermanent, because the goal is to recover from a broken or wounded self. The former discourse of the developing self conceptualized through the idea of human growth potential in books like Napoleon Hill's *Think and Grow Rich*, is being replaced with a discourse of repair and self-management as originated in AA.

The belief in the possibility of individual change, and the way that it works in AA, joins a community of people with the same addiction. Individual change, from damaged, dysfunctional and broken takes precedence over work for social change. If you are successful in changing yourself, you will have a good life and you will know the difference because of the contrast to your former life. There are links to the rise in emphasis on individual responsibility and the decline in belief in social responsibility, taking place at a time when public institutions are being de-funded and the space of public deliberation is being reduced. This process of privatization can be seen in both the tendency towards profit-making in the recovery industry and in the increasing emphasis on the commodification of the private, such as the testimonial, used in self-help books.

Recovery discourse discourages commitment to public infrastructure. The recovered individual is self-sufficient, able to manage and survive through whatever difficulties are encountered, and yet Teresa had to cope with the

humiliation she experienced, such as unwanted flirtations in her sobriety job. This was not an experience of humility (Step 7), but of humiliation. There is a tendency in AA and recovery culture to ignore material conditions and social responsibility and emphasize short-term crisis management and in the process of preventing people from destroying themselves.

Teresa was working on her 'qualification', a twenty-minute life story told from the perspective of being an alcoholic, hitting bottom, and attempting to transform herself. Her life is multidimensional, incongruous, richly narrativized as she attempts to accommodate her past with this new present. These narrative departures construct a story of pain and movement out of it.

### **Conclusions**

Early self-help literature included revealing the author's private life in order to provide a framework and legitimation out of which to give advice. Later these self-descriptions, including moments of revelation, are fundamental to AA self-help literature. Collections of characters and roles are central to self-help books which are part of a consumer desire to name pain. The way that these stories of change are told in published form allows the reader to keep the sense of failure and loss contained within the story. In this chapter, I have presented personal stories and disclosures as important source material and information to the process of self-help.

The chapter unfolded as a peripatetic walk through instances of recovery culture, opening with a brief history that identified trajectories in self-help books and discourse. Traces and interpretations of these discourses were provided by bookstore browsers. The bookstore was a location for observation

and analysis and provided an arrangement of self-help books as they are available to the consumer. In my observations of book browsers and buyers, I was aware of the organization and categorization of self-help books - their location in the bookstore relative to other sections. These books are found beside others about sexuality, New Age interests, and home decorating: all subjects concerned with personal space, the interior. This positioning confirms their separation from categories concerned with public space as it concerns the political, and suggests that there is an economic equality in the midst of emotional distress.

From here, the focus shifted to HarperCollins publishers where my investigations resulted in a series of profiles of industry workers. It began with the recently-appointed CEO because of her public presentation as the product of an emotional makeover, recovered and now a powerful executive. In the library and archive the categorizing of books by the company is surveyed before moving on to the publicity department. It is here that the company develops audiences for its books and that we see the tendency to translate the drive for greater profits into the burden of increased workload for employees. The book cover designer said that he listened to the market by looking at other books and consumer items on the market. With an output of six hundred covers annually, he generalized trends in consumer preference. The CD ROM designer through the *Love, Medicine and Miracles* project, demonstrated the tendency of HarperCollins to bring the self-help book author to life as therapist for the individual consumer. The CD ROM design also attempted to bring the user into a community, for instance in the group sessions a semicircle of sufferers spoke, providing an imagined space for the user. This is an example of community in consumer culture becoming

commodified through the recovery industry. In the profile of the senior editor, we learn about the close relationship between personal interests and the choice of a particular book topic.

Leaving the publishing industry, the chapter moved to a gay men's AA meeting to observe how AA works and how a community that exceeds its discourse still finds a place in the organization, playing with its boundaries without changing its structural constraints. This group is an example of a population that deviated from the norms of AA discourse where the central problem is alcohol, and all other problems are related to it. Through attending these meetings I learned how AA embraces every alcoholic without overtly acknowledging societal constraints such as homophobia. In practice, for many AA members, there is a need to accommodate the excess of emotional distress through psychological or other therapies. Although the origin of AA was in Christianity with its moral obligation to the program, rather than a psychological orientation, those who became part of my research were exploring, poaching, borrowing, cobbling together healing programs for themselves. Individual and subcultures' cohesiveness of identity enables intervention, adaptation and manipulation of AA programmes to meet their needs. People wander, explore and try out different elements of different programmes. That is unlike AA as found in the literature, that speaks to a complete follower, rather than a partial subscriber.

In itself, AA is a progressive social intervention, offering this population of sufferers 'a way out'. In order to be generalized, AA and other recovery models have to be simplified to maintain their large memberships. AA may not have intended to function this way, but many of the spin-off recovery

groups and books driven by profit and so concerned with audience size, recognized the profit-making potential of AA's focus on the telling of life stories. It is the generalizing of the single cause and individual responsibility that is appropriated into a consumer model.

The current conservative, globalizing, market-oriented tenor of the present is bringing about a necessary transience and mobility of populations. Former notions of place and home identified with the family have been displaced and diasporas reduce the space of separation of homogeneous nation-states. Since emotions are constructed and experienced differently in different cultures, in this context, what does it mean to say the individual is responsible for their emotional state? Recovery discourse operates as if there were a pastoral equanimity in which you can 'do it yourself', functioning separately from political and social realities. It has been reintroduced at a time when there is a political will to back away from the welfare state. This new individualist discourse erases social conditions and asserts that it is destructive for the state to assist individuals, for it will undermine their ability to look after themselves. This makes a monster out of the welfare state, claiming that social responsibility encourages dependence and results in the weakness and frailty of its citizens. Given these conditions, what does it mean to say that one's emotional state is an individual responsibility? The next chapter looks at child sexual abuse as a discourse that could not remain in the isolated realm of healing apart from political realities. Activists in the field drew attention to the systemic problem of power inequities leading to emotional distress, often extending from the patriarchal family. Their rallying forced the issue from individual responsibility to collective action, a new community formation of the sexually abused.

## ENDNOTES

1. Steven Starker's, *The Oracle of the Supermarket: The American Preoccupation with Self-Help Books* (1988), traces a history of self-help books in North America from these beginnings in order to account for their proliferation and the introduction of popular psychology.
2. This store design is replicated in cities across North America and perhaps reflects the consumer market for comfortable living at a time when middle class incomes are unstable and public spaces, such as libraries are experiencing financial cutbacks.
3. 1969, Basic Books; 1971-78, Barnes and Noble List, Thomas Y. Crowell Inc, including John Day Publishers, World Publishers, Funk&Wagnalls, Aballard Schuman Publishers, J.B. Lippencott Co.; 1985, Hemisphere Publishing Corporation.
4. According to the *New York Times* article, HarperCollins is considered a weak contributor to the News Corporation's 1995 revenues of more than nine billion dollars in the US, attributed in part to weak results at HarperCollins of only 1.1 billion dollars. This, despite the current best-sellers *Miss America* by Howard Stern, *How Could You Do That*, by Laura Schlessinger, *Men are From Mars, Woman are from Venus* by John Gray.
5. Both are among the best-known authors in their respective fields.
6. Doug agreed to talk openly with me about the research providing I respected his anonymity. Therefore I am unable to give the title and author of the book or other identifying details.
7. Both Teresa and Madame Cynthia are pseudonyms.
8.  
AA 12 Steps:
  1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
  2. Came to believe that a Power greater than ourselves could restore us to sanity.
  3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
  4. Made a searching and fearless moral inventory of ourselves.
  5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
  6. Were entirely ready to have God remove all these defects of character.
  7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.



## **CHAPTER 3:**

### **The Veracity of Memory and Pain in Public Discourse: The Recovered Memory Controversy - Victim and Survivor Identities in Mediations of Child Sexual Abuse**

#### **Introduction**

Chapter Two demonstrated some ways emotional distress is defined and categorized in self-help books. It looked at the relationship between Alcoholics Anonymous recovery and the production of self-help books modelled on its system, specifically the site of HarperCollins Publishers and individuals involved in production and dissemination in this site. One of the themes Chapter Three explores is how books are used as authoritative objects and how they have contributed to and documented the debates about the veracity of memory. It also explores how articulations of victim and survivor expand and contract in public discourse for the sufferer, using *The Courage To Heal* as a case study and a centrepiece that provides a way of seeing the circulation and authority of a particular self-help book.

My process of writing this Chapter began with sorting the files of news clippings and articles gathered and organized over the past six years. I began collecting stories about the recovered memory debates randomly then searched specifically as a way of systematically scanning related published material. I organized this material loosely, then re-organized it in the process of developing an argument and telling a story, assigning headings including Politics of Therapy, Politics of Memory, and Politics of Sexual Abuse to the approximately fifty files I began with, which helped to identify trajectories that compose a complicated interconnected web of discourse. Through this process I saw categorization as an interpretive research project rather than

one that assumed relevant categories. I recognized that interpretive meaning and critical concepts develop through organizing and categorizing, making associations across materials.

### **Shrinking the Public Space for Private Pain**

Memory repression thrives in shame, secrecy, and shock. The shame and degradation experienced during a sexual assault is profound, especially for children who have no concept of what is happening to them or why. Sexual abuse is so bizarre and horrible that the frightened child feels compelled to bury the event deep inside his or her mind (Fredrickson 1992, 23).

I am concerned with the stakes of identity and memory related to child sexual abuse in this section. In recent self-help discourse, the relationship of shame and guilt to early traumatic childhood experiences has been increasingly articulated. This chapter accounts for how this discourse has been formulated and what the stakes are for psychotherapists, the abused, the accused, qualitative and quantitative researchers, the courts and the media. It looks specifically at the role publishing has played in relation to the transforming of self from victim to survivor.

In his October, 1991, *Harper's Magazine* article entitled, "Victims, All?: Recovery, Co-dependency, and the Art of Blaming Somebody Else," David Rieff claims that victim identity is pervasive enough to be present in corporations, hospitals and boards of education who identify the victim within their institutions. He argues that terms such as character weakness and individual responsibility are no longer used in explaining the problems of those who, for example, drink too much, abuse drugs, or harm themselves in other ways, and that such problems are usually attributed to difficulties

springing from deficient child rearing. According to Rieff, addiction, recovery, and claims of victimhood are pervasive. He claims that the Alcoholics Anonymous approach to alcoholism has fostered inward reflection rather than encouraging political action for social change. He is nostalgic for the 1960s, which he perceives as a period when this tendency to look inward was at its peak, and yet political activism was still on the agenda in the form of the civil rights and women's movements. Rieff bemoans the loss of social change activism in the 1990s and the loss of the tension between the impetus to heal oneself and the urge to work for social change. He claims that current problems of economic, social, and technological dimensions are ignored, and he blames therapeutic discourse, recovery programmes, and claims of victim status for this lack of space for public action and political involvement. The same month Rieff's article appeared, Canadian columnist Barbara Amiel wrote "The Noise of Women's Inner Turmoil," and in it she claimed that we are glamourizing the "psychological cripple" and that people should take responsibility for their behaviour rather than claiming abuse or victim status (Amiel 1991, 13). She introduces her own story of a period of addiction to prescribed pills, which she overcame, as evidence of the correct way to live, asserting that she was responsible for this desperate state of affairs. Also in an effort to convince individuals to take responsibility for their actions, Laura Schlessinger, in an article entitled, "No Whining!," is quoted from her popular radio call-in show:

"I have a sex addiction problem," he [the caller] confesses.

"No, you have a character problem," Dr. Laura corrects. "I don't want you to go to one of those therapists who'll pat you on the head and tell you that you have a disease."

"But I was abused as a child..." he begins.

"So what?" she interrupts. "You're still responsible for your actions now" (Schlessinger 1997, 48).

She asks listeners and readers to "grow up" and stop whining, lamenting the 'Age of the Victim' where "nothing is anybody's fault" (Schlessinger 1997, 54). Schlessinger here conflates the caller's problem and his identification as a victim with a refusal to take responsibility for current behaviour. However, the caller did not indicate he had this inability; rather, he named his problem and associated it with his abuse experience as a child. In this example there is no possibility for the discussion of inner conflict in public discourse, but rather a dismissal of the complicated emotional terrain by way of a behavioral model in which willpower exceeds the influence of the unconscious. The writings of Schlessinger, Rieff and Amiel are examples of the tendency in journalism to attack publicly circulating narratives of private pain, accusing the storytellers of self-indulgence.

This tendency is expanded in *I'm Dysfunctional, Your Dysfunctional: The Recovery Movement and Other Self-Help Fashions* (Kaminer, 1992), as Wendy Kaminer claims that victimhood is rewarded and celebrated. She claims that according to the diagnostic tools provided by the recovery movement, 96% of people are dysfunctional and thus victims. She is concerned with the reliance of large numbers of people on 'experts' such as bestselling self-help book author John Bradshaw who are profiting from their followers' pain. Kaminer is interested in the rise of the confessional in recovery, particularly as it is found in television talk shows. She proposes that dysfunction and its construction through confession provide a way of building community and a sense of belonging at a time when community is scarce. She asserts that civic responsibility is being lost to individual self-reflection, and she is unwilling to credit recovery with enabling individuals to be more active and engaged in political concerns. The scapegoating of the

victim as ineffective citizen is a kind of name-calling in the current political context where it is increasingly difficult to act effectively for many reasons.

Further to Kaminer, in *The Abuse Excuse* (1994), Alan M. Dershowitz explores the expansion of terms that define forms of defense for what he calls irresponsible behaviour. In all, he identifies fifty-three abuse excuses and lists these states together as conditions that have arisen in legal and psychotherapeutic contexts, claiming they are all the product of irresponsibility. The glossary of abuse excuses lists pages of syndromes, disorders, and defenses that have been named in recent years: black rage defense in which black people are subjected to unfair and oppressive experiences, become angry and commit acts of violence; chronic lateness syndrome in which the person claims a psychological disorder rather than taking responsibility for bad planning; gone-with-the-wind syndrome in which the accusation of rape is defended by the idea of 'if you push hard enough the woman will give in'; multiple personality disorder in which the person's memory, identity, and consciousness become fragmented in response to childhood abuse; nice lady syndrome in which women find themselves unable to leave unhappy relationships because they care more about their partner's feelings than their own; repressed memory syndrome in which the individual forgets a traumatic event only to have its memory triggered years later when it is safer to reveal (Dershowitz 1994, 321-341).

This approach in the popular press, exemplified by the works of Rieff, Amiel, Schlessinger, Kaminer, and Dershowitz serves to re-establish the silence and pain of the victim. The 'pull yourself up by your bootstraps' position negates the complex negotiation of emotions and feelings that is crucial to mental

health. In this context, child sexual abuse is written about as though it were a recurrent irritation and a sign of individual weakness. Rieff and Amiel make their attacks in commentary while Schlessinger demonstrates this 'tough love' anti-emotional approach to the damaged self through radio broadcast. The stakes are high in this period where therapeutic and recovery discourse alter the perception of the family.

These authors argue that public space is being taken over with stories from "whining victims"; however, the causal relationship between this apparent loss of the active citizen needs to be understood as one possible cause of loss of public participation. These perspectives on victimhood and the tendency to blame the victim for retreating from political engagement make tidy copy while the larger and more complex problems are not investigated, such as the reduction of public space through privatization, loss of time for civic action through job insecurity resulting from technological change and the freer flow of capital globally. Sensational stories, centred on individuals, with a broad appeal are perhaps the result of the current economic pressure to get more product with less investment, for instance as discussed by the publicists at HarperCollins who pointed out in Chapter Two the imperative for a book to be on the best-seller list. A less nuanced account of complex social conditions may be the result of a market's need to attract a larger readership. This deprived vocabulary of victim and survivor identities takes place within the shrinking of public space for private pain.

### **Construction of Victim and Survivor Identities**

The difference between a survivor of violence and a victim of violence is the political meaning made of the traumatic

experience and its resulting and residual aftereffects of abuse.  
(Champagne 1996, 2)

This discussion of victim and survivor identities counters the charge that the victim is a non-active citizen and that recovery is self-indulgence. Rosaria Champagne argues that therapy and recovery - what she calls personal healing - is a political project that requires a feminist consciousness. She describes Freud's "The Etiology of Hysteria" (1896) as the first recognition of sexual abuse as real and harmful. When he realized that children were being sexually abused by their parents, he asserted that the 'hysterical' symptoms of his mainly female patients were "a symbolic substitute for the shameful memory" of incest, which was repressed (Fraser 1994, 19). "The Aetiology of Hysteria" was rejected by the Society for Psychiatry and Neurology in Vienna because of the Seduction Theory, "that 'hysteria' resulted from unprovoked and psychically damaging assaults, rapes or molestation perpetrated by trusted adults against children" (Champagne 1996, 20). The following year Freud claimed that the stories he had gathered from his patients were in fact their phantasies. In 1905, Freud put forward the Oedipal Complex to explain pre-sexual sexuality. This shift marked the change in theory from the actual occurrence of incest to its roots as phantasy. Champagne sees this shift in theories taking place within heteropatriarchy and asserts the legitimacy of the Seduction Theory. She believes Freud succumbed to what Sylvia Fraser calls the "gentleman's agreement whereby children are treated as sexual pacifiers" (Fraser 1994, 59), and that the Oedipal Complex protected the abuser with a silent handshake.

Further to this, Champagne agrees with Lacan that the unconscious is structured through language, therefore narratives, both fiction and non-

fiction, are important to structuring reality. She reminds the reader of a definition of child sexual abuse from the feminist recovery movement, which advocated for the victim and assumed that memories are reliable and trustworthy. She aligns her research with a definition of child sexual abuse from *The Courage to Heal*. Where traditionally incest encompassed only vaginal intercourse because of its association with reproduction, the broadened feminist definition includes being forced to perform oral sex, watch sexual acts, or listen to excessive talk about sex (Champagne 1996, 18). Champagne supports Bass and Davis' assertion that memory of abuse rests solely with women's feelings and memories. The orientation of these two definitions is profoundly different: the first is concerned primarily with the conception of inbred illegitimate children, where the feminist delineation is concerned with the violation of women's presexual minds and bodies. Champagne supports the argument of a causal relationship between these experiences of child sexual abuse and the aftereffects, which she lists as pathological lying, post-traumatic stress disorder, self-starvation, nightmares, panic attacks, body tremors, waking dreams, chronic insomnia, self-hatred, self-mutilation, repetition compulsions, amnesia, and body memories (Champagne, 13). The victim must transform to a survivor in order to overcome the aftereffects. The survivor, then, is someone who has been victimized through child sexual abuse experiences, recognizes the aftereffects, and transforms this experience. She refers to feminism and gay/queer politics as a source of challenge to the idealized nuclear family model and aligns survivor culture with queer culture in that both are involved in 'coming out of the closet' and constructing an identity out of feelings and experience. The survivor is part of a virtual and vocal community and therefore not limited



to the private isolation of the victim. Through this collectivity and engagement with a healing process, survivor identity politicizes victimhood.

Sylvia Fraser, in her autobiographical account, *My Father's House: A Memoir of Incest and Healing*, (1987), prefaces her story with acknowledgment of the fluidity of thought and language in structuring a story and of the complexity of piecing together information from recently recovered memories. She attempts to locate the time when a shift occurred in the possibility of speaking and being believed while relating her own experiences of sexual abuse. At the time of the publication of her book, she felt that incest "was deemed by most people to be a freaky perversion on the fringes of society" (Fraser 1994, 21). She notes that soon afterwards, therapists such as Alice Miller began a movement towards believing their clients' stories as real occurrences.

Both Champagne and Fraser are politicizing the survivor identity, Champagne through her discussion of Freud, and Fraser through her autobiography. Their arguments, that survivors' memories are reliable and trustworthy and that survivors need not be isolated victims, but part of a community of survivors, are put into practice in the self-help manual, *The Courage to Heal*. These instances of the discourse that broadens the definition of sexual abuse and suggests women may claim survivor identity as part of the feminist project of giving women voice, transform the memory of traumatic experience into a politicized event.

### **The Courage to Heal**

The discursive framing of recovery is imbued with Christian discourses of redemption and renewal and with medical rhetoric of diagnosis and

prescription. The twelve-step programmes of Alcoholics Anonymous are informed by both models, advocating surrender of control to a higher power as one of the steps and prescribing a method of recovery following steps and stages. Many recovery programmes are similarly designed, including *The Courage to Heal*, which contains survivors within a category that exalts them, and perpetrators within a category that vilifies them.

Indeed, a revolution in this direction has begun: *The Courage To Heal* has turned a whole generation of women into feminists (Champagne 1996, 19).

*The Courage to Heal* (Bass and Davis 1988) is a best-selling self-help book concerned with assisting its users in confronting the pain of child sexual abuse. This book resembles a textbook, 604 pages in length, with a layout that breaks down chapters into sub-sections, organized in double-column page format. The front cover boldly announces the title, while the back cover promotes the book. There is no mistaking that it is a mainstream production designed as a user-friendly manual. It was the first book to be written collaboratively by non-psychologists as a grassroots self-help book. The book is read by individuals, referred to as a key text by recovery professionals, and used as a textbook and manual in recovery groups. It accounts for incest, the central form of child sexual abuse addressed, by insisting that the woman is a survivor of an identity altering experience and that her victimhood must now be transformed into a state that is less painful for her. The book proceeds through a formula of stages to guide the victim into a new identity as a survivor. This process of transformation often takes place within psychotherapy, which has frequently been attacked as the place where memories are invented.

I first read it in 1992 and was frustrated by its rigid prescriptive formula for recovery and its requirement of identification as 'survivor.' I thought it was potentially misleading and possibly damaging. While a wide variety of press have criticized the book, I have become convinced of the aftereffects of child sexual abuse and of the need to change some of the more self-destructive behavioral patterns which *The Courage To Heal* associates with sexual abuse experiences. A changing relationship to this text is important to my process of approaching the research problem. My perspective on a research object may change over time as I learn more about its history and context, and as its relationship to culture changes. The attacks made on this book prompted me to reconsider my relationship to it. The following is an example of how *The Courage To Heal* was figured into the popular press as a dangerous book.

I can assure you that false memory syndrome is real and that many, many patients are being damaged by mostly well-meaning therapists using inappropriate techniques...[v]irtually all of these therapists believe that the only way to address sexual abuse is through abreaction and they also almost always utilize images, journaling and 'body-memory' techniques... and [the therapist] almost always has them read one of the popular books on the issue, most frequently *The Courage to Heal* (*False Memory Syndrome Foundation Newsletter*, May 1994).

By this time, the book had moved from being an insider's manual to a critically read social document at the centre of a public debate, a central text for a range of positions. It is an object that is the focal point because of both its form and the authority of its content. The authority of this book also rests with the formation of community that it promotes and documents. It is not only the publications of the False Memory Syndrome Foundation that claim therapists are responsible for damaging their patients; many articles from the popular press, such as "True Lies" (Cornwell 1995), "Victims of Repressed

Memory" (Crews 1994) and "Recovered memories: true or false?" (Merskey 1994) are further examples of this claim.

In the 1994 third edition of *The Courage To Heal*, there is the addition of a 69-page chapter entitled "Honoring the Truth: A Response to the Backlash." "It was not until survivors started challenging and changing the law regarding the accountability of perpetrators - and suing their abusers - that claims of False Memory Syndrome started to appear" (Bass and Davis 1994, 483). The authors see the backlash as a denial of women's pain from sexual violence. They see recognition of child sexual abuse and the changing of laws as "revolutionary change" (483) and the False Memory Syndrome opposition as no surprise. They identify a number of parties who benefit from the silencing of women, including spouses who cannot bear the thought of partners abusing their child and journalists who need titillating stories to sell papers. In their defense of survivors, Bass and Davis limit themselves regarding the complexity of abuse. They do not consider the limitations of child sexual abuse as a category, nor the limitations of therapeutic models and their mediations in books. They make no distinction between "recovered memories," those that may be invented, those that were never forgotten, and those that were remembered but never spoken. The resulting conflation allows for a suspicion or dismissal of all uncorroborated memories. Unfortunately, the authors of *The Courage To Heal* have framed the presentation of this material in terms of political gains and losses of feminism, rather than contributing to a complex understanding of memory.

The founders of the False Memory Syndrome Foundation, Hannah and Peter Freyd, began the organization when their daughter, Jennifer, claimed that she

had been abused in childhood by her father. Jennifer Freyd recently published her own book, *Betrayal Trauma: The Logic of Forgetting Trauma* (1996), where her research supports her claim that it is impossible for a child to betray those whom they trust and need. She says that she is "flabbergasted that my memory is considered false, and my father's alcoholic memory is considered sane" (Bass and Davis 1994, 490). Freyd has published this book as a psychologist and behavioural researcher, parenthetically relating it to her identity as a survivor. In the Afterword, she clarifies that she began her research before the formation of the False Memory Syndrome foundation, not in reaction to it. Freyd has become a celebrity in the course of the unfolding of the False Memory Syndrome debate. The construction of public persona is necessary to represent suffering and bring it to public attention, a theme taken up in the following chapter about autopathography.

### **The Emergence of 'Child Abuse'**

The history of the development of concepts of child abuse provides a way of seeing the movement of the debate from the private realm of the nuclear family to the realm of public concern and interest. The categorization of child sexual abuse must be seen as a political development, from private to public. The changing of the category and its naming determine who is responsible and where expertise lies, e.g., in medicine, the law, or psychology, and serves as another example in the dissertation of the stakes and discursive politics specific to the naming of a category. Naming needs to be considered in terms of history and politics, with awareness of the constraints of that naming. In 1853 the first Children's Aid Society was established in New York in the hopes of reducing the numbers of young petty criminals who were seen as a threat to society. The New York Society for the Prevention of Cruelty to Children

was established in 1874 and was concerned with the welfare of the child within the family. After 1909 and the First White House Conference on the Care of Dependent Children, prevention of cruelty to children was professionalized and became the domain of social workers. The main concern of policy makers was the reduction of infant mortality, and this remained central until the 1950s.

A relationship to the medical model can be traced back thirty years to a paper by C. Henry Kempe et al., "The Battered Child Syndrome," in the *Journal of the American Medical Association* (1962). The article described a phenomenon called 'infantile cortical hyperostosis' (Hacking 1991, 267), first noted in 1945, which involved evidence of multiple untreated fractures in children. This information suggested that bones of children were being broken and not treated. The authors of the article voiced a suspicion that this bodily damage was willfully done by parents. An editorial in the same journal issue warned that this had been an area of silence for far too long on the part of the medical establishment. The editors claimed that more children died from 'child battery syndrome' than leukemia, cystic fibrosis, and muscular dystrophy put together. Within three months *Newsweek*, *Time*, and *The Saturday Evening Post* had all run stories on the new syndrome, which involved both a new disease and a new crime committed by 'sick' adults. Through medicalization and its accompanying statistics, what was formerly known as cruelty to children and popularly considered a matter-of-fact social problem known as child battery was reframed as a medical problem and reassessed within law.

By 1967 child abuse became illegal across the U.S. In 1976 Kempe claimed that the term should be changed to the more inclusive "child abuse and neglect" (Parton 1985, 134). In "The Making and Molding of Child Abuse," (1991) Ian Hacking drew attention to the framing of the category 'child abuse', proposing that it was based on a medical model that 'allowed' physicians to lay claim to the 'syndrome'. The significance of this is that violence towards children was no longer a social problem attended to by police, the courts, and philanthropic societies as it had been when the category was 'cruelty to children,' but a disease requiring treatment by medical professionals. According to Hacking, child abuse is but a new medical category introduced in 1965 as a replacement for the earlier child battery syndrome (Hacking 1991, 269). Of late, child sexual abuse has been absorbed into the definition of child abuse. One of the problems with this shift in meaning is that the types of psychological damage caused by physical or sexual abuse are different. In feminist recovery discourse, women must become free of the shame, guilt and sense of violation that results from sexual abuse. The recovery terms 'victim' and 'survivor' have been part of the discursive politics of child sexual abuse.

We have seen that the origins of constructing a category are in child welfare in the United States. There was a claiming of the category by medicine in the early 1960s, and most recently a concerted effort to reclaim it as a social problem. The naming and categorizing of child sexual abuse and the resulting discursive location inform processes of treatment and legitimation. The location of the category in medicine and scientific truth, or social justice, inscribes it within a larger cultural interpretation. The establishment of the category determines who is the expert, the authority, in that domain. Claims of child abuse seen as a medical category require empirical evidence, and

nothing can be done about the problem without proof. As a systemic social problem, child abuse is open to dismissive scrutiny by popular press.

### **The Construction of Child Sexual Abuse and the Recovered Memory Controversy in Popular Press**

The determination of truth is different in the therapeutic and public contexts. Therapeutic truth is based on the subject's experience of pain and on the trust that if one comes to speak there must be something that needs to be spoken and heard. This is distinct from the public context where truth is the result of scrutiny, verification, cross-examination and material evidence. This legalistic model is favoured by the popular press. In publishing about repressed memories of child sexual abuse, the market includes books that believe or disbelieve, attempt to prove or disprove, these memories.

Often in the course of therapy, the family is a source of remembered pain and unresolved conflicts. At the same time as many adults have been in a therapeutic process, the family as a remembered childhood experience has been moved out of private space and into a social space. The state has become increasingly involved in family policy and welfare of the traditional family which has responded fiercely to the charges that the family can no longer be considered a private and safe place. These proponents could dismiss the feminist questioning of the sanctity of the traditional family as a safe haven for women and children.

The controversy over memory of child sexual abuse in public discourse has become a source for an abundance of stories that have the intrigue of a sexual dimension, while toying with the incest taboo, adult/child sex, and violence.



All this hinges on a mystery to be solved as to whether these stories are fact or fiction, with the already threatened family at the middle. My examination of how narratives about therapy and recovery from abuse, and victim and survivor identities circulate in popular press within a politics of facticity, will begin with an investigation of the repressed memory debates.

The False Memory Syndrome Foundation is a key authority within the discourse of child sexual abuse that came to media attention in the early 1990s when parents accused of abusing their children asserted that therapists were working under assumptions from unscientific research findings, inadvertently facilitating the generation of false memories by their clients. Those in therapy are accused of inventing memories of child sexual abuse to please therapists. Whether to believe or disbelieve traumatic events became central to the discourse of child sexual abuse as it was fueled by the False Memory Syndrome Foundation. Published media stories such as "True Lies" (*London Sunday Times*, May 14, 1992), "Beyond the Couch" (*Globe and Mail*, November 21, 1992), "Is Remembered Abuse Real?" (*Montreal Gazette*, August 30, 1993) and "Beware the Incest Survivor Machine," (*New York Times Book Review*, January 3, 1993) attack the process of recovering from child sexual abuse and are examples of the emergence of a true/false dichotomy in mediations of child sexual abuse memories.

Each of the following examples cites *The Courage To Heal* and shows how the interests in this debate were played out in popular press. In "Is Remembered Abuse Real?", the controversy is described as "a battle [...] brewing around therapists and the theory of repressed memories". The *Montreal Gazette* article in the section *Women News*, includes a photograph of a social

worker, Frema Engel, holding a copy of *The Courage To Heal*. Though the closed book is prominently pictured in the photograph, there is no reference to its content. The article acknowledges that the survivor is the most vulnerable player in this debate. As Lee Hardiman, a Montreal counsellor and director of the Centre for Incest Healing in St. Laurent says, "It's a dangerous situation for survivors of sexual abuse already suffering low self-esteem and self-doubt. ... It's really difficult for the survivor to unravel the truth" (Cornacchia 1993, C1). This article outlines the controversy and sympathizes with the already suffering woman. Where this article reports that women suffering from child sexual abuse have stories that should be given a public hearing, the following articles dismiss them and the value of the therapist.

"Beyond the Couch" (*Globe and Mail*, November 21, 1992) takes the position that victim identity is being celebrated and refers to Wendy Kaminer's book *I'm Dysfunctional, You're Dysfunctional* and David Rieff's article, "Victims, All?", asserting that "North America is embracing its collective pain." It credits Alcoholics Anonymous as a starting place of recovery and points to John Bradshaw and the co-dependency trend, burlesquing the idea of the dysfunctional and its many forms of market-segmented suffering. In the article, *The Courage to Heal* is listed as one of the "Top Ten" recovery books, along with, for example, Alcoholics Anonymous' *The Big Book*, *Homecoming: Reclaiming and Championing Your Inner Child* (John Bradshaw), and *The Revolution From Within: A Book of Self-Esteem* (Gloria Steinem). They are listed under the title "Read two of these and call us in the morning", minimizing and denigrating emotional suffering by proposing the interchange ability of these problems.

In "Who's the Victim Now?" (*Globe & Mail*, November 8, 1997), the story of twenty-one sex-related offences brought against Dr. Robert Ross by former female inmates at the Grandview Training School for Girls in Cambridge, Ontario, is recounted as a terrible incident of wrongful accusation. The CBC's *Fifth Estate* did a story about the complainants in April 1992, declaring the training school to have been a place of "brutality and betrayal", and the program is blamed for prejudicing the case in favour of the women's claims. One of the accusers considers *The Courage To Heal* her 'bible'. According to the article, this book suggests that "clear memories of sexual abuse aren't a prerequisite for concluding that one has been victimized. 'If you think you were abused and your life shows the symptoms, then you were', the authors say." The article continues, noting that the book has a section entitled "Getting Money". *The Courage to Heal* did have a section by this title in the 1988 edition (Bass and Davis 1994, 309), with a list of lawyers to contact who are "knowledgeable about both the legal and emotional issues involved" (311) but by the 1994 edition, this section is titled "Considering A Lawsuit", and warns of the backlash against survivors (320). In the midst of this article, the book's reference to "getting money" is linked with a woman who inadequately described details in Dr. Ross' office. The accuser recalled being assaulted on a couch which neither Dr. Ross nor other witnesses remember ever having been in the office. This does not mean the woman was not abused; however, forensic truth is the truth this article adheres to and one inaccuracy invalidates the case. The tone of the article is of disbelieving the accusers and empathizing with the accused, parroting legal defence proceedings that have thrown many of the charges out of court. Within this journalistic production of facts, there is the suggestion of a causal relationship

between *The Courage To Heal* and the accusing woman, and the article suggests guilt by association in both cases.

In "The Revenge of the Repressed: Part II" (1994), Frederick Crews introduces children's recent memories of sexual abuse as a way of leading into his discussion of adult memories of child sexual abuse which he deems "therapeutically manufactured". Crews refers to *The Courage To Heal* as a recovery manual and to its authors, Bass and Davis, as "radical feminists who lacked any background in psychology" (Crews 1994, 49). His first attack on the book is against the form of research Bass and Davis rely on, which is based on stories women told them. He argues that survivor support groups encouraged "false memory formation by making victimhood a test of authentic belonging." (49) He concludes that if one is to engage in the recovery manual's recommendations that require facing memories of sexual abuse from the past, "the result is a lasting sacrifice of resilience, security of identity, humour, capacity to show affection, and connection to the people who have cared most steadily about this woman's happiness." (50) He credits *Making Monsters: False Memories, Psychotherapy and Sexual Hysteria* (Ofshe and Watters, 1994) with solving the riddle of false memory: a patient reveals a memory of abuse and, in order to continue the process, comes up with more, increasingly horrific accounts. The therapist doesn't want to "revictimize" the patient by expressing doubt, and the client who has now "lost contact with reality and is desperate to retain the therapist's approval" is caught in a "potentially lethal *folie à deux*". Crews assumes that clients and therapists have lost their critical faculties as they explore emotional distress. He leaves the impression that the vast majority of people who make use of recovery resources are damaged by them and damage others in the process. There is no

accounting for the successes or for the range and flexibility of these processes as determined by both users and professionals. 1

The cover story "Memories of Abuse: Real or Imagined?" (*Globe and Mail*, July 3, 1993) begins by introducing multiple personality disorder (MPD) through the story of a sexually abused patient. The story is framed around psychologist Dr. Margo Rivera, who claims that MPD is found in one of a hundred people. The question posed is whether vulnerable people are "inventing personalities and fabricating memories of childhood abuse in an attempt to make sense of their inner turmoil" (pg. A1). The formation of the False Memory Syndrome Foundation is presented as a reaction to recovered memory, and the article notes that a number of its key members have been accused of abuse. The article seems to be providing a forum for discussion of what happens when the question is whom to believe. It suggests that "one thing is irrefutable... thousands of families... hundreds of them in Canada - are being torn apart by the torrent of late surfacing accusations" (pg. A1). This article and many that came out at the time do not acknowledge that there are many damaged people trying to improve their lives and that this often implicates their families. The article assumes that bringing up painful memories creates further damage that will destroy the family. This instance of closing down public expressions of painful memories limits exploration of both child abuse and a wide range of other childhood experiences that play a significant role in forming the self. The story continues (pg. A5) and is accompanied by an illustrative photograph. The staged setting portrays a female therapist in the foreground and a kneeling client, smaller and in the background, holding a doll which she is presumably using to help her talk about her painful past. The lighting is high contrast and the atmosphere

shadowy, with the therapist looking over her shoulder in the direction of the reader. The caption across the photograph reads "I can create new memories in almost anyone," a quote from a conversation with a Boston therapist, Steve Hassan, author of *Combating Cult Mind Control*. The combination of this image and quote visually extends the argument that therapy is shadowy and should be approached with caution and suspicion, conflating therapy with cult activity.

"True Lies" (*Sunday Times*, May, 1995), is framed by the story of Joe and Sheila Skitt and their daughter Jill who, in the course of therapy, uncovered memories of having been sexually abused by her father and has since cut off contact with her parents. Her father says, "As far as we're concerned she [the therapist] planted these ideas in our daughter's head... Our future has been destroyed, our past poisoned" (pg. 20). The article explains that for the victim to be transformed into a survivor, they must confront the perpetrator, "invariably a father in late middle age." Reference to *The Courage To Heal* is made through a story of retraction of memories. Twenty-two year old Maria, who is suffering from bulimia, first used *The Courage to Heal* but later rejected its ideas. In the final page of the article, next to a listing of key trials in the United States and Britain entitled "The False Memory Trail", the author considers the danger of the British following the American pattern for dealing with accusations of child sexual abuse:

Does this plethora of cases suggest that we are in danger of going down the American path? There are some grounds for optimism. The British police and courts have shown a marked reluctance to convict on the basis of memory without objective evidence. (pg. 28)

This article focuses specifically on stories of women in their thirties who enter therapy because of depression and related symptoms and conclude that their fathers have sexually abused them as children.

In the fourth of a six-part series entitled "No Thanks For the Memories", Norbert Cunningham, editor of the *New Brunswick Times - Transcript*, writes about books related to False Memory Syndrome. The fifth part of the series focuses specifically on *The Courage To Heal* in an article entitled "Roadmap to Harmful Destination?" Part four positions *The Courage To Heal* next to work by author John Bradshaw pointing to his first book, *John Bradshaw: On The Family*. In this book, Bradshaw claims that most families are dysfunctional and unhealthy for their members. Cunningham refers to Wendy Kaminer's book *I'm Dysfunctional, You're Dysfunctional* as a perceptive resource on the misguided self-absorption of the recovery movement. He proposes that Bradshaw, a recovered alcoholic and former priest, has been profiteering with his books, a PBS series, and workshops. Cunningham proposes that the recovery movement "offers an escape from one's problems and taking responsibility for them rather than helping a person to lead a healthy life by facing up to real problems...." In the next day's column, Cunningham discusses *The Courage To Heal* as bizarre and unsettling. Like many of the popular press articles that discuss this book, he claims that it is not supported by any "scientific study or data." While acknowledging that remembered sexual abuse takes place, he emphasizes that the book is also directed towards those who do not have such memories. Along with many of the other popular press reflections on *The Courage To Heal*, he emphasizes the potential of the book to create memories while de-emphasizing the much more common experience of memories that have

never been forgotten. Here, discussion of child sexual abuse is divided into camps of legitimate, remembered experiences and invented memories, with the emphasis on the latter. As part of the reducing of public space for discussion, this loss of a spectrum in memory and its retrieval holds the debate within the terms of scientific methods of verification. To underline his point, Cunningham quotes *The Courage To Heal*: "memories are stored in our bodies and it is possible to physically re-experience the terror of abuse". Cunningham then asks Dr. Maurice Boulay, president of the College of Psychologists of New Brunswick, about body memories, and he replies that he would like to see the body memory research, suggesting that no such research exists, and that the material contained in this book is not legitimate. As is consistent with critiques of *The Courage To Heal*, there is no acknowledgment of the pain experienced by those who are abused, and the relief that the book might offer. Rather, the frequently used journalistic discursive frame pits expert opinion against 'misguided' therapists and counsellors in the field.

In her article "Beware the Incest Survivor Machine," Carol Tavris argues that incest-survivor construction is based on the work of non-scientifically trained therapists whose authority is validated by their books. "In what can only be called an incestuous arrangement, the authors of these books all rely on one another's work as supporting evidence for their own." In Tavris' analysis, this professional exchange becomes a "cycle of misinformation, faulty statistics, and unvalidated assertions..."(Tavris 1993, B2). Where research psychologists are skeptical of memories, the authors of the incest-survivor recovery books who rely on evidence gathered in the therapeutic process are not. "A memory consists of fragments of an event, subsequent discussions



and readings, other people's recollections and suggestions and, perhaps most of all, present beliefs about the past" (Tavris 1993, B1). Tavris argues that like all memories, those of child sexual abuse are fragmented and pieced together in order to meet the criteria of their present location. According to Tavris, the result is a "terrible polarization" between what parents and children claim in terms of experiences of child sexual abuse. An image of a rag doll, suggesting anatomical toys used to help children talk about abuse, accompanies the article. The play between doll as children's toy and doll as tool in a therapeutic process suggests that therapy is child's play, where fantasy and reality are inseparable. The article suggests that women are inventing memories and the doll, with its ambiguous relationship to fiction and imagining, minimizes the true stories or at least suggests that women's stories should be questioned. This article contributes to a discourse where women are encouraged to doubt and blame themselves, returning them to a victim role. Tavris proposes a true-false binary despite evidence that memories are influenced and informed by multiple factors. There is an emphasis on the weakness of memory in the form of lifestory or testimonial which puts the survivor's memory and therapeutic practices into question. At the same time that they discredit the lifestory, these attacks suggest that there is credible scientific support for a syndrome, a claim that precedes research to support it.

In January, 1996 *Toronto Star* columnist Michele Landsberg reflects on the mounting scientific research that sheds new light on the workings of traumatic amnesia. She laments that the media seem to be falling behind in keeping up with the new research, referencing Dr. Connie Kristiansen. In defence of survivors, Dr. Kristiansen agrees that there has never been scientific evidence for the existence of repressed memories; however, what is

well documented is dissociation, which can be seen as “a kind of mental absence that ranges from day-dream to deep numbness.” Kristiansen claims that it is now possible to test for high levels of neuro-chemicals that block conscious memory. Her studies also show that the greater violence, the longer delay in recovering memory. She denies that memories are implanted by therapists and claims that most of the thirteen-hundred women she studied were aware they had been abused before starting therapy. Landsberg is pointing out that science seems to be proving that repressed memories exist, where scientific research previously disproved their existence. The discourse insisting upon science as truth is relied upon when the new-found power of women’s telling of abuse has consequences for the perpetrator. The observation of these interests indicates that it is incomplete to think about research practices and results apart from political contexts.

The winter, 1993, issue of the *Whole Earth Review* entitled “Real Abuse: False Memory,” addressed the theme of child sexual abuse within story frames of alternative press. The first of the two articles, “Mother Versus Molester” (Taylor Pheonix, 8), discusses the devastation of a mother and daughter after the daughter is molested by her friend’s father. It is followed by a review of recommended readings that include: *When Your Child Has Been Molested* (Hagans and Case, 1990); *Partners in Recovery: How Mates, Lovers, and Other Pro-Survivors Can Learn to Support and Cope with Adult Survivors of Child Sexual Abuse* (Engel and Colombine, 1991); and *Confabulations* (Goldstein and Farmer, 1992). In addition, this selection includes two titles speaking on behalf of the accused, two on behalf of the abused, and one that is a guide for clinicians and those who work with children who have been abused. 2 The attempt is to present a balanced view

through this selection of readings, with no differentiation between their validity, or use to victims, as though they were equally important resources to those facing abuse situations and memories. The representation of different positions in this thematic issue results in confusion as to what recovered memories are, what the stakes in this controversy are, and what the sufferer can do.

This issue is evidence of the varied understandings of the stakes in memory construction in that it presents one article where there is no question of the validity of memory, and a second where belief of memory is central. The second article, entitled "Child Abuse: Suppressed Memory and Coercion" (*Whole Earth Review*, Winter, 1993, 20), opens by talking about Tavis' "Beware the Incest-Survivor Machine" and the response of Bass and Davis, authors of *The Courage To Heal*. It outlines the network of interests and elements which support and promote the idea of 'false memory'. The network includes the use of therapeutic evidence in court, 'dangerous' self-help books, specifically, *The Courage To Heal* (Bass and Davis 1994, 24), and their recommended exercises for recovering memories, and the for-profit hospitals and mental health facilities that require memories in order to promote their services (25). Bass and Davis claim that "[t]his assault does not arise in a vacuum. All of these criticisms are part of a backlash against survivors.... This is not to say that our movement is beyond rebuke. There is truth to some of the criticism being levelled at the survivors' recovery movement; excesses that we, too, are concerned about" (20). This is the only instance where the authors, who are so frequently criticized, are consulted and provided with an opportunity to respond. The accompanying image is of a pair of eyes filling the frame. Replacing the iris and pupil in the left eye is a

white sphere inscribed with the words "memories true and false". It suggests the eye of an alien creature. On the opposite page, the other eye reflects a male face. The image that appears above the headline "Memories of Abuse: Real or Imagined?" (cover story, *Globe and Mail*, July 3, 1993) also features a large eye. These extreme close-ups suggest vulnerability, exposure, self-scrutiny and scrutiny from the outside; the images also play into the dramatization of stories of abuse and whether or not they should be believed.

Another alternative press article that appeared during this period is "False Memory: The Controversy Surrounding 'False Memory' and Child Abuse," by psychotherapist James Cronin (*Z Magazine*, April 1994, 31-37). He claims that the false memory movement is a backlash, mainly by the False Memory Syndrome Foundation, against survivors and psychotherapists. He compares the impact of the idea of implanting false memory to Right to Life anti-abortion ideology through the reduction of the "epidemic of emotional, physical and sexual violence against women and children in families" (31). According to Cronin, both Right to Life and False Memory Syndrome advocates are using the media to divert attention away from the complexity of the issues they're concerned with. He claims, as in "Memories True and False: Child Abuse, Suppressed Memory and Coercion", that Freud created the idea of inventing memories, denying the reality of widespread sexual abuse. Cronin continues that "the paradigm of blaming the victim, denial, and censorship Freud and his followers created has pervaded the history of psychology, its theories and psychology itself"(32). He asserts that a therapist cannot make a business out of convincing clients that they've been sexually abused;

they'd hit the door running. Not only is the parent-child bond strong even in adulthood, but it should be obvious that incest is a sickening, grotesque, and terrifying idea, hardly easy to accept when it did happen, especially when agonizing symptoms accompany its remembrance. This is why 'therapist suggestion', 'popular culture' or self help books cannot create false memories.  
(35)

He concludes by crediting the women's movement that forced the profession to recognize this "pervasive social pathology" of child sexual abuse. Cronin says psychotherapy is losing some institutional support in that, for instance, medical schools are showing a preference for a bio-psychiatric approach, which leads to high-profit pharmaceutical treatment, rather than psychotherapeutic training.

### **Making Monsters: The Contestation of Memory and Space for Pain - The False Memory Syndrome Debate**

The phrase "Making Monsters" is a way of signalling and appropriating what false memory syndrome advocates have called the process of inventing narratives in the therapeutic context. The discourse of False Memory Syndrome, in fact, makes monsters by aggressively denying the relevance or truth of memories. This monstrosity metaphor helps to remind the reader of the resulting fear that has been generated in the course of this debate.

Whereas Alcoholics Anonymous advocates and encourages recognition of disease by the alcoholic and public talk about pain and its sources, False Memory Syndrome discourse discounts the pain and calls the memory false and a reprehensible social disease, echoing the nineteenth century model of hysteria.

The concept of False Memory Syndrome directly opposes survivor discourse and provides a focal point in public discourse in the midst of the contestation

over victim and survivor identities as represented in child sexual abuse recovery books such as *The Courage to Heal*. Fundamental to the challenging of these identities are questions of whose truth counts and under what conditions that truth is heard, whose interests are being served, and whose are neglected. False Memory Syndrome discourse provides an opportunity to look at the movement of private pain, in this case related to child sexual abuse, into public space and its mimetic forensic scrutiny by popular media in the way stories are told. The circulation of child sexual abuse discourse has its consequences: it destabilizes the notion of home as a safe place, it enables some women to tell their stories of child sexual abuse in therapeutic, judicial, and other contexts, it names the abused victim "survivor". It can contribute to the violence-against-women discourse, placing blame on the perpetrator. The response to public disclosures of abuse, informed by False Memory Syndrome, has been to berate, disbelieve and pity the teller. An understanding of memory as a broader spectrum of remembering and forgetting for multiple reasons over time is diminished.

My discussion of False Memory Syndrome highlights the monstrosity of private material as it becomes public within this particular network that includes therapists, parents, those disclosing, book publishers and the legal system whose complex interests inform one another. Under these conditions of suspicion and doubt, the survivor of child sexual abuse is revictimized in public space. Through the following case, we witness an instance of the presentation of the False Memory Syndrome position.

I attended a symposium at McGill University in Montreal (November 11, 1993) that was stopped by noisy protesters who asserted that sexual abuse

survivors are being re-silenced by the False Memory Syndrome advocates. The contestation over memory is suggested in the title of the symposium: "True and False Accusations by Adult Survivors of Childhood Sex Abuse". Psychiatrist Dr. Harold Lief is scheduled to give one of the opening lectures entitled "Accusations of Childhood Sexual Abuse: Legal and Ethical Implications of the False Memory Syndrome" as part of this two-day long symposium. Dr. Lief is introduced as a founding member of the two-year old False Memory Syndrome Foundation, which had formed in Philadelphia in March, 1993, with 3,000 members in the U.S. and 300 in Canada. Prior to the False Memory Syndrome Foundation, other organizations had formed, according to Bass and Davis in their chapter "Honoring the Truth: A Response to the Backlash": VOCAL, Victims Of Child Abuse Laws, was established in 1984 and asserted that "children's allegations of sexual abuse are frequently false and that children do not make credible witnesses" (Bass and Davis 491). The False Memory Syndrome Foundation claims that memories of child sexual abuse based on decade-delayed memories are fabricated by the survivors under the poor guidance of their therapists. The lecture attracts psychiatrists, psycho-therapists, members of families where an adult has disclosed child sexual abuse, and a lay audience including abuse claimants who have formed an ad-hoc coalition of groups. The lecture is disrupted by this coalition and other individuals who believe that False Memory Syndrome is a dangerous notion, and that the perspective of those believing they have been abused should be represented in the symposium. Coalition members do not sit quietly while their memories of child sexual abuse are collectively doubted. "You can't say these things didn't happen to me!" yells a woman from the back of the audience. In response to one of the opening remarks of the speaker, someone yells, "False memory," reappropriating and

throwing the term back at the stage. The din from noise-makers rises with each remark from the podium that expresses doubt of the truth of these memories. The assembled professionals from the sponsoring institutions, the Departments of Psychiatry of McGill University and Montreal General Hospital, try to quiet coalition members: "If you don't like it, leave... Do you have a spokesperson to represent your position?" The four panelists get through their introductions, ignoring, joking about, and finally confronting the noisy challenge of the audience. Dr. Lief begins his presentation. Coalition members refuse to be quiet and the lecture is cancelled.

This was an important public confrontation between sufferers and professionals, and is an example of a collective of survivors acting on their own behalf, accompanied by therapists and sympathetic professionals. The headline of the article the next day in the *Montreal Gazette* read: "Protest muzzles false-memory talk: Crowd drowns out speaker" (November 12, 1993). It reported the interruption of the talk in terms of misbehaving agitators disrupting a discussion. On the next page where the article continues, and the headline reads "'You're suppressing an idea,' dean tells noisy crowd." The article was written without any discussion of the motivation for the protest. 3

The False Memory Syndrome Foundation attracts members who do not believe memories of child sexual abuse can resurface after years of repression and often those who have a stake in denying such memories exist because they are members of families where a past of sexual abuse is surfacing. Dr. Lief is quoted in *Homemakers' Digest* expressing circumstances in which memory should be doubted:



...if the memory of the abuse goes back before the age of three; if the alleged abuse is both parental and intergenerational (i.e. mother, father, grandfather); if the abuse is alleged to have taken place over many years; and if the abuse is extended into the teen years. (Bayin 1993, 48)

The False Memory Syndrome Foundation and its supporters blame therapists for inadvertently, in most cases, suggesting scenarios to susceptible clients, often implanting these memories through hypnosis. Martin Gardner, an advocate of the false memory syndrome theory, says that the patient is convinced that childhood trauma is at the root of her problems and proposes that she is responding to leading questions by therapists who want to believe that she has been sexually abused. His criticism comes into direct conflict with the discourse of survivors, where the certainty of the sufferer in knowing what happened is trusted, and emotional changes and moving through a healing process to a state of reduced emotional distress are understood to be part of the route to increased happiness and health.

It is not coincidental that the forming of the False Memory Syndrome Foundation in 1992 took place at the time when change in the United States' judicial system, made those accused of abusing accountable indefinitely, thus giving more power to those claiming to have been abused. This debate has been amplified by litigation that has depended on repressed memories for evidence since 1989. The False Memory Syndrome Foundation literature suggests that the two patterns that have caused alarm are:

(1) the use of "memory enhancement techniques" [abreaction, journaling and 'body-memory'] to help find memories. In the summer of 1993, the American Medical Association passed a resolution warning of the dangers of misapplication in the use of these techniques. (2) The "cutting off" from any persons or situations in which evidence that might challenge the memory is present. This appears to be a cult-like process. (False Memory

Syndrome Foundation brochure, "Frequently Asked Questions,"  
False Memory Syndrome Foundation, Philadelphia, March,  
1994)

In this same brochure, the Foundation states its knowledge of the existence of child sexual abuse, adding that all efforts should be made to help victims.

However, the use of "memory enhancement techniques", such as keeping a journal of feelings and memories, is considered cause for alarm. The second alarming pattern according to this literature is the decision of the victim not to have contact with persons or situations that might not be supportive.

Therapists are the instigators of this 'cult-like' behavior, evoking associations with dangerous, mysterious practices. This literature contributes to the debate as it vilifies therapists, re-silences women, tries to preserve the ideal of the safe family, while the accusation of cult-like behaviour exaggerates the significance of not being in touch with those who might "challenge the memory".

According to the False Memory Syndrome Foundation, false memory is a medicalized condition that can be diagnosed:

... when the memory is so deeply ingrained that it orients the individual's entire personality and lifestyle.... The analogy to personality disorder is intentional. False Memory Syndrome is especially destructive because the person assiduously avoids confrontation with any evidence that might challenge the memory. Thus it takes on a life of its own, encapsulated, and resistant to correction. The person may become so focused on the memory that he or she may be effectively distracted from coping with the real problems in his or her life.

Despite this discussion of False Memory Syndrome as a medical condition, it has not been approved for the *Diagnostic and Statistical Manual of Mental Disorders* or any other professional manual (Fraser 1994, 21).

In the public space of the lecture hall, there were those who had been invited as experts on memory, those who had memories, and the media who were "mediating" for a larger public. This became the contested field of knowledge and truth. The experts were operating out of rational knowledge from a scientific basis with their credibility as public, professional selves at stake. The survivors spoke out of personal knowledge with their pain of not being heard and believed, their sense of self, and the need to be believed at stake. The journalists who covered the event were there to report on experts speaking on a controversial subject, and that controversy played out in dramatic form when the abused challenged expert knowledge. In the lecture hall, as these private memories made a public appearance, bursting out of some of the survivors, their fragility and vulnerability took on an unwieldy monstrosity. They did not respect the decorum of a public meeting. This gave journalists a hook to report on antagonistic camps of people, pitting the rational against the irrational, the scientific against the emotional. This left no room for a nuanced understanding of how truth and knowledge can be attached to the emotional as it emerges in such a debate around the truth of memory. When memories emerge from the private and are judged in legal, medical, and other professional contexts the frame has changed. The enunciation of expertise was open to immediate debate in the lecture hall; however it was re-established by the media.

### **Stakes of Remembering and Feeling: Moving from Private to Public Space**

This section looks at the family as it is informed by the False Memory Syndrome position and by family members who have memories of child sexual abuse. My own story of sibling abuse provides an indication of the complexity of family relations that exceeds the Alcoholics Anonymous or *The*

*Courage To Heal* discourses. Like Teresa's story in Chapter Two, which elaborated her struggle of fitting into the Alcoholics Anonymous model, my story about sexual abuse presents competing multiple factors and subtleties in contrast to a child sexual abuse framework.

My research reflects multiple changing factors and subtleties that press on the research, move and inform it. The process of research and writing is a means of looking at my experience of child sexual abuse through various lenses. I have engaged my self-doubts and vulnerabilities, the nerve-endings, the unresolved feeling parts, moving in and out of self-awareness and reflection to guide the movement of the project as it straddles private and public space. Out of this, I have accompanied and observed others trying to give voice to their pain in public settings - at Alcoholics Anonymous group meetings, the interrupted lecture at McGill University, in artists' books and videos, at the site of *Where Does It Hurt?* In the process, I have tried to move into my own pain, tracking this emotional movement and reaching out into public discourse, creating new public spaces for pain in the investigation of false memory syndrome, in the identification of autopathography, and in the construction of *Where Does It Hurt?*

I started to do this work tentatively, and I became committed to it over time and through seeing connections to various components within the larger project. My confidence and conviction were boosted through focused discussions with dissertation writing partners. Together we would plunge into the murkiness of ideas at their early stages and sort to find clarity, adding, editing out and revising. This process continued in the isolated practice of writing, however I steadily returned to dialogue with colleagues. I would not

have been able to develop these ideas without these relationships and the insights that came through dialogue. It was one of understanding the larger discourse and its stakes and tracing out their regularities. These newly publicized voices are found within the context of public consumption of stories of distress, the titillation of individual cases, and the simultaneous dismissal of them. Gradually I wanted to know how the public presentation of previously private experience can extend how this pain is constructed and possibly identify its assumptions.

My research position links my experience with an analytic struggle to make claims about pain discourse. At one level of analysis, this choice of method transforms personal distress into a knowledge source, adding to the discourse through this public presentation of private experience. I have developed this research method from the positions of "survivor" and someone who has analyzed the stakes in the formation of child sexual abuse discourse. In this process, I feel my own emotional raw nerve-endings as my lifestory is figured into my work. However, I have needed to understand my experience within public discourse.

Part of my research strategy has been to observe and accompany people in recovery, within an understanding of the therapeutic discourse of recovery and its stakes. By contrast, at the McGill lecture, survivors' stories were represented in popular press as a private matter, invading public space as monstrosity. It had also been necessary to acknowledge a contradiction between the public consumption of stories of distress, such as found in the autopathography, and the tendency to dismiss them as matters of titillation and/or celebrity. My intervention is to develop a structure of inclusion,

beyond particular cases to a tracing of the regularities, bringing patterns of mediation into relief.

Therapy provides a private space outside the family where feelings are of primary importance, guiding one through an ongoing exploration of feelings and experience. In most forms of therapy, the family of origin is understood to be the foundation of the self. Tracing memories and feelings requires a return to primary relationships and early childhood experiences. There is an imperative to connect feelings with memories through a process that moves from identifying childhood experience through narrative to present feelings. This process of exploration may disrupt apparent emotional stability and order. For the False Memory Syndrome Foundation, who target a very specific painful memory within this vast emotional terrain, feelings and the therapists who facilitate them are seen as dangerous. My intention here is to use my experience and recollection to propose a different way of categorizing, apart from the established survivor identity.

In recent years a receptivity to memories of child sexual abuse, both repressed, recovered or never previously spoken, has been expressed by some psychotherapists and other authors in their practices and books. Many argue that the child who experiences the trauma of sexual abuse buries the memory in order to survive life in the family, only to have it re-surface under safe conditions, usually when the child is an adult and independent (Bass and Davis, 1987; Fredrickson, 1992; Freyd, 1996). In False Memory Syndrome discourse, the tragedy of child sexual abuse is transformed into the tragedy of disclosure and the victimization of the family. Within this discourse there is a suspicion that entering into a therapeutic programme will stimulate the

syndrome. In this chapter I have described how perpetrators could traditionally rely on incest remaining a secret in the family. Now, the perceived stability and security of the nuclear family are threatened from within by the accusations of child sexual abuse. Proponents of false memory syndrome try to recover the family as a safe place by pointing to what they deem to be scientifically unsubstantiated accusations, countering the stories of alleged victims of abuse with those of the accused and backing up those stories with a scientific model of a syndrome.

False Memory Syndrome shifts the focus away from the violence of abuse and the damage caused by the perpetrator, and puts responsibility onto the victim claiming that there was no such harm; that the harm, instead, was committed through a therapeutic process that gave rise to painful, but false, memories. Accusations of child sexual abuse are seen to be devastating to the family, while the harm done to the child, who now remembers, is diminished. From this perspective, it is the memories, rather than the acts of violence, that are the problem. Often the survivor has been sworn to secrecy, told that harm would result or that the story would not be believed, or has understood the pact of silence without an explicit promise. Secrecy and fear of telling maintain the imbalance of power that allows perpetrators to continue to violate children sexually, and False Memory Syndrome institutionalizes this pattern in public discourse. Renee Fredrickson points out, given the strength of family loyalty, that it is more likely victims will forget that they have been abused or traumatized, than falsely remember (Fredrickson, 1992). She asserts that there needs to be a non-legal place to talk about feelings and experiences where there is a clear line drawn between what is confidentially discussed and

what is available to public and legal scrutiny. The true/false dichotomy reduces space in which to discuss feelings without fear of reprisal.

### **Constraints on Remembering and Feeling**

What is at stake for therapists and clients in overcoming and transforming the damage of child sexual abuse? According to Fredrickson in a CBC Radio interview (1994), in the early 1990s, the client is not sure if their memory can be trusted while the therapist fears litigation, increasing professionalism and scrutinizing codes of ethics.

Over the fifty years after Freud retracted his seduction theory, child abuse was either interpreted as phantasy or unmentioned. A series of reports assisted in revealing statistical evidence that this phantasy perspective was ill-founded. The *Kinsey Report* (1953) on sexual practices found that "one quarter of female respondents had been approached sexually by an older male in a way that 80% found frightening" (Fraser, 1994, 21). The Canadian Government's *Badgley Report* on child abuse (1984) found that one of two females and one of three males had been "victims of unwanted sexual acts, with four out of five of these occurring in childhood or adolescence" (21).

In Canada, this research was but one of many factors that prompted mental health professionals to listen to stories of child sexual abuse as fact, not phantasy. Within the infrastructure of rape crisis centres and shelters for battered women, stories of child sexual abuse were common. In addition, psychotherapists with a feminist orientation assumed that what a woman spoke and felt was the truth. They began running workshops and publishing books (Blume 1990; Bass 1983; Fraser 1988) that identified repressed memories



as a key problem to women's health. Backed by statistics and women's testimonials, and within the context of a feminist agenda of women's rights to control their bodies (contraception, abortion, sexual harassment, violence against women), the fear and shame in stories of child sexual abuse found public space. While some research psychologists may not believe in repressed memory because it has not been scientifically studied and validated, many clinical psychologists work under the assumptions that repression is fact and that there is a causal relationship between repressed memories and emotional pain. In therapeutic discourse, the client must trust her memory as her truth. Within the clinical context, memories of child sexual abuse are central to the therapeutic process of moving through pain towards reduced mental distress. As Fredrickson explains in *Repressed Memories: A Journey to Recovery from Sexual Abuse*:

Repressed memories affect your quality of life. Just like remembered sexual abuse, repressed memories of abuse are associated with such problems as failed relationships, depression, anxiety, addictions, career struggles, and eating disorders... (30) Facing your memories is painful and, therefore, easy to avoid, but it is an extremely important factor in the length of the healing process. (223)

Here, reduced emotional distress is contingent on facing memories. This belief in a causal relationship between expressed memories and improved mental health is not shared by all mental health professionals. In some therapeutic contexts, memories are considered indicators of the person's feelings and concerns. A therapist can treat emotional pain and disorder without assuming that every memory is true, knowing that it is highly subject to processes of distortion over time. In this division within the domain of psychologists, psychiatrists, and psychotherapists, there is skepticism about repressed memory, with some research psychologists

claiming there is no scientific evidence to support it (Loftus, 1993; Ganaway, 1992; Holmes, 1990). In attempting to break away from the socially causal view that emotional distress is the result of repressed memories of child sexual abuse, Elizabeth Loftus suggests that research attention should be turned to neuronal and hormonal systems for identifying the origins of distress (Loftus, 534), taking the issue out of the social realm and returning it to the laboratory.

### **Expanding Space for Remembering and Experiencing Pain**

I want to put forward some of my experience to illustrate the lack of what the research presents and a way of seeing the complexity of a sexual abuse story. I first wondered in 1991 if the sexual abuse I experienced as a child by my older brother was causing me emotional hardship. I had been in therapy a few months and was seeking help at the time in the management of my brother's AIDS-related illness. My therapist looked very concerned when I talked about having traded sexual favors for permission to stay up late at night when my brother was babysitting. I was eight or nine years old at the time and he was thirteen or fourteen. I really didn't think it was that big of a deal. What seemed more important to me was the inconsistency of my mother's care due to her mental illness, along with my father's professional preoccupations and unreliable emotional presence. I thought the consequences of this neglect, especially, not being able to depend consistently on my mother, were formative. While my mother was hospitalized I stood in for her, and my father, siblings, family, friends and relatives reinforced my feeling of being infinitely capable of the role. I felt invincible at twelve years old and alternately depressed and angry when my mother returned to the family, first on weekend passes, and later permanently.

I called the experience sexual abuse for the first time after my therapist suggested I talk more about it with my brother. I didn't think of myself as either victim or survivor; he didn't hurt me physically and I didn't feel coerced at the time. It seemed like an adult thing to do, and I was eager to grow up and felt rewarded for acting maturely. I felt set apart from my peers, perhaps more accomplished because of my sexual skills. This abuse went on for three or four years. Through therapy, I came to see that the abuse had been harmful to my sexual development. I tended to view sex as a tradable commodity that I could exchange for acceptance and love. At the time the abuse took place I thought I liked it, probably because I was lacking in primary parental care. It was an alternative, a coping strategy. I say this now, after four years of therapy (1991-1995). One of the questions frequently asked in child sexual abuse recovery literature is "What did you do to survive?" For a long time this seemed like a ridiculous question to me, and I'm still reluctant to commit to a causal relationship between the sexual abuse and my emotional struggles as an adult. The context of the abuse was that I could not be fully dependent on my parents, school was difficult socially and academically, and I felt alienated by the Christian culture that my parents were deeply invested in. I was negotiating a number of conflicts as a child that affected my development, and I'm not sure what weight to give the sexual abuse relative to other challenges.

In 1992, under the pressure of my brother's failing health and impending death, I decided I had to talk to him about it. We were in his kitchen and I pushed myself to bring it up. I relied on the experience of therapy for support, saying that my therapist had helped me recognize that what happened

between us had caused me harm. He and I talked tentatively about what exactly happened, what we did, and he agreed that he shouldn't have initiated it. Several weeks later he sent me a thank you card and said that if he had known then what he knew now the abuse would never have happened. In another conversation I asked if he'd talked about it with his counselor, a social worker who was helping him through adjustments to his terminal illness, where much of the discussion included talking about our family. He said he had not brought it up, because it wasn't that important to him. This stung because I felt damage had been done to me and I had to heal myself, while it seemed he didn't have any scars from it. Though the history was no longer unspeakable, we mentioned it only a couple more times before his death a year and half later. From my vantage point in 1999, my brother now dead for over five years, the memory and feelings from having been sexually abused continue to inform my emotional makeup. However, therapy has enabled me to recognize and cope with the aftereffects.

There has been a tendency to reduce the texture and difference between survivor stories in public space, either through false memory syndrome discourse or through the corresponding urgency to affirm the commonness of survivor identity and the veracity of memories. Steve and I had always protected each other in a household where there was the uncertainty of our mother's mental stability and our father's commitments outside the family. Our Christian upbringing taught me to turn the other cheek and not be self-indulgent, to carry on and take care of other people before myself. I was an angry child, particularly after the period of abuse, and at the same time high functioning, managing myself and aspects of our family very well. During our childhood, our family unit was not open to suggestions from the outside:

no one could have made suggestions to my parents about problems they might have perceived. It was understood, at the time, that it was no one else's business. On the inside, I did not want to rock the boat between Steve and myself, especially since he was my strongest ally in the family. Until I was in a therapeutic setting, I did not feel it was necessary to talk about the sexual abuse. Once I did believe it was important, I wondered what could be accomplished by this discussion. Steve was in a process of dying. Was it worth it? The investments in my family and in therapeutic discourse were in conflict; both require trust, the family to protect its members and preserve its unity, and therapy, to understand emotional distress as rooted in family relationships. My therapeutic experience relocated the pain that had been lodged in the context of my family. Through therapy I've come to a different paradigm about where security comes from in my life. My parents were not able to provide for some of my basic needs as a child. Accepting this therapeutic truth means changing some of the truths I believed about my family. Steve's love for me and loyalty to me are much less important, while his sexual abuse of me caused harm within the lens of therapeutic discourse. 4

This changed perception of my childhood took place at a time when there was movement to reprivatize the pain of child sexual abuse through False Memory Syndrome discourse, after a period when women had formed a public collective voice to renegotiate private pain in public space. This discursive battle informed how I framed and retold my childhood, and how I felt and thought about my pain. I intend for the fragments of my story present in this analysis to act as an instance of the on-going process of negotiating truths within the terms of public discourse.

## 6. Conclusions

For adult survivors of child sexual abuse, memory of the abuse makes sense of current distress and legitimates its symptoms, giving it meaning. In the healing process, stories and feelings of the client are what matters, and what constitutes truth. To the abused in the judicial context, memory is potentially powerful and necessary to bring charges against the abuser. However, therapy is concerned with the client's healing process, and litigation with forensic evidence.

Some accused parties have used the 'witch hunt' metaphor (Baker, 1992; Gardner, 1991) to explain an accusation, feeling they are being tracked down and presumed guilty without a fair trial, like witches of the 16th and 17th centuries, this time because of a perceived mass hysteria of abuse disclosures. However, the perception and consequences of these actions shift over time, and what is socially acceptable behavior has changed. For example, in the much-publicized Roseanne Arnold case, her father claims the abuse was a joke, and is apparently astonished that past sexual acts with his children are now deemed criminal (Arnold, 1994). One of the contextual changes in recent years is that the family, once considered private, is now increasingly open to public scrutiny, thus exposing activities that previously would have been protected within the privacy of the family.

In the courts, the statute of limitations used to ensure that plaintiffs initiated lawsuits quickly. The assumption was that memory fades with the passing of time. "In 1989 Washington State changed its law and began a trend that has spread to a number of other states that allows people to sue for recovery of damages, using the delayed discovery doctrine" (Loftus, 1993, 520), any time

up to three years after remembering the abuse. This change in the law has meant not only that child sexual abuse may be exposed, but that this may take place any time in the lives of family members.

The Eileen Franklin case, in 1990, was the first in which a court prosecuted based on repressed memory. The court was convinced by the plaintiff's vivid memory of her father, George Franklin, killing her best friend. Twenty years later she claimed to have been an eyewitness to the girl's rape and murder. It was in therapy that the memory took its detailed shape. There is a sequel to the Franklin case in that her father, convicted of murder in 1990, had the conviction overturned in 1995 based on the possibility that his daughter might have read news reports about the case rather than having a true memory. Since the Franklin case, many others have been heard. The stakes of the true/false dichotomy are heightened as harm is measured in terms of money, or length of a prison sentence. It may be that the motivation to form the False Memory Syndrome Foundation and the rapid growth of its membership are the results of the decision of the courts to accept repressed memories as admissible evidence.

The appropriation of medical terminology such as the use of 'syndrome' itself associates scientific authority with the Foundation through the language of science. The work of Foucault and others has shown us that:

In modern societies, scientific discourse is the source of one of the most powerful modalities of knowledge. Empirical science's prestige as the privileged domain of objective, systematic, verified truth is an effect of its own power to extend itself to ever more corners of human life, not the result of the inherent quality of its claims. (Ang 1991, 9)

The False Memory Syndrome Foundation uses scientific language to speak of memory and make itself credible. In addition to mobilizing scientific language, there was a rapid creating and gathering of information underway in 1993, with the False Memory Syndrome Foundation heavily involved in organizing conferences and developing a large professional advisory board of forty-two members. Connected to these initiatives, they published numerous books through their own press (Upton Books), thus reinforcing their discursive authority.

At the same time, a public space has been opened to tell stories of child sexual abuse, and *The Courage to Heal* has been a catalyst in this movement of memories and stories from private to public occasions. It is clear that many discursive forces are vying for authority over recollections of child sexual abuse. In this chapter there have been accounts of organizations, events, and books that must be understood as indicative of tendencies rather than as the exclusive players. Who has expert knowledge and authority, what it is, and who claims the truth constantly changes. Truth claims are unstable. In a therapeutic process, the therapist accompanies the client to a deeper place, guided by feelings. The therapeutic space is private and, in my experience, an emotionally safe place for examining one's life. Its truth claim was the belief that emotional instability, uncertainty, and lack of trust in intimacy originated in childhood, and that revisiting the traumas and difficulties of childhood would begin a process of understanding and healing. Its truths are not legal truths that require forensic evidence to be believed, nor are they family truths that may require holding firm to memories in order to protect perpetrators; instead they are based on the feelings of the client. These are unstable because they are informed by discourse always at a particular



moment in its negotiation, within the specific interests of that moment. I had believed the sexual acts I engaged in with my brother were good for me in the late 1960s when they happened. They comforted me, I thought, and made me feel secure, loved, and grown up, rather like a girl-wife in a family where I was performing as a girl-mother. My interpretation changed when I began therapy in the early 1990s and there was an imperative to discuss my childhood, including my relationship with my brother. I wanted to cope better with the anxiety and depression I was experiencing and I believed therapy would help me, which it did. During this period, 1991-95, therapy was being blamed in the media, particularly by False Memory Syndrome advocates, for encouraging clients to invent stories of sexual abuse in order to generate business. In child sexual abuse recovery discourse, the stakes at the time for women in not telling and in protecting their family home life and their abusers, as well as their lack of access to legal means at the time the crime was committed, are well documented. As Freyd has argued, memories of child sexual abuse are spoken when one has enough security in life to take the risk.

In the False Memory Syndrome debate, the book became a form through which to claim authority and truth. The child sexual abuse recovery advocates also published books extensively. The authority of the celebrity as bearer of the truth is introduced in the autopathography. Roseanne, for instance, claimed in *My Lives* that her home was a dangerous place. Journalistic media interest in child sexual abuse is perhaps maintained because of these stories' illicit sex involving children, potential for lurid details, and uncertainties as to whom to believe, who is telling the truth.

Before therapy, I had already begun to change my sense of the significance of the abuse I experienced to my emotional health, but very tentatively, feeling my experience was more loving than other stories also called sexual abuse, I had heard and read about. In therapy, when I explored who had the power, and discovered that I had become sullen and angry at this young age, I realized I needed to take another look at what these events had meant. Now with my brother's death more than five years ago, and that four year period of therapy now also in the past, I look back and see the sexual abuse as knitted together with other life events that vary in significance in remembering my childhood. Child sexual abuse as a category of distress and damage does not remain stable and cannot be understood within the frames of the family that is supposed to be safe, the courts which require forensic evidence and expert witnesses, therapy where the sufferer is supposed to be able to heal, books, where readers turn for the expertise of the author - memory is informed by all of these.

Moving from child sexual abuse discourse, I turn to the autopathography and its accounts of the suffering self. In Chapter Four, I draw on extracts of this book form as they relate to the larger study of the dissertation. The autopathography provides other ways of configuring stories of suffering, opening public space for private pain. Where a self-help book like *The Courage to Heal* ensured a cohesiveness among its sufferers' stories, the autopathography digresses. In this case, trying to imagine, investigate and play with the possibilities within existing circumstances and conditions is a way of conceptualizing the public space for private pain as remaining open and negotiable. 5

## Endnotes

1. The authority of the published word in this debate over memory and therapy has resulted in new book market segments addressing false memory syndrome and new histories of memory and how it works: *Trauma and Recovery* (J. Herman 1992), *Betrayal Trauma* (J. Freyd 1996), *Making Monsters: Repressed Memories, Satanic Cult Abuse, and Sexual Hysteria* (R. Ofshe and E. Watters 1994), *Unchained Memories: True Stories of Traumatic Memories, Lost and Found* (L. Terr 1994), *Trauma: Explorations in Memory* (C. Caruth 1995), *The Myth of Repressed Memory: False Memories and Accusations of Sexual Abuse* (E. Loftus and K. Ketcham 1994).
2. Further mediation took place in the alternative press. The *Utne Reader* in 1997 devotes an issue to therapy entitled "Therapy Wakes Up: Healing Our Culture, Healing Ourselves," which is influenced by the reconsideration of therapeutic practices following False Memory Syndrome and the publicity that surrounded it.
3. Four years later the same paper presented a story headlined, "In the wake of grief" (*Montreal Gazette*, May 26, 1997). The subtitle, "Maire Walsh has been reborn after a childhood marred with incest. Now she's working to help others", introduces a sympathetic story of a twenty-three year old woman who is recovering from the aftereffects of abuse. However, rather than expressing a concern for systemic change or underlining the widespread incidence of sexual abuse, this is a profile of emotional rebirth and successful social adaptation: she is married and wants to help others, holding to a dream to open a centre for incest survivors, and plans to pursue an undergraduate degree in psychology. Her strategy for repairing her life echoes a nineteenth-century model of women's participation in public space - a pre-suffrage model of volunteer caregiving.
4. Another interpretation could be offered by someone more skeptical about the therapeutic process: In my adult life, I became aware of suffering from depression and anxiety, for which I sought treatment. Even within a therapeutic model which accepts the idea that early family experience contributes very heavily to such symptoms in adulthood, my parents' lack of availability could account fully for the symptoms. But my therapist was operating from the belief that child sexual abuse is invariably extremely damaging and deterministic of adult depression and anxiety. The abuse, then, seemed to offer a very clear explanation for the symptoms. This abuse experience which was remembered as not having been damaging within the context of an otherwise very difficult childhood, was newly, in therapy, regarded as being the source of a great deal of damage. As a result, in addition to bearing the pain of having had parents who were unavailable to care for me, I was left with an additional pain of regarding my brother, who had seemed like a source of love and support, as a perpetrator. Then I have to ask

if the therapeutic benefit of the attribution of this damage to my brother was more significant than this new pain, accomplished by damage to my relationship with and memories of him. My experience as I have described it, could be interpreted as an example of how certain assumptions, such as that where there is abuse, much or all emotional pain must be attributed to it (Bass and Davis), that where there is emotional pain there must be abuse, may be damaging, rather than therapeutic.

5. As I was completing this chapter, the front page of the *Saturday Globe and Mail* featured the article "False Memory's Victims Languish in Jail," (*Globe and Mail*, May 9, 1998), reminding me that the struggle over memory continues.

## **Chapter 4:**

### **Autopathography**

#### **Introduction**

The license to tell all has produced a virtual library of dysfunctional revelation. What Joyce Carol Oates memorably called "pathography" - biographies that dwell on the sordid excesses of their subjects - has yielded to "autopathography" dwelling on the sordid excesses of oneself [...O]ur belief in the recuperative powers of letting it all hang out has never been stronger. The triumph of the therapeutic predicted by the sociologist Philip Rieff a generation ago is a reality (Atlas 1996, 26).

Autopathographies are narrative accounts of suffering that gets progressively worse and is followed by recovery and healing. They typically involve neither a tragic nor happy ending, but one of ongoing emotional struggle, distinguishing them from self-help books, which promise self-improvement and pain relief. Where Chapter Three examined the context of therapy and the memory debates that have arisen as survivors seek retribution in the midst of the media event of repressed memories, Chapter Four looks at a broader North American phenomenon documented in book form. While survivor identity has been used to define those who have survived child sexual abuse, its broader application refers to the emergence from despair through emotional transformation. I have taken Atlas' definition of autopathography and rethought it as a discursive analytic tool, focusing not on excesses, but on suffering. I argue that autopathography is a joining, a meeting place, where suffering and recovery share a space with the media preoccupation of celebrity and autobiography. The autopathography signals the tendency to reconfigure life stories in terms of pain. Autopathography enables the examination of the complexity of narratives of suffering within a

whole life where it may not always be the central preoccupation. Unlike the testimonials in self-help books that only sketch the larger life and centre on the pain, autopathography contextualizes pain within the life story. This is a discursive formation that attempts to draw the reader closer through shared experience that will resonate with her pain and hopes for recovery. The popularity of autopathography also provides further evidence of the circulation of and markets for pain stories. In this chapter I will examine the role of the autopathography as a discursive formation and note some similarities and differences from self-help literature; for instance, Dennis Rodman transgresses gender and racial norms as a strategy to dissipate and cope with his pain, while Sheldon Kennedy reinstates his heteronormality and desire to give back to others through his recovery. The chapter makes a close examination of Roseanne's autopathography, a story of child sexual abuse, comparing it to her earlier autobiography, where she wrote little about her suffering.

Autopathographies document one individual's on-going emotional struggle. These stories are of an individual's movement from despair and self-destruction through recovery, not necessarily told as a linear, progressive development. They are found, for example, in Gloria Steinem's *Revolution from Within*, Kitty Dukakis's *Now You Know*, and Dennis Rodman's *Bad as I Wanna Be*. David Remnick reduces the potential of the term autopathography when he limits it to "desperate authenticity" in discussing gender-bending basketball star Dennis Rodman's *Bad As I Wanna Be* (Remnick 1996, 86). My use of autopathography in the following discussion enables the locating of a regularity within the discourse of emotional suffering and recovery. These stories document struggles with emotional

problems over a lifetime and chronicle the writer's never-ending recovery process, distinguishing them from self-help books, which are always about achieving self-improvement. The autopathography is currently the dominant narrative form through which survivor identity is defined. It is much more about mediations of emotional experiences and transformations than about simply trying to make desperation authentic.

In his article "Confessing for Voyeurs: The Age of the Literary Memoir is Now" (*New York Times Magazine*, May 12, 1996), James Atlas notes the number of memoirs being published at this time, estimated at two hundred titles in 1995 alone. Among these are many autopathographies: Caroline Knapp's *Drinking: A Love Story* (1997) or Susan Cheever's *Note Found in a Bottle: My Life as a Drinker* (1998) about alcoholism; Kay Redfield Jamison's best-selling *The Unquiet Mind* (1996) about mental illness; Lucy Grealy's *Autobiography of a Face* (1995) and Nathalie Kusz's *Road Song* about life with facial disfigurement. Atlas proposes that in a culture where 12-step programs are so prevalent, the literary confession is a predictable outcome. He reports that literary agents are scouting memoirists and universities are offering courses in memoir and the literature of self, concluding that the memoir will be a significant literary form for some time.

### **Sports Autopathography**

The autopathography is a form used to tell the stories of television stars, political figures, artists, and business people and in his article "Raging Bull" (*The New Yorker*, June 10, 1996), Remnick has identified its emergence within professional sports literature. The tradition of biographies and autobiographies of players can be traced back to baseball heroes Willie Mays

and Mickey Mantle. Their stories focused on the lives of the players but did not include a dimension of emotional struggle or self-destruction. In 1970, Jim Bouton wrote *Ball Four* and revealed that players cheat on their wives, pop pills, and look up the dresses of women in the stands during the national anthem, revelations that betrayed the image of the player as clean cut and solid. Continuing his argument as to how the image of the male sports figures has changed, Remnick proposes that the distance between the player and audience was greater in pre-television days when audiences relied on radio, sports columns, and box scores. He claims that the introduction of television and the zoom-lens brought the viewer closer to the player visually and suggests that this is connected with the desire of fans for more information about the interior lives of the players (Remnick, 84). In his thumb-nail sketch of sports literary history, Remnick is accounting for the recent book, *Bad as I Wanna Be*, by Dennis Rodman with Tim Keown, a *New York Times* number one bestseller in June, 1996. According to Remnick, what distinguishes it from Bouton's *Ball Four* is its "absolute and desperate authenticity [...T]here is no whimsy" (Remnick, 86). The book opens with Rodman holding a rifle, considering suicide:

From the outside I had everything I could want. From the inside I had nothing but an empty soul and a gun in my lap....I knew right then I could; I could take that rifle and blow my fucking head off. There was that much pain. The life that might have looked good from the outside was caving in on itself because I couldn't continue to be the person everyone wanted me to be (Rodman 1996, 2-4).

His team has been dismantled, his coach and father-figure are gone, his marriage is in ruins: he's a "tortured mess" (Remnick, 86). Remnick calls this new sports writing form "autopathography" and Rodman plays it out as a different kind of hero, a "frontiersman of the soul,...an embodiment of the



times, a gender-bender filled with racial anxiety”(Remnick, 88). Rodman locates his identity within black culture: “I grew up in the projects where everyone was black. I feel I was abused in that culture, I was too skinny, too ugly, too something” (Rodman, 87). Rodman brings to the autopathography his struggles as a black man, his transgression through a celebration of cross-dressing, as well as his emotional distress.

The cover of the book features two images of Rodman. From the front, he looks out, making eye contact with the reader/viewer; on the other side, we look at his back, his yellow and red dyed hair and his tattoos and piercings. In these images he is naked, adorned with tattoos and jewelry. On the front cover, he is sitting backwards on a Harley-Davidson motorcycle, a basketball nestled between his legs, with more on the ground around him. The play of excess and self-exposure provides a provocative invitation. On the back cover Rodman’s frame fills the space, his arms reaching up and out, balancing basketballs in the palms of both hands. His muscular black body is perfectly symmetrical and the stance is heroic, monumental, trophy-like. There are a few more basketballs on the ground, and the golden “I” in the title furthers the triumphant sports-god image. Each of the varied typefaces and colours on flap inside provides a different sound bite from the Rodman story. There are thirteen chapters in this 250-page book, including “New and Improved: One Night, One Gun, One Decision”, “Sports Slave: The High Stakes World of Selling Out”, and “Death Wish: Living Fast and Hard.” The book is sprinkled with photos and varied typefaces, and their size and boldness change to emphasize a particular statement. From time to time a whole page will be filled with a sentence like, “These people didn’t know anything about black people, so the only thing they could imagine was the worst thing” (Rodman,

24). The book traces Rodman's story from despair and near-suicide in the first chapter through his family and his NBA success, and features conflicts Rodman expresses about being black, famous, and in the NBA.

In the chapter "Sports Slave", Rodman claims that he is different because he speaks his mind, that he is punished for his bad behaviour, and that it is his 'badness' that fills arenas. He claims his meagre salary of three million dollars, compared to Michael Jordan's thirty-five million last year, is because of his personality and not being the right kind of family man or role model (Rodman, 62). In the "Death Wish" chapter, he claims that he needed to feel desperate and so he gambled away \$35,000 in less than a week in Las Vegas. He needs life to be hard, and before games he sits in front of his locker and imagines himself in a hospital with dying children, feeling all the pain and suffering that they feel. While doing this, he listens to Pearl Jam, "music that is about pain and suffering and how you run away from it" (Rodman, 208). His suffering narrative is of becoming too rich too fast, and how this has separated him from how he used to live and what he knew. He wants to feel the pain of having nothing, of being a rookie again, the guy he loved.

I get depressed when I'm frustrated, caged in, but the more I train my mind to feel that depression, the stronger it makes me. Instead of avoiding it and trying to feel better, I give in to it and let my body feel it. When I do that, it takes me back and gets my mind right. When I hit bottom, I can attack the problem and get to where I want to be (Rodman, 210).

He says that during a year when he was struggling emotionally, he played very well. He reminds the reader that he climbed out after hitting bottom and concludes the chapter by saying that when there is nothing to accomplish, he'll shoot himself in the head (Rodman, 218). It seems to fit with his image of sports hero/outsider that he will control his mortality. In the April, 1997

issue of *Esquire* (Heath 1997), Rodman is featured in a story entitled, "Basket...Case". The story opens by claiming that Rodman's dreams are of one subject and that is death (Heath 1997, 115). The centerfold-like image shows Rodman spread over two pages naked with a basketball over his groin. It is a full-frontal shot, from head to mid-thigh. This image echoes the book's cover shots with their physical exposure of the aberrant star.

In his autopathography, Rodman begins a tale of growing up, interspersing it with personal disclosures: "I was two people, one person on the inside, another on the outside. The person I wanted to kill was the person on the outside" (Rodman, 8). He says he symbolically killed the self that was trying to conform to other people's expectations. Following his near-suicide, friends thought he should be hospitalized and he compromised by agreeing to see a psychiatrist. After a few sessions, the psychiatrist told him, "there's nothing wrong with you" (Rodman, 10). Rodman, however, considered his near-suicide a moment of revelation and transformation. His father abandoned the family when Rodman was three, and he grew up poor in Dallas, making this a story of material rags to riches as well. He tells of his emotional transformation and epiphany as a single fall and rise again from near death. 'Bad' is what Rodman learns he has to be in order to survive in public life. Bad means playing the outsider/outcast, and in the NBA context, cross-dressing and other stylistic antics are his way of performing badness. As Rodman tells it, his badness makes public life bearable and provides a way of overcoming his self-loathing suicidal tendencies.

This entry of a sports persona into the memoir market with an autopathography redefines the limits of public discourse and expands the

vocabulary that describes the sports hero. Players' lives have not been told in terms of "absolute and desperate authenticity" until this time when there is public space for the expression of emotional weakness, struggle and survival. The player's individual pain is framed within the public space of suffering and includes social conditions of blacks and the poverty in which he grew up. He has a strong body, but is damaged, and the reader understands that he is wearing the damage like a badge.

*Bad As I Wanna Be*, with its bold images and changing typefaces, is still a hardcover book sitting comfortably on the bookshelf alongside many others. Rodman's adorned, but naked body on the dust-jacket is provocative and exposed, suggestive of the sports slave/god. The varied typefaces emphasize what he has to say, with the large, bold-face type demanding to be heard. When the words and images are assembled into a whole, there is a statement about the victim rising as a survivor. In terms of economic and emotional rags to riches, this portrayal can also be linked to Horatio Alger's 19th c. Christian message of suffering and redemption with its emphasis on endurance of suffering toward eventual success. However, Rodman responds to his suffering with 'badness' and does not express confidence that his progress will be continuous.

A very different sports hero tells his story of suffering and how he came to cope with suicidal feelings and problems with substance abuse. Hockey player Sheldon Kennedy told the press his story of having been sexually abused as a teenager by his coach. Graham James, the coach and father-figure to the boy, controlled his hockey career and daily life between fourteen and nineteen years of age. According to the *Calgary Herald* (front-page, January 6, 1997), the

symptoms arising from the abuse include an inability to make friends, to trust, to love, to feel normal unless drinking, or to turn a junior career into a National Hockey League career.

It affected me big time [...] You feel very awkward in public. You feel people are looking at you. I put up a shield. I didn't let anybody in. It's a very lonely way to feel. You never feel normal. You know something is wrong, but you don't know why it is like that [...] It's like they opened up your skin and took all the insides out, left your heart there, and replaced them, and you've got to find your new feelings (Board 1997, 1).

Kennedy's words are found on a double-page spread where he is pictured on the ice playing for the Calgary Flames. He says:

I had nobody to turn to... Other people have known that this kind of thing was going on and kept it quiet. If it's happened to other people, it takes a while to be able to (talk about it) and to know it was wrong, and how much it's hurt you. Hopefully I opened the door for people to deal with it (Interview, *Calgary Herald*, January 6, 1997, A3).

On the sports page of the *Globe and Mail* (Shoalts, January 10, 1997) Kennedy is on the ice as a Boston Bruin, and the story headline reads, "Courageous Player's Biggest Goal is to Help Young Victims of Sexual Abuse." Kennedy is the first sports pro to claim to have been sexually abused. He went public after the conviction and sentencing of his coach. The story of a sexually abused hockey player tarnishes the idea of the sport of hockey as good clean fun. However, it is told in order to reinscribe the courage of the player and to affirm his location in a nuclear family with wife and young child. According to the story, he has managed to find refuge in his newly formed family, and this terrible thing that happened to him is something from which he has recovered. He is no longer on a self-destructive course.

The discursive formation of sexual abuse within the nuclear family has circulated widely in the past ten years and has been appropriated in the Kennedy story to talk about this abuse of power and victimization within professional sports where emotions, vulnerability, and talk of intimate matters have not previously been topics for the sports pages. The story is framed in terms of his courage and survival of this tragedy and his position in a nuclear family in contrast to the lone homosexual villain and predator who was his coach. There is also concern for the failure of family to protect children in junior hockey.

Within several months of Kennedy's disclosure, Martin Kruze claimed publicly that he was sexually abused by workers at Maple Leaf Gardens. He says he felt encouraged to speak out about what had happened at the Gardens after Sheldon Kennedy made his abuse public. On February 21, 1997, police charged an usher at Maple Leaf Gardens with sexually abusing young boys in exchange for access to hockey games and other events. These abuses took place in the 1970s and 80s, and Kruze thinks that such abuses may still be going on. He had closed his case with a \$60,000 settlement and a clause stipulating that the settlement would be forfeited if the case became public. However, Kruze felt he could not be silent on the matter. He says that four years of therapy enabled him to confront his abuser publicly: "If I did this a year ago, I would have been a basket case. I'm doing it now because spiritually it feels right and in my heart I knew this was going on. I wanted justice" (Gray 1997, A6). The accompanying portrait positions Kruze with his arms crossed on the table in front of him, a cross around his neck, and a painting in the background that looks like a crucified Christ. In this portrait he appears intense, disturbed, and determined. Like Kennedy, Kruze had problems with

drugs and alcohol, made several suicide attempts and claimed he was a self-punisher. <sup>1</sup> In this version of the Maple Leaf Gardens story, Kruze becomes the image of the victim. The autopathography requires both image and text in order to define the suffering. The reader needs the portrait in order to meet and identify with the survivor.

An accompanying article in this *Globe and Mail* feature puts emphasis on Maple Leaf Gardens' Board members' moral conduct. Several days after the appearance of these articles (February 25, 1997), Gardens officials announced plans to make counseling available to victims, but refused to apologize or compensate. They also denied allegations of a paedophile ring. By March 1, 1997, police had charged two men in connection with sexual assaults on what they project will exceed eighty alleged victims over the past three decades.

The portrait of the place, Maple Leaf Gardens, plays an important role in this sports story. The building is hailed as a monument to hockey history and fervor and is almost anthropomorphized into a victim itself, defrocked and defamed:

The huge Gardens building... seems an improbable place to find a seamy sex scandal. It is one of the great hockey arenas of the world - for Canadians, at least, a kind of shrine - and its corridors are filled with photographs and mementos of the greatest players of the game" (Gray 1997, A1).

This connection between sports, specifically hockey, religiosity, and sexual abuse began with the Sheldon Kennedy story and was followed by the disclosures of fans. In this feature article, he is consulted after hearing that this had happened at Maple Leaf Gardens:

'Oh no, not another a hockey person'... [it turned out not be a powerful coach or manager] but the Gardens itself was a powerful tool to use. I come from the West and as a kid growing up interested in hockey, Maple Leaf Gardens - that's the place to go (Gray 1997, A6).

Kennedy elaborates that Gardens employees had power over young boys in the same way as a hockey coach or manager. "They come across as a great guy to get them [the youngster] what they want [tickets, etc.] - then get them in a situation where the kid is frozen and doesn't know what to do. That's the way it worked for me." According to these accounts, therapy was important to both Kennedy and Kruze in helping them tell their stories publicly. Both had patterns of self-destructive behaviour, sought therapy, and over the course of years of recovery decided to make public disclosures, claiming a primary concern with protecting other potential victims. Sharing one's knowledge and experience to help others who are still suffering is a common step in rehabilitation, originating formally in Alcoholics Anonymous.

The public space for this story indicates a widespread interest in the survivor account, in the sports hero, and the formerly unlikely joining of the two. The idea of hitting bottom and being in a process of recovery is a familiar story, and the popular press can assume its readership will recognize such stories. In this case, the story is no longer merely an account of what happened, but also a place for survivor Sheldon Kennedy's opinion. This is an instance of broadening the vocabulary of the autopathography with a fellow survivor and sports hero as someone to consult on the subject.

The survivor identity that is being constructed in these stories of abused men is a heroic one. These stories of homosexual abuse of boys distinguish them



from the heterosexual story of the male abuser of girls. As we saw in the previous chapter, most of the charges against men are made by women and as the existence of False Memory Syndrome Foundation proves, the disbelief of these stories is widespread. Sheldon Kennedy, on the other hand, was never doubted in his disclosure. Kennedy revealed his abuse once he was a family man in a traditional nuclear family, pictured on the sports page smiling with his wife and child. 2 There is a relief from fear of heterosexual deviance in focusing on the homosexually abused sports hero, who now conforms to heteronormativity. Journalistically, it was a worthy story because of his status as a national sports hero, and because his speaking connects with a popular movement to listen to and share abuse stories. He is a hero for revealing his pain, and for situating it within the institution of Maple Leaf Gardens. The space for the spill over of personal pain to this public institution demonstrates the cultural resonance of a story recalling under-age, illicit homosexuality and the association of a victim's pain with it.

### **Revolution From Within: Steinem and Self-Esteem**

Successful political figure Gloria Steinem brings her private life into public space in her autopathography, *Revolution from Within: A Book of Self Esteem* (Little Brown&Co, Boston, 1992). The hardcover edition is close to four hundred pages, a substantial-looking book, with a headshot of Steinem filling the cover. This is someone who has worked for social change for over three decades and has chosen to reveal her feelings and details of her personal life for the first time in this book. The book is both personal history and resource manual, a hybrid form of the self-help book and autopathography. It includes a bibliography, entitled *Bibliotherapy*, with headings: *Healing Childhood and Other Wounds* (26 titles, *The Courage to Heal* among them);

History As If Everybody Mattered and Other Clues to a Remedial Education (42 titles); *New Possibilities, New Paradigms* (37 titles). The book is about Steinem's self-transformation and draws on wide-ranging parables from the Bible, self-help writer John Bradshaw, Julie Andrews, and various acquaintances. Transformation, according to Steinem, begins with discovering a lack of self-esteem and realizing the importance of having it. Her story of recovery from internal crisis is in the tradition of the emotional rags-to-riches narrative. She claims that she looked for books to help her but couldn't find any that were for both women and men, and included personal and political contexts. This is why she decided to write the book, which became a personal journey and an attempt to contribute to the self-esteem literature. Her self-telling is secondary to her voice as teacher/therapist, guiding the reader through a program of self-improvement. The preface sets the tone and contains the bulk of her self-disclosure. Each chapter is divided into sections; for example, "Re-learning" (Steinem 1992, 153) covers ways of reconceptualizing the self as discoverable, creative, and reconstructable. This guide to improving self-esteem is punctuated with Steinem's personal stories. In describing the process of writing this book, she writes,

Carried over from my childhood - and redoubled by growing up with the invisibility of a woman in a male run society - my sympathy reflected my own feelings of non-existence. I had retreated to researching and reporting because I doubted the reality of my inner voice. So I started over again in a different way [writing this book]. For the next three years, I worked on this book - and it worked on me. I didn't end up writing an autobiography - I'm a long way from that... but I did write much more personally. My hope is that each time you come upon a story of mine, you will turn inward and listen to a story told by your own inner voice (Steinem 1992, 8).

Steinem makes the process of writing the book, and her inner development, part of its content. In fact, she rewrote it because of the discoveries she made

about herself in the process, integrating activism and political commitment with self-development. Its publication coincides with a wave of anti-therapy sentiment, a period when therapy and self-transformation are frequently positioned as mutually exclusive, such as highlighted in David Rieff's article, "Victims, All?" (October, 1991). Steinem states that the book is intended for a broad audience, including businessmen, parents of gay men and lesbians, people who are ill, and those of varied racial and economic backgrounds (Steinem, 181). *Revolution From Within* is a marker of a way of conceptualizing the self as both socially responsible and troubled.

Rodman, Kennedy, Kruze, and Steinem have all re-modelled their life stories from what they have done or accomplished, as a basketball player, a hockey player, a hockey fan, an activist, to how they feel badly, why they feel this way, and their reflections on their lives. Steinem used to present herself only as an untiring activist, but now her first line of concern is with emotional experience and understanding as a starting place for making social change. She talks about her struggle to allow her 'inner voice' out and how she had to re-write the book because she had not allowed enough of herself out the first time. The "revolution" in the title of the book refers to emotional transformation, specifically her struggle with self-esteem and her emergence as an improved, more capable self. <sup>3</sup> The cover of *Bad As I Wanna Be* shows Rodman as a flamboyant athletic beauty. Inside, however, he spells out a relationship between his 'badness', his sexual deviance, and his emotional struggles. While Rodman and Kennedy are both sports stars, Kennedy has adopted the more traditional model of the good family man. Kennedy's autopathography is in the process of being written through the media with their on-going reporting of his inconsistencies, his slips, revealed through

drunk driving charges. The inner self he presents is plagued by memories of being sexually abused. In these mediations there is a new assumption of a causal relationship between self-destructive behaviour and sexual abuse. Martin Kruze represents the hockey fan who, through his love of hockey, became a victim of long-term organized pedophilia at Maple Leaf Gardens which he exposed by disclosing the abuse he suffered. He is a celebrity because he exposed the abuse and it is only his pain that is the focus of stories about him. Long-term organized pedophilia has only recently become a matter of public revulsion and horror. Kruze's fearful face looking out in the newspaper photo-portrait, followed by coverage of his suicide, signifies the changed public awareness of the damage caused by sexual abuse. At a time when therapy and women's reports of child sexual abuse are under attack, we have in these two stories of men who have been abused, a discourse asserting that emotional damage was caused by the abuse.

### **Autopathography and Roseanne's Survivor Identity**

Whereas Steinem's book embraces the progressive self-help model, the investigation of Roseanne, through her books and a selection of articles about her, demonstrates an unresolved emotional distress that exceeds the containment of self-help discourse that can be recommended to others. Roseanne's autopathography and autobiography of several years before provide the material for an investigation into survivor identity. The survivor identity found in *The Courage to Heal* is compared, here, to the portrayal of Roseanne as a survivor, and the relationship between her pain and the abuse. Her celebrity status adds another dimension to this survivor story, particularly because of how it necessitates photographs of the star to accompany the story and to authenticate it.

Roseanne wrote two books about herself in the space of five years. The first, *Roseanne: My Life as a Woman* (1989), was an autobiography and the second, *My Lives* (1994), an autopathography. These provide an anchor for investigation into her life story as a survivor. In this period of attack on and challenge of the validity of stories of sexual abuse, Roseanne refuses victim identity, her autopathography an addition to the discourse that validates emotional struggle. As a survivor she acknowledges the pervasiveness of abuse damage, its consequences to emotional and physical well-being and its origins in the family. She asserts a position of power and control, tempered with playfulness, and insists on representing herself as desiring sexual pleasure. In September, 1991, Roseanne called a press conference in Denver, Colorado, to announce in a speech to other survivors that she was a survivor of child sexual abuse. In taking this position she claimed a new market niche for her celebrity character while at the same time advocating for other survivors. In lending celebrity presence to the acknowledgment of damage caused by child sexual abuse, Roseanne is a target in the heated debate as to whether or not claims of child sexual abuse are true or fabricated. I argue that Roseanne's woes and her representation as a survivor contributed to this debate, assisting in the process of valuing the experience of felt, inhabited pain and suffering.

In her second book, *My Lives* (1994), Roseanne talks about the sexual abuse she has never recovered from and claims her suffering is severe and enduring. This story of pain and survival contrasts with the themes of her earlier book, in which she documents her upward mobility out of working-class origins through to television stardom. This first book hovered for four

months on the *New York Times*' Best-Seller List, but in it Roseanne does not mention that she is a survivor of child sexual abuse. She defines herself as mother, describing the pain of one of her four childbirthing experiences, then as a renegade feminist and a comedian who earned her way up, enduring, for example, being booed off the stage. She asserts her Jewishness and spirituality, her troubled life as a wife, daughter, fat woman, and 'nutcase'. The articulation of her emotional struggle threaded through these identities is the central axis around which her believability circulates. In *My Lives*, Roseanne describes her recovery process, focusing on it at the beginning and end of the book, while references to abusive experiences run throughout, survival stories displacing the success story. As the title indicates, she is referring to her many identities including wife/mother, big-bodied comedian, and loud-mouthed television star. This multiplicity describes her career and emotional struggles, and like many survivors she attributes depression, substance abuse, and eating disorders to a traumatic childhood.

A significant change comes in the titling of *My Life As A Woman* to *My Lives*. While both books are star autobiographies, pain narratives and recovery testimonials, *Roseanne, My Life As A Woman* promotes a singular subject, while *My Lives* refers to a subject with multiple identities: her roles on and off camera, her relationship to other lives or incarnations, her multiple personalities, or lives she claims she invented to protect her from the pain of sexual abuse as a child. The plural indicates the admission of multiplicity that underlies the survivor story. "I survived my childhood by birthing many separate identities to stand in for one another in times of great stress and fear" (Arnold 1994, 240). Rather than attempting to quiet the voices or unify the lives into a singular identity or life in *My Lives*, she flaunts the

various levels and voices even as they are difficult to negotiate. Roseanne talks about putting out "mixed messages" which she says she learned to do to survive growing up. In *My Lives*, she addresses an implied audience who want to listen and learn from her struggles.

Every day is a struggle to remember, to hold on, to choose to live. I am an overweight overachiever with a few dandy compulsive-obsessive disorders and a little problem with self-mutilation" (Arnold 1994, 240-241).

One of the things Roseanne achieves in expressing her pain and its management through autopathography is to debunk the notion of progressive improvement through self-help programs. Her story as it is told in *My Lives* makes the assumption that child abuse, recurring dysfunction, and emotional struggles repeat as an open-ended story, foregrounded in current relationships of the survivor.

While the use of self-telling or testimony, validates life experience it is also contested, and, in *My Lives* and recovery discourse, it is privileged and commodified. In the past five years, between the publication of these two books, a popular social space and market have been created for the reception of stories of sexual abuse and recovery. Here, feminism, therapy, and the self-help genre intersect, and Roseanne's autopathography is exemplary of the emergence of this form. *My Lives* embodies the social and cultural tensions in public debates around the veracity of child sexual abuse memories and the degree of damage sexual abuse causes.

In *The Courage To Heal*, the survivor must have compassion for what she has done in the past and realize that change often reveals unmet needs, so she must work at finding new ways to meet these needs. The book proposes

that by following a recovery process the survivor can accept herself, feel anger at the abuser and have a greater capacity for intimacy with others. The negotiation of these feelings is complex and painful, and yet the book asserts that progress to feeling better and healing is within every woman's reach. Roseanne corroborates this survivor narrative, expanding on it, giving voice to both her rage and her despair.

I set out to write a book about surviving and incest abuse. I so very much wanted to write a happy and inspiring story. Tonight, again, I know there is no happy or inspiring ending to any of this. Only that I lived through it, and that in spite of this hovering and crushing weight, just the reality of it, just the possession of my body, my mind, and soul in its aftermath, somehow I, like millions of others, carried on. ... Some days I feel as though I have lost too much and nothing will make it better. Nothing at all. Not drugs, not alcohol, not even speaking out as an advocate, not therapy, not writing, just nothing. Nothing (Arnold 1994, 240).

The narratives in *The Courage To Heal* present desperation as a 'low' that can be overcome. Part of Roseanne's survivor identity is the insurmountability of her emotional struggles. She gives voice to a possible recovery failure that does not exist within the self-help genre where the survivor must believe in the progressive project of getting better. What she adds to survivor discourse is that the healing process may exceed the limits of descriptions, disclosures, and processes found in a self-help book such as *The Courage to Heal*.

The contrast that is found in these two different kinds of survivor stories is carried through in the visual representation of the books themselves. Where the cover of *The Courage To Heal* presents an earnest, no-nonsense design, clean and clinical looking, the cover of *My Lives* suggests a mass market romance novel with Roseanne photographed in a free-wheeling sexy, gypsy



fantasy of romanticized pleasure, footloose and fancy free. Roseanne looks directly towards the reader with pursed lips while embraced by her lover/husband. The title, in playful gold type, announces "My Lives." She reveals that since her first book, *Roseanne: My Life as a Woman*, she has been in recovery for four years. In *My Lives*, the stories are of professional and personal struggles, a contrast of interior and exterior that is reflected in her outer success and inner distress as she exposes her pain. She talks about the profound depth of injury she attributes to abuse. She claims that feminism has helped her be angry and disgusted at the victimization of women and children. Alternately confiding in and providing advice to the reader, *My Lives* is a telling of the traumas of her childhood, the failures in her emotional life, and the successes in her career. In expressing her pain and its management she questions the notion of progressive improvement through programs of self-help and recovery while maintaining a vision of playful provocation. On the other hand, *The Courage To Heal* earnestly coaches its readers towards step-by-step self-improvement.

In *My Lives* Roseanne discloses her childhood traumas and symptoms and confronts her parents, who claim it was all a joke and they did not mean anything by it. It seems that she is fueled by her pain and the knowledge that there is an audience for her story of suffering and survival. She writes that it hurts to be abused and when it happens to a child, it injures the child's whole being for her entire life.

Being abused leaves a child with a whirlpool of self-hate funneling down into numbness. You lose your ability to judge places and people. You no longer know who or what is safe. An abused child becomes a perpetual victim in situation after situation, time and time again (Arnold 1994, 229-230).

Roseanne describes and analyzes the extent of damage, while expressing continuous rage as well as self-doubt. She remains in her television star character as an outspoken, working-class woman, adding her story to survivor discourse. The autopathography has room for many dimensions of a life story, thus giving some sense of context to the suffering. It has space for contradictions, ambiguities, repetitions and variations that simulate a real life, not constrained by the purpose of describing how to overcome adversity through the progressive narrative found in self-help books. In *The Courage to Heal* the reader isn't following the entire life story of a survivor, but only the part that frames the abuse: current circumstances, some family history, symptoms, survival strategies, finishing with an account of improvement and progress. While in *The Courage to Heal*, pseudonyms are used for legal protection, Roseanne adds a celebrity face and body to survivor discourse. The use of the photograph is another distinction and addition that autopathography makes to recovery discourse. Studio portraits provide another layer of text in the reading of a survivor. This is a textual level that has not been part of recovery discourse because of its origins in anonymity, Protestantism, and medical discourse. Roseanne bursts out of that containment, modelling her big bodied self as someone who has ambiguous feelings about her sexuality. The photographs suggest a mixture of shame, desire, and vulnerability. These photographs provide an expanded category for defining the survivor.

The popularization of survivor identity emerged in the wake of legal battles over repressed memories and related media stories. Roseanne publicly disclosed that she was sexually abused as a child in September, 1991, after six weeks of preparation with Marilyn Van Derbur Adler, the former Miss

America who came out as a survivor in May of that year. Roseanne argued that going public was a way to advocate for women and demonstrate her solidarity with other survivors by making the link between herself, a woman of working-class origins, and Van Derbur Adler, a woman born into wealth and privilege. Roseanne continues to work with her celebrity survivor identity, speaking about her feelings of shame, anger, and loss. Her disclosure echoes the twelfth step of Alcoholics Anonymous which requires telling one's life story in order to help others. She connects her recovery with higher powers, or a god, and wants to leave guideposts for other women, as women have done in the past, adopting a pagan-matriarchal spirituality. She is an entrepreneur, with her finger on the pulse of both the debate and the market, successfully embracing multiple identities as business woman, television star, and survivor.

According to *Publishers Weekly*, books on sexual abuse and incest were strong sellers in 1991 in part because of a former Miss America and Roseanne Barr "coming out of the closet" (Heidkamp 1991, 32). While Roseanne and Marilyn Van Derbur Adler are public about their pasts and are victim advocates, their presence also carves out a market and a discursive niche that may in fact create and enlarge the community of survivors through readers' identification with their stories. As Jackie Stacey argues in her article, "Feminine Fascinations: A Question of Identification?" about women's identification with Hollywood stars, "clearly stars serve a normative function to the extent that they are often read as role-models, contributing to the construction of ideals of feminine attractiveness circulating in culture at any one time" (Stacey 1994, 151). If this is so, then the identification of an ideal feminine attractiveness includes the survivor, or is interrupted by her. Stacey

goes on to discuss the pleasure of feminine power and identification with the star's personality and behavior: "... some female stars represented images of power and confidence. These are frequent favourites because they offered spectators fantasies of power outside their own experiences" (Stacey 1994, 151). I contend that Roseanne expands what power and confidence might be when she identifies herself across the pages of *Vanity Fair* as a survivor while simultaneously continuing to work on her emotional struggle, playing with her multiplicity of lives and roles. If previous identification with women stars was based on their beauty and refinement and the implied power, success and control of that identity, now there is an expansion of this ideal role model. Where the titillation of tragic beauty such as that of Judy Garland or Marilyn Monroe served a cultural need at that time, Roseanne has filled a need for a new kind of role model who is strong in her pain. She makes sense of women's pained lives in the larger context of the current cultural preoccupation of coping with emotional distress. The market confirms the need for a vocal survivor in that it can support a star who focuses these desires.

Her outspoken, unrefined character expanded her popularity; however it was also met with disdain. The power of this survivor identity infuriated and made her the target of those whose interests lay in discounting the pain she represented. At the same time, she is a heroine to others who need a role model in dealing with their pain. In a *Newsweek* article about a sexual abuse case, a head shot of Roseanne is captioned, "The Culture of Abuse." This story was about Steven Cook, who charged Cardinal Joseph Bernardin of sexually molesting him as a teenager, a charge he later dropped. According to this article, it was a case of false memories. The article calls Roseanne a "walking

billboard for the culture of abuse," aiming its critique at adults who charge those who sexually abuse them as children (Woodward, Annin and Cohen 1994, 55). In this instance, Roseanne is a target, someone to blame, in the controversy over the validity of survivor stories.

### **Images of Roseanne**

There are precursors to the female's autopathography and her visual representation. The tragic victim celebrity has typically been one of glamour and beauty, such as Marilyn Monroe or Judy Garland. Her star life is divided into representations on and off the screen, and overlaps her performing and her 'real life' roles. In her 'real life,' the tragic victim is unable to attain intimacy and is isolated and lonely. The survivor celebrity persona contrasts with that of the tragic victim figure. She is a phoenix rising from victimhood in the midst of overcoming an explicitly tragic past which may include child sexual abuse, parental neglect, racial oppression, with a narrative of real life pain from past and present injuries. She is in the process of understanding her suffering, and discloses the state of her recovery publicly and without apology.

The cover story of the February, 1994, issue of *Vanity Fair* opens with Roseanne sprawled across its pages. She sprawls across a dishevelled, well-worn yet stylish brass bed wearing pink baby doll lingerie, lying on rumpled plum-coloured velvet and luxuriously embroidered white satin sheets. She looks out at the viewer, and the narrative describes her "battle to survive" as she emerges from the "nightmare that she says began with childhood molestation and became a cycle of drug abuse and depression..." (Sessums 1994, 59). The big-bodied Roseanne is presented in sexually ambiguous poses,

coy, girlish, hurt, on this single bed, perhaps a child's bed, with some of the thin rungs at the head-end a little bent, suggesting child's play or repeated sexual activity. She looks sexy, desiring, confused; the photographs represent pleasures specific to sexuality in survivor relationships. Her images and poses in the article suggest the hurt of a child and the sexual desire of a woman, oscillating between pleasure and pain. She talks of reading a lot of recovery books and of her role as a warrior in the war against child sexual abuse. "I've chosen to become a soldier in a terrible war against children, innocence, ultimately a war against ourselves" (Arnold, 229). A sense of Roseanne's "hillbilly" past and chic present are found in this set. On the floor is an open book beside a big bowl of bruised bananas. Roseanne looks out at the viewer and we see her vulnerable, somewhat troubled-looking, below the heading, "Really Roseanne". The caption below reads,

Roseanne Arnold is fighting for her life. For the self-proclaimed richest, most powerful woman in Hollywood, every day is a battle to survive - to awaken from the nightmare that she says began with childhood molestation and became a cycle of drug abuse and depression. Displaying the trademark profane honesty that drives her marriage to Tom Arnold and her upcoming autobiography *My Lives*, Roseanne tells Kevin Sessums how she keeps winning the war within her (Sussums 1994, 59).

The photograph is a necessary, traditional means of defining the star. The image of the star is often defined by portraits from photo sessions, not only by stills from their film or television performances. <sup>4</sup> The reader searches beneath the surface to try to get to know the star as a real authentic person. The photographs in *Vanity Fair* are ambiguous in their relationship to the real or authentic. The article focuses on pain and struggle, and the images

represent recreations of childhood pain and adult fantasy, connecting to the accompanying interview.

On the cover photo, Roseanne sits with her legs open, one hand on her hip, her nails painted red, holding half a cut open orange. She is wearing a black bustier, black stockings and pumps. Her large breasts are barely contained in her lacy bra. The stage set that frames her includes a toy train on a small circle of track with numerous cigarette butts strewn around on the floor. The colours of this set are warm - browns, reds, oranges and yellows. She sits on a straight-back wooden chair and her arm rests on the corner of an antique pine table. On the floor is a folksy mat, and Roseanne has a red rose in her dishevelled hair. The image is of desire and desiring and the cover title reads "Oh Roseanne! How it feels to be Roseanne Arnold". This photo suggests child's play amidst her voluptuous and available pose. It alludes to a survivor narrative, particularly since it is coupled with the above-described photo that opens the article. These photos suggest sensuality and vulnerability, alluding to Roseanne's past victimhood while projecting a seductive desiring image. In both photos, there is a mixing of recollections of child and adulthood, presenting her as a woman in emotional pain and proposing that the origins of the current symptoms lie with the child sexual abuse she experienced. Roseanne's interventions as a celebrity, including her writing and studio portraits, contribute to the validation of child sexual abuse stories. Her presence in public discourse expands the definition of sexual abuse and its aftereffects - she was, for a moment, the culture of abuse.

Charisma, according to Max Weber, can be defined as "a certain quality of an individual personality by virtue of which he [sic] is set apart from ordinary

men and treated as endowed with supernatural, superhuman or at least superficially exceptional qualities" (Dyer 1991, 57). In his argument Weber is developing a claim that tradition, bureaucracy and charisma legitimate political order. Film theorist Richard Dyer brings this political theory to bear on the film star phenomenon. The charisma of a star resides in representations of their "instabilities, ambiguities and contradictions in the culture at a particular time" (Dyer, 58). Authenticity is a shifting and contingent signified, with codes that are specific to the markets and desires of readers. A network of interests constructs a code at a particular time and place. Authenticity is reconstructed as the interests in this network are negotiated, resulting in its fluid definitions.

If Stacey is correct in her assertion that women's identification with Hollywood stars contributes to the construction of ideals of feminine attractiveness, then the identification of an ideal feminine attractiveness includes the survivor, or is interrupted by her. Stacey goes on to discuss the pleasure of feminine power and identification with the star's personality and behaviour: "Some female stars represented images of power and confidence. These are frequent favorites because they offered spectators fantasies of power outside their own experiences" (151). Roseanne expands what power and confidence might be when she identifies herself across the pages of *Vanity Fair* as a survivor while simultaneously continuing her emotional struggle with no end in sight, playing with her multiplicity of lives and roles.

Roseanne is a star who claims that her present difficulties are the result of the abuse she experienced as a child and that her body is big to mask and protect herself from unwanted advances and intrusions. She talks about her cosmetic



surgery as part of her healing process and that her belly, which used to hang over her genitals, was trimmed back when she was ready to reveal this long-hidden part of herself again. She continuously re-states the relationship between her traumatic childhood and the damage it caused, pointing to her body and emotional difficulties as evidence. Her explanation of her big body and why she holds this physical weight perhaps open up the possibility of a more widely circulating understanding of the relationship between the way a body looks and what it has been through. In this way, she is expanding survivor discourse in popular culture, shifting the former contradiction of being powerful and successful while at the same time depressed, self-abusive, and recovering. In fact she has incorporated these qualities into her mediated star persona. The tension in this mediation is found in the title of the article, "Really Roseanne!". Should we believe her stories of suffering? Is this really Roseanne? The precursor to this identity, the tragic victim, was incapable of functioning in the corporate world of stardom without a devastating fall. By contrast, Roseanne shows her strengths and her vulnerabilities simultaneously.

**Do you really remember, or are you making this up? Roseanne intervenes**

The ambiguous title, "Really Roseanne!", presented at this time, speaks to the controversy over the veracity of memories and false memory syndrome, and the discursive trend to return memories of sexual abuse to invisibility.

Roseanne signifies the legitimacy of the sexually active, desiring survivor and heroine.

In the early 1990s, debates in the media were raging around the truthfulness of memories of child sexual abuse and the degree of harm it caused. Evidence

came from both therapeutic and legal contexts. The actual controversy involves not all memories of child sexual abuse, but repressed and recovered memories, however these were conflated with all memories of child sexual abuse during this period. An example of one such attack on the expression of emotional pain came from columnists Barbara Amiel and David Rieff, discussed in Chapter Three, who proclaimed that survivor stories were a glorification of neurotic behaviour. Indeed, narratives of rags-to-riches are now translated to a central progressive metaphor of addiction-to-recovery with its "self-improvement", "know-how", and self-transformation. However, this climate enabled self-telling that finally revealed the pain of child sexual abuse within public discourse. From this trend of emotional reconstruction or recovery, and its coupling with the debates around the veracity of memories of child sexual abuse, Roseanne's autopathography is both a new form of evidence within public discourse and an identification with a star for women confronting doubtful reception of their memories.

Meanwhile, George Pransky and other "psychology of the mind" advocates argue that the concept of the unconscious is harmful, and that we need to acquire self-esteem, invoked at will. He, along with five-hundred like-minded therapists in the U.S., believe that "dwelling on painful experiences of the past keeps people from experiencing the innate mental health we all possess. [...] The best way to deal with your problems is not to analyze them" (Furtado 1992, 89-90). From this position, the analysis of feelings demands too much psychic space. Pransky and other critics explicitly attack feminist grassroots and professional mental health work that advocates for women to become more healthy through looking at their pasts and current struggles and child sexual abuse manuals advocate that addressing these struggles leads to

improved mental health through the reduction of self-destructive behaviours. These attacks close down the emotional and feeling space that therapy and recovery offer. Even with its programmatic limitations, *The Courage To Heal* invites the survivor to believe her pain, remember what happened, and give herself time to mend the emotional damage. In her survivor identity, Roseanne also advocates for belief of women's stories of abuse and legitimization of the pain.

Despite her recovery progress, Roseanne claims she often feels desperate and says so with unreserved certainty and rage, in the *Vanity Fair* interview:

Roseanne: I'm still in heavy-duty psychotherapy. I'm in my fourth year of it. I'm fucked-up. I'm just trying to hang on... I'm at a real scary time in my life.

Interviewer: I'm sure the Prozac does help, but there are some in the drug-recovery movement who would say you are not sober if you are taking pharmaceuticals.

R: Then they're fucked-up. Then insulin means you're not sober, too. They're just fucking idiots. I'm thankful I got on that drug - goddamnit - or I wouldn't be here.

I: Do you really think you would have killed yourself?

R: Which of the thousand times? (Sessums 1994, 116).

Roseanne makes use of psychotherapy and anti-depressants yet still claims to seriously suffer emotionally. This display of her pain counters the blatant charges of victimhood made by Rieff and Amiel. As a survivor, Roseanne also counters the claims of the False Memory Syndrome Foundation, allowing herself to stand as a target in the heated debate as to whether or not such claims are true or fabricated. Her autopathography validates the experience of felt, inhabited pain in popular culture through her uncompromising, unapologetic recounting of emotional suffering, and through her body. This discernment of her body and its positioning in the

discourses of sexual abuse helps to put the survivor body in the foreground. 5 Roseanne's visible articulation assures her readers that her pain is connected to her body which she has relentlessly expanded and contracted over her years of bingeing and purging. This self-styled star recovery model contrasts the progressive model of *The Courage To Heal*, which advocates recognizing hurts manifested in the body and changing behaviours. The chapter entitled "Your Body," addresses difficulties with eating and self-mutilation and proposes the possibility of changing from hating, ignoring, and being numb to loving, listening, and feeling the body (Bass and Davis 1994, 217-232). Both *My Lives* and *The Courage To Heal* offer insight into the legacy of body damage resulting from child sexual abuse. Where "Your Body" is organized to guide the user in progressive improvement through exercises that emphasize self-affirmation - From Hating Your Body To Loving Your Body, From Splitting To Being In Your Body, From Numbness To Feeling, From Ignoring Your Body To Listening to Your Body - Roseanne expresses her utter frustration with linear recovery and offers no methods. In addition, her autopathography circulates within popular audiences outside those specifically addressed by *The Courage to Heal*.

I proposed at the beginning of the chapter that autopathography has been identified as literary confession by journalists such as James Atlas who claim it is a predictable outcome of a culture that celebrates confessional talk shows and twelve-step programs. However, I believe I have demonstrated here that autopathography documents many of the anxieties specific to emotional identity that are negotiated within public discourse. Therefore the autopathography provides more than the literary confession as a limited genre. The autopathography is more than a story of desperate authenticity, as

David Remnick put it in discussing Dennis Rodman and *Bad As I Wanna Be*. My analysis of autopathography enables the cultural researcher to specify a relationship between the telling of a life story and the tensions in public discourse around such stories. Cross dressing, gender definition and the belief or disbelief of child sexual abuse stories find common ground in the celebrity autopathography. It is here that the cultural preoccupation with emotional states and identity politics are displayed for public consumption. At the analytic level, the autopathography is a document that provides a gauge for reading popular interest in what were previously unspoken private matters.

The autopathography is an emergent discursive form, enabling a crossing of categorical boundaries - celebrity autobiography, the testimonial and survival stories. It documents the emotional climate of a specific cultural moment and disseminates related narratives in a form that has more room than the self-help book for contradiction, inconsistency and inconclusiveness.

## Conclusions

...Roseanne has replaced Madonna as the epitome of the tough-minded woman always reinventing herself. Madonna's litany of costume-and-role changes has been supplanted by an equally long list of Roseanne's woes, ranging from alleged childhood incest to drug, alcohol and now alleged spousal abuse.... If you want to be a star today, admit something, anything, show us your struggle, get some recovery coverage (Bishchoff and Savan 1994, 43).

The article "Celebrity Pain in the '90s: No Pain, No Fame," in *US* magazine, dismisses emotional pain as the latest market-driven celebrity maintenance program. This chapter has attempted to tease out dimensions of the publication of autopathography as socially useful, as well as providing a lens

onto the ways emotions are represented at this time and what readers would consume in terms of emotional representation. Both Roseanne's autopathography, *My Lives*, and *The Courage To Heal* insist upon emotional or feeling space for women. They argue that women who are in pain and do not have the language, time, or support to work through it will act self-destructively because of unresolved feelings left over from their abuse experiences as children. They assert that self-hatred and self-destructive patterns of behaviour do not change without conscious effort which requires validation of feelings. In this current period of attack and challenge to the validity of stories of sexual abuse, Roseanne with the survivor identity she projects, acknowledges both the pervasiveness of abuse damage to emotional well-being and the body and its origins in the family, while refusing a victim identity. Her persona is tempered with playfulness; she asserts a position of power and control, and insists on representing her body as desiring sexual pleasure. As Jackie Stacey argues, women see stars as role models, and Roseanne exceeds the previous limitations of the star as tragic victim. As survivor, she offers a new look, a new kind of survivor glamour, living with pain and desiring pleasure. As this analysis demonstrates, survivor identity does not necessarily adhere to a progressive narrative of emotional rags to riches, or desperation to recovery. It is a complex model of coping and takes into account individual biography, memory, loss, and the consequences for the body.

The first discursive site of the chapter was the sports autopathography, and this analysis opened with reference to David Remnick's discussion of *Bad as I Wanna Be*. Remnick proposes that the autopathography allows the reader to feel closer to the athlete, like a friend. One of the ways this is accomplished is

through the photograph, a requirement of star construction. In the autopathography, a constructed personality exceeds the suffering stories. By contrast, many anonymous testimonials found in self-help books focus solely on the story of being emotionally damaged and its consequences. Celebrity stories lend credibility and legitimacy to the representation of emotional distress, associating a specific problem to a star. These two forms of published self-telling, the autopathography and the self-help testimonial, disseminate the categories and language of various ills including abuse, eating disorders, multiple personality disorders, and other sorts of dysfunction. In these stories, photographs show the recovered, but once hurt body. In the case of both Roseanne and Rodman, *mise en scène* and costumes draw the reader into intimate proximity and a fantasy of the intimate life of the star. Where snapshots enhance the autobiography, staged photographs such as these engage the imagination of the reader as the celebrity reinvents him or herself.

In the newspaper accounts that make up his autopathography, Sheldon Kennedy was constructed as a self-destructive, drunken, suicidal athlete whose emotional problems were caused by the sexual abuse he endured as a teenager. He went public once his abuser was convicted. Through therapy he was able to overcome these traumatic events, remake himself, convict his abuser, and create a nuclear family. In the final feature story on the topic, he is pictured in the sports pages of *The Globe and Mail* (February 1, 1997) in a family portrait, settled with wife and baby. Kennedy's disclosure substantiated with photos, opened a space for a plethora of charges by men who were sexually abused as young fans at Maple Leaf Gardens. I propose that the autopathographical telling, especially by a star hockey player, opened discursive space for sexual abuse stories of hockey fans to be told.

The dominant narrative in the Dennis Rodman autopathography is of poverty, racial oppression, and parental abandonment, circumstances Rodman was born into. Rodman's difficulty in moving from poor to rich man, unknown to superhero, and his near suicide, make up the crux of his life story. His transformation takes place when he hits bottom, alone with a gun on his lap, and decides that he can be 'bad', and that this is how he will survive. Badness for Rodman is a series of outrageous acts within the sports world. He has his nails done, wears a sequined halter-top, shows off his tattoos and enjoys multiple piercing. Roseanne and Rodman's bodies are emblematic of pain and pride along with an ambition for fame.

In Gloria Steinem's autopathography, *Revolution from Within*, her self-disclosure is motivated by her feminist politics, and her autopathography provides a way of self-consciously helping women gain self-esteem. She underlines the gravity of low self-esteem and related political ineffectiveness. In advocating for political activism through self-awareness, which may include therapy, Steinem inserts herself into the discourse at a moment when therapy is attacked as a way of avoiding political activity. This instance of autopathography has an intentionally political aim, distinct from those demonstrated by either Rodman or Roseanne.

The chapter turned to an exploration of Roseanne's autopathography and survivor identity. Her two autobiographies, 1989 and 1994, were written during a period when challenges to memories of child sexual abuse were active. Roseanne's two books document the shift in the discourse. The first gives no indication of the incest she experienced, while she discusses this



extensively in the later book. Like Steinem, Roseanne uses her celebrity and her troubled past to advocate for the rights of women and children. In telling her story, she makes causal links between her current emotional difficulties and the incest she suffered. Steinem outlines her caretaking role as a child who looked after her mother and put her own needs last, and asserts a causal link to her adult struggle with self-esteem.

The star is not dying tragically, nor recovering, but remembering events from childhood that have led to adult distress, providing the reader with the author's self-analysis. The autopathography moves star biography into this territory. It is a residue of this revealing of the emotional self and a working through of emotional pain in a way that conforms to our culture's expectations of the star, representing "instabilities, ambiguities and contradictions in the culture at a particular time" (Dyer, 58). The authenticity of stars runs concurrently with emotional pain in contemporary culture. Stars seem authentic through their pain and distress, and readers identify this with stars.

The autopathography is informed by Alcoholics Anonymous, other 12-Step programs, feminist consciousness-raising and gay liberation of several decades before, the Horatio Alger rags to riches ideal, the Protestant work ethic, and publishing within American corporate capitalism. In this chapter we have seen how communicating survivor identity, as it is conceptualized in the self-help book *The Courage To Heal*, is expanded to hold other forms of survival in the autopathography. The autopathography is found in books and articles and these are a measure of what can be discussed and validated

publicly. They indicate the market value of individual private stories in public discourse.

The focus in this study has been on examining autopathography in differing cultural locations where it redefines the parameters of what to say and do about distress and ways of remembering. This sampling went from Kennedy and Kruze, in terms of hockey and homosexual pedophilia outside the home, to Gloria Steinem, in terms of activism and low self-esteem, through television white trash star Roseanne and child sexual abuse in the home. While women's stories of child sexual abuse are frequently doubted before they are believed, the autopathography has been a place to remember, tell the story and assert the pain. Each of these cases includes disclosure of private pain mediated into public discourse through the remembering of often traumatic events specific to current distress. Autopathographies are vehicles that transport traumatic childhood memories into public discourse and employing it in this chapter has assisted in the analysis of a regularity emergent in public discourse.

## Endnotes

1. In the fall of 1997, Martin Kruze killed himself, several days after his release from hospital for treatment of a suicide attempt, and the same day that his abuser was sentenced. (McGran, *Globe and Mail* November 3, 1997, A8.)
2. Sheldon Kennedy was supported, even congratulated, for his disclosure. I do not know of a single woman who has become a heroine for having the courage to disclose her story of child sexual abuse. Female suffering is viewed with suspicion, more often than not. However, grassroots organizations and books like *The Courage to Heal* attempt to reward and celebrate women for telling their stories and facing their pain.
3. Other celebrity autopathographies include: Shirley MacLaine, *My Lucky Stars* (1995); Kitty Dukakis, *Now You Know*, (1990); Princess Diana; Oprah Winfrey; Aretha Franklin (in process), Madonna's documentary film *Truth or Dare*; Stompin' Tom Connors, *Before The Fame* (1995); Marlon Brando, *Brando: Chansons que ma mère m'a apprises* (1994); Mia Farrow, *What Falls Away*; Brett Butler, *Knee-deep In Paradise* (1996); The Dionne quintuplets, *The Dionne Quintuplets: Family Secrets* (1995); O.J. Simpson, *I Want to Tell You*; Conrad Black, *A Life in Progress* (1993); John Bentley Mays, *In the Jaws of the Black Dog*; Toller Cranston, *Zero Tolerance* (1997); *The Antagonist: Lucien Bouchard and the Politics of Delusion*, Lawrence Martin; *An Unquiet Mind*, Kay Redfield Jamison.
4. In the chapter "Feminine Fascinations: A question of identification" of her book *Star Gazing: Hollywood cinema and female spectatorship*, Jackie Stacey uses studio portraits to discuss the relationship of spectators to female stars of the 1940s and 1950s.
5. Eating disorders and their attempt to control the body are commonly associated with sexual abuse in recovery discourse as found in medical and psychological research, and self help books, for example in the chapter "Your Body" of *The Courage to Heal*.

## **CHAPTER 5:**

### **Conclusions - The Production of Pain Discourse in Private and Public Space**

#### **Introduction**

In this concluding chapter, I bring together a number of threads recurrent in the previous chapters that include the movement of private pain and emotion toward an occupation of public space. My central motif has been peripatetic, a walk that has transported me from one discursive site to another through a sequence of planned and fortuitous excursions informed by my interest in painful experiences and practices. I have examined victim and survivor identities as constructed, fluid and specific to context. I have documented the circulation of emotional distress through books as sources of authority, as life stories, as archival documents, as bastions of iconoclasm. I have documented my walks with people who are in the midst of experiencing and managing their pain, and I have analyzed social space and its relationship to events: Alcoholics Anonymous meetings, the hospital, HarperCollins Publishers, and the exhibition space of *Where Does It Hurt?* My aim has been to integrate an art-oriented practice within a research programmeme, a strategy which organized the dissertation in terms of topics, disciplinary categories and boundaries.

Through the dissertation, I have created space for a more fluid understanding of both problem and method which allows for the two to emerge and be defined in relation to one another. As I discussed at the outset, pain, which encompasses both physical and emotional aspects of experience, is a highly complex and variable phenomenon. I noted that its truths are both objective and subjective, but that academic disciplines tend to privilege the objective.

The impossibility of making generalizations about the subjective aspects of pain leaves it vulnerable to a falsifying reification as objective truths and consensual or collective, as opposed to particular, understandings dominate pain-related discourse.

In the course of this investigation, I relied on my own experience of pain as a source for understanding its subjective and specific dimensions. Rather than specifying the problem in advance and defining a method for studying it, I allowed myself to be guided by the understandings which emerged from the interface of academic research and reflections on my own experience. The interaction of external and internal sources enabled me to reintroduce the subjective and see how it is formulated and sometimes distorted through the mediations of objective understanding, such as those found in self-help books. I documented what I felt as the tension between my sense of uniqueness about my pain experience and my search for a categories and systematic aid. Readers used these books and their systems to mediate the experience of pain, while maintaining a sense of authenticity of the self, suggesting the individual's place in a community of sufferers and bringing their pain into the domain of objective understanding. Throughout the dissertation, my concern with both private and public understandings of pain led me to cross disciplinary boundaries, an approach which permitted and demanded the transformation of the problem as I was working. In Chapter One I stated that artists' books and art-related sources are more concerned with authenticity, with defining particular or subjective truths about pain as opposed to satisfying market and peer pressures, such as *autopathographies* and *Alcoholics Anonymous*, which demand generalization. In this chapter I will examine artists' production and practice more closely.

There is a resemblance between the gathering together of books for my curatorial work for *Where Does It Hurt?* at the Walter Phillips Gallery, Banff Centre for the Arts, 1996, and the research and writing of this dissertation with its process of gathering and making connections among criticism, memoirs and first-hand accounts. The dissertation and the exhibition both unpack and relocate ideas about pain and its assumptions, as well as reducing the division between experts and sufferers in the process of movement from private space to mediations in public space. 1

Early in the dissertation I looked at the categorization of books at HarperCollins through the introduction of subject indexing in 1946. This was examined to analyze what books were put together under what subject headings, locating and giving boundaries to self-help books specifically. *Where Does It Hurt?* was a contemporary art exhibition that included nearly one thousand books from various disciplines presented in an order that reflected new pain categorizations. It was an expansion of my earlier exhibition of self-help books, *Self-Help Book Library* at the New Museum of Contemporary Art, New York in 1994. For *Where Does It Hurt?* I added books from the library of the Banff Centre, a public art collection, and from four public libraries: University of Calgary Medical Library and Social Sciences and Humanities Library, the Calgary Public Library, the Banff Public Library, the Banff Centre Library. I took note of how pain was represented and categorized in these different collections to meet the needs of patrons such as those with back pain and depression looking for books at the public libraries, and those training to be practitioners in pain management at the University library. This new assemblage, within the exhibition, created an archive of the

dimensions of pain as collected in these different libraries. By putting books in the public space of an art gallery, I drew attention to the collecting practices of these institutions' libraries and to the circulation of knowledge about pain in book form. Their collectivity suggested new associations across disciplines by extending traditional categorizations and limitations of pain discourse, overlapping, for instance, those in medical textbooks and artists' books. They were also books available to be read and shuffled by audiences in a reading room environment. The assembling of books from various collections in an art exhibition allowed them to become accessible to audiences who had not previously been exposed to this material. *Where Does It Hurt?* was a pilot project for thinking about ways of working across pain categories, as for example the separation of the emotional pain of child abuse from the acute pain of a fracture. In the exhibition, books about child abuse sat next to those about grief and loss, addiction, depression, and backache. This exhibition re-categorized the bounded discourses on pain in two ways: by putting different pain topics next to one another - e.g. alcoholism, back ache, child abuse, grief and loss - and by putting different levels of discourse - e.g. artists' books, medical books, and self-books - on the same shelf. The categories of pain and illness were shuffled as visitors moved within this mixing up of established, separate categories.

*Where Does It Hurt?* validated pain by creating a critical space that borrowed from the architectural and social conventions of the gallery, the library, and the boardroom. It was a public space influenced both by conceptual art and discourse analysis, in which to question and expand understandings of pain. The temporary collection with its variety of stories of suffering created a new epistemological framework in a public space. While Rieff argued that

dwelling on personal pain is politically regressive, leading back to a focus on the individual disconnected from the community, my intervention suggests that political and emotional engagement are not mutually exclusive. As an art and social researcher, I saw how the exhibition space supplied a meeting place for those in pain. In this chapter, the exhibition will be reviewed with emphasis on curatorial and research strategies of discursive and social spaces. *Where Does It Hurt?*, itself a movement through material resembling the peripatetic walk, will be cited in relation to the significance of the book and of a pain archive, the circulation of pain talk, and the accumulation and organization of a research collection for this dissertation.

### **Orienting Research Methods Through My Pain**

Throughout the process of developing the dissertation, I expanded the framing methodologies of discourse and textual analysis to accommodate the feeling researcher. The peripatetic experience allowed for the assembly, synthesis, and reorganization of different kinds of material from the archive on pain experiences I have developed as I moved through changing research contexts.

I have included autobiographical references because they reveal some of the construction of my orientation, from where I stood when I started this project to where I moved in the process, physically, emotionally, and theoretically. Bringing in my story helps to focus on experience in relation to public discourse, a strategy explored by Anne-Marie Fortier and discussed earlier in the dissertation. Through the process of research and writing, my movements, along with the emotional movement of people in pain, have guided my writing and the creation of *Where Does It Hurt?*, both of which



concretize the structure of the emotional movement I have experienced and observed. Both are attempts to delineate pain and to create space for dialogue, to reassemble critical understandings of the relationship of private pain to public discourse, connecting my skills as an artist and curator with those of the social researcher.

I created *Where Does It Hurt?* and the related collaborative editing of the anthology *When Pain Strikes* over the course of developing my dissertation, and this on-going work provides source material and has kept me actively identifying references to pain in public social space. My work as a contemporary curator is informed by multi-disciplinary concerns with everyday distress and recuperation, integrating and extending academic, art, curatorial, and body-mind awareness practices. I have listened to the pain of others and had my own heard, remaining open to its complexity and confusion, and have learned that the capacities to tell and to hear differ according to the context and the construction of public spaces. Creating a space for talk of pain, as with *Where Does It Hurt?*, was a way of participating in opening discourses and examining how other people understand their pain.

In pain I lost a sureness, a self-sufficiency. In order to be productive with my pain, I felt compelled to walk with other people and go to places where they were struggling with their pain. My distress was intensified by my brother's terminal illness, which was diagnosed and progressed as I was beginning this work. My emotional pain was a guide to specific exterior locales, leading first to participation in therapy, then to an analysis of what it offered and its limitations. In pain my impulse was to manage and cope with the situation. I

felt that if I "had my feelings" as urged by the therapist, I would have been in a state of confusion and not able to cope with life. I wanted to respond to the therapist's professional authority which proved very helpful in some ways, but the demands of my distress exceeded the boundaries of what was offered, asking for a larger arena. Rather than trying to make things fit, cutting my pain into the narrow private space of the therapist's office, I examined the public expression of pain, through research and writing transforming what seemed futile, empty, depressing, and debilitating. This writing of pain stories into public discourse was a search for a vocabulary out of distress.

Conversations along my walk have illuminated the incommensurability of some pain. The autopathography helped in trying to productively contain such stories, imbedded in people's life stories and in public discourse, giving structure to the confusion of pain, and making sense of it through publishing and its publicization. In doing this kind of work, I felt compelled to walk with people in their pain and needed to be with others in moving through the process of writing a dissertation. One-to-one relationships with other dissertation writers have been crucial to the process, and I worked with others with the same need to talk about their writing, have their work read, and be accompanied through the process.

The research took place in New York City and Calgary and was assembled in Montreal. Moving through New York and Calgary with their specificities and under particular conditions had a bearing on the way I worked through the research questions. Based in New York from September, 1995, to May, 1996, I attended numerous Alcoholics Anonymous meetings and studied the production of trade and mass market books at HarperCollins Publishers. My

way of working was informed by the experience of being in New York, its pace, my high expectations for production there, the pressures and stresses around ambition, and the concentration of people with ideas related to my research. Teresa's case study is an example of the specificity of pain and recovery in New York. She was wrestling with whether she could keep working within the sex industry, a diversified trade in New York that includes intellectuals such as herself. Also, she was able to be involved in Alcoholics Anonymous in as intense a way as she wished because of the variety of open group meetings going on continuously all over the city. New York differed from other sites of my research in the density of recovery activities available there.

Calgary, where I spent six weeks in September and October, 1996, was the site for the *Where Does It Hurt?* exhibition. It is a mid-size western Canadian city, spread out with a semi-vacated downtown. The street where the show took place is a pedestrian mall, closed to traffic; thus the storefront exhibition was inviting to passers-by, as well as those who planned to attend the show. Unlike in New York, where art and recovery permeate the culture, in Calgary these discourses remain specialized, reserved for small groups. A panel discussion organized by the Banff Centre for the Arts, sponsor of the exhibition, included a psychologist, a therapist, a woman recovering from breast cancer, a native healer, and myself. We were positioned at the front of the room and presented as pain experts. The reality of the recent loss of a co-worker at the Banff Centre overtook the agenda of discussing our understandings of pain from various perspectives. There was a need to talk about this loss, and it seemed that this was a rare opportunity. The pain spilled over the parameters of the panel as originally designed. Here, there was a

collision of the personal needs to cry and to feel sad, and the event's more structured and abstract agenda of looking at overlapping pain perspectives. It was not surprising to me that this happened, given the lack of opportunities for the expression of pain as found, by contrast, in New York.

### **Articulating Pain in *Where Does It Hurt?***

The title *Where Does It Hurt?* asks for specification, a location for discomfort or distress, and extends the focus on emotional pain that characterizes the dissertation. The question suggests the possibility of consciously connecting and moving mind and body through space, as well as unpacking the shorthand used to describe pained conditions: stressed out, burned out, out of control, in a funk, wasted. At one level the title invites the viewer to speak autopathographically, to discuss where it hurts. This exhibition's inquiry into physical and emotional pain proposes that pain can be a guide rather than something to be alleviated, feared or erased. Entering the exhibition, the visitor came to a didactic panel intended to provide orientation:

Pain, like death, is hard to talk about even though we all know it. Whether it be the pain of depression, a migraine, or a sudden loss, it slips out of our consciousness, presumably forgotten, once we aren't feeling it. Our brief memory lapses, however, do not stop us from trying to define and limit pain, or from telling stories to friends, family, or therapists, that help us understand and even overcome our hurt. To name our pain, we often turn to metaphors: the pain that stabs like a knife - physical pain; feeling out of control, paralyzed, empty - loss, depression; getting trashed or dumped - romantic failure; stolen childhood, broken bodies - child abuse. These metaphors describe physical and emotional pain, sometimes making no distinction between their origins within ourselves. Likewise, practitioners of medicine, science, education, psychology, and art attempt to define, represent, and relieve pain and its symptoms. Despite the excessive disclosure of pain in books and testimonial TV talk shows, the vocabulary we use to describe pain remains limited. The *Where Does It Hurt?* archive is a registry of representations of pain and its relief.

Refusing to split mind, body, emotion and spirit, it attempts to open up the vocabulary around experiences of pain by collecting its narratives, both visual and textual, in one location. This interactive archive of disparate, yet related books, films and videos finds common ground in its description of pain and its various proposed cures (Busby 1996).

Pain is not easily contained and does not make rational sense. However, the Western medical model pictures and categorizes it as acute or chronic, physical or emotional. Outside of these categories, pain remains in excess, mysterious; an accumulation of stories and metaphors. The dissertation has pointed out places where pain has been in excess of the models available for dealing with it: for example, an Alcoholics Anonymous group of gay men facing AIDS-related illnesses and death, or Roseanne's autopathography where she claims that she may never get over it. *Where Does It Hurt?* attempted to accommodate various excesses of pain, both through the creation of a social space and through the presentation of numerous conflicting and complementary perspectives on the subject, found in books from various disciplines. The exhibition, and in particular the artists' books, offered the visitor a method of thinking that leveled the hierarchies of art, medicine and science. *Where Does It Hurt?* was neither exclusively an art exhibition with that particular burden of history and expectations, nor a library with its consistent systems of cataloguing and book placement, but a temporary archive and resource. It was an interactive curatorial experiment and included self-help books about stress, divorce, and recovery from addiction as well as books geared to the student of social work or cultural studies. It also included sixty artists' books from the Banff Centre Artists' Book Collection of 3,000 works, written, for example, in the first person about an experience of illness, torture, or a relationship to someone who is sick or dying. The Banff Centre Library was one of the four public libraries that

loaned books for *Where Does It Hurt?* It specializes in material related to the arts and enabled me to gather books on art theory, literature, and drama, artists' monographs and artists' catalogues. 2

*Where Does It Hurt?* was also informed by *Self-Help Library* (1994) and its location alongside Bob Flanagan's performance art and exhibition, *Visiting Hours*, related to pain and sado-masochism. Flanagan, then forty years old, was a long-term survivor of cystic fibrosis. He died in 1995 of this painful degenerative disease that kills most sufferers in their teens. He believed that self-inflicted pain helped him to endure the pain of the disease, and that much of the depression associated with cystic fibrosis was due to the excess of uncontrollable pain. During *Visiting Hours*, Flanagan was in bed in a hospital room that was built in the middle of the museum. In the substantial space surrounding the room was a display of medical and s/m instruments, tools he used to raise his pain threshold; a video installation of him enduring body mutilation; a fake medical clinic waiting room with magazines that resembled children's magazines but upon opening revealed sado-masochistic content; a bed of nails; and a coffin with a monitor at the head-end that put the viewer's head-shot into the frame as she approached it. From his hospital bed, Flanagan hoisted himself towards the ceiling by a pulley system attached to his cuffed ankles. He hung, naked, in a display of exhibitionism and restraint that also cleared his lungs, thus deflecting and treating his pain. Flanagan transgressed medical treatment through his adaptation of the controlled pain of s/m to manage his uncontrollable pain. In this exhibition he made use of conventional medical treatments and furnishings along with his own system of therapies, including exhibitionism and s/m. Flanagan's

work contributed to and acknowledged the cultural inadequacy of systems of pain relief.

Exploring pain through the forum of another art exhibition, the visitor who came into the spacious boardroom-like exhibition of *Where Does It Hurt?* was immediately surrounded by a thirty-six foot long row of books set into the walls. The orienting text invited visitors to:

...delve into the materials and use this space as an archive for reading and cross-referencing across a variety of disciplines.... While browsing the shelves, reading for form and content, and when watching videos, ask yourself: What is my experience of pain? *Where Does It Hurt?* How do I name my pain? Does it help to name it? Think of this as an event, at once an exhibition space, a mapping zone, a place to be angry, a place to laugh, a place of contemplation, and a place to help yourself. Make use of the comforts *Where Does It Hurt?* provides. Settle in for a while. Spread several books out on the table for closer examination, or flip through an artist's book while viewing a video. I'm available for questions and discussion. (Busby 1996)

As in the *Self-Help Library* exhibition, where certain books elicited a nostalgic response from visitors who had a previous experience with these titles, *Where Does It Hurt?* and its collection of documents for coping with pain used the book to mark topic boundaries.

Through *Where Does It Hurt?* I focused on the artist's book, as distinct from book forms discussed in previous chapters where they have been considered in terms of self-help readership, the circulation of their production and consumption, and the archive or collection. These books foreground the visual, an experiment of opening up the discourse, without the constraints of the mass market.

Circling to the right you come to the shelf of artists' books. Selected from the Banff Centre Artists' Book Collection, these books come from the past twenty years of artists' book production addressing pain. In contrast to the academic and popular titles, the vast majority of artists' books are either self-published or printed by small presses. Each of the seventy-five books in this selection has its own visual vocabulary, plunging us into the immediacy of a critical, often humorous self-consciousness. (Busby 1996)

The juxtaposition of books from different disciplines highlighted differences in talking about pain, while potentially creating new social space. Artists' books were a significant contributor to this re-evaluation. They have been produced intensively over the past twenty-five years at the Visual Studies Workshop, The Nova Scotia College of Art and Design Press, and Art Metropole, as well as by artist collectives such as General Idea. Even when their form is similar to that of other books, artists' books employ different means of production with no standards for size, page length or print run. The scale that some collections of artists' books have reached has been a further impulse for scholarly research about and exhibition of these books. 3

Michael Snow's *Cover to Cover* (Nova Scotia College of Art and Design Press, Nova Scotia Series, 1975) is an artist's book that is formally innovative while making use of traditional publishing technologies. On the shelf, the book looks like many other hard covers, cloth bound, with its title printed on the spine. Snow's book is indicative of a way that artists have worked with the book form. Through a continuous series of black and white images that go to the very edge of the page, he plays with the form and the illusionist character of the photograph within the book, turning it upside down over the course of its pages. As the reader turns the pages, *Cover to Cover* shows Snow moving through the book and through the interior of a house, to the road outside. Each page in this visual narrative has a feeling of dimensionality, making



reference to cinematic space. While playing with the presentation of the book-making process, Snow uses the facing pages as both continuous and broken: a road stretches across both pages but the cars are only half there, cut off by the book's spine. He uses the metaphor of the open book as constructed location, a mundane site for an extraordinary formal excursion. The hand holding the photograph of the closed door on the back cover mimics the reader's holding of the book, a reminder of the hand-eye-book relationship in reading.

Snow's project worked within the context of conceptual art of the mid-1970's. In this approach the artist works against preconceived ideas and epistemological boundaries. Just as this book breaks with formal structures in order to imagine and realize new ways of exploring an idea, so other artists have broken with the social construction of pain in the book form. The artists' books about pain that I am discussing apply the tradition of conceptual art to remember and tell a pain story. They reconceptualize and stitch together new perceptions about pain and its categories. Remembering can be a way of moving out of pain's "world-destroying" (Scarry) effect and capacity to consume and into public representation. Leftover debris and a sense of loss can be reinvented, giving meaning to the meaninglessness of pain. I examine artists' conceptions where a destroyed world is remembered and reconstructed. Matthew Geller's *Difficulty Swallowing* (1981) includes photos of his lover as she becomes increasingly ill, copies of her medical records, other documents, a hospital floor plan, nurse's records, certificates, photos of her hospital rooms, a glossary and medical abbreviations, and the artist's commentary about her process of dying of cancer. This telling of a story of a terminal illness simultaneously provides a visual and textual record, drawing the reader close to the difficulty of mourning. The variety of texts comes

together, collage-like, recording a transition from life to death in a hospital. It is an artists' record of a common story of the medicalization of terminal illness. The book is a document of the processes at different levels of intervention and is a memorial to his lover. As a document and permanent record, these assembled fragments take on another level of significance by being in public circulation. As in many artists' books, the narrative is not linear. The artist leaves space for the reader to synthesize these fragments or levels of documentation and be pulled into engagement with building the narrative. *Difficulty Swallowing*, and its remembering and commemorating of a loved one's process of dying, makes a bridge between the practice of artmaking and that of remembering.

In contrast to Geller and his presentation of the layers of accounting for the loss of a loved one, *XXX Voto* takes the ironic approach of the three collaborators, known for twenty-five years as General Idea (GI), to a social space of loss. When personally confronted with AIDS in the 1990s, General Idea brought their history of transgressing and of gender play to the reinvention of iconography in public discourse. Following the deaths of two of the collaborators in 1995, the surviving member, A. A. Bronson, memorialized his partners in the book, *XXX Voto* and marking the end of the twenty-five year collaboration. The following passages indicate their connection with and reliance on their audiences:

Many Many Many Times Thanks! ...  
For Your Allowing us to Pass as Artists in a world of art... For Your  
allowing us to Dream Your Dreams... For Your allowing us to become  
General Idea...

Nick-named the "prayer book," *XXX Voto* resembles and plays on the prayer book with its gold-edged pages and black cloth cover. This is consistent with

GI's practice of appropriating forms from popular culture for their artwork. An image of Miss General Idea, used as the frontispiece in *XXX Voto*, is a testament to their pursuit of creating a mythological and iconic character who breaks normative laws through her sexual and gender transgression, a theme that continued through their play with costumes and roles. The result, as found in *XXX Voto*, can be analyzed along with other artists' books for its representation of pain. Through curating and following the reception of this exhibition, I became interested in identifying which artists' books articulate an aestheticized discourse on pain and how they connect to other knowledge formations. For example, sociologist Arthur Frank, author of *At the Will of the Body: Reflections on Illness* (1991), visited the exhibition and looked at artists' books for the first time. He commented that he would like to pursue them as a source for his scholarly research. This instance and many others that took place over the course of the four-week exhibition suggest that contemporary art can cross disciplinary boundaries and strategically reach audiences, transmitting meaning to other disciplines and social locations. Over the course of *Where Does It Hurt?* I learned that artists' books ease the insertion of visual art into a shared discourse alongside disciplines including sociology, psychology, cultural theory and medicine. Whereas performance art or video may explore similar ideas, artists' books are more readily available, as our cultural responsibility to books has given rise to infrastructure, such as ISBN numbers, and dissemination systems including public and university libraries, collections, and bookstores.

### **Coherence From a Disparate Collection**

The research process for this dissertation involved the collecting of disparate published material related to pain over a five-year period. This archive

initially included advertisements for pain killer pills from magazines and television commercials, newspaper stories concerning child sexual abuse, and self-help book bestseller lists. I developed a system of categorizing this material as I made analytic connections within it. In beginning the research for *Where Does It Hurt?* in 1992, I assembled a list of artists whose work seemed to resonate with the pain themes I was becoming familiar with. Records from the studio visits I had with these artists expanded my archive. When I assembled *Self-Help Book Library*, it was a temporary public collection made up of used books from second-hand stores. Putting this material into a public exhibition space was the basis of developing the much larger book-based exhibition *Where Does It Hurt?*

The viewer was invited to select from the video and film programme of *Where Does It Hurt?* in the same manner as from the assembled books. The videos and films were shelved above a monitor, readily available on a self-serve basis. This programme examined how pain is depicted, how the experience of feeling is diagnosed, and how pain knowledge is categorized in artists' film and video.

Choose from the video and film programme and have a seat. The selected works focus on first-person narratives. Whereas pathologizing pain is commonplace in medical and pharmaceutical practices, and pain is a routine spectacle in day-time television, independent film and video-makers have produced a less formulaic tradition of accounting for feelings and experiences of pain. Importantly, the visual element in these works returns the body to considerations of pain and its varied meanings. Illness, loss, cultural and racial exclusion, physical trauma, and emotional distress are all represented. (Busby 1996)

Reconstructing memories is a common practice of video artists who began exploring memory and testimony in the early 1970s with the introduction of

portable video cameras. 4 Many women took an interest in using the technology as a tool within the social context of collective organizing and consciousness-raising. This new technology was used to validate and share experiences, memories and feelings. Reconstructing memory was cast as a method for resisting patriarchy. This strategy of mediation continues to be used to re-form memory. An early example is Lisa Steele's video *Birthday Suit: Scars and Defects* (1974) which records her stories of surgeries, accidents and the fixing of broken bones. Steele stands naked, facing the camera. She points to her numerous scars and one at a time tells the story of each. Using a matter-of-fact tone of voice she points to the mark on her body, recalls the year it was made, and describes the circumstances. The camera frames each scar so that the viewer can see it close up. Unlike many memories, a scar on the body serves both as evidence and as residue of what happened. Across the room, hundreds of books attest to pain that rarely leaves physical scars. Over the course of the exhibition, I relax into my role as curator, present on-site to interact with visitors and give tours of the show, and become more familiar with the material I have gathered and the various ways it addresses pain. I find there are few videos, films and books produced by artists that name pain as their topic; rather there are pain-filled subjects and contexts.

### **Tour Guiding and The Circulation of Pain Talk: Extending the Peripatetic**

In the reading room setting of *Where Does It Hurt?* my roles as artist, researcher and curator were interchangeable. In this context the visitor is invited to become a reader, researcher and investigator, while the curator performed the roles of librarian, listener and guide. These various roles were the result of my invitation to visitors to participate. Through *Where Does It Hurt?* at the Banff Centre, the long-term work of *When Pain Strikes* and

work on the Art Metropole collection at the National Gallery, I used the skills and questions of the social researcher in combination with those of the curator as presenter of artwork. Multiple research roles have included walking with people and seeing where they lead, as well as guiding the reader through an assembled archive.

As you enter *Where Does It Hurt?* turn to your right where the borrowed books from the University of Calgary Library and The Banff Public Library are shelved next to selections from The Calgary Public Library and The Banff Centre Library. This cross-section of titles covers the fields of art, medicine, sociology, popular psychology, and cultural studies. As you skim the spines, notice the patterns, trends, and preferences of the different collections. The Banff Public Library, for example, includes many popular psychology titles, while the University of Calgary offers more specialized knowledge for the professional health care worker. The physical arrangement of these texts testifies to the wide scope and even overlaps in pain knowledge -- grief, illness, violence, depression, and abuse can't be contained and measured by any one field, or any one story.

Try picking up the artist book *Melanoma and Melancholia* and reading it in relation to *Pain: A Psycho-Physiological Analysis*. Barbara Balfour's photographic and hand-written account of depression undercuts the authority of social science analysis. Or view Janice Tanaka's video, *Memories from the Department of Amnesia*, about her Japanese mother's internment and subsequent mental illness. This account features incongruously surreal images -- a man on a bicycle uneasily riding through a diner, a surgeon trudging through the snow. Perhaps you'll start to make connections between these pain narratives and your own stories of pain (Busby 1996).

In his article "Mock Excursions and Twisted Itineraries: Tour Guide Performances" (*Parachute*, Fall 1995, 80: 30-37), Jim Drobnick analyzed a disparate collection of artists' performances. He grouped them in terms of how they question assumptions of public space, consider practices of tourism and the politics of looking, and examine the cultivation of subjectivity. While talking with visitors as I guided them through the exhibition, I became

increasingly aware of having created a social space where talk of pain surfaced easily. I was working in the tradition of the artists' tour guide, a form of performance art. Drobnick describes the guide as pathfinder, one who leads the way through unfamiliar territory, and as mentor, one who advises a people (Drobnick 1995, 32). As on-site curator, I wanted to familiarize the visitor with the diverse concepts of pain and with the process of discovery I had gone through in developing the show. I began to see a parallel to the performance art work of Linda Montano, with its focus on personal transformation and what she calls the "art of living." She has interpreted her role as an "art social worker" in several ways, as fortune teller, therapist, and sexual counselor (Drobnick 1995, 37). Like Montano, I performed different roles, witnessing visitors' stories and switching from librarian to guide to researcher to curator to therapist, providing guided tours of the exhibition, in the tradition of performance artists Andrea Fraser (*Museum Highlights: A Gallery Talk*, 1989), and Julia Scher (*Security Site Visits*, 1990). My experience showed the difficulty of containing pain on bookshelves or in a tour, as pain defies categorization or organization and exceeds the boundaries or definitions of books.

My approach drew on performance art as a way to do research through interaction with audiences. This experience transformed the traditional art exhibition to a research site where new findings resulted from qualitative art and curatorial research practice. Art research and curatorial practice can change problem solving methods, provide insights and make new connections across communities and disciplines. I wanted to connect the visitor with communities of pain that concerned them, including those related to eating disorders, repetitive strain syndrome, loss, or grief. Like

Linda Montano, I think the “art social worker” or “art social researcher” can create circumstances where connections across communities can be made.

A management consultant happened upon the show because of its storefront location. He was particularly interested in *Self-Help Library* and saw a parallel in the marketing strategies used to sell management literature (“You have to read this book”) and the tendency to generate celebrity authors (“You haven’t heard of management guru Stephen Covey?”) stressing the imperative to read management literature and self-help books. <sup>5</sup> This consultant brought a number of colleagues for a tour and discussion that centred on the self-help books and made reference to artists’ books and the rest of the archive. In our group discussion we talked about navigating through books related to the management of both emotions and business, noting their usefulness and limitations. It would not have occurred to me that the show would resonate with this particular audience. Thus the exhibition provided a social space for people of different backgrounds to talk about pain and my role was to guide.

I observed an emerging collaboration among my curator’s conception, the artists’ work, and an audience’s engagement. The exhibition functioned as a stage and experiment. As curator, I created a social space that attempted to reduce critical distance and validate feeling in the process of engaging varied audiences. In practice, the exhibition space functioned as a point of convergence for viewing, reading, and talking. Conceptually it was a place where talk of pain could happen, a comfortable environment that shifted expectations about the experience of an art exhibition. Some visitors worked with those in pain. A hospice fund-raiser sensed there was room in this space for discussion of death and mourning; a nurse working with chronic fatigue



syndrome patients found that the exhibition helped expand her thinking about pain, and an art administrator and an educational technology student participated with classmates in a discussion of the installation on an Internet, thus extending the discussion out of the physical space itself.

Anesthetist Dr. Roy Hamilton had run a clinic for chronic pain sufferers and, after looking at the exhibition pointed to the selection from the University of Calgary Medical library and said, "I'm at home with these books; this is what I know." About the artists' books he commented, "These books are so interesting because the stories are told in a different way." His comments point to the separation of medical and art research for problem-solving related to health issues as well as to the need for conversation between the two offered by *Where Does It Hurt?* This medical specialist would not have seen an artist's book through the conventional circulation of knowledge or through his professional research activities. He was not able to evaluate it as research, but explored it as "a labour of love."

Mike, a visitor active in the North American Chronic Pain Association of Canada, heard about the exhibition when I was interviewed on *CBC Sunday Morning* (September 29, 1996). Now in his forties, he has a twenty-year history of back pain, caused by an accident on an oil rig, that has left him unable to work. He expressed his frustration about the way his pain had been understood with the "meat chart approach" used by Worker's Compensation in assessing bodily damage. The loss of a finger is ascribed a dollar value with no accounting for financial losses, relationship strains, and other costs. He told me, after returning to *Where Does It Hurt?* several times, that it was nice to come to a place where talking about his chronic pain was welcome. This

rapport came about through an art-informed methodology, where the artworks functioned as displayed objects collectively validating varieties of pain.

Just as the space and my presence invited visitors to share their pain, so artists felt comfortable about bringing their related work into this space. Sheila Urbanofsky, videomaker and digital media artist, asked me to look at two of her videotapes, one about painkillers, the other about mourning.

Traditionally, once an exhibition is open the curator is neither present nor open to additional work that would fit with the topic. Being present enabled me to continue my research. The authority of "final decisions" and of the finished exhibition reduce the forum for dialogue between artist and curator.

I met with videomaker Ken Doran at *Where Does It Hurt?* to discuss his work and its relationship to validating childhood struggles. His video, *Raven* (1995), is about childhood anxieties and the use of make-believe to tell a story about the resolution of fears from a child's point of view. In our discussion, Ken talked about his part-time work with Doug, a mentally disabled adult. Ken is part of a mentoring programme and his job with Doug is to help him develop social and self-care skills. Doug's process of learning to brush his teeth, for instance, required many conversations about personal hygiene and much disclosure from Doug, who was embarrassed about his self-neglect. Ken felt his skills as an artist enabled him to communicate and work with Doug. He explained the reciprocity in valuing each other's outlooks, sharing a view of functioning outside cultural norms. It was the social space of *Where Does It Hurt?* that enabled Ken and I to have this discussion. <sup>6</sup> This is an example of the interaction that was facilitated by the space of *Where Does It Hurt?*

I wanted to begin to identify the multiple interests that can be analyzed in private and public space when looking at pain discourse. As a curator I am continually in search of art that tries to make sense of pain, so the exhibition was part of this on-going research. In needing to move through my own pain, I use visual art as a source of support and as a means of questioning the assumptions and practices of industrialized pain management. The constraints in contemporary visual art lead to forms of expression that other disciplines can't imagine, but can draw on. The art in *Where Does It Hurt?* reveals institutional assumptions about the body and feelings, with the exhibition format as structural support that allows for public circulation. I have brought my emotional struggles into public space through my curating and writing and made connections with others, and found new communities of pain to guide my work. These connective elements have given me the ability and support to follow varied paths of inquiry.

### **Trajectories of the Dissertation and The Peripatetic Experience**

Here I will examine the recurring threads of analysis and engagement present and emergent in my dissertation. After identifying and connecting these threads across the chapters, I now raise them as strands for analysis. This is another sequencing of connections from this study. The dissertation puts side-by-side unlikely instances such as the study of HarperCollins and its production of prescriptive pain management through mass market self-help books, and the study of Bob Flanagan and his self-directed pain management supported by art institutions and the practice of s/m.

Being in the closed office of the therapist was an inadequate response to my pain and the peripatetic experience is a metaphor for the movement of pain as it seeps between private to public discourse. This movement is subtle as I observed my own emotional permeability and vulnerability, whether in the home, the therapist's office, the Alcoholics Anonymous group, the self-help book or the autopathography. The peripatetic takes place in different social locations: it consists sometimes of a physical relocating, sometimes of a movement among cities, institutions, organizations, and individuals. Sometimes my movement is conceptual, crossing categorical boundaries to a place where pain is dreaded, or a place where it is sought. Another excursion takes place through my work as a curator and guide of *Where Does It Hurt?*, where visitors talked about pain mediations that surrounded them in the exhibition and their own pain as remembered in this location. The exhibition also provided a walk for the visitor in the form of a tour through its various texts. My experience of pain compelled me onto this course, which became a movement between my own experience and other instances and spaces of pain. I moved among different kinds of pain-filled social spaces and texts that contained the efforts of people to transform pain. At some points, I discovered transgression of standardized recovery in the lives of gay men in an Alcoholics Anonymous group, in Bob Flanagan, Teresa, and Steve. I surrounded myself with practices that helped me to write about the ways static definitions of distress are exceeded, and new mediations are formed. My analysis of pain was reframed as a result of *Where Does It Hurt?* and what I saw, heard, and felt from those in pain along the way.

By means of the peripatetic experience I transported myself from one discursive site to another through a sequence of planned and fortuitous

excursions. The walk was an emotional one as I moved through my grief, sadness, and anxieties, adjusting to walk in step with the people I was observing or writing about. The description of my research as a walk brings the quality of physical and emotional involvement into my dissertation and alludes to the connection between these and my intellectual engagements. I walked alongside my brother Steve, my colleague Bob Flanagan and my acquaintance Teresa as they were in the process of negotiating their pain within recovery discourses. A struggle with this model was articulated by the gay men's Alcoholics Anonymous group I studied as well as by Teresa, whom I observed as she submerged her flamboyant personality within the parameters of the Alcoholics Anonymous commonality of the recovering alcoholic. Members of the group were appropriating recovery discourse to fit their experiences of a gay lifestyle. These men identified a link between being a gay man and the attachment to drugs and alcohol. They critically questioned the traditional Alcoholics Anonymous recovery and adapted the model. Steve was adapting himself to his pain as he attempted to survive and cope with his terminal illness. I was profoundly moved by what he went through over the three years of his decline, and I needed to do something with this experience that had affected me to the bone. I was a primary caregiver to my brother, and we worked together to be as conscious about the course of the illness as we could in what was unknown territory. At this time, Steve's illness was the most important concern in my life, but there were complications: he was in a state of decline while I was in a period of growth at graduate school; I lived in Montreal while he lived in Toronto; I had to go to him, since he couldn't come to me. Some dimensions of this experience were in excess, not allowing for rational management. <sup>6</sup> There was no answer

for the consuming quality, no negotiating room for the demands of this pain. I was not able to separate myself from it, nor did I want to.

I observed Bob Flanagan's display of pain management when we exhibited our work together. He took on different victim roles in the midst of his pain, playing with it, transgressing it, turning victim identities into fluid transformable constructions. Sheree Rose was his primary caregiver, as I had been with Steve. Interviewing Sheree in January, 1998, two years after Bob's death, I recognized myself in her process of being consumed by his pain and decline and in her determination to find a new footing for herself. We had both travelled in intimate proximity to a loved one's conscious coping with pain and death, and I noted the bond we shared through this shared experience.

Whereas both Steve and Bob lived in declining, terminally ill bodies and with the associated frustrations, Teresa's frustrations as she struggled with her alcoholism were of another kind. I met Teresa when she was beginning daily participation in Alcoholics Anonymous meetings. We were interested in each other's work, finding common ground in our ways of thinking critically about methods of emotional problem-solving, while at the same time using them. Unlike in my relationship with Steve where his pain felt, at times, like my pain, I could observe Teresa's or Sheree Rose's pain, and not be consumed by it. In my process of understanding pain through relationships with individuals, Teresa offered a middle ground where I was neither an objective researcher of pain, an analyzer of texts, nor consumed by her pain. I was aware of being in different proximities to the consuming quality of pain in each of these relationships. We recognized common experience in our

negotiating of therapeutic programmes that did not quite fit with our processes of managing ourselves. Like me, she had a self-help book collection that she thought about critically while using it to help move herself out of self-destructive distress. At some level, pain is beyond our programmeatic intervention, and limiting its management to recovery programmes can shut down the capacity of sufferers as they have to conform to a pattern that promises to heal them. I learned that the people in pain I observed feel compelled to conform in order to feel better. Bob is an example of someone who lived with his pain by making art of his life. Bob's pain could not be contained within institutionalized recovery, and he sought creative means and modified conventions of s/m to feel better.

I connected my memory and process of coping with sexual abuse with the experiences of the large numbers of survivors who were coming forward, and with the attention being put to their collective voice and their claim that child sexual abuse causes long-term harm. I walked to where pain becomes a matter of public interest, mediated through debates in popular press within an analysis of the roles of victim and survivor. The sexual abuse of children had changed again from being a private gentlemen's agreement to a matter of public responsibility. I walked into spaces where the status of the abused and the abuser is debated, out of a space of secrecy, shame and silence and into the debates as to the veracity of memory. I was doubly drawn to interpret sides of the debate according to my personal unresolved position about the harm caused by child sexual abuse.

My interest in the discourse of celebrity instances of victim and survivor identities came about through a process of collecting books, that began with

the assembling of *Self-Help Library*. I had a hunch that there were many celebrities who were rewriting their stories in the light of abuse discourse, and I began collecting and archiving them.

Autopathography has become a public container for nuances of pain. In her autopathography, Roseanne repeatedly returns to an unmanageable place and publicly states her recurring despair and inability to manage herself; however, she continues to love sex and expresses her sexual desire in photographs and text, flaunting and insisting on the fluidity of a public survivor identity that contains all of this. The published works by and about Roseanne offer ways of thinking outside the prescriptive models. Furthermore, she wrote her second autobiography when there was a receptive space in public discourse for it, performing in this way as an entrepreneur who pitched herself into the debate and the market when it was of popular interest. The viability of pain-filled stories is constantly under reconstruction in public discourse and constructs the emotional self within other marketing interests.

*The Courage to Heal* spoke to, grouped and encouraged expression by individual private sufferers, thereby publicizing their pain and, like many self-help books, creating a mass audience and market for both the topic and the book itself. Readers used the book to relocate blame outside themselves and to move away from isolation. Likewise, the Alcoholics Anonymous method of self-telling brings private pain out of isolation and serves as an initiation into a protected public space and a community of pain. Alcoholics Anonymous creates a bond of common experience among strangers and requires emotional understanding among its members (Denzin, 1987). In



following Teresa through the early stages of the programme, I observed her movement from a position of private addiction into the Alcoholics Anonymous community. In the process she felt compelled to tell her story in terms of her gradual decline into self-destruction and the reconstruction of her life through Alcoholics Anonymous. In this supportive and protective space she had to talk about herself through the Alcoholics Anonymous steps in order to be heard by the group. In the dissertation I have chosen to make aspects of my pain public in a process of making my motivation transparent as I publicized it in connecting to others' pain. My attention to the regularity of the autopathography was made possible by my interest in how published pain stories are told, in contrast to how I recounted my story and felt my pain. In Chapter Four, variations in pain-related identities were considered through the autopathographies of Dennis Rodman, Sheldon Kennedy, and Roseanne.

Both the recovering alcoholic of Alcoholics Anonymous and the move from victim to survivor identities in child sexual abuse discourse originate in the rags to riches model of recovery, as discussed in Chapter Two. Recovering alcoholics, as introduced in my discussion of Alcoholics Anonymous literature, become invested in and internalize the discourse of conversion from drunk to recovering alcoholic, from lives out of control to manageable ones. HarperCollins CEO Anthea Disney provides an instance of an emotional rags to riches narrative. She is presented to readers as someone who experienced burn-out and overcame it, and this story of overcoming her personal pain and depletion is the central and familiar narrative which validates her in the popular press. From these themes of recovery processes

and their mediation found repeatedly in the corpus of the dissertation, I now turn to the book for the different meanings it has had in this dissertation.

### **The Book as Authority, as Container of Life Stories, as Archival Document, as Iconoclastic**

In each chapter, the presence of the book recurs as an historical document of emotional history. The book is a marker and source within this research - the self-help book for its history of mediations of emotional distress and as a gathering place of collective anxiety and consumer concern about a particular emotional state, as a place to focus outrage, and a place of conjuncture where networks of interests can be documented. The ways pain is mediated through books is explored in artists' books and the larger archive of books borrowed from library collections that made up *Where Does It Hurt?* The book is considered as a social form paralleling the exhibition space in which an event can happen, as demonstrated with the anthology *When Pain Strikes*. The book documents relocation of the individual from private isolation to pain communities. Books are considered as a unit creating a collective narrative as shelved objects. They are also considered in terms of consumption, as containers of knowledge and as companions that circulate and define emotions and feelings. Social emotional constructions are concretized in books, which are one strata of knowledge formation.

In Chapter Two, the self-help book was the object of inquiry and provided insight into the models of recovery that were found in other discursive sites throughout the dissertation. These books were samples of the production of pain discourse as an historical formation. The influences of both Christianity and the work ethic in these books served to establish a relationship between

social conditions and the discussion of emotional experience. The documentation of emotional management was solidified in the original *Alcoholics Anonymous* book (1935), where testimonials of the authors and other alcoholics were presented in-depth. Within Alcoholics Anonymous, the book can be seen as a meeting place, a badge of belonging, even as a sort of home for people in recovery. It is owned and used as a manual, defining the user's identity and indicating affiliation. Teresa values her self-help books, yet hides them indicating a conflicted relationship to having them. In our discussions, she used them to help tell her story of alcoholism and recovery. This chapter also showed how the self-help book was constructed according to and informed by a variety of competing interests.

Books as objects and titles have authority without necessarily being opened, and they generate discourse outside their actual readership. *The Courage to Heal* became controversial, and numerous manuals and textbook-like volumes were produced to counteract its authority. These books were produced to legitimate the position that therapists suggest scenarios of sexual abuse that are believed by vulnerable clients. Books acted as powerful weapons for claiming discursive space in the False Memory Syndrome debate. In Chapter Three, the emergence of the False Memory Syndrome Foundation highlighted the general authority of the book and demonstrated how books stimulate editorial commentary. The proliferation of books about False Memory Syndrome demonstrates how a particular controversy lends itself to book production and how a particular book, in this case *The Courage to Heal*, can come to occupy the controversy's centre. The autopathography is a container of the suffering self and the celebrity personality. The discursive strength provided by coupling the authority of the book with that of the

celebrity is reflected in the popularity of the autopathography. The book in this sense is a physical gathering place of fragments from other media of popular culture concentrated in the published retelling of a life story. 9

In *Where Does It Hurt?* books were grouped in such a way as to diffuse the authority of particular discourses about pain. A book reproduces systems of authority about pain. In the exhibition, books were catalysts for conversation and were assumed to be powerful as much for their status as objects and for their titles as for their content. The exhibition suggested that medical textbooks bear a different authority in a university library or a doctor's office than when they are located beside artists' books or self-help books in a public exhibition venue.

Throughout the dissertation the book form has been found to document painful lifestories and to be informed by early self-help literature produced by large commercial publishers as well as individuals and self-published or small art presses. Historically, self-help books were produced with the intention of building character and reinforcing religious faith, coupled with the belief that pain can be overcome. The context in which these books were created emphasized self-management as a way to success in life. In these books, the author used himself as a model, whereas Alcoholics Anonymous books include a variety of first-person stories informed by a particular recovery regime. In Chapter Two I singled out different elements of the form by visiting various producers and users. The book cover designer's description of conceptualizing his designs in accordance with what is already selling well underlined the conformity to established markets at the level of the look of the book. From an overview of bookstore browsers and

HarperCollins production workers, I moved to investigating the attachment to and selective use of the book. In Doug, a senior editor and recovering alcoholic, I found a link between the producer and the user of self-help literature.

*The Courage to Heal* is the container of lifestories as well as an authoritative text, but I am looking at it here as an archival document that tells us about a discursive debate. It treats victim and survivor identities within a model that prescribes progressive transformation and self-management of the effects of traumatic experiences. The book is a grassroots manual outside psychological authority, written by and for survivors, yet drawing on the authority of the experience of its authors. It is both a handbook, asserting that women can heal themselves, and a call for victims to identify themselves as survivors. <sup>8</sup> Not only is this book a primary source book for survivors of child sexual abuse, it also became evidence of a dangerous approach for the False Memory Syndrome Foundation. This book can be traced through psychotherapeutic contexts to the larger discourse concerning the definition of child sexual abuse, the damage it causes, and the veracity of memory of it.

Along with autopathographies, artists' books complicate the mainstream category of self-help books. They provide a way of looking at the book's form and content outside the context of commercial publishing interests. In *Where Does It Hurt?* and the dissertation, autopathographies are considered as part of a discourse of pain management. This appropriation expands the possibilities of empathising with pain, understanding its layering and complexity, and discovering ways it can be healed, mitigated, taken apart and re-assembled.

## Final Remarks

While organizing of a wide variety of material including Alcoholics Anonymous brochures, transcriptions of interviews, specific child sexual abuse stories as found in newspaper and magazine stories, self-help book reviews, and artists' books, I distilled the emerging regularities into a set of categories: Politics of Memory, Politics of Therapy, Politics of Sexual Abuse, Celebrity Suffering, Emotional Identity. Beyond this, I looked for the imagination and creativity of others in dealing with pain, and called upon my art-informed approach within the academic parameters set by the form of the dissertation. Artists' books, such as Matthew Geller's *Difficulty Swallowing*, provided a new language and a way of proceeding with different kinds of answers and allowances, a layering of pain reports more vast than the choices offered by other books in this study.

*Where Does It Hurt?* took books about pain and rearranged them in a new order in an art exhibition context, looking at the book in its multiple forms as a grouping. *When Pain Strikes* invited contributors from diverse orientations to the subject of pain, whereby scientific views were next to an artwork, redefining pain visually and in narrative through such juxtapositions. The book *When Pain Strikes*, the exhibition *Where Does It Hurt?*, and the dissertation open a different kind of space for and method of thinking, talking, and formulating frameworks about pain bringing it into a new narrativized public form. In the dissertation, the walk guided me from one site to another and became a narrative that takes the reader through the project. I used the peripatetic experience to move out of my own pain, grief and loss to other conceptual and discursive spaces. It is an experiment in the

unfamiliar crossing of territories, the following of various unpredictable pain trajectories in libraries, in sufferers' lives, in meetings, in bookstores, documenting them in the process.

In *When Pain Strikes*, people in pain, pain experts, and artists were grouped according to how they addressed and responded to pain. In the section, "Measure It," pain researcher Ronald Melzack's scientific outline and chart of the body in pain, is followed by Michael Fernandes' three-page montage of photos and text, which suggests a plethora of possibilities for where and what pain may be. Fernandes' account, which allows for the location of pain both inside and outside the body, leaves the sufferer neither to apologize nor to spew out in anger or soundbites. Also in *When Pain Strikes*, Bob Flanagan's pain journal details the ingesting of different drugs to control his illness, while his body remaining out of control. He writes from the nerve endings, from the inside, and brings his experience out into public discourse, creating a public space where that pain can be held. In the face of the indignity of pain, he uses an art-informed space to regain his dignity. In *When Pain Strikes*, the author's position is transparent, pain is spoken across differences, and its truth value is relative, bringing new convergences across pain discourse.

I learned that the crossing of borders into pain involves a constant series of immigrations in and out of pain as our circumstances change. This dissertation has been a way of immigrating between my pain and the pain of others as well as of touching on some of the larger regularities of pain discourse. Pain is reason and stimulus to write. Writing is my pain relief.

## Endnotes

1. Funding also determined the direction of this research in that in 1995 I was awarded funding to research Alcoholics Anonymous and HarperCollins through the Fulbright Fellowship programme. *Where Does It Hurt?* was first thought of as a way of raising funds towards publication of the book *When Pain Strikes*. The funding for the exhibition included a large allocation for this publication, and the agreement with the publisher would not have been possible without the funding provided by the exhibition.
2. I organized a search party that scanned the shelves, choosing according to their definitions of pain, thereby constructing a discourse that was not reliant on my perspective. The volunteers came from different areas of expertise, including performance art, photography, and literature. This selection allowed a variety of definitions of pain to inform this temporary collection.
3. The Museum of Modern Art's retrospective *A Century of Artists' Books* (1994) took place after the museum's purchase of the 13,500 item Franklin Furnace Collection. It was followed by the publication of a survey-style book, *The Century of Artists' Books* (Johanna Drucker, 1995, Granary Press). Drucker creates a typology for the artist's book and discusses it as a democratic multiple, or a rare object. She categorizes the book in terms of verbal exploration and as a sequence both narrative and non-narrative. Her categorizations include the book as an agent of social change, as a conceptual space for both performance and exhibition, and as a document. The volume of artists' books and their location in public collections make it possible to do analysis which goes beyond this kind of typology or periodization or single book/single author analysis. The exhibition, at The Smithsonian Institution Libraries, entitled *Science and the Artist's Book* (1995-96), reconfigured medicine, chemistry, microscopy, biology, and physics in a series of artists' books, inserting a new visual discourse across these scientific disciplines. This connection of the artist's book to other disciplines or fields offers a means of cracking open existing disciplinary assumptions.
4. "Committed to Memory: Women's Video Art Production in Canada and Quebec," Lisa Steele in *Work in Progress: Building Feminist Culture*, Rhea Tregobov, Ed. 1987
5. Stephen Covey's books include: *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*, Simon and Schuster, 1989; *Principle-Centered Leadership*, Summit Books, 1991; *Implementing TQM: Competing in the Nineties Through Total Quality Management*, Pfeiffer and Co., 1992; *Spiritual Roots of Human Relations*, Deseret Books, 1993; *Daily Reflections for Highly Effective People: Living the Seven Habits Every Day*, Fireside, 1994; *First Things First: To Live, To Love, To Learn, To Leave a Legacy*, Simon and Schuster, 1994; *The 7 Habits of Highly Effective Families: Building a Beautiful Family Culture in a Turbulent World*, Golden Book Publishing, 1997; *First*



*Things First Every Day: Because Where You're Headed is More Important Than How Fast You're Going*, Fireside, 1997; *The 7 Habits Family Journal*, Covey Leadership Center, 1998; *The 7 Habits Journal*, Spiral Edition, 1998.

6. Donna Brunsdale's *Moments of Despondency* (1995) was included in the exhibition for representation of depression and its relief. As someone living in Calgary, where the exhibition took place, she was able to see her film in the *Where Does It Hurt?* context and asked if I would look at another film she had made, about a childhood memory of loss. She wanted to introduce further work to me and talk about its content, given the overlapping of our practices and our concerns with pain and recovery. John Will showed me a video that was atypical of his work, marking the 50th anniversary of the bombing of Hiroshima and Nagasaki, and here, we discussed how it fit into *Where Does It Hurt?* This exhibition allowed for other projects to be validated and understood. My curatorial presence in this social space facilitated a less rigid and more collaborative curatorial relationship with artists.

6. I am reminded of waiting with my brother to see his eye specialist at Sunnybrook Hospital in Toronto. It was winter and his frail body had trouble warming up after any exposure to cold. When we arrived for his appointment, he was shaking. I asked the nurse at the reception counter for a blanket and she said there weren't any; nor was there any seating available. A cup of tea wasn't enough to calm my brother's body. I urged another person in the waiting room to go and find a blanket and wheelchair for Steve, who was now barely able to stand and shivering uncontrollably. It was this other patient who was able to come up with basic equipment for immediate patient care. In this situation, the social space of the eye clinic was unable to accommodate conditions that crossed its specialized boundaries. Limited conceptualizations of pain as singular cause and effect can leave the sufferer burdened with the excess.

7. Cathy Busby, "When You Lose That Person, Then Who Are You?: From an interview with Sheree Rose by Cathy Busby," *Fuse Magazine* 21, no. 3 (summer 1998): 36-40.

8. *The Courage To Heal* opened a niche market that continues to operate ten years after its publication. In October, 1998, *Mother Tongue Books*, a community-operated women's bookstore in Ottawa, features this book in its "Violence" section. Ten years after its publication, this American publisher's book still has the power to contain and direct the circulation of child sexual abuse discourse locally. It is a refined product of a mass market producer and has been designed to be comfortable in a variety of niches, such as this bookstore. This book sets out the parameters for how child sexual abuse is understood and circulated. There is no locally produced book of survivor stories for sale beside *The Courage to Heal*.

9. If I were continuing to assemble a corpus on the topic of emotional distress and transformation in public discourse in 1999, I would include the stories of Lady Diana's death and the spectacle of mass mourning in London in August, 1997; Monica Lewinsky's assertion in her television interview with Barbara Walters in March, 1999, that the distress of her weight problem lead her to affairs with married men; the sexual abuse of children in Indian Residential Schools in Canada's outposts and the public apology of the churches for their role in 1998; and the on-going story of Sheldon Kennedy as he raises funds for victims of child sexual abuse while amassing convictions for impaired driving during the summer of 1998. Each of these stories articulates the construction of emotion as informed by biography, often told as autopathography, positioning the reader at an intimate proximity to the subject.

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