



This work is protected by copyright and other intellectual property rights and duplication or sale of all or part is not permitted, except that material may be duplicated by you for research, private study, criticism/review or educational purposes. Electronic or print copies are for your own personal, non-commercial use and shall not be passed to any other individual. No quotation may be published without proper acknowledgement. For any other use, or to quote extensively from the work, permission must be obtained from the copyright holder/s.

Fictional representations of dissociative
identity disorder in contemporary
American fiction

Hannah Kathryn Merry

PhD

June 2017

Keele University

SUBMISSION OF THESIS FOR A RESEARCH DEGREE**Part I. DECLARATION by the candidate for a research degree. To be bound in the thesis**

Degree for which thesis being submitted PHD

Title of thesis Fictional representations of dissociative identity disorder in contemporary American fiction

This thesis contains confidential information and is subject to the protocol set down for the submission and examination of such a thesis.**NO**Date of submission 24/08/2016
(Date of submission must comply with Regulation 2D)

Original registration date January 2010

Name of candidate Hannah Kathryn Merry

Research Institute Humanities

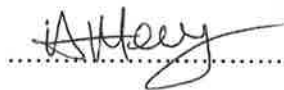
Name of Lead Supervisor Dr James Peacock

I certify that:

- (a) The thesis being submitted for examination is my own account of my own research
- (b) My research has been conducted ethically. Where relevant a letter from the approving body confirming that ethical approval has been given has been bound in the thesis as an Annex
- (c) The data and results presented are the genuine data and results actually obtained by me during the conduct of the research
- (d) Where I have drawn on the work, ideas and results of others this has been appropriately acknowledged in the thesis
- (e) Where any collaboration has taken place with one or more other researchers, I have included within an 'Acknowledgments' section in the thesis a clear statement of their contributions, in line with the relevant statement in the Code of Practice (see Note overleaf).
- (f) The greater portion of the work described in the thesis has been undertaken subsequent to my registration for the higher degree for which I am submitting for examination
- (g) Where part of the work described in the thesis has previously been incorporated in another thesis submitted by me for a higher degree (if any), this has been identified and acknowledged in the thesis
- (h) The thesis submitted is within the required word limit as specified in the Regulations

Total words in submitted thesis (including text and footnotes, but excluding references and appendices) ...88,038.....

Signature of candidate



Date

31/05/17

Note

Extract from Code of Practice: If the research degree is set within a broader programme of work involving a group of investigators – particularly if this programme of work predates the candidate's registration – the candidate should provide an explicit statement (in an 'Acknowledgments' section) of the respective roles of the candidate and these other individuals in relevant aspects of the work reported in the thesis. For example, it should make clear, where relevant, the candidate's role in designing the study, developing data collection instruments, collecting primary data, analysing such data, and formulating conclusions from the analysis. Others involved in these aspects of the research should be named, and their contributions relative to that of the candidate should be specified (*this does not apply to the ordinary supervision, only if the supervisor or supervisory team has had greater than usual involvement.*)

Abstract

The representation of mental health disorders and syndromes has increased in contemporary literature, film and television. Characters with disorders and syndromes such as Post-Traumatic Stress Disorder, autism and Asperger's syndrome, Tourette's syndrome, and dissociative identity disorder are common, leading to an increased critical engagement with these fictional texts. This thesis examines the representation of dissociative identity disorder (DID) in contemporary American fiction since 1994, concentrating on a small selection of texts: the novels *Set This House in Order* (2003) and *Fight Club* (1996), and the television shows *Dollhouse* (2009-2010) and *United States of Tara* (2009-2011). By engaging in turn with trauma theory, illness narratives and genre theory, and queer theory, this thesis argues that the texts metaphorically employ dissociative identity disorder as a means of resisting normativity, whether this is the systems of social normativity characters find themselves facing within the texts, or generic or narrative norms. In so doing, the texts position DID as a utopian condition: one that enables its sufferers to resist systems of normativity they encounter and champion non-normative identities. There is a tension evident here between metaphorical uses of disease within fiction and the real-world experiences of those who suffer from these disorders. By examining all the ways in which the texts resist norms and their utopian impulses, this thesis examines the extent to which these texts suggest DID can or should be universalised as a disorder of non-normativity.

Contents

Introduction	3
Chapter 1 Dissociative Identity Disorder: Medical Discourse.....	9
Chapter 2 Dissociative Identity Disorder: Fictional Representations	36
Chapter 3 Trauma and the Shattered Self.....	68
Chapter 4 Disease Metaphors and Resisting Generic Convention	118
Chapter 5 The Social Construction of Gender and Resisting Heteronormativity	150
Chapter 6 The Dissociative Critical Dystopia	183
Conclusion	223
Bibliography	228

Introduction

This thesis examines representations of dissociative identity disorder (DID) in contemporary American fiction since 1994 via various media (literature, film, television and comics), with a particular focus on the ways in which these texts engage with concepts of normativity. This thesis concentrates on fictional texts published since 1994 because this is when dissociative identity disorder first appeared in the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition*, following its reclassification from multiple personality disorder. Throughout the course of the thesis I concentrate my analysis on a small sub-genre of ‘dissociative identity disorder texts’ including the novels *Fight Club* (Chuck Palahniuk, 1996) and *Set This House In Order* (Matt Ruff, 2003), and the US television shows *United States of Tara* (Showtime, 2009-2011) and *Dollhouse* (Fox, 2009-2010). I also make reference to the film adaptation of *Fight Club* directed by David Fincher (1999), as well as the sequel comic book *Fight Club 2* (Chuck Palahniuk and Cameron Stewart, 2015-2016), though these do not feature as a major part of my analysis. This thesis focuses on dissociative identity disorder because there has been little critical attention paid to fictional texts featuring this disorder, despite a rise in critical work examining the use of syndromes and disorders within fiction in recent years, which I discuss in detail in Chapter 2. While critics have written on *Fight Club*, analysis focusses on the film adaptation (which significantly changes some elements of the narrative including the ending) and usually examines the political messages within the text, with a particular focus on the film/novel’s engagement with capitalism and anarchy, and a secondary interest in contemporary (Western) masculinity.¹ This analysis is not always viewed in connection with the main character’s DID, and

¹ *You Do Not Talk About Fight Club: I Am Jack’s Completely Unauthorized Essay Collection* ed. by Read Mercer Schuchardt. Texas: BenBella Books, 2008; Mark Ramney. *Studying Fight Club (Studying Films)*. Bedfordshire: Auteur Publishing, 2012; Thomas E. Wartenberg. *Fight Club (Philosophers on Film)*. London and New York: Routledge, 2012; Bennett Kravitz. *Representations of Illness in Literature and Film*. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010.

indeed, not in conjunction with other texts featuring DID. By contextualising *Fight Club* as part of a subgenre of DID texts, I am able to analyse the novel in a way which goes beyond that offered by critics who view *Fight Club* in isolation. Indeed, by drawing on these disparate DID texts as a whole, this thesis is able to examine the representation of dissociative identity disorder within fictional texts more widely and set out the common narrative themes, tropes, and stock figures found within these texts.

This interest in representation and representational strategy is the main focus of this thesis. As such, I am not examining literature and film's engagement with dissociative identity disorder from an integrated medical humanities perspective. Instead, I take a cultural studies approach to these texts, while allowing critical work from other disciplines, including trauma theory (Chapter 3) and interdisciplinary work on illness narratives (Chapter 4) influence the way in which I view these texts. The first chapter therefore concentrates on examining the debates around DID from within the medical community, in order to contextualise fictional texts' use of the disorder. Chapter 1 provides a literature survey of critical work on DID from within the field of psychology, outlining the debates around its cause, revisions to the diagnostic criteria found within the *DSM*, and suggestions that the disorder may be culture-bound, iatrogenic, or may even not exist at all. By providing this base from which to work, I then move on to examine the rise in representations of syndromes and disorders within fictional texts in Chapter 2. I begin with an analysis of some older DID texts—*Sybil* (1973), *The Three Faces of Eve* (1957), and *The Minds of Billy Milligan* (1981)—which straddle the divide between fiction and fact, as they are all based on real-life cases of people with DID. These texts historicise the representation of DID and help to explain how cases of 'multiple personality' captured the imagination of laypeople in the 1950s, 70s, and 80s. I then move on to study the representation of DID more widely, examining the appearance of villains with 'evil personalities' in horror films and the tradition of dual identity within American superhero comic books, as well as beginning to tease out

some of the common threads found within these older texts and the more contemporary texts I examine throughout this thesis. This chapter also includes a brief overview of some of the other syndromes and disorders which have frequently appeared in fictional texts in recent years, including representations of autism and Tourette's syndrome to help further contextualise my analysis of DID, and why representations of this disorder should be examined in more detail. From here, Chapter 3 examines the DID texts' engagement with trauma, which is sometimes said to be the cause of the disorder, and features in all the DID texts I examine throughout the thesis. Chapter 3 provides an overview of critical work on trauma and uses this analysis to argue that trauma is most often associated with DID, particularly in fictional texts. Though trauma is present in all of the texts I examine, the characters are frequently not able to 'work through' their trauma, and as such they are not cured of their DID by the end of the texts.

What comes out of Chapter 3, then, is that the texts are seemingly resistant to some of the norms and narrative conventions that we as readers might expect. As such, Chapter 4 examines critical work on illness narratives and genre more widely to determine if this is a feature of the DID texts and part of their representational strategies. Chapter 4 once again finds the texts resistant to a norm, in this case resistant to conventional endings and the need to cure the characters of DID by the end of the narrative. Chapter 5 takes this idea of non-normativity and applies it the texts' engagement with gender identity; many of the texts feature characters with non-(hetero)normative gender identities including a transgender character and cross-gender alters. Chapter 5 seeks to determine if this interest in resisting narrative and generic norms extends to the texts' approach to normative identity, and if the appearance of trans characters and cross-gender alters is another manifestation of the texts' interest in non-normativity. This ability to resist norms, linked in particular to breaking social systems of normativity—which could be viewed as a positive ability depending on one's political beliefs—could therefore be considered utopian. Chapter 6 examines notions of utopia

and dystopia found within the texts and makes a clear link between this utopian impulse and the ability to subvert expectations, whether these are generic and narrative expectations, or social norms people are expected to conform to. In doing so, I argue that these texts are positioning the multiplicity afforded to characters by DID as a solution to normative social systems within the fictional worlds and societies the texts describe.

There are two things that need to be clarified at this point. When I talk about society and normative social systems within this thesis, I mean social and identity norms found within contemporary Western capitalist societies such as North America. All of the DID texts are American, and the societies depicted in the texts are reflective of and based upon contemporary North American society. Indeed, I discuss in Chapter 1 the accusation that DID is over-diagnosed in North America and could be said to be culture-bound, that is there is something about North American society which either enables and creates DID in its citizens, or which allows for its over-diagnosis. An example of what I mean by social norms is the perpetuation of binary heteronormative gender stereotypes within Western capitalist society which may be viewed as problematic by feminists or queer theory critics (see Chapter 5). Other normative social systems which privilege certain types of identity may relate to class, race, age. These types of social systems are often viewed as a problem by the underprivileged group or groups affected by them. These social norms are usually perpetuated through different aspects of that society such as the media or the state, as well as through the attitudes of its citizens. These are the sorts of social systems and norms that DID texts are able to resist.

The second thing I wish to clarify here is that I am aware of the tension between fictional representations and the real-world, which this thesis engages and reengages with throughout. Since this thesis deals with fictional representations of a real-world medical condition, my reading of DID as a means of resisting social norms can be considered problematic. DID is a real medical condition that

can adversely affect the lives of those who suffer from it. By arguing that the texts present multiplicity and DID as positive conditions, I risk erasing the experience of DID sufferers in the real-world and stigmatising those who suffer from this disease who are not able to view or experience their condition in this way. The work of Susan Sontag in *Illness as Metaphor* (1978) becomes a useful touchstone here. Sontag argues that metaphorical uses of disease within fiction are harmful in exactly these ways, and discussion of her work appears in several places in this thesis, most notably Chapter 4. How to solve and reconcile this problem is outside the scope of this work, though I do offer counterarguments to Sontag's criticism in Chapter 4 in which I also set out my own approach to the study of metaphorical uses of disease and illness within fiction.

The problem of reconciling fictional disease metaphors and the real world reappears in Chapter 6. Can a utopian disease metaphor which offers a solution to a social problem present in the real world remain in a fictional text or should it be applied to that real world situation? The conclusion draws together the threads of the previous chapters and argues that while fiction is more than capable of critiquing problems which authors perceive to be present in the real world, it is, ultimately, not a blueprint for a better world. As such, it is significant that these DID texts in this particular moment all engage, to some extent, with concepts of normativity, but neither they nor I are arguing that their representation of DID is reflective of the real-world experience of DID sufferers. In the same way that the DID texts are resistant to typical cathartic narratives and endings, so too should we resist the urge to enact their solution to the problem of social norms in the real world. Instead, we should view them in the context of both the increase in interest in fiction dealing with representations of syndromes and disorders such as autism, Asperger's syndrome, and Tourette's syndrome, and the DID texts which have come before them like *Sybil* and *The Three Faces of Eve*. I therefore conclude by drawing together the different elements of this thesis in order to demonstrate

the extent to which DID is viewed within fiction as a disease of radical non-normativity, inspiring debate and a critical engagement with the 'problem' of social normativity.

Chapter 1

Dissociative Identity Disorder: Medical Discourse

While this thesis is primarily concerned with fictional representations of dissociative identity disorder and does not attempt to contribute to the debate surrounding the disorder's validity, it is nonetheless important to discuss the psychological literature and debates surrounding the condition to give some context to its fictional representations. To that end, this chapter begins with a brief overview of the condition and the debates surrounding it before discussing the diagnostic criteria for DID found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, including how these have changed in the latest revision (2013). It then moves on to discuss the debate surrounding the validity of the condition, providing an overview of literature from those who believe DID is caused by trauma and those who believe it is iatrogenic. Following this, the chapter will discuss the idea of DID as a culture-bound, American condition, addressing in particular the criticism drawn by high rates of diagnosis in the U.S., and the relationship between the *DSM* and the American health care system. The chapter ends with a discussion of the aims of this thesis in light of this discussion of DID.

Dissociative identity disorder is a rare psychological condition in which the sufferer's identity becomes fragmented, resulting in the creation of two or more separate personality states. These 'alter' personalities may or may not know the other personalities exist and are able to take control of the sufferer when triggered by negative stressors. As a result of the switching phenomena, the sufferer is often unable to recall information learnt or events that happened while alters were in control. These alters, and the unpredictability of the switching phenomena and resultant amnesia, can cause significant distress for the sufferer and impair ordinary social and, what the *DSM* calls, occupational functioning. It is for this reason that the condition is classed as a 'disorder.' It is estimated that around 1-1.5% of people suffer from dissociative identity disorder (Haddock: 1, *DSM*-

V: 294) with adult women more likely to seek treatment for the condition than adult men (Haddock: xvi). DID is often misdiagnosed as a number of other conditions, such as Bipolar Disorder, Borderline Personality Disorder, Schizophrenia or Post-Traumatic Stress Disorder, due to the similar symptoms and behaviours found in those suffering from these disorders. Deborah Bray Haddock estimates that DID patients have an average of seven misdiagnoses before they are correctly diagnosed with DID (55). This may in part be due to the high rate of comorbidity these other disorders have with Dissociative Identity Disorder (*DSM-V*, 297-298). The majority of therapeutic treatments available for DID are based on the idea that the sufferer's personalities must 'reintegrate' in order for them to become a healthy, unified person again. This is usually achieved through therapy and memory recovery work, with an emphasis on the patient gaining the skills they will need to cope with stressful situations without dissociating.

Despite its appearance in the *Diagnostic and Statistical Manual of Mental Disorders IV* in 1994, and in earlier versions of the *DSM* as 'Multiple Personality Disorder', the condition now known as DID is a controversial one among psychologists. This controversy largely derives from arguments over its cause and the validity of the diagnosis, with many arguing that the condition does not actually exist. Proponents of the disorder argue that it is caused by trauma in childhood, such as sexual or physical abuse, which causes an individual to dissociate to such an extent that they split into separate identities in order to cope. Critics argue instead that the condition is iatrogenic: it is caused in susceptible patients by some therapeutic treatments and practices such as memory recovery work or hypnotism, or its diagnosis is the result of patients playing a part in order to please over-zealous therapists. Indeed, a sharp increase in the amount of DID diagnoses in the United States has led to the suggestion that the condition is 'culture-bound': a product of the increasing medicalisation of psychological disorders and over-reliance on the *DSM* as a diagnostic aid in the field of American psychology. It is from this idea that concerns about iatrogenesis arise. Similarly, it is believed that

patients who are simply playing the part for their therapists are fuelled by the rise in awareness of the condition caused by early cultural representations of DID in texts such as Corbett H. Thigpen and Hervey M. Cleckley's *The Three Faces of Eve* (1957) (adapted into a film that same year), Shirley Jackson's *The Bird's Nest* (1954, adapted into the film *Lizzie* in 1957), and Flora Rheta Schreiber's *Sybil* (1973) and its film adaptations in 1976 and 2007. In a number of instances, these texts offer a sensationalised view of the disorder, with the film adaptations in particular being marketed as something shocking, a spectacle to be voyeuristically viewed by audiences.

Some of the scepticism about the disorder in the American context also arises from the use of DID as a legal defence as part of an 'insanity' plea. Those who feel there is no proof the condition exists point out that the disorder could be used by those who seek to escape punishment for crimes they have committed. The first such case of this was Billy Milligan, who was diagnosed with multiple personalities when on trial for several counts of rape, kidnapping and aggravated robbery in Ohio in 1978 and so was committed to a mental health facility rather than sent to prison for his crimes. While in a series of state-run hospitals he was discovered to have fourteen alter personalities, including a lesbian personality who had apparently committed the rapes. Possibly influenced by this, other people have attempted to use DID as part of an insanity plea, whether or not they had the condition. The most well-known example of this is probably Kenneth Bianchi, the so-called 'Hillside Strangler', who pretended to have multiple personality disorder in an attempt to escape conviction for the rapes and murders of 12 women between 1977 and 1979. He managed to convince four 'experts' before the prosecution fed him false information about DID which he then incorporated into his act. When questioned, he finally admitted he had made up the alter personalities.² These famous cases feed

² Orne, Martin and David Dinges, Emily Carota Orne. "On the differential diagnosis of multiple personality in the forensic context?" *International Journal of Clinical and Experimental Hypnosis* 32.2 (1984): 118-169. Print.

back into cultural representations of the disorder, so it has been common for individuals with murderous alter personalities to appear in popular fiction. I will discuss some specific examples of these in Chapter 2.

Having briefly outlined DID and the debates surrounding it above, we can now look at the condition in more detail, beginning with its first appearance in the *Diagnostic and Statistical Manual of Mental Disorders* in 1994. The fourth edition included the condition under the name ‘dissociative identity disorder’ for the first time, following its reclassification of Multiple Personality Disorder (MPD), which had previously appeared in *DSM-III* in 1980. This ‘new’ condition’s diagnostic criteria were as follows:

- A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- B. At least two of these identities or personality states recurrently take control of the person’s behaviour.
- C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
- D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behaviour during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures). **Note:** In children, the symptoms are not attributable to imaginary playmates or other fantasy play. (499-500)

Criteria A and B are what most laypeople think of when they think of DID—two or more distinct personalities that are able to take over and control behaviour—and *DSM-IV* describes both of these diagnostic criteria in more detail: “Each personality state may be experienced as if it has a distinct personal history, self-image, and identity, including a separate name. Usually there is a primary

identity that carries the individual's given name and is passive, dependent, guilty, and depressed" (496). Indeed, this is the image that popular fictional representations often present us with: a passive main personality with aggressive or controlling alter personalities. The idea of doubles and doppelgängers like this have always existed in popular fiction. Examples of dual personalities of conflicting types can be seen in texts as early as *Nick of the Woods* (Robert Montgomery Bird, 1837) and *The Strange Case of Dr. Jekyll and Mr. Hyde* (Robert Louis Stevenson, 1886). These texts are, in many ways, the forerunners of the later DID texts that I discuss in this thesis.³ This idea of a passive main personality with aggressive or controlling alter personalities is also seen in some of the contemporary texts I discuss in this thesis, most notably in *Fight Club* (1996) in which Sebastian's⁴ passive personality is juxtaposed with Tyler Durden's aggressive, hyper-masculine charisma. This popular perception of alter personalities as more dominant and aggressive than the 'main' personality is linked to the idea that they take over from and gain control of the main personality. Taking control of someone is an aggressive act, and it seems likely that this use of language in medical discourse surrounding DID has fuelled the popular fictional idea that alters are often dominant and aggressive. Indeed, *DSM-IV* describes alters thus: "Alternative identities are experienced as taking control in sequence, one at the expense of the other, and may deny knowledge of one another, be critical of one another, or appear to be in open conflict" (497). It is this switching and the resulting conflict that impairs ordinary functioning in the sufferer and often leads them to seek treatment. These ideas again feed into cultural representations of the condition, with the average fictional sufferer often appearing as a person fighting their alter personalities, who appear to sabotage or interfere with their everyday lives. We see this in *Fight Club*, of course, but we also see it in *United States of Tara* (2009-2011), where Tara's alters not only cause problems for Tara but also for her

³ I will discuss this in more detail in Chapter 2.

⁴ While the narrator is never named in the novel, the sequel comic *Fight Club 2* (Chuck Palahniuk and Cameron Stewart, 2015) reveals that his name is Sebastian.

family, and in *Set This House In Order* (2003), where Penny's alters interfere with her life before she meets Andrew. This interference in daily life is what causes Criterion C, as the main personality often cannot remember what alters have done when they are in control. *DSM-IV* suggests that the resultant amnesia can vary between personalities: "the more passive identities tend to have more constricted memories, whereas the more hostile, controlling, or 'protector' identities have more complete memories" (497). This suggests it might be possible for some personalities to keep things from others, and this links to the above idea that alters may keep things from the main personality. These ideas are again well-represented in fictional representations of the condition: the image of (the main personality of) a DID sufferer 'waking up' confused and alone in an unfamiliar place is one which appears in almost all DID texts. Similarly, there are instances when personalities keep things from others, such as when Andrew's 'father' personality keeps the knowledge of what happened to Andy Gage as a child from Andrew in *Set This House in Order*, or when Alice tries to hide Gimme from Tara in the first season of *United States of Tara*. *Fight Club* plays with the idea of waking up in unfamiliar places in its third chapter, with the repeated refrain of "You wake up at [...]" (Palahniuk: 23-33) as Sebastian arrives at different airports around the United States as he travels for his job intercut with Sebastian's description of Tyler's work as a projectionist. This highlights the extent to which Sebastian's life is disconnected and dissociative while also alluding to the links between his condition and his job which the text will go on to explore more thoroughly, and also hinting at the true nature of Sebastian's relationship with Tyler: when Sebastian is asleep, Tyler is in control and vice versa. Indeed, the film version makes this more explicit as this sequence eventually culminates in his meeting Tyler Durden on a plane.

Outside of these four main diagnostic criteria, there are other sections of *DSM-IV*'s description of the condition which should be noted. Firstly, while *DSM-IV* does not state what the cause of DID is, it does say that "individuals with Dissociative Identity Disorder frequently report

having experienced severe physical and sexual abuse, especially during childhood” (497). From later writing on and research into DID, we know that this physical and sexual abuse is believed to be the principal cause of the condition, but here it is mentioned only as an “associated descriptive feature” (*DSM-IV*: 497). *DSM-IV* also points out that DID is “diagnosed three to nine times more frequently in adult females than in adult males” and that “females tend to have more identities than do males, averaging 15 or more, whereas males average approximately 8 identities” (498). For those who believe that physical and sexual abuse is the main cause of the condition this discrepancy in diagnostic rates by gender makes sense: women are more likely to be victims of sexual abuse and so more likely to develop DID. U.S. Government child abuse statistics from 2012 indicate that there is a slightly higher incidence of child abuse (including neglect, physical abuse, psychological maltreatment, sexual abuse, and other forms of maltreatment) in girls than boys—50.9% of all cases are girls and 48.7% are boys—but this difference does not seem high enough to account for the difference in diagnostic frequency.⁵ This report on child maltreatment does break down frequency of abuse into different categories (for example: physical abuse makes up 18.3% of all abuse while sexual abuse makes up 9.3% of all abuse) but it does not then offer statistics on gender difference within these categories so there are no government statistics on the frequency of sexual abuse amongst genders. However, research by the Crimes Against Children Research Centre at the University of New Hampshire suggest that girls are more likely to be sexually abused than boys, with “a meta-analysis of 22 American-based studies suggesting 30-40% of girls and 13% of boys experience sexual abuse during childhood” (Douglas and Finkelhor: 3). While these statistics indicate why there is a higher diagnostic rate among women than men, they still do not seem to indicate as big a difference as the *DSM* suggests. Indeed, sexually abused women dominate psychological literature on DID to the

⁵ Statistics taken from the U.S Department of Health and Human Services, Administration for Children and Families. “Child Maltreatment 2012” <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf> (Accessed January 2015).

extent that, in a review of DID literature, Paulette Marie Gillig describes the typical patient as “a woman, about age 30 [...] There generally is a reported history of childhood abuse, with the frequency of sexual abuse being higher than the frequency of physical abuse” (26). Deborah Bray Haddock also uses ‘she’ as the default pronoun to refer to DID patients throughout *The Dissociative Identity Disorder Sourcebook* (2001), due to the higher rate of female patients she has seen.

This gender difference appears in fictional texts as well, with many fictional DID sufferers being female. Indeed, the most well-known early examples I have already cited, *Sybil* and *The Three Faces of Eve*, both feature female characters with DID, while many of my contemporary examples also feature female main characters: Tara in *United States of Tara* (2009-2011), Penny in *Set This House In Order* (2003), and Echo in *Dollhouse* (2009-2010). This is indicative of the fact that trauma is often the cause of DID in these fictional examples and the perception that sexual abuse and rape is a traumatic event that most often happens to women in Western society and therefore also in its fiction and popular culture. In contrast, the contemporary stereotypical ‘male’ trauma is often that of the traumatised soldier, and fictional texts featuring these types of characters often feature Post-Traumatic Stress Disorder rather than DID.⁶ It is important to note here that, in fictional texts at least, trauma seems split along gendered lines: men are seemingly more likely to experience trauma related to their experiences in wars and so develop PTSD, while women are more likely to experience forms of interpersonal violence such as rape and physical abuse and so develop DID.

However, this difference does not seem to be supported by the psychological literature. The latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* was published in 2013. This edition includes numerous revisions to various diagnostic criteria and classifications—including changes to the diagnostic criteria for DID which I will go on to discuss—but also adds separate sections to the discussion of each condition including ‘Culture-related Diagnostic Issues’ and

⁶ I discuss some of these stereotypes in more detail in Chapter 3.

‘Gender-related Diagnostic Issues.’ These two areas have been separated out from the small section titled ‘Specific Culture, Age, and Gender Features’ in *DSM-IV*. Under the entry for DID in *DSM-V*, gender-related diagnostic issues include:

Females with dissociative identity disorder predominate in adult clinical settings but not in child clinical settings. Adult males with dissociative identity disorder may deny their symptoms and trauma histories, and this can lead to elevated rates of false negative diagnosis. (295)

This confirms that though the disorder does not necessarily have a higher prevalence among women as was suggested in *DSM-IV*, Haddock’s suggestion that “women are more likely to seek treatment” is correct (Haddock: xvi). Indeed, *DSM-V* states that in one small U.S. community study the prevalence of the disorder was 1.5%, which broke down to “1.6% for males and 1.4% for females” (294). In this study then, there was a slightly higher prevalence in men, than women. While this is a very small difference, it would not have been included in such a widely-used and authoritative book as the *DSM* without the authors having faith in the study’s methods, or finding its results worthy of inclusion. Even if we believe the difference between genders is so small as to be negligible, it is still worth noting that this means that the prevalence across genders is the same, despite what fictional texts or more widely held views in popular culture suggest.

DSM-V also suggests that there can be differences in the presentation of DID according to gender, such that:

Females with dissociative identity disorder present more frequently with acute dissociative states (e.g., flashbacks, amnesia, fugue, functional neurological [conversion] symptoms, hallucinations, self-mutilation). Males commonly exhibit more criminal or violent behaviour than females; among males, common triggers of

acute dissociative states include combat, prison conditions, and physical or sexual assaults. (295)

This suggests that there can be differences in the way men and women experience the same condition. Indeed, the list of symptoms women more frequently present with could be said to account for the high rate of misdiagnosis noted by Haddock: these symptoms can also be present in some of the disorders that have comorbidity with DID such as PTSD, Borderline Personality Disorder, conversion disorder and depressive disorders. Both *DSM-V* and Haddock note that patients are often treated for these conditions rather than DID with “limited overall treatment response and resultant demoralization” (*DSM-V*: 297). It is also significant to note here that *DSM-V* suggests men with DID commonly exhibit more criminal or violent behaviour than women. Amongst fictional texts, we can point to *Fight Club* and Tyler Durden’s hyper-masculine, violent nature as an example of this. In the real world, since Billy Milligan’s successful use of DID as a legal defence, there have been many examples of men attempting to plead not guilty to violent crimes by reason of insanity (due to DID) such as *State v Darnall* (1980; murder), *State v Jones* (1988; murder), *State v Greene* (1998; murder), and *State v Lockhart* (2000; sexual assault).⁷ In all of these cases, the defence was unsuccessful, perhaps due to an increasing scepticism amongst the public—who make up the jury—when faced with a psychological condition that is very difficult to verify scientifically.

While looking at issues facing men with DID, it is also important to recognise that combat is specifically mentioned here as a trigger for acute dissociation in men. This should come as no surprise, and yet the layperson’s view is that traumatic experience in combat usually leads to PTSD amongst veterans rather than DID. This is certainly the case in fictional representations of modern warfare and combat veterans, with men suffering from DID as a result of their experiences in warfare something of a rarity. This is a good example of how a fictional representation of something can

⁷ Farrell, Helen M. “Dissociative Identity Disorder: No Excuse for Criminal Activity” *Current Psychiatry* 10.6 (2011).

become ingrained in popular consciousness. In this case, the disorder is represented in this way so often that it comes to be taken as fact by the general population. It is not uncommon for people to only know about conditions such as these through fictional representations if they have not encountered the condition in their own lives. This is why early representations of DID, so often over-sensationalised, may have had such a lasting effect on later representations in fictional texts. I will discuss these early examples in more detail in the next chapter, as well as tracing some of the more popular narrative tropes and stock characters found within them. Given the enduring popularity of some of these narrative tropes, we should consider the extent to which these fictional representations could come to affect the 'real world' such as by influencing changes in the diagnostic criteria. We know that the real world influences popular culture, but when certain stock characters or particular types of narratives come to be seen as shorthand indicators that a certain medical condition is being dealt with, the ability to read a text for these indicators is no longer limited to the fictional world. This is to say that people can take what they have learnt from fictional texts—examples of how people with these conditions behave—and then apply this to people they meet in their real lives. Some of the scepticism at the increasing rates of diagnosis of DID in America is that people (both psychologists and patients) are more aware of the condition due to fictional representations and so are more aware of the symptoms, may be taken in by them and are falsely diagnosing DID. Given the enduring popularity of some of these narrative tropes, we should therefore consider the extent to which these fictional representations could come further to affect the 'real world' by influencing changes in the diagnostic criteria, for example. This is something to bear in mind as we consider the updated diagnostic criteria in the fifth edition of the *DSM*.

Indeed, the diagnostic criteria for DID have changed significantly in *DSM-V*:

- A. Disruption of identity characterised by two or more distinct personality states, which may be described in some cultures as an experience of possession. The

disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

B. Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The disturbance is not a normal part of a broadly accepted cultural or religious practice. **Note:** In children, the symptoms are not better explained by imaginary playmates or other fantasy play.

E. The symptoms are not attributable to the physiological effects of a substance (e.g., blackouts or chaotic behaviour during alcohol intoxication) or another medical condition (e.g., complex partial seizures). (292)

As well as now having five diagnostic criteria rather than four, there have been significant changes to the criteria found in the fourth edition. To begin with, the criteria in *DSM-V* place a higher emphasis on the extent to which dissociative identity disorder causes disruption to the individual's life. Indeed, this is confirmed by the very first word of criterion A being 'disruption' and the addition of the new criterion C, explicitly stating that the condition must cause distress or impairment in areas of functioning. In the fourth edition this word was missing from all diagnostic criteria. This is suggesting, albeit subtly, that it is possible to live with DID and seek no treatment if the condition is not causing disruption to the person's life. Rather than the existence of the condition being the problem, it is now the effect the condition has on the sufferer's life that is the problem. This is particularly important when we consider fictional texts such as *Set This House in Order*, in which Andrew is perfectly happy

to coexist with all of the other personalities and has created a system that allows them all to manage the day-to-day affairs of the body. Indeed, Haddock calls this stabilising the “internal system” (128) and says it is an important first step in DID-focused therapy. After this first step, it is the DID sufferer’s choice whether or not to work towards a more formal reintegration of the alters or to work on developing an internal system that allows them to function more successfully in the world, removing the disruption that DID causes. Though Haddock’s writing predates the fifth edition of the *DSM*, it is likely that if Haddock’s ideas represent one side of a debate about DID, the fifth edition is responding to that debate and creating room for a variety of approaches to treatment.

Criterion A in the fifth edition also gives a further and clearer description of the alter personalities, mentioning changes present in the behaviour of the person when an alter is present, as well as changes in memory, perception and cognition. The fourth edition stated that alter personalities must only have their “own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self” (*DSM-IV* 499). The changes in the fifth edition account for more observable changes between the behaviour of alter personalities and the behaviour of the person suffering from DID. The fifth edition also removes the fourth edition’s criterion B, which stated that alters must recurrently take control of the person’s behaviour. This is perhaps the most significant change except for the insistence that the disorder cause disruption to the sufferer: while the criteria in the fifth edition are largely modified or rewritten versions of those in the fourth edition, this diagnostic criterion has simply been removed. It is particularly significant as this understanding of DID—two or more personalities who take control of the person—has long been considered to be the main hallmark of DID in the popular consciousness, and certainly in fiction. This again seems tailored to viewing the condition as a disorder only if it causes disruption; alters taking control of a person against their will is disruptive, whereas a functional internal system (one in which the personalities interact harmoniously in order to function successfully in the world—even if personalities must

switch who is in control to deal with certain situations) is now not necessarily a problem worthy of psychiatric help. If the internal system does not cause disruption and switching is taking place by choice, under a strict interpretation of the new diagnostic criteria it could be argued that no disorder is present. Indeed, by shifting the emphasis to the condition causing disruption and removing the need for personalities to take control of the sufferer, the fifth edition could be said to be radical. What I mean by this, is that this authoritative medical textbook only considers DID a 'disorder' if it disrupts the life of the sufferer. The presence of DID is no longer in itself cause for concern: these new diagnostic criteria now suggest that it is possible for DID to be present—for a person to have a functioning internal system of alter personalities—and for that person to be, by its own criteria, psychologically healthy because no disruption takes place. When we consider that there are those in the field of psychology who believe the condition doesn't actually exist, this is a significant departure from the position presented in the fourth edition.

The distinction between DID itself and the disruption it causes is an important one in the fifth edition. Indeed, there is another new section in *DSM-V* titled "Functional Consequences of Dissociative Identity Disorder," which states that the disruption caused by the condition can vary from relatively minor to profound. "With appropriate treatment," it continues, "many impaired individuals show marked improvement in occupational and personal functioning" (295). This section goes on to note that individuals may "only respond to treatment very slowly" and that "long-term supportive treatment may slowly increase these individuals' ability to manage their symptoms" (295-296). I find the use of the phrase 'manage their symptoms' significant here, as it continues to suggest there may be an alternative to curing the disease through reintegration therapy. This distinction becomes important when we consider the fictional texts, particularly *Set This House in Order*, in which Andrew rejects an integrative cure therapy in favour of working out a system in which the alter personalities are able to cohabit and manage the affairs of Andy Gage together. Haddock is a

supporter of this form of clinical treatment in the real world, stating that “the most important issue in any DID treatment is empowering the client to live a more integrated life, living with increased awareness and internal cooperation. That does not mean that parts have to disappear or cease to exist” (85). Haddock stresses that it is the client’s choice whether to attempt full integration or not, and some people refuse because they feel integration is “like a death” (141). This is Andrew’s justification for rejecting reintegration in *Set This House in Order*, and a point of view he expresses to Penny when she chooses to reintegrate her personalities at the end of the novel. It may be the case that Haddock’s views represent a widely held view in the field of psychology, but the fact remains that to a layperson, who may only know DID as the condition in which hostile alter personalities take control of a person and must be excised or reintegrated in order for the person to be cured—as it is most often presented in the media—the idea that someone can live with a functional internal system in which “the parts communicate, share space, and make decisions together” is quite a radical departure (Haddock: 140). Indeed, these ideas would be viewed as controversial or even extreme by those on the opposite side of the debate within the field of psychology.

Rather than simply opposing Haddock’s approach to therapy, there are those who believe the condition does not actually exist. This debate centres on what it is that causes DID, with one side arguing that it is a result of trauma, most often experienced in childhood, while the other argues that the condition is iatrogenic, and caused in susceptible patients by over-zealous therapists. Neither the fourth or fifth editions of the *DSM* offer a definitive explanation for what causes DID: the fifth edition states that the disorder is “associated with overwhelming experiences, traumatic events and/or abuse occurring in childhood” (*DSM-IV*: 294) while the fourth refers to trauma as an “associated descriptive feature” (*DSM-IV*: 497). Note that neither state that the disorder is directly *caused* by traumatic events and experiences, merely that it is ‘associated’ with them. In refusing to state that

the condition is definitively caused by trauma, both editions have allowed the debate to continue and acknowledge the differences of opinion within the field.

For those who believe DID is caused by childhood trauma, the disorder occurs following “exposure to situations of extreme ambivalence and abuse in early childhood that are coped with by an elaborate form of denial so that the child believes the event to be happening to someone else (perhaps starting out as an imaginary companion)” (Gillig: 25). Dissociation is a mechanism which allows the child to cope with the trauma they are faced with by giving up control to an alter personality better suited to the situation. This means that, “like other coping mechanisms, dissociation can be protective” (McAllister: 25). Haddock supports this view, calling DID “life saving” and stating that it is “about survival” in the introduction to her book on the subject (Haddock: xvii). Indeed, Haddock classifies the disorder as a kind of “adaptive functioning” (32) which occurs when people are exposed to a series of long-term traumas. This use of language could give the impression that Haddock thinks DID could be classed as a ‘positive’ thing, but this is not the case. Instead, she believes that DID has an important function to play, but that it should be treated because people continue to live and function in this adapted state once the danger or trauma has passed, and this can negatively affect their daily lives. While she may believe the condition has a very real, ‘life saving’ function to fulfil during the trauma, she believes that patients must be given the tools to return to what we would think of as a ‘normal’ (reintegrated) style of functioning in order to carry on with their lives. Indeed, most critics who believe that the disorder is caused by trauma would argue that this is the ultimate goal of treatment, whether the aim is for a more traditional reintegrative approach or Haddock’s more radical ideas around finding a way for the internal system to function and remove the disruption and negative consequences of DID from the sufferer’s life. The reintegration approach is supported by the International Study of Dissociation (ISSD), which “recommends that treatment should move the patient towards a sense of integrated functioning” (McAllister: 30). It is also more

generally perceived to be the way to treat DID by laypeople, and in popular culture and media representations. Among the fictional texts that I will discuss in this thesis, reintegration is suggested to Tara as a cure throughout *United States of Tara*, and is what Penny chooses to undergo when she enters treatment in *Set This House in Order*, despite Andrew's misgivings.

While the view that DID is caused by trauma represents one side of the debate surrounding the validity of dissociative identity disorder, there are also those who argue that the disorder does not exist at all, or that it is a subtype or more severe version of existing conditions. In this way of thinking, the two conditions it has most commonly been associated with are Borderline Personality Disorder and Post-Traumatic Stress Disorder. In a 1984 article, Horevitz and Braun found that 70% of patients who had been diagnosed with multiple personalities could also meet the criteria for BPD. While they did not believe this meant DID was not a distinct entity as some 30% of patients did not meet the criteria for an alternative diagnosis, they did believe this to mean that DID was over diagnosed. This link was examined again in 1986, when Coons and Sterne reported that they believed DID was a syndrome that occurred in people with personality disorders, particularly Borderline Personality Disorder. A syndrome is a group of symptoms which consistently occur together, whereas a disorder is something which impairs normal functioning, so Coons and Sterne are arguing that DID is a collection of symptoms often found within those who already suffer from a disorder which impairs their functioning (in this case BPD) rather than a disorder itself. Indeed, they argued that BPD and DID were on the same character disorder spectrum, with DID being a more severe form of BPD. Lauer, Black and Keen concluded much the same in 1993, arguing that DID was an epiphenomenon—a secondary effect or by-product—of BPD which shared many of the same symptoms. In her 2009 overview of DID literature, Gillig states that “[Lauer, Black and Keen] concluded that DID had ‘no unique clinical picture, no reliable laboratory tests, could not be successfully delimited from other disorders, [and] had no unique natural history and no familial pattern’” (Gillig: 25). It is this inability to

differentiate the symptoms from those of other conditions that has contributed to the scepticism surrounding the disorder. Due to the similar symptoms found in those with DID and BPD, and the theory that DID is linked to and caused by traumatic experiences, the condition has also been extensively compared to PTSD in psychological writing. In 1992, Herman suggested that DID could be a disorder of extreme stress or a complex form of PTSD with others such as Gelinat suggesting DID patients could exhibit PTSD symptoms as a response to the trauma they had faced in the past such as sexual and physical abuse in childhood. Spiegel and Rosenfeld also discussed the links between the two conditions, suggesting that PTSD symptoms related to trauma were central to DID.

As well as those who express doubt over DID as a distinct condition, there are those who believe DID to be caused in vulnerable patients by therapists. This argument states that DID has no legitimate cause and is instead iatrogenic. McAllister explains it thus: "Because society, including therapists, is now more willing to hear victims' stories and to believe them, therapists have been accused of 'creating' DID by encouraging their patients to see themselves as having many parts, or as having inner children" (27). In this view, vulnerable patients entering therapy are seen as more susceptible to suggestion and so try to please their therapists by confirming that they do indeed have different 'parts' or personalities. They begin to perform symptoms and come to believe they have them, encouraged by their therapist's pleasure at the apparent success the patient is having in coming to terms with their condition. The two feed each other, such that the therapist's treatment of the patient causes the patient to continue to perform the role and symptoms the therapist expects.

Those who believe this view are usually also sceptical of the validity of the condition as a unique and distinct disorder. This scepticism arises from the fact that treatment of DID deals with re-experiencing and coming to accept memories of trauma experienced by the patient in the past. The validity of these memories has been questioned by critics, who ask how adult patients can remember things that happened to them as young children, particularly when it is claimed these memories have

been repressed for many years. Once again, there are concerns that patients could be inventing traumatic memories in a bid to please therapists, but also that there is often no way for a therapist to corroborate many of these memories and so they may be unknowingly encouraging a patient to lie and 'perform' the symptoms of DID. This means that the general "trustworthiness of childhood memories of abuse is questioned" in a clinical setting as well as in research about DID (McAllister: 28).

In their two-part article "The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder" (2004), Piper and Merskey argue that the lack of evidence of trauma is the biggest indication that the condition does not exist. They argue that much of the DID literature which supports the existence of, and influences treatment of, the disorder is based on studies with methodological problems. They state that "participants' self-reports were highly likely to contain exaggerations, distortions and confabulations" and question why the term 'sexual abuse' is rarely concretely defined (595). In their view, if an argument is being made that childhood sexual and physical abuse is the cause of the condition, "one needs to know exactly what happened to the child" as the 'vague' use of terms like 'sexual abuse' or 'trauma' limits the terms' scientific value (593). They give the example of one study which states that sexual abuse is any sexual contact between a girl under the age of 15 years and someone at least 5 years older (Piper and Merskey: 593). Piper and Merskey then state: "The authors apparently do not consider whether the young woman desired, initiated, or willingly participated in the activity or whether she actually found it traumatic" (593). This could be considered problematic for the following reasons. Firstly, Piper and Merskey refer to this fictional trauma sufferer as a 'young woman' which is clear misrepresentation. In most of the Western world, a girl under the age of 15 would be (legally) classed as a child, so the use of the term 'young woman' is rather disingenuous. Furthermore, this could be considered an instance of what feminists call 'rape culture' in that it seems designed to hint at the idea that the girl should take some responsibility for her abuse. Piper and Merskey's comments both sexualise a female child, and

suggest the girl could have “desired [or] initiated” the contact herself. The fact remains that sexual contact between a girl under the age of 15 and an older man or woman is statutory rape in most Western countries; legally the girl described in this scenario is not able to consent to any sexual activity. Indeed, in the very next sentence, Piper and Merskey add that “conversely, the term sexual abuse is also applied to children much more severely victimised” (594), as though the girl in the scenario they describe has not really been victimised at all. This is misrepresenting the issue at hand in an attempt to cast doubt on DID’s validity.

After questioning the use of the term ‘abuse’, Piper and Merskey go on to place the burden of proof on the victim:

Some kinds of evidence will obviously carry more weight than others. Written confessions by perpetrators would be valuable, if not obtained under severe stress and high social pressure. Also quite significant would be photographs, diaries written by perpetrators detailing specific acts at the time of the act, and contemporary eyewitness accounts from unimpeachable sources. (594).

This statement is equally problematic from a feminist point of view. As we have already seen, the typical DID patient is a woman. DID is caused by or associated with sexual abuse or trauma and so once again this has to be placed into context alongside feminist work on rape and sexual violence. Whether knowingly or unknowingly, Piper and Merskey are subscribing to the belief that women cannot always be trusted when they claim they have been raped or sexually assaulted, and should therefore not always be believed. The inference seems to be that a confession from a (male) abuser would hold more weight than the female DID sufferer’s statement. In this case, some of the concern also arises from scepticism of recovered repressed memories as I have already discussed above, but nevertheless, Piper and Merskey are suggesting that female rape victims are (seemingly) untrustworthy in an attempt to discount the validity of a psychological disorder. It is easy to view

their criticism through a feminist lens and question what it is about this particular topic that makes Piper and Merskey question the (female) patient's statement. It is a question to which they never give a satisfactory answer.

Piper and Merskey also point to Child Protective Services records as an example of evidence that would prove abuse, as though these records always accurately record every instance of abuse that occurs in the United States. Unfortunately, we know that this is not always the case and that there are many children who escape the attention of agencies designed to help them. They also question why it is that DID is most often diagnosed in later life, as it should presumably be visible in abused children if this trauma is the cause of DID. One reason for the lack of children seeking treatment for DID could be that a child would have to rely on their parents to facilitate any professional medical care; if a child's parents are abusing them, there seems little chance those same parents would take a child to a psychologist, or indeed take the chance of putting the child in front of a medical professional who may spot signs of abuse. Furthermore, the presence of alter personalities in children could be attributed to play or an imaginary friend; if the parents are not the perpetrators of abuse, they may not be able to distinguish signs of DID from 'normal' childhood behaviour. As I discussed earlier in the chapter, this is explicitly mentioned in the diagnostic criteria for DID in *DSM-V* (criterion D): it presumably takes the trained eye of a professional to be able to distinguish this play behaviour from the presence of alters. Parents may not be adequately equipped to make this judgement and so would not believe anything was wrong or seek medical help.

Much of the scepticism surrounding DID comes from the idea that patients may be malingering or feigning symptoms and we can see this concern in Piper and Merskey's work, though they express it in problematic ways. For those who doubt the condition exists, the fear of malingering or feigned symptoms is linked to many different things. One, as we have seen, is the concern over memory recovery work, and the extent to which patients are playing a part, or inventing false

memories, to please their therapists. However, there is also a concern that the increased appearance of DID in the media—where it is often sensationalised, particularly in media reporting of real-life cases, such as people with DID appearing on talk shows—and the resulting increased awareness of the condition has raised the chances of patients claiming to have the condition in a sort of “copycat phenomenon” (McAllister: 28). Indeed, DID has come to be seen by critics as “fashionable and related to psychiatric fads” and the increase in diagnoses seems to confirm these fears (Traub: 347). Those who view DID as a psychiatric ‘fad’ point to its over-diagnosis in the United States, in particular, as evidence. As a result of this, DID has been called ‘culture-bound’. This phrase, originally used by medical anthropologists, refers to symptoms which are only considered to be a recognisable disease within a specific society or culture. There is a list of such ‘culture-bound’ conditions in Appendix I of *DSM-IV*. Its use to describe DID by psychologists who believe the condition is iatrogenic or a product of the medicalisation of mental health in American society therefore carries negative connotations. Its use once again casts doubts on the validity of DID and whether or not the disorder is ‘real’ or a fiction perpetuated by the American medical system.

Proponents of the view that DID is culture-bound ask what is about the American experience that allows people to make this connection, and why it is that most of the literature available on DID comes from the U.S. It has been suggested that life is more traumatic in the U.S. or that child abuse is more common, or that the type of media coverage the condition receives in America—in particular, on talk shows—has led to the condition becoming ingrained in the popular consciousness and therefore the subject of ‘copycats’ who feign symptoms.⁸ It has also been suggested that DID seems to appear more frequently in the U.S. due to a medicalised culture in which behaviour is increasingly viewed as pathological, and the subject of psychiatric diagnosis.

⁸ McAllister, M. M. ‘Dissociative Identity Disorder: A Literature Review.’ *Journal of Psychiatric and Mental Health Nursing* 7 (2002):25-33.

Kutchins and Kirk in particular are sceptical of the *DSM*'s role in this culture, and its overuse as a diagnostic aid. The *DSM*, they state, "is at the core of so many controversies not only because it attempts to construct diagnostic categories out of everyday behaviours but also because it has grown to encompass more and more behaviours that are less and less abnormal" (240). Kutchins and Kirk note that the *DSM* does not offer any suggestions for how to treat the conditions it lists. Instead, it is increasingly used in the field of psychology to enable the reimbursement of therapists and other professionals through patients' health care insurance. Kutchins and Kirk see the *DSM* as part of the larger, capitalist-driven medical establishment in the U.S., one that is not interested in the betterment of patients but in the betterment of therapists and pharmaceutical companies. The disorders listed in the *DSM* enable the easy prescription of drugs, and the easy completion of insurance forms, and even the book itself is a way to make money: "in its first 10 months, the *DSM-IV* alone is reported to have brought in \$18 million" (Kutchins and Kirk: 247). This is a slightly different interpretation of the term 'culture-bound' but it is nevertheless an important one. Rather than arguing that it is something about American life which causes people to have mental disorders—to dissociate, for example—Kutchins and Kirk instead argue that it is the American health care system which has a vested interest in perpetuating the idea that the incidence of mental disorder is particularly high in the U.S.: "*DSM* is used to directly affect national health policy and priorities by inflating the proportion of the population that is defined as 'mentally disordered'" (243). Indeed, they argue that the *DSM* has come to be seen as the definitive sourcebook of medical knowledge and is now used throughout America by a number of different groups and agencies:

Its approach and definitions are required for those seeking research funding from the National Institute of Mental Health or writing textbooks about abnormal behaviour. It is used in schools, prisons, welfare offices, and other social agencies grasping for

labels and rationales. And, of course, it is on the desks of almost all mental health clinicians. (Kutchins and Kirk: 247).

What this means is that rather than American culture producing people who are disordered, people and their behaviour are increasingly medicalised by the American health care system which seeks to perpetuate the idea that there is a high incidence of mental health problems in order to make money. It is this aspect of American culture that 'causes' mental health disorders. While they stop short of saying that all mental disorders found in the *DSM* are invented by psychologists, they do question how the diagnostic criteria for some disorders in particular can be distinguished from behaviours and feelings "that are rather ubiquitous, for example, depressed mood, insomnia, inflated or deflated self-esteem, fears, anxiety" (252). In their opinion, the *DSM* does not offer enough information successfully to make this distinction and therefore fails as a diagnostic aid.

For Kutchins and Kirk this widespread use of and reliance on the *DSM* is problematic because of the way that the *DSM* is constructed: conditions are added and taken away, and the text contains gendered and racial biases. Kutchins and Kirk use the examples of homosexuality being removed from the *DSM* and PTSD being added to the *DSM*, both of which followed periods of prolonged activism from gay people and veterans respectively. The *DSM* is subject to external pressures and politics, as these examples show, and Kutchins and Kirk find this problematic because it cuts to the heart of their main criticism of the *DSM*: that there is no definition of what exactly constitutes a mental illness. There is no defined process by which behaviours come to be viewed as a disorder (or no longer considered a disorder) and this means that something that has at one time been viewed as 'normal' might be redefined and added to the *DSM* for reasons which are culturally or politically determined and which might have the effect of ostracising or punishing people who exhibit those behaviours. Indeed, Kutchins and Kirk describe the treatment of a proposal to add a disorder to the *DSM* which would have dealt with "the question of whether the role or behaviour of powerful men could possibly

be evidence of mental disorder” (Kutchins and Kirk: 241) and contrast this with the way that borderline personality disorder has come to be used in relation to women. In the first instance, the proposal to add ‘Delusional Dominating Personality Disorder’ to the *DSM* was rejected “quickly and quietly, under the dominance of the male psychiatric establishment” (241) as this aspect of male behaviour was not viewed as pathological, and there were no organised activists who exerted political and social pressure to have it added to the *DSM*. In contrast to this, BPD, now enshrined in the *DSM* as a mental disorder (which particularly afflicts women), had been used by “a well-respected psychiatrist [...] to explain how patients induce the sexual misbehaviour of their therapists” (242). For Kutchins and Kirk this is an example of men in a position of power, in this case psychologists, exploiting and abusing vulnerable women and pushing the blame for these actions on to the women themselves. The diagnosis of BPD, which the psychiatrists themselves assign, allows psychiatrists to cast doubt on the competence of the (female) BPD sufferer and their version of events. This example shows an obvious gender bias in that a condition which would largely affect men is rejected as the (male) developers of the *DSM* do not view this behaviour as ‘abnormal’, though feminists would argue that it is, at the very least, problematic. In contrast to this, BPD has a history of being used as a way to dismiss women’s problems by attributing them to a disorder.⁹ Though Kutchins and Kirk do not go as far as to say the (male) gatekeepers who work on the *DSM* are knowingly inserting these gender biases into the text, one cannot ignore that gender bias plays a role in its construction.

It is important to be aware of the cultural biases present in the *DSM*, such as the gendered ones I have mentioned throughout this chapter. These aspects of the *DSM* and its construction—the political and social pressures on the American Psychiatric Association to add or remove certain

⁹ Susanna Kaysen’s memoir *Girl Interrupted* is the classic example of this. She was diagnosed with BPD by a therapist she only saw once, and was sent to a mental institute to ‘recover.’ Kaysen does not dismiss the fact she had real problems at that point in her life, but questions the medical establishment and the way that her case was handled, particularly because she was a woman. In many ways, her behaviour did not fit into what was believed to be acceptable for a woman at that time, and so she believes her diagnosis was an attempt at controlling her, as therapy was designed to curb these behaviours.

conditions, the biases that find their way into the *DSM* from those who create and verify the content—mean that the *DSM* is not the objective, authoritative sourcebook that it has sometimes been viewed as. Indeed, we have seen this throughout this chapter, as I have outlined the arguments of those who disagree with the diagnostic criteria set out in the *DSM* for DID, or even disagree that it should be included at all. We should therefore not point to the *DSM* as a definitive source that confirms DID exists, or believe it to be representative of the views of all in the field of psychology. Equally, we cannot point to the counter-arguments provided by psychologists who believe the condition does not exist as definitive proof of their view either. It is certainly not the purpose of this thesis to support any particular claim about the nature of DID as an actual clinical condition, not least because this is a work of literary scholarship and not of psychology. From the overview I have provided in this chapter, it is clear to me that problems can be found on both sides of the debate, and that holes can be found in both sides of the argument. Indeed, for those I have mentioned who specifically believe the condition does not exist or is a subtype of another condition there are just as many who do believe the condition is a valid diagnosis: Kluft, Traub and McAllister have all written on the subject and attempted to counter the counter-arguments, supporting the validity of DID. DID will continue to be a controversial diagnosis, but this diagnostic problem is not one I wish to be at the forefront of this thesis. While it is important to have knowledge of these debates in order to assess how real-world knowledge of DID interacts with fictional representation, this thesis is ultimately more interested in studying fictional representations of the disorder, and the use to which authors put the disorder in their fiction.

To that end, this thesis will examine representations of dissociative identity disorder in contemporary fiction since 1994, the year in which DID first appeared in *DSM-IV*, with a particular focus on the following texts: the novels *Set This House in Order* and *Fight Club*, and the television shows *United States of Tara* and *Dollhouse*. While the information outlined in this chapter will allow

me to contextualise some of the narratives and character types found within fictional DID texts, it is not important for me to attempt to prove that DID does or does not exist in the real world. I will instead be assessing the way in which the discourse of DID surfaces and is represented in these texts. Chapter 2 will begin to examine these fictional texts, as well as representations of syndromes and disorders found within the *DSM* more widely, and seek to historicise contemporary (fictional) representations of DID by examining some of the early, seminal DID texts including *Sybil*, *The Minds of Billy Milligan* and *The Three Faces of Eve*.

Chapter 2

Dissociative Identity Disorder: Fictional Representations

This chapter examines classic representations of dissociative identity disorder, beginning with early texts such as *The Three Faces of Eve* (1957), *Sybil* (1973), and *The Minds of Billy Milligan* (1981). It then moves on to examine later DID texts, and the trends, narrative stereotypes, and stock figures found within them. In doing so, I historicise the representation of dissociative identity disorder, and demonstrate how the contemporary texts I examine in this thesis build on those that came before. To that end, I begin by examining the three earlier texts already mentioned, all of which are based on real-life cases of DID and went on to become extremely popular and inform general attitudes towards and knowledge of DID in laypeople. These texts are seminal ones for DID representation, and many of the themes found in later texts have their roots here. Specific areas I examine in these texts include the representation of the condition itself, including how alters are presented and how symptoms are presented; how psychologists feature in the texts, both in their attitudes towards the condition and their treatment of it; the way texts engage with trauma and the notion that trauma causes DID; and how the texts construct the ‘real’ in writing about real-life people with DID. From here, I examine what happened next for DID representation, looking at such trends as that of thrillers and horror films using characters with DID as villains or serial killers, as well as the ‘evil twin’ often found in science fiction, against the background of the popularity of contemporary fiction which deals with mental illness, disorders and syndromes. The chapter concludes by tracing these trends through to the selection of contemporary DID texts I examine in the central chapters of this thesis, highlighting some of the similarities and differences found within them when compared to the early DID texts. I demonstrate the case for studying these texts now, and the extent to which these texts interact with modern debates around identity, society, and normativity.

To begin with then, a brief overview of the early texts. *The Three Faces of Eve*, *Sybil*, and *The Minds of Billy Milligan* are all based on real-life cases of people with what would now be called dissociative identity disorder but was then known as multiple personality disorder. *The Three Faces of Eve* is written by psychiatrists Corbett H. Thigpen and Harvey M. Cleckley about their treatment of a woman they call “Eve White,” who came to them suffering from headaches and blackouts and was eventually discovered to have a further two personalities: Eve Black and Jane. Eve White is timid and does not know about the existence of her other personalities, while Eve Black is wild, reckless and knows she is an alter personality. The Jane personality falls somewhere between the two, and it is she who is gradually able to remember everything that has happened to all three personalities. During the course of the treatment, Eve remembers a traumatic event from her childhood that caused her to split into multiple personalities and the book ends with the reintegration and the re-emergence of a singular self. *Sybil* is written by Flora Rheta Schreiber, a former psychology editor for *Science Digest*, who was introduced to the real-life ‘Sybil’ by Sybil’s psychologist, Dr. Cornelia Wilbur, because Wilbur thought Schreiber might like to write about the case. The book follows Sybil’s treatment by Wilbur, and the gradual discovery of fifteen alter personalities through therapy. The book details Sybil’s past (as told to Schreiber and Wilbur by Sybil’s alter personalities), and the physical and sexual abuse Sybil suffered at the hands of her mother, who Wilbur believes to be schizophrenic, which caused Sybil to split into a multiple personality. Wilbur was the first psychoanalyst to treat a person who had been diagnosed with DID, and the book covers the treatment plan Wilbur creates and uses, which culminates in Sybil reintegrating all of her alter personalities and becoming singular again. *The Minds of Billy Milligan* is the biography of Billy Milligan, the first person in the United States to be found not guilty by reason of insanity due to his multiple personalities. It is written by Daniel Keyes, who is well known for writing the science fiction short story *Flowers for Algernon* (1959), later turned into a novel of the same name (1966). Keyes met Milligan (and many of his 23 alter personalities) on several

occasions and interviewed 62 other people who met Milligan during his life (Keyes: v). The novel covers the time period from Milligan's arrest for the rapes and robberies of three women on a university campus in 1977 and the legal proceedings that followed, culminating in his being sent to a series of state-run mental hospitals in Ohio following his diagnosis with DID and the subsequent not-guilty verdict. The middle section of the book recounts Milligan's early life, told to Keyes by The Teacher, a fusion of all Milligan's alter personalities who remembers everything that has ever happened to Milligan, no matter which alter was in control, and who emerges during the most successful period of Milligan's treatment. The Teacher tells Keyes that Milligan was abused by his stepfather when he was younger, and though we might assume this was the cause of Milligan's DID, it is suggested that Milligan already had some of his alter personalities before this happened. Unlike *Sybil* and *The Three Faces of Eve*, Milligan is never 'cured' of his disorder and is not reintegrated by the end of the text.

As these brief summaries suggest, there are several similarities not only between these texts and those (fictional texts) that came later, but also between these texts and the descriptions of the disorder found within medical discourse. These include the representation of the disorder (patients not knowing they have DID, 'losing time' and suffering amnesia, alters being disruptive and taking control from the 'original' or host personality, alters with a different gender identity than that of the host), the links between trauma and dissociation, the way that the characters are treated by psychologists, and the attempt to 'cure' the patients through reintegration therapy. Indeed, these were established as areas of interest in fictional representations of DID and became something of a blueprint for later texts, and many of the events, descriptions of the disorder, and representations of treatment and psychology can be found in the contemporary novels and films I examine later in the thesis. There are a number of points of connection between the texts which become obvious once pointed out. In all three books, none of the patients initially know they have DID. *Sybil* and *Eve* see

psychologists for different concerns (headaches, amnesia, blackouts, 'losing time') and their DID is discovered in therapy sessions when alters attend instead of the 'original' personality. Sybil and Milligan both have personalities who are able to handle certain situations and take control when the 'original' personality is having difficulty dealing with the situations they find themselves in. All three patients have traumatic events in their past which are speculated to have caused them to dissociate. The traumatic event in Milligan and Sybil's past is physical and sexual abuse by family members. And finally, for all three patients the psychologists treating them view reintegration as the long-term goal of treatment.

As the review of critical literature available on DID in Chapter 1 demonstrated, many of these things may seem obvious and fit in with what we have already read about the disorder. Psychology literature frequently describes patients who don't know they're multiple until treatment, who lose time and suffer from amnesia, while trauma is frequently cited as the cause of the disorder (though not without controversy, as discussed earlier.) But these texts were written at a time when the bulk of this literature did not exist. There was no body of work available on DID, and there had been no in-depth studies of the condition. It is perhaps an exaggeration to say that these texts were written in a complete vacuum, as there were a few documented cases of 'multiple personalities' as noted in *Sybil*: "Now, however, as [Wilbur] read into the night, the names Mary Reynolds, Mamie, Felida X, Louis Vine, Ansel Bourne, Miss Smith, Mrs. Smead, Silas Prong, Doris Fisher, and Christine Beauchamp became known to the doctor. These were the people with multiple personalities whom medical history had recorded: seven women and three men. The newly reported case of Eve made it eight women, and Eve was the only multiple personality known to be alive" (Schreiber: 102).

The relative scarcity of literature on the disorder (both fiction and non-fiction) is what helped these texts capture the public's imagination, and we can learn a great deal from how these works were positioned within the cultural marketplace. While *Sybil* and *Eve* are, on the surface, narratively

conventional—ill person is diagnosed with a mental disorder, receives treatment and is cured—it is the rarity and exotic nature of the disease itself that sets these texts apart. The sensational lives of Eve, Sybil and Milligan are presented as something odd and shocking, with the implicit promise that the reader will gain pleasure by reading about an experience so alien to their own. All DID texts hold this promise to the reader, including the contemporary ones I will discuss later, but it originates here despite the seriousness with which the authors write about the condition and patients. Tonally, the books seek to be objective, and facts are relayed journalistically, with forewords at the beginning explaining the extensive research done by each author prior to writing. Despite this, the nature of the condition sets the disorder apart as something unusual. Sybil is the *first* DID sufferer ever to be psychoanalysed, while Milligan is the *first* DID sufferer ever found not guilty by reason of insanity due to the condition. The very nature of these stories makes them new and exciting, and the way their publishers played on and encouraged these expectations led, in part, to their success. The back cover of my 2009 edition of *Sybil* claims that the book “riveted the consciousness of the world” while the front cover exclaims “the #1 bestseller – over 6 million copies in print!” The front cover of my 1995 reissue of *The Minds of Billy Milligan* features a quotation from Flora Rheta Schreiber—“author of *Sybil*”—above even the title of the book. These intertextual links between the books highlight the extent to which they used each other’s reputations to build their own, and the extent to which they should be viewed as a subgenre of (non-)fiction and examined together. These intertextual links do not exist only on the book covers: Wilbur examines Billy Milligan and confirms his diagnosis and consults with Milligan’s psychologists about his treatment; in *Sybil*, Wilbur tries to find a copy of Thigpen and Cleckley’s original journal article¹⁰ about Eve but it is not yet available. Even the film adaptations of these texts encourage the viewer to relate them to each other: in *The Three Faces of Eve* (1957) the role of Eve is played by Joanne Woodward; in the 1976 version of *Sybil*, Woodward

¹⁰ Corbett H. Thigpen and Hervey M. Cleckley. “A Case of Multiple Personality” *The Journal of Abnormal and Social Psychology* 49.1 (1954): 135-151.

plays Wilbur. If we accept the psychology literature available on DID as a collective, a group of works that must be studied in relation to each other, then so too must we view these texts. It is not one of these texts which established so much of the way DID was viewed and represented in popular culture, but all of them together. My analysis therefore addresses these texts together, rather than examining each one in turn.

I begin, then, with a discussion of the way the disorder functions in the texts. In the previous chapter, I outlined the view held by some psychologists that DID is a form of 'adaptive functioning' in which a person dissociates in order to cope with trauma, and though this may have not been clearly articulated in work on the disorder available at the time, all of the texts retrospectively fit this way of understanding the disorder. This is clearly the case in *Sybil* and *The Minds of Billy Milligan*. In both texts, Milligan and Sybil are survivors of childhood abuse: Milligan was physically and sexually abused by his stepfather, while Sybil was physically and sexually abused by her mother. In both cases, the child learnt to dissociate and 'go away' while these events were happening to them, which eventually led to the creation of their alter personalities. In Milligan's case, it led to the creation of a specific personality who became the 'keeper of pain': the alter David remains a child even as Milligan grows up, and his job is to take control whenever Milligan (or an alter) is in pain or frightened, to stop the other alters and Milligan himself from feeling it. Indeed, Milligan's personalities have the clearest system of roles and responsibilities in these texts: he has two personalities, Arthur and Ragen, who set the rules within the system and have ultimate responsibility over the other alters. They are the only two capable of designating another alter as 'undesirable' and banishing them from 'taking the spot', their term for being able to take control of the body. Arthur is in charge except for when Milligan is in prison or in mental hospitals, termed 'dangerous situations' by Arthur and Ragen, when Ragen takes control. This plays to their strengths: Arthur is an intellectual, able quickly and logically to assess situations they find themselves in and determine what they should do. Ragen is 'the keeper of

hate', a fighter, and protector of the other personalities and the body. He takes control in dangerous situations, where his fighting skills are of more use than Arthur's intellect. Each of Milligan's main ten personalities have specific skills that are called upon in various circumstances. In addition to Arthur and Ragen taking control depending on the situation, Allen is a con man and a manipulator, so he most often takes control when Milligan has to communicate with outside people, while Tommy is an escape artist (skills he learnt to escape the abuses of Milligan's stepfather, who often left Milligan tied or locked up) and takes control when Milligan is in prison or the hospital and uses his skills to get out of handcuffs and straitjackets.

While Milligan's alters are the clearest example of a system in which each alter has a different role and responsibility, we also see this to a lesser extent in *Sybil*. Here, certain personalities are more adept at handling certain situations, or take over when they feel their skills will be more useful: Peggy Lou feels all the anger Sybil cannot, so she stands up to people; Peggy Ann is more fearful than Peggy Lou, so she runs away and removes Sybil from potentially harmful situations; Victoria is better at handling social situations so she makes and maintains friendships; Mike and Sid are carpenters and handymen, so they fix things around the house. Even Eve Black acts out the desires that Eve White cannot in *The Three Faces of Eve*, though she does not take control in a way designed to help the 'original' personality. The idea that alters function in this way—with specific roles—is one commonly found in fictional representations, perhaps as a result of the lasting influence of *Sybil*. We see it in particular in *Set This House In Order*, and to some extent in *The United States of Tara* and *Fight Club*, while it is reason for the existence and function of the dolls in *Dollhouse*: that by implanting new personalities in them they will be able to fulfil specific roles.

There are exceptions to this, of course. The characters are, after all, disordered, and the cathartic narrative the texts pursue would not be served by a perfectly functioning internal system of alters. We see this in Milligan's 'undesirables' who were banished by Arthur and/or Ragen because of

the way they behaved when they took control (usually committing crimes or getting Milligan into trouble as a result of their actions). He also has personalities capable of 'stealing time' from the others: most noticeably Adalana, the lesbian personality who stole time from Ragen and raped the three women he was robbing, the crimes for which Milligan was arrested. He also experiences a number of "mix up times" (Keyes: 218) during which the system ceases to function, and Arthur and Ragen are unable to exert their influence over the other personalities. These usually happen when Milligan experiences a setback in his treatment, or when he is moved to facilities under the care of doctors who do not believe in dissociative identity disorder and discontinue his treatment altogether. In *The Three Faces of Eve*, Eve Black is an obvious negative influence on Eve's life, taking control and frequently getting her into trouble. In *Sybil*, Sybil frequently switches between alters and then finds herself in unfamiliar situations, unable to recall how she got there. There are a number of examples of this in *Sybil*, most notably when Sybil 'wakes up' in the fifth grade classroom unable to remember anything since she was in the third grade, or when the Peggys take Sybil from university to Philadelphia without Sybil's knowledge (Schreiber: 3). This is clearly not a successful form of adaptive functioning. DID is understood to be a disorder that should be treated in these texts because Sybil, Eve and Milligan continue to function in this way once the danger (caused by the trauma in their pasts) has passed, and this form of functioning now causes them problems and prevents them from going about their lives. This fits Haddock's analysis that while dissociation can be 'useful' to some extent while trauma is ongoing, it should still be treated once the patient is no longer living under traumatic conditions because it prevents them from continuing their lives (Haddock: 54).

Indeed, it is these problems that first send them to psychologists for treatment. Eve seeks out help due to headaches and amnesia; Sybil, who has suffered with 'nervous conditions', losing time, and amnesia her whole life, seeks out help when the problem finally becomes too big to ignore and causes her to be sent home from university; Milligan, whose condition has left him unable to hold

down a stable job, is arrested when Ragen resorts to robbery in order to pay Milligan's bills, and Adalana steals time and rapes the women Ragen robs. Milligan is diagnosed in prison, after exhibiting vastly different personalities, accents and behaviours, when Danny, one of the younger alters, is scared and tells a psychologist about the other personalities. From here, the texts are all in agreement about what the main form of treatment should be for dissociative identity disorder—psychoanalytic therapy, with secondary treatments like art therapy or hypnosis used alongside this—and are very clear about what the goal of treatment is: the reintegration of all alters with the original or host personality and the return to a singular identity. Eve and Sybil both undergo this treatment, as does Milligan when he is in facilities with doctors sympathetic to his condition. In all cases, weekly therapy sessions are designed to enable the DID sufferer to remember what has happened to them when alters are in control, the event(s) in the past that caused the person to dissociate in the first place, and to attempt to allow the 'original' identity to have co-consciousness (be aware of and communicate) with the alter personalities.

However, in each text it is not only the 'host' identity that attends these therapy sessions. Eve Black attends therapy sessions in Eve White's place. The 'original' Billy Milligan is kept 'asleep' by the alters as a way of protecting him (and themselves/the body, because they believe Billy will kill himself if he is in control due to his severe depression) and so the alters attend the therapy sessions in his place, but gradually allow Billy to wake up and participate in 'his' therapy. Sybil's personalities frequently attend her sessions with Wilbur, as it is they who have the memories of Sybil's childhood and the abuse that she suffered. Like Milligan, the 'original' Sybil had missed long periods of her life, most noticeably losing almost two years to her alters between the third and fifth grades of elementary school, and Wilbur quickly comes to realise she must treat all of Sybil's alters as patients if she is to cure Sybil of the disorder. The doctors who believe in dissociative identity disorder take the same approach to Milligan during his treatment. At first, this is because the 'real' Billy is kept 'asleep'

by the alters and is unable to assume control of the body. The psychologists are therefore forced to talk to the alters if they want to communicate with and treat Milligan. But even after Billy is allowed out 'on the spot,' the other alters continue to attend the therapy sessions and take part in the treatment. The types of secondary therapy the patients are exposed to (i.e. beyond 'talk' therapy and/or psychoanalysis) varies: Wilbur gives Sybil drugs and tries hypnosis as part of her psychoanalysis, while Milligan takes part in art therapy, because a number of his personalities like to paint. In all cases, these types of therapy are aimed at remembering things that have happened while alters were in control and discovering the truth about the traumatic events that caused the original personality to split in the first case.

In Eve and Sybil's cases, therapy proceeds in much the way the reader has been conditioned by these sorts of narratives to expect. The psychologists are successful in gradually recovering the patient's repressed memories, and are able to help the patient accept that they have multiple personalities and then gradually reintegrate them. In Milligan's case, it is a little more complicated. When Milligan enters treatment, the original Billy personality has been kept asleep by Arthur and Ragen for a long time, and it is the two alters who have been controlling Billy's life in his absence. This creates an unusual situation in which Billy is a largely absent figure through much of the treatment designed to help him. Indeed, Billy hardly features in a novel about his own life, a text in which the reader would expect Billy to be the main character. This is a stark contrast to Eve and Sybil, who still retain some control over their lives and actions, and seek out help themselves. Billy has no agency, and though he is eventually 'allowed' to participate in treatment by Arthur and Ragen, he still remains a passive figure. A 'cure' for Billy does not involve his reasserting dominance over the other alters and taking his life back; instead it hinges on his ability to communicate with the alters, and to access their skills and draw on their experiences when functioning in the world. In other words, while Sybil and Eve both want to resume control of their own lives without the alters' interference, *The Minds of Billy*

Milligan suggests Billy would be best served by finding a way for his system to function successfully and becoming a participating alter within this system. Indeed, during the more successful periods of Milligan's treatment, Billy takes the spot more often and begins to communicate with his alters and draw on their experiences to help him negotiate his time in the mental hospitals. This is as close to a 'cure' as Milligan ever comes during the events described in the novel.

Milligan is distinct from Eve and Sybil in that he is never fully reintegrated or cured during the course of the text. As well as having to do with the patchy nature of the treatment he receives in different facilities (in some, where the doctors believe in DID and want to help him, it is successful, in others his treatment is overseen by doctors who do not believe dissociative identity disorder exists and have no interest in continuing treatment which has helped him elsewhere), one must also look to the description of Milligan's early life as an indication of why this might be the case. Unlike Eve and Sybil, who split following a traumatic experience (or repeated traumatic experiences), it is suggested by The Teacher that Milligan was already multiple before he was abused by his stepfather. While the majority of Milligan's alters appeared following the abuse, The Teacher claims that Milligan's "first inner friend" was a small nameless boy who appeared just after Milligan's fourth birthday (before his mother married his stepfather) and played with him when he was lonely (Keyes: 147). The same day the boy appeared, Milligan's father committed suicide by overdosing on pills. In the "days that followed" his child-like alter Christine appeared and began to interact with members of his family (Keyes: 148). If we read Milligan as someone who was already multiple, this could be the reason why the text seems to suggest that finding a way for the system to function would better serve Milligan than forcing Billy and the alters to reintegrate. Though this is not necessarily a treatment plan the psychologists who treat Milligan would agree with.

Indeed, the goal of the psychologists in these texts is always to reintegrate the alter personalities, allowing the sufferer to have a singular identity again. Though I demonstrated in the

previous chapter that recent study of DID has moved to a point where reintegration therapy is not the only approach to treatment (see Haddock, and my reading of *DSM-V*), these early texts were not working within this theoretical framework. As pioneers in the field, the doctors who treated Sybil, Eve and Milligan saw only that they were functioning incorrectly and wanted to correct this.

Unfortunately, this meant that reintegration therapy was seen as the only way to treat DID, despite the alternative suggested by Milligan's situation. This is perhaps in part due to the commercial success of *Sybil* in particular, both as a book and the two film adaptations (1976 and 2007), and the extent to which it came to define what dissociative identity disorder meant in the popular consciousness. Indeed, there is a larger issue here about the extent to which popular cultural representations can influence not only laypeople's views of a medical condition but also medical professionals, made more complicated by the relationship between fact and fiction in these texts. There is no doubt that *Sybil* came to influence other (fictional) representations of DID. Indeed, Matt Ruff notes in a written interview at the back of *Set This House In Order* that the idea for his novel came shortly after he had reread *Sybil*. Given how many copies of *Sybil* were sold following its publication, we can also infer that it served to increase awareness of multiple personalities, perhaps leading to the copycat phenomena so often decried by critics of the condition in psychology literature. But did *Sybil* also influence medical professionals? This question is not so easy to answer.

We see in *Sybil* that Wilbur researches DID and comes across the original article on which *The Three Faces of Eve* was based, so it is possible to speculate that a psychologist researching the condition following the publication of *Sybil* is almost certain to come across the case; as the cover of *Sybil* proudly proclaims, over 6 million copies have been sold, and some of these were surely to psychologists. Many of the criticisms surrounding the validity of DID by psychologists also reference *Sybil*-like symptoms and raise concerns about false memories, or the extent to which patients 'perform' alter personalities in order to please their therapists. These are all accusations that have

been levelled at Wilbur and Sybil since the book's publication, most notably by Debbie Nathan in *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case* (2011). There is a complex symbiosis at work here that is difficult to unpick. For those who believed DID was a real condition¹¹, *Sybil* represented a breakthrough of understanding and presented a detailed description of a 'typical' case: young women suffers from trauma, splits into a number of alter personalities as a result and goes through therapy in order to reintegrate her selves. It raised awareness of the condition not just among medical professionals but also among the general population. For those on the other side of the debate¹², *Sybil* was the start of overzealous therapists inducing DID in their susceptible patients, a phenomenon which would lead to a huge increase in the number of DID cases in America.

Indeed, *Sybil* has become a controversial text in recent years.¹³ It has been blamed by some critics for the later increase in diagnoses of dissociative identity disorder, and the concerns raised in the previous chapter about people pretending to have DID following media exposure to the condition can be traced back to *Sybil*'s popularity. In her 2011 book, *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case*, Debbie Nathan dismissed all the claims made in *Sybil*, offering her own research into Sybil's life and arguing that the whole story was a fabrication perpetuated by Sybil, Wilbur and Schreiber. The real Sybil (Shirley Ardell Mason) was, Nathan claimed, highly suggestible and, whether knowingly or unknowingly, acting out her personalities to please her therapist. She accuses Wilbur of giving Sybil drugs which confused her, and then

¹¹ Such as Haddock, Traub, Kluft etc. (See Chapter 1).

¹² Such as Piper, Merskey, Spanos etc. (See Chapter 1).

¹³ Please see: Debbie Nathan. *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case*. New York: Free Press, 2011; "Exploring Multiple Personalities in 'Sybil Exposed.'" *NPR*. 21 Oct 2011. <http://www.npr.org/2011/10/21/141591185/exploring-multiple-personalities-in-sybil-exposed>; Mark Pendergrast. *Victims of memory: sex abuse accusations and shattered lives*. Vermont: Upper Access Books, 1996; Joan Acocella. *Creating Hysteria: Women and Multiple Personality Disorder*. New York: Jossey-Bass, 1999; Robert W. Rieber. "Hypnosis, false memory and multiple personality: A trinity of affinity." *History of Psychiatry* 10.37 (1999): 3–11.

encouraging Sybil to talk about her early life when she was in this state, leading to some of the stories found in the text. For her part, Sybil went along with Wilbur's treatment because she became addicted to the drugs and had real problems that she thought therapy could help. Nathan claims Schreiber had written so much of the book and already had a contract with a publisher before she decided to fact-check and that it was too late to stop once she found holes in the evidence. Nathan spent time researching through an archive belonging to Schreiber, as well as Sybil's medical records, case notes, and letters, often reviewing material included in *Sybil* itself to lend weight to her argument. So a letter Sybil writes to Wilbur in which she claims to have made up the personalities is classified as 'resistance' to treatment in *Sybil* and largely ignored whereas Nathan claims it as an attempt by Sybil to be honest with Wilbur and seek a different form of treatment for her problems; Sybil and Wilbur's close relationship is depicted as a necessity of treating an isolated young woman with mental health problems in *Sybil* whereas it becomes more sinister, indicative of Wilbur's malpractice, in *Sybil Exposed*.

Sybil has become just as contested as the condition itself. All of the criticisms I outlined in the previous chapter can and have been levelled at *Sybil* by critics and psychologists eager to use it to further their own agendas: they suggest that Wilbur created the personalities by suggesting them to Sybil under hypnosis; Sybil made up the personalities herself; or that the allegations of abuse cannot be corroborated. In much the same way that I did not make a judgement on the debate as to DID's validity in Chapter 1, I am not going to make a judgement as to the truth of Sybil's story here. Instead, *Sybil's* value lies in looking at the text as a cultural artefact and one of the foundational texts of (fictional) DID representation. Indeed, although these texts claim to be non-fiction, they have much more in common with their fictional counterparts. *Sybil* isn't written as a medical case study, for example. It is a novelisation of the case, and the numbers of copies sold and the way it was marketed—"the #1 best seller!"—suggest that it was consumed by readers like a novel. As much as

Schreiber insists in her foreword that *Sybil* is an accurate depiction of the case, she put together Sybil's story by reading Wilbur's case notes and interviewing both Wilbur and Sybil. She was not present during the events she was describing, and though she had access to audio tapes of therapy sessions and case notes to work from, she does not transcribe the tapes but recounts them in the same novelised style found in the rest of the book, adding, for example, descriptions of the room and items in it or what Sybil and Wilbur were wearing. In her introduction, Schreiber says that both Wilbur and Sybil have read the text and agree it is an accurate depiction of the events as they occurred: "Upon reading the finished book, Sybil remarked, 'Every emotion is true'; Dr. Wilbur commented, 'Every psychiatric fact is accurately represented'" (Schreiber: xvi) but for critics such as Debbie Nathan who doubt the integrity and validity of Wilbur's work and question the extent to which Sybil was playing along, their word that the text is accurate remains unconvincing.

Similarly, Keyes' notes at the start of *The Minds of Billy Milligan* explain exactly who he was and was not able to interview and the access he had to Milligan's medical and legal records during his time writing the book. Despite clearly listing people who he was unable to speak to or were unwilling to talk to him such as Dr Harold Brown who treated Milligan when he was fifteen and Dorothy Turner and Dr Stella Karolin who first diagnosed Milligan with multiple personalities, these people still appear in the text, speaking and acting just like the people he was able to interview, though he does offer their reports or medical case notes as corroborating evidence for the things he writes about them (Keyes: vi). Like Schreiber, Keyes was not present during many of the events in the text and has no real way of knowing exactly what was said or done in certain situations. Indeed, the conflict between what is real and what is fiction is further problematised by Keyes' work as a comics and science-fiction writer, for which he was well known and won both Hugo and Nebula Awards. For someone familiar with Keyes' work, would *The Minds of Billy Milligan* appear any different than Charlie Gordon's experiences with the surgical operation that raises his intelligence in *Flowers for*

Algernon (1966) and the subsequent differences in the way he relates to and is treated by society? *Flowers for Algernon* can be read as an allegory about attitudes towards those with mental health issues and how we treat those different from ourselves, and given Keyes' obvious interest in this area, readers who know his work might be encouraged to see Billy Milligan as another fictional character with mental health problems.

Given these examples, we cannot lose sight of the fact that, no matter how much their forewords insist on their truthfulness and the extensive research that went into each text, these are fictionalised accounts of a series of events the reader has no way of knowing actually happened. This problematic relationship between the real and the fictional is kept in sharp focus throughout the texts. Indeed, the authors appear as 'characters' in all three books: *The Three Faces of Eve* is written from the point of view of Thigpen and Cleckley and they appear in the text throughout; in *Sybil* Schreiber writes about her interactions with both Sybil and Wilbur, writing about herself in the third person as if she was any other 'character' in the text; in *The Minds of Billy Milligan*, Keyes calls himself only The Writer, and describes a number of occasions when he visited Milligan and spoke with him or his alters. While Thigley and Cleckley try to remove themselves from the text as much as possible, simply describing their interviews and therapy sessions with Eve and explaining their diagnosis and treatment, Schreiber hides herself in plain sight, making no special mention of the fact that she is researching Sybil and the case and treating herself as any other character who comes into contact with Sybil and Wilbur. Keyes' inclusion of The Writer is the most significant instance of an author appearing in the text here, because it overtly draws attention to the fact that this is a fictionalised account of events. It is a clear literary device, a signal to the reader that this is a text constructed by a writer after the fact. It is as close as any of the texts come to admitting the extent to which they are representations of the stories of those people within them and is indicative of the authors' different backgrounds: Thigley and Cleckley are psychologists and *Eve* reads like a case study; Schreiber is a

journalist and *Sybil* reads like a sensationalised tabloid story; Keyes is a novelist and *Billy Milligan* reads like a crime thriller, exposing Milligan's secrets as he awaits his day in court.

This troubled relationship between fact and fiction is one which must be acknowledged, though the validity of DID found in these texts remains difficult to assess. For our purposes, this does not necessarily matter. The important point to take away from these texts is the extent to which they established DID in the public consciousness, and the ways in which they present the disorder. Despite the differences in their style and the authors' approach to the material, all three established some of the narratives, stock figures (usually alters) and issues that would go on to feature in later texts featuring dissociative identity disorder. These include cross-gender alters, the idea that reintegration is the goal all dissociative patients should be moving towards (a curing or cathartic narrative), alters with clearly defined roles or abilities such as protecting the host in times of danger, and the suggestion that trauma (particularly sexual and physical abuse) causes dissociative identity disorder. All of these appear in various forms in the contemporary texts I examine in this thesis, so that it is possible to say these have become hallmarks or stereotypes of the DID text. Before I move on to discuss these contemporary texts, I want to offer a brief overview of the subgenre of fiction dealing with mental disorders and syndromes. Contemporary DID texts appear against a different cultural backdrop from that which *Sybil*, *Billy Milligan* and *Eve* did in the 50s and 70s. While these texts were the first to deal with this topic, contemporary DID texts are part of a larger cultural preoccupation with mental illness, and it is necessary to explore this background in order fully to appreciate how contemporary texts interact with it.

In the last ten to fifteen years there have been a large number of novels, films and television shows that feature main characters with mental or neurological illnesses including, but not limited to, Tourette's syndrome, autism and Asperger's syndrome, paranoid schizophrenia, Capgras syndrome, de Clérambault's syndrome, Post-Traumatic Stress Disorder and dissociative identity disorder.

Contemporary popular culture seems preoccupied with these syndromes and disorders like never before, leading to an increase in critical work examining these texts. While the terms used by critics to define this genre or phenomenon vary—names such as ‘cognitive fiction’ (Tabbi 2002), ‘neurological realism’ (Harris 2008), the ‘neuronovel’ (Roth 2009), or the ‘syndrome syndrome’ (Lustig and Peacock, 2013) have all been suggested—it is clear that there has been a shift towards using mental illness in fiction as a way for authors to understand and comment upon human existence and contemporary social structures. Whether or not we believe Bent Sørensen’s assertion that “Tourette’s Syndrome has become a trope for the whole post-modern condition” (1) or Stuart Murray’s claim that, in terms of fictional representations, “we live in a time of an autism ‘epidemic’” (25), it is clear that we must begin to question “whether syndrome fiction signals or participates in a recognisable cultural movement” (Lustig and Peacock: 10).

Indeed, while even a cursory reading of the list of conditions above suggests that these novels, films and television shows are wide ranging and varied, a close inspection quickly reveals that there are a number of links between these texts. Common themes, recurring plotlines, and stock figures serve to connect the various texts together. Autism texts frequently draw parallels between technology and the disorder, for example, suggesting that autistic brain patterns and savant skills are machine-like. These texts ask how we can learn to communicate on an emotional level in a technologically advanced and disconnected world, as in the case of such seemingly different texts as Stieg Larsson’s Swedish crime trilogy *Millennium* (2005-2007), the low budget romantic comedy *Mozart and the Whale* (2005), and the DC superhero comic *Birds of Prey* (1999-Present). Similarly, a recurrent theme in Tourette’s texts is the therapeutic power of music and the extent to which music allows characters to express themselves when language fails, as in the children’s book *Quit It* (2002), thriller *Skull Session* (1998) and the coming of age novel *Icy Sparks* (1998). In much the same way, *Fight Club*, *Set This House in Order* and *United States of Tara* explore the social construction of

identity and performativity through the lens of dissociative identity disorder, as I argue in later chapters. What becomes clear from this brief summary is the way in which all these texts are concerned with the relationship between individuals and society; with how we relate to and communicate with each other, and with how we perform identities capable of being read and recognised by other members of our society.

This rise in the awareness of these syndromes and disorders seems like a thoroughly modern condition, then, a product of a culture hyper-aware of psychological concepts and where almost anything can be diagnosed as a disorder of some sort. Indeed, in the same way that modern readers are capable of reading genre cues and anticipating narratives that hinge on specific types of character stereotypes, the modern reader is now also capable of diagnosing fictional characters with mental disorders, even when a text does not explicitly say that a character has a disorder or syndrome. We see this in the ease with which we might ‘diagnose’ a character who has limited social and communication skills with an autistic spectrum disorder, for example, without examining the narrative reasons why that character might have trouble communicating with other people. Indeed, the dissemination of these disorders is such that one can read non-syndrome texts as being metaphorically about these conditions, or diagnose characters with various syndromes and disorders quite easily due to similar thematic concerns or narrative focus. In this way, the science fiction television show *Dollhouse* (2009-2010), in which people are technologically wiped of their original personality and implanted with new ones, can be read as an allegory for dissociative identity disorder. Similarly, we can diagnose Oskar from *Extremely Loud and Incredibly Close* (2005) and Marcus from *About A Boy* (1998), both characters who have trouble reading social cues, interacting with other people, and have fixations with certain colours, objects and sounds, as autistic. Both Oskar and Marcus learn, throughout these narratives, how better to fit into society and make emotional connections with people that they were unable to before, whilst teaching other characters this same

lesson. In other words, though there is no 'cure' for autism in the real world, both novels put these characters through an allegorical narrative of curing, easing the impact of the stereotypical symptoms most often associated with autistic spectrum disorders. While these neat narratives often risk trivialising very real medical conditions, they are nevertheless used quite frequently in these types of fiction.

Susan Sontag anticipates the ethical problems associated with seeing syndromes and disorders everywhere and readers diagnosing literary characters, particularly when one is arguing that mental disorders are being used as literary metaphors for other conditions like postmodern alienation and disconnectedness. In *Illness as Metaphor* (1978) she warns that seeing illness in this way risks denying the experience of real sufferers of these diseases, trivialising what is a very serious medical disorder. "My point," she writes, "is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, and most resistant to, metaphoric thinking" (1). Despite this warning, contemporary texts seem to employ neurological syndromes as metaphors in almost every case. Lionel's Tourette's syndrome becomes a convenient metaphor for the postmodern breakdown of language in *Motherless Brooklyn* (1999), while Sebastian's dissociation becomes a cautionary metaphor for the alienation felt by workers in a late capitalist system in *Fight Club*, to offer two brief examples. Autistic characters must better learn to fit into society, while the non-autistic characters who surround them learn this same lesson, encouraging the reader to see the link and think about the extent to which we are all 'a little bit autistic' in a postmodern world. In these texts Tourette's sufferers must learn to express themselves when language fails and the relationship between sign and referent breaks down, but postmodern theorists would argue that this is not the sole concern of (fictional) people with Tourette's syndrome. These metaphors appear again and again.

It is precisely because of the prevalence of these metaphors that we should not ignore Sontag's work. This ethical question will continue to haunt illness texts and critical work surrounding representations of illness. Indeed, Sontag clearly anticipates the kind of metaphors employed by texts interested in mental disorders when she states that, "Illness comes from imbalance. Treatment is aimed at restoring the right balance—in political terms, the right hierarchy" (77). We see this in the autistic character finding their place within society, the Tourette's sufferer learning to communicate despite an excess of language or language which is considered inappropriate by the rest of society, the character with multiple personalities who seeks a way to reintegrate their alter personalities into one identity to allow them to function in their society. In all cases, these characters must find a way to fit dominant social norms and behaviours, and fulfil the role society expects of them. These metaphors therefore become about society and an individual's place within it: all of these characters, whether they are on the autistic spectrum or have Tourette's syndrome or dissociative identity disorder, must learn to communicate and behave in the ways that society expects. The texts privilege normative modes of communication, normative (singular) identities, and normative relationship models, and we are expected to read the plight of those characters with mental illness as somehow universal. Reconciling this use of metaphor in fiction with the real-world experience of people with illnesses is a problem these texts never quite manage to overcome, and will therefore be an issue that I return to throughout this thesis.

These metaphors are all concerned with the individual's engagement with, and relationship to, normative social structures, whether this is how characters communicate with one another or how characters identify and behave, and indeed, dissociative identity disorder texts seem more interested in this idea than even autistic spectrum disorder and Tourette's syndrome texts. I have avoided a close analysis of representations of this condition until now because it is the subject of this thesis, but a quick examination shows that representations of this disorder in contemporary fiction

are often intent on metaphorically exploring social systems. There are, of course, a great variety of texts that feature dissociative identity disorder. Novels such as *Fight Club*, *Set This House In Order*, the *Regeneration* trilogy (1991-1995), the *Dexter* book series (2004-2015), and *Penny Dreadful* (2000), films like *Me, Myself and Irene* (2000), *Haute Tension* (2003) and *Hide and Seek* (2005), and the television shows *United States of Tara* and *My Own Worst Enemy* (2009) span a range of genres from comedy to thriller to horror to drama. Many of these texts are interested in the pressures society puts on its members to conform to normative behaviours, and we frequently see examples of the dissociative characters fighting these norms or dissociating due to the pressures society places on them and forming separate personalities as a coping mechanism. Sebastian in *Fight Club* dissociates and creates Tyler Durden in order to combat the late capitalist system he finds himself trapped in, for example. The characters of *Penny Dreadful* create alter egos in order to play a real-life urban fantasy role-playing game, and increasingly stay in character as they make a game out of adhering to a strict class system and trying to stay alive, despite the protagonist's observation that this makes the game just like real life (Baer: 529), albeit in a form that easily enables (and indeed demands) that they follow the 'rules'. In the *Regeneration* trilogy, Billy Prior is so unable to cope with the mental pressures of warfare and the social pressures on him to be a 'real man' and do his duty as a soldier that he dissociates and creates an emotionless alter personality that can take over when he is too scared to fight. Further to this, these dissociative characters also frequently embrace other non-normative identities, particularly when it comes to gender and sexual identity. Tara has a male alter named Buck (*United States of Tara*); Andrew has a female alter named Sam (*Set This House in Order*); Marie has a murderous male alter-ego (*Haute Tension*); Prior is bisexual (*Regeneration* trilogy); Sebastian is positioned as emasculated when compared to the hyper-masculine Tyler Durden (*Fight Club*). This is also something we see in earlier DID texts: Milligan has a number of female alters, most notably the lesbian Adalana who "cooks and keeps house for the others" (Keyes: xii), while Sybil has

two male alters who act as handymen and fix things in Sybil's apartment. It is also significant here that both of these early examples—Adalana and Sybil's two male alters—take on stereotypically gendered roles, as though having a gender identity at odds with one's physical body must be compensated for by conformity to normative gender stereotypes. We also see this to some extent in *United States of Tara* where Buck is a typical Southern redneck, overtly performing a stereotypical southern American working-class masculinity despite finding himself in a female body. This interest in gender and non-normative identity will be one of the main areas of investigation in this thesis, and I return to it in later chapters.

In addition to the texts that deal with dissociative identity disorder overtly such as those mentioned above, there are some texts that deal with the condition allegorically, in the same way that some 'autism' texts do not overtly mention the syndrome yet construct themselves in such a way that the reader can 'read' them through this lens. Monica Drake's novel *Clown Girl* (2007) plays with notions of identity in a way reminiscent of dissociative identity disorder but stops short of suggesting that its protagonist actually has the condition. Nita's clown persona, Sniffles, is at times treated as an alternative personality that Nita hides behind to avoid having to face the realities of her life. The novel plays with identity and performance in other ways too, most notably through the character of Jarrod, who struggles to reconcile his identity as a policeman with the crime-ridden neighbourhood he grew up in and still cares about. Similarly, science-fiction television show *Dollhouse* (2009-2010) revolves around an organisation that possesses the technological means to wipe their employees, 'Actives', of their original personality and implant them with new ones in order to carry out missions for their paying clients. So, for example, there is a first season episode where an Active is implanted with the personality and skills of an expert safe cracker and sent on a mission with a group of thieves to steal a priceless painting. At the end of a mission, these actives are wiped of these new personalities and returned to their blank 'doll state', devoid of any personality at all. The series'

protagonist, Echo, has the ability to retain the personalities she is implanted with and access them at will. While this is a more fantastical example of multiple personalities, it is yet another appearance of the condition in popular culture and proves the extent to which the knowledge of the condition has permeated different genres and types of fiction.

In addition to these examples of allegorical DID, there are a number of popular narrative tropes that have their root in the disorder. For example, the science fiction cliché of the ‘evil twin’ is a direct descendant of early gothic texts like *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) or Edgar Allan Poe’s “William Wilson” (1839), which are themselves early split/multiple personality texts. In more recent years, the ‘evil twin’ trope has featured in such varied television shows as *Buffy the Vampire Slayer* (1997-2003); *Star Trek* (1966-1969); *Legend of the Seeker* (2008-2010); *Futurama* (1999-2003, 2008-Present); and even *Sabrina the Teenage Witch* (1996-2003).¹⁴ The evil twin narrative trope is used often enough that it has become something of a truism that characters with multiple personalities will almost always have an ‘evil’ personality, in the same way that a character with autism or Asperger’s is more often than not a hyper-intelligent maths whiz or computer hacker, or the way that almost all Tourette’s sufferers shout out swear words. Part of the reason for this is that many texts featuring dissociative identity disorder tend to be thrillers and horror films and so the revelation that the murderer is actually a psychopathic alternative personality of the main character

¹⁴ In *Buffy* there are two season three episodes (“The Wish” 1998 and “Doppelgangland” 1999) that feature an alternate reality in which Willow and Xander are vampires (and thus evil), and a later season five episode (“The Replacement” 2000) where a demon’s spell causes Xander to split into a ‘strong’ twin and a ‘weak’ twin, though in this case the trope is subverted somewhat by the revelation that Xander had been the ‘weak’ twin all along. The original *Star Trek* series features the ‘Mirror Universe’ where everyone has an evil counterpart. Fantasy show *Legend of the Seeker* also plays with this trope in an episode (“Torn”) where a magical amulet causes Kahlan to split into two people, one who is a slave to her emotions (the “good” half) and the other who mercilessly carries out her duty to the letter of the law (the “bad” half), by the end of the episode Kahlan has accepted that she needs both sides of her personality to temper each other in order to continue to help the Seeker with his quest. In *Futurama* Bender has an “evil twin” named Flexo though it is later revealed, to the shock of no one, that Bender is actually the evil twin. Finally, *Sabrina* has a season long plot arc dealing with the secret that every member of the Spellman family has an evil twin, and Sabrina is forced to go through a series of tests with hers to determine which one of them is the evil one. For more examples, the fan-compiled internet database TvTropes.com has a page devoted to the Evil Twin: <http://tvtropes.org/pmwiki/pmwiki.php/Main/EvilTwin> (Accessed June 2015).

as part of a twist ending has become something of a staple of the genre (*Psycho* [1960] is an early example of this but more recent films include *Haute Tension* and *Identity* [2003]). These sorts of texts ostensibly reject the social metaphors found within modern day texts featuring mental disorders and syndromes, and yet even a film like *Haute Tension*—on the surface nothing more than a gory slasher film—uses DID as a coping metaphor for the main character’s repression of a desire which she believes society forbids: Marie is in love with her female friend, Alex, but due to internalised homophobia she represses these desires until her subconscious creates a murderous alter ego that tries to kill anyone he perceives to be keeping Alex and Marie apart. Despite their prevalence in the mainstream media, these texts are unrepresentative of ‘real-life’ dissociative identity disorder. Indeed, there is a moment in *Sybil* where Wilbur tells her, “You’re too intelligent to subscribe to the popular misconception that has evolved from fiction. [...] The facts are quite different. I’ve been reading about people who have this condition. They don’t have a good side and a bad side. They’re not torn by the conflict between good and evil” (Schreiber: 109). In *Sybil*, this is an attempt to distance notions of the disorder from those found in fiction—the classic Jekyll and Hyde version of split or multiple personalities—and establish the fact that this is a complicated mental disorder that does not present itself in the same way as it does in fiction. Fortunately, contemporary texts like *United States of Tara* and *Set This House in Order* reject this narrative in favour of a more rounded exploration of characters with dissociative identity disorder; both these texts feature characters that manage to live a fairly ‘normal’ life despite their disorder, and while both characters have alters who are, at different times, in conflict with the original personality or other alters in each character’s system, they are not presented as a simple case of good alter vs. evil alter.

The science-fiction and fantasy genre is particularly fond of using the figure of the evil twin as a way of exploring the opposition between a character’s social obligations and private desires, with the ‘evil twin’ often being a manifestation of the Freudian id, selfishly following its own desires to the

detriment of the character's life and relationship. We see echoes of this in *The Three Faces of Eve* with the juxtaposition of Eve Black and Eve White, as highlighted by their symbolic names. In almost all cases, the solution to this problem is to blend the two personalities in order to balance these two opposing forces. We see this reflected in dissociative identity disorder texts, where the most common cure for the condition is reintegration therapy that seeks to reunite the separate personalities, as happens to Eve. This metaphorical relationship is one that is frequently explored within popular culture but nowhere more closely than in the superhero comic book, a genre that has a long history of hidden and dual identities. A good recent example of this can be found in Joss Whedon's movie adaptation of Marvel's *The Avengers* (2012), which gave us a version of Bruce Banner struggling to control his superhero alter ego, the Hulk. After unsuccessfully trying to distance himself from his alter ego and consequently the rest of the Avengers, Banner returns to fight alongside his friends in the final climactic battle for New York; "That's my secret, Captain," he tells Captain America, when Cap asks if Banner can use the Hulk to help in the final battle, "I'm always angry." Following this acceptance that his alter ego is always a part of him, Banner transforms and is shown to be able to control his Hulk side enough to be able to aid his friends. Banner's character, it should be noted, owes a great deal to *The Strange Case of Dr. Jekyll and Mr. Hyde*, but Whedon's interpretation of the character—and this one line in particular—makes this metaphorical idea obvious and takes the genre's interest in the divided self into a new form (film) for a new audience (the film is the highest grossing superhero movie of all time).¹⁵

These characters do not have dissociative identity disorder, of course, but the genre's engagement with these kind of metaphors is obvious and continuing. Indeed, Douglas Wolk argues that one of the most useful and interesting aspects of superhero comics is that they are "the closest thing that exists right now to the 'novel of ideas'" and that they are "a form that intrinsically lends

¹⁵ Statistic taken from <http://www.boxofficemojo.com/genres/chart/?id=superhero.htm> (Accessed June 2015).

itself to grand metaphors and subjective interpretations of the visual world” (92). While it is true that comic books flirt with metaphorical multiple personalities by tightly linking superheroes with a supervillain arch-nemesis—the Joker’s chaotic madness and desire to destroy is a dark reflection of Batman’s unrelenting drive to save his city, while Lex Luthor can be viewed as a Nietzschean ‘superman’ at odds with the real, alien Superman—there are also comics that deal more directly with the issue. One such character is DC’s Jack Ryder, who gains a separate ‘superhero’ personality when he is implanted with experimental drugs that give him superpowers and change his appearance. Ryder and the Creeper are two separate people, able to ‘trade places’ and mentally communicate with each other. Similarly, Marvel’s Moon Knight, does not just have one civilian identity, Marc Spector, but several others that he creates as covers and eventually comes to believe are real people. During the Marvel Universe’s *Civil War* (2006-2007) crossover event, Spector is forced to undergo a psychiatric examination before he can be registered as a superhero following the passing of the Superhuman Registration Act. It is suggested by the examining psychiatrist that Spector is too mentally unstable to be registered, even amongst people who dress in costumes and adopt alternative identities in order to fight crime, and should be locked up instead. Another example is DC’s minor title *Doom Patrol* (1963-1968). One member of this superhero team, a character named Crazy Jane, has multiple personalities *before* she gains her superpowers and so each personality gains its own superpower and superhero identity. During the course of the narrative, the reader learns that Jane was sexually abused by her father and that this caused her to dissociate as a child. She later confronts her past and accepts what happened to her, causing her personalities to reintegrate and her superpowers to disappear.

Other comic books have used dissociative identity disorder as part of a so-called ‘supercrip’ narrative in which an individual must ‘overcome’ their disability, often by performing superhuman

actions in order to prove that they are 'just like everyone else.'¹⁶ A notable example of this is DC comics' Barbara Gordon, the first Batgirl, who fought crime as an able-bodied person before the Joker shot and paralyzed her at her home after learning of her civilian identity (*Batman: The Killing Joke*, 1988). She decided that she still wanted to be a crime fighter so she used her intelligence, computer hacking skills and photographic memory (all stereotypical 'autistic savant' traits) to become a wheelchair-bound information broker codenamed Oracle. She helps Batman and the Justice League on a regular basis before forming her own superhero group called the Birds of Prey. It is not revealed that Barbara Gordon is Oracle until two years after Oracle first appeared, and this coupled with the fact that Gordon's intelligence, photographic memory and computer skills were hardly referenced during her time as Batgirl seem to make this an obvious example of this trope. Within superhero comic books there are also more fantastical examples of this such as paraplegic Professor Charles Xavier from the X-men who is hyper-intelligent and has telepathic powers, or Matt Murdock's Daredevil who was blinded by chemicals as a child and gained the sonar-like ability to 'see' as a result. These characters are well-known to more mainstream audiences as well: Barbara Gordon (as Oracle) was the main character in the WB's *Birds of Prey* TV show; Professor X has featured prominently in all six of the *X-men* live action films; and Daredevil has appeared in a movie, and has recently been given his own show as part of the series of TV shows Marvel have produced for Netflix.

From these few examples it is clear that superhero comics as a genre are deeply interested in wider issues of identity. They are also concerned with how heroes' identities are shaped by, and relate to, society. This is the driving metaphor behind Marvel's *X-men* (1963-Present), in which a group of super powered mutants struggle to come to terms with their treatment at the hands of 'normal' human society, made overt in the movie adaptations' continued framing of the villain Magneto's motivations through his Jewish identity. Magneto survived the Holocaust as a child, and

¹⁶ See Jenny Morris's *Pride Against Prejudice: Transforming Attitudes to Disability* (1991) for a more detailed discussion of the problems with this representational strategy.

his actions throughout the films seek to prevent a similar fate befalling mutants. The series features one group of mutants who wish to break away from society in order to form their own, and another group that wishes to integrate into 'normal' society and live 'normal' lives. These stories can very clearly be read as a series of metaphors dealing with difference and identity politics.¹⁷ This preoccupation with social attitudes and an individual's place within society is a prevailing concern of the genre. Indeed, one has only to look at the most well-known example of this genre to recognise this fact: Superman is an alien immigrant who works hard to become a force for good and is eventually recognised as a great American hero. This use of Superman as a metaphor for the immigrant experience, and as an assimilation metaphor in particular, has been well noted by critics.¹⁸

Metaphors such as these, and the enduring popularity of superheroes within American popular culture, suggest there might be more at work within these texts. They would seem to suggest that there is something unique about American society that contributes to this identity crisis, something that leads its members to dissociate. The notion that it is American society itself which cause characters to dissociate can be found elsewhere in dissociative identity disorder texts, most notably *United States of Tara*, the very title of which reinforces this idea. Set in the Midwest, the show clearly positions the main character, Tara, her husband, Max, and their two children as a 'typical' American family despite Tara's condition, and the main characters' drive to lead 'normal' lives is at the heart of much of the series' narrative. The typicality of the central characters is further reinforced by two of Tara's alter personalities, both archetypal American figures: the Southern redneck and the 1950s housewife. Further, *Tara* overtly makes reference to the idea that we all have multiple personalities when Tara's employer tells her that she feels like everyone has DID "a little bit" in the first season. She continues, "Over the course of a day how many different women do we have

¹⁷ See Douglas Wolk in *Reading Comics* who argues this basic premise, or William Earnest in *Uncovering Hidden Rhetorics* who argues that the recent *X-men* trilogy of films in particular can be read as an extended queer metaphor.

¹⁸ See *Superman at Fifty: the Persistence of a Legend* ed. by Dennis Dooley and Gary Engle (1987).

to be? You know, work Tiffany, sexy Tiffany, dog owner Tiffany... and it's hard, right?" That *Tara* draws attention to this issue so early in the first season strengthens the show's employment of this metaphor and interest in examining the extent to which this condition is indicative of a wider problem within society. Tara Gregson's experience, the show suggests, could be the experience of any American, and it is not the only text to do so. Steven Gold argues that the central message of *Fight Club* is that "contemporary society promotes a dissociative mode of existence" (14) and indeed, it seems to be materialistic, capitalist, *American* society that 'causes' Sebastian's dissociative identity disorder. Feeling emasculated and trapped within this system, he creates the hyper-masculine Tyler Durden to help him find a way out. Indeed, the idea that DID is a culture-bound disorder, and seems particularly prevalent in America is one criticism of the disorder I explored in the previous chapter. The three early DID texts are all American, as are the contemporary texts I focus on in this thesis: *Fight Club*, *United States of Tara*, *Dollhouse* and *Set This House In Order* are all set in America and written by American authors.

I have chosen these texts in particular because they emerge as part of the contemporary preoccupation with mental disorder in fiction, already discussed here, and therefore have interesting things to say about society, identity and the representation of the disorder, but also because they owe much of the way they represent the disorder to *Sybil*, *Billy Milligan* and *Eve* and many of the trends in representation (evil twins, gothic doubles) I have noted before. *Fight Club* is a thriller in which Sebastian's 'evil twin' wreaks havoc in his life. *United States of Tara* gives us a woman attempting to negotiate relationships with her family while searching for the event in her past that made her dissociate. *Dollhouse* is an allegorical representation of DID through a science-fiction lens, but explores questions of trauma and identity in contemporary society. *Set This House In Order* is another thriller, in which Andrew searches for the truth about Andy Gage's past, while helping Penny come to terms with her own dissociative identity disorder. Beyond these brief descriptions, there are

other points of connection with the early texts: Tara and Andrew visit psychologists for treatment and encounter different attitudes to the disorder, from those who believe it exists to those who don't and reintegration therapy is often presented as the only 'cure' for their condition. All texts engage with ideas of trauma, with Tara, Penny and Andrew's DID all being caused by sexual abuse in their childhoods. Andrew has a system of alters in place much like Milligan does, and visualises a house in his head in which the alters all live, like the dark room and spotlight that Milligan contains in his. Many of the characters have alters with different roles, including protectors (like Milligan's Ragen or Sybil's Peggy Ann), alters with gender identities different from the original personality (like Milligan's Christine and Adalana, or Sybil's Sid and Mike), and child-like alters who bore witness to the abuse (like Milligan's Danny and David or Sybil's Peggy Lou). The contemporary texts all owe much of their representations of the disease to these early texts, and it was necessary to discuss these early texts here in order to give context to the contemporary representations. Having provided this overview, we will be able to see how contemporary texts have developed from these early examples, and explore the new uses to which authors are putting the disorder following the trend of mental illness metaphors employed by contemporary fiction.

These narrative tropes and stock figures appear time and again in these texts as the above list suggests, allowing us to study the links between them. We cannot ignore the fact that so many of these texts are concerned with society and our place within it, yet it seems overly simplistic to reduce texts featuring mental illness to a series of works about contemporary postmodern society, as though this is all they are interested in. Instead, I believe we should examine this preoccupation more closely. What is it about these disorders that allow authors to use them as a way of relating to and examining contemporary society? What can these texts teach us about society as a whole and our place within it? And perhaps most importantly, if these texts highlight these social problems, do they also suggest answers to them? While examples I have given seem to make the case that all members of

contemporary American society are dissociative, or that we are all autistic now because society isolates us from one another, a deeper examination of these texts may prove more useful. We can acknowledge these universalising tendencies and also examine why these illnesses are used as a platform from which to examine society, relationships, identity, and the self. Tourette's syndrome is all about language and meaning so it is the perfect tool for a novelist who wants to examine language and meaning in society, for example, but this doesn't necessarily mean it is the only thing the Tourette's syndrome novel can do. Similarly DID texts might offer an indictment of a society that causes us to become dissociative, but they also offer us interesting ways of looking at identity and performance. Contemporary syndrome and disorder texts offer us much more than one endlessly repeated metaphor about society, and it is these to which we must turn our attention.

It is clear that these texts offer a very real area of work within literature, film and cultural studies, with emergent trends, narrative tropes, stock figures and metaphors starting to appear across different media as diverse as novels, films, television and comic books. Having explored the debates surrounding dissociative identity disorder found in psychology literature in Chapter 1, and here provided an overview of fictional representations of this condition from the early to the contemporary, I now turn my attention to examining contemporary examples of DID texts more closely. I have established in this chapter that there are a number of significant narratives, figures and tropes often employed by texts dealing with fictional representations of DID, and that these often interact with and comment upon notions of normative identity and one's place within society. Issues of identity, society and normativity are key to understanding the use to which these texts put DID, and so I begin the next chapter by examining the use of trauma in these texts, and the way this interacts with identity and notions of the self. As we have seen, trauma is closely linked to DID, and the next chapter therefore explores trauma theory and fictional representations of trauma before moving on to examine my primary texts in more detail.

Chapter 3

Trauma and the Shattered Self

In Chapter 1 I demonstrated the sometimes contentious link between trauma and dissociative identity disorder within medical discourse. Whether one believes that trauma causes DID or not, it cannot be denied that trauma is, as the *DSM* suggests, an “associated descriptive feature” (*DSM-IV*: 497) of the disorder and instances of trauma frequently appear in texts in which dissociative identity disorder features. The debate around whether or not trauma causes DID shows no signs of abating. This is clear from the overview of psychology theory I gave in Chapter 1, while the texts I examined in the previous chapter all include instances of trauma experienced by their dissociative characters. It is clear from this overview that trauma and trauma theory deserve to be examined more closely. What is it about trauma that means it is so often associated with DID?

In recent years, and particularly following the September 11th attacks on the World Trade Center and the wars in Iraq and Afghanistan, there has been a renewed media interest in trauma and the representation of traumatised subjects. Many contemporary novels, films, television shows and comics have portrayed both individual characters and whole communities suffering from the effects of trauma. Common portrayals centre around combat veterans “faced with sudden and massive death around [them] ... who [suffer] this sight in a numbed state, only to relive it later on in repeated nightmares” (Caruth: 11), or communities trying to make sense of violent events that have happened in their midst and “abruptly, and harmfully, affected collective identity” (Alexander: 10). In Western fiction, these narrative trends have clear links to the September 11th attacks, indicating the extent to which ‘9/11’ has become a defining cultural trauma of our time and the extent to which symptoms and discussion of trauma have become common knowledge. This rise in cultural awareness of trauma as both a collective and individual experience has coincided with an increased interest in theorising

trauma from within academia, from fields such as psychology, sociology and literary criticism. While the approaches vary, this interest in trauma theory has moved the term beyond Freud's early twentieth-century definition and taken it into the twenty-first century against a backdrop of events like the First and Second World Wars, the Holocaust, the bombing of Hiroshima and Nagasaki, the Vietnam War, the September 11th attacks, and the wars in Iraq and Afghanistan.

Academic theories of trauma emphasise the way trauma disrupts history, time, and meaning amongst survivors, and this work can help us understand why trauma is so often associated with DID. DID is a disorder in which ordinary functioning is disrupted by alter personalities, often causing the 'host' or 'original' personality to lose time, knowledge of their past actions, and understanding of their own identity. The psychological effects of trauma therefore mirror the symptoms of dissociative identity disorder and demonstrate why these two conditions are so often linked. This chapter examines this link in more detail. Once again, I do not wish to enter into the medical debate about whether or not trauma causes dissociative identity disorder. My analysis will instead be limited to an examination of the relationship fictional texts create between trauma and dissociation. In order to do this, I first engage with theoretical concepts of trauma, beginning with Freud and moving forward to a more contemporary understanding. Having defined trauma as a theoretical concept, this chapter examines some images of trauma within popular culture before focussing on the representation of trauma within dissociative identity disorder texts.

Trauma, from the Greek word for 'wound', originally meant a physical injury inflicted on the body, but this definition changed in later years and is now frequently understood to mean a wound inflicted upon the mind or psyche. This understanding of trauma as a psychological condition owes a great deal to Sigmund Freud's examination of the so-called 'trauma neuroses' in *Beyond the Pleasure Principle* (1920), which in turn grew out of his work on hysteria with Josef Breuer in *Studies in Hysteria* (1895). In *Beyond the Pleasure Principle*, Freud first defined 'traumatic neurosis' as a disorder

that involved physical injury to the nervous system from “mechanical concussions, railway disasters and other accidents involving a risk to life” (12). This insistence on a physical injury was removed following Freud’s study of ‘shell-shocked’ First World War veterans, as many of these men exhibited the war neurosis symptoms despite being physically uninjured: “the terrible war which has just ended gave rise to a great number of illnesses of this kind, but it at least put an end to the temptation to attribute the cause of the disorder to organic lesions of the nervous system brought about by mechanical force” (Freud: 12). The idea that injuries to the nervous system caused war neuroses was dismissed because it was often the nature of trench warfare during the First World War that was a major contributing factor to the development of nervous disorders among soldiers. It was not only the injuries they received, but the mental effects of sitting in trenches, witnessing the deaths and injuries of fellow soldiers who were ordered ‘over the top’, and waiting to receive this order themselves that heavily contributed to mental breakdown.

Indeed, fictional representations of traumatised war veterans often demonstrate the stresses that soldiers face under combat that leads them to break down. For example, in *Regeneration* (1991) Billy Prior becomes angry when he remembers that the moment that caused him to breakdown was his reaction to two men in his unit being killed in a trench bombing, something that he has witnessed many times. His psychiatrist has to remind him that “You’re thinking of breakdown as a reaction to a single traumatic event, but it’s not like that. It’s more like... *erosion*. Weeks and months of stress in a situation where you can’t get away from it” (Barker: 105). There are other characters in this novel who demonstrate the effects of stress rather than injuries during combat: a soldier blown from a trench lands face first on the rotting body of a fellow soldier and is unable to eat anything afterwards without reliving the event; an army surgeon witnesses so many horrific injuries to soldiers that he can no longer stand the sight of blood and becomes violently ill whenever he encounters it. This understanding of trauma during wartime is echoed in later texts about later wars, such as *Band of*

Brothers (new ed. 2001), in which Ambrose notes that “a situation of endlessness and hopelessness” is created by the U.S. army’s policy of keeping infantry units on the front line for as long as possible and making up losses through individual replacement (202). Ambrose continues, “Army psychiatrists found that in Normandy between 10 and 20 percent of the men in rifle companies suffered some form of mental disorder during the first week” (203). We see the same sentiment echoed by Norman Bowker, endlessly driving around a lake as he relives the night he spent under attack in a field used as a communal latrine in Vietnam in *The Things They Carried* (1991): “Sometimes the bravest thing on earth was to sit through the night and feel the cold in your bones. Courage was not always a matter of yes or no” (O’Brien: 146). There are also numerous contemporary texts that engage with Post-Traumatic Stress Disorder during the wars in Iraq and Afghanistan and feature similar instances of trauma among modern soldiers such as *Stop-Loss* (2008), and *The Hurt Locker* (2009).

It is important to emphasise that these are fictional accounts of trauma during wartime, and I by no means offer these as accurate examples of PTSD during combat. Fiction is not ‘the real’, but it is not entirely disconnected from the real either. These fictional examples all contain links and references to theoretical work on trauma, and contribute to what Raymond Williams refers to as a ‘structure of feeling.’¹⁹ This thesis is primarily concerned with fiction, though I engage with medical concepts and disorders, and so my examination of these conditions is limited to a concern with their use and representation within fictional works. Rather than being concerned with medical validity, this chapter instead examines the common portrayals of trauma within a variety of media, such as the examples I give above. What becomes clear from this brief list of texts is that there is a shared understanding of trauma amongst media producers and media consumers. It is one in line with Freud’s early discussions of trauma but also references more contemporary understandings of

¹⁹ The term ‘structure of feeling’ was first coined by Williams in *A Preface to Film* (1954) and developed in his later work. It refers to the way in which fiction can respond to and comment upon the real world, and popular responses to issues found in the real world.

trauma found within academic theory in order to produce a structure of feeling of trauma. In order to discuss these fictional representations and how they engage with concepts of trauma, I first give a brief summary of Freud's definition of trauma and his early work, and then move on to look at contemporary trauma theory that has built on Freud's work. Through this discussion I give examples of fictional representations that engage with the specific concepts I am discussing, before moving on to examine how trauma is represented in my primary DID texts, *Fight Club*, *The United States of Tara*, *Dollhouse* and *Set This House In Order*.

In *Beyond the Pleasure Principle*, Freud discusses the ways in which people who have experienced trauma become unable to move past the event and relive it, usually in their dreams. The trauma sufferer will frequently awaken from nightmares that take them back to the traumatic events in "renewed terror" (Freud: 12). Indeed, nightmares are often a common aspect of fictional representations of trauma, and feature in many of the texts mentioned above. Freud believes these nightmares are surprising because dreams should be engaged in wish fulfilment; his expectation is that traumatised patients should be dreaming of their healthy past or their future cure. What these dreams do instead is put the patient in the position of passively reliving the event that traumatised them. Freud is quick to point out that this passivity is the key factor in the emergence of the nightmares and the trauma sufferer's inability to move past the traumatic events that happened to them. Freud relates this to a child's game he calls "Fort-Da" (Go Away-There). The game involves a child repeatedly throwing a wooden reel with a piece of string wound around it out of his cot, holding onto the string and then pulling it back in. Freud explains that this allows the child to master the 'traumatic' experience of his mother leaving him; the repetition of the retrieval of the toy allows him the pleasure of the reappearance of the thing that he wants over and over again and makes up for its disappearance in the first place.

The passivity inherent in reliving trauma through dreams is a key element in Freud's understanding of the trauma neurosis and the major obstacle that must be overcome in order for the condition to be cured. Freud believed that the patient would be able to banish their nightmares by taking on an active role and mastering their trauma in the same way that the child does in the game. Freud's understanding of trauma was informed by his observation of soldiers suffering from the war neuroses during the First World War, and to return to this earlier example, it was often sitting and waiting to be killed in the trenches—being passive and helpless to prevent what almost seemed inevitable—that contributed to many soldiers' PTSD. Suffering from shell-shock was therefore seen as being weak, passive, and 'unmanly.' Shell-shock was positioned in this way, firstly, because it was not correctly understood as a psychological condition, and secondly, because the military commanders didn't want the soldiers thinking it was an 'honourable' way to escape the war. We can see this gendered aspect of the condition quite clearly in fictional examples. The social pressure to do one's duty is evident in *Regeneration* when Prior tells Rivers "When this is all over, people who didn't go to France, or didn't do well in France—people of my generation, I mean—aren't going to count for anything" (Barker: 135). Prior is talking about his ambitions for after the war—he believes that being a well-liked, decorated soldier will afford one similar career benefits that a Cambridge or Oxford degree did before the war—but there is also the implicit threat that one would not be viewed as a 'real man' either. Suffering from trauma during wartime is often linked to a failure of masculinity in this way. Men are encouraged to measure themselves against a traditionally masculine, stoic, soldier stereotype and anyone who cannot conform to this expectation is considered a failure. In *The Things They Carried*, Tim O'Brien describes the fear he felt when he was drafted to serve in Vietnam and the temptation to flee to Canada. He imagines the citizens of his conservative hometown talking about "how the damned sissy had taken off for Canada" (O'Brien 43) and later shouting insults "Traitor! [...]"

Turncoat! Pussy!” (54) at him. The choice of words here—‘sissy’, ‘pussy’—suggests someone who would run from the draft is feminine, ‘unmanly’, lacking.

Wartime trauma is often bound up with issues of gender, particularly in the period in which Freud was working. While there is no doubt in the contemporary reader’s mind that post-traumatic stress disorder is a very real medical condition—it was added to the *Diagnostic and Statistical Manual of Mental Disorders Third Edition* in 1980, largely as a result of efforts by Vietnam veterans—suffering from trauma during earlier wars was viewed simply as a coward’s reaction to warfare. It is significant to note, then, that Freud’s understanding of trauma was also closely linked with his understanding of ‘hysteria’ and his earlier work on this condition with Josef Breuer. Historically, hysteria had been viewed as an exclusively female disease: “The term ‘hysteria’ is obviously derived from the Greek word *hystera*, which means ‘uterus.’ ... It was formerly believed to be solely a disorder of women, caused by alterations of the womb” (Veith: 1-2). At various times throughout history the disease was linked to female sexuality, with an often confusing and contradictory set of causes and symptoms. Some doctors believed the disease was caused by the repression of sexuality, others believed hysterics were hypersexual nymphomaniacs, and yet others believed hysteria was caused by injuries to the womb or genitals. Definitions of hysteria often changed depending on the time period and society’s attitudes to women, as Veith explains:

The symptoms, it seems, were conditioned by social expectancy, tastes, mores, and religion, and were further shaped by the state of medicine in general, and the knowledge of the public about medical matters. [...] Furthermore, throughout history the symptoms were modified by the prevailing concept of the feminine ideal. In the nineteenth century, especially young women and girls were expected to be delicate and vulnerable both physically and emotionally, and this image was reflected in their disposition to hysteria and the nature of the symptoms. (209)

Hysteria, like the trauma neuroses, was a disease closely tied to gender. Furthermore, the condition as Breuer and Freud understood it was believed to have a similar cause to the trauma neuroses—a memory that the sufferer could not help but relive—and was to be treated in the same way, through psychoanalysis. I have offered only a brief outline of hysteria here, but I have done so because of the clear similarities between Freud’s work with trauma sufferers and his work with hysterics. Hysterics, too, “suffer mainly from reminiscences” (Breuer and Freud: 7), and must be treated with therapy that enables them to come to terms with the event that caused their disease: “The psychical process which originally took place must be repeated as vividly as possible” (Breuer and Freud: 6). This links back to the child’s game that I mentioned above; in the treatment of both trauma and hysteria, the patient must take on an active role and relive the event in order to come to terms with it. Breuer referred to this as the ‘cathartic model’ after the Greek word *catharsis* meaning ‘cleansing’ or ‘purging’. This model was referred to as a “talking cure” by one of Breuer’s hysterical patients, and this term was taken up by Freud and used more generally to describe his practice of psychoanalysis and psychoanalytic treatment methods in general (Freud and Breuer: 30).

There seems a clear gender divide here, when it is more useful to highlight the similarities between these obviously related conditions. Indeed, throughout Breuer and Freud’s case studies in hysteria, the condition is often considered to have sexual causes such as assault, which Breuer and Freud term “sexual trauma” on more than one occasion (299, 313). Trauma is the cause of both hysteria and the war neuroses; clearly these disorders are very closely linked yet in early psychoanalysis theory the two conditions remain separate. Hysteria was often dismissed as a woman’s disease, and it was not until Freud and Breuer’s time period that the medical profession began to take it more seriously. Indeed, the similarities between the war neuroses and hysteria is what legitimised hysteria in the eyes of many doctors; it was not a valid medical concern until men suffered from the same symptoms. These gender politics are problematic, particularly from a

contemporary gender studies or feminist perspective, such as I employ throughout this thesis. It is significant in both cases that the specific instances of trauma associated with these conditions—women being sexually assaulted, men breaking down during wartime—are positioned as gendered experiences. We see this in DID texts, where the cause of female characters' dissociative identity disorder will almost always be sexual assault, as though there are no other traumatic experiences available for women. (There are of course other examples of female characters suffering from trauma in the media, but for the DID texts in particular this is the case.²⁰) While we can attribute the gendered division of trauma to the time period in which Breuer and Freud were working, it is a divide that still haunts contemporary trauma texts.

As stated earlier, trauma is often the cause of fictional examples of dissociative identity disorder and there are often similar gendered associations at work here too. For female characters, trauma is still usually sexual in nature: Sybil in *Sybil*, Tara in *United States of Tara*, and Penny in *Set This House in Order* are all subject to sexual abuse from family members, for example, which leads them to dissociate. Sexual trauma is viewed as the ultimate attack on the female subject, something so powerful it causes the self to fragment because it is unable to cope. By comparison, Victor in *Dollhouse* has been traumatised by his experiences as a soldier in Iraq and Afghanistan, while Sebastian in *Fight Club* is traumatised by the emasculating effects of late capitalism. This divide is significant, and it is one I return to in later chapters. For now, given the way fictional texts which deal with psychological disorders are frequently concerned with notions of a Western capitalist society

²⁰ The science-fiction genre in particular offers a number of female characters who are traumatised by their activities during wartime, perhaps because women are often featured alongside men in combat situations in these texts. A few notable and popular examples include Katniss in the *Hunger Games* trilogy (2008-2010), who quite clearly has PTSD from her experiences in the Games in the second and third books; Sarah Connor in *Terminator 2* (1991), who suffers from trauma after the events of the first film; and many of the female characters from the re-imagined *Battlestar Galactica* (2004-2009) television series, most notable amongst them Admiral Helena Cain, who is forced to make an increasingly hard series of decisions in order to do what she believes is best for her ship and struggles with the traumatic events which follow her decisions, and Kendra Shaw, a soldier who struggles to live with the consequences of following Cain's orders.

and how we relate to it, as detailed in the previous chapter, we must consider the extent to which this is a comment on heteronormative gender systems and the society which perpetuates them. Why is female trauma so often sexual trauma while male trauma is so often emasculating? Are these texts suggesting that women must dissociate from society in order to cope with its patriarchal gender biases, for example? These are questions suggested by other texts that flirt with dissociative identity disorder imagery and motifs.

There are a number of texts that offer examples of young girls who struggle to cope with reality and become dissociative, escaping into fantasy worlds. *Alice's Adventures in Wonderland* (1865) is often cited as antecedent to these texts, something the Tim Burton film adaptation (2010) made overt by framing Alice's adventures within the real-world high society party and marriage proposal she leaves behind. Burton's Alice does not want to get married and settle down but take over her father's company, and upon her return from slaying the Jabberwocky she finds the courage to tell her parents this and turn down the marriage proposal. In homage to Alice, the film version of *Tideland* (2005), based on the Southern Gothic novel of the same name, features a sequence in which the young protagonist, Jeliza-Rose, falls down a rabbit hole while exploring the countryside around the Texan farmhouse she has been left in following her parents' deaths from drug overdoses. She dissociates from her real life and escapes into an increasingly strange fantasy world in order to cope, talking to a number of dismembered Barbie doll heads who become her only friends. Following a summer of neglect, it is suggested by the end of the film that she has split into multiple personalities based on the 'voices' she would act out for her doll heads so she had someone to talk to. While these texts are not overt trauma narratives, the experiences the characters face—particularly Jeliza-Rose, who continues to live with the decomposing body of her dead father because she thinks he might be passed out from drug use as he has so many times before—could be considered traumatising, and the links to DID and dissociation are clear. *Tideland* does not particularly engage with the issue of gender

(beyond the image of dismembered dolls heads), but Burton's Alice is a clear example of a female character who finds herself unable to cope with the demands of her gender.

While these examples engage with these issues only fleetingly, the 2011 film *Sucker Punch* deals more overtly with this issue of gendered trauma. After being institutionalised by her father and being told she will have a lobotomy at the end of the week, Babydoll (no real name given) finds herself completely helpless. She dissociates from reality and escapes into a fantasy where she and her fellow patients are prostitutes in a nightclub/brothel owned by Blue Jones, an orderly at the hospital who illegally arranges her lobotomy. With only the sympathies of the equally powerless female psychiatrist Dr Gorski (Madame Gorski, an aging prostitute who tries to look after the girls, in the nightclub 'reality'), Babydoll enlists the help of the other patients to steal items to aid in their escape. Babydoll then dissociates again: from the fantasy world she has created into another hyper-fantasy world in which the girls fight monsters, robots, dragons and steampunk-inspired Nazis with samurai swords and machine guns as part of missions to retrieve the items they need in order to escape. It sounds ludicrous, and to some extent it is, but under the surface the film makes a deeper point about the powerlessness of women in the 1960s, and particularly as regards abuses suffered by women in mental health facilities during this time. Even the first of Babydoll's escapes—the nightclub/brothel fantasy—does not allow her to fight back against her abusers but simply highlights the things she is trying to escape: the girls all belong to Blue and are subject to his control. He thinks of them as nothing more than property, something to make money from. When he finds out about the girls' plan he shoots two of the girls, fulfilling his threat from earlier that they "need to re-establish the parameters of [their] relationship." Babydoll's world(s) are ones subject to male control, and she has to escape by dissociating into an increasingly deeper fantasy in order to regain her agency.

When viewed alongside the earlier examples of male trauma in *Regeneration* and *The Things They Carried*, texts such as *Sucker Punch*, *Alice in Wonderland*, and *Tideland* become significant not

for the differences they portray but for the similarities: in both cases, the trauma is linked to gender and gender roles, most often the inability of the characters to match expectations placed on them by heteronormative society. While real-life trauma should not be trivialised in this way, this recurring metaphor within fictional representations of these issues cannot be ignored, in much the same way that we cannot ignore the social metaphors in other texts which deal with psychological illness. Much like the examples in the previous chapter, this small selection of texts demonstrates that this is a recurring motif. Indeed, these examples could lead one to question whether or not the representation of trauma has moved on from Freud's time. 'Shell-shock' and 'hysteria' informed Freud's work on trauma at this time, but theories of trauma have obviously evolved in the last century, even if fictional representations of trauma have not. Indeed, we see this in the very terminology used to describe these conditions. Hysteria is no longer a medical diagnosis (though some of its symptoms can be found in Conversion Disorder, Schizophrenia, and PTSD more generally), while 'shell-shock' became 'combat fatigue' in the Second World War, and 'Post-Traumatic Stress Disorder' in the Vietnam War. Freud's work pre-dates these developments, and given the patriarchal nature of the medical profession as well as the gender conventions of the time, some of his conclusions seem inevitable. As such, when men began to suffer from 'shell-shock' in the First World War, the similarity of some symptoms to hysterical behaviour primarily found in women led to the negative associations we find in portrayals of male trauma in this time period.

As a base understanding of trauma, Freud's work is useful, and allows us to identify where common media stereotypes, motifs and tropes come from. Briefly to summarise, Freud's contentions were: firstly, that trauma was brought about by an accident or shock that threatened the life of the people involved; secondly, that this accident or event was a surprise the subject was not prepared to face; thirdly, that the subject was passive, that is to say the accident or event happened *to* them; and fourthly, that this accident would be repeated in the subject's mind/dreams until such time as

the subject was ‘cured’ of their trauma by assuming an active role and facing what had happened to them. Many of these early points still survive in trauma theory today; some—like traumatic repetition—form the basis for other concepts such as Kalí Tal’s “liminal time” (118), and the lack of history and meaning discussed by critics like Cathy Caruth and Dominick LaCapra. These critics all discuss the ways that trauma is disruptive, and this seems to be crucial to a modern understanding of trauma within academia. According to critics such as these, trauma breaks apart and disrupts time, history, language, and meaning, leaving the sufferer in a liminal, meaningless state and unable to make sense of the trauma that has affected them. These ideas are built on Freud’s earlier analysis, so that, for example, it is the repetition of the traumatic event that disrupts time and history because the patient is trapped in the moment of trauma and relives it constantly. The range of themes invoked in representations of traumatic experience – meaning, language, time, history—read like a short checklist of postwar critical theory, and in particular of postmodernism. These understandings of trauma offer more opportunity for analysis of the appearance of trauma within dissociative identity disorder texts, and I will return to this point after a brief overview of these critics’ arguments.

In his book, *Writing History, Writing Trauma*, LaCapra discusses the idea of ‘acting out’ and ‘working through’ trauma in relation to traumatic repetition, in a way reminiscent of Freud’s Fort-Da game. For LaCapra, ‘acting out’ refers to how trauma sufferers relive their trauma through nightmares and hallucinations. Building on Freud’s work, he suggests that the continual acting out of trauma disrupts time, as the trauma sufferer relives the past and is unable to see a future beyond his or her traumatic experience. LaCapra explains that in ‘working through’ the trauma—mastering it through repetition, as Freud discusses—the trauma sufferer gains “distance or critical perspective” on the events that allows them to attempt to move forward with their lives (LaCapra: 70). LaCapra also acknowledges what Freud does not: working through trauma can be extremely difficult and that in many cases one cannot completely overcome what has happened in the past. It is clear that ‘acting

out' and 'working through' are descendants of Freud's interpretation of the trauma sufferers' repeated nightmares and the child gaining mastery over his 'trauma' by repeating it in his games; the nightmares are a patient 'acting out' his trauma, while the child is 'working through' his. Where these ideas differ is in LaCapra's exploration of time in relation to trauma. For LaCapra, time is thoroughly bound up with trauma; trauma disrupts time and prevents the sufferer from moving forward with their life such that "distinctions tend to collapse, including the crucial distinction between then and now wherein one is able to remember what happened to one in the past but realises one is living in the here and now with future possibilities" (46). The trauma sufferer becomes 'trapped' in the repeated series of events, unable to move forward or go back to a time before they were traumatised.

The idea that trauma disrupts time is one that appears frequently within critical work on trauma. Kalí Tal, in particular, takes up this idea and argues that trauma disrupts history and time to such an extent that the traumatised subject is stuck in 'liminal' time, unable to reintegrate back into 'normal' time. For Tal, liminal time is a separate space outside of history; a transitional space occupied by traumatised people. They are unable to experience time in the same way that everybody else does, because their time seems meaningless and is no longer linear due to the repetition of the traumatic event. Subjects remain traumatised until they are able to escape liminal time by becoming post-liminal, working through their trauma, and returning to 'normal' society. Tal uses the example of First World War veterans, arguing that many returning soldiers were unable to adjust to peacetime life after witnessing the horrors of trench warfare. This experience is not limited to the First World War; we see this idea in almost all of the fictional texts about war veterans cited above. These characters often are, as Tal argues, "liminal figures who must remain [...] on the fringes of society" (122). Nowhere is this idea as clear as in Norman Bowker's revolutions of the lake in *The Things They Carried*: "The war was over," O'Brien tells us, "and there was nowhere in particular to go" (139).

This concern with the disruptive effect of trauma on history and time is often bound up with an interest in trauma narratives and survivor testimonies. For LaCapra, “testimonies are significant in the attempt to understand experience and its aftermath [...] in coming to terms with—or denying and repressing—the past” (87). Testimonies are therefore another way of working through trauma. Again, this is evident in much of O’Brien’s work. He often retells events in *The Things They Carried* from different perspectives, with a different focus, or out of the order in which they happened. In the book, O’Brien discusses the process of bearing witness to the war and describes his continued writing about it as “a natural inevitable process, like clearing the throat. [...] Partly catharsis, partly communication” (157). Survivor testimony has become an important area of trauma theory, though other critics are sceptical of its use as a cathartic exercise. Tal, for instance, also argues that survivors feel compelled to bear witness to the traumatic events in which they have been involved, such that “their responsibility as survivors is to bear the tale” (120). However, Tal finds this compulsion problematic because she believes the traumatic events that shaped the writers’ lives can never be reproduced in literature. She argues that retelling the event can never have the same effect as experiencing it; that is, the reader will never be traumatised in the same way that the writer was. Tal argues that this becomes another liminal state in which the survivor is trapped: caught between the compulsion to tell what has happened to them and an inability accurately to do so. Tal justifies this by suggesting that trauma not only disrupts time and history, but that it disrupts language, meaning, and reference as well. For people who have survived traumas such as the Holocaust, the words take on very different meanings that outside observers can never fully appreciate. Trauma is impossible to describe because the survivor-author does not have the same frame of reference as a reader who has not experienced that trauma. Tal explains: “Words such as *blood*, *terror*, *agony*, and *madness* gain new meaning within the context of the trauma, and survivors emerge from the traumatic environment with a new set of definitions” (16). These words do not mean the same thing to a non-

survivor because trauma, according to Tal, “displaces [the survivor’s] preconceived notions about the world” (15) or to put it another way, trauma rips apart survivors’ frames of reference and gives them new ones non-survivors cannot understand. Survivors are compelled to explain what happened to them, but this can never be understood by a non-survivor; reading a survivor’s experiences can never have the same effect on a non-survivor as the original event did on the writer.

This is problematic in terms of fictional trauma texts because Tal is effectively arguing that someone who has not experienced trauma cannot write a ‘true’ trauma narrative, because they cannot possibly imagine what happens during a traumatic encounter. This is in part to do with Tal’s wider problem with literary criticism and the use of metaphor: “Literary critics concentrate on symbol and image, on ‘reading’ texts rather than on reporting them. Literary critics, like the authors and readers of Vietnam war literature (con)fuse fact and fiction” (75). She discounts trauma fiction as an area of study completely, and instead concentrates her analysis on trauma survivors’ autobiographical literature. Tal seems to deny the very things at which literature excels—the representation of events, empathy, subjectivity—and what trauma literature and fictional accounts of trauma in particular seek to do. While I am sensitive to the differences between fictional representations and their real-world conditions, I do not believe that this should prevent us from studying fictional texts. Indeed, O’Brien’s work intentionally blurs the distinction between the truth and what really happened to O’Brien in Vietnam—“I want you to know why story-truth is truer sometimes than happening-truth,” he tells us (179)—and this emphasises the value in O’Brien’s work and positions him as an important ‘witness’ to the experiences of soldiers during the conflict. O’Brien is, in many ways, an antidote to Tal, and demonstrates the importance of trauma literature, not only for survivors to work through what happened to them, but also as important cultural artefacts. O’Brien draws explicit attention to the problem of traumatic truth-telling, but he does not do so in order to discount the importance of fictional representations of traumatic events.

I said at the beginning of this chapter that I was not interested in the medical validity of my fictional trauma texts, and this should be reiterated here. Tal argues her point by using trauma survivors' literature and fact, and gives no thought to fictional trauma texts. In contrast, the dissociative identity disorder texts this thesis examines are all fictional and feature fictional instances of trauma. As such, there is little use in my subscribing to the view that non-survivors cannot accurately write about trauma because this choice of texts indicates that I accept that non-survivors can write about trauma, and have done so in a manner worthy of study. Tal's concern comes partly from the representation of trauma sufferers and events like the Vietnam War and the Holocaust; she does not want the true nature of these events to be hidden behind metaphors and empty signifiers. While issues of representation of historical events are largely outside the scope of this thesis, I do not believe that novelists are attempting to hide the nature of traumatic events when they use metaphors to describe them. A common dissociative identity disorder metaphor is that of the self shattered by trauma, for example, and rather than trying to hide the nature of the disease, this literary device emphasises it and offers novelists a way clearly to express the condition to the reader. *Set This House in Order* is a perfect example of the way that a novelist can use a metaphor (the original trauma which caused the main characters to split is referred to as a 'death') to explain the effect the traumatic events in Andrew and Penny's childhood had, and how these characters developed multiple personalities as a consequence. That Ruff chooses to use this metaphor in no way detracts from the sympathy the reader feels for Andrew and Penny or prevents us from analysing the novel as a dissociative identity disorder text or trauma text.

Despite Tal's dislike of literary criticism and her belief that fictional accounts of trauma can never accurately represent the literature of trauma survivors, her work does offer several important points. The idea that trauma cannot be understood by people who have not experienced it because trauma destroys language, meaning and reference is an important one, and one that other critics

such as Caruth and LaCapra also discuss. The traumatic events do this because they are so far outside the 'normal' realm of experience that the trauma sufferer has no way to process and understand them; they are forever changed by what they have experienced. This makes reference to Freud's discussion of the element of fright required for someone to develop a trauma neurosis. Fright suggests that the trauma sufferer is not prepared to face what they are about to experience, and this is the same idea behind the destruction of reference: the trauma sufferer's current frame of reference is insufficient to deal with the experience they are faced with. In practical terms, and returning to Tal's statement, the previous frame of reference when it comes to words like 'blood,' 'terror,' 'agony,' and 'madness' is now completely inadequate, and no longer seems to express the reality that the trauma sufferer has experienced.

Cathy Caruth expands this destruction of reference so that it not only works for individual trauma survivors but for entire cultures bound up in specific traumatic events of history such as the bombing of Hiroshima or the Holocaust. We can also extend this to later events such as the September 11th Attacks or the wars in Iraq and Afghanistan. Each of these events affects a large group of people (Japanese people, Jewish people, Americans/New Yorkers) and has very real traumatising effects on the people involved. Caruth offers *Hiroshima, Mon Amour* (1959) as an example of a film that deals with this issue. The film centres on a Japanese man and a French woman who meet in Hiroshima after the Second World War and discuss the ways the war and the bombing of Hiroshima have affected them. The woman explains that she has "always wept over the fate of Hiroshima" but the man denies her right to do so: "what would you have cried about?" (qtd. in Caruth: 28). He asks her what Hiroshima means to her as a French woman, and she replies that it means the end of the war. Caruth suggests that this contrasts sharply with his own experiences of Hiroshima as for him it signalled the beginning of Japanese suffering. For the Japanese, Hiroshima was a catastrophic event; an attack on a largely civilian population that resulted in thousands of deaths and injuries. For the rest

of the world, Hiroshima was the end of the war and the start of peacetime, and the Japanese man has trouble overcoming this disconnect. The Japanese man repeatedly tells the woman that he saw what really happened and she did not; she did not see ‘correctly’ because the images do not have the same meaning for her as they do for him.

At first, the Japanese man seems to be an example of Tal’s survivor-writer; his own experiences are the important ones and they cannot be shared by those who did not witness the event. But there is a distinction to be made here between the Japanese man and Tal’s survivor-writer: the man was not actually involved in the Hiroshima bombings. He was not in the city at the time but he did lose his family in the bombing, and he believes the traumatising effects are the same for him as they would be for any other survivor. What he is arguing for is a unique sense of cultural, Japanese trauma that was not experienced by people in other countries. This idea of cultural trauma is an important one. It is experienced when “members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable way” (Alexander: 1). We see this in narratives of the September 11th attacks where main characters are not directly involved in the events but still suffer from trauma (for a fictional example, please see *Extremely Loud and Incredibly Close*, which I discussed in Chapter 2). We also see it in texts that deal with war and PTSD in soldiers. There is a sense in these texts that *all* men are traumatised by these events, something that is suggested by many of the examples I have chosen in this chapter. *Regeneration* is a British text, *The Things They Carried* is an American one. A text such as the television show *Bomb Girls* (2012-2014) serves as a Canadian example. Further, many of the male characters in these texts have fathers who also served in a previous war. O’Brien’s father served in the Second World War, and it is implied that Norman Bowker’s father is also a veteran when it is stated that, despite his eagerness for Bowker to win medals, he knows (perhaps due to past experience) “that there are many brave men

who do not win medals for bravery, and that others won medals for doing nothing” (142). *Bomb Girls*, set in 1941, makes this legacy of trauma overt through the character of Bob Corbett and his son Eugene. Bob served in the First World War, was injured on the Western Front and is now confined to a wheelchair, still unable to talk about or process what happened to him. Eugene comes home on leave as a ‘war hero’ and it quickly becomes obvious that he is suffering from PTSD due to the things he has seen and done as a member of the Air Force during the Second World War. Bob, having spent the last twenty-five years of his life traumatised by his experiences in combat, urges Eugene to talk about it, but Eugene quickly replies, “Why? You never did.” Eugene’s inability to process his experiences exactly mirrors his father’s, highlighting the extent to which trauma can affect whole generations, and even an entire gender.

This demonstrates that trauma’s disruption of language and meaning is not limited to individuals, but also to social groups and cultures. This destruction of language becomes significant in the case of cultural trauma when words such as ‘Holocaust’, ‘Vietnam’, or ‘9/11’ come to represent an entire event, and the entire experience of a group of people. Survivors and veterans may have very different impressions of what those words mean to them from non-survivors and civilians. Amos Goldberg suggests that this use of language can contribute to further trauma for the survivor, and that it may lead to a crisis, or ultimately the death, of the self. Goldberg cites the example of the Jews in the Third Reich, arguing that the Nazis turned the word ‘Jew’ into a “negative master signifier distinguished from its opposite positive master signifier—Aryan—in the racist Nazi worldview” (124). ‘Jew’ came to be a bad word, indistinguishable from the negative connotations it held. The Nazis then set about making this word inseparable from Jewish people, first by marking Jewish businesses and properties, then marking Jews’ official identification documents such as passports, then by literally marking Jewish people with the yellow Star of David badge and the camp tattoos that all imprisoned Jews were given. This had a dehumanising effect, obviously, but each step of the process also marked

an increase in the discrimination and horrific, traumatising crimes perpetrated against the Jewish people.

Goldberg argues that this forcing of the signifier 'Jew' on to the bodies of the Jewish people causes the 'death' of the self by linking the process to Jacques Lacan's understanding of metonymy, which Goldberg describes as the subject's constant "impossible search for a signifier that will suit him or her" (132). This search is ongoing because no one signifier can completely explain the subject's identity. Instead, a number of signifiers must be used, and the subject spends his life searching for new ways to describe his identity. By forcing the subject into one identity/signifier, such as 'Jew', the self suffers an identity crisis that is therefore tantamount to death. Goldberg says that this death-by-signifier can be challenged by an individual confronting the signifying chain and refusing to accept their signifier. This was not an option for the Jews, who were literally marked on their bodies as a constant reminder of who and what they were viewed as under the Nazi regime.

Goldberg's discussion of symbolic death is a return to the idea that trauma disrupts meaning, as we have seen before from LaCapra, Caruth and Tal, but his wording becomes particularly important when we consider dissociative identity disorder texts. For Goldberg, trauma results in the death of the *self*. This is, I believe, why trauma is so often tied to dissociative identity disorder within fictional texts. Trauma disrupts time, history, meaning, and language; the combination of these factors leads to the destruction of identity, resulting in a fragmented (multiple or dissociated) self. The destruction of the unified self stems from the trauma because without time, history, meaning, and language, there can be no self. Goldberg makes this explicit when he states that "the greatest catastrophe that is implicit in the traumatic encounter is the potential eradication of the entire grid of meaning, or, to put it differently, the point when the subject is left with no relevant cultural, historical, or personal context from which to work through the trauma" (134). By destroying these things, trauma leaves a person with no cultural or personal identity, unable to make sense of what

has happened to them. People can therefore develop dissociative identity disorder as a response to this: without these things, it is no longer possible to have a unified self or identity.

When examined in this way, it becomes obvious why trauma is so often associated with dissociative identity disorder, at least in fiction. For novelists or screenwriters looking to explore identity and the self, trauma and dissociation would seem to offer productive themes on which to build a narrative. Postmodern concerns with how identity is constructed and mediated in a contemporary Western late-capitalist society can be explored through characters with DID, and frequently are. Indeed, this link does seem to be specific to DID texts, and it does not appear in the same way in other texts featuring psychological illness. This is not to say that other texts do not mention trauma or engage with its effects. Rather, characters that are involved in traumatic events—Lisbeth Salander suffers years of neglect by social services, abuse from her father, and is violently beaten and raped in *The Girl With The Dragon Tattoo*; Oskar is traumatised by his father's death during the World Trade Center attacks in *Extremely Loud and Incredibly Close*; Phineas Poe is drugged and has his kidney stolen at the start of the *Phineas Poe* trilogy—do not develop their conditions as a response to their trauma. Trauma is present in these texts, but the disorders that these characters suffer from—autistic spectrum disorders, paranoid schizophrenia—do not stem from traumatic events. Dissociative identity disorder, and the common metaphors used when writing about this condition, seems uniquely suited to engage with contemporary theorists' understanding of trauma and do so again and again.

Having examined some of the theoretical work on trauma and suggested why it is so often linked to DID, I now turn my attention to a discussion of the representation of trauma within DID texts. Is trauma represented in the same way it is in non-DID texts or do these texts more closely engage with the theoretical discussions of trauma outlined above? In fictional texts featuring dissociative identity disorder, trauma causes characters to dissociate, to split, and to develop multiple

personalities. In the previous chapter's analysis of the early DID texts, trauma was the cause of both Sybil and Billy Milligan's dissociative identity disorder. Sybil was physically and sexually abused by her mother, while Milligan was physically and sexually abused by his stepfather. In the case of Sybil, this is another example of a woman developing multiple personalities following sexual abuse, as in *The United States of Tara*, or *Set This House in Order*. This is a further example of the 'gendered trauma' I discussed early in this chapter, but the fact that Milligan also suffered sexual abuse is significant because it is unusual: men are underrepresented in DID literature and Milligan is the only male character who is sexually abused. While there is some suggestion that the physical and sexual abuse did not cause Milligan's DID—he had already dissociated following his father's death, before his stepfather married his mother—it is obvious that the abuse makes it worse and facilitates the creation of new alter personalities. This is significant in terms of trauma being gendered because one man sexually abusing another can be viewed as emasculating: Milligan's stepfather holds power over Billy and sexually abuses him to make that clear.²¹ Viewed in this way, it becomes clear that while Milligan's trauma is not related to war in the way that male trauma often is, it does have a gendered element to it. Indeed, there are moments in the book when Chalmer Milligan's abuse takes on clear gendered, and consequently homophobic, overtones: "Billy loved flowers and poetry and helping his mother around the house, but he knew that Chalmer called him 'a sissy' and 'a little queer.' So he stopped helping his mother and writing poetry" (Keyes: 166). This is immediately followed by a description of Milligan's stepfather beating Milligan with a garden hose when he finds him—actually Milligan's female alter personality Adalana—washing dishes. The association is clear: Billy (or Billy's alters) behaved in stereotypically feminine ways and his stepfather hit him because of it.

²¹ Of course, this is not to say that a man sexually abusing a woman is not about exerting power over the woman. The point I am making is that Milligan is put in a position usually occupied by a woman, and so in addition to the power dynamic inherent in any instance of rape, there is a further gendered element at work.

In both of these examples, the ‘cure’ for dissociative identity disorder is for Sybil and Milligan to ‘work through’ their trauma and come to terms with what has happened to them. According to the various medical authorities within the texts, this will allow the personalities to reintegrate and the person to become whole again. In both of these texts, the main characters first had to remember that the abuse had taken place, and this search for the cause of their DID is an important part of the narrative. Indeed, in many DID texts, the search for the event that originally traumatised the dissociative character is at the centre of the narrative. This happens in seasons one and two of *United States of Tara*, for example. We also see this in *Set This House In Order*, with Andrew’s discovery of what happened to the original Andy Gage, and a first season episode of *Dollhouse* in which the doll’s original personalities are restored and each character searches for closure from the trauma that originally sent them to the Dollhouse. Indeed, my primary texts often position DID sufferers as people looking for answers; managing their condition and trying to come to terms with what has happened to them. The narratives are often ones in which the dissociative characters seek a cure or want to discover what made them dissociate in the first place. In most cases this means the sufferer has to come to terms with their trauma and ‘work through’ it in order to cure themselves of DID. Again, this works in terms of the metaphor—trauma splits the self, so in order to put the self back together again one must overcome or work through the trauma—but in many of the texts it is not that simple. The notion of curing the disease is often problematised, with some texts such as *United States of Tara* and *Set This House In Order* questioning the extent to which the disease can be cured, if at all. From this brief description, it seems that the texts are simultaneously confirming what a reader familiar with trauma theory might expect while also resisting following a typical ‘trauma narrative’ in which the trauma sufferer works through their trauma. While the next chapter will examine narrative convention more closely, and how DID texts conform to or resist these conventions, the rest of this chapter examines *Set This House in Order*, *United States of Tara*, *Dollhouse*, and *Fight Club* in order to

determine to what extent the trauma sufferers of these texts are able to work through their trauma in order to cure their disorder, and what this might mean for the representation of trauma within dissociative identity disorder texts.

Ruff's novel features two characters with dissociative identity disorder: Andy Gage, who has found a way to manage his condition by creating a house in his head in which all of his personalities can co-exist and interact, and Penny Driver, who does not realise she has multiple personalities and struggles to come to terms with her condition during the course of the novel. The 'Andrew' who narrates much of the novel is not the original Andy Gage personality; he was created by Aaron, the previous dominant personality, in order to run the body and become the 'Andy Gage' who interacts with the outside world.²² Ruff's treatment of DID uses metaphorical language in order to describe the characters and the formulation of alter personalities, and this language is highly significant in terms of trauma metaphors. Ruff states that the traumatic event 'kills' the original 'soul' (personality), and when the soul 'dies' it breaks into pieces that become separate 'souls' (new personalities) in their own right. It is suggested that new instances of trauma and/or abuse create new personalities. For example, there are several traumatised child personalities in Gage's head that Andrew refers to as "witnesses... fragmentary souls created by a single traumatic event or act of abuse" (Ruff: 99). These Witnesses aren't fully fledged personalities in the sense that Andrew or the other 'dominant' personalities are, but the novel is quite clear that traumatic events create new personalities and further fragment the soul. This makes sense in terms of the trauma metaphor that I discussed earlier; traumatic events shatter the self so each act of abuse creates a new soul fragment. Andrew explains that of the seven souls who were created when the original Andy Gage was 'murdered', "five were later murdered themselves" and that by the time Gage got free of his stepfather and his abuse "there were over a hundred souls in Andy Gage's head" (2). The use of this terminology is an example of a

²² I use Andrew to refer specifically to the Andrew personality, while Andy Gage refers more generally to the character as a collective, multiple, personality.

novel overtly acknowledging and engaging with trauma theory. That this explanation of the effect of trauma is given right at the very start of the novel is even more significant as it means that one cannot help but read everything that comes afterwards within this framework.

Having so clearly referenced this metaphor, an astute reader might expect the novel to then set about allowing Andrew to 'work through' his trauma in order to cure it, but this does not happen. While Andrew does set out to learn the traumatic cause of his dissociative identity disorder, this search does not allow him to reintegrate his personalities or rid himself of his DID. Instead, the novel offers us something much more radical. At the end of the novel, Andrew discovers that the trauma Andy Gage experienced as a child was repeated sexual abuse at the hands of his stepfather. But the sexual abuse alone did not cause Gage to become multiple; instead, it was the moment when his mother discovered the abuse and chose to ignore it, effectively choosing her husband over her child. Andrew does not know this until he goes back to Gage's childhood home and discovers clues that lead him to the truth. After these revelations, it quickly becomes clear that Andrew's search did not arise out of a need to cure himself of his multiple personalities. Instead, he simply wanted to know the truth about the original Andy Gage, and discover the past that Aaron had kept hidden from him. Indeed, Andrew is happy to continue to manage his condition by means of the 'house' he has built in his head, with himself as the dominant personality and the others helping when needed. Rather than attempting to cure himself, Andrew needs to learn the truth in order to manage one disruptive personality who attempts to seize control of the body. Positioned in this way, Andrew's search is not for an original trauma or a cure but a quest for independence. As a result of this, the novel could be said to be a coming-of-age narrative for Andrew, a relatively 'new' personality who needs to mature in order to control the day-to-day affairs of Andy Gage's life. At the start of the novel, Andrew is innocent, naive, and doesn't know the complete history of what has happened to his body and personalities. His 'father', Aaron, continues to manage the internal workings of the house he has

created and the personalities that live within it, and Andrew defers to him and his experience. By the end of the novel, Andrew has discovered all that happened to the original Gage, absorbed most of the Witnesses and their memories of abuse, runs the internal workings of the house, and manages the personalities himself. He has to some extent, therefore, worked through his trauma. His absorption of the Witnesses is the biggest piece of evidence for this. Despite this, at the end of the novel Andrew is still managing his dissociative identity disorder in the same way his father did, and seemingly has no interest in 'curing' himself completely. Here then, although trauma causes Andy Gage to split into multiple personalities, working through the trauma does not lead to a cure for DID. This is significant because critical work about DID and trauma implies that this should be the case; working through the traumatic experience that caused an individual to split should enable them to put themselves back together again. However, by returning to the early metaphorical language that Ruff uses to describe the moments when Andy Gage became multiple we can begin to understand why this is not the case in the novel. The original Andy Gage personality was 'killed' by the abuse, and no longer exists. Further, the alters that exist are not all fragments of this original soul; some were formed from fragments of other souls which were later killed. Ruff is deliberate in his use of language. Death is irreversible, and there is therefore no way to put the pieces back together in order to resurrect the original soul. It is perhaps for this reason that Andrew is so sceptical of much of the treatment available to people with DID, backed up by Aaron's awful experiences with various forms of treatment. Andrew understands how the alters were formed, and does not therefore seem to believe that dissociative identity disorder can or should be cured. This is made particularly clear at the end of the novel when Andrew describes the fights he and Penny have over her choice to attempt reintegration therapy: "Crazy, I was going to say; like opting for a lobotomy. I tried for a more tactful phrasing: 'Reintegration doesn't work, Penny. It doesn't work, and if it did, it'd be like dying. You wouldn't be *you* anymore'" (Ruff: 469). It is interesting that Andrew refers to reintegration as 'like

dying', given the novel's employment of this language to discuss the death of the original personality and alter creation. Andrew is seemingly projecting his own anxieties and experiences of treatment on to Penny, but he is also proved right in his assertion that reintegration doesn't work when one of her alter personalities attaches a postscript on to the end of an email, thus suggesting that her other personalities aren't fully integrated (Ruff: 478). If one of Penny's alters is able to exist outside of the reintegrated self, then Andrew's fears about Penny's personalities 'dying' in order to become something new and singular are unfounded. Andrew's use of this language here then is perhaps nothing more than an overly emotional appeal to stop Penny from going through with her plan to reintegrate by using the language of their shared (dissociative) experience.

From this brief overview of the novel's approach to trauma, it is clear the novel is resisting what we might think of as a typical trauma/DID narrative, by which I mean the idea that working through the trauma is enough to cure the DID. However, it could be argued that the novel's coming-of-age or *bildungsroman* narrative could be said to work in similar ways. For example, typical coming-of-age narratives often centre on a character's search for independence and their place within society. Here, it is Andrew's relative lack of experience in the real world (because he is a new personality) that is the main obstacle to his ability to run the house in Andy Gage's head; his naivety allows other personalities to take advantage of him and talk him into letting them take control of the body for their own ends, for example. Coming-of-age narratives often feature 'outsider' characters that have several obstacles to overcome before they reach maturity and become accepted members of society. Chapter 2 discussed this idea in relation to autism texts, and Ruff's novel works in a similar way except that Andy Gage's disorder is not the main obstacle he has to overcome. This is the crucial point. It could be argued that the autistic *bildungsroman* narrative is similar to the ways that trauma sufferers must search for and overcome the original event which traumatised them—only here the 'cure' is reaching maturity and finding social acceptance—because, in both cases, trauma and its

associated illnesses (DID, PTSD), and the 'outsider' status of the main (autistic) character at the start of the *bildungsroman*, are negative conditions that must be overcome. However, this is not the case for Andrew in *Set This House In Order*. While Andrew clearly fits into society much better than the other dissociative character in the novel, he continues to resist the pressure to fit into society by ridding himself of his other personalities and becoming a singular person. Instead, Andrew represents a 'new' way of managing his condition (more in line, perhaps, with Haddock's treatment of DID as discussed in Chapter 1) and represents a third option not usually offered by typical trauma or trauma/DID narratives. By 'typical narrative', I mean the tendency of literature, and literature which deals with syndromes and disorders in particular, to cure its characters and make them 'better' by the end of the text. This not only means simply curing them of their disease but also allowing them to fit into society in a normative way, particularly if the condition is being used as a metaphor for social difference, as often happens with texts featuring autistic characters. In these texts, the character is 'cured' when they are able to overcome the differences that stem from their condition and better fit into society. In DID texts, the normative model of curing is one in which DID sufferers work through and come to terms with their trauma and reintegrate their personalities into one unified whole. *Set This House In Order* is quite radical in terms of the narratives usually offered to characters with psychological syndromes or disorders because it breaks from this pattern by suggesting that working through trauma is not going to cure Andrew of his disorder, and goes further in implying that this is not a problem for Andrew. His behaviour is not disordered in the way we expect someone suffering from DID to be, and therefore his condition does not need to be cured. However, while Andrew is afforded some freedom, Ruff falls back on more familiar narratives for the other dissociative character, Penny Driver.

In stark contrast to Andrew, Penny does not know she has multiple personalities, though she frequently 'loses' time and finds evidence of herself doing things that she cannot remember. Penny

knows that she was subjected to years of physical and emotional abuse by her mother, but, like Andrew, she discovers one particular instance of sexual abuse, which she had completely repressed, as the moment when she became dissociative. Also like Andrew, she and her personalities use the same language to describe this event as the moment when the original Penny Driver was 'killed'. In contrast to Gage, Driver's dominant personality still thinks of herself as 'Penny Driver', though her other personalities refer to her as 'Mouse', a nickname given to her by her abusive mother. While Andrew is interested in managing his condition, Penny would rather cure hers completely, and by the end of the novel she has 'reintegrated' her personalities with the help of a therapist, though there is some doubt as to how successful she has actually been, as discussed above.

In contrast to Andrew's storyline, Penny's narrative follows a more traditional trajectory. She enters into therapy, presumably to work through the trauma she has experienced, and then goes to a specialist facility in order to reintegrate her personalities and 'cure' her condition. And yet even within this normative narrative there are moments that suggest that Penny's treatment is not that simple. Ruff hedges his bets somewhat by never explicitly stating how successful Penny's reintegration is. Andrew remains vehemently opposed to it, though he does grudgingly come to accept that it might be an appropriate treatment for Penny, if not for himself. Further, he seems to suggest that Penny's personalities might not be quite as integrated as she thinks: "There were times, most often in moments of stress or great emotion, but occasionally in calmer moments too, when a single soul seemed to predominate" (473). The novel sows these seeds of doubt and avoids giving Penny a clear cut 'happy ending', but I think she can be said to represent a more normative narrative in which her disorder must be cured, her trauma worked through, and that Andrew represents something new. Ultimately Ruff's novel offers multiple ways to be multiple, as it were. Being multiple seems to simply be another way of being, rather than a negative condition that needs to be cured through therapy to overcome trauma. In some ways, it is not treated as a disorder at all, at least not

in a narrative sense. It is not a problem, within the novel's fictional universe and the logic it presents to us, for Andrew to remain multiple. He has not failed in some way by rejecting a normative ending to his own story. Indeed, Andrew is uniquely placed to occupy this position: as a newly created personality he does not fully understand social norms or feel the same pressure to conform to them. A small incident at the beginning of the novel highlights this: when getting dressed in the morning, Andrew has to seek Aaron's approval of the clothes he wants to wear, with Andrew complaining, "I hate having to give things up just because of what other people might think" (11). *Set This House In Order* does not explore social normativity in quite the same way that some other texts dealing with disorders and syndromes do (see Chapter 2), but we do see reflections of the other texts' non-normativity in Andrew's resistance to social and narrative norms. The novel does not suggest, for example, that society is in some way the cause of Andrew or Penny's DID, as happens in other texts such as *United States of Tara*. Instead, it allows its characters to play with notions of non-normative behaviour without consequence, and does not feel the need to 'cure' or normalise them by the conclusion of the narrative. This is perhaps the most radical aspect of Ruff's novel, and certainly one of the most interesting in terms of metaphorical representations of both trauma and dissociative identity disorder. It is an idea that I will return to throughout the remainder of this thesis.

Ruff's novel represents a more radical interpretation of the disease, both in terms of the language used to describe it, and Andrew's non-normativity in what is a departure from the more normative narratives that predominate in other syndrome and disorder texts. It is not the only dissociative identity disorder text to do so. *United States of Tara* is another text that seemingly conforms to trauma/DID narrative expectations while subtly offering evidence of a more radical interpretation of the condition. On the surface, the show appears to be a typical example of a DID narrative: in the first season, Tara decides to stop taking the medication which keeps her alters suppressed (and had been keeping her numb and desensitised to everyday life) in order to discover

what caused her dissociation. For all of her life, Tara has believed she was raped while she was at boarding school, though she has no memory of this event happening, and so she searches for her old classmates and tries to discover the truth. At the end of the first season it is revealed that Tara has no memory of the sexual encounter because she was not in control of her body at the time; it was actually one of her alters, T, who had the (consensual) sexual experience. This shatters Tara's beliefs about what caused her condition and she is left to wonder what the real cause of her disease was or even if there was no cause at all. This subversion of the expected ending could easily be credited to a quirk of television form; Tara finding out what had caused her disease would have left the show with little narrative ground to cover in a second season and beyond. While this seemingly explains the show's avoidance of narrative norms, it should be noted that this first season finale was written without the knowledge of whether the show would be renewed for a second season. This means that when the finale was written it was designed to act as both a season finale—which it would become—and a *series* finale in the event of a cancellation. Due to this, if Showtime had not opted to pick *Tara* up for a second season, this ending would have been even more subversive as there would have been no hope of finding out what really caused Tara to become dissociative in the first place. The tone of the show would have changed completely if this had happened, and the viewer would have been left to think there was no cause of Tara's condition. Of course, the show was picked up for a second, and later a third, season, but the writers' willingness to embrace what would have been an unconventional ending suggest that the text is committed to resisting normativity and approaching the representation of the disorder from a new angle.

It is not only the ending of the first season that is somewhat radical; there are moments throughout the first season that suggest the show's creators are attempting to subvert the normative narrative of syndrome/disorder texts. For example, in the third episode Tara does some interior design work for her sister's boss, Tiffany. Tiffany is fascinated by Tara's condition and asks her lots of

questions. Eventually, after Tara becomes defensive, Tiffany explains: “I kind of feel like everyone has [DID] a little bit. Over the course of a day how many different women do we have to be? You know, work-Tiffany, sexy-Tiffany, dog-owner-Tiffany... and it’s hard, right?” It’s clear Tara finds this a little offensive—it’s a very real condition to her with a lot of negative associations—but the suggestion that everyone has roles to play is one that continually recurs in the first season. Indeed, Tara herself is accused of simply ‘playacting’ by her sister Charmaine on more than one occasion, and she does not seem to believe that Tara has a real disorder. Instead, Charmaine thinks Tara hides behind different ‘characters’ when things get hard, and that she picks whichever ‘character’ would be best equipped to handle the particular situation she is faced with. (Sometimes the alters’ appearances do appear to be context-sensitive so Charmaine’s idea does seem to have some basis in fact. One of Tara’s alters, Alice, indicates that this is the case when she is in control of Tara’s body in an early season one episode: “Tara is not equipped to handle this family at the moment and we’ve all come to a consensus and I think you need me right now.”) Charmaine’s belief that Tara is simply taking on different roles fits in with the behaviour of several of the other characters, who often pretend to be people that they are not for their own ends. For example, Tara’s gay son Marshall pretends to be religious and attends a homophobic church group in order to get closer to the boy he likes, while his sister Kate advises him that in relationships you “don’t ever be yourself, it’s the kiss of death.” Charmaine herself seems eager to distance her identity from that of her family and is overly concerned with the image she presents to the outside world. This becomes obvious in the episode in which she has breast augmentation surgery; a surgery she is having in order to live up to some idealised feminine beauty standard and ‘normalise’ her body.

Indeed, in the first season it often feels like each character has an alter personality, as they try to assume identities they do not possess. This introduces a problem to the viewer: each character seems to exhibit dissociative behaviour, but it is only Tara who is said to have a disease. The only

difference seems to be that Tara cannot control her dissociation or when her alters appear, whereas the other characters all assume different identities in order to further their own agendas. This creates a relationship between the two conditions and suggests that there is not much difference between them. Indeed, if the other characters are supposed to represent 'normal' non-dissociative members of society, then it quickly becomes apparent that 'normal' society is not that different from Tara. Whether or not a character has dissociative identity disorder seems merely to be a matter of degrees rather than a simple yes or no; everyone in *Tara* is multiple, the show suggests, whether they have 'true' multiple personalities or not. This issue is further problematised by Tara's search for the 'cure' for her condition, as the rest of her society seems to be ignorant of the fact that it too is dissociative and should be seeking a 'cure'. They do not, and yet they demand that Tara seeks treatment for her condition again and again. Indeed, there is a further problem here. In seeking a cure, Tara should be searching for a way to work through the trauma of the rape she believed caused her condition in order to become 'normal' like the rest of her family, but this reading of the text suggests that Tara cannot go back to being a 'normal' member of society if she rids herself of her multiple personalities. How would Tara adopt the different personas required in day-to-day life if she has her alters taken away from her? In the common way that texts use syndromes and disorders as metaphors for social inclusion, these conditions are 'cured' when characters are able to fit in with normative society like everybody else: the autistic character learns better to relate to other people for example. But in this case, Tara would be unable to fit in if she were cured because the rest of society is still 'dissociative'. Indeed, if Tara were to find a cure for her condition (working through her trauma, or something else entirely), the other characters would still suffer from some form of 'dissociation'. Until society can be 'cured', any 'cure' that Tara found would not address the cause of her illness. This leaves the series in a curious position: far from fulfilling a narrative in which a cure is expected, the viewer is left with the

feeling that a cure is not possible. It is a position which seems to be reinforced elsewhere in the series.

Tara's narrative arc in the first season ends on a subversive note that fits well with the idea that everyone has 'a little bit of DID', with Tara positioned as the most 'normal' character despite her condition. Season Two at first seems to undo some of this subversion by having Tara resume her hunt for a cure. The second season ends with her discovering the original trauma that caused her to become dissociative: she was sexually abused as a child by her older half-brother. Despite the fact that Tara's narrative follows a more well-worn path this season, the other characters seem to be even more intent on acting like other people, reinforcing the idea that all of society is dissociative established in season one. Marshall meets a boy at school named Lionel who is out, proud, and makes no apologies for his queerness. Lionel's easy acceptance of his sexuality scares Marshall back into the closet and he spends much of the season trying to have a relationship with a girl, ultimately having sex with her before he finally accepts that he is gay. Kate meets a comic book artist and spends much of the season dressing up as one of her characters, Princess Valhalla Hawkwind, and hiding behind her new persona. Prior to this, she gains her GED—an early high school graduation certificate—and gets a job at a collection agency, where she dresses the way she thinks an adult would and in many ways appears to 'play' at working. Charmaine finally has everything she wants—what appears to be a perfect relationship with the perfect man—but finds herself in love with Max's more ordinary best friend, Neil, and tries to hide her feelings from everyone. As we can see from this brief summary, the other characters act less like themselves (Marshall, Kate) and more like the people society expects them to be (Marshall, Charmaine) as Tara gets closer to her 'cure'. The show is once again underlining the fact that while Tara searching for a cure seems quite normative, the rest of society is not as 'normal' as we believe; a cured Tara would not be able to find a place within it.

The show stops short of suggesting that Tara can find a way to manage her condition as

Andrew does in *Set This House In Order*, but the show is, in many ways, equally sceptical of traditional treatment methods. The show is quite clear about the fact that Tara's medication does not 'cure' her DID, it simply suppresses the alters and causes her to become numb to her life. In addition, there are moments that suggest a 'cure' might not be as final or as successful as it appears such as when Tara meets a fellow DID sufferer named Jenny who has successfully reintegrated her personalities, or believes she has, at the second attempt because "last time they were just hiding." Jenny's experience with reintegration, in particular, is quite similar to Penny's experience in *Set This House In Order*, and undermines the standard curing narrative. At the treatment centre, Tara introduces Jenny to Max and whispers that Jenny is integrated. When Max asks why they're whispering, Jenny replies, "You know how some people aren't happy for you when you've lost a bunch of weight?" This suggests that reintegration is viewed with some scepticism, that it's not the ultimate cure that some medical professionals say it is. These moments, as well as the other characters' behaviour, suggest that Tara's search for a cure may be a futile one. If Tara does find a cure for her condition—indeed, one that may not even work—she will seemingly be unable to go back to being a 'normal' member of society because 'normal' society is dissociative itself. This idea seems confirmed by the ending of the third and final season, in which Tara is leaving to seek treatment with a specialist in Boston but seems to have accepted that her alters will always be a part of her and that they must all work together to find a 'cure'. Of course, the show was not picked up for a fourth season, so the audience never discovers if this treatment works, but Tara's acceptance of her alters in the final episode indicates that any cure she finds will include them. Tara, like Andrew, is embracing a 'new' cure for her condition because the text does not allow her any other choice. Her condition cannot be cured without curing the rest of society, and the rest of the society does not think it has a problem that needs curing. This is perhaps the final message of Tara: she spends three seasons trying to discover what happened to her to make her dissociate and pursuing different courses of treatment to rid herself of her alters, but instead

finds a solution like Andrew's; a kind of adjustment, a non-normative cure.

So far I have demonstrated how *Set This House in Order* and *United States of Tara* both work to subvert a normative narrative concerned with curing the main characters' dissociative identity disorder, usually by working through their trauma. My remaining texts are not as clearly concerned with DID or trauma as *Set This House* and *Tara*, and this enables them to focus their narratives on other things that the condition, characters' experiences of trauma, and their search for a cure. This is not to say that they do not work in similar ways, or avoid 'normalising' narratives completely, but the primary narrative drive in these texts is not the characters' desire to work through their trauma and find the cure for their DID. Despite this, it is still possible to analyse these texts in terms of the trauma found within them and how this affects their representations of DID.

Fight Club is a novel that revolves entirely around a character with dissociative identity disorder, and yet the term hardly appears in the narrative. The novel is perhaps more correctly categorised as a thriller in which DID is a narrative twist rather than a dissociative identity disorder text, and yet it works in many of the same ways as the other texts discussed in this chapter. Unlike *Set This House* and *Tara*, there is no specific traumatic event in Sebastian's past that leads to the creation of his 'Tyler Durden' alter personality. Instead, the novel suggests that it is the cumulative effect of Sebastian's place as a consumer in a late capitalist society that causes him to dissociate. Immediately, then, this allows us to link *Fight Club* to *United States of Tara* because both suggest that society contributes to, and even encourages, its members' dissociation. In *Fight Club*, this is made explicit by Sebastian's increasing frustration with his emasculated role as a consumer, which leads to the creation of Tyler Durden, an 'alpha male' personality that can not only get him out of the endless consumer cycle, but change society so that the cycle no longer exists. Without a clear incident of trauma, the novel suggests that the 'traumatic' cause of Sebastian's DID is the uncertainty of his gender identity when put into this role. Indeed, the role of a consumer is one that has been

traditionally associated with women, in large part due to the idea of the private and public spheres that men and women belonged to. This idea stated that while men were at work in the public sphere, women were primarily wives, mothers and consumers in the private sphere. Thorstein Veblen developed this into 'conspicuous consumption' in his book *The Theory of the Leisure Class* (1899) in which he argued that well-off men could afford to let their wives endlessly spend money as it increased their social status and made them appear more affluent. In *Fight Club*, Sebastian seems to work simply so that he can buy things; his advances in the workplace fuel his consumption and vice versa. We are told how Sebastian spends hours viewing the Ikea catalogue and buying items for his home that he does not need in an attempt to perpetuate the idea that he is well-off financially and happy with his life, just as Veblen describes. Indeed, the film version of *Fight Club* makes this clear in the scene in which a page from the Ikea catalogue is transposed over a shot of Sebastian's apartment. Labels appear on screen telling us what each item of furniture is and how much it costs as Sebastian walks through the shot on the phone, ordering more things for his apartment. This serves as a clever non-diegetic moment to further confirm Sebastian's place as a consumer to the audience.

Sebastian's 'trauma' is this continual emasculation by late capitalism, then. There is no fixed traumatic event, such as Andrew, Penny or Tara's abuse, that causes him to dissociate. Sebastian's 'trauma' is caused by his failure to live up to a masculine ideal and his position in a traditionally 'feminine' role, leading him to dissociate as a coping mechanism. We also see this in *United States of Tara* with Tara's family members, who are all, to some extent, unable to live up to the expectations placed on them by society and choose to take on different roles as a result. This is particularly obvious with Marshall in the second season, when he pretends to be heterosexual instead of embracing his sexuality like Lionel, or when Charmaine continues her seemingly perfect romantic relationship with Nick because he represents everything society says she should want, despite the fact that she would rather be with Neil. These texts suggest that normative roles within society can be a form of 'trauma'

for those who are unable to live up to these expectations and fulfil these roles. According to the texts, Marshall and Charmaine are not 'ill' in the same way that Tara and Sebastian are, yet they attempt to play different roles—to fit in with normative expectations—in order to try to conform to what society expects of them. Sebastian's dissociation and his Tyler Durden personality are a more extreme example of this, brought about by the trauma he experiences within the capitalist system.

In both texts the characters' dissociation is attributed to the social structures in which they exist, and both texts suggest that society is not as 'normal' as we are led to believe. *Fight Club* further compounds this problem by having the system that Durden creates, Project Mayhem, become even more dissociative than the original capitalist society in which Sebastian was trapped. The men who join Project Mayhem are chosen from *Fight Club*, given a uniform, stripped of their names and belongings, and encouraged to become mindless automata that unquestioningly follow Durden's rules. They each have little tasks to fulfil as part of a larger system and are kept deliberately in the dark as to the true nature of their work. They become cogs in the machine that is Project Mayhem, and lack any sense of individuality and independence. In short, the alternative society that Durden creates becomes even more normative and demands even higher levels of conformity from its members. Indeed, Sebastian repeatedly refers to members of Project Mayhem as 'space monkeys' after the animals who were sent on early space missions, and this name serves to dehumanise them even further. Durden keeps Project Mayhem's members separate and disconnected, fulfilling little tasks that add up to larger missions with anti-capitalist objectives. Having already accustomed these men to following rules in *Fight Club* through the oft repeated "the first rule of fight club is..." mantra, Durden continues to use rules to keep his new troops oppressed: "The first rule about fight club is you do not talk about fight club... and the last rule about Project Mayhem is you don't ask questions" (Palahniuk: 140). As a result, Durden's new world order becomes even more dissociative than the one he is fighting against, with its members losing their sense of self completely. Project Mayhem

members mindlessly conform to Durden's expectations even more so than Sebastian is expected to conform to the social norms of late capitalism; the new system designed to free Sebastian from one oppressive social system gives birth to another, even more oppressive than the first.

Though dissociation is everywhere in *Fight Club*, Palahniuk is seemingly uninterested in curing Sebastian's condition, and Sebastian makes no attempt to seek treatment for his disease. This makes sense as *Fight Club* is not a 'straight' DID text in the same way as *Set This House* and *Tara*. While those texts have the disease at their narrative centres, it is very much a means to an end in *Fight Club*; a clever plot twist introduced halfway through. We very briefly see a form of treatment for Sebastian's condition at the end of the novel when the reader is told Sebastian is recovering in a psychiatric hospital, but this is undercut at the very end when it is suggested that Fight Club and Project Mayhem are continuing without him, as Durden seemingly intended all along: "Because every once in a while, somebody brings me my lunch tray and my meds and he has a black eye or his forehead is swollen with stitches and he says, 'We miss you Mr Durden'" (208). It is possible to read this as the novel expressing scepticism towards treatment of DID, and much like with the reading of *Tara* above, Sebastian cannot be cured because any successful treatment will only ever send him back to the society that caused him to dissociate in the first place. This conclusion is reinforced by Project Mayhem becoming a self-sustaining system in the same way that late capitalism is at the start of the novel. The space monkeys are now under pressure to conform to Durden's rules because they are trapped in this new system and see no alternative.

This reading of the ending of *Fight Club* is revisited and commented upon in the sequel comic *Fight Club 2* (Palahniuk and Stewart, 2015-16), which largely reads as Palahniuk's response to the original novel's popularity and long-lasting cultural appeal. At the beginning of *Fight Club 2*, Sebastian has been taking medication which he believes keeps Durden dormant. Much like Tara in *United States of Tara*, Sebastian has become increasingly numb to and detached from his life, including his

relationships with Marla Singer (now his wife) and their young son, Junior. He therefore finds himself in a similar position to that which he occupied at the beginning of the original novel: struggling to fulfil the masculine roles of 'husband' and 'father.' The focus on consumerism is seemingly gone (although we do see several pictures of the family's large, well-kept house which implies Sebastian and Marla are doing well financially), but there are other concerns here that link to the original novel. Sebastian's ability to be a husband and father is called into question, in the same way that his gender identity is problematised in *Fight Club*. We see this as early as the second page of issue one, when Sebastian returns home from work early with flowers to celebrate his and Marla's anniversary. The babysitter is not expecting him home, and is on the phone to the police, telling them, "a crazed man just burst through the front door." The next panel shows Sebastian holding up his hands in protest as he tells her, "I'm not a man" (*Fight Club 2 #1*). In fact, it is Marla's dissatisfaction with their relationship and their sex life specifically which leads her to switch Sebastian's medication for aspirin, in the hopes this will force Durden to reappear and allow them to resume their sexual relationship, which Marla considers better than that which she shares with her husband. It is this decision which prompts the events of the sequel.

Once again, Sebastian is not traumatised in the same way that characters with DID are in other texts; there is no specific instance of trauma which seems to have caused Durden to appear for the first time. The comic is similarly hesitant to reveal the moment that Tyler first appeared for Sebastian as the original novel was. Indeed, the closest thing we have to a moment of trauma in the comic is the death of Sebastian's father, but while Durden seems to make himself known for the first time to Sebastian here, it is not this traumatic event which creates Durden. Durden already exists, as he had previously acted to set the fire which killed Sebastian's father (*Fight Club 2 #2*.) This is not a typical representation of DID then, and in fact, the comic implies that the condition is somewhat hereditary, as Durden has appeared to all male members of Sebastian's family, starting with his

Great-Great Grandfather, and will soon be moving on to his son. Sebastian's psychologist explains this to him thus:

For a decade, I've been studying your case. To cure you. Your disorder, it's congenital. It didn't manifest as full blown until your parents were gone. Tyler won't die. He's already insinuated himself into your son's life. [...] He's an archetype. Tyler works like a superstition or a prejudice. He becomes part of the lens through which you see the world. [...] Tyler survives across time by infecting one generation after another (*Fight Club 2, issue 6*).

This is the first time in any of these texts that dissociative identity disorder has been implied to be hereditary, although given Palahniuk's avoidance of the term throughout *Fight Club* (and even in this speech, given that the psychologist does not specify which disorder Sebastian has) it is possible that Palahniuk thinks he is not making this connection. The comic goes on to expand this idea so that Durden has come to stand for a cultural 'idea' in which contemporary masculinity needs to be challenged and a return to a more primal, stereotypical version should be sought. This is in large part due to the popularity of the film adaptation of the novel, and the character of Palahniuk in the comic makes several pejorative comments about the film, noting particularly that they changed the ending and that Fincher cut out Marla telling Durden that she would have his abortion after they've had sex.²³ While Palahniuk's seeming disapproval of and response to the enduring popularity of Durden's philosophy as represented in the film is fascinating, it takes the representation of the disorder in the comic even further away from the reality of DID than the original novel did. This is not to say that some elements of the comics, including those highlighted above, are not useful in understanding further the novel's position on late capitalism and masculinity, and the 'trauma' Sebastian

²³ In the film, Marla says, "I haven't been fucked like that since grade school." Commentary on the DVD notes that they changed the line because abortion is always such a controversial and divisive subject in America, and they thought the line might be more than they could get away with.

experiences. It also worth noting that Durden once again survives at the end of the comic and Sebastian is therefore not ‘cured’ of his alter personality by the conclusion of the narrative. Whether we will see Durden again in a *Fight Club 3* remains to be seen.

I have mentioned elsewhere that the term ‘dissociative identity disorder’ never appears in *Fight Club*, though Sebastian’s condition can clearly be read as a (albeit, heavily fictionalised) version of the disorder. My final text is another that can be read as an allegorical representation of dissociative identity disorder. Fox’s *Dollhouse* is a science-fiction show set in the near future. It is about an organisation called the Dollhouse that possesses the technology to wipe away people’s personalities and implant them with purpose-built personalities to fulfil specific tasks. These people—referred to as Dolls or Actives—are then hired out on missions to people who can afford to pay. While this can be read as technologically induced dissociative identity disorder, the show goes a little further in linking this technology to DID with several of the main Actives having instances of trauma in their past from which they are trying to escape. Tony (codenamed Victor during his time as an Active) is a soldier suffering from severe post-traumatic stress disorder from his tour in Iraq, and Priya (codenamed Sierra) had been romantically pursued and abused by a man she did not want to sleep with, and is then raped once she is in the Dollhouse by her handler (the member of staff assigned to each Active to keep them safe.).

Priya’s rape is the most obvious example of trauma similar to that of other DID texts, but there are also examples of DID texts that feature men with PTSD, such as Pat Barker’s *Regeneration* trilogy. It should be noted, of course, that there is a gendered aspect to their trauma, as I discussed earlier in this chapter. In *Dollhouse*, many of the Actives have come to the Dollhouse as a way to escape the trauma of their past: the act of signing oneself over to the Dollhouse is a way of dissociating from the pain and having to relive the traumatic experience. This does not work for Tony, because the technology is unable to wipe away the traumatic memories with the rest of his

personality, and it does not work for Priya because she is raped again in the Dollhouse. In both cases the memories appear to be embedded so deeply into the subconscious that even having themselves technologically wiped of all personality does not erase them. These flashbacks come to a head in the eighth episode of Season One ("Needs") in which the Actives are briefly implanted with their original personalities and set free in order to resolve (or work through) their trauma because the flashbacks are ruining their missions and rendering them unusable. These flashbacks are similar to Freud's observation that trauma sufferers' lives are disrupted by the repetition of the event that originally traumatised them, and the episode in which they seek closure can be read as them working through their trauma. Indeed, the stylistic way in which the flashbacks are shot and inserted into the episodes make obvious the ways in which trauma affects its sufferers. In the seventh episode of Season One episode ("Echoes"), the Actives come into contact with a drug which affects their memories, and this increases the number of flashbacks they are experiencing. We see extreme close-ups of Priya and Tony's faces as the memories are triggered, the shots blurring as the episode quickly cuts to moments of their trauma: Priya being raped by her handler, and Tony trying to help a civilian in Iraq before a bomb goes off. The memories are intercut with quick flashes of Priya and Tony in the present day, and further distinguished by the desaturated camera filter overlaid on the memories which gives them a distinct look compared to the present day. When some of the same images appear in Priya's traumatic flashbacks in the following episode, they are now overexposed and harshly lit, jumping more quickly between Priya's handler telling her they're going to "play a game" and a shot of him raping her which focuses on Priya's face. The repetition of the memories is further cut up and distorted here, partly because the audience should now be familiar with the scenes having seen them in the previous episode, but also to clearly represent traumatic repetition and the reliving of traumatic experience. The jumbled nature of these images mimics the effect of trauma in disrupting time in particular: the flashback scenes are not filmed in a continuous style, but are cut up into

smaller moments, and further intercut with the present day shots of Priya and Tony experiencing the memories. The way in which the flashbacks are filmed serves as a clear visual metaphor for the effect of the traumatic memories on Priya and Tony.

Unfortunately, Priya does not truly work through her trauma in this episode and we see signs of it again in the fourth episode of Season Two ("Belonging"). In this episode, the viewer discovers exactly what happened to Priya and why she came to be in the Dollhouse, which had only been hinted at in previous episodes. Priya was a young Australian artist who had come to America illegally without a visa and is selling her art pieces from a stall on a California boardwalk. There she catches the attention of a man, Nolan Kinnard, who desires her, and becomes violent after she refuses his advances. Kinnard is a doctor with a specialism in 'neuroleptic' drugs, and he uses his power and influence to destroy Priya's life, kidnapping her and injecting her with drugs which make her exhibit the symptoms of schizophrenia. He then arranges for the Dollhouse to 'help her' by offering her a way out of the mental health facility he has locked her up in. Believing she has no other choice, Priya accepts. Kinnard then pays the Dollhouse to have her implanted with a similar version of her original personality, only altered slightly so that she 'loves him back.' This can be read as rape because Priya is quite clear in the episode's flashbacks that she does not love him and never will, despite what the Dollhouse technology later makes her do. She is traumatised by these continued engagements with Kinnard, and signs of it begin to appear at the Dollhouse, even when she is in her blank Doll state. In the episode's flashbacks to the time before she was an Active, we see several pieces of art that Priya has created. They all feature bright colours and a recurring bird motif, which a number of characters comment could be viewed as a representation of Priya, the free-spirited travelling artist. The bird represents freedom in her flashbacks, and she continues to draw them in her Doll-state in the Dollhouse, only now her birds are surrounded by large black shadows, threatening to cover them up. She draws a number of pictures like this, which Echo (who is starting to remember the personalities

she is implanted with and is becoming self-aware) says represents the bad man who “makes [Priya] sad over and over.” Both Echo’s language here and Priya’s continued drawing of the birds and black shadows reference the traumatic repetition. The large blocks of black next to the birds on the drawings are eventually replicated at the end of the episode, where after a fight Priya succeeds in killing Kinnard. She stands up, and is silhouetted against a large brightly coloured canvas Kinnard commissioned from her in one of his early attempts to seduce her. The canvas completely fills the background of the frame; Priya stands up, rising into the frame and taking up half the frame, while the largest image visible on the canvas behind her is a white bird. It stands in stark contrast to Priya’s darkness, which represents both the original trauma of being imprisoned in the Dollhouse following Kinnard’s abuses and this new trauma of having killed a man. Rather than the black shadow she draws representing the “bad man who makes Priya sad” it represents Priya herself, and the inner trauma she experiences. At the end of the episode, Priya willingly returns to the Dollhouse and asks never to be given the memory of this day back because she knows she can’t live with it. She asks that when her time with the Dollhouse is up, they return to her only her memories from before she met with Kinnard, so she will never again have to remember the traumatic events she has been through. This is a clear refusal to work through her trauma. Instead, she would rather dissociate from it completely by removing the memories. But this dissociation is what leads to DID and a disordered state of being and so too it does not work for Priya. In the tenth episode of the second season (“The Attic”) she once again experiences traumatic dreams/memories relating to Kinnard: in her dreams she is with Tony who turns into Kinnard’s dead body, wearing the same clothes as when she killed him, bleeding from the fatal wounds she gave him. The choice to use Kinnard from this moment is significant and demonstrates that even though Priya believes the memories have been wiped from her brain, the trauma remains.

Clearly, Priya and Tony's experiences in *Dollhouse* can be read as an allegorical representation of dissociative identity disorder. They have both experienced trauma, go to the Dollhouse, where they are wiped of their original personality and implanted with new ones, are given the opportunity to gain closure, serve out their five year contracts and then resume their lives as good as new. So far, so typical; this is nothing that we have not seen in other DID novels, though the science fiction setting is new. What makes *Dollhouse* significant in terms of DID is its treatment of its main character, Caroline, who signs herself in to the Dollhouse in order to escape prison time and becomes Echo. Over the course of the series, Echo develops the ability to remember and access the different personalities she is implanted with for various missions. Echo is closest to having 'true' multiple personalities then, and she is soon able to access whichever personality she needs for certain situations in the same way that Andrew can in *Set This House In Order*. In addition, Echo is able to learn from her personalities and develops from her blank Doll state into a fully formed person in a way that the other Actives do not. She is eventually re-implanted with her original Caroline personality and instead of wiping away the other personalities, Caroline and Echo merge to form one dominant personality who is still able to access the other personalities that she has absorbed over the course of the series. Echo does not seek a cure for this 'DID' or want to rid herself of the multiple personalities that she now possesses. Indeed, it is this ability to access the different personalities and their skill sets that enables Echo to fight the corrupt corporation that owns the Dollhouse after the technology is unleashed and threatens to destroy the world; her DID becomes a 'superpower', allowing her to save the world. Significantly, at the end of the series Echo chooses to keep all of her personalities despite being offered the chance to return to her original, pre-Active, Caroline personality, effectively choosing to live with her DID and ignoring the chance to be cured. This leads to time forever being disrupted by the trauma of seeing North America be almost completely destroyed by the personality wiping technology of the Dollhouse as Echo, Tony and Priya become some of the only people in the world to

remember what happened once the world (and memories of what happened) have been completely reset for everybody else.

Echo is frequently referred to as 'special' and is the only character able to absorb personalities in this way. She chooses to live with her personalities in a similar way to Andrew in *Set This House*, and her storyline is much more radical than Priya and Tony's more typical narrative. In addition, Echo can be read as a dissociative character more clearly than Priya and Tony can, though of course *Dollhouse* is still not a true DID text. Echo does not seek a cure, and she does not try to reintegrate her personalities. Instead, she encourages them and knowingly implants herself with more personalities. This acceptance of her condition is even more striking when we consider that she and her friends have just prevented society at large from being taken over and destroyed by the Dollhouse technology. At the end of the series, everyone else has been returned to a time before they had been implanted with different personalities, but Echo chooses to remain multiple, at odds with the rest of society. On the surface, everyone else appears to have been 'cured' and yet Echo cannot, or will not, 'cure' herself, perhaps because Echo and her friends have merely removed the symptoms, but not the cause of the dissociation. Indeed, having fought for survival for many years by the time of the series' end, Echo is arguably more traumatised than she has ever been, even as the text seems to have arrived at a happy ending. This is brought into sharp contrast by the death of her love interest in the final episode of the series: Echo is clearly grieving for him, and this instance of trauma is the last significant event to happen to her at the end of the series. Perhaps Echo cannot be cured because she is traumatised by Paul's death and has not yet had time to work through this traumatic event. In many ways, this ending functions in much the same way as the sinister implication at the end of *Fight Club* that Durden could return at any time. On the surface, the problem has been solved, but the deeper causes of the condition remain.

Dollhouse is quite radical in terms of Echo's character development (and choice to 'keep' her alter personalities), then, but more conservative when it comes to Priya and Tony in much the same way that *Set This House* is quite radical when it comes to Andrew and less so when it comes to Penny. These texts are both keen to present all the options; they avoid a complete departure from narrative norms, but indicate that resistance is possible. Resisting norms is a common theme in the DID texts I have discussed in this chapter. These texts all explore different treatment options, express concern over available treatment methods, or display scepticism at the idea that the disorder can, or should, be treated at all. *Tara* and *Set This House* are the only texts to overtly reference reintegration therapy—the treatment whereby the fractured personalities are reunited into a unified self after the patient has faced the traumatic events that caused them to split—though both express scepticism that this treatment works. Given that this should be the natural cure to the problem I identified early in this chapter, that is, that trauma has destroyed and shattered the self and that it is only by facing this trauma that the individual can put themselves back together, it is important to note that almost every text resists this narrative or questions its effectiveness as a treatment method.

Clearly, despite the prevalence of trauma in the DID texts, and the clear link between traumatic events and the cause of the disorder, authors are choosing to resist following this metaphor through to its logical conclusion and suggest that DID might be cured. In addition, many texts suggest that society itself is dissociative and to blame for characters' dissociative identity disorder due to the pressure society places on people to conform to the roles expected of them. In *Fight Club* and *United States of Tara*, being dissociative and multiple is not a condition, but simply the best way to relate to the world that insists on forcing people into specific roles. Having DID becomes indicative of the 'postmodern condition'; people are disconnected and under pressure to constantly conform to the different normative roles Western society expects of them. When people fail to live up to these expectations, they dissociate in order to cope. In this way, the dissociative identity

disorder text's resistance to narratives of curing is non-normative, and reflects the character's desire to subvert normative roles. This non-normativity is a clear theme within these texts, and it is one that not only appears within the texts' generic strategies, but also within the texts' representations of hegemonic systems more generally. We see this in Andrew's resistance to everyday norms, such as the clothes he wishes to wear, but we also see it in the pressures Sebastian feels because of his non-normative gender identity and feelings of emasculation in *Fight Club*. It is evident in the way that the supporting characters of *Tara* feel so strongly that they must conform to heteronormative values that they force themselves to take on identities at odds with their own. Many of these texts suggest that the pressure on individuals to conform to socially-approved roles in some way causes or contributes to the cause of characters' dissociative identity disorder. I would go further with this reading, and suggest it is normative Western society, and the pressures to conform to hegemonic values, that these texts position as a contributing cause of DID.

Instances of non-normativity therefore become key in DID texts and should be examined in more detail. With this in mind, the next chapter examines narrative and genre theory to see if the texts' formal strategies are also non-normative and resistant to generic convention. We have already seen how these texts all reject what we might think of as 'typical endings', and particularly what we expect from a narrative that focuses on characters with an illness (i.e. we would usually expect that character to be cured by the end of the text.) The next chapter examines these endings in more detail by examining the way that 'illness' functions in these texts and interacts with generic convention.

Chapter 4

Disease Metaphors and Resisting Generic Convention

The previous chapter discussed the links between trauma and dissociative identity disorder and the ways in which DID texts use trauma within their narratives. In the primary texts I discuss, there is a common theme to be found: while some of the texts allow their characters to work through their traumatic memories—as theoretical discussions of trauma suggest must happen in order to rid characters of the effects of trauma—this does not result in a cure. Given that trauma is most often cited as the cause of DID by those who believe DID to be a real disorder (which is to say, not iatrogenic or the result of patients with other disorders copying what they have seen in the media) and given that the texts I discuss most often suggest traumatic incidents in the characters' pasts caused their DID, we might expect that working through trauma should result in the characters being cured of their DID. The fact that this does not happen in these fictional texts is at odds with the medical discourse surrounding both trauma and dissociative identity disorder, which suggests that trauma needs to be worked through and mastered, and that DID patients need to come to terms with the (traumatic) incident in their pasts which caused them to split. I am interested in the DID texts' resistance to these medical models and other ideas found within the field of psychology. These fictional texts are seemingly uninterested in treating DID as a disorder or illness which needs to be cured within their narratives, and are certainly uninterested in centring the narratives on the characters' experiences of being ill and their struggles to regain their health. While there are some elements of the narratives that could be set to fit this model—Tara searching for her rapist in season one and undergoing different types of therapy throughout the series; Andrew trying to find out what made Andy Gage split; Penny attempting reintegration therapy—the texts refuse to cure the characters of their DID even when characters find answers and remember original traumas. We must

consider why this is the case, and what it is about the disorder specifically that allows the authors of these texts to use DID within their texts in this same way. If DID is used by these texts as a metaphor for something else—the disconnectedness of contemporary Western capitalist society and the performative nature of contemporary identity within this system, perhaps—then we are in danger, as Susan Sontag discussed in her seminal work *Illness as Metaphor*, of divorcing meaning from the experiences of real patients’ experiences in favour of potentially damaging metaphors. If everybody is dissociative, or the disorder is not really an illness, or the disorder is equated to a positive experience that allows characters to transgress social norms and escape systems of oppression, then where does that leave people who suffer from this disorder in the real world? This tension between fictional texts’ metaphorical use of illness and the real-world experiences of people with that illness is a difficult problem to unpick, as it is within much cultural studies work on representations of illness and disease. This chapter examines Sontag’s work alongside other theoretical work on illness narratives to determine how DID in these texts interacts with and fits into concepts of illness, and to begin to tease out the metaphorical meaning authors assign to DID. The scope of the chapter then broadens to look at genre more widely, to determine if this interest in breaking with conventions of texts featuring illness can be linked to a wider interest the texts have in breaking generic convention and including non-normativity more widely within their narratives.

To begin with, then, I want to look at theoretical work on illness narratives, beginning with Sontag’s work, in which she argues that “the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking” (Sontag: 3), and moving on to look at what Morris calls the “biocultural” model of illness (Morris: 57), in which we cannot divorce the metaphorical meanings of illness within specific cultures from the medical experience of being ill. With reference to further theoretical work on illness by Arthur Kleinman, Richard Ohmann, and Barbara Clow, I demonstrate the ways in which DID texts align themselves with

this biocultural model of illness through their narrative strategies, before moving on to discuss how this is replicated in their generic and representational strategies.

Sontag's *Illness as Metaphor* was written in the wake of her own diagnosis with cancer, and aimed to tackle the taboo around discussing illnesses such as cancer in anything other than metaphorical terms. Desiring a frank, medical discussion of her illness, she argued that different illnesses have been associated with different metaphorical meanings throughout human history and that the latest illness to be treated in this way is cancer. This is, she argues, damaging to patients, because other people make assumptions about their experiences based on these metaphorical meanings, and the metaphors therefore risk erasing the individual experiences of those who suffer from these diseases. In short, the metaphors erase the real-life experience of being ill. Like other critics (most notably Morris, whose work I discuss shortly, but also Deborah Lupton), Sontag offers tuberculosis as the classic example, describing the way in which TB became associated with bohemian artistic feeling in the nineteenth century: "So well established was the cliché which connected TB and creativity that at the end of the century one critic suggested that it was the progressive disappearance of TB which accounted for the current decline of literature and the arts" (Sontag: 37). In Chapter 2 I discussed the way in which similar links have been made between some of the contemporary syndromes and disorders: characters with Tourette's syndrome are often able to express themselves through music and hide great musical skills within fiction dealing with the disorder, while autistic characters are often mathematical geniuses. These sorts of stereotypes can lead to an assumption among the general population that all autistic people have an affinity for mathematics, or that all people with Tourette syndrome are musically talented, which can be damaging for those in the real world who do not have these skills. There is a danger of real-life experiences being erased, and people who do not have these stereotypical skills may be regarded as not 'truly' having the disorder if they do not conform to these stereotypes and behaviours. It is these

behaviours that are read by people who may only be familiar with the cultural meanings or representations of illness, and a lack of these stereotypical symptoms or behaviours means that the ill person cannot be read as suffering from that illness. We see this erasure in other forms of identity as well, particularly when it comes to identities that are largely performative or socially constructed. For example, the narrative (both medical and cultural) that has built up around transgender people being ‘born in the wrong body’ seems to be a useful shorthand to describe the experience of those people who wished to transition to a gender different from the one assigned them at birth. However, if we view gender as a system of socially policed performative elements, this narrative actually reinforces the heteronormative gender binary, and means that the experiences of those (trans or cisgender) individuals who cannot or will not conform to binary gender norms and beauty standards are often erased or discounted as being less than those who are able to. This is not just damaging to trans people, of course, but also to anyone who does not conform to binary gender expectations (either through gender presentation or behaviour), regardless of their gender identity. There is therefore a danger that these sorts of illness metaphors can become another way of policing social norms linked to identity.

Sontag describes the metaphors associated with tuberculosis—that is came to be associated with a Romantic spiritual feeling, or that it came about from an imbalance within the self and repression of (sexual) feeling—and explains that ultimately these metaphors risk putting the “onus of the disease on the patient and not only weaken the patient’s ability to understand the range of plausible medical treatment but also, implicitly direct the patient away from such treatment” (Sontag: 48). She argues that this is how cancer functions, and that given the prevalence of cancer and how many people it affects, this risks becoming just as damaging as the tuberculosis metaphors. Sontag is particularly scathing of the metaphorical language used to discuss treatment for cancer sufferers, such as calling this process a ‘fight’ against cancer. This type of language implies that all a person

needs to do is fight hard enough and they can win; for people who cannot be cured of cancer, the blame is seemingly once again with them. The use of this type of language, Sontag suggests, implies patients can “choose not to die of the disease” (58). For someone who has been diagnosed with terminal cancer this is a damaging message. Deborah Lupton also discusses the idea that for some diseases, patients are blamed for contracting the disorder (91). Most diseases viewed in this way can be linked to behaviour which is easily viewed through a moral lens, such as HIV/AIDS and or other diseases which can be sexually transmitted, but Lupton also discusses how cancer can be viewed in this way. As scientists research and uncover more foods and materials which can be linked to cancer and the causes of cancer, there is a growing sense that cancer patients who did not eat the right foods or exercise regularly, or who smoke and drink, may in some way be to blame for their condition (93).

Sontag’s work is important for any scholar wishing to look at disease and its fictional representations because it insists on reframing fictional representations of illness through a real-world lens. That is to say, it insists that literary theorists or film critics remember that these illnesses are not just something that appear in fictional work and can be divorced from the real world. There is a clear tension between the metaphors surrounding illness (used in fiction and more widely) and the real-world experiences of those who suffer from these diseases. In a media-saturated contemporary Western society, it is easy for fictional representations to become ingrained in popular consciousness and risk erasing how diseases actually function in the real world. I have already discussed some of these fictional stereotypes in this thesis: the autistic mathematical savant, the multiple personality with a secret ‘evil’ alter, the superhuman disabled person with an extra skill which ‘compensates’ for their disability. These stereotypes frequently appear in fiction, and though some of them appear more damaging than others—much criticism has been written by disability theorists on the so-called ‘supercrip’ stereotype, for example—all of them obscure the objective medical truth of the illness. In

Sontag's reading of illness as metaphor, in which a return to a purely medical model of illness free of metaphor is desired. For critics of Sontag's work, however, this is not so simple.

For Arthur Kleinman and David B. Morris, it is not possible to divorce cultural meanings of illness (commonly accepted metaphors, and narratives surrounding particular illnesses) from a purely medical understanding of illness. Morris argues that in contemporary Western postmodern society, "culture and disease [...] create a loop in which one feeds off and nourishes the other" (Morris: 19). For Morris, it is no longer possible to separate an objective medical model of illness from a subjective cultural one. This is because Morris' understanding of illness is constructed through the lens of postmodernism, in which everything is socially constructed and has a cultural element. The sort of meaning found through the use of metaphors and narrative "is not just something we *can* do but something we cannot *help* doing", and so it is no longer possible to separate illness from the cultural narratives surrounding it (Morris: 254). Morris does not find this problematic, though he does reference Sontag's work to acknowledge the criticism of his views. In contrast to Sontag, Morris thinks that returning illness to science "simply leaves it in the grip of a reductive, positivist, biomedical narrative that focuses solely on bodily processes" and risks ignoring the positive use to which metaphor can be put, and the positive meaning which patients can find through metaphor, particularly in non-Western cultures (Morris: 270).

In Morris' work, the biomedical facts of illness are a base on which cultural understandings of illness and illness experiences build, and the cultural meanings of illness contextualise the medical facts. Morris describes the way in which different illnesses have been viewed in different ways throughout history and points to this as evidence that his biocultural model of illness (a merging of the biomedical and cultural) is how we should view illness. He uses many of the same metaphors and historical examples as Sontag does in her work—for example, he discusses tuberculosis in much the same way as Sontag, calling it "a theater of illness complete with tacit rules, recurrent images, and

complex social meanings that came to dominate the imagination of an entire century” (Morris: 55)—but rather than argue that all metaphors are damaging and should be avoided, Morris is instead interested in the way in which we use narratives and metaphors to describe certain illnesses in different time periods. The most prominent illnesses and their metaphors in any period reveal a lot about that period and what is culturally relevant at the time. So for example, the prominence of hysteria as something of a catch-all diagnosis for women with a range of different problems, reveals a lot about cultural attitudes towards women in the Victorian era, or the way that eating disorders (largely among women) have increased in number in recent years can be viewed as a by-product of Western cultural attitudes towards ‘health’ and weight loss. The way in which these illnesses come to prominence reveal what Morris calls the environmental and cultural context in which illnesses operate, and it is this which creates a feedback loop with disease as Morris describes. The cultural context, including metaphors and narratives, is therefore not something which can easily be taken away from the biomedical ‘truth’ of illness. To use the example above, while there is no doubt anorexia is a real disease, there is also no doubt that its current prevalence in contemporary Western society is due to the cultural pressures placed on people to appear thin, ‘healthy’, and therefore more attractive according to Western heteronormative beauty standards. Thus, the environment and cultural attitudes feed into and give meaning to the medical illness.

This is the sort of model from which fictional representations of DID operate. In the primary texts I discussed in the previous chapter, there is a strong link between the disorder and the society in which the characters live, most notably in *Fight Club*, in which capitalist Western society causes Sebastian’s DID: it is Sebastian’s failure to conform to a masculine ideal under the constraints placed on him by capitalism that causes his disorder. We also see elements of this in *United States of Tara* and *Set This House in Order*, which are also both strongly interested in performative identity and non-normativity: Tara’s alters Buck and Alice are both American cultural stereotypes (the redneck and the

50s housewife), while many of the other characters appear to be (knowingly) performing elements of their identity; Andrew's male gender identity is at odds with the female body he inhabits, and leads to an awkward conversation about sexuality and gender identity with a female colleague he wishes to pursue a romantic relationship with. If we use Morris' biocultural model, are these examples therefore indicative of the texts contextualising the disorder through the type of society (a North American late capitalist, heteronormative society) in which DID most frequently appears? I discussed in Chapter 1 how some criticism of the disorder from within the medical community claims that the disorder is 'culture-bound' and linked in some way to the United States. Fictional representations might appear to be making this link explicit and contextualising the symptoms of DID through an understanding of North American society. While Sontag might say this cultural reading of DID is damaging to people who suffer from DID in the real-world, Morris would instead point to this as a clear example of the sort of cultural and medical feedback loop he describes in his work. Indeed, Morris suggests at one point that multiple personality disorder (it had not yet been renamed when he was writing) might be the disease most closely associated with contemporary Western society: "it seems a perfect metaphor to describe our stressed-out era in which the self—reduced by some theorists to a babble of competing discourses—is pulled in a dozen directions by the various pressures and options of postmodern life" (Morris: 57). Morris ultimately concludes that it cannot be because it is not sufficiently well-known, is diagnosed too infrequently, and there still exists a debate over its existence. Morris' book was published in 2000: since then DID has become more well known, and appears more frequently in fiction as this thesis demonstrates. Though the debate over its existence continues, DID might well be on its way to becoming the representative modern illness, in the same way that TB was in the nineteenth century.

Whether or not we believe this to be the case, what is obvious is that the texts' use of DID fits within Morris' biocultural model. Ultimately, Morris thinks that there is a place for metaphor within

illness narratives, arguing that “the slipperiness of metaphor can be turned to good use as well as to ill, much as racist taunts can be transformed into tools of resistance” (270). While Morris is not arguing that we need to reclaim metaphor in the same way that members of some racial or social groups have reclaimed slurs that were once used against them, he is instead calling for an ability to contextualise and understand that ‘biological’ and ‘cultural’ are not exclusive categories which cannot be separated rather than creating a false binary in which all medical discourse is good and all metaphorical or cultural discussion of medicine and illness is bad. Indeed, in earlier chapters we have seen that medical discourse can be shaped by cultural forces. I am thinking particularly of Merskey and Piper, who were quick to disregard victims of sexual violence if there was no proof (outside of the victims’ testimony) of the crimes perpetrated against them, or much early psychoanalysis writings about hysteria in the late nineteenth and early twentieth century. From a feminist point of view, these writings have been shaped by dominant patriarchal attitudes towards women, with Merskey and Piper also seemingly influenced by the anti-woman messages perpetuated by rape culture.

Morris is not alone in his assertion that we do not need to be wary of metaphor itself, but only the uses to which it is put. Barbara Clow arrives at much the same conclusion in her article, “Who’s Afraid of Susan Sontag?” (2001). Clow offers an analysis of obituaries, medical literature and fiction to argue against Sontag’s assertion that the true medical validity of cancer is most often obscured by unhelpful metaphors which leave patients either placing the blame on themselves for not fighting the disease or not knowing the true facts of their cases, finally concluding: “we must approach the study of disease and discourse with greater care and caution than Sontag has done; otherwise we risk obscuring the subtleties and complexities of illness experiences as well as the finer nuances of myth and symbol” (311). Jackie Stacy arrives at the same conclusion in *Teratologies: A Cultural Study of Cancer* (1997), arguing that it is not “metaphor of which we should be wary per se, but the cultural uses to which its heightened applications may be put” (63). I am not listing these

examples as simply a way to discredit Sontag's work, but to instead show that there are critics who view meaning-making metaphors as an important part of illness. My own interest in examining the metaphors and uses to which authors put DID in fictional texts comes out of this work. What I am taking from Sontag is the importance of remembering that DID exists in the real world (if you subscribe to that side of the psychology debate about whether or not DID is a real disorder) and that fictional representations should not be used to make a claim for how the disease therefore functions in the real world. Instead, authors are using this disease to comment upon the real world, which I believe is an important distinction to make. DID is thus used metaphorically within fiction as a way to make obvious the effects on the self of contemporary, postmodern, late capitalist Western society. DID is used to comment upon perceived negative effects of this cultural moment, and the nature of contemporary (performative and/or normative) identity. I will return to this reading of DID as a metaphor in later chapters.

To return to an examination of the functions of illness narratives specifically then, Arthur Kleinman also views the role that cultural forces and metaphor play in relation to illness as an important part of contemporary experiences of disease. Kleinman approaches illness from a medical background—he has a medical degree, and is a psychiatrist—and describes illness narratives as the stories patients tell their doctors and friends in order to explain their symptoms and experiences: “the plot lines, core metaphors, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating those meanings” (49). This relates back to Morris’ assertion that employing metaphors in order to create meaning is something that we cannot help doing; for Kleinman it is the only way for patients to explain to doctors what is wrong with them that enables doctors to understand and diagnose their diseases, “for the practitioner, too, has been socialised into a particular collective experience of an illness” (Kleinman: 5). This seems to negate Sontag’s argument

that doctors are able to remain above such cultural readings of disease. For Kleinman, doctors are subject to cultural pressures and systems like any other member of that society, and the meaning that patients find through metaphorical explanations of their symptoms can aid doctors in diagnosing their illnesses. Like any other form of narrative then, this means that norms relating to specific illnesses and associated symptoms are perpetuated through retelling, such that “there are normal ways of being ill (ways that our society regards as appropriate) as well as anomalous ways” (Kleinman: 5).

This is significant because it allows us to read illness and its associated narratives in the same way we would any other fiction. That is to say, we can read into illness narratives metaphorical meanings, motifs, stock figures, and plot lines. Illness in this way becomes a type of social fiction, constructed through the meanings we and others read into it. This works in the same way as someone assigning meaning to their own romantic relationship by comparing it to other people’s relationships, or by comparing it to romance novels or romantic comedies, for example. Or the way in which normative gender identities are constructed by conforming to a series of heteronormative behaviours and visual cues, capable of being read as ‘man’ or ‘woman’ by other people. There is a certain way these things should operate according to social convention, and we cannot help measuring ourselves and others against this norm.

If illness can be read as a system with its own sets of norms, this leads readers familiar with normative systems to question what happens to people who do not conform to the normative ways of being ill. In other systems, those who do not conform are often ‘punished’ in some way, or there are discriminatory systems in place designed to keep them from assuming positions of power over those of the dominant normative group.²⁴ An example of this is the way non-white people are

²⁴ This sort of ideological system is based on Michel Foucault’s work on punishment in *Discipline and Punish* (1975), and has since come to influence other critics such as Judith Butler’s theoretical work on gender as a performative system. Butler argues that gender is a social construction with strict rules which must be obeyed

punished through cultural and institutional racism. At first glance, there is no analogous institutional way that those who are not ill in the expected way are punished. To return to an earlier example, autistic people without incredible mathematical skills are not refused treatment because they don't conform to this dominant narrative perpetuated by fiction. Instead, to find how normativity operates in terms of illness narratives, I believe we must look instead to the way that certain illnesses or disorders are politicised in different time periods. Hysteria (described in detail elsewhere in this thesis) was a catch-all diagnosis for women who had any number of different problems which were usually related to not conforming to the norms expected of them in that particular time period. In the Victorian period, for example, hysterical women often had problems fitting into the very tight, narrowly defined patriarchal expectations of that society. Treatment was designed to return them to behaving in a more conventional way (see Chapter 3). Hysteria was a disease most often diagnosed in those whose problems stemmed from the society into which they could not fit. These women were hysterics, because it was easier to 'cure' them than to address the patriarchal attitudes and cultural expectations placed on women in that time period. Medical doctors, who at this time would have almost exclusively been male, had no interest in changing social attitudes to which they themselves would have subscribed (and, of course, put them in a position of superiority compared to the women they were treating, and continually reaffirmed this superiority).

Similarly, early treatment of trans people, involving development of male-to-female gender reassignment surgery by doctors such as John Money, Richard Green, and Harry Benjamin, was designed to uphold heteronormative ideals at every point during treatment. In this case, gender dysphoria was a disorder that could be treated by 'fixing' a person's body so that their identity fit into

in order for us to be read as one of two binary gender options. Heteronormative societies have social and cultural pressures in place designed to keep their members conforming to the system. Homophobic and transphobic discrimination are therefore the punishment which keeps us conforming. Butler's work was further developed by later queer theorists such as Kate Bornstein, and I will briefly discuss some of this work in the next chapter, which looks at representations of gender within the DID texts.

a more conventional category. Indeed, Benjamin wrote in his book *The Transsexual Phenomenon* (1966) that sex reassignment surgery was only 'successful' if it allowed trans women to have "normal peno-vaginal sex relations" afterward (and it is crucial to point out here that whether or not trans women were able to feel pleasure from this act was unimportant, it was simply an ability for the basic functions of heterosexual sex to be completed) (113). Benjamin's goal, then, is to aid trans women in conforming to all the norms associated with being a heterosexual woman. There was no room in Benjamin or Money's work for queer trans people. Indeed, Benjamin suggests in a number of places that trans people dislike homosexual men because they were frequently mistaken for gay by the heterosexual population (265). While it may have been necessary to make this distinction in 1966 in order to establish the need for the medical community to develop ways of treating trans people and the need for the medical community to differentiate trans people from queer people (who were still subject to psychiatric treatment in the 60s), it implies that all trans people are heterosexual and desire a heterosexual relationship after they have transitioned which is, of course, not the case. Kate Bornstein addresses this in *Gender Outlaw* (1993) and argues that part of the reason for the perpetuation of this myth is that early medical and autobiographical literature about trans people continually followed this heteronormative narrative. As a result, in order to access treatment and surgery, trans people continued to adhere to these values and tell psychiatrists that they were heterosexual men and women 'trapped in the wrong bodies.' Consequently, more medical and autobiographical literature was written with a heteronormative bias which encouraged trans people to tell these heteronormative stories to doctors, which then caused the doctors to write more medical literature with a heteronormative bias, and so on in a cyclical fashion. If trans people wanted access to surgery and hormones, they had to follow the established medical narrative. Even Benjamin seems aware of this in some form as he writes at one point that "there are also patients who want to please the doctor with their statements" (135). But whose fault is this? If trans patients do not adhere

to a certain medical narrative, they can be denied treatment and face the rest of their lives living in an identity and body with which they are uncomfortable. This is a way in which those who don't conform to the culturally-approved illness narratives are punished. Again then, the early treatment of trans people was designed to perpetuate social norms by helping people who found themselves outside of a normative identity fit back into their expected role.

What both of these examples highlight is the way in which the treatment of these diseases is designed to 'cure' the person rather than address why these people were seen as problematic (according to social convention) in the first place. Indeed, Kleinman states that "we manage as medical problems the symptoms resulting from the social sources of distress and disease" rather than fix the thing that causes the problem (21). Kleinman's contemporary example of this is the way doctors treat people for stress rather than change the situation that has made the person feel stressed. This has clear parallels to the DID texts. If, as I have already suggested, DID texts suggest that it is social pressures or society that in some way causes the characters to dissociate, then it makes sense that the characters in these texts are frequently not cured of their DID by the end of the narrative. The characters cannot be cured because society is not cured; any cure would be temporary before the same forces that caused the characters to dissociate in the first instance begin to work again. This is particularly the case for Sebastian in *Fight Club* and for Tara in *United States of Tara*.

This issue is highlighted by Richard Ohmann in his essay "The Shaping of a Canon" in which he discusses illness narratives of the 60s and 70s. In these texts, Ohmann argues "social contradictions were easily displaced into images of personal illness" because illness narratives worked "to nourish the suspicion that any perceived lack was one's own fault. If unhappy, one must be personally maladjusted, perhaps even neurotic" (212). This presents us with a clear problem in terms of any cure, as Ohmann is quick to point out: "If these novels thematise social contradictions as personal neurosis, one would expect any recovery to be a problem, for individual cures cannot address the

causes of the illness” (218). Until society can be ‘cured’, any ‘cure’ for DID would not address why the person had become dissociative in the first place. Ohmann suggests that instead of solving social ills, illness narratives can therefore only “produce a kind of adjustment” (218). We see this kind of adjustment in the DID texts: Andrew manages his condition through the house in his head; Tara embraces all of her alters at the end of the series and understands that they need to find a solution to managing the condition together. In both cases, the texts are resistant to a typical curing narrative based on medical understanding of the disorder. In Chapters 1 and 3, I discussed how the usual pattern of treatment involves the dissociative person confronting and accepting memories of the trauma which caused them to dissociate through therapy. For both Andrew and Tara, they find out exactly what the trauma was that made them dissociate, but neither is cured or manages to reintegrate their alters after they discover this truth. Similarly, Sebastian in *Fight Club* is not cured of his disorder by the end of the text, and again we read the text in this way because the social pressures which led Sebastian to dissociate still exist. The texts therefore resist what we might think of as the typical medical model for dealing with DID.

So far then, what is becoming clear is that fictional texts dealing with dissociative identity disorder have a common interest in resisting or rejecting norms and conventions. This interest threads through various elements of the texts: we have seen how dissociative identity disorder is often associated with non-normative identities (for example cross-gender alters); how the texts resist a normative medical model of allowing the characters to work through their trauma in order to cure the disorder; and the way in which a biocultural reading of illness (into which the texts’ use of DID fits) is often used to politicise or critique some element of contemporary society. These specific instances of non-normativity or unconventionality start to form a bigger picture when viewed collectively. I now turn my attention to a wider reading of narrative and genre within these DID texts, to determine if this interest is reflected in these texts’ generic strategies.

My texts all come from very different genres—*Set This House in Order* and *Fight Club* are thrillers, *United States of Tara* is a comedy/drama, *Dollhouse* is science-fiction—and yet I have consistently claimed them as ‘dissociative identity disorder texts’ throughout this thesis. I can make this assertion because they all feature characters suffering from DID, and despite their various narratives and genres, they all employ similar generic strategies in dealing with this disease. There are narrative similarities between these texts—characters dealing with trauma, cross-gender alter personalities, characters ‘losing’ time when other personalities are in control, notions of ‘traumatised’ gender roles—that allow the reader to view these texts as part of the same genre. Indeed, in many ways, the texts’ narrative strategies can be better understood through this intertextual framework. In addition, these texts are all illness narratives, and yet they resist the typical medical model of the illness they are representing, and further, resist a typical illness journey by not curing the characters by the narratives’ end.

Indeed, the texts frequently resist ‘curing’ the condition and even go as far as to suggest that there does not need to be, nor is there, a cure. The notion of curing within illness narratives is something that is usually essential to the successful completion of narrative expectations. As I discussed in Chapter 2, many other syndrome and disorder texts fulfil these expectations: texts featuring autistic children are often coming-of-age novels in which the protagonists overcome the difficulties they face as a result of their condition and learn more successfully to integrate themselves into society. While this is not a ‘cure’ in the traditional sense (largely because there is no ‘cure’ for autism), it solves the problems set up by the narrative, and by illness narratives more generally, and the reader understands the character to be in a ‘healthier’ place than they were at the start of the text. Texts featuring characters with Tourette syndrome often accomplish similar narrative goals, as I discussed in Chapter 2.

In other illness texts dealing with psychological disorders or syndromes, such as autism and Tourette syndrome texts, the condition is very much a challenge that needs to be overcome and prevents the character from living a 'normal' life or fully integrating into society, but dissociative identity disorder texts do not function in this way. In *Set This House In Order*, for example, Penny sees her condition as a challenge because her personalities are unruly and frequently take over without her knowledge or consent, while Andrew is further along in his treatment and now sees his condition as no kind of obstacle at all. Andrew's fellow personalities have routines set up to allow them time in control of the body, and they frequently share their skills and knowledge with each other in order to fulfil day-to-day tasks to the best of their ability. For Andrew, the challenge is not the condition itself, but rather how best to organise the personalities so that they can live together rather than seeking to erase or reintegrate them, which is frequently seen as the 'cure' for dissociative identity disorder. In a similar way, Tara seeks to manage her personalities and refuses the medication that has been keeping them suppressed prior to the start of Season 1. The show frequently problematises the idea that Tara can be cured of the condition, and though the series finale ends with her going to see a doctor in Boston who specialises in the treatment of DID, the audience has no way of knowing if this treatment will work. Due to this, one can continue to believe that there is no cure for Tara's condition if one is so inclined. Furthermore, the finale suggests that Tara has finally come to accept her alters, and that she is seeking the treatment not to rid herself of the alters, but to manage them, perhaps in a similar way to Andrew in *Set This House In Order*. In both of these texts, the very notion of a 'cure' is called into question.

While *Fight Club* is not as radical as *Set This House* and *United States of Tara*, it also suggests that the Sebastian's DID is not really cured at the end of the novel by hinting that Tyler Durden is still present, as members of Fight Club frequently tell him that they look forward to Durden returning. As I mentioned previously, *Fight Club* is something of an anomaly in that there is absolutely no medical

discussion of Sebastian's condition or dissociative identity disorder within its pages, and so the last sentences in which this is discussed—ending the novel on an ominous note in keeping with the thriller genre—are the only comment upon Sebastian's illness throughout the novel. Nevertheless, this still suggests that Sebastian's condition has not been truly cured by the novel's end.

My final text, *Dollhouse*, can be read as an allegorical representation of DID, as I have argued elsewhere. Though it is not a 'true' DID text, it is still useful to consider the extent to which the characters are 'cured' by the end of the narrative, and whether or not *Dollhouse* works in similar ways to the other texts. The series finale of *Dollhouse* works in a similar way to *Set This House*, in that while two of the characters with allegorical DID have been restored to singular personalities at the end (though crucially, with the knowledge and memories, if not the skill sets, they gained from their time as Dolls), the main character, Echo, keeps all of her personalities and actively refuses the 'cure' that could revert her to a time when she had only her 'original' personality. All three characters keep their memories of what has happened to them throughout the series, despite being offered the 'cure' of being restored to a time before the start of the series and being wiped of their memories of what has happened to them, including the traumatic events that lead them to the Dollhouse in the first place. One could argue, then, that this is an instance of the characters refusing a cure akin to therapy—working through and mastering their trauma—and while the series ends on a hopeful note for some of the characters—Tony and Priya are reunited and seen sitting with their son—keeping these memories means that not only do they remember their original traumas, they also remember the way the technology that implanted them with multiple personalities almost destroyed the world, and the awful things they have seen and had to do as a result of this. They are, arguably, more traumatised now than they were at the start of the series and even though it is only Echo who retains her multiple personalities, none of them are truly 'cured.'

From this summary of the primary texts it becomes obvious that notions of curing can be debated, as well as endings more generally. In all cases, the characters with DID are not cured by the end of the texts, against generic expectations held by the reader. Generic convention dictates that if a character has a disease they should be cured of it by the end of the text (or if that disease is a terminal one they could instead be dead by the end of the text); this is not so with the DID texts. Rick Altman suggests that genre functions as a series of crossroads, at which the reader must choose to continue in the company of the 'outlaw' or return to the safety of the 'law': "More thrills... or safety at last" (154). He goes on to suggest that these crossroads embody the "conflict between generic and cultural values" and that the reader gains pleasure each time they choose to continue on in the company of the 'outlaw' (152). To offer an example, the reader gains pleasure from spending time in Andrew's company in *Set This House* because he is outside the norm and does not exemplify heteronormative, singular, hegemonic values. The reader derives pleasure from achieving insights into a world which he or she does not usually see, but the ultimate pleasure, Altman argues, is gained from the return to cultural values at the text's end: "The greater the risk, the greater the pleasure of the return to safety" (153). At the end of *Set This House in Order*, however, the reader is still very much in Andrew's company and has not been returned to dominant cultural values.

This return is how texts should function according to generic convention; they allow counter-cultural characters and activities to reign for a short time before returning these characters and the audience to the 'safety' of dominant cultural values. It is for this reason that illness narratives usually cure their protagonists by the end of the narrative, and why, for example, queer and gender variant characters are often 'cured' or indeed, punished, at the end of texts. This discussion of the outlaw strengthens the link between dissociative characters and gender variance as represented by cross-gender alters and Andrew's male identity and female body, as it allows us to reconsider Kate Bornstein's work in *Gender Outlaw* in which she argues that transgender people are uniquely

positioned to occupy the role of the “clowns, fools, jesters and tricksters” in contemporary life (89). Bornstein argues that these ‘clowns’ “don’t play by the rules, they laugh at most rules, and they encourage us to laugh at ourselves. Their pranks of substituting one thing for another create instability and uncertainty, making visible the lies imbedded in a culture” (89). These ‘clowns’ have the ability to subvert social norms and binaries in the same way that I have argued dissociative characters do. In *Set This House in Order* and *United States of Tara* the protagonists are allowed to continue to play the ‘fool.’

Ultimately, texts pursue conventional generic strategies in order to sell. By reflecting hegemonic values, texts are able to appeal to the largest audience, and are much more likely to attract publishers, producers, and avoid cancellation. This is the reason why there are almost no mainstream texts that champion ‘minority’ values: stories in which, for example, LGBTQ+ people or members of racial minorities are the main characters are believed to have limited audience appeal and so companies are less likely to invest money into their production. Fictional representations therefore reproduce and perpetuate the hegemonic cultural beliefs of their time periods and societies.

Having established why texts conform to genre norms, I now examine why the DID texts are able to resist these norms. In all cases, the texts do not return us to the safety of the ‘law’ (dominant cultural values) by the end of the text. Even in the rare instances that a text does attempt to do this—Penny seeks reintegration therapy to cure her DID at the end of *Set This House in Order*; Sebastian is receiving treatment for his DID at the end of *Fight Club*—there is some suggestion that this return to safety is a temporary one, or one that will ultimately fail: Andrew receives a letter from the reintegrated Penny with a postscript from one of her alter personalities, and everyone around Sebastian assumes that Tyler Durden will return. These texts keep us in the company of the outlaw, refuse to ‘cure’ DID, and once again we must ask why they are able to do this.

Umberto Eco's distinction between open and closed endings is useful here, as it allows us to view these problematic endings, the lack of a cure, as an intentional strategy designed to reflect the dissociative identity disorder of the main characters. Eco argues that 'closed' endings are ones which are designed to be read in one way but which can be read 'against' by different types of readers; closed endings are "frequently interpreted against the background of codes different from those intended by the author" (8). Conversely, Eco argues that 'open' endings are ones which allow for multiple modes of meaning so that "you cannot use the text as you want, but only as the text wants you to use it" (9). In this example, it is not possible to read the text 'against' its intended meaning because there is nothing to oppose; texts allow for multiple possibilities and multiple interpretations. The DID narratives seem to fit into this second category, in that they allow for a celebration of postmodern multiplicity, both in a literal sense in terms of the characters' DID but also in allowing characters to remain outside of the law and refusing to return them to socially sanctioned heteronormative gender categories, for example. (The text never presents Andrew's female body as a problem, despite the majority of the alter personalities being male.) They are 'open' endings because they allow for the interpretation that the condition could be 'cured'—Penny is 'reintegrated'; Tara is on her way to get treatment; Sebastian is receiving treatment—whilst at the same time problematising these situations. If the texts were 'closed' ones they would simply argue that the disease could not be cured, and end the narratives in such a way that this was the case, with no hope for the future. By more subtly hinting that the disease cannot be cured whilst still allowing for that interpretation (if one wants to believe that Tara found her cure with a specialist in Boston after the end of Season 3, for example, one can do so) the texts account for all modes of meaning whilst highlighting that multiple meanings are exactly the goal here and prioritising the meaning in which the text is ultimately interested: that the very notion of the 'cure' is problematic. Dissociative identity disorder is a disease that is concerned with multiplicity, after all, and only to allow for one

interpretation of that disease when the literary value and aim in celebrating that multiplicity is disingenuous and would go against the narrative strategies established in the earlier parts of the texts.

Eco's work on endings allows us to understand why the texts function in this way, but it also once again highlights the tension between fictional representations of this disease and the real world experience of people with that disease. This is an issue that Altman's work also draws attention to. Earlier in the chapter, I drew on the work of Kleinman, Morris and others to argue that the texts' use of illness have more in common with a postmodern biocultural model of illness, and while the use of this model is valuable in examining the representation of DID, generic convention would prefer that texts at least fulfil their narrative goal of curing disease, which would fall in line with medical discourse and reflect the typical narrative surrounding illness in the real world. In rejecting this real-world norm and suggesting that the disease does not need to be cured, the texts are potentially doing something much more dangerous than just resisting generic norms. Sontag would find this use of dissociative identity disorder troubling, as I suggested earlier in this chapter, but it is nevertheless a narrative element that recurs throughout these texts. Indeed, this tension is further demonstrated within DID texts because the texts which resist curing the condition are very much set in a recognisable version of the 'real world' (even *Dollhouse*, while science fiction, is set in a world extrapolated from our own, with part of the series devoted to explaining how our world turned into that one). This relationship is important, and John Frow's 'generic frameworks' can be used as a starting point to examine it.

Frow argues that generic frames "[specify] how to use the text, [and] what one can expect to happen at different stages" (104) because they "work to define the text against those things which it is not" (106). A suitable generic frame to use for these DID texts could be that of the illness narrative, then, drawing on Morris' biocultural model and assuming a generic convention in which the sick

person is made well again, though of course these texts deny this convention by problematising the notion of a cure. In this case, the texts are playing with generic conventions, but it is still necessary to recognise the frame they are using in order to recognise the subversion. These texts are still illness narratives, then, though the texts resist some of this frame's conventions; this frame is still the 'best fit' and allows us to read the text for meaning, and define it against that which it is not. As new texts are added, it may become possible to create a new framework to understand them, based on the initial illness narrative framework: that of the dissociative identity disorder text. While this legitimises DID texts as a subgenre of illness texts, and allows the open uncured ending to itself become a generic convention, it does not answer the question raised by the conflict between fictional representations and real world experience: why is it possible for these texts frequently to resist dominant real-world values?

Frow argues that frames "work both as an enclosure of the internal fictional space and as an exclusion of the space of reality against which it is set", which suggests that frames work to define texts as fictional and separate from the 'real world' (107). However, I demonstrated earlier that texts frequently resolve narrative issues in line with real-world social values and offered reasons why this is the case. Rather than frames functioning to separate texts from the real world, we should consider the 'real world' a generic framework in its own right, albeit an invisible one that is often taken for granted. Texts that can be understood through the use of a 'real world' generic framework are recognisable to audiences because the world in which they take place follows the same social rules as their own. In this case, the fulfilment of the conventions of this framework comes in the form of conformity to dominant social values. Characters must be returned to the safety of the law at the end of the narrative because this shores up these dominant values, and proves to the audience that they are both 'normal' and 'correct.'

This framework functions as a representation of the real world and socially constructed normative values; a representation that works to conceal its construction in the same way that the heteronormative, performative version of gender that Judith Butler describes in *Gender Trouble* (1990) does: by pretending that these normative values are 'natural.' Both are self-perpetuating systems that conceal their construction. Like heteronormative gender, the real-world frame is taken for granted by readers of fictional texts because they believe it to be natural, and are just as adept at reading these values as they are any other generic convention or social system. Indeed, mainstream audiences expect their values to be upheld because it validates their place within society and assures them that society shares these values. Of course, these normative values are just as much a construct as the representation of the 'real world' contained within the texts. Normative behaviours, such as heteronormative gender, are socially constructed and reproduced through socialisation and punishment, while representations of the real world within fictional texts can only ever be a reproduction of the real world itself. The real-world frame becomes visible when we recognise it as such; by viewing this representation as a genre and recognising that it is a fiction, we are able to subvert it in the same way we can any other generic convention. Indeed, to return to Frow, the frame's "exclusion of the space of reality" here allows us not to acknowledge that the text is completely separate from our reality, but that it takes place in a fictional representation of reality in which expected cultural norms can be subverted and destabilised.

In the same way that an illness narrative frame allows the texts to subvert notions of curing and the typical end to these narratives, a real-world frame allows the texts to play with real-world values, which include conventional narratives around illness and how we expect illnesses to function in the real world. The reader must be able to recognise the generic conventions and framework in order to be able to play with it. For example, though *Set This House* and *Tara* both use unusual metaphors and filmic techniques to explain or demonstrate the nature of their protagonists'

conditions—the house in Andy’s head; Tara’s ability to ‘see’ and hold conversations with her alters in later seasons—the texts clearly take place in our reality, albeit one able to employ these techniques due to their fictional nature.

These texts take place in the ‘real world’ and are therefore able to subvert cultural hegemony in the same way that they subvert the typical illness narrative ending. Fictional representations of the real world rely upon their own sets of conventions in the same way that different genres do, in order for the reader to recognise those texts as part of their world. But this recognition is what allows the texts to subvert the reader’s expectations and resist real-world norms. Subversion only works if the original can be recognised: once the reader recognises the fictional world as their own, texts are able to subvert expectations in order to comment upon these norms. Indeed, certain genres have certain in-built values, or particular ideologies that come to the fore time and again—we can see this with female gender roles in horror films, for example. A ‘real-world’ genre should perpetuate dominant cultural values, but in the same way that there have been horror films that allow women to be the heroes rather than the victim in order to comment upon gender roles within the genre, texts using a ‘real-world’ frame are able to subvert these dominant values to comment upon the structures that keep them in place. A ‘real-world’ frame allows the text to play with real world conventions, in a way that the real world itself does not allow.

In DID texts, this use and subversion of genre expectations reflects the state of the dissociative characters; it becomes a generic metaphor for the condition itself. The ‘open’ endings celebrate multiplicity in the same way the characters’ identities do, while the texts’ subversion of generic conventions is reflected in elements of the characters’ non-normative identities (particularly when it comes to gender identity). Obviously, there is an etymological link between ‘gender’ and ‘genre’ here, with both coming from the root ‘genus’ which means a ‘type’ or ‘class’. Both are systems of classification, and both are disrupted within DID texts. Generically, the texts are all illness

narratives that resist illness narrative conventions; they both are and are not part of that category. In terms of gender representation, the texts disrupt the heteronormative binary by having characters with gender identities that do not match their sex, and further, having them change gender identities depending upon which personality is in control. The texts are interested in disrupting binaries then—man/woman, singular/multiple, disease/cure—and we see this again in the texts' generic strategy. The texts both are and are not generic, existing in some third space in between these two opposite states. By this I mean both that the texts are illness narratives that resist illness narrative conventions, and also that they are real-world texts that resist a return to real-world values. Disrupting binaries in this way and occupying this third space creates another link to Kate Bornstein's gender theory, in which she argues that trans people who do not want to conform to either 'man' or 'woman' are uniquely placed to 'queer' the binary and occupy a 'third space' (97-98). It should be clarified that Bornstein does not argue that every trans person *should* do this, but rather that the option is available for those who wish to do so. Indeed, it would be at odds with her stated aims if she were to argue for some universal trans third space essentialism, as this would be just as much of an oppressive gender system as the binary she wishes to disrupt. Similarly, though, Bornstein ties this ability to disrupt binaries to one's status as an outlaw, thus creating, once again, a link to the dissociative characters and their ability to be 'outlaws' in accordance with Altman's genre theory. In terms of Sontag's work, this reading presents us with a problem. We are in danger here of claiming that DID is somehow 'positive' because it allows characters the ability to resist social norms and break with social constraints (which the texts position as a desirable quality). While the fictional texts can be read in this way, I want to be clear here that I am in no way claiming that this is how the disease does or, indeed should, function in the real world. Instead, I am arguing that this is how the disorder is used within fiction, and in the context of the cultural moment in which the texts were written.

The DID texts' positioning of these characters outside established binaries is indicative of fiction's utopian function, in this case manifested in the suggestion that there is a way to break free of oppressive social norms: "the pleasures and transgressions involved in the experience of popular fiction are a constant reminder that a better, more fulfilled life is a possibility" (McCracken: 14). I will discuss this idea in more detail in the final chapter of this thesis, but for now I want to return to the role of genre, and reasons why the texts employ these generic strategies.

This generic strategy is representative of the dissociative identity disorder depicted in the text, and the disruption of generic convention mirrors the disruption of social norms and values. In this reading, the form of the text becomes a metaphor for the characters' condition, and one more element of the literary representation of this disease. It is possible to go further than this, however, and suggest instead that this narrative strategy is in fact a literary representation of the effects of trauma, which we also see in all of these texts. Traumatic experience is the cause of the characters' DID, and I discussed in Chapter 3 the way that trauma works to disrupt meaning, language, time, and history, and that this ultimately leads to the destruction of the self as a singular entity, which is what causes characters to split into multiple personalities. The therapeutic cure for trauma is to 'work through' it and 'master' it, and this mastery ultimately allows people with dissociative identity disorder to reintegrate and return to a singular state. I demonstrated in Chapter 3 how the DID texts resist this idea, and link trauma to society and the pressure to conform to normative social roles. Because trauma is bound up with society, these characters never overcome their trauma and so cannot be cured. They do not and cannot conform to social norms and until such time as society is changed, the characters will remain 'ill'. Indeed, we see this in *Fight Club* where Sebastian's trauma is an economic one: he is emasculated and traumatised by capitalist society and his position as a worker. By the end of the novel, this system has not changed, so how can Sebastian truly be cured of his dissociative identity disorder?

Indeed, this is seemingly confirmed in the sequel comic book *Fight Club 2*, which itself plays with notions of endings. Durden of course returns in the comic, though Sebastian believes the medication he is taking (an on-going treatment of DID, not a cure, it should be noted) is keeping Durden suppressed despite the late capitalist society in which Sebastian lives and works remaining the same. In many ways, the comic is Palahniuk's way of commenting upon the popularity of the original novel (particularly after the film adaptation was released), and sees Palahniuk (who appears as a character within the comic) trying to "resolve" Durden, who he now sees as an "idea" embedded in cultural consciousness (*Fight Club 2 issue 8*). Palahniuk's solution is to kill Sebastian, Marla and Durden by burying them in a cave-in at the end of issue 9, though this 'ending' proves to be a false-start. The final issue (issue 10) begins with an angry mob of readers protesting outside of Palahniuk's house to try and get him to change the ending. Though Palahniuk argues, the fans override him, take a vote, and take Palahniuk with them to dig the central characters out of the cave-in caused by the bomb explosion at the end of the previous issue. Durden therefore endures, the very cultural 'idea' that Palahniuk wishes he could 'resolve' and destroy. The ending of the comic reinforces some of the ideas I have discussed in this chapter, as Sebastian is once again not cured by the end of the narrative. Indeed, Palahniuk (the character) overtly rejects this cathartic narrative by stating, "I refuse to give readers an uplifting faux experience engineered to comfort them and perpetuate the sociopolitical and economic status quo" (*Fight Club 2 issue 10*). Sebastian cannot be cured of his DID because Palahniuk is not interested in conforming to narrative norms and giving the reader a typical cathartic story. Those familiar with Palahniuk's work will not be surprised to hear this, but for readers who only know *Fight Club*—and those who, like some of the fans at the end of the comic, have only seen the film which significantly changed the novel's ending so that it was more hopeful—this is a clear address from Palahniuk about his intentions as an author.²⁵

²⁵ The novel ends with Sebastian in a psychiatric hospital while people with bruised faces address him as Mr

If the societies depicted in these texts contribute to the causes of the characters' dissociation and remain unchanged by the end of the novel, if the characters are still 'traumatised' by their inability to conform to its expectations, it makes sense that the dissociative characters cannot be 'cured' of their dissociative identity disorder. In a similar way, given that the traumas found within these texts and associated with each dissociative character are usually linked to gender—sexual violence for the female characters; the emasculating effects of late capitalism on Sebastian; Victor's PTSD from fighting in Iraq and Afghanistan—it would make sense that the texts are able to resist a return to real-world heteronormative gender norms because these traumas are caused by or related to these norms. Patriarchal attitudes to women create the kind of culture in which sexual violence is possible, while the pressures to be a 'real man' (whatever that is), to which Victor and Sebastian are unable to conform, are what cause them to be traumatised by their experience. This seemingly raises the question of endings again, because though there is no 'end' to the trauma and social pressure to conform, there is clearly an 'end' to the texts. How can the texts end if the trauma continues? Generic convention dictates that these issues should be resolved before the text can truly end, but this is not the case in these examples.

These endings can be viewed as arbitrary cut off points, and indeed, many of them imply events that will happen after the end of the texts: *United States of Tara* ends with Tara going to get help from a DID specialist in Boston though we never see what happens when she gets there; *Set This House* ends with Andrew waiting for a visit from Penny, with the suggestion that she isn't as reintegrated as she thinks. In the real world, these characters would go on to live the rest of their lives, it is just that in fiction we do not get to witness what happens to them outside the narrative scope of the text. To use a slightly facetious example, fairy tales frequently end with the phrase '...and

Durden and tell him they're all waiting for him to get out. The film ends with Sebastian and Marla reunited and holding hands as they watch the bombs that Project Mayhem have set in a number of high-rise office buildings explode.

they lived happily ever after' and this generic convention neatly sums up this fictional paradox: the characters do not cease to exist after the end of the novel, it is just that we as readers are not told how they live the rest of their lives.

In many ways, this convention exists because the point of fairy tales is that the characters have overcome adversity and the issues that made their lives difficult; by the end of the text these obstacles to their happiness have been removed and they go on to live long and happy lives, which are so uneventful as to provide no opportunities for further narration. It is a widely held belief that narratives cannot work without conflict, something to fight against, or allow the characters room to grow and develop. Indeed, Altman talks about this in relation to generic crossroads: "Plots... require opposition or exception; they cannot be built around uniformity" (154). According to Altman, it is for this reason that texts allow us to spend time in the company of an outlaw before returning us to the safety of the law at the end. Spending time with the outlaw is exciting and offers thrills for the audience, and to return to my fairy tale example, it is for this reason that there are no fairy tales that continue post-happy ending; without conflict, there is nothing to drive the plot and keep the reader interest. The conflict in the original fairy tale is the interesting part, what happens after the happy ending is not, and yet with the DID texts, what happens after the ending could very much be of interest to the reader. At the end of *United States of Tara*, the reader is left to wonder if Tara is ultimately cured by the specialist in Boston; at the end of *Set This House* the reader does not discover if Penny's reintegration therapy worked; and at the end of *Fight Club* it is suggested but never confirmed that Tyler Durden could resurface again. By refusing to cure the characters, by refusing to 'properly' (according to generic convention) end the narratives, the reader is left with questions that can never definitively be answered.

Though the texts' plots outside of the representation of DID are ended, thus offering some narrative closure, there is no 'happy ending' when it comes to the characters' disease. We are back to

Eco's 'open' endings, then, in which there are multiple possibilities, a narrative strategy that reflects the very condition the texts represent. On the one hand, there is the suggestion that characters could be cured after the end of the text (Tara, for example), while on the other the narratives present evidence that problematises the very nature of a cure. In addition, if Tara is cured after the end of the narrative and we as readers never see it happen, can it be said to have happened at all? This storyline does not exist in the canon of the show, it is merely hinted at, and there is no definitive canonical proof to point to as evidence of Tara being cured. Of course, there is no proof that she is not cured in Boston, either.

These dissociative identity disorder texts problematise the notion of a cure, and this in turn disrupts the generically conventional ending that we expect from an illness narrative. Further, this disruption can be read as a generic metaphor for dissociative identity disorder and the issues that the texts perceive to be at stake: multiplicity of identity within the characters becomes multiplicity of meaning and interpretation within generic form. This ability to play with and subvert generic convention is reflected in the texts' ability to play with and subvert dominant cultural values, particularly in terms of the texts' representation of gender variance. The cause of these disruptions could be said to be trauma; both the traumatic events that cause the characters' DID and the trauma of heteronormative gender expectations. There is no end to this trauma, no way to work through or master it, and so there is no real 'end' to the narratives. I argued in Chapter 3 that trauma disrupts meaning and it seems to be case here that trauma disrupts singular meaning, leaving meaning as fragmented and multiple as the traumatic events left the dissociative characters. Genre, or the DID texts as a genre in particular, are seemingly 'traumatised' in a similar way to the characters. The disruption of genre thereby works as a neat literary metaphor for the experiences of the characters, and ultimately recreates their experiences in literary form. These are texts that ultimately celebrate plurality and people who function on the fringes of society for whatever reason. Their generic

strategy mirrors this celebration, and offers the reader multiple interpretations and meanings. Conformity to generic convention would go against this celebration, and prevent the texts from exploring these issues.

I have largely limited my analysis to a reading of the texts' representation of dissociative identity disorder by focussing my analysis through a biocultural model of illness (narrative) in order to determine what the texts are saying about cultural values, social norms, or Western contemporary society more generally. I have included Sontag's work in this chapter because I am aware that some critics find this approach problematic, but the counter-arguments offered by the work of Morris, Kleinman and others validate this theoretical approach to examining the representation of DID. The use of a biocultural model of illness allows us to examine why these texts appeared in this moment, with this particular narrative and generic approach to DID. Why is dissociative identity disorder employed metaphorically within these fictional texts as a link to an ability to resist social norms and exist outside of established social binaries? Kleinman argues that "Illness has meaning in a second sense, insofar as particular symptoms and disorders are marked with cultural salience in different epochs and societies" and from my reading of these texts so far it seems to be the case that DID has a particular cultural salience for contemporary Western late-capitalist society (18). The next chapter picks up this interest and examines non-normativity within the texts more closely by focussing on their approaches to identity and how this interest in breaking social norms and conventions is reflected within the characters themselves, with a particular focus on gender.

Chapter 5

The Social Construction of Gender and Resisting Heteronormativity

The previous chapter discussed the ways in which DID texts engage with concepts of normativity, particularly the ways in which they subvert narrative and generic expectations. These texts frequently resist curing the characters of their disorder, even when they are able to work through their trauma, and this is part of a wider interest in the ways that social pressures to conform to certain behaviours act to keep people in socially sanctioned roles. In some texts such as *Fight Club*, and *United States of Tara*, these social pressures are linked to dissociative identity disorder, and it is for this reason that Sebastian is not cured by the end of the novel: the social pressures which led him to dissociate have not been removed, so he cannot be cured. Similarly with Tara, everyone else is able to adopt different personas to operate within society, but Tara's alters are a disordered version of this performance because she is not able to control their appearance. Until she can do so, Tara too remains 'ill' at the end of the text. In problematising these narratives of curing, dissociative identity disorder texts suggest a link between illness and the society in which this illness appears, namely that "social contradictions [are] easily displaced into images of personal illness [...] to nourish the suspicion that any perceived lack was one's own fault" (Ohmann: 212). Indeed, the previous chapter demonstrated that social pressures to conform to norms are a type of 'trauma' within dissociative identity texts (as Sebastian clearly demonstrates in *Fight Club*). Those who do not conform are therefore said to be 'ill', and some illness narratives seek to cure 'illness' by having characters learn to better fit into their society (particularly texts dealing with autism and Asperger's syndrome, as discussed elsewhere in this thesis). Narratives which choose to 'cure' characters by having them better fit into society ignore the fact that society itself is 'ill' in Ohmann's reading; Ohmann argues that these illness narratives give the characters the condition rather than admit the extent to which normative identities are

socially constructed, and that it is possible to resist social pressures to conform. If the social construction of identity is not problematised and is accepted as 'normal', there is no need to change (or cure) the dominant social forces, and so the condition given to the characters as a way of excusing their inability to fit into dominant cultural values (for example, Asperger's or autism) is not cured by the end of the text.

I demonstrated in the previous chapter that this interest in resisting cathartic illness narrative conventions is linked to a wider interest in endings, and problematising the notion of what an ending should be. *United States of Tara* ends before Tara gets to Boston to work with a DID specialist and hopefully cure her condition; people keep referring to Sebastian as Mr Durden and assume Tyler will return at the end of *Fight Club* (which he does, in the sequel comic *Fight Club 2*); Echo chooses to retain her alter personalities at the end of *Dollhouse*; at the end of *Set This House in Order* Penny's reintegration therapy does not work, while Andrew chooses not to pursue further treatment but instead continues to manage his condition. This interest in resisting norms extends to the texts' approach to the form of the texts and generic convention; texts resist the pressure to cure characters, and end the narratives in some cases before characters have even attempted treatment.

Ultimately, these texts are interested in resisting norms, then; both the social norms the characters should conform to, and the generic, formal and representational norms of the texts themselves. These texts celebrate plurality and the ability to resist social pressures to conform, and this is further demonstrated through the texts' approach to gender identity. This chapter uses a queer theory framework to examine the way gender identity operates within these texts. Many of the characters have non-normative gender identities (Andrew is female-bodied; Sebastian is not traditionally masculine, forced into a 'feminine' consumer role by the conventions of capitalism as discussed elsewhere), or overly stereotypical normative gender identities (Tara's alters Alice, a 1950s housewife, and her cross-gender alter, Buck, a Southern redneck Vietnam veteran; the hyper-

masculine Tyler Durden). This chapter examines the extent to which the choice to include these gender identities supports the texts' interest in subverting or playing with social expectations and non-normativity. In these texts, gender identity is another mark of difference which is traditionally frowned upon by society. If DID is read as a celebration of multiplicity and non-normativity, then the various gender identities of the alter personalities emphasise this aspect of the condition and serve further to highlight the break from society's expectations inherent within dissociative identity disorder. What I mean by this is that if DID is a subversion of the socially dominant idea of the unified self, then the choice to give dissociative characters gender variant alters further emphasises the break from societal norms and expectations. This chapter offers a brief overview of queer theorists' approaches to a heteronormative gender binary, and the ways in which contemporary American social forces, including (briefly) fictional representations, perpetuate this normative binary, before moving on to examine how gender and gender identity is represented within DID texts. By demonstrating the way in which (heteronormative, binary) gender is constructed and understood in the contemporary U.S., a clear contrast emerges in the way DID texts represent transgender and cross-gender alter identities, once again demonstrating these texts' interest in unconventional or non-normative identity. The chapter seeks to determine if representations of non-normative gender identity fit into the wider interest in non-normativity evident within DID texts.

Queer theorists such as Judith Butler and Kate Bornstein argue that there is nothing more strictly policed by contemporary Western society than the binary gender system. Everyone is placed into one of two boxes at birth and then kept there through strictly enforced gender codes: there are men and there are women and nothing in between. Gender identity is only a problem because contemporary American society makes it so; heteronormative notions of gender are reinforced through social and legal pressures which ostracise anyone who does not conform to these ideals. A good example of this is the recent passing of a number of 'bathroom bills' in the Southern United

States, most notably North Carolina, which legalise discrimination against trans people by forcing them to use public bathrooms which match the sex they were assigned at birth. These laws seem to be motivated by nothing but transphobia on the part of the conservative Republicans who advocate for them. Gender variant people are made to be the problem here, rather than, for example, the conservative Republicans in the North Carolina Senate who wrote and passed the law. To return to Ohmann's idea, the contradiction (not everyone conforms to the binary gender system) is glossed over and dominant social attitudes say that people who do not conform have the 'illness' (transgender, intersex, and other genderqueer people). This is similar to the way that DID texts treat illness. Many of the dissociative characters do not or cannot conform to the social roles expected of them—Sebastian cannot, Andrew will not, for example—and it is they who have the disease. Indeed, Andrew is the most obvious example of this: he is resistant to social norms, does not want to 'cure' his condition, and has a female body at odds with his male gender identity.

To begin with then, I want to examine this idea that gender is socially constructed through the performance of norms, an idea largely attributed to Judith Butler. In *Gender Trouble* (1990), she states:

Because there is neither an "essence" that gender expresses or externalizes nor an objective ideal to which gender aspires, and because gender is not a fact, the various acts of gender create the idea of gender, and without those acts, there would be no gender at all. Gender is, thus, a construction that regularly conceals its genesis; the tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions is obscured by the credibility of those productions—and the punishments that attend not agreeing to believe in them; the construction "compels" our belief in its necessity and naturalness. (190)

What Butler means by this is that gender is not the natural system that it is believed to be; it is a cultural classification, the way that members of a society are conditioned to 'read' sex. For Butler, there is no 'truth' of gender other than that assigned by the culture; dominant social convention considers one particular behaviour or visual signifier 'female' and so anyone who behaves in this way, or looks this way, is perceived to be a woman. Indeed, gender is believed to follow on from sex—all female-bodied people are women and all male-bodied people are men—and behaviour is believed to follow on from gender—women are feminine while men are masculine. Gender is 'performative' because it only exists through our actions, traits and appearance; it is only real when these actions or traits are performed. These combine to create gender because they allow the rest of society to read people as male or female. One's gender identity is only valid or 'successful' if the rest of society recognises you as male or female, and the punishments visited upon those who do not conform compel people to keep up the performance, perpetuating the notion that gender is a 'natural' system. By 'punishments' Butler is referring to homophobia and transphobia that can lead to the denial of services, legal and political representation, as well as violent hate crimes committed against queer and gender variant people, and the more general microaggressions that queer, trans and genderqueer people can face on a daily basis. From this description, it is possible to see that the late capitalist system that emasculates Sebastian in *Fight Club* is also a normative gender system: feeling trapped in a traditionally 'feminine' consumer role, he creates the hyper-masculine Tyler Durden to destroy the capitalist system that keeps him oppressed. Indeed, different hegemonic systems such as gender, race and class are often tightly entwined, and this is particular evident within DID texts as the above example demonstrates.

In most, (if not all) Western societies, both sex and gender are viewed as binary systems with little room for other options, despite the fact that there are many intersex, trans, and other gender variant people who live outside these binaries. Indeed, trans and intersex people problematise binary

constructions of sex and gender, and immediately reveal the construction in the same way that dissociative characters like Tara make obvious her friends' and family's role playing. U.S. society's adherence to a binary system of sex and gender has been challenged by critics such as Anne Fausto-Sterling, who argues that, based on combinations of male and female sex characteristics such as chromosomes and genitals, one could make the case for five or more sexes.²⁶ Despite the activities of gender activists such as Cheryl Chase, gender theorists like Kate Bornstein, and academics like Fausto-Sterling, gender identities outside of 'male' and 'female' are largely unrecognised by society as valid options. As a result, the people who belong to these unrecognised categories must be forced back into 'male' and 'female'; intersex children are often subjected to 'corrective' surgeries without their knowledge, for example, while trans people hoping to transition must carefully adhere to the heteronormative notions of gender established by the medical and psychiatric communities in order to access treatment such as hormones and sexual reassignment surgery. These treatments serve to force gender variant people back into the 'safe' categories that society recognises, with the ultimate goal of erasing their problematic gender identities.

As well as being policed by the medical establishment, gender is reproduced through social conditioning and within the media. A clear example of this in the sorts of toys male and female children are expected to play with in the U.S: boys stereotypically like toy soldiers and trucks, while girls are expected to play with dolls. These stereotypes and cultural norms are so ingrained that any moment of transgression is often seen as an indication that something might be 'wrong', usually because of some belief that transgressing gender norms like these when young might indicate a child

²⁶ Fausto-Sterling originally made the case for five sexes—male, female, true hermaphrodites, male pseudohermaphrodites, and female pseudohermaphrodites—but in a later article she argues that this is perhaps just as reductive as the original binary system, and instead calls for the understanding "that people come in an even wider assortment of sexual identities and characteristics than mere genitals can distinguish" (*The Five Sexes, Revisited*: 22).

could grow up to be queer. The notion that particular clothes or toys could ‘make’ someone gay or transgender is absurd, but these things can and have been harshly policed in Western society.²⁷ These sorts of divisions are further (re)produced through advertising, which ‘genders’ products such as razors (black, silver and blue for men, pink or turquoise for women) and even biro pens.²⁸

Non-normative gender identity and queer sexuality have also been policed by film and television representations of queer, trans and intersex people. In the early days of Hollywood, the Motion Picture Production Code prevented queer people from being depicted on screen. As a result, when gay or trans people were allowed past the censors they often had to be highly coded, and never explicitly reference homosexuality or gender variance. As a result, the ‘sissy’ characters of the 30s and 40s rose to prominence, and while no reference was made to sexual practice the violation of gender codes (so often linked with an ability to ‘read’ people as queer) allowed these characters to be read as homosexual if one chose to do so. Following the removal of the Motion Picture Production Code, homosexuality gradually began to be referenced more overtly on screen, but these characters were often punished in some way for their open homosexuality, because it had to be made clear to the (mainstream) audience that queer lifestyles were not a valid option. This is similar to the way that Altman describes genre as a means of spending time with an ‘outlaw’ (that is, a person who is not representative of hegemonic values); queer characters’ deaths are one way to return the reader to the safety of the law as discussed in Chapter 4. As a result, these characters were often lonely, unhappy, and frequently committed suicide or were killed at the end of the film. This became such a common occurrence that Russo includes a ‘necrology’ at the end of *The Celluloid Closet* listing the

²⁷ The idea that gender transgression was reflective of a queer sexuality had been the subject of study by sexologists like George Rekers, Ivar Lovaas, and Richard Green during the 1960s and 70s. See Richard Green, *The “Sissy Boy Syndrome” and the Development of Homosexuality* (1987) and George Rekers and Ivar Lovaas, “Behavioural Treatment of Deviant Sex-Role Behaviours in a Male Child.” *Journal of Applied Behaviour Analysis* 7.2 (Summer 1974). This research treated non-typical gender identity as a sign of homosexuality, and sought to socialise children back into normative roles in order to ‘prevent’ them from becoming homosexual in later life.

²⁸ See the recent backlash against Bic’s range of pens ‘For Her’: Anna Pollitt. “Bic’s pen ‘For Her’ backlash.” *Stylist*. <http://www.stylist.co.uk/life/bics-pen-for-her-backlash> [Accessed August 2016].

details of forty-four queer characters and how they died (347-349). These sorts of representations and the punishments visited on LGBTQ+ characters unfortunately continue to the present day, particularly when it comes to fictional queer women. Between January and July 2016, there have been 18 queer female characters killed on U.S. television shows.²⁹ The death of Lexa on *The 100* (revisiting the very worst of LGBTQ+ stereotypes: Lexa was killed shortly after consummating her romantic relationship with the show's female protagonist Clarke, which had been unfolding on screen for two seasons) and resulting fan backlash (largely because the writers had spent time reassuring queer fans in the hiatus between seasons that nothing bad was going to happen to Lexa) brought awareness of the so-called 'Bury Your Gays' trope into the mainstream news for the first time, including coverage by BBC News, the Hollywood Reporter and Variety.³⁰

It is not just an increased chance of death that LGBTQ+ fictional characters have to contend with. There have been other trends evident in film and television representations that act to police either queer sexuality, gender identity, or both. The first is that LGBTQ+ characters also frequently find themselves the villains in mainstream films. It is particularly significant that two of the horror films I mentioned in Chapter 2—*Psycho* and *Haute Tension*—not only feature killers that are LGBTQ+ (Norman Bates cross dresses as his mother, Marie is in love with her [female] best friend Alex), but also have dissociative identity disorder (Norman seems to have internalised his mother as a separate

²⁹ In response to this, queer lifestyle/media website Autostraddle compiled a list of all the dead queer female characters to ever appear on TV. When the list was originally posted it contained 65 deaths, following input from readers the list grew to 160 deaths as of July 2016, including an additional 17 characters that died since the list was first published. The list is still growing. See Autostraddle. 'All 160 Dead Lesbian and Bisexual Characters on TV, and How They Died.' 11 March 2016. <http://www.autostraddle.com/all-65-dead-lesbian-and-bisexual-characters-on-tv-and-how-they-died-312315/>

³⁰ See 'Bury Your Gays' on tvtropes.com <http://tvtropes.org/pmwiki/pmwiki.php/Main/BuryYourGays>; BBC News. "Fans revolt after gay TV character killed off." 11 March 2016. <http://www.bbc.co.uk/news/blogs-trending-35786382>; Variety. "Why the Controversial Death on 'The 100' Matters." 4 March 2016 <http://variety.com/2016/tv/columns/the-100-lexa-dead-clarke-relationship-13-1201722916/>; The Hollywood Reporter. 'Bury Your Gays: Why 'The 100,' 'Walking Dead' Deaths Are Problematic. 21 March 2016. <http://www.hollywoodreporter.com/live-feed/bury-your-gays-why-100-877176>

personality, the killer in *Haute Tension* is an alter personality created through Marie's repression of her feelings for Alex). In both cases, their sexuality is more evidence of their mental instability; their motives for the crimes they commit are nothing more than that they are both mentally disturbed queer people with split personalities. *Psycho* ends with a psychologist explaining Norman's split personality while he sits in a cell, taken over by his 'Mother' personality, and *Haute Tension* ends with Marie locked in a psychiatric hospital, muttering to herself that she "won't let anyone come between us [Marie and Alex] ever again." Their 'disturbed' sexuality and gender identities are reflections of their 'disturbed' mental health; the audience is encouraged to see the link between them. This idea is also frequently seen on television, particularly on older procedural crime shows, such as *Law and Order* or the original *CSI: Crime Scene Investigation*.³¹ In older examples, the LGBTQ+ characters are often sexually repressed killers, and in many cases the characters' queer identity and gender representation are held up as evidence of their perversion and disturbed minds, in the same way that they are in *Psycho* and *Haute Tension*.

The second trend is linked to the policing of heteronormative gender identity. While it seems to be something of a truism that gay men, when they appear on screen, are most often stereotypically camp (perhaps because camp characters are often also desexualised and therefore rendered somewhat 'safe' for a mainstream audience), lesbians on the other hand are portrayed as overwhelming feminine. The majority of lesbian and bisexual main characters that have appeared on U.S. television in recent years—on shows such as *Grey's Anatomy*, *Pretty Little Liars*, *Glee*, *Lost Girl*, *Chicago Fire*, *Orphan Black*, *Sense8*, *Black Sails*, *Transparent*, *The 100*, *Wynonna Earp*, and *Orange is the new Black*—are conventionally attractive, feminine characters. While some of these characters occasionally dress in what could be considered a more 'masculine' style—most notably Paige in *Pretty*

³¹ See "Lesbian and Bisexual Women on *Law and Order*" *AfterEllen*.2005. <http://www.afterellen.com/tv/4414-lesbian-and-bisexual-women-on-law-and-order>. (Accessed August 2016).

Little Liars, and Nicole in *Wynonna Earp* (who is referred to as butch in a derogatory fashion by the first season's main villain)—they are still usually returned to a more traditionally 'feminine' style at various points.³² They are allowed to subvert gender codes for a little while, then, before they are returned to a conventional 'heteronormative' gender presentation. This could be a wider problem with U.S. television as a form; it's possible that these characters are all conventionally attractive and feminine simply because there is no place on television for a woman who does not fit these criteria. U.S. television, like other forms of media, acts to shore up dominant values, even through characters that do not belong to dominant social groups. Indeed, television shows often work extra hard to police the gender identities of queer characters, something that became particularly clear during the trend of portraying older lesbian couples almost exclusively as mothers during the early 2000s. By confirming these characters' desire to have children, these shows make their characters' femininity clear, and as heteronormative as possible. This storyline has appeared on shows such as *ER* (1994-2009), *Queer as Folk* (US version) (2000-2005), *The L Word* (2004-2009), *Friends* (1994-2004), and more recently on both *Grey's Anatomy* and *Chicago Fire*. It seems that the shows' aggressive reassertion of these characters' femininity is the cost of their ability to be openly queer. Even in a modern era in which the Motion Picture Production Code no longer operates, these characters must be traditionally gendered, and they must conform to traditional gender roles. This demonstrates that even though there is no official list of rules in place governing the portrayal of queer and trans characters, contemporary U.S. television does, to some extent, police itself in line with hegemonic values and social norms. These portrayals demonstrate the extent to which heteronormative gender

³² Interestingly, the shows from this list which buck the trend somewhat and feature masculine-presenting queer female characters who are able to resist being forced back into a more feminine identity, *Transparent* and *Orange Is the New Black*, are both shows made by streaming companies: *Transparent* is made by Amazon, while *OITNB* is made by Netflix. It is possible we're starting to see a split between traditional television shows (which operate within social hegemonic structures) and streaming shows which are afforded more freedom. These two shows are of course also both notable for being based around the lives of trans and queer characters, as well as for the racial diversity among the cast of *OITNB*.

systems are shored up through all aspects of the media.

Throughout this chapter so far I have accepted Butler's explanation of gender—that is, that gender is a socially constructed performance—without offering any critique of this position. I have demonstrated that 'ideal' heteronormative gender codes are (re)produced in our everyday lives through how we act and dress, and also that the media, film and television especially, add further pressure and perpetuate normative gender codes through the representation of men, women, and queer people. While there is evidently a huge amount of social pressure on us to perform our gender correctly, and it is clear that homophobia and transphobia serve as a means of policing (heteronormative) gender, I want briefly to problematise this construction of gender and highlight the tension between all gender as a performative fiction on the one hand, and the realities of gender identity for gender variant people on the other. There is a tension here between academic theories of gender and the real-life experiences of trans, intersex and genderqueer people, for whom the nature of gender is not something to be debated but a very important part of their lives, similar to the way that the fictional representation of DID often differs from the real-life experience of people with the disorder as discussed in the previous chapter. Gender does not feel like a performative fiction to a trans person struggling to access the medical tools required for transition, in the same way that real-life people with DID do not view their condition as a means of resisting social systems and norms. Having discussed this issue in the previous chapter I return to it here. Following this, I offer close readings of my primary DID texts to determine how they represent gender, and gender variance in particular, within their narratives. Is gender variance used metaphorically in the texts in the same way that DID is, despite this tension between academic thought and real-world experience? And are the characters' gender variant identities another form of resistance the texts exhibit?

I alluded earlier to the need for transgender people to conform to heteronormative gender norms in order to access medical treatment such as hormones and gender confirmation surgery. The

process of transition is a long one, and requires medical validation at each step along the way; trans people who want to take hormones or receive surgery have to convince psychiatrists of their true gender identity and prove that they can function as a member of that gender for a period of time before their doctors will even consider putting them forward for surgery. This is especially important in the U.S. where trans people are reliant upon health insurance companies covering the cost of their treatment. Not all companies cover gender confirmation surgery or related treatment, and those that do will often only cover the cost of treatment if it is a medical necessity; that is, if not receiving surgery offers a very real risk to the patient's mental or physical well-being. This system acts to medicalise gender difference, and is yet another way that the binary gender system is reproduced; in this system trans people have to prove that they can conform to one of the two binary options and are shifted from one option to the other, with no room for deviation from the norm.

The oft repeated idea that trans people are 'born in the wrong body' suggests that their gender identities are fixed at birth, and seemingly resistant to all efforts to condition them into a gender that matches their sex. This metaphor suggests that trans people are able to resist the socialisation they receive as children, that attempts to police their gender identity have failed. And yet they are still subject to the same pressures as other members of society—the high instance of violence against trans people indicates that this is the case. How then can we reconcile the heteronormative gender system with the experiences of trans people? Kate Bornstein suggests the idea that trans people are 'born in the wrong body' is a convenient metaphor the trans community uses to access medical treatment and conform to the medical community's (hetero)normative ideas of gender identity. She argues that this offers the path of least resistance for trans people; the medical community believes that there are two discrete gender identities and so trans people are forced to conform to this model in order to access treatment. It reinforces the biological and medical terms of the debate, taking it away from a sense of cultural conditioning. If they were 'born in the

wrong body', the medical community will aid them in transitioning into the correct one, and so the heteronormative gender system is maintained. This becomes, in many ways, another form of social pressure; another way of forcing trans people to conform to the binary. In this model, they are not resistant to the pressures of normativity at all, because they have to prove that they can conform to traditional gender roles. The medical profession then aids them in transitioning into the 'correct' body in line with their (normative) gender identity, and the result of treatment is that trans people now conform to social pressures and the heteronormative system.

Bornstein takes issue with this medical narrative, and instead would rather see a third space for people to develop their own gender identities away from heteronormative, binary notions of what gender should be. Bornstein argues that the next step for trans people is to "establish a truly transgender world view in concert with other transgender people, because virtually all the books and theories about gender and transsexuality to date have been written by non-transsexuals who, no matter how well intentioned, are each trying to figure out how to make us fit into their world view" (63). Bornstein rejects this medical narrative and its aim of heteronormativity, taking particular issue with the way it produces and reproduces the gender binary as outlined above. She goes further than Butler in that while she recognises the ways that gender is constructed, she argues for a complete dismantling of the system, and calls on trans people to problematise the binary and create a third space because she believes they are uniquely placed to do so. This call to arms has been taken up by some in the trans community who strive to live their lives without a recognised gender, or cross backwards and forwards between gender categories at will.

While Bornstein is radically arguing against binary constructions of gender, one must be careful to not assume that Bornstein's view is that of all trans people, or indeed, that of all queer and gender theorists. Some trans people are perfectly happy with their transition from one gender to another, and some cisgender people are perfectly happy to live their lives within the gender they

were assigned at birth, and never give their gender identities a second thought. Indeed, some trans people like Julia Serano argue against the idea that gender is a performative fiction. Serano is very specific in her criticism: she takes issue with the assumption that all gender is performance: “it is a crass oversimplification, as ridiculous as saying all gender is genitals, all gender is chromosomes, or all gender is socialisation” (85). Serano draws on her own experiences to argue that gender does not feel like a performative fiction when you are trans and face the prospect of interacting with people when you are living as one gender and all your legal documents refer to you as the other, or when you are a young child convinced that you should be the opposite gender. Instead Serano calls for people to recognise that gender is not simply one thing or another: “It’s an amalgamation of bodies, identities, and life experiences, subconscious urges, sensations, and behaviours, some of which develop organically, and others which are shaped by language and culture.... Instead of saying that all gender is performative, let’s admit that sometimes gender is an act, and other times it isn’t” (87). Serano calls for a recognition of gender as a multi-faceted construction, more in line with the real-world experience of trans and gender variant people

I offer Serano’s essay here as evidence of the important work that theorists are still contributing to our understanding of gender. Serano does not think that all gender is performance, but rather a collection of factors that vary from person to person. Towards the end of the essay, Serano boldly states: “How about this: let’s stop pretending that we have all the answers, because when it comes to gender, none of us is fucking omniscient” (87) and, despite the slightly tongue-in-cheek tone of this sentence, I would agree with this assessment. Serano’s essay provides space for individual difference, and an intersectional engagement with issues like race and class. The normative gender model I have discussed throughout this chapter does not do that, precisely because it is a hegemonic, normative model. It is primarily a white, middle/upper class model of gender—for example, while in the past this model said that women should stay at home to look after their

children, working class women could rarely afford to do so. While these issues are largely outside the scope of this thesis, it is important to note heteronormativity's intersection with other areas of hegemony. Whether or not one believes that all gender is performative and only real to the extent that it is performed through acts and behaviours, one must acknowledge the heteronormativity of Western society and the multiple ways in which heterosexual cisgender people are privileged in this culture. The way that social and cultural pressures act to perpetuate heteronormativity, as outlined in this chapter, clearly demonstrates this.

This is the model of (heteronormative) gender that is useful when it comes to the dissociative identity disorder texts. Whether or not one takes the view that gender is a performative fiction (which can be seen at odds with some trans people's experience), one cannot deny that heteronormative cissexist modes of gender presentation and behaviour are privileged and considered the norm within contemporary Western cultures and societies. As such, the dissociative identity disorder texts, themselves cultural artefacts produced within the contemporary U.S. (all by heterosexual, white writers) should conform to these expectations when it comes to representations of gender. U.S. society has a clear problem with people who do not fit into the gender binary. Queer people are often identified and discriminated against due to their violations of gender codes; intersex children are coerced into 'corrective' surgeries often without their knowledge; and trans people are forced to conform to the gender binary if they wish to access treatment. Media representations of gender and sexuality usually privilege heteronormative identity, as I outlined above, but the authors of the DID texts are seemingly able to resist reproducing heteronormative identity within their work. This resistance to social norms (both from the characters within the texts, but also on the part of the authors) mirrors the texts' ability to resist generic and formal norms that I discussed in the previous chapter.

Gender variance, or some inclusion of non-normative gender identity, is a fixture of the DID texts I discuss. Andrew is female-bodied in *Set This House In Order*; Sebastian is not traditionally masculine while Tyler Durden is hypermasculine; Tara has a male alter who enters into a relationship with a woman without Tara's knowledge; and *Dollhouse* has featured cross-gender alter personalities, most notably Victor accidentally being implanted with a female personality named 'Kiki' whilst on a mission in the third episode of the second season. This shared interest in using alters as a means of exploring gender is significant, and points to the texts' wider interest in all forms of non-normativity and resisting convention as discussed in the previous chapter in relation to genre and narrative and formal convention (illnesses, resisting cures, endings). This chapter seeks to draw out these links between gender variance and the unconventional representation of illness discussed in the previous chapter to build a more detailed picture of the texts' interest in non-normativity. I begin with *Set This House in Order*, which offers the most overt example of gender variance of the DID texts.

Throughout the first half of *Set This House In Order*, the reader believes that the protagonist, Andy Gage, the 'main' personality Andrew, and the body all the personalities inhabit, is male, but it is later revealed that the body is female and that 'Andy' is short for Andrea. This is revealed when Andrew is about to have sex with his friend Julie. She stops him when she realises that he has a female body, and the two quickly get into an argument about the original Andy Gage's gender identity:

"When you talk about Andy Gage... the original Andy Gage... you always say 'he,' not 'she.'"

"Well... yeah."

"But if Andy Gage was a girl, then—"

"Julie..." Of all the times to start talking about metaphysics... but it seemed important to her, so I curbed my impatience. "I call Andy Gage 'he' because, well, because my

father always does... and Adam, and Aunt Sam, and everybody else in the house too.”

“But if Andy Gage was female...”

“His body was female, but his soul was male.” I didn’t actually know this for a fact, but it made the most sense—and I wasn’t about to call my father out for confirmation.

“You said that souls and bodies were twins, though. Reflections of each other.”

“In people who are singular. But—”

“But Andy Gage was singular. I mean he was the original soul, right? He...she...existed before the split. So—”

“Julie,” I interrupted, “Julie, I don’t want to be rude, but...why does this matter?”

(Ruff: 237-238)

The original Andy Gage was trans, then, or at least gender variant; their³³ gender identity did not match their body’s sex characteristics. This, at least, is Andrew’s assumption, and it is never corrected by any of the other personalities, so the reader is inclined to take his word for it. Indeed, it is difficult to ascertain the truth of Andrew’s belief. We are told that the original Andy Gage was ‘murdered’ by their stepfather very shortly after their birth, and that seven personalities were formed from the splitting of Andy Gage’s soul. Of these seven personalities, five were later ‘killed’ by the stepfather, and the two survivors—Aaron and Gideon—were forced to split themselves in order to cope. The two ‘original’ personalities that we meet from the first split are male, but we still have no way of knowing the gender identity of the original Andy Gage. We cannot assume that Andy Gage had a male gender identity simply because male personalities were formed when their soul was split; the personalities that we meet later include the female Sam, who was presumably formed from the splitting of Aaron

³³ I am using they/them/their pronouns as singular gender-neutral to refer to Andy Gage, in line with contemporary queer and trans usage.

or Gideon. From this we know that any personalities formed by the splitting of another do not necessarily have the same gender identity as the personality from which they split.

Andrew also talks about semi-formed souls called 'Witnesses' who were created by each act of abuse by the stepfather. These are largely children, but they are also of both genders, and we have no way of knowing whose soul they are fragments of. Indeed, the most important Witness in the novel, who relives the moment of abuse that created her with Andrew and allows him to understand that Andy Gage's mother knew about and yet feigned ignorance of the abuse, is described as "a girl of eleven or twelve" (171). The reader does not know which personality was in charge of the body when this act of abuse happened or whose soul the Witness fragmented from, but the reader can determine that Andy Gage was living in a female identity throughout childhood. Indeed, when Andrew revisits their childhood home, he finds dresses in Andy's room, and is addressed as if he is female by his neighbours and people who knew Andy when he was younger. It should be pointed out, of course, that Andy was the subject of systematic emotional and sexual abuse, and from the one memory we see, seemed to live in a constant state of fear. They wouldn't have had the opportunity to develop a trans identity or seek gender confirmation treatment, even if they had realised it. In addition, there seems no way that their parents would co-operate with treatment or pay any attention to their wishes; their stepfather continually abused them, and their mother knew about this abuse, resented the attention that they received from the stepfather, and blamed Andy for it.

Even after the stepfather died and the abuse stopped, we have no way of knowing which gender Andy Gage was living in during the years before Aaron formed the house and called the personalities to order. During this time, the personalities could take over at any time, and Aaron, who was in charge, frequently lost time and had no memory of doing things that he had done, much like Penny at the start of the novel. We are told that Sam had a relationship with a man before Andy Gage left his hometown, but we do not know if this means that Andy Gage was living in a female identity

on a consistent basis or not—Aaron was, presumably, still the dominant personality at this time. This ambiguity leaves the reader with several unanswerable questions in relation to Andy Gage’s gender identity. Indeed, the novel does not offer the reader a definitive explanation of Andy Gage’s original gender identity, or the history of the formation of the souls or which souls split from which. But, I would argue, it does not necessarily need to. Andrew, who is the personality most often in charge of the body—indeed, was created solely for this purpose by Aaron—is male and he inhabits a female body. By any definition, this sex/gender link is a queer one. Whether we want to—or indeed, should—assign a specific label of ‘transgender’ or not, Andrew’s gender identity does not follow society’s heteronormative expectations. Andrew doesn’t see why this is an issue because he does not truly understand social conventions and expectations, and because the original Andy Gage is long dead; the personalities that exist now are largely male, with a few exceptions such as Andrew’s ‘Aunt Sam’, whose nickname (from Samantha) is usually a male name, further adding to the blurring of heteronormative gender. The body is not a reflection of the personalities that live inside it now, as Andrew believes most singular people are, so it does not matter to him that the body is female and he is male.

Further, Andrew is already outside of the norm in the sense that he has multiple personalities, and even more so because he refuses to seek a cure for his treatment in the conventional way. He is already living a life outside of society’s conventions, so why should he care if his gender identity is an unconventional one as well? Indeed, there are other moments in the novel which suggest that Andrew is not particularly concerned with social conventions. Very early on he describes the process of getting ready in the morning and how each personality is allowed a moment outside in the shower or to help brush the body’s teeth, for example. He concludes by explaining that his ‘father’ Aaron helps him get dressed because “I was born with no fashion sense, and I think my father feels guilty about that” (11). After Aaron vetoes his shirt selection—a bright yellow plaid shirt

with red and green checks—and advises him not to wear it out in public, Andrew reluctantly finds something else to wear: “I did like the shirt, and I hate having to give things up just because of what other people might think” (11).

Andrew’s lack of concern with social conventions is not shared by Julie, however. Julie is only able to view Andrew’s female body and think about the ways in which it will affect her:

“I’m not a lesbian, Andrew.”

This was such a non sequitur that for a moment I was completely lost. “What?”

“I’m not a lesbian. I—”

“But... I’m not a lesbian, either.” I felt a brief, irrational surge of hope that died when I saw Julie’s expression hadn’t changed. She didn’t care whether I was a lesbian; she cared that Andy Gage’s body was female. Case closed. (238)

Andrew’s gender variance is a problem for Julie because it challenges her own sexual identity. She is unable to see past Andrew’s sex and find his gender, even though she has known him for several years and never doubted that he is male. In her view, in having sex with him, a male identified person with a female body, she is having sex with a ‘woman’ and so she could be considered a lesbian. Julie is so bound by social convention that she cannot—or will not—break the heteronormative link that society assumes between sex, gender and desire, and is incapable of seeing how Andrew could be male if he has a female body. In sharp contrast to Julie, when Penny discovers the truth about Andrew’s body she reacts with initial surprise, but doesn’t particularly care:

“Your mother named you Andrea?”

“Yes,” Andrew tells her, his voice sullen. “The body is female.” He looks at her expectantly, but all Mouse can think to say is: “Oh...OK.”

“OK?” says Andrew. “You’re not freaked out?”

Mouse shakes her head. “I’m... surprised, I guess. But freaked out? No.” She waves an

arm, trying to encompass, in a gesture, everything that has happened since she started work at the Reality Factory three weeks ago. “You know at this point...”

“Right!” Andrew says, as if he’s been waiting for someone to see things this way.

“Right, exactly, it’s not that big of a deal. I never thought it was. But Julie...” He stops and thrusts his hands out, as if pushing something away. “No... I’m not going to get going on that again.” (380)

Penny and Andrew are both used to living outside social norms, and having identities that the society depicted in the novel tells them are ‘abnormal.’ The idea that Andrew could be male and also have a female body is not one that they find particularly troubling as they live with the reality of having multiple personalities (of both genders) and the fact that their bodies do not perfectly represent the personalities that live within them. Interestingly, even their non-dominant personalities don’t seem to find this arrangement anything out of the ordinary; Penny’s protector personality, Maledicta, asks Sam if the body is female and when Sam replies in the affirmative says, “I fucking thought so.... You can’t really tell, you know, when Andrew or Aaron are in the fucking driver’s seat, but with you in the body, it’s just fucking obvious” (330). Beyond asking the question, Maledicta doesn’t seem to care one way or the other and this foreshadows Penny’s reaction later in the novel.

Andrew and Penny’s treatment of Andy Gage’s trans identity is accepting, and, most importantly, does not seek to explain it, medicalise it, or cure it. In the same way that the novel presents a new way of managing dissociative identity disorder rather than seeking a true cure to the condition—one that might not exist anyway, as Penny’s failed reintegration suggests—it presents a new way to treat trans issues, which is to say, to treat them as a non-issue. No one in the novel tries to police Andrew’s gender identity; he is not subject to institutional, legal or cultural discrimination due to his trans identity; and nothing within the novel suggests that Andrew’s male identity and female body is something which needs to be fixed and forced in line with heteronormative values.

The sections of the novel that I have quoted are really the only occasions that attention is drawn to the disparity between Andrew's gender and that of the body, and indeed, the psychologists that appear in the novel (the only representatives of the medical community) do not mention the issue at all, concentrating only on dissociative identity disorder and various forms of treatment.

Set This House In Order is the only novel overtly to mention trans identities, but it is not unusual for dissociative identity disorder texts to deal with issues of gender variance more covertly. In *United States of Tara*, Tara has a male alter named Buck who is a stereotypically masculine, homophobic redneck. At the beginning of the first season he fulfils this stereotype in almost every way: continually drinking beer, watching pornography, working on his motorcycle, and belittling Tara's gay son for his sexuality (and by extension, his gender identity). It seems at first that Buck wants very little to do with Tara's family, but this changes over the course of the season as the viewer sees him act as a 'protector' figure: beating up Kate's controlling ex-boyfriend, looking after Charmaine after her cosmetic surgery, and even developing a more accepting attitude to Marshall and teaching him how to bowl. It becomes clear that Buck isn't quite as harsh as he first appears, and this continues into the second season. At the start of Season 2, Buck has a sexual relationship with another woman, Pammy, without Tara's knowledge, and this raises questions of sexual identity and gender identity. Buck is male, but he inhabits Tara's female body, and has sex with another woman. Pammy identifies as straight yet enters into a sexual relationship with Buck. And Buck uses Tara's body so does this relationship have any impact on Tara's identity?

The relationship between Buck and Pammy is analogous to that between a (pre- or non-operative) trans man and a heterosexual woman, so it is possible to say that the relationship is a transgender or queer (in the umbrella sense of the word) one. This is reinforced by the only sex scene the viewer sees being Buck performing oral sex on Pammy. The camera lingers on a close-up of Pammy's face, documenting her pleasure, before panning down her body to reveal Buck's head under

her skirt. This sex act is significant because it is one associated with queer women, and further centres their lovemaking on Pammy's pleasure, rather than Buck's. The final shot of the scene reinforces this: Pammy, sprawled in a reclining armchair, takes up most of the space in the frame, while Buck kneels in front of the chair. Despite this, Pammy or Buck would arguably not use the term 'queer' to describe their relationship. Indeed, Pammy is able to see past what Buck's female body means for her own identity in the way that Julie in *Set This House* could not. Pammy never refers to herself as a lesbian, or as gay, or as queer, though she does say that she has never been with a woman before in the second episode of Season 2, so she does at least acknowledge Buck's body. She also continues to refer to Buck with male pronouns despite this awareness. We can infer that Pammy sees Buck as completely male, then, despite his female body, and does not question her own identity based on her relationship. We are never given a reason for Pammy's ability to reject traditional heteronormative assumptions about identity, but it is clear that this is a radical representation of a truly queer relationship. This is perhaps owing to the fact that *Tara* is made by a subscription cable channel rather than a mainstream network. Subscription cable channels such as HBO and Showtime are able to be a little more radical than their network counterparts because they do not rely on attracting advertisers to fund their programming. Whether or not this freedom does contribute to the portrayal of the relationship between Buck and Pammy, it does not change the fact that the relationship occurs with very little soul searching or the need to label it. This is extremely rare on television, and just one more area in which *Tara* is willing to push back against stereotypical narratives and work to offer something new. It is one more rejection of normativity, from a show which continually problematises the 'norm'.

I demonstrated in Chapter 4 the extent to which *Tara* problematised the idea that Tara's dissociative identity disorder could be cured, and whether or not there was one moment that caused Tara to become a multiple personality. I also argued that the other characters in the show knowingly

take on other roles or personalities due to pressure to conform to different social norms. Tara cannot do this, and that is why she is said to be 'ill' and has this disease socially imposed upon her while the others do not. By refusing to paint Tara's condition as something that needs to be cured, the show is able to offer radical alternatives to the typical illness narrative and medical discourse surrounding DID, particularly in terms of identity and notions of the unified self. Indeed, Tara's identity is multiple and fragmented, and constantly shifting as the alters vie for position and spend differing amounts of time on the outside, fulfilling their own agendas. The show also raises the question of whether or not Tara could unknowingly have a new Tara-like alter in the eighth episode of Season 2. Though this idea is not developed further, it does position the show closely with *Set This House In Order* in terms of its understanding of DID and how alters are formed, and the indeterminate nature of a multiple personality's identity. This indeterminateness is reflected in the show's treatment of Buck and Pammy's relationship; it is a queer one, for all the reasons I mentioned earlier, but it is left undefined. By allowing both Tara's condition and issues of sexuality and gender identity to remain indeterminate, the show leaves room to explore these issues in ways that conventional narratives (i.e. the illness narrative of curing, the typical 'coming out' narrative often found on television) do not allow.

Indeed, we also see this in Marshall's storyline in the second season, to some extent. Though he never comes out or labels himself as such, it is assumed and accepted by everyone throughout the first season that Marshall is gay and his relationship with Jason would seem to confirm this. Indeed, in the pilot episode the first time we see Marshall in his bedroom hints at his sexuality. His bedroom is beautifully decorated in a very different style to the rest of the house, he is wearing monogrammed pyjamas, and he has classic movie and jazz singer/album covers on his walls. While these are difficult to see due to the way the shots are centred around Marshall lying on his bed, the mise-en-scene of his bedroom is more visible later on, confirming Marshall's non-typical hobbies. These are

stereotypically non-masculine traits (a passion for interior design, a love of classic cinema and jazz), which are particularly unusual when we consider the setting of the show in the Mid-West, where Buck's overt masculinity is the more typical gender presentation. Later in the same episode, we see Marshall baking cupcakes, which Buck suggests are "homo-made" with a sneer. Buck then says he is going to go to the shooting range which Max quickly says is their "guy thing. Us three" meaning himself, Buck and Marshall. The episode smash cuts to a static shot of the three of them at the shooting range: Max and Buck are in a cubicle each, feet spread apart in a typical 'masculine' stance, shooting their guns while Marshall sits on a stool in the final cubicle, out of sight of the others, reading a book. The pilot episode leaves us the viewer with the assumption that Marshall is queer then, being as his more feminine hobbies and appearance are so often associated with queer male sexuality in fictional representations.

In the second season, Marshall resists the need to label himself and embarks on an ultimately unsuccessful relationship with a girl, which ends immediately following their attempts to have sex. It is at this point that Marshall first labels himself as gay and comes out to his father, who is happy that Marshall has accepted and is comfortable with his sexuality. Marshall's initial unwillingness to label himself turns what could have been a controversial storyline (a 'gay' teen deciding that he isn't gay after all) into something more interesting and subtle, more to do with Marshall's uncertainty about his identity as a gay man—an identity that has almost been given to him by everyone's assumptions (including the viewers) rather than one he has arrived at himself—rather than a wholesale questioning of his sexuality.

Buck and Pammy's similar refusal to label their relationship allows the storyline to develop without falling back on the LGBTQ+ stereotypes and narratives generally found on television. Buck and Pammy's relationship isn't about whether or not they are lesbians or if their relationship is a transgender or a queer one, it is about the impact that this relationship has on Tara and her family,

particularly her marriage to Max. Is Tara committing adultery because Buck is having a sexual relationship with someone else, for example? This raises important debates about whether or not Tara is responsible for the behaviour of her body when the alters are in control and the extent to which she could be held accountable for their behaviour, particularly as she is the one who frequently has to deal with the consequences of their actions. There are no easy answers to these questions. We are told in Season 1 that Max used to have sex with Alice and T but that he and Tara decided he should stop because Tara felt like Max was having sex with other people—she wasn't there, and had no memory of the incidents even though they involved her body. In the case of Buck and Pammy, Buck is not Tara, though he uses her body, and Tara has no input into Buck's decision to enter into a relationship. Tara did not make the choice to have sex with someone else, even though her body is the one being used, and she is not aware of what is happening when Buck is with Pammy. She is, in many ways, an innocent bystander, and it is for this reason that one could argue that she does not commit adultery. Max would probably disagree. It is implied that though he stopped having sex with the alters as per Tara's request, he didn't really feel that he was in the wrong as, physically, there was no difference in him having sex with T and Tara because they are identical. This notion gets turned on its head in the second season when he finds out about Buck and Pammy (and that Tara had been hiding the re-emergence of her alters) and sleeps with Pammy himself as an act of revenge. Max obviously feels betrayed, as evidenced by his sleeping with Pammy; he does so in an attempt at retribution, as it were, something he wouldn't feel the need to do if he believed that Buck sleeping with someone else did not constitute adultery.

This is a complex issue which could have completely overwhelmed what the show was trying to do with the storyline. Pammy only features in a small number of episodes, and the show seems purposefully to leave the relationship ambiguous and avoid answering these questions in order to allow the viewer to focus on what the storyline means for the characters involved without becoming

overburdened by terminology and sexual politics. Indeed, this is really a story about Max and Tara's relationship and marriage, and their inability to communicate with each other about what is happening in their lives. It is not a story about sexual politics or gender identity, which for a storyline and relationship as complex as Buck and Pammy's, is incredibly rare on television. The show's established rejection of norms allows it to reject typical LGBTQ+ storylines without seeming disingenuous: in the wider context of the show, this is simply one more set of norms to reject. In this regard, Tara is much the same as *Set This House in Order* and Andy Gage's female body; by simply presenting the facts but refusing to label them, the texts leave room for radical reinterpretations of typical narratives and the representation of illness and queer and trans identities.

So far, then, both *Set This House* and *United States of Tara* have offered examples of radical queer and trans characters, and queer and trans relationships. Both texts treat these issues in much the same way as they do dissociative identity disorder, which is to say in new and interesting ways, divorced from typical narratives and stereotypes. My other primary texts do not overtly deal with queer or trans issues in the same way as these two texts, but they are nevertheless concerned with gender, particularly masculinity and femininity. In *Fight Club* this interest manifests itself in the contrast between Sebastian's emasculation and Tyler Durden's hyper masculinity, and the two are at odds throughout the novel. Sebastian embodies a kind of failed masculinity caused by capitalism; his white collar office job removes him from the masculine tradition of blue collar workers, and his position as a constant consumer further emasculates him, as it is one traditionally associated with women. In order to escape this life, he creates Tyler Durden as a sort of wish fulfilment: Durden is everything that he is not, including traditionally masculine. Sebastian, then, is the one with the problematic gender identity, whereas Durden seems the perfect heteronormative stereotype, and indeed, he frequently talks of his desire to return the world to a time pre-civilisation where men hunted and lived off the land:

‘Imagine,’ Tyler said, ‘stalking elk past department store windows and stinking racks of beautiful rotting dresses and tuxedos on hangers; you’ll wear leather clothes that will last you the rest of your life, and you’ll climb the wrist-thick kudzu vines that wrap the Sears Tower. Jack and the beanstalk, you’ll climb up through the dripping forest canopy and the air will be so clean you’ll see tiny figures pounding corn and laying strips of venison to dry in the empty car pool lane of an abandoned superhighway stretching eight-lanes-wide and August-hot for a thousand miles’ (Palahniuk: 125).

This desire speaks to Durden’s masculinity, and the buildings and places that he mentions (department stores, the Sears Tower, car pool lanes) are all symbols of Sebastian's life, of the capitalism that Durden wants to abolish in order to free men from the economic system that keeps them trapped and unable to fulfil their true (masculine) roles. The extent to which Sebastian is emasculated is reinforced in the sequel comic *Fight Club 2*, as I discussed in previous chapters. Sebastian, now married to Marla, has a son he struggles to connect with. Marla is dissatisfied with their sex life and relationship in general. Sebastian feels disconnected from his roles of ‘husband’ and ‘father’, and Durden is lurking in the background, waiting to enact his plan to bring Sebastian’s son over to his side, and fulfil his wish to destroy the world in order to return everyone to the pre-civilised world he describes above. This is made overt when Sebastian returns home early, intending to surprise Marla on their anniversary with flowers, to find the babysitter on the phone to the police, telling them a “crazed man” just entered the house. Sebastian protests, “I’m not a man” (*Fight Club 2* #1).

Interestingly, though Durden is the one with the more traditional gender identity when compared to that of Sebastian, he is the one that is living on the fringes of society and does not care about social expectations. For example: he works several low-paid night jobs (compared to

Sebastian's more traditional office job); he lives in the damaged, abandoned house on Paper Street without proper furniture, water and electricity (compared to Sebastian's Ikea-furnished condo); and he starts Fight Club and later turns it into Project Mayhem, which is committed to and encourages acts of domestic terrorism. Durden does not seem to care about or conform to society's expectations in his economic life, then, but does so in terms of his gender presentation. Conversely, Sebastian conforms to everything expected of him in his economic life but this very conformity threatens his gender identity, and leaves him emasculated: a 'failed' example of masculinity. This seems as though the two personalities are a simple inversion of each other. However, it is possible to argue that even Durden's masculinity could be said to be something of a subversion. Early on in the novel, Durden and Sebastian sneer at men who spend their time in gyms "trying to look like men, as if being a man means looking the way a sculptor or an art director says" whereas they have gained their muscles through their activities in Fight Club (50). Of course, this is perhaps ironic given the casting choices for the movie (Durden is played by Brad Pitt) but in terms of the book, this differentiation is important because it highlights the difference between the masculinity that advertising, movies and television are selling, in which the point of having a gym-toned body is to look good and match a socially sanctioned 'ideal,' and the kind of 'pure' masculinity offered by Fight Club, in which the members often beat each other raw and bloody and do not care how they appear as proved by the delight Sebastian takes in arriving at work with his bloody face, for example. The first is a normative masculinity closely tied to capitalism, while the second is the kind of masculinity Durden is talking about when he talks about hunting elk in his post-civilisation world; it seems to be something innate, pre-dating the world but long dormant. The irony is that this 'natural' masculinity, pre-dating civilisation, is a myth.³⁴ It is just as much a myth as the kind of normative masculinity promoted by the

³⁴ This idea became popular when Robert Bly's *Iron John: A Book About Men* was published in 1990 and consequently topped the *New York Times* Best Seller list for a number of weeks. The work went on to inform some beliefs of the so-called Men's Rights Movement.

adverts and the media that Tyler condemns. He is so committed to his beliefs and his desire to rid the world of capitalism that he cannot see this, and so ends up simply slavishly shoring up another value system that could be just as damaging if not more so: to fail at this masculinity would mean to fail at hunting and providing for oneself, a failure of survival skills that could ultimately lead to death. Indeed, Durden's conformity to this gender identity serves further to highlight the dangers of normative systems.

It is possible to read Durden's ultra, heteronormative masculinity as something more subversive, then, and in this way it is possible to say that both Sebastian and Durden have somewhat problematic gender identities, in the sense that neither is exactly what society expects. Though there is no examination of queer or trans identity in *Fight Club*, it is very concerned with these issues of masculinity, and what it means to be a 'man.' Like *Set This House* and *Tara*, Palahniuk doesn't really offer an answer to this question; he does not attempt to 'cure' the problem, as it were. Indeed, he cannot cure the problem, because the society that created these gender identities still exists. It is for the same reason that the text does not cure Sebastian's DID. The novel implies the answer to the characters' problematic gender identities is located somewhere between the two, a 'reintegration' (to borrow a term from dissociative identity discourse) of the two gender identities. Of course, as we have seen in other DID texts—and in *Fight Club* to some extent if we read the ending to mean that Durden is still there and will always be there despite Sebastian's hospitalisation—reintegration is not always a solution, and does not always work “because every once in a while, somebody brings me my lunch tray and my meds and he has a black eye or his forehead is swollen with stitches, and he says: ‘We miss you Mr Durden’” (208).

What *Fight Club* makes clear is that the trauma which causes Sebastian to dissociate is tied up with his gender identity, and normative ideas of gender. This idea of gendered trauma is something we see in *Dollhouse* as well. I mentioned earlier that in my other DID texts (*Set This House*, *Tara*) the

traumatic cause of the DID in the female characters is sexual abuse. (And I think we can include Andy Gage within this assertion, even though I discussed their complicated trans identity earlier, because the stepfather saw them as female, and that is what the stepfather was responding to when he assaulted Andy Gage.) In *Dollhouse*, this pattern continues with one of the female characters, Priya, being sexually assaulted by her handler, the man assigned to look after her on missions, and then continually symbolically raped by the man who put her in the Dollhouse. So far, so typical, then, but *Dollhouse* actually offers us a contrast to this typically female experience through the character of Victor, a veteran of the wars in Iraq and Afghanistan, who suffers from post-traumatic stress disorder due to his experiences before he enters the Dollhouse.

PTSD from wartime experiences is a stereotypically masculine condition, and the image of the shell-shocked soldier is a well-known one in both literary and filmic representations of war, and psychology work on trauma (see Chapter 3). The image of the traumatised soldier is a uniquely masculine one in popular culture, despite women's presence in modern armies, and it seems an interesting, and yet slightly perturbing, parallel that men's DID is often caused by this 'masculine' trauma, as it were, while women's DID is often caused by the 'feminine' trauma of sexual assault. It is a troubling split which implies that female DID is caused by sex and sexuality, while male DID is caused by war and aggression, and one that no text seems adequately to engage with. Why is this trauma gendered at all, when these texts are ostensibly about characters with DID, a mental disorder seemingly free of gendered associations, not about characters with gender identity issues? Even texts that do not make this divide overt, such as *Fight Club*, still offer examples of gendered trauma, though of a different kind. In *Fight Club*, Sebastian suffers from trauma that is tightly bound up with his gender identity: it is the emasculating effects of society that cause him to dissociate.

It is possible to say, then, that the traumatic cause of these characters' dissociative identities is most often linked to gender: Tara, Andy Gage, Penny Driver and Priya are all sexually assaulted,

while Victor has PTSD from his time in the army and Sebastian is emasculated by capitalism.

Dissociative identity disorder seems bound up with gender even before we look closer and find cross-gender alters and queer and trans identities within *Set This House* and *Tara*. This link exists because trauma works to fragment the unified self by causing a singular personality to fragment and become multiple, allowing for the creation of any number of different identities. I demonstrated in Chapter 3 how trauma works to disrupt time, meaning, and language, and now it is disrupting gender. The gendered element of this trauma works to disrupt a singular (heteronormative) gender identity and allows for the fragmentation and creation of multiple gender identities, from all possible genders, sexualities and combinations thereof, at least within these fictional examples. I am not suggesting that a woman who has been sexually assaulted will suddenly become a lesbian or decide to transition to a male identity as a result, but that this (fictionalised account of) gendered trauma creates the possibility of multiple gender identities in the same way that trauma creates the possibility of multiple selves. The trauma does not create specific personalities, and the gendered trauma does not create specific gender identities; instead they both cause fragmentation but do not determine what form the fragments take. In this way, trauma and gendered trauma are both able to destroy normativity: the first by destroying the unified self, and the second by destroying heteronormative gender identities. That many of my texts feature gender variant alters, or gender identities that fall outside of the accepted binary confirms this, and further, cements these characters' position as people outside of society and working against social expectations. What better way to reinforce this idea than through queer and trans identities? Indeed, these identities are at odds with and working against society's expectation of 'natural' gender and sexual identity in the same way that the multiple selves of the dissociative characters are at odds with and working against society's expectation of the 'natural' unified self.

All of the dissociative characters within these texts exist outside of society's expectations due

to their multiple identities, and the gender identities that I have discussed within this chapter serve as one further way to emphasise this. These characters refuse to conform to heteronormative gender roles, and are resistant to fictions' usual attempt to police identity in line with hegemonic values as described elsewhere in this thesis. In the same way that my texts offer a more radical interpretation of DID, they also offer a more radical interpretation of gender identity, and in both cases they refuse to conform to narrative conventions and expectations. Through the lens of identity politics, the texts' employment of DID as a metaphor for an ability to resist normative social structures and identities seems to be positive, or even utopian. Queer and feminist theory, for example, is often sceptical of these normative social systems and identities and something which would allow people to break free of these systems would be welcomed. However, DID is a real medical disorder from which real people suffer. In the real world, DID is not associated with an ability to transgress social norms and break free of normative social systems, and attempting to make this link is damaging to people who suffer from DID, in the way Sontag talks about in *Illness as Metaphor*. However, acknowledging this does not mean we cannot follow the texts' interest in non-normativity, or attempt to examine why the texts make this connection again and again. To that end, the next chapter examines the texts' engagement with the ability to resist social norms through a discussion of fictions' ability to create utopias. Viewed through the lens of identity politics and post-structuralism, DID (and its representation within fiction) becomes a useful metaphor to explore identity, performance and conformity to and subversion of social norms. I explore this issue in further detail in the next chapter, and question the extent to which DID can and should be universalised in this way.

Chapter 6

The Dissociative Critical Dystopia

In the previous chapters, I discussed the way in which DID texts are resistant to generic and narrative norms, and include representations of non-normative identity within their narratives. At the end of the previous chapter, I suggested that this could be considered an example of fiction's utopian function: fiction's ability to imagine better worlds and ways of solving social ills. The DID texts' formal and representational strategies present a solution to the 'problem' of normativity through the multiplicity of the main characters. Within these fictional texts, DID therefore becomes a positive condition; one capable of improving, to some extent, the lives of those who suffer from it by enabling them to resist social pressures to conform to normative identity. Metaphorical uses of illness within fiction such as this highlight the tension between fictional representation of illness and the real-world experience of people suffering from these diseases, as I discussed in Chapter 4. Turning DID into a metaphor, and further, arguing that it could have positive outcomes, negates the experiences of people who struggle to live with what can be a very difficult condition. As the psychology texts I discussed in Chapter 1 demonstrated, the condition is classified as a disorder within the *DSM*, and while there are those who argue DID is overdiagnosed or iatrogenic, it is viewed in the real world as a disordered set of behaviours which must be cured through medical treatment. This is not always the case within fictional texts, as I demonstrated in Chapter 4: cathartic narratives are often rejected in favour of characters learning to manage their condition, rather than cure it completely.

The tension between fictional representations of disease which frequently employ illness as metaphor and the real-world experience of people suffering from those illnesses has been discussed throughout this thesis. There is no simple way to unpick this problem though I have detailed different critical approaches in Chapter 4. I have concentrated my analysis on the representation of DID within

fiction by utilising what Morris calls a 'biocultural' model of illness, that is a model which considers it important to view not only the medical facts of an illness but also the cultural and metaphorical meanings we assign to certain illnesses or symptoms (see Chapter 4). By using this model, it is possible to examine the use to which authors put DID within their narratives without arguing that this is how DID should be or is viewed in the real world: while fiction is often reflective of the culture in which it is produced, it remains a fictional representation of the real world. My utopian reading of DID within fiction should not be blindly applied to real-world cases of DID. Instead, I am interested in what this utopian impulse reveals about the texts' approaches to normativity, and why the texts might be choosing to comment upon social normativity in this way.

This chapter examines the extent to which there is a utopian impulse at work within fictional DID texts by mapping the concept of the 'critical dystopia' on to these narratives. In so doing, I problematise the simple binary opposition between utopia and dystopia, and detail the ways in which DID texts incorporate elements of utopia and dystopia within their narratives in order to critique normative modes of behaviour found within contemporary U.S. society. This chapter begins by setting out the texts' approach to utopia and dystopia more generally within their broader narratives, before focussing on the idea of a 'critical dystopia' and arguing that the DID texts fit into this category. I conclude by offering close readings of the texts which demonstrate specific examples of what I see as their engagement with concepts of critical dystopia.

Fiction allows readers and writers to imagine better worlds, and this is particularly clear in utopian fiction, which provides "a blueprint of a better society" (McCracken: 104). This is a trope often employed by science fiction, which imagines future worlds free from poverty or disease, for example, as well as specific social issues tied to elements of identity. Some utopian fiction grew out of specific activist movements so, for example, there are many 'feminist utopias' found in science fiction from the 1970s which imagine a world without men, or without sexual and gender difference, such as

Joanna Russ' *The Female Man* (1975), and Ursula Le Guin's *Left Hand of Darkness* (1969) and *The Dispossessed* (1974). These utopias offer a solution to a problem that the author perceives within their society and are often an attempt to rearrange the world to suit their ideals. Whether one agrees that these new worlds are 'utopias' or not depends if they agree with the political view of its creator, and utopias can take many different forms as a result of a wide range of political views. Fredric Jameson argues that 'utopian' "has come to be a code word on the left for socialism or communism, while on the right it has become synonymous with 'totalitarianism' or, in effect, with Stalinism" ("The Politics of Utopia", 35). He argues that those on the left see money and greed as a force which corrupts, and so a socialist society would erase this issue, while those on the right see a utopia as a system which must be maintained against human nature, through dictatorship. Even from this brief overview, we can see the wide range of utopias found within fiction, and the conflicts between those who believe in very different types of 'utopia'. Indeed, whether one views something as utopian or dystopian often depends upon their political or moral beliefs. Dystopian worlds are also frequently found in science fiction, often as a warning for what our world could turn into if humanity continues along a certain path. For example, as concerns about climate change have increased, these sorts of texts often have ecological messages, warning against pollution and the damage done to the planet and environment, and the consequences this could have for future generations. Even Disney Pixar's *Wall·e* (2008), a film aimed at children, carries this message in its dystopian future in which humans have left earth utterly ruined and full of waste, incapable of sustaining life.

Dystopias often also emerge where utopias fail; as another problem emerges to be 'fixed' or characters become dissatisfied with life in their new world. In these narratives, characters often become dissatisfied with being told what to do and losing their individuality; the utopia becomes another system in which the characters are trapped and from which they want to break free. Indeed, the idea that everybody is the same is one frequently found within utopias, with Jameson suggesting

that “citizens of utopia are grasped as a statistical population; there are no individuals any longer, let alone any existential ‘lived experience’” (“The Politics of Utopia”, 39). He continues:

“depersonalisation is a very fundamental part of what utopia is and how it functions” (40). This idea of sameness, originally seen as a positive thing within utopian fiction—everyone is ‘equal’ because no difference exists anymore, which eliminates prejudice and bigotry, as well as class systems and poverty—frequently turns a utopia into a dystopia. To cite a classic example, George Orwell’s *Nineteen Eighty-Four* (1949) features a totalitarian dystopian future in which all individualism and independent thinking is harshly policed and punished, and similar ideas are seen in later texts as well: Alan Moore’s comic book series (and later film adaptation) *V for Vendetta* (comic 1989; film 2005) depicts a similar future in which all sexual and racial minorities and political opponents of the fascist government are exterminated in concentration camps (everyone is the same because the ruling party killed those that were not). Indeed, to use one of my primary texts, *Fight Club* demonstrates the problems found in swapping one system of control for another as Tyler Durden’s Project Mayhem descends into a dystopia that traps its inhabitants in exactly the same way the capitalist system traps Sebastian at the start of the novel. Durden’s ‘space monkeys’—the name Sebastian gives to those who join Project Mayhem—are encouraged to lose all traces of their individuality; they dress in the same ‘uniform’, shave their heads, and even burn their fingerprints off. They are taught to follow Durden’s orders and the rules of Project Mayhem without question, blindly believing and conforming to their new ‘utopian’ life.

Jameson highlights this use of sameness and conformity within utopia, suggesting that:

Salvation will be possible only at the price of allowing the entire personality—the past and its memories, all the multiple influences and events that have combined to form this current personality in the present—to be wiped away without a trace: a consciousness will alone remain, after this operation, but by what effort of the reason

or imagination can it still be called 'the same' consciousness? ("The Politics of Utopia", 52)

This again brings to mind Durden's space monkeys, but we also see this at work in *Dollhouse* when the 'Dolls' are technologically wiped of all traces of personality and become completely blank, doing whatever they are told until such time that they are implanted with a new personality and become capable of thinking independently again. There is a utopian impulse behind this idea is designed to keep the Dolls safe and well cared for: while in their blank states, the Dolls are fed healthy food and made to exercise so that they are in peak physical condition. However, a closer examination of this situation allows us to recognise that this is actually a dystopian system in which the Dolls sign themselves over to the *Dollhouse* for a specified period of time and are strictly controlled by their 'owners' during this time period. They are given new personalities in order to fulfil tasks for the owners of the Dollhouse and their wealthy clients, and are wiped of these personalities at the end of the job. Everyone is the same in their blank Doll state, and though they live in a safe, strictly controlled environment, they have lost all of their individuality, even down to the same clothes that they wear and the new names that they are given based on the NATO Phonetic Alphabet. In fact, once one Doll leaves, another one takes their place and is given the same 'name', further erasing the Dolls' individuality.

This system offers a sort of false hope for the Dolls then, the possibility of utopia but one that fails because the reality does not match the fantasy. Indeed, this is the very point of utopia: it is not reality and never can be because it then ceases to be utopian. At the end of their stay the Dolls are technologically returned to their original personalities, and so the 'utopia', such that it is, is ultimately proven to be unstable; it offers consolation for a little while, but it is one that falls apart long before the dolls are returned to their previous lives. This links to my discussion of Rick Altman's work on genre in Chapter 4, in which he argues that genres are able to offer temporary alternatives to real-

world norms before they return the audience to something more conventional and expected. While DID texts were able to suspend the moment of return to generic norms, it seems they are not able to resist the possibility of utopias 'failing' and becoming dystopias.

The idea of utopias failing sets up a binary opposition between utopia and dystopia, but we have already seen that the DID texts are not interested in simple binary categories. It is useful here then to examine the texts more closely to see if there is something else at work. These texts blur elements of utopianism and dystopianism in order to present narratives in which social normativity is criticised. It therefore makes sense to view them as 'critical dystopias': texts which "maintain hope outside their pages, if at all; it is only possible if we consider dystopia as a warning that we as readers can hope to escape its pessimistic future" (Baccolini and Moylan: 7). Indeed, these texts, and here I am thinking of *Fight Club* and *Dollhouse* specifically, explore a problem—normative behaviour—and warn against the kind of oppressive system to which this can lead. In *Dollhouse* in particular, the viewer is left knowing that the world has been 'saved' from this dystopia and yet the narrative ends inside the Dollhouse without showing the viewer if the world has been returned to normal, or if the 'utopian' solution enacted by the protagonists has worked. The viewer and the three main characters are left with the hope that it has, in the same way that Sebastian is left with the hope that Tyler Durden has truly gone in *Fight Club*. *Set This House in Order* works in a similar way: we are presented with the problem of normative behaviour, to which Andrew offers a solution, and yet the wider world is not changed as this solution is not put into practice. Indeed, Raffaella Baccolini and Tom Moylan state that "critical dystopias allow both readers and protagonists to hope by resisting closure: the ambiguous open endings of these novels maintain the utopian impulse within the work" (7). This concurs with my texts' use of open endings which not only resist cathartic curing impulses, but also suspend the implementation of the utopian solution the characters have created. By refusing to

enact these utopias we do not see them fail (and become dystopian) and they therefore maintain their utopian status.

Furthermore, these critical dystopias have an interest in hybridity and fluidity, and are often characterised by the practice of genre blurring. They “recognise the importance of difference, multiplicity, and complexity” in the same way that dissociative identity disorder texts do, and this offers us another explanation for the texts’ resistance to conventional generic forms (Baccolini and Moylan: 7). I demonstrated in Chapter 4 the ways that DID texts resist the usual illness narrative form, not least by refusing to cure the dissociative characters by the texts’ end, and also discussed the different genres, besides illness narrative, to which each text belongs: *Set This House* is a thriller, for example, while *Dollhouse* is science fiction, and *United States of Tara* is a family-based drama/comedy. I suggested that these varied genres, and the texts’ resistance to a tidy generic form, was indicative of their resistance to social norms, and their view that normative behaviour is a problem which needs to be solved. The texts not only challenge hegemonic values in the fictional world of the text, but also challenge generic form as well. Baccolini and Moylan, presumably influenced by Derrida’s “Law of Genre”, suggest that this is a feature of critical dystopias more generally, and that it is this “impure genre, with permeable borders which allow contamination from other genres, that represents resistance to a hegemonic ideology that reduces everything to a global monoculture” (Baccolini and Moylan: 8). That is, it is this impurity of genre that allows the text to approach the problem of normative behaviour, and critique a hegemonic ideology that forces everyone to be the same. ‘Critical dystopia’ offers a useful way of looking at these texts then: the term explains the suspended moment at the end of these texts which offers a utopian solution but stops short of putting it into practice for fear that it will fail and become truly dystopian.

By rejecting and critiquing normative behaviour, the dissociative critical dystopia is one of endless possibility in terms of identity and yet this works against a traditional understanding of utopia

which, McCracken argues, has the “disadvantage of closing down other possible ways of imagining improvement” (104). We have already seen that the DID texts are deeply concerned with creating multiple modes of being: DID texts often have open endings and multiple interpretations, leaving it up to the reader to decide if the condition should be cured, or in some cases, if the ‘cures’ the characters find for themselves work at all. In all cases, these open endings are linked to the texts’ interest in disrupting generic norms and resisting the usual path of illness narratives, an interest in line with their characters’ ability to subvert social norms. This interest in multiple modes of being and ways of imagining improvement is a strategy the texts employ to resist the risk of the utopia failing and returning to a binary understanding of utopia/dystopia. I have already alluded to several texts in which utopias become dystopias as the system struggles to sustain itself, specifically referring to *Fight Club*, which warns against the dangers of a limited utopia in which everyone is the same, as well as discussing the failed utopia in *Dollhouse*. DID texts’ concern with multiplicity, reflective of the disorder these texts feature, is a clear sign that these texts are not interested in engaging with the concept of utopia in any simple way.

In Chapter 4 I argued that the disruption of generic form and the refusal to cure the characters’ dissociative identity disorder mirrored the dissociative characters’ disruption of binaries and subversion of social norms. This narrative choice acts as a generic metaphor for DID, and reinforced the texts’ criticism of normative behaviour. I also discussed narrative and genre, and the ability of fiction to position the reader with an ‘outlaw’—someone outside of traditional social norms—at least for a short while, before returning the outlaw and the reader to the safety of the law at the end of the text. In contrast to this expectation, DID texts allow the reader to remain in the company of the outlaw by refusing to cure the outlaw DID characters of their condition. So Andrew remains an outlaw in *Set This House In Order*, for example, because he not only chooses to live with his multiple personalities, but is also uninterested in seeking gender reassignment surgery or

'normalising' his gender/body in line with heteronormative standards. This suspension of generic norms is important for the idea of the critical dystopia. Utopias do not only fail as difference is eliminated and their citizens become a statistical unit but because, ultimately, "[they] must remain somehow unrealisable" in order to truly be considered a utopia (Jameson "Utopia and Failure", 1). Utopias are fantasies that fail when you attempt to put them into practice, and can only ever offer consolation and false hope. Indeed, Bülent Somay states that utopias offer "meaningful solutions to social problems when there exists no possibility of such solutions" and that they are "devices of patronising, benevolent deceit" (33). The suspending endings of the DID texts therefore position them as clear critical dystopias: preventing the possibility of the utopia failing and sustaining hope for the characters and readers that the solutions the texts offer to the problem of normative behaviour can work.

Indeed, this is the only way that the utopia can continue to exist as a valid solution to the problem of normative behaviour. The texts end with the possibility of utopia, having imagined a solution to the problem of normative behaviour without attempting to rebuild the world in line with this solution. Both *Set This House In Order* and *United States of Tara* explore the possibility of a utopia based on multiplicity in which it is possible to break free from social norms, but the texts refuse to expand these possibilities into a concrete utopia to which everyone must belong. In this way, the suspended moment of these open endings also suspends the transition back to reality, and this is mirrored in the texts' generic strategies. It is for the same reason that DID texts leave us in the company of the outlaw without attempting to return us to the safety of real world norms. They leave the reader with a different view of reality once the book has closed—they make visible hidden systems of normativity and allow the reader critically to engage with the debate surrounding their creation and perpetuation. This is, ultimately, all that fiction can do.

The idea that these texts are critical dystopias and that they purposefully subvert and re-appropriate generic form in order to support the utopian solution that they offer is intrinsically bound up with the use of disease as metaphor. It is the use of the disease as a means of offering an alternative to normative behaviour, combined with the subversion of generic expectation and narrative form, that enables this reading. This reading is only possible because without this metaphorical use of the disease the text would have no utopian solution to offer, or at least no neat way to explain the characters' ability to have multiple identities and live outside of social norms. That is to say, without the support of the texts' generic strategy, it would not be possible to employ dissociative identity disorder as a metaphor for multiplicity and a way of subverting normative behaviour, because the characters would no longer have DID and would, presumably, be returned to more normative social roles. This becomes another reason for the suspended moment of an open ending, and further cements the link between the texts' use and subversion of generic convention and the use of DID as a metaphor. Similarly, it would not be possible for dissociative identity disorder to be used in this way if the texts did not suspend generic convention and resist conventional endings. In both *Fight Club* and *Dollhouse* we see what happens when these utopian solutions are enacted: in both cases the utopia quickly becomes a dystopia and the solution is proved unsustainable. It is only through the multi-meaning open ending, the resistance of a cathartic conclusion to the narrative, the representation of non-heteronormative gender identities, and the multiplicity afforded the characters through DID working together that the texts can be critical of normative behaviour and explore alternatives to it. These elements work together to cement the texts as a dissociative critical dystopia.

This has still not addressed the problem of using diseases as metaphors, and particularly the suggestion that DID is being used here as a 'positive' condition and way of solving a problem. However, I think it is possible here to make a distinction between dissociative identity disorder itself

as a utopian condition, and the things that it stands for which enable this utopian solution. DID represents a celebration of multiplicity and shifting identity, an ability to move between categories that comes naturally to people with multiple personalities, but is not only available to them. Dissociative identity disorder therefore becomes a convenient metaphor for talking about multiplicity of identity and the ability to exist outside of social norms, but it is not the only way to do so. Indeed, there are other means of disrupting binary notions of identity which exist outside of DID: some trans or non-binary people seek to live their lives outside of the established gender binary or cross between binary gender presentations while biracial identities can problematise the binary opposition of, for example, whiteness and blackness. These are examples of ways in which social norms to do with identity can be challenged, and the ‘multiplicity’ here does not involve DID. In the DID texts we are even offered an example of this with Andrew in *Set This House in Order*: though it is never explicitly stated that the original Andy Gage was trans, statements made by Andrew imply that this could be the case, and so Andy Gage would have been trans regardless of whether he was dissociative.

Andrew’s gender presentation—he has a male identity but is female-bodied—is one of the main pieces of evidence for his ability to subvert social norms, and yet the text allows for the interpretation that this has nothing to do with his multiple personalities, creating the possibility for the two to be divorced from each other. Andrew is the only character to offer an alternative way of breaking social norms—Buck’s relationship with Pammy in *United States of Tara* is undeniably queer, but something that is enabled by Tara’s DID—and though he is only one example, he is important in demonstrating that the ability to subvert social norms is not exclusively linked to DID. I have argued that it is problematic for texts to use diseases as metaphors, for all the reasons I previously mentioned, but in this case it is not the disease itself that the metaphor is actually interested in, it is the ability to exist outside of social norms and subvert normative roles. It would be wholly problematic if the texts were suggesting that DID was in some way utopian because it enables this behaviour, but they are not

suggesting this. Andrew here becomes very important as he demonstrates that it is possible to exist outside of social norms, in this case heteronormative gender roles, and proves that this utopian solution is not only available to people with multiple personalities. Indeed, it is the ability to exist outside of social norms that is utopian rather than the disease, and this is an ability available to everyone because social norms are constructions that can be broken once the truth of their construction has been revealed. Once we become aware of all the ways that we are gendered, for example, we can begin to challenge these heteronormative standards in our everyday lives.

As I have suggested here, then, the use of dissociative identity disorder in these texts creates an easy opportunity for writers to challenge social norms, but it is not the only way that this can happen. It is not DID itself that is utopian, then, but rather the ability to have multiple, shifting identities that is. In this case, multiplicity and an ability to break social norms is utopian, and more specifically, it is a utopian solution to the 'problem' of normative behaviour. Dissociative identity disorder is a convenient metaphor that easily enables characters to change behaviours and roles, but it is actually the multiplicity rather than the condition that the texts are interested in. An ability to change identity in this way should not be limited to those with multiple personalities, but is simply the chosen form from which authors can explore this utopian solution.

It seems, then, that we are left in an uneasy position in which the disease both is a metaphor and is not a metaphor. It is not so much that DID itself is the metaphor but that multiplicity is. This is supported by *Set This House In Order*, which suggests that multiplicity may be available without the presence of dissociative identity disorder. The significance of this novel's separation of DID and the ability to challenge social norms should not be ignored. Indeed, it is this multiplicity, this ability to shift identities and live outside of social norms that provides the utopian solution to the problem of normative behaviour. The texts explore multiplicity, hybridity and fluidity through generic form and the metaphor of dissociative identity disorder, and offer readers an alternative to normative

behaviour. The texts stop short of putting this utopia into practice in the same way that the endings stop short of a tidy generic conclusion, and this serves to maintain the possibility that this utopia is attainable and a valid solution to the problem. In addition, the suspended ending resists the transition from a fictional world to the real world, by refusing to put this utopia into wider practice in a way we would recognise. The reader remains in the company of the 'outlaw' without having to see them normalised and returned to a dominant cultural norm, and maintains hope that the solution found by these characters might work in a wider context. By resisting all norms, both social and generic, the text creates the possibility for an alternative to normative behaviour, and leaves the reader open to the possibility that this is possible and encourages them to arrive at their own conclusions as to whether such a solution could work. These dissociative critical dystopias create the possibility of critical discourse surrounding normative behaviour, which is one of fiction's chief and most exciting functions. I now examine in more detail how this works within my primary texts.

To begin with, *Fight Club* offers the reader a clear critique of a social system which traps those within it by forcing them blindly to conform to social norms—in this case a normative system based on capitalism. On the surface, *Fight Club* can be read as a critique of consumerism and an extreme, overly cynical version of capitalism: Sebastian feels trapped by the demands of his job and his place as a consumer, and dissociates until he creates an alter ego capable of freeing him from this system. As described above, *Fight Club* highlights the problem with simply exchanging one system of control for another, as Sebastian quickly discovers that Project Mayhem and the anarchy it offers is no better than the capitalist system in which he was trapped at the beginning of the novel. Indeed, if we look more closely and examine the utopian ideology at work in the novel, it becomes possible to say that the text is actually critiquing systems of normative behaviour itself, whatever 'norms' they feature, rather than the capitalist or anarchist systems portrayed throughout the text. This criticism of 'sameness' becomes particularly obvious when we consider the differences between Sebastian's job

and the jobs that Durden holds, and what this says about Durden's 'utopian' ideology.

At the start of the narrative, Sebastian works for an insurance company as a recall campaign coordinator, as he explains:

Wherever I'm going, I'll be there to apply the formula. I'll keep the secret intact.

It's simple arithmetic.

It's a story problem.

If a new car built by my company leaves Chicago traveling west at 60 miles per hour, and the rear differential locks up, and the car crashes and burns with everyone trapped inside, does my company initiate a recall?

You take the population of vehicles in the field (A) and multiply it by the probable rate of failure (B), then multiply the result by the cost of an average out-of-court settlement (C).

A times B times C equals X. This is what it would cost if we don't initiate a recall.

If X is greater than the cost of a recall, we recall the cars and no-one gets hurt.

If X is less than the cost of a recall, then we don't recall. (Palahniuk: 30)

At first, this appears to be a callous side effect of capitalism; a system more concerned with how much things cost than the human lives that are lost as a result of the car failures. Sebastian's job in this system is purposefully to ignore the human lives that his company damages and destroys, because profits are all that matter. Indeed, the callousness with which he discusses the recall and prioritises money and profits above the human cost of the car failure rate suggests that this is normal and an expected aspect of his job. He boils his job down to "simple arithmetic," to a "story problem" (similar to those one studies in mathematics classes at school) in an effort to distance himself from what it is he does. It becomes clear that he already dissociates himself from the true nature of his job here, in order to make it possible for him to fulfil his role at the company. Indeed, the "story

problem” here can more properly be described as a lack of historical awareness, a lack of concern with cause and effect, and we see this mirrored in the space monkeys’ repeated tasks within Project Mayhem later in the novel; they each have one task that together form a larger whole, but with no sense of what the overall effect will be. This is itself a form of dissociation, a refusal to see the larger ramifications of one’s work. It should be noted, of course, that Sebastian himself does not know the overall goal or structure of Project Mayhem either; he is just as much subject to Durden’s management and control as the space monkeys. Sebastian, used to dissociating from his office job, finds himself dissociating from Project Mayhem in the same way, and indeed, in a much more literal way when Durden takes over. Though the reader will not discover that Durden is Sebastian’s alter personality until much later in the novel, we already see the way that the capitalist system described at the beginning of the novel causes Sebastian to dissociate, and the implicit way that it asks its subjects to dissociate in order to put the system and money before everything else. Sebastian promises that he will “keep the secret intact” and here he means both the small secret of the formula, but also the larger secret: that he is being asked to dissociate in this way, and that he is not the only one. Sebastian’s dissociation is the cost of doing business, and probably not even something that he is aware of at this point.

The capitalist system that Palahniuk describes is a very cynical one, pointedly exaggerated. It is the sort of system described by Mark Fisher in *Capitalist Realism*: “the widespread sense that not only is capitalism the only viable political and economic system, but also that it is now impossible even to imagine a coherent alternative to it” (2). Fisher’s work, itself polemical, goes on to describe capitalist realism as “a pervasive atmosphere, conditioning not only the production of culture but also the regulation of work and education, and acting as a kind of invisible barrier constraining thought and action” (16). Whether or not one believes that this is a description of all capitalist systems, this clearly describes the system Sebastian finds himself trapped in and highlights the sense to which his

behaviour under this system is inevitable. It is a self-perpetuating system designed to keep everyone in place, whilst ignoring the human cost of doing business and the effects that this system has on the mental health of its workers. Indeed, Fisher describes poor mental health as an ever-increasing side effect of capitalist realism, arguing that this suggests “that instead of being the only social system that works, capitalism is inherently dysfunctional, and that the cost of it appearing to work is very high” (19). Once again, this is evident in the novel, where men of all professions join first Fight Club and then Project Mayhem, seeking a form of escape from their lives under capitalism. While these men may not be mentally ill in the sense that they have a particular mental health condition, they are seeking an escape from the capitalist system they find themselves trapped in and a means of expressing themselves in ways that system prevents them from doing so. Of course, Fight Club and Project Mayhem are both created by Sebastian’s alter personality, and Sebastian clearly does have a mental health condition, so perhaps the point stands.

The system Fisher describes is based upon Fredric Jameson’s understanding of late capitalism, and so the workers’ mental health is ignored and instead emphasis is placed on “a reductive, hedonic model of health which is all about ‘feeling and looking good’” (Fisher: 73). We see this belief echoed in the novel. Soon after creating Fight Club, Sebastian discusses reasons why men go to gyms: “as if being a man means looking the way a sculptor or art director says” (Palahniuk: 50). In the film adaptation, this idea is emphasised when Durden and Sebastian sneer at a Calvin Klein advert on a bus, and Durden asks “Is that what a man looks like?”³⁵ In this system, their worth as men is defined by how they look and whether they measure up to a fictional ideal supported by underwear models and the consumer capitalist system that encourages its members to buy, for example, Calvin Klein

³⁵ This is of course somewhat problematised by the film’s choice to cast Brad Pitt in the role of Durden. Pitt has built a career upon playing the leading man in a number of films and is often seen as a sex symbol. We can turn Durden’s question over to Pitt, then, and ask is he what a man looks like? It is difficult to reconcile Durden’s question with Pitt’s image.

underwear. Here, designer underwear becomes an aspirational item, one that you not only have to work to afford, but also to look good in. Later in the novel, this suggestion of what makes a 'real man', if such a term can be said to exist, is sharply contrasted with the men who attend Remaining Men Together, a support group for men with testicular cancer. In the support meetings, the members are able to be openly emotional, even crying together, free of the judgement associated with breaking the gender norm which suggests men do not cry. Here, the men have non-typical bodies—many of them have had to have their testicles removed during treatment, for example—and do not fit with the ideal offered by the Calvin Klein advert or other consumer capitalist expressions of heteronormative gender norms. Indeed, Bob, who now has breasts as a result of hormone therapy after having his testicles removed, describes how he was a bodybuilder and it was steroid abuse—chemical 'help' to achieve the 'perfect' male body—that led to his having cancer (Palahniuk: 21-22). I will return to the importance of the support group in more detail later.

It is clear that the sort of capitalism Palahniuk describes has very real effects on workers' mental health, and we see this in the early chapters which describe Sebastian's and Durden's jobs. The extent to which Sebastian has to dissociate from his work in order to complete it is emphasised throughout the chapter as his job description is intercut with an explanation of Durden's work as a movie projectionist:

Stand there between the two projectors with a lever in each hand, and watch the corner of the screen. The second dot flashes. Count to five. Switch one shutter closed.

At the same time, open the other shutter.

Changeover.

The movie goes on.

Nobody in the audience has any idea.

The alarm is on the feed reel so the movie projectionist can nap. A movie projectionist does a lot he's not supposed to. (28)

This is, of course, a hint at the fact that Sebastian and Durden are the same person even though “nobody in the audience has any idea,” but the continued jumps between Sebastian’s description of his job and Durden’s work highlights the extent to which Sebastian has to dissociate in order to work for his company, as though he cannot consider his own job for long without thinking of the person who allows him to escape it. Indeed, Sebastian tells us “I don’t know how long Tyler had been working on all those nights I couldn’t sleep” (27). This highlights the fact that he does not know when he began to dissociate but that it has been happening for a long time, perhaps as long as he has been working for the car company. Furthermore, Sebastian’s insomnia is linked to his job, and it is cured by crying at support groups for people with terminal diseases. It is only when Marla Singer goes to his support groups, faking the diseases the same way he does, that his insomnia returns: “This should be my favorite part, being held and crying with Big Bob without hope. We all work so hard all the time. This is the only place I ever really relax and give up. This is my vacation” (18). The idea that somewhere that allows him to be emotional is an escape from his job is significant, particularly because the support group he is talking about, Remaining Men Together, is for men with testicular cancer. Sebastian is encouraged to be an emotionless drone at work, and, indeed, he compares himself to a ‘worker bee’, who simply has a task and must fulfil it for the good of the ‘queen’, a role filled by the business owners. This is of course a further gendered image, referencing the fact that Sebastian feels emasculated under this system where he is forced into a feminine consumer role and expresses himself by crying at Remaining Men Together.

If we return to the idea of Sebastian’s formula, it becomes possible to draw links between the product recall and the workforce’s mental state. Durden is the result of a capitalist system which causes some subjects to dissociate. The system does not change because this human cost is ignored

in the same way the human cost of the product recall is. The damage to the workforce's mental state is perceived to be 'worth it' by the people in charge of the system. In the case of the decision to carry out a recall, the human cost is secondary to the financial cost. In the case of the novel's representation of capitalism, the human cost is secondary to any profits the company might make; no one cares about Sebastian's well-being as long as he keeps performing his job, no matter what the job is doing to him. Indeed, this idea is later grossly parodied by Durden when he creates the Paper Street Soap Company, which makes soap and sells it to expensive department stores. Durden makes the soap himself, first rendering fat that Marla's mother has had liposuctioned out of herself (at Durden's encouragement) and later sending members of Project Mayhem to steal sacks of human fat from liposuction clinics: "Our goal is the big red bags of liposuctioned fat we'll haul back to Paper Street and render and mix with lye and rosemary and sell back to the very people who paid to have it sucked out. At twenty bucks a bar, these are the only folks who can afford it" (150). The sort of capitalist system that urges people to buy designer soap is the same as the capitalist system that encourages its members to conform to beauty norms and undergo liposuction surgery in the first place. Here Durden is making money by exploiting people and using parts of their body, capitalism in microcosm.

The testicular cancer support group offers an escape from this emotionless system in which all workers are encouraged unthinkingly to perform their jobs without considering the consequences. Instead, Remaining Men Together offers an environment where Sebastian is encouraged to express his emotions and become human once again. I argued in earlier chapters that Sebastian often feels emasculated by his job because it forces him into a consumer role traditionally held by women, and so it is significant that the only place he can go to express this is somewhere where all of the men are equally 'emasculated', according to traditional gender norms. That is to say, the men who attend this group do not behave in the way that society expects, and have non-traditional bodies as a result of their disease. According to normative binary notions of gender and the social expectations this places

upon them, these men do not fit in or conform in the way that they should. Indeed, the first thing we learn about Bob is that he has “new sweating tits that hang enormous, the way we think of God’s as big” (16) due to the hormone therapy he received after he had his testicles removed. Surrounded by men who feel the same way that he does—or, arguably, worse than he does—Sebastian finds an escape from the demands of his job, somewhere that they can “remain men together” despite what the outside world and the rest of society tells them. When Sebastian starts Fight Club with Durden, he stops going to this support group because he has found a way to reclaim the kind of primitive hyper-masculinity that Durden offers him; the emotional immediacy that the fights offer is the same escape that crying in support groups offers, except Fight Club lets him reclaim his masculinity, whereas the support group is a place where his emasculation is no longer unusual.³⁶

This hyper masculinity is something tightly linked to Durden’s appeal, and we even see this in his jobs. Sebastian’s occupation is sharply contrasted with Durden’s low paid, part-time employment that frequently operates outside usual office hours: “Tyler worked part-time as a movie projectionist. Because of his nature, Tyler could only work night jobs” (25). Durden can only work night jobs, of course, because that is the time that he is in control of the body while Sebastian is sleeping, but the reader does not know this yet. Instead, it seems one more difference between them, particularly as Sebastian goes on to say that “some people are night people. Some people are day people. I could only work a day job” (25). We are also told that Durden works as a banquet waiter at a hotel, which is also implied to be part-time. Immediately, then, we see the differences between them, differences highlighted by the chapter’s jumps between descriptions of the two.

Sebastian’s job is a white-collar office job, and we assume that he is quite well-off financially

³⁶ It worth mentioning here that one of the ways Durden stops the police from raiding the bars where Fight Clubs are held is by threatening to castrate people in positions of power, notably the police commissioner: “How far do you think you’ll get in politics if the voters know you have no nuts” (165). This is obviously a threat to normative masculinity, and positions castration as one of the worst things that could happen to a man. At the end of the novel, the space monkeys almost castrate Sebastian while he’s trying to shut down Project Mayhem before he manages to escape.

due to the descriptions of his apartment and possessions, though he does make reference on a number of occasions to being overdrawn at the bank (this is actually as a result of Durden spending his money without his knowledge). In contrast to this, Durden works multiple part-time jobs, one as a waiter and the other as a movie projectionist, which, though it requires skill and training, is also low-waged. Neither is what could be called a career, whereas we might use that word to describe Sebastian's job. This difference is important because it highlights the 'freedom' that Durden represents to Sebastian and makes him more desirable because he is not trapped within a dull office job in the same way Sebastian is. Durden's jobs allow him to break free of the confines of the traditional workplace, and this is reflected in the opportunities he finds within these jobs to break the rules and fight back against his employers. Such opportunities seem unavailable to Sebastian at the start of the novel but he finds them with Durden's guidance, a fact which is neatly summed up by the chapter in which both characters blackmail their bosses into continuing to pay their wages in exchange for their silence over workplace transgressions: Durden splices single frames of pornography into the reels of film at the movie theatre and Sebastian taints food that he served to people at the hotel.³⁷

If Sebastian's job represents conformity to a capitalist system, then Durden's represents the ability to fight that system from within. Indeed, Durden ignores the rules that govern his behaviour, whereas Sebastian is bound by them. Durden believes that it is he who has the power, because he has nothing to lose and his employers have everything. While Sebastian's conformity to the demands of his job is tied to his desire to purchase expensive designer furniture, Durden owns almost no possessions and has no desire simply to become another 'cog in the machine'. For Sebastian, Durden

³⁷ In the novel, Durden quits his movie projectionist job, and then sends Sebastian to quit the banquet waiter job Durden got for him (112-117). The movie version changes this to Sebastian quitting his office job, but this does not happen in the novel, as one of Durden's final acts is to blow up Sebastian's office building and kill his boss. (185).

represents freedom from the system that traps him, and indeed, Durden himself believes that he is working towards a utopian future that will arise after the fall of civilisation brought about by Project Mayhem. Sebastian's conformity to this system and the social norms that it creates are seen as the largest problem; it is this conformity to consumerism that emasculates him and leaves him as one part of a machine exactly the same as all the others, working because he is told to and not because he wants to. Durden believes that if he brings down this system, something better can be built in its place, and this is his ultimate goal. Indeed, this problem of normative behaviour is one that Durden specifically mentions during the frequent speeches to Sebastian in which he explains his philosophy: "Our culture has made us all the same. No one is truly white or black or rich, anymore. We all want the same" (134.) It is this sameness and loss of individuality—the mass of office drones who cannot think for themselves but just do as they are told, like Sebastian—that are seen as the problem. Unfortunately, Durden's attempts to enact his utopian solution to break away from these norms ultimately end up creating a new system of control and conformity.

Durden's 'space monkeys', as he calls them, are recruited from Fight Clubs and inducted into Project Mayhem, where they all wear the same uniform of black shirts, trousers and shoes, and own nothing but their clothes, a mattress, a towel, and a plastic bowl to eat out of, and even go as far as to burn their fingerprints off with lye, thus completely erasing their individuality.³⁸ Durden organises these people into teams, all with small, specific tasks, so that they become components in a larger system, and gives them no idea of the overall goals of their work: "You do the little job you're trained to do. Pull a lever. Push a button. You don't understand any of it and then you just die" (12). The space monkeys are trained to not ask questions and simply follow orders, in what becomes an extreme version of the capitalist system Sebastian sought to escape at the start of the novel. Though the space monkeys are not performing these jobs in exchange for money, they are taught blindly to

³⁸ List of equipment: 127-128. Marla says the space monkeys are burning their fingerprints off: 157.

conform to this new system instead of the old one. Durden's Project Mayhem seeks to make everyone the same and erase individuality more obviously than the social norms that operate in Sebastian's capitalist society, with the space monkeys literally becoming interchangeable, as evidenced by Sebastian's continued labelling of them as 'space monkeys.'

Earlier I discussed the idea of sameness in a utopia, with the idea that this sameness, though desired, was often where a utopia became a dystopia because people became dissatisfied with their loss of choice and individuality and sought to fight back. Sebastian at the beginning of the novel is a good example of this: he feels pressure to conform to a certain role in a capitalist system and this conformity leads to him becoming dissatisfied to the extent that he dissociates and creates a violent alter personality who seeks to destroy that very system. However, *Fight Club* demonstrates that the system Durden creates is no better than the one he has replaced: Durden's utopia quickly becomes a dystopia to Sebastian, and he must find a way to escape this new system as well. Project Mayhem has become self-perpetuating at this point, because the space monkeys all have small jobs that enable Project Mayhem to continue and grow despite Durden's 'disappearance' towards the end of the novel, and Sebastian struggles to escape from this new system of norms in the same way that he struggled to escape from the norms of capitalism before Durden appeared. We may more properly describe the text as a critical dystopia then because it draws attention to the problems of tightly conforming to systems of control and the norms within them, whatever those systems might be.

Indeed, by trying to enact a utopia, the system often fails as it quickly becomes untenable and creates new problems to be solved. In the case of *Fight Club*, Sebastian is dissatisfied with his life under the old system and dreams of some way to escape. Durden appears with his new system, but this one has many of the same problems as the old one, notably the problem with conformity and control, and this system fails in its turn. It is important to note here that it is not just a matter of capitalism versus the anarchy offered by Project Mayhem and the new system that will arise once

capitalism has been done away with, but also the difference between Sebastian's 'failed' (by normative standards) masculinity and Durden's hyper-masculinity that the members of Fight Club mimic. In the same way that Project Mayhem is created to be a 'utopian' solution to the problems offered by capitalism, Durden's hyper-masculinity is also 'utopian': society's ideal version of masculinity, as demonstrated by the Calvin Klein advert in the film adaptation. It is one Sebastian should aspire towards as a way of escaping his emasculation. Yet in the same way that Project Mayhem demands further conformity from its members, so too does Durden's gendered ideal, ultimately replacing one system of control and conformity for another. In many ways, it is the strain created by trying to conform to a socially constructed masculine ideal that leads Sebastian to dissociate and create Durden, who is able to meet those ideals and offer Sebastian a way to meet them as well. It is through the hyper-masculine performance of the fights at Fight Club that a man's body is admired. The rules state that participants must not wear shirts in order to show off the muscles and scars they have gained through Fight Club. Masculine strength is glorified; their bodies are the only tool permitted to be used as they attack each other. This links to Durden's desire to reclaim a kind of pre-civilisation masculinity, one where man is a hunter-gatherer and provides for himself by using the skill of his hands. Of course, as I argued in Chapter 5, this is just as much a false ideal or romanticised myth as that offered by the Calvin Klein advert discussed earlier: it is one that ultimately does not exist. The novel points out the problem of normative behaviour in a number of different systems, and highlights the strain placed on those who have to conform to problematic ideals. The novel also warns against trying to overthrow the current system or produce a solution to these systems that would create a new 'utopia', as this is also likely to fail and create more problems. *Fight Club* can quite clearly be described as a critical dystopia, then, though one that purposefully does not suspend enacting the utopian solution to the problems it sets out. In the novel, Durden's solution ultimately fails too, further highlighting the problems with systems of control and the norms

found within them. The failure of Project Mayhem enables the reader to see that these systems of control should be critically engaged with in the way that critical dystopias suggest.³⁹

Fight Club is not the only text to highlight problems with sameness and conformity. I now turn my attention to *Dollhouse*, which includes many links to the issues raised by my reading of *Fight Club*. In the Season 1 episode “Needs”, *Dollhouse* explores the Dolls’ subconscious desires that are overpowering the blank doll state and causing the Dolls’ programming to fail, leading to them ruining missions. The characters live in the Dollhouse when they are in their blank doll states, and have all of their needs taken care of by the Dollhouse staff. The staff aim to keep the Dolls in peak physical condition so that they are ready for whatever mission may be demanded of them by clients, from fulfilling sexual fantasies to aiding law enforcement agencies with specific cases that demand special skills. Everything the Dollhouse does is designed to protect their investment in the Dolls and the technology they have been implanted with, leading Joshua Clover to comment that the Dolls represent “the ideal workers for the era in which the prostitute is not an exception, but metaphoric representative of the labor force” (6). Indeed, we can see similarities here with the workforce represented by Sebastian in *Fight Club* and the workforce that Fisher describes in *Capitalist Realism*: the emphasis is placed on physical health while mental health is ignored. In *Dollhouse*, the Dolls’ personalities, their ability to think and feel emotion, is technologically erased, suggesting that this has no place in the economy of the Dollhouse. Once again, the ‘worker’s’ mental health suffers, as the Dolls’ suppressed emotions start to overpower their programming, causing them to remember things and show signs of developmental progress. The staff of the Dollhouse put into place a plan that would

³⁹ It is perhaps significant here that the film adaptation changed the ending to feel more hopeful in the way that Baccolini and Moylan identify in their work. In the film, Sebastian and Marla are reunited in a high rise office building, Durden defeated, as they hold hands and watch the offices around them explode. This is a true suspension of the ending: here Durden’s plan to blow up the symbols of capitalism (high rise office buildings) works, but we never see what result this has in the wider world. Sebastian and Marla’s romantic reunion is also hopeful in a way generically familiar to viewers: the hero (Sebastian) defeats the villain (Durden) and gets the girl (Marla.) Without the final chapter featuring Sebastian in the mental health facility, the film achieves a sense of closure not evident in the novel, but it too features an open ending that enables the audience to find different meanings in the film’s ending.

give certain priority cases back their original personalities and allow them to work through—to return to Freud’s original definition of trauma—the issues plaguing their subconscious. The four chosen Dolls—Echo, Sierra, Victor and November—are implanted with their original personalities—Caroline, Priya, Tony and Madeline—without their knowledge, and wake up in their sleeping pods in the Dollhouse with no memories of what has happened to them. The fact that they awaken with their personalities restored, thus regaining their individuality from the system that urges them to conform, is obviously a well-used trope within science-fiction and particularly within futuristic sci-fi dystopias. It is those people who have been awakened to the problems in the system that are able to escape from it, while those who remain asleep are blind to the system that traps them.⁴⁰ (There is also a metaphorical link here to Sebastian’s insomnia in *Fight Club*: Sebastian can’t sleep because he can see the problems with the system, but he has no way of fixing it until he dissociates and Durden takes over.) In this case, the Dolls’ awakening is fake—the staff of the Dollhouse engineer it. Indeed, this inversion of the trope is mirrored in the scenes in which the Dolls return from missions and are returned to their blank doll state, signalled by a scripted call and response exercise with the technician responsible for wiping their personalities: “‘Did I fall asleep?’ ‘For a little while.’” In this case, the dolls are ‘asleep’ when they are implanted with personalities and go out to perform their missions, and ‘awake’ when they return, devoid of personality, to the house. The audience witnesses this scene over and over again in almost every episode, and this serves to highlight the levels of

⁴⁰ This same metaphor is employed in *The Matrix* (1999), for example, when Neo literally awakens in the real world after being unplugged from the Matrix. There are many other similarities between the two: Echo, like Neo, is the chosen one born with the ability to subvert the system and save those within it, and like Neo she is technologically implanted with the skills that allow her to do so. Even the imprinting method—in both cases a chair like device that the person sits in—are similar, though the dolls do not need to be plugged in via a port on the back of their necks in the same way that Neo is as the Dollhouse’s technology works wirelessly. Obviously, then, this is a well-used trope within science fiction. In recent years, ‘stay woke’ has also come to be used amongst the African-American community (and particularly among activists and those involved in the Black Lives Matter movement) to remind each other of the need to stay aware of institutional barriers and racism African-Americans face on a daily basis, despite what white America might deny. (See: <http://www.staywoke.org/>)

control evident in the Dollhouse. When we awaken from one system, there is another there already controlling us. This is confirmed in the very last scene of the series, when Echo, having saved the world from dystopian sameness, returns to the Dollhouse and goes to sleep in one of the Dollhouse's sleeping pods, suggesting that while she may have saved the world from one system of control, there will be another to take its place. Indeed, the way this final scene of the series is filmed reinforces this idea. When she jumps down into the sleeping pod (a recess built into the floor), the camera shoots her from above and remains here as it pans back. Echo becomes a tiny figure in the shot, looked down on in the same way that the Dolls in the Dollhouse always are: the house is full of security cameras fixed to the ceilings from which the Dollhouse staff can look down on and monitor their charges. The camera's gaze becomes authoritarian here: mirroring the security cameras and suggesting that the subject of the gaze is in a position of submission.

To return to the episode at hand, "Needs", the four characters that have awakened from their blank doll states immediately seek to escape from the Dollhouse, trying to blend in among the other Dolls and pretend that they are all the same. Indeed, the one other member of their sleeping chamber, Mike, who does not manage to conform and act the same way as everyone else, is taken away and wiped again, to show the remaining awakened Dolls just how serious the situation is. (It is suggested in the episode that this is a deliberate move by the staff in charge of the Dollhouse, because the awakened dolls' "freedom must be earned" and they need "obstacles" to fight against; wiping Mike's personality raises the stakes for the awakened Dolls. Once free, each awakened Doll immediately acts to find a solution to the issue that has been bothering them: Madeline goes to find her child's grave, Priya, with Tony's help, confronts the man who put her in the Dollhouse (Tony's 'need' is that he's in love with Priya and wants to help her), and Caroline tries to free the rest of the Dolls from imprisonment within the Dollhouse. Once they escape and start to separate, Priya quickly emphasises what is at stake for them over Tony's protestations—"That's why we left, we decide for

ourselves now”—and Tony quickly gives in, recognising that free will and their ability to control themselves now they have escaped the oppressive environment of the Dollhouse is paramount. With that knowledge, Caroline breaks back into the Dollhouse and seeks to lead everyone to freedom, stealing weapons and holding some of the staff hostage until they agree to let everyone go. This foreshadows Caroline’s ability to retain the personalities and skill sets with which she is implanted, as well as her future position as the leader of the group fighting to reclaim the world when the technology takes over at the end of the series. In the very last episode, “Epitaph Two: Return”, Caroline leads the group that returns to the Dollhouse and sets off the device to reset everyone to their original personalities, thus ‘saving’ everyone, though she herself remains ‘uncured’ with Tony and Priya in the ruins of the Dollhouse. Indeed, just before they manage to return the world to ‘normal’, Adelle DeWitt, the former manager of the Dollhouse, tells Echo/Caroline that it is “funny that the last fantasy the Dollhouse should fulfil would be yours” and this makes it clear that Caroline’s primary motivation throughout the series has been to fight back against the ‘utopian’ system that has kept her trapped.

It makes sense that it is Echo/Caroline who is capable of saving the world, as she is the only Doll able to retain the personalities with which she is implanted due to a quirk of biology. This is emphasised even more in “Epitaph Two: Return” when Kilo explains that her small group of ‘tech heads’, led by Tony, are still able to implant themselves with skills as long as they take something out first “if they wanna stay sane.” Echo/Caroline, then, is the true individual at a biological level as she is the only one with the ability to accept and store multiple personalities. She is, ironically, the truest individual because of this multiplicity, as it is the skills of all the personalities she retains that allow her to fight back against the system. Indeed, in the future dystopia shown in the last episode of Season 1 (“Epitaph One”) and the last episode of Season 2 (“Epitaph Two: Return”), the technology that allows people to be wiped of their personalities has ‘escaped’ from the Dollhouse and covered

the world, with the vast majority of the world's population reduced to 'dumbshows', people in the blank doll state, or 'butchers', people originally implanted with soldier skills who are now equally blank but still violent. Neither of these have personalities, and are referred to interchangeably by the few 'actuals' (people who still have personalities) left. The butchers and dumbshows act in opposition to the actuals, who are fighting back and seeking to return everyone to the way they were.

We can compare *Dollhouse's* dystopian future with *Fight Club's* Project Mayhem, as both indicate the dangers of a 'utopia' going too far and becoming a dystopia when new, or indeed old, problems (re)surface. In Project Mayhem, the space monkeys lose even more individuality than the workers under capitalism, becoming simple cogs in the machine to a much greater extent, trained blindly to accept orders and not ask questions. In *Dollhouse*, the small 'utopia' of the Dollhouse—everyone is the same, protected and well cared for—breaks down when it is put into the world; the technology is used for personal gains and against people's wishes, reducing them to mindless killing machines or wiping all traces of personality, identity, and desire away. In the episode "Needs", when the Dolls awaken and examine the Dollhouse for the first time, Madeline suggests that "maybe something bad happened to us and they're helping us heal" and is immediately ignored by the other members of her group, and yet this is what the Dollhouse is doing for some of its dolls, notably Madeline, who cannot deal with the death of her child, and Tony, who suffers from PTSD as a result of service in Iraq and Afghanistan. Tony and Madeline agreed to work for the Dollhouse for a fixed period of time, during which their subconscious minds would be able to work through their trauma, after which the Dollhouse promises to return them to their original personalities. Indeed, there is, to some extent, a utopian impulse at work in the Dollhouse, though the way in which it tries to 'help' these characters is morally questionable. It is never explicitly stated if the Dollhouse tells its Dolls what kind of 'missions' their bodies will be used for; a lot of the missions are sexual in nature, raising issues of consent, as well as sexual health and safety. Once the technology escapes into the wider

world this utopian impulse disappears, and the world becomes a dystopia that the main characters must fight against in order to restore the world to its previous state. The characters who are capable of fighting this system are the ones who retain their individuality, and so once again difference, rather than sameness, is celebrated and championed in the text.

I have included *Dollhouse* in this thesis because I have argued that it can be allegorically read as a DID text, despite the text not mentioning the disorder or claiming such a status for itself. Ultimately, the reason that I have done so is because it is Echo's innate biological tendency towards multiplicity that allows her to fight back so effectively against this system. Indeed, the issues that I have explored within this chapter neatly line up with those of other DID texts. Both *Fight Club* and *Dollhouse* explore the problems with systems of control, normativity and sameness and what happens when you try to enact a utopian solution in a real-world setting. In both of these texts, multiplicity, or the ability to retain one's individuality, to be different, is what enables the main characters to fight back against the systems of control that they find themselves within. It is therefore possible to classify these texts as critical dystopias because they both warn of the problem of normative behaviour, and how eliminating difference is problematic and leads to dystopian futures. The texts both stop short of showing the reader exactly how these problems can be reversed, however—at the end of *Fight Club* Sebastian is unsure if Durden is truly gone and believes that Project Mayhem may continue without him (it is later shown to in *Fight Club 2*); in *Dollhouse* everyone is reverted back to their original personalities but we do not see how or if the world can be put right again. These open endings are another mark of the critical dystopia. I argued in Chapter 4 that open endings and resistance to narrative closure are often a feature of DID texts and I return to this idea now. My other primary texts do not engage in a utopia/dystopia narrative in such a clear way as *Fight Club* and *Dollhouse* do, but they do, nevertheless, feature open endings and utopian impulses which allow them to be read in the same way. By more subtly referencing utopianism within

their narratives, these texts offer a clear example what Baccolini and Moylan mean when they discuss critical dystopias.

In earlier chapters, I discussed the significance of Andrew's choice not to seek a 'cure' for his multiplicity in *Set This House In Order*, and how this resistance to narrative closure and reliance on an open ending reflected Andrew's multiplicity and the novel's celebration of resistance to social norms. While Andrew's ability to reject social norms, and particularly gender norms, is not wholly reliant on his multiplicity—there is enough evidence in the novel to suggest that Andy Gage was already, or would grow up to be, trans even if he was not multiple—the fact that he is multiple is the main thing that keeps him from being normal in the eyes of mainstream society (because, from what we are told, he passes quite successfully for a male-bodied person). Indeed, during the section of the novel in which Andrew recounts Aaron's struggle with the psychiatric treatment he underwent for DID, Andrew explains that though their methods varied, all of the psychiatrists Aaron saw agreed that "Andy Gage would never be healed until he was one soul again" (Ruff: 108). This need for Andy Gage to return to a singular identity so that he can be the same as everyone else is further highlighted by something one of the psychiatrists tells Aaron: "'Of course you've got to reintegrate! Don't you want to be normal?'" (108). This clearly positions being singular as a norm, one that Andrew transgresses on a daily basis, and exemplifies the normalising narrative that is linked to many forms of medical treatment.

Andrew refuses to see his condition as something that needs to be fixed, however, in much the same way as he views his trans identity. Julie and Adam, one of the other personalities, think it is an issue, but Andrew views it as just another part of himself:

"Nothing major."

In the pulpit Adam let out a snort. "Sure nothing major. Nothing except—"

"Adam!" I warned. (25)

If Andrew's trans identity is no obstacle, then neither is his multiplicity. Indeed, he manages his condition quite successfully through the 'house' inside his head that allows each personality their own room and enables them to interact with one another. However, the text makes clear that this is a solution that works for Andrew, but it is not necessarily a solution that would work for everyone, as Penny's choice to have reintegration therapy at the end of the novel suggests. Andrew is vehemently opposed to Penny's reintegration because he believes it will mean the death of her alter personalities (and because it goes against Andrew's celebration of their shared condition) but when the two meet again it becomes clear that her reintegration is not as simple as he initially believed it to be:

"Maledicta and the others," I said. "Are they...?"

"Still alive?" Penny nodded. "It isn't like I thought it would be—they, we, we're all still here, just, less separate than we used to be. We don't have to occupy the body one at a time now; we coexist in it."

"Coexist? So you're still multiple?"

"Yes and no." She laughed again. (471)

This suggests that the ultimate cure for the condition, one Aaron was pushed towards by the psychiatrists, does not actually work, or does not work in the way that it is said to. Penny is, to some extent, still multiple, an idea reinforced by the email she sends to Andrew at the end of the novel with a postscript from one of her personalities that Penny presumably does not know about: "PS tell (sic) Sam I fucking said hi... M" (478). The novel problematises the idea that the condition can be cured or if it should be cured at all, allowing the reader to draw their own conclusions about Penny's current mental state. The ending is open because it stops short of enacting Andrew's utopian solution—that one can manage their multiplicity and that it is a positive condition—on other characters and the wider world. If the reader believes that Penny's cure has failed, then naturally they must view Andrew's management of his condition as a better way of dealing with multiplicity, at least

in the world the novel shows us. Though the novel suggests this, it does not show us a world in which this solution is forced onto everyone, because if it did, the novel's utopian impulse might fall apart, in the same way that the utopian solutions enacted in *Fight Club* and *Dollhouse* do.

Indeed, Julie's business, the Reality Factory, where Andrew and Penny work, is further evidence of this. Julie owns a small software company that works with virtual reality and is building software that would allow the user to create and interact with their own virtual world. When she's explaining the software to Andrew, Julie offers this example, amongst others, to highlight the software's utopian function:

“Let's suppose you've had a spinal injury that leaves you partially paralyzed, with no feeling in your legs. You might be stuck in a wheelchair for the rest of your life. But with this”—she tapped the back of the data glove—“you can still get up and dance any time you want to.” (39)

Andrew is intrigued by Julie's software because it would provide people with the ability to create their own geographies, just as Aaron 'built' the house and the land it stands on inside Andy Gage's head. The Reality Factory's purpose is very similar to Andrew's management of his condition, but goes further and tries to give that ability to anyone who wants it. Crucially, we can read this as an attempt to take Andrew's solution—he builds a 'virtual reality' inside his head in which his personalities interact—and put it into the wider world. However, we have seen how this is problematic in the other texts, and in line with this reading, at the end of the novel the Reality Factory closes after it runs out of money. The software project, which has been ongoing for years as they try to perfect their virtual world, ends with one of the coders telling Julie: ““You know as well as I do that it's never gonna be finished. I'm sick of it”” (465). This mimics utopian thinking, and particularly the idea that a utopia is unrealisable and that there will always be problems to be fixed. In addition, though it is a subtle narrative thread, it suggests, again, that Andrew's solution is unique to

him, and that any attempt to more widely enact this solution would fail. In this way, multiplicity extends to the utopian solution as well; there must be multiple solutions to the problem of normative behaviour because any attempt to enact one solution goes against the very multiplicity needed to solve the problem. This is why Andrew's solution is only available to him, in the same way that Penny's solution, whether fully reintegrated or not, is only available to her.

The Reality Factory's failure warns against trying to enact one utopian solution—Andrew's solution—for everyone, and demonstrates that it will often fail, as I have argued elsewhere in relation to other texts. This serves to warn against the danger of simply enacting Andrew's solution in a wider world, and further works to suspend the normative ending. Andrew is not 'cured' of his condition in the way the reader expects—narrative norms demand that the disorder should be cured rather than managed—and his solution is not enacted on the wider world, saving the fictional world of the novel from the dangers associated with creating utopias in a fictionalised version of the real world as depicted in the novel. Indeed, the fictional world of *Set This House In Order* is very much one in line with the contemporary capitalist society Western readers will be familiar with. So any attempt to bring Andrew's solution into the wider world of the novel—as the Reality Factory attempts—can be read as an attempt to enact this solution in the 'real world', where the real world here means contemporary Western society. This is once again demonstrative of the novel's open ending, suspending the transition into the real world, where Andrew's 'cure' would be expected to work for everyone. Instead, the novel leaves us in a position to debate the 'problem' of normative behaviour and the 'solution' of multiplicity, enabling a dialogue about real-world issues without trying to change or improve the real world itself. While not engaging with a utopia/dystopia narrative in the same way that *Fight Club* and *Dollhouse* do, there are clear threads of these narratives within *Set This House In Order*, allowing us, once again, to read multiplicity and difference as a utopian condition, and the text as a critical dystopia. *Fight Club* and *Dollhouse* are warnings against what can happen when the

characters attempt to enact utopian solutions to the ‘problem’ of normative behaviour, while *Set This House In Order* relegates the warning to a smaller narrative thread with the Reality Factory, instead choosing to ‘suspend’ the ending that we expect—that is, Andrew’s DID is not ‘cured’ in line with real-world medical norms—and thus enabling a dialogue surrounding normative behaviour and multiplicity without offering what the novel’s ‘solution’ to this problem would look like on a wider scale. The novel inspires debate and maintains hope, allowing the belief in the utopia to remain as well as allowing readers to question the very notion of utopia.

United States of Tara works in a similar way to position Tara’s multiplicity as a more positive force, at least as it is positioned against the performed identities that the other characters in the series take on throughout the series. I argued in earlier chapters that Tara is the only character who is ‘honest’ about her dissociation and different alter identities. The other characters assume false personae throughout the series, and try to suppress their true identities in various ways—Marshall hides his queer sexuality in Season 2, Charmaine does everything she can to pretend she is not in love with Neil throughout the series, Kate pretends to be a comic book character in Season 2—and this is very much positioned as a negative construction of identity, one at odds with Tara’s ‘true’ multiplicity. While it is clear Tara’s DID is not necessarily a good thing, particularly in Season 3 when her new alter, Bryce, tries systematically to destroy Tara’s life, Tara’s honesty about her (multiple) identity is positioned against the other characters’ performances, with them ultimately realising that they should embrace their true identities instead of trying to perform the roles that society believes they should hold. This is particularly true for Marshall, who spends much of Season 2 pretending to be heterosexual, and Charmaine, who tries to bury herself in a relationship with the ‘perfect’ man at the expense of the man she really loves, just because Neil is not conventionally attractive and does not hold a good job.

It is not possible to say that Tara’s DID is a wholly positive condition, as the disorder is

frequently shown to cause problems in her personal and professional lives, particularly in Season 3 when Bryce tries to take over and live as Tara full time, doing his best to destroy Tara's life in the process. However, what is positive is her ability to be honest about her identity and transgress social norms, as we see through Buck and his relationship with Pammy in particular. Indeed, this ability is something the text celebrates, as we clearly see with the above examples of Marshall and Charmaine; their character arcs for the entire series are based on their accepting their true identities and learning not to care whether or not society approves of those identities. The text highlights the 'problem' of normative behaviour and how forcing a person to perform a more socially accepted role is ultimately damaging to both them and those around them. In addition, once again, the text stops short of showing Tara receiving a 'cure' for her DID, and indeed, once Bryce has been 'killed' by Tara in the series finale it is unclear if her condition is now as damaging as it once was. It is suggested throughout the series that the other alters often work together to 'help' Tara in various situations, such as when Alice declares that "Tara is not equipped to handle this family at the moment and we've all come to a consensus and I think you need me right now" in Season 1. With Bryce gone, Tara and the other alters might be able to find a way to work together to live Tara's life and face the challenges DID creates. In fact, the series ends more positively than it initially seems regarding Tara's DID: though Tara is leaving to seek a cure for her condition with a therapist in Boston, the way she leaves suggests that her idea of a cure might not be losing her alters altogether. In the last episode of the series, "The Good Parts", Tara and Max drive to Boston together. When they start to drive away Tara climbs up in her seat and climbs up in her seat to lean out of the window with a smile on her face, enjoying the sun and the last time she'll see her neighbourhood for the next few months. The scene has no dialogue, but Tara blinks slowly—the usual sign of a transition to another personality—and her body language suggests that first Buck, then Alice, then T takes over her body before Tara resumes control. This suggests that though she herself is embracing her future and seeking a cure, it is some sort of 'cure' that includes

her alters, as she lets them each enjoy the happiness she feels in that moment, sharing her feelings and the experience with them as she perhaps wishes to share the rest of her life.

We can make a link here to Penny's reintegration therapy, which is not an attempt to rid herself of her alters, but rather an attempt to link them more closely and enable them all to share her life. More significantly, it also suggests a level of control over her transitions, which is not demonstrated throughout the series, suggesting that she is already in a much healthier place than she has been for much of the final season when being terrorised and controlled by Bryce. Could Tara be on the way to managing her condition in a similar way to Andrew in *Set This House In Order*? Indeed, there is a further link to Andrew here, as Tara embraces her gender-variant alter, Buck, in the same way that Andrew embraces his gender variance; in both cases, the characters do not consider an alter with a different gender identity to themselves a problem, but rather welcome them into their 'cure'. If we assume that Tara is indeed seeking a cure that is similar to Andrew or Penny's—that is to say, the goal is not to rid herself of her alters but allow them to co-exist and work together—then we must assume she finds no issue with including a male personality in her plans. Once again, this speaks to multiplicity's ability to challenge and subvert dominant social and gender norms, and Tara's willingness to embrace a non-normative identity. Indeed, even the act of climbing up to lean out of the window—half in and half out of the car, not quite fitting into the seat in the way she is supposed to—is reflective of this tendency to challenge norms and exist outside of expected roles. This sort of symbolism is evident throughout the series, perhaps most notably during Tara's video diaries throughout Season 2; Tara films herself on her mobile phone, speaking into the camera about the challenges she is facing as a result of transiting unexpectedly. The camera takes on the mobile phone's view, and we see Tara in extreme close-up, not fitting in the frame. Given that these diaries are filmed for Tara by Tara, we can surmise that this is how she sees herself: not fitting in to the expectations people have for her. The recurrence of this imagery further cements Tara's ability to

subvert expectations and norms—in this case, the formal ones of filmic convention—in the mind of the viewer.

This open ending—we do not know what exactly Tara’s ‘cure’ is—suspends the transition back to the real world by suspending the real world norms that suggest that DID must be cured and the personalities must be reintegrated. It does not suggest definitively that DID is the cure for normative behaviour, but demonstrates that Tara’s multiplicity enables her to be honest and accepting of her non-normative behaviour, which the text positions positively, as the desired effect. Indeed, the other characters are all on the brink of moving forward with their own lives after refusing to perform false roles anymore, most notably Charmaine who, after spending a year raising their baby with Neil, asks him to marry her in a gendered subversion of a proposal. Tara’s ‘ending’ works in a similar way to the end of *Set This House In Order*, and while it is not as obviously utopian as that novel, it still positions multiplicity, difference, and the ability to transgress social norms as a desired outcome, something more positive than the alternative.

I have examined these texts as a collective throughout this thesis because it is useful to identify both the similarities and differences between. This is particularly true in the case of their utopian approach to normativity, because it reiterates that the extent to which these texts engage with normativity and are able to resist it exists on a scale and that there is some variation in their championing of difference and the subversion of social norms. Indeed, we clearly see this within the other DID texts: *Set This House in Order* is probably the most radical in terms of its resistance to normativity and the way in which it holds on to the hope of a dissociative utopia by not allowing it to be enacted and risk becoming a dystopia; *United States of Tara* could also be placed at the more radical end of the scale with the suggestion that Tara wishes to embrace all her alters when she goes to seek a ‘cure’, while texts like *Fight Club* and *Dollhouse*, which warn of the dangers of conformity without really offering a clear alternative, could be positioned as the more conservative texts. This

collection of texts then forms a larger image of the problems the characters face as a result of conformity to social norms, and offers a variety of solutions or, indeed, no solution at all. The texts demonstrate that there are multiple ways to be multiple, and multiple solutions to the problem of normative behaviour. Indeed, the variety of narratives on offer is reflective of my reading of the texts: the texts do not blindly conform to one narrative which perfectly 'solves' the problem. To do so would be to swap one system of conformity for another, in the same way that Sebastian swaps capitalism for Project Mayhem in *Fight Club*. Together the texts allow the reader to recognise the problem of normative behaviour, and encourage debate and critical thinking about hegemony, and the perpetuation of dominant cultural values.

All of the texts I have examined within this chapter raise questions about normative behaviour, with 'sameness' in particular being something that is often damaging to individuals and their sense of identity. We see this in particular in the texts' representations of gender and gender identity, which frequently problematise the notion of a 'natural' gender, or social constructions of heteronormative gender ideals. We also see it their approach to multiple identity as being at odds with conventional singular identity which the societies depicted in the texts expect. Though the texts raise this problem, and suggest that multiplicity is a way to break social norms, they are careful not to enact one solution that would risk causing more problems. This obviously positions multiplicity as a utopian condition, but the texts are seemingly aware of the problems surrounding utopian thinking, particularly the idea that a utopia must, ultimately, remain unrealisable if it is to remain a utopia. This is why *Fight Club* and *Dollhouse* feature societies that descend into dystopia through individuals losing their sense of identity and any differences they once possessed. In both cases, it was the attempted enactment of a utopia that lead to the creation of a dystopia, and the texts are quick to point this out. Indeed, *Set This House in Order* and *United States of Tara* stake their claims for the positivity of multiplicity much more subtly, and the suspended endings of both these texts work to

prevent the utopias being realised and put into practice. Andrew in particular is non-normative as a multiple person and because he has a trans gender identity, and so seems to be the clearest example of someone who is able to transgress social norms without negatively affecting himself or those around him. All of the texts enable the reader or viewer to question the nature of normative behaviour and enable debate surrounding the issue, without suggesting exactly what the solution might be, because ultimately any solution offered would have to be unrealisable to be a true utopia. For this reason, we can more accurately describe the utopian narrative within these texts as a critical dystopia, a useful term as it suggests criticism and debate surrounding issues, such as normative behaviour, and this is very much what these texts do. *Fight Club* and *Dollhouse* in particular depict dystopias that have arisen from utopian impulses and enable the reader/viewer to recognise the problems that the 'utopia' originally tried to fix. By leaving the reader/viewer in a position to debate and critique when the novel or show has ended, the texts fulfil their chief job as both critical dystopia and speculative fiction.

Conclusion

Throughout this thesis I have argued that texts featuring dissociative identity disorder are overwhelmingly resistant to norms, both in terms of the representation of identity (resisting heteronormative representations of binary gender, and allowing trans and queer identity to exist without ‘normalising’ it) and also in terms of the generic and formal structures of the texts (open endings enabling multiple readings of the narrative, resisting curing DID in line with expectations of illness narratives and the norms of DID treatment). By viewing all these elements together, it becomes clear that normativity (usually the social norms of contemporary U.S. society) is an issue within these texts, one that they are interested in critiquing and problematising. This positions DID texts within the emerging subgenre of fictional work which deals with mental health illnesses, many of which I discussed within Chapter 2, which often metaphorically employ syndromes and disorders in a way which links the disorder to a difficulty with fitting into society (which I discussed with particular reference to autism and Asperger’s syndrome and Tourette’s syndrome). While there has been particular critical attention paid to the representation of autism and Asperger’s syndrome, and Tourette’s syndrome, this has not been the case for representations of DID. This work therefore fills a gap in the literature by closely examining representations of this disorder within contemporary fiction.

I began by giving an overview of medical discourse surrounding DID in Chapter 1 which aimed to contextualise representations of the disorder by providing some background on how the disorder is currently viewed in the real world, including the debate around its validity. This chapter highlighted that debates around the cause and validity of the condition are on-going, and served as an important foundation for my analysis of fictional texts. It has been suggested by the psychiatrist Lisetta Lovett that fictional representations can be useful to medical professionals if these representations are

portrayed with “sensitivity and accuracy” because they can “facilitate real understanding and empathy” for people who suffer from disorders and syndromes (179). By beginning with an overview of medical discourse, I demonstrated that the fictional texts I engage with in this thesis represent elements of DID to different extents, from the accurate (*Tara*, and *Set This House*) to the less accurate (*Fight Club*, *Dollhouse*). But even the texts we can categorise as less accurate do engage with concepts highlighted in medical discourse about DID, such as trauma, and can therefore be useful in the way Lovett describes. Following this overview in Chapter 1, I examined in turn the DID texts’ engagement with trauma and the issue of ‘working through’ traumatic memories, narrative and generic convention, heteronormative gender identity, and utopia/dystopia. In all cases, the texts were resistant to what we might think of as convention or norms: characters do not work through their trauma, the texts resist curing their protagonists and problematise the notion of a cure, the open endings of the texts enable readers to consider multiple modes of meaning, the texts are able to represent non-heteronormative gender identities and sexualities without normalising them, and the texts use a critical dystopia framework to address normativity and systems of social control within their narratives.

My assessment of the texts as critical dystopias in Chapter 6 highlighted what has been a recurring theme throughout this work: the tension between fictional representations on one hand, and real-world experience on the other. This tension appears again and again: the texts all depict societies based on contemporary Western late-capitalist social systems, with similar hegemonic structures to those present in the real world, and they metaphorically employ a mental health disorder which is considered by medical professionals to have a disruptive effect on those who suffer from it as a means of rejecting and critiquing those norms. If we accept that the fictional texts under discussion in this work are using the disorder in this way, then we cannot help but consider what effect this has on the real world. Are the texts arguing that dissociative identity disorder should be

viewed as a positive condition in the real world, one which enables its sufferers to break free of social normativity and forge their own identities free of social restraints and power structures? The suspended, open endings of the DID texts here become a way of suspending the transition back to reality, and mean that the texts are simply drawing attention to and critiquing the problem of normative behaviour without advocating for DID as a solution to this problem in reality. But this is somewhat unsatisfactory. Are we to be content that this is all fiction can do, and that the compelling argument put forth by the texts is simply there to inspire debate about the problem of normativity and the implicit rules which govern our everyday lives?

It is useful here to consider Slavoj Žižek's final chapter in the second edition of *Enjoy Your Symptom!* In it, Žižek analyses the construction of reality in *The Matrix*, and contrasts this with the Matrix itself, a virtual reality programme designed to simulate the 'real world'. In a wide ranging psychoanalytic discussion, he argues that *The Matrix* ultimately positions the virtual reality world as a "reduction of reality to a virtual domain regulated by arbitrary rules that can be suspended" (231). This description could also be applied to the DID texts. The DID texts are a virtual domain (fiction) regulated by arbitrary rules (generic and formal rules, but also socially constructed norms reflective of real world norms) that the texts are able to suspend. But they can only do so because they are fiction. Žižek argues that in *The Matrix* "freedom is only possible within the system that hinders its full deployment": Neo, upon re-entering the Matrix now that he can see the rules, finds that he can fly and stop bullets (228). This freedom is not present in the desolate real world in which Neo now lives, but only possible within the virtual reality offered by the Matrix. So too is the freedom from social norms only present within the fictional worlds presented by the DID texts, and not available to people who suffer from DID in the real world. Fiction can rewrite the arbitrary rules of the real world by fictionalising them and the world. This fits with Žižek argument in his introduction, in which he suggests we are free to discuss and argue against the rules of our world, but ultimately continue to

obey the rules which govern our existence in a way which shores up authority: “we know there is no truth in authority, yet we continue to play its game and obey it in order not to disturb the usual run of things” (x).

A further philosophical discussion of reality and authority in relation to fictional representations therefore seems a productive next step, following the model that Žižek employs. This would have benefits not only for the representation of dissociative identity disorder, but also for reframing past work on the representations of syndromes and disorders, and may help to square the increasing fictional use of illnesses with the problem of real world experience. A consideration of reality and authority would also enable a closer look at critical work on society, hegemony and reproduction of dominant social forces. Further work on the recurring motif of the house within these fictional texts could also be productive here, and may help further to tie the work into the American context: the Dolls live in a Dollhouse usually simply referred to as ‘the house’; Andrew manages his condition via the imaginary house inside his head; Tara’s alters have their own shed in the back garden in Season 1 which functions as their safe space, while Max buys and renovates the house next door in Season 2; Sebastian and Durden live in the dilapidated house on Paper Street after Durden blows up Sebastian’s condo. The interiority implied by these houses is in some cases a metaphor for the systems of control the characters are able to resist (particularly the Dollhouse, which the main characters not only break out of but back into during the course of the series, and Sebastian’s condo, which Durden blows up, symbolically freeing Sebastian from his role as a consumer under capitalism) but they also suggest a domesticity that helps further cement DID as a uniquely American condition, one which is ‘culture-bound’, and produced and reproduced through the medicalised culture of the U.S. For example, *United States of Tara*’s credits are an animated sequence designed to look like a pop-up book, but each page shows a different room in Tara’s house which is associated with each of her alters: Buck’s motorbike is in the garage, for example, while Alice bakes cookies in the kitchen.

The extent to which Alice and Buck are American stereotypes has been discussed in this thesis, and a discussion of houses and domesticity might extend to re-evaluating how these characters do or do not conform to these stereotypes. Buck is perhaps the one most worthy of study here, as he consistently demonstrates a caring side not usually associated with his gruff redneck stereotype: he cares for Marshall, looks after Charmaine after her breast augmentation surgery, and is seen looking after Pammy and enjoying domestic life with her during a brief montage in Season 2.

This further work would form the basis of a more wide-ranging analysis of hegemonic power structures and systems of control, and would therefore provide a critical framework for the issues raised here to be discussed in relation to the real world. This thesis, like the DID texts, has ultimately aimed to identify the problems of blindly conforming to systems of social normativity but suspends the moment of being able to apply the texts' solution to this problem to the real world. The further work identified above would aim to address this problem and enable multiplicity to be discussed in conjunction with real world hegemonic structures. Within the fictional texts, the multiplicity of those suffering from dissociative identity disorder enables them to become free. Those of us in the real world still have some work to do.

Bibliography

- Acocella, Joan. *Creating Hysteria: Women and Multiple Personality Disorder*. New York: Jossey-Bass, 1999. Print.
- AfterEllen. "Lesbian and Bisexual Women on *Law and Order*" *AfterEllen*. 13 September 2005. <http://www.afterellen.com/tv/4414-lesbian-and-bisexual-women-on-law-and-order>. (Accessed August 2016). Web.
- Alexander, Jeffrey C. "Towards a Theory of Cultural Trauma." *Cultural Trauma and Collective Identity*. Eds. Jeffrey C. Alexander, Ron Eyerman, Bernard Giesen, Neil J. Smelser and Piotr Sztompka. California: University of California Press, 2004. 1-30. Print.
- Alice in Wonderland*. Dir. Tim Burton. Walt Disney Studios Motion Pictures. 2010. Film.
- Altman, Rick. *Film/Genre*. London: British Film Institute, 1999. Print.
- Ambrose, Stephen E. *Band of Brothers*. 1992. London: Pocket Books, 2001. Print.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III)*. Washington, D.C.: American Psychiatric Association, 1980. Print.
- . *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. Washington, D.C.: American Psychiatric Association, 1994. Print.
- . *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*. Washington, D.C.: American Psychiatric Association, 2013. Print.

Autostraddle. "All 160 Dead Lesbian and Bisexual Characters on TV, and How They Died."

Autostraddle.com 11 March 2016. <http://www.autostraddle.com/all-65-dead-lesbian-and-bisexual-characters-on-tv-and-how-they-died-312315/>. Web.

Baccolini, Raffaella and Tom Moylan. *Dark Horizons: Science Fiction and the Dystopian Imagination*. New York and London: Routledge, 2003. Print.

Baer, Will Christopher. *Kiss Me Judas*. New York: Viking, 1998. Print.

---. *Penny Dreadful*. New York: Viking, 2000. Print.

---. *Hell's Half Acre*. New York: Viking, 2004. Print.

Barker, Pat. *Regeneration*. 1991. London: Penguin, 2008. Print.

---. *The Eye in the Door*. 1993. London: Penguin, 2008. Print.

---. *The Ghost Road*. 1995. London: Penguin, 2008. Print.

Battlestar Galactica. Prod. Universal Television. Syfy. 2004-2009. Television.

BBC Trending. "Fans revolt after gay TV character killed off." *BBC News*. 11 March 2016. <http://www.bbc.co.uk/news/blogs-trending-35786382>. Web.

Benjamin, Harry. *The Transsexual Phenomenon*. New York: The Julian Press Inc., 1966. Print.

Bird, Robert Montgomery. *Nick of the Woods*. Carey, Lea and Blanchard, United States: 1837. Print.

Birds of Prey. Prod. Warner Bros. Television. The WB. 2002-2003. Television.

Black Sails. Prod. Platinum Dunes. Starz. 2014-Present. Television.

Bly, Robert. *Iron John: A Book About Men*. Boston: Addison-Wesley, 1990. Print.

Bomb Girls. Prod. Muse Entertainment. Global. 2012-Present. Television.

Bornstein, Kate. *Gender Outlaw: On Men Women and the Rest of Us*. 1994. New York: Vintage Books, 1995. Print.

Breuer, Josef and Sigmund Freud. "Studies on Hysteria." *The Standard Edition of the Complete Works of Sigmund Freud Volume II (1893-1895)* Trans. James Strachey. London: The Hogarth Press, 1955. Print.

Buffy the Vampire Slayer. Prod. 20th Century Fox Television. Warner Brothers/UPN. 2007-2003. Television.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. 1990. New York and London: Routledge Classics, 2006. Print.

Byalick, Marcia. *Quit It*. London: Delacorte Press, 2002. Print.

Carroll, Lewis. *Alice's Adventures in Wonderland*. London: MacMillan and Co, 1865. Print.

Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative and History*. Baltimore: The Johns Hopkins University Press, 1996. Print.

Chicago Fire. Prod. Universal Television. NBC. 2012-Present. Television.

Clover, Joshua. "The Future in Labor." *Film Quarterly* 63.1 (Fall 2009): 6-8. Print.

Clow, Barbara. "Who's Afraid of Susan Sontag? Or, the Myths and Metaphors of Cancer Reconsidered." *Social History of Medicine* 14.2 (2001): 293-312. Print.

Collins, Suzanne. *The Hunger Games*. New York: Scholastic, 2008. Print.

---. *Catching Fire*. New York: Scholastic, 2009. Print.

---. *Mockingjay*. New York: Scholastic, 2010. Print.

- Coons, Philip M. and Arthur L. Sterne. "Initial and Follow-Up Psychological Testing On a Group of Patients with Multiple Personality Disorder" *Psychological Reports* 58 (1986): 43-49. Print.
- Corbett H. Thigpen and Hervey M. Cleckley. "A Case of Multiple Personality" *The Journal of Abnormal and social Psychology* 49.1 (1954): 135-151.
- Cullin, Mitch. *Tideland*. Pennsylvania: Dufour Editions Inc., 2000. Print.
- Daredevil*. Dir. Mark Steven Johnson. 20th Century Fox, 2003. Film.
- Daredevil*. Prod. Marvel Television. Netflix. 2015-Present. Television.
- DC Comics. *Action Comics*. New York: DC Comics, 1938-Present. Print.
- . *Birds of Prey*. New York: DC Comics, 1999-Present. Print.
- . *Detective Comics*. New York: DC Comics, 1937-Present. Print.
- . *Doom Patrol*. New York: DC Comics, 1963-1968; 1987-2011. Print.
- . *The New 52: Batgirl*. New York: DC Comics, 2011-Present. Print.
- Derrida, Jacques. "The Law of Genre." Trans. Avital Ronell. *Critical Inquiry* 7.1 (Autumn, 1980): 55-81. Print.
- Dollhouse*. Prod. 20th Century Fox Television. Fox. 2009-2010. Television.
- Dooley, Dennis and Gary Engle, Eds. *Superman at Fifty: The Persistence of a Legend*. Cleveland, OH: Octavia Press, 1987. Print.
- Earnest, William. "Making Gay Sense of the X-men." *Uncovering Hidden Rhetorics: Social Issues in Disguise*. Ed. Barry Brummett. California: SAGE Publications, 2007. 215-232. Print.

Eco, Umberto. *The Role of the Reader: Explorations in the Semiotics of Text*. Bloomington: Indiana University Press, 1979. Print.

Emily M. Douglas and David Finkelhor. (2005) *Childhood Sexual Abuse Fact Sheet*. Crimes Against Children Research Center, University of New Hampshire.
<http://www.unh.edu/ccrc/factsheet/pdf/childhoodSexualAbuseFactSheet.pdf> (Accessed January 2015). Web.

ER. Prod. Warner Bros. Television. NBC. 1994-2009. Television.

Farrell, Helen M. "Dissociative Identity Disorder: No Excuse for Criminal Activity" *Current Psychiatry* 10.6 (2011):33-40. Print.

Fausto-Sterling, Anne. "The Five Sexes: Why Male and Female are Not Enough." *The Sciences* 33.2 (March/April 1993): 20-24. Print.

---. "The Five Sexes, Revisited." *The Sciences* 40.4 (Jul/Aug 2000): 18-23. Print.

Fight Club. Dir. David Fincher. 20th Century Fox. 1999. Film.

Fisher, Mark. *Capitalist Realism, is there no alternative?* Winchester, UK and Washington, USA: O Books, 2009. Print.

Foer, Jonathon Safran. *Extremely Loud and Incredibly Close*. New York: Houghton Mifflin, 2005. Print.

Foucault, Michel. *Discipline and Punish* new ed. New York and London: Penguin, 1991 [1975]. Print.

Freud, Sigmund. "Beyond the Pleasure Principle." *The Standard Edition of the Complete Works of Sigmund Freud Volume XVIII (1920-1922)* Trans. James Strachey. London: The Hogarth Press, 1955. Print.

Friends. Prod. Warner Bros. Television. NBC. 1994-2004. Television.

Frow, John. *Genre*. London: Routledge, 2005. Print.

Futurama. Prod. 20th Century Fox Television. Fox/Comedy Central. 1999-Present. Television.

Gelinas D. "Dissociative Identity Disorder and The Trauma Paradigm." in Cohen, Lewis, Joan Berzoff and Mark Elin ed. *Dissociative Identity Disorder: Theoretical and Treatment Controversies*. New York: Jason-Aronson, 1995: 175-111.

Gillig, Paulette Marie. "Dissociative Identity Disorder: A Controversial Diagnosis." *Psychiatry (Edgemont)* 6.3 (2009): 24-29. Print.

Glee. Prod. 20th Century Fox Television. Fox. 2009-2015. Television.

Gold, Steven N. "Fight Club: A Depiction of Contemporary Society as Dissociogenic." *Journal of Trauma & Dissociation* 5.2 (2004): 13-34. Print.

Goldberg, Amos. "Trauma, Narrative, and Two Forms of Death." *Literature and Medicine* 25.1 (2006): 122-143. Print.

Green, Richard. *The "Sissy Boy Syndrome" and the Development of Homosexuality*. New Haven and London: Yale University Press, 1987. Print.

Grey's Anatomy. Prod. ABC Studios. abc. 2005-Present. Television.

Haddock, Deborah Bray. *The Dissociative Identity Disorder Sourcebook*. McGraw-Hill, New York: 2001. Print.

Harris, Charles B. "The Story of the Self: *The Echo Maker* and Neurological Realism." *Intersections: Essays on Richard Powers*. Eds. Stephen J. Burn and Peter Dempsey. Champaign, IL: Dalkey Archive Press, 2008. 230-59. Print.

Haute Tension. Dir. Alexandre Aja. EuropaCorp, 2003. Film.

Hecht, Daniel. *Skull Session*. New York: Penguin, 1998. Print.

Herman, Judith. "Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma."

Journal of Traumatic Stress 5.3 (1992): 377–391. Print.

Hide and Seek. Dir. John Polson. 20th Century Fox, 2005. Film.

Hiroshima Non Amour. Dir. Alain Resnais. Pathé Films. 1959. Film.

Horevitz, Richard P. and Bennett G. Braun. "Are Multiple Personalities Borderline? An Analysis of 33

Cases" *Psychiatric Clinics of North America* 7.1 (1984): 69–87. Print.

Hornby, Nick. *About A Boy*. London: Gollancz, 1998. Print.

Identity. Dir. James Mangold. Columbia Pictures, 2003. Film.

Jackson, Shirley. *The Bird's Nest*. London: Penguin Modern Classics, 2014 [1954]. Print.

Jackson, Shirley. *The Bird's Nest*. Penguin Modern Classics, New York: 2014 [1954]. Print.

Jameson, Frederic. "The Politics of Utopia." *New Left Review* 25 (Jan-Feb 2004): 35-54. Print.

---. "Utopia and Failure." *Politics and Culture* 2000.2 (August 2010): n. pag. 20 March 2013. Web.

---. *Postmodernism: Or, the Cultural Logic of Late Capitalism*. Durham: Duke University Press, 1991.

Print.

Keyes, Daniel. *Flowers for Algernon* new ed. Londo: Gollancz, 2002 [1966]. Print.

Keyes, Daniel. *The Minds of Billy Milligan* new ed. New York: Bantam Books, 1995 [1981]. Print.

Kleinman, Arthur. *The Illness Narratives: Suffering, Healing and the Human Condition*. United States of

America: Basic Books, 1988. Print.

- Kluft, Richard P. and Foote, Brad. 'Dissociative Identity Disorder: Recent Developments' *American Journal of Psychotherapy* 55.3 (1999): 283-288. Print.
- Kravitz, Bennett. *Representations of Illness in Literature and Film*. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010. Print.
- Kutchins, Herb and Stuart A. Kirk. *Making Us Crazy. DSM The Psychiatric Bible and the Creation of Mental Disorders*. The Free Press: United States of America: 1997. Print.
- LaCapra, Dominick. *Writing History, Writing Trauma*. Baltimore: The Johns Hopkins University Press, 2001. Print.
- Larsson, Stieg. *The Girl With The Dragon Tattoo* Trans. Reg Keeland. 2005. London: Maclehorse Press, 2009. Print.
- . *The Girl Who Kicked the Hornet's Nest* Trans. Reg Keeland. 2007. London: Maclehorse Press, 2009. Print
- . *The Girl Who Played With Fire*. Trans. Reg Keeland. 2006. London: Maclehorse Press, 2009. Print.
- Lauer J, Black DW, Keen P. "Multiple Personality Disorder and Borderline Personality Disorder: Distinct Entities or Variations on a Common Theme?" *Annals of Clinical Psychiatry* 5.2 (1993): 129–134. Print.
- Law and Order*. Prod. Universal Television, Studios USA, NBC Universal Television and Universal Media Studios. NBC. 1990-2010. Television.
- Law and Order: Special Victim's Unit*. Prod. Studios USA, Universal Television, NBC Universal Television Studio, Universal Media Studios. NBC. 1999-Present. Television.
- Le Guin, Ursula. *Left Hand of Darkness*. New York: Ace Books, 1969. Print.

---. *The Dispossessed*. New York: Harper & Row, 1974. Print.

Legend of the Seeker. Prod. Renaissance Pictures. Disney-ABC Domestic Television. 2008-2010.

Television.

Lethem, Jonathan. *Motherless Brooklyn*. New York: Faber & Faber, 2000. Print.

Lindsay, Jeff. *Darkly Dreaming Dexter*. London: Orion, 2004. Print.

Lizzie. Dir. Hugo Hass. Metro-Goldwyn-Mayer. 1957. Film.

Lost Girl. Prod. Prodigy Pictures Inc. in association with Shaw Media. Showcase. 2010-2015.

Television.

Lovett, Lisetta. "A Psychiatrist's Opinion of the Neuronovel." *Diseases and Disorders in Contemporary*

Fiction: The Syndrome Syndrome ed. by T. J. Lustig and James Peacock. New York and London:

Routledge, 2013. 169-183. Print.

Lupton, Deborah Lupton. *Medicine as Culture: Illness, Disease and the Body Third Edition*. London:

Sage, 2012 [1994]. Print.

Lustig, T. J. and James Peacock, Eds. *Diseases and Disorders in Contemporary Fiction. The Syndrome*

Syndrome. New York and London: Routledge, 2013. Print.

Lyotard, Jean-François. *The Postmodern Condition: A Report on Knowledge*. Trans. Geoff Bennington

and Brian Massumi. Manchester: Manchester University Press, 1984. Print.

Marvel Comics. *Amazing Fantasy #15*. New York: Marvel Comics, 1962. Print.

---. *Civil War*. New York: Marvel Comics, 2006-2007. Print.

---. *Daredevil: The Man Without Fear*. New York: Marvel Comics, 1964-Present. Print.

---. *Incredible Hulk*. New York: Marvel Comics, 1962-Present. Print.

---. *Moon Knight*. New York: Marvel Comics, 1980-1981; 2006-Present. Print.

---. *The X-Men*. New York: Marvel Comics, 1963-Present. Print.

McAllister, M. M. 'Dissociative Identity Disorder: A Literature Review.' *Journal of Psychiatric and Mental Health Nursing* 7 (2002): 25-33. Print.

McCracken, Scott. *Pulp: Reading Popular Fiction*. Manchester: Manchester University Press, 1998. Print.

Me, Myself and Irene. Dir. Bobby and Peter Farrelly. 20th Century Fox, 2000. Film.

Money, John and Richard Green Eds. *Transsexualism and Sex Reassignment*. Baltimore: Johns Hopkins Press, 1969. Print.

Moore, Alan. *Batman: The Killing Joke*. New York: DC Comics, 1988. Print.

Moore, Alan. *V for Vendetta*. New York: Vertigo, 1989. Print.

Morris, David B. *Illness and Culture in the Postmodern Age*. Berkeley: University of California Press, 1998. Print.

Morris, Jenny. *Pride Against Prejudice: Transforming Attitudes to Disability*. Philadelphia, New Society, 1991. Print.

Mozart and the Whale. Dir. Petter Næss. Millennium Films, 2005. Film.

Murray, Stuart. "Autism and the Contemporary Sentimental: Fiction and the Narrative Fascination of the Present." *Literature and Medicine* 25.1 (2006): 24-45. Print.

My Own Worst Enemy. Prod. Universal Media Studios. NBC. 2008. Television.

Nathan, Debbie. Interview by Ira Flatow. "Exploring Multiple Personalities in 'Sybil Exposed.'" *NPR*. 21 Oct 2011. <http://www.npr.org/2011/10/21/141591185/exploring-multiple-personalities-in-sybil-exposed> (Accessed August 2016). Interview.

Nathan, Debbie. *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case*. New York: Free Press, 2011. Print.

O'Brien, Tim. *The Things They Carried*. London: Flamingo, 1991. Print.

Ohmann, Richard. "The Shaping of a Canon: U.S Fiction, 1960-1975." *Critical Inquiry* 10.1 (1983): 199-223. Print.

Orange is the New Black. Prod. Lionsgate Television. Netflix. 2013-Present. Television.

Orne, Martin and David Dinges, Emily Carota Orne. "On the differential diagnosis of multiple personality in the forensic context?" *International Journal of Clinical and Experimental Hypnosis* 32.2 (1984): 118-169. Print.

Orphan Black. Prod. BBC America. BBC. America. 2013-Present. Television.

Orwell, George. *Nineteen Eighty-Four*. London: Secker and Warburg, 1949. Print.

Palahniuk, Chuck and Cameron Stewart. *Fight Club 2*. Dark Horse Comics. 2015-2016. Print.

Palahniuk, Chuck. *Fight Club*. 1996. London: Vintage, 1997. Print.

Pendergrast, Mark. *Victims of memory: sex abuse accusations and shattered lives*. Vermont: Upper Access Books, 1996. Print.

Piper, August and Merskey, Harold. "The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder. Part 1. The Excesses of an Improbably Concept." *Canadian Journal of Psychiatry* 49 (2004): 592-600. Print.

- Piper, August and Merskey, Harold. "The Persistence of Folly: Critical Examination of Dissociative Identity Disorder. Part II. The Defence and Decline of Multiple Personality or Dissociative Identity Disorder." *Canadian Journal of Psychiatry* 49 (2004): 678-683. Print.
- Poe, Edgar Allen. "William Wilson." *Burton's Gentleman's Magazine*. 1839. Print.
- Pollitt, Anna. "Bic's pen 'For Her' backlash." *Stylist*. <http://www.stylist.co.uk/life/bics-pen-for-her-backlash> [Accessed August 2016]. Web.
- Pretty Little Liars*. Prod. Warner Horizons Television. abc family/Freeform. 2010-Present. Television.
- Psycho*. Dir. Alfred Hitchcock. Paramount Pictures, 1960. Film.
- Queer as Folk (US)*. Showtime. 2000-2005. Television.
- Ramney, Mark. *Studying Fight Club (Studying Films)*. Bedfordshire: Auteur Publishing, 2012. Print.
- Rekers, George A. and O. Ivar Lovaas. "Behavioural Treatment of Deviant Sex-Role Behaviours in a Male Child." *Journal of Applied Behaviour Analysis* 7.2 (Summer 1974): 173-190. Print.
- Rieber, Robert W. "Hypnosis, false memory and multiple personality: A trinity of affinity." *History of Psychiatry* 10.37 (1999): 3-11. Print.
- Roth, Marco. "The Rise of the Neuronovel." *N+1* 8 (2009): n. pag. Web. 16 Jan. 2013.
- Rudio, Gwyn Hyman. *Icy Sparks*. New York: Penguin, 1998. Print.
- Ruff, Matt. *Set This House in Order*. London: Harper Perennial, 2003. Print.
- Russ, Joanna. *The Female Man*. New York: Bantam Books, 1975. Print.
- Russo, Vito. *The Celluloid Closet*. Revised ed. 1981. New York: Harper and Row, 1987. Print.
- Sabrina the Teenage Witch*. Prod. Viacom Productions. abc/The WB. 1996-2003. Television.

Schreiber, Flora Rheta. *Sybil* new ed. New York: Grand Central Published, 2009 [1973]. Print.

Schuchardt, Read Mercer Ed. *You Do Not Talk About Fight Club: I Am Jack's Completely Unauthorized Essay Collection*. Texas: BenBella Books, 2008. Print.

Sense8. Prod. Anarchos Productions. Netflix. 2015-Present. Television.

Serano, Julia. "Performance Piece." *Gender Outlaws: The Next Generation*. Eds. Kate Bornstein and S. Bear Bergman. California: Seal Press, 2010. 85-89. Print.

Slavoj Žižek. *Enjoy Your Symptom! Revised Edition*. New York and London: Routledge, 2001 [1992]. Print.

Somay, Bülent. "Towards an Open-Ended Utopia." *Science Fiction Studies* 11.1 (March 1984): 25-38. Print.

Sontag, Susan. *Illness as Metaphor & Aids and its Metaphors*. London: Penguin Classics, 2002. Print.

Sørensen, Bent. "Tourette in Fiction: Lethem, Lefcourt, Hecht, Rubio Byalick." *22nd International Literature and Psychology Conference*. Cordoba, Spain. 2005. Conference Presentation. (PDF available online at <http://www.clas.ufl.edu/ipsa/2005/proc/Soerenso.pdf>.)

Spiegel D, and A. Rosenfeld. "Spontaneous Hypnotic Age Regression." *Journal of Clinical Psychiatry* 45 (1984): 5220–5224.

Stacy, Jackie. *Teratologies: A Cultural Study of Cancer*. New York and London: Routledge, 1997. Print.

Star Trek. Prod. Desilu Productions and Paramount Television. NBC. 1966-1969. Television.

Steinberg, Marlene and Jean Bancroft, Josephine Buchanan. "Multiple Personality Disorder in Criminal Law." *Bulletin of the American Academy of Psychiatry and the Law* 21.3 (1993): 345-356. Print.

Stevenson, Robert Louis. *Strange Case of Dr Jekyll and Mr Hyde*. Longmans, Green and Co, London: 1886. Print.

Stop-Loss. Dir. Kimberly Pierce. Paramount Pictures. 2008. Film.

Sucker Punch. Dir. Zack Snyder. Warner Brothers Pictures. 2011. Film.

Sybil. Dir. Joseph Sargent. Warner Bros. Television. 2007. Film.

Sybil. Prod. Lorimar Productions. NBC. 1976. Television.

Tabbi, Joseph. *Cognitive Fictions*. Minneapolis: University of Minnesota Press, 2002. Print.

Tal, Kalí. *World of Hurt: Reading the Literatures of Trauma*. Cambridge: Cambridge University Press, 1996. Print.

Terminator 2: Judgment Day. Dir. James Cameron. TriStar Pictures. 1991. Film.

The 100. Prod. Warner Bros. Television and CBS Television Studies. The CW. 2014-Present. Television.

The Avengers. Dir. Joss Whedon. Walt Disney Studios Motion Pictures, 2012. Film.

The Hollywood Reporter. "Bury Your Gays: Why 'The 100,' 'Walking Dead' Deaths Are Problematic."

The Hollywood Reporter. 21 March 2016. <http://www.hollywoodreporter.com/live-feed/bury-your-gays-why-100-877176>. Web.

The Hunger Games. Dir. Gary Ross. Lionsgate, 2012. Film.

The Hurt Locker. Dir. Kathryn Bigelow. Summit Entertainment. 2008. Film.

The L Word. Prod. Warner Bros. Television. Showtime. 2004-2009. Television.

The Matrix. Dir. Lana and Lilly Wachowski. Warner Brothers, 1999. Film.

The Strange Case of Dr. Jekyll and Mr. Hyde

The Three Faces of Eve. Dir. Nunnally Johnson. 20th Century Fox. 1957. Film.

Thigpen, Corbett H. and Hervey M. Cleckley. *The Three Faces of Eve*. Secker and Warbury, London: 1957. Print.

Tideland. Dir. Terry Gilliam. THINKFilm. 2005. Film.

Transparent. Prod. Amazon Studios. Amazon Video. 2014-Present. Television.

Traub, Craig M. 'Defending a Diagnostic Pariah: Validating the Categorisation of Dissociative Identity Disorder.' *South African Journal of Psychology* 39.3 (2009): 347-356.

U.S Department of Health and Human Services, Administration for Children and Families. *Child Maltreatment 2012*. <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf> (Accessed January 2015). Web.

United States of Tara. Prod. Dreamworks Television. Showtime. 2009-2011. Television.

V for Vendetta. Dir. James McTeigue. Warner Bros. Pictures. 2006. Film.

Ryan, Maureen. "Why the Controversial Death on 'The 100' Matters." *Variety*. 4 March 2016. <http://variety.com/2016/tv/columns/the-100-lexa-dead-clarke-relationship-13-1201722916/>. Web.

Veblen, Thorstein Bunde. *The Theory of the Leisure Class*. 1899. Oxford: Oxford University Press, 2007. Print.

Veith, Ilza. *Hysteria: The History of a Disease*. Chicago: University of Chicago Press: 1965. Print.

Wall·e. Dir. Andrew Stanton. Disney/Pixar, 2008. Film.

Wartenberg, Thomas E. *Fight Club (Philosophers on Film)*. London and New York: Routledge, 2012. Print.

Williams, Raymond and Michael Orrom. *A Preface to Film*. London: Film Drama, 1954. Print.

Wolk, Douglas. *Reading Comics: How Graphic Novels Work and What They Mean*. Cambridge, MA: Da Capo Press, 2007. Print.

Wynonna Earp. Prod. SEVEN24 Films and IDW Entertainment. Syfy. 2016-Present. Television.

X2. Dir. Bryan Singer. 20th Century Fox. 2003. Film.

X-men. Dir. Bryan Singer. 20th Century Fox. 2000. Film.

X-men: Apocalypse. Dir. Bryan Singer. 20th Century Fox. 2016. Film.

X-men: Days of Future Past. Dir. Bryan Singer. 20th Century Fox. 2014. Film.

X-men: First Class. Dir. Matthew Vaughn. 20th Century Fox. 2011. Film.

X-men: The Last Stand. Dir. Brett Ratner. 20th Century Fox. 2006. Film.