Body Integrity Identity Disorder and the Phantom Limb:

Reflections on the Bodily Text

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I confirm that the work presented in this thesis is my own.

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Thesis Abstract

Body Integrity Identity Disorder (BIID) describes a condition in which a person desires to self-amputate in order to feel whole, and the phantom limb syndrome (PLS) occurs when an individual feels (typically painful) sensations in a non-existent limb. These conditions have been predominantly researched through biomedical models that struggle to find comprehensive reasons or cures, while a psychological model is lacking. Thus, these conditions insist that we debate them from a more nuanced view, which I approach through literature, cultural works, and psychoanalysis. In order to do this, we must attend to what is central to both phenomena: a feeling of rupture that contrasts a desire for wholeness.

This theme will be elaborated through a discussion of the mirror-box, which is a therapeutic device that alleviates phantom limb pain by superimposing a mirror image of the existent limb onto the absent one, to create an illusion of bodily unity. I use this example to illuminate how texts and psychoanalysis involve reflections of self that can lead to a symbolic reconstitution. What this dialogue illuminates is how theoretical and psychical notions are intertwined with physical experience.

I begin by surveying BIID and PLS, which is followed by two case studies that convey personal experiences of living with the syndromes. Chapter Two examines how BIID and PLS bring out an affinity between psychoanalysis and literature. The third chapter uses examples to fortify these links by tracing the theme of the double. The question of recuperation is raised in Chapter Four through the work of D.W. Winnicott, and Chapter Five investigates a novel by Georges Perec, which ties together those themes in discussion. Reading BIID and PLS through these works ultimately raises questions concerning what we can discover about how we are constituted through signs, and how this affects our sense of self.

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Introduction

La suppression radicale d'un membre, ne présentant plus au cerveau que des images [...] de bras et de jambes, de membres lointains et pas à leur place. Une espèce de rupture intérieure.

Suppression of a limb, transmitting to the brain no more than images […] in the shape of arms and legs, images of distant and dislocated members. Sort of inward breakdown.
--- Artaud, *Anthology* (29)

Antonin Artaud's fragmented description of dislocated limbs reflects the focus of this thesis, which involves experiences of physical, psychical, imaginary, and linguistic fracture in relation to illusory limbs. Body Integrity Identity Disorder (BIID) is a condition in which individuals desire to amputate a limb because they feel that it does not belong to their body: they feel "incomplete" with four healthy limbs. A phantom limb occurs when amputated individuals feel the sensation that their absent limb still exists. Thus, BIID and the phantom limb syndrome (PLS) are the inverse of one another. Though individuals with both conditions desire to remove an extraneous limb (in BIID an existing limb, and in PLS a phantom), they reflect a similar problem with a feeling of incompleteness and a dissonance between the mind and body. While in BIID, the concept of completion concerns a sense of being in physical excess, a fantasy of destruction, and appears to begin in the mind, PLS involves a fantasy that fills an absence, originates in the body, and can, in certain cases, be healed through a mirror illusion. V.S. Ramachandran invented the mirror treatment in 1996 through what he called the mirror-box (also known as mirror therapy), a box with a mirror in the centre into which amputees place their whole limb on one side, and the stump on the other. When they move the existent limb and look at its reflection, it appears as though there are two limbs, and that their phantom is moving. In turn, the often uncomfortable or painful phantom sensations can disappear. Thus, a re-imagined version of the self transforms a disturbing experience of rupture, a concept that is also central to certain psychoanalytic, fictional, and literary works. These types of texts, therefore, can provide insight into the BIID, PLS and mirror-box phenomena.

In this thesis, I will explore BIID and PLS as psychosomatic conditions that involve a dissonance between the mind and body, and fragmentation and

wholeness. Since they have, thus far, only been studied through a biomedical paradigm that fails to find definitive answers or cures, I argue that a theoretical analysis is necessary. Through the use of psychoanalytic, literary, and fictional texts that foreground bodily fragmentation, this thesis explores various ways of illuminating the drives towards wholeness experienced by those with BIID and PLS. More specifically, it attends to how a form of possession (the need to control one's sense of being complete) can be mediated by a particular kind of exchange. Moreover, since through mirror therapy the restored self is made possible through a process of reflection, the mirror-box acts as a metaphor for the structure of this thesis, which is a linguistic reflection upon BIID and the phantom limb syndromes.

Psychoanalysis provides a starting point for this exploration because, in the words of Marilia Aisenstein,

> if psychoanalysis is unique, and irreplaceable, in relation to other forms of psychological treatment, it is so, in my view, because it opens up thought processes and enables the subject to reintegrate into the chain of psychic events even something unthinkable, such as the appearance of a lethal illness. ("Indissociable" 679)

Psychoanalysis, therefore, offers new ways of thinking about BIID and PLS, two phenomena that are to a great extent, incomprehensible. In this thesis, therefore, I draw relationships between psychoanalysis and the two bodily conditions, which focus on the fractured psyche and soma. By paying attention to the body, this exploration will illuminate what is involved in the disorders, while also providing nuanced ways of reading psychoanalytic theories. Naomi Segal states of Didier Anzieu that, "[s]ince Lacan, the stress on language had meant that the body was not being psychoanalytically theorised; yet 'every psychic activity leans on [*s'étaie sur*] a biological function.' Anzieu's aim is to fill this gap" (*Consensuality,* 44 emphasis in original). This thought provides a helpful backdrop for my exploration here (although I do not discuss Anzieu's work), because I am interested in corporeality. However, not unlike Anzieu, I do not only investigate the body, I also foreground the importance of language and the way in which it mediates between the mind and body. In reading the two bodily conditions through a psychoanalytic

and literary lens, I address the importance of linking literature, the psyche and the body. As Peter Brooks writes:

> [T]here ought to be a correspondence between literary and psychic dynamics, since we constitute ourselves in part through our fictions within the […] symbolic order, that of signs, including, pre-eminently, language itself. Through study of the work accomplished by fictions we may be able to reconnect literary criticism to human concern. (*Reading* xiv)

Studying literature and the psyche together can help elucidate the ways in which we are constituted through fictions, and BIID and PLS both concern fictive versions of the self that involve an imagined sense of unity. Moreover, the mirror-box demonstrates how visualising oneself as a sign (the mirror illusion is a sign of the phantom limb) can have bodily affects. Thus, mirror therapy acts as a material and metaphorical example of the way in which we are formed through signs, in the way the body is understood and constituted as a language and through language. In drawing these connections between psychoanalysis, literature and the body, this thesis explores how the fictions through which we are formed can alleviate experiences of fragmentation.

To provide a foundation for these analyses, a survey of relevant literature follows. I begin with a detailed review of BIID, PLS, and the mirror-box, focusing on the neurological and psychological hypotheses already in play. This will be followed by a discussion of the "hysterical body," which introduces concepts about how the body can symbolise psychical pain, and how this can be worked through in psychoanalysis. For this, I focus on the concepts of "conversion," psychosomatics, symbolism, and transference. This section establishes how psychoanalysis is helpful in exploring BIID and PLS, and how language is vital to this process. Following this is a brief survey of trauma studies, which develops the relationships between trauma, psychoanalysis, and language from a theoretical standpoint. This opens a dialogue about literary theory, which is concerned with postmodernism's interest in physical and linguistic fragmentation. I conclude by discussing other literary works about phantom limbs and BIID, and how my investigation differs. My intention is to review current research on the two conditions, in order to demonstrate why a

theoretical approach is necessary, and to introduce why psychoanalysis and literature are fundamental to this exploration.

Body Integrity Identity Disorder

As noted, BIID, also known as xenomelia and apotemnophilia, is a condition wherein individuals desire to amputate an existing limb because they feel that it does not belong to their body. Paradoxically, then, the present limb makes these individuals feel incomplete, while the idea of its removal enables a sense of completeness. "The main motivation for the preferred body modification," explains Rianne Blom, "is believed to be a mismatch between actual and perceived body schema" (1),[1] a disjunction between physical structure and identity. Those with the syndrome complain of feeling that with four limbs they are not themselves, and become obsessed with the desire for the removal of a limb. Some who are unable to amputate have a strong urge to commit suicide. Though there are no known cures, several individuals explain that they have found most relief when they are able to amputate the limb. However, many are driven to continue to amputate parts of their body after they have followed through with the original amputation.

According to a survey conducted in 2003 by Dan Cooper, who initiated the Internet *Yahoo! Group* "Fighting It" which I discuss below, 36% of those with BIID believe it is a neurological problem, while 63% believe it has psychological origins, 44% with the syndrome are straight males, 28% gay males, 13% straight females, 4% gay females, and 8% transgendered. However, Cooper also writes in an email that "[t]hese are informal polls. There is no control over who chooses to participate. Nevertheless, these are probably the best data available" ("Fighting It"). Other studies demonstrate that although the most common request is an above-the-knee amputation of the left leg, BIID may also involve other parts of the body or a desire to remove certain senses (hearing, sight, and so on). The syndrome, moreover, usually originates in childhood, and is often associated with a memory of seeing an amputee for the first time. Amy White explains that in one of the first studies conducted on BIID, Michael First "found that 65% of patients experienced onset of BIID before age eight and 98% of patients before age sixteen. Several subsequent

[1] According to Paul Schilder, a body schema is "the immediate experience that there is a unity of the body [… it] is the tri-dimensional image everybody has about himself" (11). In the case of BIID, there is a loss of unity in one's body schema.

studies have reported that most individuals with BIID experience early onset" (231). Since BIID involves the fantasy of losing a limb, it is often confused with (though may still be linked to) acrotomophilia, a sexual attraction to other amputees (as some with BIID are attracted to amputees). In order to self-cure, some sufferers (referred to as "pretenders" in the BIID community) may feign a disability by using devices such as wheelchairs, prostheses or leg braces. The term "wannabes," on the other hand, refers to those who self-injure, self-amputate, or pursue black-market surgery. Some simply want to be disabled, some desire the challenge of living in a disabled body, and others wonder if a physical disability will reduce a felt psychical one. This raises the question as to what a disability means. As one sufferer (Nelson) explains, when he pretended to be an amputee, he "never felt disabled" ("Living" 86). Another individual states that he "crafted and used the term 'transabled', to describe someone who has BIID […]. Transabled means to me that I am in a transitional position, between a body that is not what I need it to be, and hopefully reaching that body at some point soon" (O'Connor, "My Life" 89).

According to Ferguson, disability studies should "reshape the way that society understands people with disabilities" (72). The field "looks at disability, through politics, the arts, ethics, history, and more recently, phenomenology and personal experiences" (Ferguson 71).[2] Although it is a wide field that involves several of the humanities and is largely analytical, it was founded as a predominantly social movement aimed at reducing stigma, calling for changes in healthcare, and bringing visibility to those with disabilities. My study of BIID and the phantom limb is also analytical. However, rather than focusing on a social movement, I embark upon a more detailed discussion that is specifically concerned with issues of fragmentation, wholeness and imperfect bodies. Since disability studies also touches on these themes, it is helpful in providing a more robust understanding of BIID and PLS. Disability studies began to develop in the 1990s with questions such as: "[w]hy are not issues about perception, mobility,

[2] For more on disability studies see Rosemarie Garland Thompson's *Extraordinary Bodies* (1996), Robert McRuer's *Crip Theory* (2006), Dan Goodley's *Disability Studies: An Interdisciplinary Introduction* (2011), Colin Cameron's *Disability Studies: A Student's Guide* (2013), and Alice Hall's *Disability and Modern Fiction* (2013).

accessibility, distribution of bio-resources, physical space, difference not seen as central to the human condition?" (Davis 2). It hinges upon questions regarding how the disabled and impaired body is treated and perceived. Some theorists hope that the field will pull together differences implied in gender, bodies, nationalities, sexual preferences, and ethnicity, rendering them the "ultimate example, the universal image, the modality through whose knowing the postmodern subject can theorize and act" (Davis 5).

Since those with BIID generally feel different to the "norm" and desire to be physically disabled, I, in line with Davis' thinking, relate the syndrome to postmodernist theory, with a focus on bodily, psychical, and linguistic fracture. Additionally, certain scholars such as Mairian Corker and Sally French argue that some disability theorists confine disability to various definitions that omit experiences of disability. The problem with forming definitions will reoccur throughout this thesis, in relation to the term BIID, Freud's difficulty differentiating terms and finding origins, and the concept of a set or "cohesive" identity. The field is also concerned with drawing a differentiation between "impaired" and "disabled," the former referring to a partially invisible disability (such as BIID), and the latter referring to a visible disability (closer to PLS, which I later expand upon). This differentiation, Corker and French explain, is partially formed to draw attention to the "invisible" disabilities. In relation to this, the BIID community struggles with feelings of social invisibility, as the majority of those with the condition feel alone, mentally ill, and believe that an increase in visibility will normalise the condition and lead to legalised surgery (reflective of transsexuality). While disability studies generally uses postmodernist theory to alter social and political views, I am interested in exploring issues of fragmentation and imperfect bodies. I additionally focus on how language is integrated into the individual's bodily construction, creation, experiences, and identity, and in how psychoanalysis, literature, and fictional works illuminate the individual struggles with physical and psychical fragmentation.

Though disability studies does employ psychoanalysis to reach this goal, some theorists are dubious of the discourse. Dan Goodley writes, "be warned: always view psychoanalysis with healthy scepticism rather than deluded affiliation!" (123). "Our concern is […with] the kinds of psychology that are

reproduced in society that, for various reasons, marginalise disabled people" (Goodley xii). Psychology and psychoanalysis are often used to create social change, and although this thesis brings awareness to BIID, a disorder unknown to most, I focus on the relationship of psychoanalysis and the individual struggles with the impairment involved in BIID. Though my exploration also involves questions about how individuals are shaped through the environment, and does not ignore questions about social construction, I do not aim to challenge social norms. I will, more specifically, be investigating how the individual is formed through a loss, by employing various psychoanalytic theories that have yet to be discussed alongside BIID. In sum, although my aim to explore theory in relation to lived physical conditions overlaps with the interests of disability studies, my writing focuses on the individual subject. At this point, I return to the syndrome itself.

Though "BIID" was not coined until 2004 by Michael First, and was renamed xenomelia by Paul McGeoch in 2011, documented cases date back to 1785. The syndrome is recently beginning to gain recognition through films such as *Complete Obsession* [2000], *Whole* [2003], *Quid Pro Quo* [2008], and *Armless* [2010], through Ramachandran's interest in the condition, and with the rising popularity of Internet forums, specifically, the Internet *Yahoo! Group* called "Fighting It," which I draw upon throughout my thesis. This forum is dedicated to "discussion and support for living with or reducing this need [to be an amputee] and understanding its origins" ("Fighting It"). Although I aim to more thoroughly understand the syndrome, I am not searching for a definitive origin or reason. I am interested in learning more about the condition by investigating various theories that pertain to experiences that are related to BIID. It is this more analytical perspective that differs from those biomedical paradigms currently in discussion.

Although research on the syndrome is limited, what literature exists suggests that the majority of sufferers remember having idolised an amputee at an early age, and know exactly what part of their limb must be removed (Bayne and Levy 11). Reports also reveal that patients feel as though they are not themselves with all their limbs intact, that the primary reason for amputation is the wish to feel complete through a lack (First 2005), and that most fear social stigma and therefore keep the desire secret. Although "this puzzling condition remains for the most part a mystery to medical science, and a lot more research is required to discern its true

causes" ("Body Integrity Identity Disorder"), some psychological and physiological hypotheses exist. Sabine Müller writes that

> psychologists, psychiatrists, and neurologists offer quite different explanations for the amputation desire: they discuss whether it is a neurotic disorder, an obsessive-compulsive disorder, an identity disorder like transsexuality, or a neurological conflict […] which could stem from damage to a part of the brain that constructs the body image in a map-like form. ("Body" 37)

One psychological study conducted in 2015 examined the role of childhood experiences with BIID, as well as "abnormalities in parents' behaviour of BIID sufferers [… which] should be followed up in future research. […]. Until now, there are no other studies about childhood-related experiences in BIID people […]. Childhood experiences have not been subject of systematic psychological research in BIID context yet" (Obernolte 7). This thesis attends to this lack by exploring childhood experiences, albeit from a theoretical, psychoanalytic, and literary standpoint, as opposed to a biomedical one. It does not conduct a survey of individuals' childhood experiences, but rather explores ideas about the way in which infants and children are formed in relation to their environments, particularly through the works of psychoanalyst Donald Woods Winnicott.

The debate as to whether the syndrome is considered to be a psychosis also acts as a backdrop to this study. For several psychologists, such as Bayne and Levy, First, Schlozman and Blom, apotemnophilia poses a conundrum because the sufferers' beliefs differ from "normality" and "reality." However, unlike in psychosis, patients do not hallucinate; they acknowledge their intact limb. Moreover, those with BIID tend to reject the classification for fear of further stigmatisation. First agrees that the condition differs from psychosis, noting that in his case study of the BIID condition, "no subject reported any history of mania delusions or hallucinations" (First 7).[3] He explains that, according to a case study

[3] In this thesis I refer at times to apotemnophilia and PLS as delusions, however, I do not suggest that they are complete delusions; but that they contain elements of delusion, that psychotic mechanisms are at work. As Freud explains in *The Future of an Illusion* (1927), while both illusion and delusion involve a contradiction with reality, a delusion is fully believed (*Future* 31). In

conducted by Schlozman in 1998, only "11 cases of self-inflicted upper extremity amputation described in the past 30 years were manifestations of a psychotic disorder" ("Desire" 8). Additionally, although Tim Bayne and Neil Levy explain that sufferers "appear to satisfy the DSM definition of a delusion: they have beliefs that are firmly sustained despite what almost everyone else believes and despite incontrovertible and obvious proof or evidence to the contrary," they argue that they are not delusional because the subject "clearly recognises that the leg is hers: she does not identify it as someone else's leg, nor does she attempt to throw it out" (8).

In the DSM-V (published in 2013), BIID is listed under Body Dysmorphic Disorder (BDD). However, the manual asserts that in BIID, "the concern does not focus on the limb's appearance, as it would in body dysmorphic disorder" (247). Noll writes that in contrast to BDD, "in BIID subjects there is only a very small tendency to judge the attractiveness of the concerned limb as 'unaesthetic' and 'disgusting'" (230). Those with BIID focus on a body image, not the visual aspect of bodily incongruity, and are less "delusional" than those with BDD. Moreover, "[t]hose with BDD have a consuming preoccupation with an ugly body part or parts" (Lemma, *Under* 61). They "often describe that they are not seeking an ideal body; they just want to be 'normal'" (Lemma, *Under* 83). Thus, another difference between BDD and BIID is that those with BDD associate the ideal body with normality, while those with BIID associate the ideal body with what is considered to be abnormal. Although BIID is also sometimes compared to anorexia, according to White, "[a] person with anorexia will believe they are overweight despite contrary evidence. Persons with BIID acknowledge that their bodies are healthy, they just identify as a disabled person […]. It is a mismatch that causes a BIID patient to suffer, not an alleged false belief" (229) (though I note that this may not always be the case). Nevertheless, anorexia illuminates another way of viewing BIID: it demonstrates the way in which desiring to erase part of one's body to reach an imagined ideal is not entirely uncommon, as the same principle applies on a lesser scale to disordered eating. In this way, there is a gradation between the less

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connection with this, my use of delusion can be perceived as a more extreme and unhealthy form of illusion, a theme that will be unpacked throughout.

radical and more radical forms of desire for bodily removal, a recognition that may allow for a more comprehensive understanding of the syndrome.

From a psychoanalytic point of view, Thomas Ogden suggests that an anorexic person may have an "unconscious fear that he does not know what he desires" (*Primitive* 214); there is no exact goal. Though this is to some extent true of those with BIID, the majority of sufferers believe that they know precisely what they want: the removal of a particular limb. Lemma hypothesises that the body may "have to be denied, or visibly modified to create an experience of ownership of the body" (*Under* 94). Again, this parallels BIID in that perhaps, the desire to self-amputate is related to an experience of controlling and owning one's own body, a concept I will develop throughout this thesis, predominantly in Chapter Four, through the thoughts of Winnicott. Winnicott believes that anorexia is "an illness of [the patient's] *mind*" ("Psycho-Somatic" 108), which brings us to one key factor in the similarity here: BIID involves a problem of the mind, and thus, to discover more about BIID, we must discover more about how the mind is involved in the disorder. Since most BIID sufferers do not discuss their psychological experiences, this thesis aims to unearth more by analysing various ways that individuals have written or spoken about physical and mental fragmentation and wholeness, the key components involved in BIID. As Sebastian Schmidt, a BIID sufferer, explains, it is "not about the functionality of the limb but about the 'feeling' of having or not having it" ("My Life" 80). I aim to learn more about this feeling. Although there are similarities between anorexia and BIID that illuminate different ways of thinking about the syndrome, they are distinct illnesses.

The concept of body modification, which can range from tattooing to severe forms of cosmetic surgery, in relation to BIID may also allow for a greater understanding of the syndrome. Lemma suggests that "the modification of the body provides the means through which [some individuals] can reassure themselves that they are indeed separate from the other, and it defends against the wish to fuse with the other" (*Under* 94), an idea which I will later expand upon. Although body modification and BIID may be analogous in this way, tattooing, is, again, more clearly related to the altering of one's appearance for aesthetic reasons, rather than an intense desire to cut off a part of oneself. Though theories about different forms of BDD provide insight, and are touched on in this thesis, I focus on

psychoanalytic and literary theories that explore concepts of psychosomatic fracture, as opposed to physical appearance. BIID is also often paired with Gender Identity Disorder (GID), in which individuals are uncomfortable with their anatomy and desire to surgically alter their body as a result. Both disorders, then, involve a drive to seek out surgery to meet an imagined ideal. Moreover, in both, writes First, "the individual reports feeling uncomfortable with an aspect of his or her anatomical identity […], with an internal sense of the desired identity" ("Desire" 8). Thus, "[s]ufferers of BIID," writes White, "often describe themselves as being transabled, drawing a parallel with transgendered individuals" (226).[4] They also display a male predominance, symptoms tend to begin in childhood, and there have been individual case reports and descriptions of MtF transsexuals who have undergone limb amputation. Furthermore, several BIID patients exhibit gender identity issues, are often homosexual and bisexual, and some have reported feelings of wanting to be the opposite sex (Lawrence 264). In turn, some researchers are beginning to ask, "[h]ow can our understanding of GID help us to better understand BIID?" (Lawrence 154). This thesis focuses on a similar logic, albeit in relation to psychoanalysis and literary theory. This is not to say, however, that gender is not essential to the foundations of this thesis.

The field of gender studies is dedicated to the way in which gender and sexuality are represented and constructed as an identity, which is analysed predominantly through LGBTQI or queer studies, women's studies, and men's studies. More specifically, researchers in the field focus on how gender and sexuality are positioned in several discourses in the humanities. Some of the concepts discussed within this field overlap with those in this thesis, one of which involves the castration complex. The castration complex is a Freudian notion that individuals are driven by an anxiety that begins in childhood: for men, that their genitals will be castrated, and for women, that they are born with a physical lack (of the male organ), and in turn have "penis envy." The girl assumes "that at some early date she had possessed an equally large organ and had then lost it by

[4] For more on current discussions regarding the conceptual vocabularies for transgender studies, see Robert Phillip's article "Abjection," in Transgender Studies Quarterly *Volume 1, Number 1-2: 19-21.*

castration […], whereas the boy fears the possibility of its occurrence" (Freud, "Dissolution" 665). The castration complex is problematic in several regards, as it is founded upon a concept that women are anatomically structured through a loss. Moreover, as Karen Horney states, it "treats the penis, as, in many ways, the fulcrum of human identification, for males and females alike" (Horney qtd. in Hook, 49). Horney also links the castration complex to her concept of womb envy (wherein the male desires a womb),[5] which provides a different perspective on BIID. While the BIID drive to rid oneself of a limb (particularly in males who predominantly have BIID) might be paired with a desire to control castration, it also might be paired with the desire for female genitals, or the womb. From this perspective, in other words, a male might unconsciously amputate a limb to resemble the female body, which can bear children. The parallels between the castration complex and BIID will be further developed in this thesis.

It is this kind of a psychoanalytic approach that I take, thus paralleling the neurobiological studies in some ways, though from a theoretical standpoint. These kinds of paradigms are not taken as fact, but are used to illuminate what is at work in BIID. To return to GID, the disorder differs in that in BIID, desires to amputate are directly related to the arms and legs (in most cases) as opposed to the genitals and breasts, and, as one woman who suffers from BIID writes:

> I could have a sex-change operation, but it would not give me the male experience. I would not be a man; I would be a woman with no vagina and an enlarged clitoris […]. To the contrary, [the] curiosity [of the BIID sufferer] is encouraged by the knowledge that it can be perfectly satisfied. (Mensaert 21)

From this woman's perspective, those who desire a sex change are left unsatisfied because they can never completely embody the opposite gender, whereas those with BIID can definitively attain their goal to remove the limb. This is problematic however because, firstly, the statement assumes that there is a

[5] For more on this see Karen Horney's *Feminie psychology* (1923).

specific definition of "gender" (and "sex"),[6] and some individuals with BIID who go through with their desired amputation remain unsatisfied. Those with BIID often emphasise the similarities between transsexuality and BIID for practical reasons, as sex reassignment is legal, while BIID surgery is not. As the aforementioned woman with BIID argues, "sex-change surgery is considered a worthwhile medical treatment because it provides the physical appearance and semblance of function [… and] thereby alleviat[es] great mental torment" She continues, "I propose that the mental torment undergone by wannabes be recognised as a seriously debilitating condition similar in nature to and as important as *transsexualism*, and that amputation not be ruled out as a reasonable way to treat it, just as gender reassignment is used to treat transsexuals" (Mensaert 24-5, emphasis in original). Amy White holds a similar view, stating that "[w]hen gender dysmorphia began to be recognised, the possibility of a patient requesting surgery to align a self-image with their actual body seemed irrational" (231), and in this way, comparing transsexuality to BIID may allow others to begin to identify with it, accept it, and even perform the desired surgery. However, it must be recognised that "unlike surgery to treat gender dysmorphia, surgery for BIID will leave sufferers physically, and perhaps problematically disabled. Also, surgeries like amputations often are risky and prone to complications […]. After surgery for gender dysmorphia, a patient still can perform most of the actions they could before surgery" (White 231-2). Thus, the links drawn between gender dysmorphia and BIID open a way of thinking about and understanding BIID. What interests me about this parallel is that it demonstrates that the core of BIID is not entirely uncommon, and this thesis is interested in exploring related concepts of the "imperfect" and fractured body.

The syndrome has additionally been compared to various conditions that are believed to be outcomes of tumours or strokes, such as Capgras syndrome, which involves a delusion that someone close to the patient is an imposter. Also falling under this category is Alien Hand Syndrome, wherein a stroke causes patients to believe that their left hand is alien to them (though only fifty cases have been documented). Although this parallels the alien limb in BIID, in contrast to

[6] For more on this differentiation see *The Psychology of Gender* (1993), by Alice H. Eagly; Anne E. Beall; Robert J. Sternberg, *Different but Equal* (2001), by Kay E. Payne, *Biology at Work* (2002), by Kingsley R. Browne, or *Language and Gender* (2003) by Penelope Eckert and Sally McConnell-Ginet.

these two disorders, patients suffering from BIID "perceive this limb as mere ballast. This difference may explain why one and the same symptom is perceived as a disturbance by stroke or brain tumour patients, but as a part of their identity by BIID patients" (Müller 39). In short, BIID is more psychically orientated; the condition is a part of one's identity, and does not necessarily originate in the body (a concept soon to be expanded upon in relation to PLS). There is additionally Cotard's syndrome, where patients fail to recognise themselves, archaic limb phenomenon, where individuals feel attacked by their limbs, instances of neurological and psychiatric patients feeling as though they are in another being, and cases wherein individuals with paralysed bodies feel that they are functional. These are thought to result from physical traumas, and although I do not argue that BIID is not linked to a physical trauma, the physical trauma is not necessarily specific or known as it is in the case of stroke victims, or, as I will later explore, the phantom limb syndrome. In turn, BIID calls for a more robust exploration outside of neurology. Rather than asking questions about the possibility of a bodily wound, I am concerned with the way in which one's physical and mental sense of self is shaped through more abstract experiences and feelings of trauma. However, the parallel between BIID and these types of neurological conditions have led to various neurological hypotheses.

I now visit some of these, beginning with Ramachandran, who contends that the brain contains a map of the body, which is mismatched in BIID. There is, he suggests, a discrepancy between the body image and the physical body, which creates a cognitive dissonance; the brain fails to incorporate the limb. Since there is no stimulation or a dysfunction of the right parietal lobe, he argues, the limb cannot be felt. Though prominent, his research has been criticised by others in the field because those who desire an amputation often change their preference as to the limb they would like amputated. Furthermore, as Alicia Johnson points out, those who have self-amputated often report that they feel phantom limbs. Johnson explains: "if the limb could not be felt at all, as Ramachandran suggests, subjects would not feel a phantom limb or want to replace it with prosthesis post-amputation" (13). These phantom feelings, writes Noll, "contradict the theory of BIID as a limb not embedded in the brain's body-schema" (222). Those with BIID are not numb in the specific limb, as Ramachandran suggests, but rather (almost in

contrast to Ramachandran's theory) feel that the limb is an excess appendage. Though this illuminates an overlap between the phantom limb and BIID that I will later discuss, for now I remain focused on neurological discussions of BIID.

Though medication prescribed for various mood disorders has (rarely) worked to reduce suffering, attempts to clarify whether these medications relieve BIID specifically remain unsatisfactory. Alternative psychological and neurological methods are rarely pursued. However, one study conducted in 2015 by Lenggenhager, Hilti and Brugger used a "rubber foot illusion" to test BIID individuals' responses to feeling ownership of a false foot. Those who conducted the study altered the rubber hand illusion (wherein the synchronous stroking of an artificial hand and one's own hidden hand leads to an illusory feeling of ownership of the false hand) and created a rubber foot for those with BIID, and those without it. What they found was that both groups experienced the rubber foot illusion in the same way, suggesting that those with BIID have normally functioning senses, and that the integration of visual, tangible and proprioceptive information is intact, again contradicting Ramachandran and McGough's hypothesis. Subjects could, in other words, feel ownership of an artificial foot, and yet continue to deny ownership of a real one, suggesting that the syndrome is not solely neurological. Those who conducted the study wonder if this experiment could be used to alter body representation to allow those with BIID to re-integrate the body part, however, this has yet to be tested. Additionally, in a small minority of cases, a combination of medicine and Cognitive Behavioural Therapy (a psychological treatment that is aimed at retraining psychological and physical habits) has been helpful in relieving feelings of obsession and depression. However, it does not eradicate BIID. Additionally, Ramachandran states that in very few cases, "merely having the patient look at his affected limb through a minifying lens to optically shrink it makes the limb feel far less unpleasant, presumably by reducing the mismatch" (*Tell-Tale* 257). Though some therapies are in development, most BIID patients report that they only feel better if amputated, and several argue that this is the only cure. Although self-amputation is reportedly more dangerous than, for example, gender reassignment surgery, Noll insists that based on his studies of those who have undergone amputation, "[t]hey listed several disadvantages, but in total they said that the advantage to have reached their goal outbalanced these

disadvantages by far" (230). Though patients often feel that the only way to relieve BIID is to have the limb amputated, several are open to other possible treatments. Furthermore, the number of individuals who have amputated or undergone therapy is minimal, and cannot be accurately tested. White writes, "[w]hile anecdotal evidence suggests a high satisfaction rate from those who have managed to realise their ideal disabled body, studies are on a very small scale" (227). This is partially due to the fact that "unnecessary amputation" is illegal, and a scarce amount of individuals with BIID have publicised their desires. However, "[s]everal individuals find ways to amputate limbs themselves. They may use a wood chipper, a chainsaw, shotgun, or dry ice. Others seek surgery on the black market, one individual suffering from gangrene and dying" (White 226). Although it seems that surgery performed legally would be helpful for those seeking dangerous methods, "sometimes the success is not sustainable: some amputated patients develop further amputation desires" (Müller 42). Müller hopes that "less invasive and efficient therapies can be expected" in the future (Müller 42).

Certain individuals, however, believe surgery to be "ethically permissible because it will prevent many BIID patients from injuring or killing themselves" (Bayne and Levy 79). In the medical community, this question of ethics is often related to the patient's mental health. On very rare occasions, if the patient can be trusted to make the right decision, they may be permitted to have the amputation. Several believe that if the patient seems rational enough to make a decision, it should be legal. However, this involves a problematically distinct differentiation between the rational and irrational and mental health and sickness. In order to make decisions regarding psychical health, White suggests that before amputation "there should certainly be a screening process in place to ensure informed consent" but that "less radical treatment options for BIID should be utilised before a surgical intervention" (234). Less radical treatments, however, have not been sought out at great length, aside from a small number of those who have undergone counselling, have taken medication for accompanying symptoms, and the experiments mentioned above, all bearing mixed and unsubstantial results. Kaur suggests that a medical cure has not been identified because "identity is not located in any simple way in anatomy" (1), indicating that since medication treats the body (specifically,

the brain) sufferers' pain must be psychologically rooted. To approach this problem, First calls for more studies that examine psychotherapeutic forms.

I now turn to some researchers' thoughts regarding the effectiveness of psychotherapy in treating the disorder, a field more closely aligned with my own interests. Some researchers suggest that psychotherapy can be used as an alternative to, or in conjunction with medication, because the syndrome appears to be closely linked to mood disorders. According to Bayne and Levy, "psychotherapy is the appropriate response to the disorder" instead of amputation or medication, and "we know of no systematic study of the effects of psychotherapy on the desire for amputation" (11). First states that in his study, "for none of the subjects did psychotherapy reduce the intensity of the desire for amputation" (7). However, he also notes that a large number of patients never told their therapists about this desire, for fear that the therapist would consider this evidence of a severe mental illness. In addition to this, assessing the success of psychotherapeutic treatment is problematic because "there are very few professionals that are well versed in this particular disorder" (*Body Integrity Identity Disorder*); the majority of "talk therapy" being "geared towards looking at past experiences and trying to figure out where this longing for the absence of a limb has come from" (*Body Integrity Identity Disorder*). However, one study conducted in 2011, entitled "Body Integrity Identity Disorder – First Success in Long-Term Psychotherapy," charted the case of a man with BIID whose two years in psychotherapy proved effective. Another small study found that psychotherapy "can reduce the psychological strain in BIID affected persons" (Kroger 110). In sum, as Noll, who conducted a study of those who have carried out self-amputation, writes: "there has to be further research on how to improve psychotherapy for people with BIID and to make it more effective" (231).

Thus, neurological, psychological, and psychotherapeutic researchers continue to face difficulties defining terms and finding origins and cures. My exploration of BIID differs because I do not attempt to find a specific origin or cure, and do not focus on neurological research. My research aims to understand the more psychical components of BIID, particularly the struggles with fracture and imperfect bodies. For this, I turn to literature, psychoanalysis and fictional texts because they provide insight as to what might lie beyond the neurological

studies discussed above. I explore human struggles with issues related to BIID that illuminate a more robust understanding of what the disorder entails. Psychoanalysis and fiction are specifically helpful because, as I will soon explain, the kind of psychoanalysis I examine explores the struggles with mind/body dissonance, and how this relates to the way in which we are mentally and physically formed by our environment, experiences, and language. More specifically, these theories foreground how illusion, images and symbols are involved in the mind/body link, a concept also central to the phantom limb syndrome. As one apotemnophile on the film *Whole* explains, for him, BIID is

> like mirrors and prisms and how lenses invert images, and this idea that actually by making something less, you make people more complete, which is the complete opposite to most amputees who perhaps have accidents or disease. By taking that limb away from them they feel less complete. But for us, it's the other way around. By taking it off you make us more complete. (*Whole*)

I now want to look at those who suffer from what this individual refers to as the "complete opposite" of those with BIID: those who have had a bodily amputation that they are driven to fill through a painful phantom. However, we will soon find that although PLS may seem as though it is opposite to BIID, there are several overlapping issues. The following section thus focuses on PLS wherein a physical lack feels painfully present, as opposed to a physical presence that feels painfully absent. It additionally explores how mirrors and "lenses that invert images" (as stated above) may, in fact, help treat those who have phantom limbs.

The Phantom Limb

As previously noted, PLS involves a sensation that an amputated limb is still part of the body. While a person knows the limb is gone, she feels both physically and psychologically that it is still present. The phenomenon pertains to roughly eighty percent of amputees, including those born without a limb (congenital phantoms).[7] It was Ambroise Paré who first officially documented the syndrome while working

[7] For purposes of clarity, I focus on non-congenital phantoms in this thesis.

with wounded soldiers in 1551. He believed that the phantom pains occurred in the brain, as opposed to in the physical stump itself. Weir Mitchell is also well known for writing about the phenomenon in a story published in 1866 in *The Atlantic Monthly*, which characterised a "quadri- amputee in the presence of others who 'walked across the room on limbs invisible to them or me'" (cited in G.D. Schott, 961). The story describes the features of a phantom limb, which he refers to as an "unseen ghost of the lost part" (Mitchell qtd. in Schott 961). Numerous authors have subsequently written about the phenomenon, including René Descartes, Aaron Lemos, and Charles Bell.

Currently, we know that phantom limb sensations are usually painful and uncomfortable. They may include tingling, throbbing, burning, clenching and cramping and can fluctuate in accordance with changes in mood and weather. Although phantoms often move in sync with the rest of the individual's body and revert to a habitual position, they may also feel paralysed or disfigured. This disfigurement is connected to what is called telescoping: a (usually painful) change in size, shape and length, often triggered by material circumstances such as the wearing of prosthetics. According to Schilder, a hand may also become like the hand of a child, or go through the patient's own body (64). One amputee describes a feeling of "'being in contact with every part of my body. Because of the painful itching I know where my legs are, and through the pain I can feel my knees and toes as if they were there'" (Nortvedt 602). Another amputee explains that he feels invaded by insects that are "'not only crawling all over my skin, but through my veins:—and it itches! But it's very difficult to explain. It's as if I am lying in a nest of insects, and they're constantly crawling not only outside but inside my body'" (Nortvedt 602). "'It's as if the skin of my arm has been ripped off; salt is being poured on it and then it's thrust into fire'," states another (Nortvedt 602). What is interesting in these descriptions is that all amputees use metaphors, which Nortvedt explains, "provide an inter-subjective perspective that conveys a common dimension of everyday life that could be a significant method for conveying and communicating their pain to others" (602). The use of metaphors to describe physical pain illuminates a theme that will be examined within this thesis: the possibility for and importance of communicating pain through language. The above statements additionally convey that there is a loss involved in translating physical

feelings, a loss that is replaced with an image. Although the phantom limb cannot be described, an image (of insects, for example) enables expression and communication, a concept I develop throughout this thesis, specifically in relation to mirror therapy.

A variety of treatments have been explored to ease or eradicate phantom limb pain (PLP), including robot hands, vision-based therapies and the rubber hand illusion, in which by stroking an artificial hand one may feel sensations in the absent limb (paralleling the previously mentioned BIID rubber foot illusion). Thus, there is an important relationship between images and PLP that is central to this thesis, in relation to the ways in which the mind and body and self and other connect, and how language is involved in this process. Additionally, the cocainisation of nerves can cause the phantom to temporarily disappear, and hypnosis has been known to modify a small phantom to a normal size. Some have also reported that phantom limb sensations dissolve within three or four hours after the administration of LSD for a period of time. And although some hypotheses exist regarding the causes PLP, "there are many aspects of phantom limb experience that current theories of phantom limb phenomena do not explain, or which cannot be tested under current models" (Giummarra 224). As with BIID, I attend to this lack by engaging with certain types of dialogues about different sensations, experiences, thoughts, and concepts involved with the predominant issues at stake, several of which align with BIID. In order to ground this exploration, I shall briefly discuss some key neurological and psychological theories in development.

I begin with Ronald Melzack; a neurologist whose work is of interest due to his concern with the mind/body link. Based upon the belief that psychological and physical processes are intertwined, Melzack put forward the "neuromatrix" hypothesis in 1965, which proposes that individuals have different innate neural patterns that define them as entire beings; the brain is prewired to believe that it has four limbs. When a limb is amputated, therefore, the brain continues to send sensory signals in its place that cause the limb to "feel real." The brain says, "'this is *my* body, it belongs to *me,* is part of my *self*'" (Malle 94 emphasis in original), indicating that a person is neurologically wired to be whole, and that the body shapes the psyche. However, Guimmarra points out that Melzack's theory is "too

broad and difficult to be tested empirically" (Guimmarra 224). Other researchers suggest that visual signals clash when the limb is suddenly absent, and that there are "maladaptive" changes in the primary sensory cortex post-amputation. Some believe that an inflammation occurs in the severed nerve endings on the limb, which is misinterpreted by the brain as pain. However, research and treatments for these theories are unverifiable.

Herta Flor posits a neurological theory that interests me, because she is concerned with the link between memory and bodily loss. Flor's "pain memory hypothesis" suggests that since phantom pain may resemble that which occurred before a limb was amputated, "pain memories established prior to the amputation are powerful elicitors of phantom limb pain" ("Characteristics" 877). Though phantom pain usually resembles pre-amputation pain, Flor explains that her theory remains inconclusive, partially due to the influence of the psychical upon the physical. Moreover, she explains, "these samples included few traumatic amputees and mainly amputees with long-standing prior pain problems, in whom pain memories can have developed over a long time period" ("Characteristics" 877). She therefore concludes "more longitudinal research is needed to test the pain memory hypothesis" ("Phantom Limb" 878). This theory highlights a differentiation between long-term trauma and sudden trauma that underlies the thesis, as PLP is often a result of a sudden traumatic physical loss, while the traumatic feelings involved in BIID are long-term and ambiguous in nature. However, these differences are not definitive. I attend to the difference between the sudden and gradual traumas through various psychoanalytic perspectives, particularly through Winnicott's concept of an indefinite feeling of traumatic loss experienced in relation to early experiences with the environment.

Ramachandran's research on PLS focuses on the neurological reaction to the trauma of an amputated limb. He theorises that a map of the body exists in the brain, which is suddenly mismatched when a limb is removed, a concept that led to his BIID theory discussed above. While Ramachandran suggests that in BIID a part of the brain fails to incorporate the limb, his theory about PLS suggests that the area adjacent to the limb area in the brain "invade[s] the cortical hand area" ("Perceptual Correlates" 1160) when the limb is amputated. This causes the limb part of the brain in the brain map to continue to receive sensory information from

areas adjacent to it even though it is no longer there, which causes the individual to feel that it still exists. Though Ramachandran's theory is influential, several have criticised it. For example, Flor found that phantom pain might be triggered by stimulating any part of the body or brain, not just those adjacent to the stump. While Ramachandran's study suggests that sensory input invades the space of the lost limb to cause pain, I am interested in how PLS is not only formed by "physical invasion" but also by psychical impositions of a felt loss, which I elaborate through particular psychoanalytic and literary readings. However, Ramachandran's neurological hypothesis is helpful, along with his analysis of the "mirror neurons."

Mirror neurons, according to Ramachandran, allow a person to understand or empathise with another person on a neurological level. These neurons, he writes, "allow you to figure out someone else's intentions […] see the world from another person's *visual* [and *conceptual*] vantage point, […] you can see yourself as others see you" (*Tell Tale* 128 emphasis in original). Since these neurons can cause an individual to feel what another is feeling by looking at that person, phantom limb perception must be influenced by physical identification with others who have limbs, and must thus involve mirror neurons. In support of this hypothesis are his findings that if an amputee sees someone being touched in a particular place, the amputee also feels the sensation. The material world affects the phantom feeling. Additionally, Schilder suggests that since the "hand and foot of the phantom persist longer, […] those parts of the body which come in close and varied contact with reality are the most important ones" (64). This neurological concept, along with Schilder's observation, parallels a model of psychoanalysis concerned with how the individual is shaped by the environment, which I will be surveying mostly through object relations theory in Chapter Four. Rather than employing a neurological method, I examine how the psychical desire to be whole is linked to, not defined by, its physical component; how the limb is an organic reality that has been fantasised.

Though several neurological hypotheses for PLS have been suggested, psychological factors have not been adequately explored. Flor contends that "psychological factors such as anxiety or depression […] might well affect the onset, course and the severity of the pain" ("Case of Maladaptive" 874). These factors, she concludes, "need to be explored in greater detail" ("Case of

Maladaptive" 878). Schilder argues that the phantom limb is "to a great extent dependent on the emotional factors and the life situation. Probably the way in which the scheme of the body is built up and appears in the phantom has a general significance. It is a model of how psychic life in general is going on" (68). The body schema to which he refers can be described as a postural figure of the body that arranges and alters new sensations to correlate with the body's habitual movements; it negotiates and represents one's spatial positioning, including the shape and length of the body and limbic organisation. He states, "we build up a plan for movements […], we develop this plan in continual contact with actual experiences […], the motor activity originates from an intention of our inner direction towards a goal, which comes through in the actual movements" (Schilder 70). In the case of the phantom limb, the body schema is obstructed by a loss, which, in turn, obstructs habitual bodily movements or intentions. As Vivian Sobchack describes of her own experience with a phantom limb:

> *looking* at my body stretched out before me as an *object*, I could see 'nothing' *there* where my transparently absent left leg had been. On the other hand, *feeling* my body *subjectively* […], I most certainly experienced 'something' *here* – the 'something' sort of like my leg but not exactly coincident with my memory of its subjective weight and length ("Living" 53, emphasis in original).

Although Sobchack's limb does not physically exist, it exists subjectively as part of her body schema, albeit in distorted form. Her leg's habitual movements may have ceased upon amputation; however, the body schema did not. Simmel suggests that this may occur because the body schema is "not capable of sudden change, [… it] represents something more than is physically present, something more than can currently be innervated. The 'more' is the lost part, and it manifests itself perceptually as the phantom" (63-4). Interestingly, in BIID, the "more" that cannot be innervated is the existent limb, a phantom of absence. As with the phantom limb, one's physical sense of reality contrasts one's subjective experience, albeit with an unclear cause for the apotemnophile. While the phantom limb fills a lack (perhaps, as Simmel suggested, partially due to the abruptness of amputation),

in BIID, the "extra" limb does not fill a perceptible lack which, when related to PLS, suggests that it may be filling a psychical lack, a concept I return to throughout the thesis. For those with PLS, the phantom is perhaps necessary to the body schema's intentions, as it is (generally) essential for walking with a prosthetic leg. "The brain then begins to accept the artificial leg as though it were a part of the body, able to be used for walking" (Sternburg 34). This concept of the body schema thus illuminates the way in which bodily movements, the environment, and the mind are interconnected, and it is this interconnection that is sometimes overlooked in neurological studies but will be central to the thesis.

Most hypotheses in psychodynamic and psychoanalytic fields today propose that the phantom results from various conscious and unconscious feelings and analytical processes, such as denial and mourning. A patient cited in Nortvedt's case study expresses these thoughts of mourning, explaining, "I feel that it can be compared with a feeling of grief, the kind of grief you can experience after the loss of a dear, old friend or family member" (603). However, some ascribe the phantom to a wish or need, claiming that although it "has been attributed to the non-acceptance or denial of the lost limb […] more systematic observations have indicated the inadequacy of a wish or need theory" (Marmor 241-2). Thomas Weiss, on the other hand, believes the illusion to be an embodiment of a narcissistic desire, and Lawrence Kolb links it to a form of denial triggered by repressed desires to self-harm. According to Simmel, Kolb "observed that some patients are unwilling to talk about the phantom […]. This is hardly denial in the psychoanalytic sense of an unconscious mechanism. Rather, it is a deliberate refusal to acknowledge an experience" (338). Simmel's statement, however, demarcates conscious from unconscious thought by suggesting that the unwillingness to discuss the phantom limb is a conscious refusal. The question arises as to whether that refusal may be rooted in, or at least connected to, the unconscious mind. Throughout this thesis, I consider these kinds of binaries, arguing that unpicking them can be helpful to understanding the conditions. Though these psychoanalytic themes will reappear in this thesis, it is Malcolm MacLachlan's work that parallels my own most closely. He studies how a prosthesis can affect a person's self-image, and how it may become "psychologically invested into the self, and hence the person's relationship with it may symbolise how they relate to the world"

(MacLachlan 129). Although I do not focus on prostheses in this thesis, I explore how the mirror-box is a kind of temporary and illusory prosthesis that raises questions concerning how we react to psychosomatic fragmentation and loss.

Mirror Therapy

Ramachandran's discovery of the "mirror-box" treatment (also called a "virtual reality box," "mirror visual feedback" [MVF] and "mirror therapy") began when he realised that when patients saw the phantom move in the mirror, they also felt it move, which worked to dissipate pain, and allowed them to control phantom movements. For a large percentage of individuals, "[t]he sustained level of pain reported" writes Ortiz-Catalan, "was gradually reduced to complete pain-free periods" ("Treatment"). Gawande suggests that the mirror works because it "provides the brain with new visual input—however illusory—suggesting motion in the absent arm. The brain has to incorporate the new information into its sensory map of what's happening. Therefore, it guesses again, and the pain goes away" ("The Itch"). As briefly noted, this is one of several non-medicinal treatments for PLP. Others include Graded Motor Imagery (GMI). GMI involves imagining hand movements in order to increase the activity of motor cortical neurons and strengthen the body schema, a method also used for neuropathic pain (Hellman, "Mirror-Therapy"). This has proved effective in some cases, particularly those in which the mirror therapy can create a feeling of re-traumatisation regarding the sudden shock of feeling a missing body part. An alternative form of therapy is the previously-mentioned rubber hand illusion, and yet another involves a cable-driven prosthesis, which may allow users to grasp and manipulate objects. However, many amputated individuals reject these forms of treatment due partially to their inability to alleviate the phantom pain, and to the uncomfortable feeling of an alien body part. Peripheral neural interfaces have also been used to provide proprioceptive and tactile feedback to the phantom limb, which has at times decreased phantom pain. The "Bear Claw" is a sensitised robot hand, created to allow the patient to feel false manipulations of a phantom limb. And finally, Cognitive Behavioural Therapy (CBT) is a psychological treatment in which a therapist works with patients to modify their beliefs and alter physical pain. However, as I will return to in Chapter Two, CBT is largely unsuccessful at healing phantom pain. Although, similar to the

mirror-box, it is a way of transforming one's thought processes to help individuals cope with and accept their pain, the mirror-box is a physical mechanism that can eradicate pain. It is an object that mediates between the mind and body.

As noted, prostheses have also been used on amputees with phantom limbs, but they do not consistently have healing effects. At times, they even increase pain. Some individuals such as Sobchack, however, have helpfully integrated the prostheses as part of their body schema. She writes that her phantom limb may have adapted to the possibilities provided by the prosthetic, and that "over time, the *'∂yω*-appeared' phantom may diffuse its self-presence discretion to become once more the transparent absence and integrity of one's habitual, if self-adjusting, sense of one's lived body" ("A Leg," 60 emphasis in original). She continues, "[n]ow, having incorporated the prosthetic, I primarily sense my leg as an active, quasi-absent 'part' of my *whole body*" (62). Here, similar to mirror-therapy, the prosthesis allows for a feeling of wholeness. However, the prosthesis is a physical replacement that allows the individual to walk, while the mirror-box is an illusion of the absent limb that can simply heal the pain. Mirror therapy, therefore, illuminates how a purely visual reflection can ease pain in relation to feelings of wholeness. The mirror illusion is a symbol of the limb that has a physical affect, rather than a physical substitute for it (which I soon discuss in more detail).

Ramachandran developed the idea for the mirror-box by studying "learned paralysis," which occurs when an appendage has been paralysed prior to amputation and causes the same sensation of phantom paralysis post-amputation. He theorised that when the paralysed limb is amputated, the brain continues to tell the felt arm not to move, leaving the individual with a paralysed phantom. The theory is supported by the observation that individuals whose limbs were never paralysed can control phantom movements when first amputated. It appeared, therefore, that the phantom was caused by the brain's pre-programmed signals to the body ("Synaesthesia" 378). These thoughts spurred Ramachandran to ask whether if the patient can learn paralysis, "would it be possible to unlearn the phantom paralysis?" ("Synaesthesia" 378). For this, he thought, the brain would have to begin receiving signals that the phantom does exist and is not frozen, so that it can move in a less painful manner and release the paralysis, an idea that led to the mirror-box. By visualising the existent moving limb superimposed onto the

felt phantom, the patient sees the phantom move within her control; she resurrects her own phantom through an illusion of its presence. The illusion, therefore, can become a physical reality; the mirror image can alter the brain and body. Ramachandran found that after they practised moving their limb in the mirror-box daily over a period of time, most patients' phantoms disappeared completely, and Ramachandran thus created what he called the first "successful amputation of a phantom limb" (*Tell-Tale* 34). The mirror-box can remove an unwanted limb in PLS, and this can often cause sufferers to feel complete. In the mirror-box, the limb is re-amputated through an image, which erases the phantom and eases the pain of feeling fractured. In this way, the idea of wholeness is challenged, and this paradoxical relationship is, I suggest, important to explore in order to understand more about the issues involved in PLS and BIID as it also foregrounds a paradoxical relationship with unity. To return to Ramachandran's invention of mirror therapy, some researchers remain sceptical. Makin, for example, associates the treatment with the placebo effect, writing: "I don't believe in magic" (Makin qtd. in Perur). However, phantom limb sufferer Stephen Sumner, who I discuss in Chapter One, reported that researchers, doctors and therapists have told him, "'[w]ell, it's not scientific' – simply because mirror therapy looks too simple" (Perur). But, he writes, "I am an above-knee amp. I cured myself with a mirror [… and] I challenge someone in a white lab coat who has never been anywhere where it hurts to tell me otherwise" (Perur). Stephen additionally highlights the centrality of psychosomatics in the treatment. He states of the physical component, that "[i]t's not in the head, it's in the limb," and of the psychical, "when I finally tried mirror therapy on myself […] it almost had to work. I mean, I needed something" (Perur). Thus, although many researchers are dubious and unsure as to how the mechanism works—partially because it may not conform to their preconceived notions of science—it can work, and cannot be confined either to the psyche or soma; it is psychosomatic.

In another case reported in an article in *The New Yorker* entitled "The Itch," Atul Gawande writes about his experience with a patient who had a tumour removed from his spinal cord, which left him with incurable PLP. For eleven years, he tried several different medications and electrical-stimulation therapy, to no avail, until finally, mirror therapy worked. "For the first time in eleven years, he felt his

left hand 'snap' back to normal size. He felt the burning pain in his arm diminish" (Gawande). The patient tells Gawande, "'I've never had anything like this before […]. It's my magic mirror." This drug/surgery-free treatment opens possibilities for several potential treatments based on the "careful manipulation" of individuals' perceptions (Gawande). It additionally reveals the flexibility of the mind and provides insight into alternative forms of pain relief. Ramachandran explains that although benefits are still being discovered, he finds the mirror treatment intriguing because it shows that new pathways can emerge in the adult brain. "The brain," he writes, "is an extraordinarily plastic biological system that is in a state of dynamic equilibrium with the external world" (*Tell-Tale 37*). The mirror-box, then, demonstrates the importance of the way in which images and the material world are integral to one's psychosomatic constitution, and this is one of the central concerns of this thesis. I ask, how do physical and psychical images of self and interactions with the world relate to bodily pain and feelings of loss, and what can the relationship between BIID and PLS convey?

To clarify, then, those with BIID and PLS both feel as though they have an extraneous limb, which causes them pain; they experience a feeling of excess in relation to a feeling of absence. In both syndromes, moreover, individuals strive for a sense of completion through the idea of a complete removal: they usually believe that their pain will be eradicated when the felt limb is amputated. There is, therefore, a paradoxical drive to fill through removal, a fetishistic disavowal wherein both BIID and PLS sufferers know that there is no bodily wholeness, and yet feel that there is. However, BIID and PLS suffers cope with their pain differently, partially due to the origins of the wound: those with BIID feel the need to remove a corporeal presence to fill a psychically orientated loss, while those with phantom limbs fill a bodily loss through a psychical feeling of presence. Additionally, while PLS is a response to a specific bodily trauma of amputation that is often sudden, BIID is gradual and of ambiguous origins. This indicates, therefore, that disturbing fantasies of bodily absence and presence are not always reactions to explicit or sudden traumatic experiences, and that reactions to trauma which involve fantasy versions of self can occur over time and without a definitive cause.

Both conditions additionally involve a disability or impairment, although the impairment in those with BIID is not visible, while the missing limb in PLS is apparent. This, as we will soon discover, often generates a fear of being considered mentally ill and feelings of alienation for the apotemnophile. Since the loss in those with phantom limbs can be visualised, is more relatable to various other bodily conditions, and is well documented, PLS sufferers do not tend to feel as ostracised. However, the neurological reasons for PLS remain unknown, and like BIID, do not fit any specific category. Nonetheless, some neurologists and psychologists have reached similar hypotheses regarding the origin and treatments for both disorders, which have rendered inadequate results. It is the mirror-box that is often successful for those with phantom limbs, and although sufferers of BIID often state that they feel better post-amputation, the results can be dangerous and are inconclusive. In this thesis, I do not focus on how the amputation itself (in BIID or of the phantom limb) can completely relieve pain, but rather on how an incorporation of loss can offer a sense of relief, and how this may take place through an image or illusion. Thus, my interest is in how certain images, symbols, and illusions can reshape an individual's somatic and psychical constitution, which I explore through various literary, fictive, and psychoanalytic works. Since neither syndrome can be completely understood, I am concerned with what these physical conditions can tell us, and what, more specifically, the mirror illusion can reveal about how we cope with feelings of psychical and physical fragmentation. Since in psychoanalysis, "the body tells a story which cannot otherwise be told [… and] the somatic symptom, like all symptoms, 'has a psychical significance, a meaning'" (Yarom, 54), psychoanalysis is a starting point for this exploration.

The Hysterical Body

Psychoanalysis began with Freud's interest in how bodily symptoms stem not only from the body, but the mind. He looked beyond the neurological and medical approach, turning instead towards the psyche in an effort to establish how psychological issues are connected to bodily ones, and how the imagination and language mediate the processes involved. Thus, it is necessary to understand Freud's thoughts on bodily symptoms in order to examine BIID and PLS from a non-biomedical view. Although psychoanalysis is often considered to be a

theoretical discipline, it began with the body, with Freud's study of hysteria. Currently, hysteria is regarded as "the designation for such a vast, shifting set of behaviours and symptoms—limps, paralyses, seizures, coughs, headaches, speech disturbances, depression, insomnia, exhaustion, eating disorders" (Showalter 14). It was originally considered a medical condition particular to women, caused by bodily disturbances of the uterus. Freud, however, found that the cause of hysteria did not reside in the body, but in the mind. Something arises, he suggests, which is refused access to the mind and becomes inscribed onto the body; hysteria is "a neurosis caused by repression, conflicted sexuality, and fantasy" (Showalter 38). Freud's theory was spurred by his interest in the work of Jean Martin Charcot, who suggested that the symptoms of hysteria result from a traumatic accident. According to Charcot, when his patients were in a hypnotic state he could remove their hysterical symptoms, thereby leading him "to the very border between neurology and psychology. The preliminary condition for the successful execution of any movement is, he argues, 'the production of an image, or of a mental representation'" (Fletcher 21). For Charcot, bodily symptoms were not only medical, they were connected to the mind and imagination, a concept central to my argument that PLS and BIID are not simply biomedical phenomena. Freud further developed Charcot's theories with colleague Josef Breuer, paying particular attention to Breuer's patient Anna O., who was featured in their joint work *Studies on Hysteria* (1893-5). The work, Anthony Elliot writes, "examined symptoms ranging from hallucinations to the physical paralysis of arms and legs […]. [It] laid a skeletal structure for the theoretical development of psychoanalysis" (13). Freud and Breuer proposed a new theory about the origin of hysteria, which hinges upon the concept of conversion: that bodily symptoms convey disturbances in the mind.

Hysterical symptoms, Freud writes, might contain "*symbolic* meaning: they express repressed ideas through the medium of the body" (*Language* 90). These ideas have been repressed because, he suggests, unbearable traumatic experiences have been barred from the conscious mind and defensively transformed into somatic symptoms. The body is thus the carrier for a psychical wound, "the memory of the trauma—acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work" (Freud, "Psychical Mechanism" 6). The trauma itself cannot be remembered, but appears in different

forms, meaning that it is the memory of the trauma which invades the patient's body. In this way, the symptom is both physical and mental; it is located in the body and psyche simultaneously. The relationship between conversion and the phantom limb is clear: the phantom limb can be seen as the memory of a traumatic loss, whether sudden, gradual, or congenital, that has been transformed into a foreign bodily feeling. However, while in hysteria the traumatic experience cannot be known, the phantom limb begins with a physical and perceptible wound. Moreover, the symptoms are clearly psychosomatic, unlike the paralyses of Anna O. They are felt but cannot be seen. BIID parallels hysteria more closely in that its origins are unknown, and in this way, as I later explain, resembles a neurosis. However unlike hysteria, in BIID the symptom does not organically arise on the body. Though the body feels broken, it functions "normally." Moreover, those with the syndrome desire a physical wound that is reflective of that which the hysteric may want to remove.

For Freud, somatic symptoms can ostensibly be remedied through the linguistic exchange that takes place in analysis. Here, bodily symptoms carry unconscious symbolic meanings that, when articulated and analysed, can be brought towards conscious thought. "Understanding the idea behind the feelings," writes Juliet Mitchell, "can bring the conversion symptom to an end" (*Mad Men*, 206). The mirror-box, I contend, parallels the psychoanalytic process of symbolising bodily symptoms through a linguistic exchange, because it involves a process of healing through a symbol of the phantom limb. It allows a subjective feeling to be consciously visualised. In this thesis, I examine the way in which the mirror-box is a type of symbol that, paralleling language, can helpfully link subjective to objective experiences. I am interested in how an image of a phantom limb has a healing affect, and how this is related to language's affects. In order to more thoroughly understand what kind of symbol this is and how it works, it is important to briefly survey different conceptions of symbolism.

Ernest Jones addresses the difficulties involved in defining symbolism, noting that the term "has been used to denote very many different things, some of them quite unconnected with one another" (Jones 88). One argument, however, is that symbols can be traced back to "the bodily self" (Jones 116), and are therefore useful in interpreting physical expression. "The essential function of all forms of

symbolism," he writes, "is to overcome the inhibition that is hindering the free expression of a given feeling-idea" (144). Symbolism, then, is valuable because it may helpfully allow individuals to express that which has been repressed. Since both BIID and the phantom limb involve an inexplicable feeling, I suggest that finding ways to symbolise the two disorders can provide new understandings of sufferers' experiences. To clarify, I do not consider the phantom limb and BIID as symbols; rather, they are bodily conditions that illuminate notions of somatic and psychical fragmentation when explored through symbolic mediums. Language and the mirror-box are two forms of symbolisation that can convey more about the disorders. For this exploration, I focus on object relations theory, because it foregrounds the kind of symbol that is structurally reflective of language and the mirror-box, as it involves a simultaneous absence and presence, and is thought to connect subjective to objective senses of self.

Although object relations theorists have several different conceptions of symbolism, Melanie Klein "described the capacity to symbolise unconscious frightening, sadistic aggressive feelings for the object as an important step in ego development" (Auchincloss 256). Hanna Segal follows Klein's work, theorising that symbol formation arises out of the ego's attempt to cope with anxieties. Individuals, she writes, are "consciously aware and in control of *symbolic expressions* of the underlying primitive phantasies" ("Notes" 396). For Segal, symbols may help individuals gain control over their fantasies, and although there are many definitions of fantasy,[8] Julia Kristeva states that, simply, "fantasy is an imaginary 'act' or scenario" (*Flesh* 773). From this perspective, both the phantom limb and BIID are fantasies, as they involve actions and scenarios that exist in the imagination. Thus, since those with BIID and phantom limbs are harmfully affected by fantasy versions of self, symbol formation, according to Segal's theory, may help individuals to cope with these fantasies. Her notion of symbol formation is linked to forms of communication. She writes: "[s]ymbol formation governs the capacity to communicate, since all communication is made by means of symbols"

[8] It is also worth noting that a fantasy that takes place in the unconscious is often referred to with a "ph" rather than an "f." In the words of Thomas Ogden: "*[p]hantasy*, spelled with a *ph*, denote[s] the unconscious dimensions of this mental activity. *Fantasy*, spelled with an *f* is used to refer to the more conscious facets of this psychic activity, for example, daydreams, conscious childhood sexual theories, and conscious masturbatory narratives" (*The Primitive* 16, emphasis in original). For the purpose of clarity, I will be referring to 'fantasy' throughout the thesis.

("Notes" 395). Indeed, communication between the self and other is central to discussions about reparation and symbolism in this thesis, as both language and the mirror-box can be seen as types of symbols that may engender a healing exchange. I will argue that they assist in integrating subjective and objective senses of self, and the mind and body. According to Segal, "the word 'symbol' comes from the Greek terms for throwing together, bringing together, integrating" ("Notes" 397), and, as BIID and PLS foreground psychosomatic dissonance, I will suggest that a symbol can have the effect of appeasing psychosomatic pain (which I focus on in Chapter Four, through Winnicott's theories). Winnicott proposes that a type of symbol called a transitional object can helpfully bridge subjective feelings to an objective environment, a concept of symbolism that most closely correlates with the one I use throughout this thesis, and which, for me, acts as a template. These objects can be linguistic; they are, he writes, "symbolical of some part-object, such as the breast. Nevertheless, the point of it is not its symbolic value so much as its actuality" (8). In this way, the symbol does not only stand for something, it is "actual." It is both illusory and concrete, and thus functions in the same way as language and the mirror-box. Language and the mirror-box can, like the transitional object, lead to a feeling of psychosomatic integration, and since BIID and PLS concern psychosomatic dissonance; I now turn to the field of psychosomatics.

According to Winnicott, there have been "failures to classify psycho-somatic disorders" along with an "inability to state a theory, a unified theory of this illness group" ("Psycho-analytic" 111). However, Joyce McDougall describes psychosomatics' central feature: "we all tend to somatise at those moments when inner or outer circumstances overwhelm our habitual psychological ways of coping" (3). If something intrudes upon the psyche, the body reacts. She suggests that what underlies the interconnection between the body, mind and communication is that "[s]ince babies cannot yet use the words with which to think, they respond to emotional pain only psychosomatically" (9). Here, it is the body that speaks, a process that extends in later life to psychosomatic illnesses in which the body expresses that which cannot be thoroughly explained. As McDougall writes, "the body has a language of its own" (12), and it is my intention to open a dialogue about what the body in PLS and apotemnophilia reveal. Since

both conditions demonstrate problems with psychosomatic fracture, I will focus on theories of fragmentation and splitting, such as those explored in the Paris School of Psychosomatics.

The "Paris School of Psychosomatics highlights a split between the mind and the body" (Birksted-Breen, *Reading* 438).[9] Their theories, therefore, offer ways of thinking about the mind/body dissonance involved in BIID and PLS. Several in the Paris School are concerned with bringing theoretical analyses back towards the bodily experience, and with discovering what the body reveals about the psyche. Dana Birksted-Breen writes that in this kind of French psychoanalysis, "somatic illness was discovered to be the consequence of a failure to *mentalise* experience, the body offering up an organ to bind disintegration, a progressive disorganisation which was seen as the product of an overwhelmed and disabled psyche" (Birksted-Breen, *Reading* 35 emphasis in original). Although this echoes Freudian theory, one central difference is that the focus here is on bodily fragmentation. Thus, French Psychosomatics will be useful in opening a dialogue about the somatic fracture central to both conditions, and in particular, the bodily destruction involved in BIID. I will also focus on Winnicott's thoughts on the mind/body relationship, because they allow for a more thorough understanding of how symbolic objects play a role in linguistic and non-linguistic communication and psychosomatic discord. For Winnicott, psychosomatics involves a split "that separates off physical care from intellectual understanding; more important, it separates psyche-care from soma-care" ("Psycho-Somatic" 105). My discussion of Winnicott will focus on the impact of the carer's role in forming this split, and in how symbolic objects are involved in the healing process. The symbolic object can be helpful in patients with psychosomatic illnesses, he suggests, because, although they may experience a split, they are "in touch with the possibility of psychosomatic unity" ("Psycho-Somatic" 114). Indeed, this simultaneous split and drive towards unity echoes the experiences of those with PLS and BIID, as BIID sufferers believe that amputation will result in a feeling of completion, and phantom limbs fill a physical incompleteness with a sense of unity. This paradoxical relationship with fragmentation and completion parallels Freud's concept of a fetish, and to

[9] Those affiliated with the Paris School include Pierre Marty, Michel de M'Uzan, Christian David, and Michel Fain.

understand more about this, we must return to the castration complex. Freud writes that "in so far as one can speak of determining causes which lead to the *acquisition* of neuroses, their aetiology is to be looked for in *sexual* factors" (*Studies* 257 emphasis in original), which can be traced back to the Oedipus Complex. Here, the child desires the parent of the opposite sex, and in reaction to these desires, suffers from castration anxiety. However, as noted earlier, this concept is problematic, partially because it is based upon the false assertion that females are (symbolically) lacking or un-whole. In this way, the underlying problem with the castration complex parallels BIID itself, as BIID involves a discomfort with a whole body, which is believed to be ruptured. In both circumstances, therefore, one's conception of unity is orientated in the mind. Through the mirror-box, an illusory object can appease the feeling of un-wholeness in PLS, which echoes Freud's notion of the fetish, which I now discuss.

BIID, I have suggested, echoes Freud's concept of a neurosis because it seems that a psychological wound is felt on the body, but differs in that in BIID, there is no physical wound. The phantom limb, I suggest, resembles psychosis more closely, because the psychotic rejects a "present reality and replac[es] it with a delusion that contains a grain of truth from some reaction to a past historical 'event'" (Mitchell, *Psychoanalysis* 263). And the phantom can be considered a partial delusion based upon the idea of a once present limb (or visualised, in the case of congenital phantoms). However, "psychoses," continues Mitchell, "tend to express themselves, among other ways, in delusions and hallucinations which are fully believed in" (Mitchell, *Psychoanalysis* 263). The difference between the phantom limb and psychosis can be found in the latter part of this statement: delusions in psychosis are fully believed, and individuals with phantom limbs know that the phantom is not objectively "real." In this way, the phantom limb can be more closely aligned with a fetish, particularly when relating the phantom limb to the male genitals. "For Freud, a fetish is a substitute by a child for his mother's missing penis. The fetish alleviates a son's castration anxiety by restoring the mother's penis. The boy thereby preserves the delusion that his mother has a penis" (Jonte-Pace 159). In relation to this, as Adam Phillips writes, the phantom limb "is a loss at once acknowledged and invisible […]. Like Freud's account of fetishism in which 'only one current' in a person's life had not recognised the disturbing fact of

there being two sexes, while 'another current took full account of the fact', the two states of mind 'exis[t] side by side'" (*On Balance* 105). Indeed, the phantom limb involves a simultaneous disavowal and acknowledgement of a bodily loss, and similarly, in BIID, sufferers simultaneously acknowledge that their limb is present, while additionally believing that it is (subjectively) absent.

In a different way, the mirror-box echoes Freud's notion of the fetish, as it involves a loss that is at once acknowledged and denied. It both preserves the illusion that the phantom limb is part of the amputee's body, and simultaneously demonstrates that it is absent. Thus, the mirror illusion allows two states of mind to exist side by side; however, unlike the fetish and the phantom limb, the mirror image, like the psychoanalytic exchange, can enable a reparative process. I will argue, therefore, that mirror therapy is a metaphor for and embodiment of psychoanalytic transference, wherein a reparative process takes place through a simultaneous illusion and material reality. While the analyst and the room exist, the memories and actions that take place in transference are distortions and re-enactments. Mirror therapy, like transference, "creates an intermediate region between illness and real life through which the transition from one to the other is made" (Freud, "Remembering" 155), through language, illusion, or, as Peter Brooks calls it, fiction.

Brooks writes that psychoanalytic transference

> succeeds in making the past and its scenarios of desire live again through signs with such vivid reality that the reconstructions […] achieve the *effect* of the real […]. [T]hey rewrite its present discourse. Disciplined and mastered, the transference ushers us forth into a changed reality. And such is no doubt the intention of any literary text. ("Idea" 345 emphasis in original)

Transference, like certain literary texts, may allow the individual to alter the way in which the past is embodied by (re)enacting it through signs. Similarly, in mirror therapy, a sign of the phantom reconstructs it, thereby altering the amputee's felt reality to achieve the effect of the real. "The transference," writes Brooks, "actualises the past in symbolic form so that it can be repeated, replayed, worked

through to another outcome. The result is, in the ideal case, to bring us back to actuality, that is, to a revised version of our stories" (*Reading* 344). The mirror-box acts as a metaphor for transference and certain types of literature in this way, as it actualises the past (the absent limb) in symbolic form and repeats the movement of the existent limb, which enables a revised version of the phantom, a changed sense of reality.

In both psychoanalysis and literature, as Lionel Trilling suggests, "change is produced […]. [T]he textual reader, like the psychoanalytic patient, finds himself modified by the work of interpretation and construction, by the transferential dynamics to which he has submitted himself. In the movement between text and reader, the tale told makes a difference" (*Psychoanalysis* 72). In this way, literary texts and psychoanalysis share an important relationship: they may create a certain kind of self-modification through a symbolic exchange. And similarly, the mirror-box modifies the amputee's sense of self through a symbol of her phantom limb. Thus, the links that I draw between the mirror-box, literature and psychoanalysis hinge upon this point: they involve a symbolic exchange that can alter feelings of psychosomatic rupture. In order to unpack these links between literature, psychoanalysis and trauma, it is important to turn to the field of trauma studies.

Trauma Studies

Freud argued that traumatic experiences are delayed and distorted forms of an occurrence that was too powerful to comprehend at the time. An incident, he found, might trigger the memory of the "original" trauma, as he writes, "a memory is repressed which has only become a trauma by *deferred action*" (Freud, "Project" 356 emphasis in original). Again, Freud's account indicates that the effects of a trauma cannot be experienced directly, but belatedly. This theory is foundational to trauma studies, a field of study established in the mid 1990s and concerned with the idea of trauma as an un-representable event. Trauma theorists approach the concept through psychoanalysis and poststructuralist thought, suggesting that the inability to represent trauma is connected to the inadequacy of language for the expression of trauma. The field was popularised by Cathy Caruth's take on trauma

as a crisis of representation.[10] Caruth follows Freud in her belief that a traumatic event is incomprehensible, and is registered as a blank in the victim's mind that remains continually invasive. She argues that although the trauma remains unknown to the victim, if others listen to a victim's speech, they may be able to experience the trauma. The listener must, specifically, attend to the gaps in the victim's language, because it is here that the unconscious trauma (and thus traces of traumas throughout history) may be exposed. This, she believes, necessitates a certain way of listening to repetition. In *Unclaimed Experience: Trauma Narrative and History* (1996), Caruth uses Freud's concept of trauma neuroses as a springboard for these ideas, focusing on his notion of "the delay or incompletion in knowing, or even in seeing, an overwhelming occurrence that then remains, in its insistent return, absolutely *true* to the event" (Caruth, *Unclaimed,* 5 emphasis in original). In turn, she engages with "a central problem of listening, of knowing, and of representing that emerges from the actual experience of the crisis" (Caruth *Unclaimed* 5), and examines how psychoanalytic, literary, and theoretical texts "speak about and speak through the profound story of traumatic experience" (Caruth *Unclaimed* 4). Caruth suggests that linguistic gaps can reveal what the author cannot represent, what is "*not* precisely grasped" (*Trauma*, 6 emphasis in original). In this way, the literary retelling of an event mirrors the traumatic impact itself.

Drawing upon Caruth's project, Shoshana Felman and Dori Laub also examine how gaps in literary and fictional works reveal what cannot be known about history. They trace the relationship between "literature and testimony, between the writer and the witness" (*Testimony* xiii) to examine the way in which literature contains and bears witness to the unknown trauma. This is explored through a discussion of certain texts written after the Second World War, which is, they state, "a history which is essentially *not over"* (*Testimony,* xiv emphasis in original). Since the consequences of the Holocaust are still evolving in politics, history and culture, current disciplines—such as literature and

[10] The "crisis of representation" refers to the crisis of representing historical events in the wake of the Second World War. Thinkers such as Theodor Adorno and George Steiner considered how to create art after Auschwitz, how to speak about the unspeakable, and how to represent the un-representable. Thus, the Holocaust is integral to the field, and though it is not the focus of this thesis, it is featured in several of the texts that I study. The underlying connection here centres upon conflicting ideas of unity and fragmentation, and how this relates to violent physical rupture.

psychoanalysis—involve traumatic aftereffects. In Felman and Laub's endeavour to connect the impossibility of remembering Holocaust events to current disciplines, the texts discussed in *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (1991) are read in relation to empirical life. They look beyond the testimonies of those who experienced trauma in order to detect what has been left out, what unknown effects of trauma may make themselves heard within the text. By reading specific works through a psychoanalytic lens, Laub and Felman propose to "open new directions for research and new conceptual spaces for the yet unborn answers" (*Testimony* xvi). They additionally survey how traumatic stories affect those who listen to and read survivors' testimonies. By listening to tales of trauma, they suggest, readers may feel traumatised. Although this allows the past to live on, it is also dangerous. "The practical hazards of listening" they write, "lead to a rethinking of the crucial role the (always threatened) preservation of the truth, of knowledge and reality" (*Testimony* xvii). Following Caruth, Felman and Laub argue that the postmodern crisis of representation is linked to the inability to witness a trauma. Since trauma cannot be represented, and since the text cannot represent it, the text itself becomes traumatic. While Felman and Laub's views of trauma differ from Caruth's, due to their interest in "the therapeutic sense of working-through trauma, as opposed to its endless repetitions" (Crownshaw 10), they also share similarities, such as their interest in the connection between trauma and psychoanalysis, and postmodern literature's concern with the difficulty of linguistic representation. All three theorists additionally share the view that trauma can be registered through linguistic gaps.

However, their theories have been critiqued because there is a certain generalisation in a poststructuralist approach to the notion of the 'crisis' of language, as it devalues individuals who have experienced real historical trauma. Although this poststructuralist concept of trauma—that language is unable to capture reality and subjectivity—is important to this thesis, postmodernism is not conflated with traumatic experiences. I do not suggest that BIID and PLS can be understood completely, or that psychoanalysis, fiction, and literature can allow a reader to feel or comprehend sufferers' individual experiences. I discuss the syndrome in relation to these theories in order to open new ways of thinking about them, and about the struggle with fragmentation and unity. Various critics have

argued that if, as Caruth suggests, traumas can be felt through gaps in language, this means that firstly, the text is synonymous with the author, and secondly, the reader is experiencing the same trauma that was felt by the original victim, problematically undermining the victim's trauma. In *Trauma: A Genealogy* (2000), Ruth Leys contends that Caruth's account of trauma exemplifies a postmodern approach that precludes representation. In Caruth's version, wherein the trauma is registered as a blank, the witness is "devoid of potential interpretive agency and has become the mere carrier of trauma" (Leys 6). Leys additionally critiques Caruth on the grounds that in Freud's writings, "the origin or trauma does not present itself as a literal or material truth, as Caruth's theory demands, but as a psychical or 'historical truth' whose meaning has to be interpreted, reconstructed, and deciphered" (Leys 282). Traumas, for Freud, cannot be experienced through gaps, as they are always distorted and require interpretation. Leys concludes that Caruth "participates in a general postmodernist tendency to appropriate psychoanalysis for discussions of the trauma of the Holocaust and the post-Holocaust condition" (Leys 270).

In *The Holocaust of Texts* (2003), Amy Hungerford additionally criticises movements in trauma theory that collapse actual and fictional individuals, literature and personal traumatic experience. Both Felman and Caruth, Hungerford writes, imagine "texts as traumatic experience itself, thus transmissible from person to person through reading" (20). She argues that since Felman and Caruth fail to distinguish the structural "crisis" of postmodern thought and literature (destabilised language and identity) from the historical crisis of the Holocaust, "the experience of trauma […] defines not only the survivor, but all persons" (Hungerford 111). Here, the importance of embodiment is neglected, "when embodiment is exactly what situates us in history and makes us vulnerable to oppression" (Hungerford 21). If literature about the Holocaust is shaped through a postmodern focus on the crisis of representation and its relationship to trauma, she argues, the particularity of people, events and experiences is overlooked. I attend to this problem of generalisation by focusing on specific bodily traumas. While I read these particular experiences of trauma though a theoretical discussion about fragmentation, I am careful not to generalise, as I do not suggest that the texts I discuss are traumatic themselves or can transmit traumatic experiences. I explore thoughts about

physical fracture and wholeness through postmodern theory to open a discussion about BIID and PLS. In this discussion, I am also interested in how mirror therapy illuminates what Dominick LaCapra calls a "working-through" trauma.

Contrary to Felman and Laub, LaCapra asks if the collapse of persons and text can be avoided through a particular kind of writing and thinking about the Holocaust. He is concerned with discovering ways in which to write about the past productively, by paying attention to the interactions between writer and reader, theory and history, individual and collective. He states,

> [o]ne crucial undertaking for postmodern and poststructural approaches may […] be to address the issue of specificity as a complex mediation between the particular and the general. Such an undertaking may further an understanding of how to attempt to work through problems without either bypassing their traumatising potential or endlessly and compulsively repeating it (*Representing* 223).

To approach this, LaCapra examines how the relationship between history and theory is integral to understanding and representing the Holocaust. If the trend in trauma studies is to submit to the impossibility of representing the Holocaust, he explains, it may lead to "spinning one's wheels in the void—a danger that should be resisted and not a possibility that should be invoked" (*Representing* 3). Though this cannot be avoided entirely, it can be resisted, he explains, by linking history and theory to social concerns, partially through a theoretical language that relates the text to the reader instead of distancing it from them.

Psychoanalytic theory is particularly helpful here, because it is concerned with studying relationships between individual and society, the present, and the past. LaCapra explains, "I maintain that what Freud termed 'working-through' has received insufficient attention in post-Freudian analysis, and I stress the importance of working through problems in a critical manner" (*Representing* xii). Although in his analyses LaCapra is influenced by postmodern thought, he wonders if it can be used without trying to exceed linguistic binaries with a "generalised conceptual blur" (*Representing* 11). Psychoanalysis, for him, can enable a more productive forward movement. I do not follow LaCapra in specifically

analysing the relationship between the present and past or exploring history, and although the Holocaust underpins the analysis of George Perec's *W or The Memory of Childhood* in Chapter Five of this thesis, I do not discuss it specifically or historically. Instead, I examine how the author's and narrator's psychosomatic experience of trauma can be "worked through" within the text, how writing can enable a kind of self-reconstruction and how this relates to PLS and BIID. In so doing, I aim to discover more about how poststructuralist theory can help us understand more about BIID and PLS. In this way, I move away from a "generalised conceptual blur" by attending to specific bodily syndromes, and individuals' experiences with these syndromes.

I additionally avoid this generalisation due to the nature of the two syndromes themselves, as PLS involves a traumatic physical loss which parallels the historical specific trauma of the Holocaust in a very different way. BIID, alternatively, involves a more ambiguous feeling of loss that parallels the structural loss discussed in postmodernist theory: the loss of stable and united identity. In exploring these two phenomena, I ask questions about how these psychosomatic conditions can be worked through, and how certain notions of working-through, accepting, or repairing can illuminate and can be illuminated by a discussion about literary and psychoanalytic working-through rupture. Although I turn to various theoretical works about traumatic experiences, I do not suggest that the experiences in discussion are synonymous with that of having a phantom limb or apotemnophilia. I use what has been written about experiences with fragmentation and trauma to more thoroughly explore those associated with BIID and PLS. In order to ground this discussion, I now turn to a brief survey of postmodernism, focusing on theories concerned with textual and bodily fragmentation.

Postmodernism

To return to the individual's statement in *Whole* that for him, BIID involves an

> idea that actually by making something less, you make people more complete, which is the complete opposite to most amputees who perhaps have accidents or disease. By taking that limb away from them they feel less

> complete. But for us, it's the other way around. By taking it off you make us more complete.

What this man seems to be saying is that those with BIID oppose the standard concept of normality: while others feel whole with four limbs and incomplete with three, those with BIID only feel complete with three limbs. They are, in this sense, aware of, interested in, and (to a degree) accepting of their own unconventionality, while still experiencing the pain involved. Postmodernism, and connected to this, poststructuralism (which is interested in the absence of meaning and uncertainty of questions, which I discuss in Chapter Three), parallels this interest in unconventionality. As Catherine Belsey puts it, poststructuralism "offers a controversial account of our place in the world, which competes with conventional explanations" (6). Some poststructuralist and postmodern literature is, moreover, concerned with how language and the body are interrelated. It is thus important to investigate postmodern theory concerning corporeal fracture, in relation to BIID and PLS. I begin with the thoughts of Fredric Jameson in order to map out the wider context of "fragmentation" in which I situate BIID and the phantom limb.

Jameson is interested in fragmentation in late capitalism in terms of the relationship between the individual and the world of objects. He takes a critical stance on postmodernism's concern with ambiguity and depthlessness, and argues that its break from modernism parallels "late" or "multinational" capitalism. For Jameson, an underlying problem with postmodernism is that it may "amount to not much more than theorising its own condition of possibility" (Jameson ix), and that although it is identified as being unsystematic, it is far from it. In this postmodern era, the celebration of commodity has become a commodity itself, there is a depthlessness that spills over into postmodern writing. He argues that a lack of meaning has been replaced with a kind of euphoria and overall identity defined by uncertainty and dissimilarity, a pastiche which "is a neutral practice of such [parody-like] mimicry, without any of parody's ulterior motives, amputated of the satiric impulse, devoid of laugher and of any conviction that alongside the abnormal tongue you have momentarily borrowed, some healthy linguistic normality still exists" (Jameson 17). Pastiche involves an empty mix of thoughts where writers are bereft of individual style, and in this way, for Jameson, individuality and

impulse have been flattened out and, as he terms it, amputated. The notion of amputating individual style is indicative of this era of late capitalism, and in this thesis I will relate the amputation involved in the apotemnophilia and PLS to this postmodern context. I will explore how these conditions raise questions regarding the ways in which an individual copes with creating a sense of self as ruptured and whole within a fractured environment. Although the fragmentation involved in poststructuralist theory opens a way of discussing BIID and PLS, I do not contend that these conditions are a result of a postmodern environment. Rather, I examine the way that postmodern theorists write about the fractured body, individual, and text, and how this can help us think about the experiences of those with BIID and PLS.

Alphonso Lingis is interested in how the body and theory are interlinked, and he explores the ways in which contemporary thinkers discuss the body through physiology, social technology, psychoanalysis, and ethical theory. Within a phenomenological framework, he examines how bodily perception is linked to culture, identity, and philosophy. If one's physical perception is inseparable from the larger context of cultural technology, how are the two interlinked, and how does technology affect one's physical identity? Lingis proposes that if a tool is an extension of one's body, "[i]s it not also an exteriorization of that organ—a separating from our body of its own organ?" Has "technological equipping not been a divestment of the body of its own organs for cutting, chopping, and grinding, its motor forces, its powers of surveillance, and its programming faculty?" (ix). Lingis analyses these questions through the Freudian and Lacanian concepts of the phallic stage, which are thought to cause a person to identify with a loss in the other. Lingis explains that with "this identification, the infant enters language; his physical presence becomes, for himself and for others, a sign" (ix). While I am also interested in how others inform one's physical presence, perception, conceptions of loss, and the way one is constructed through signs, I do not follow Lingis in specifically discussing bodily "fluidity" and its relation to politics and economic discourse. Although his thoughts about technological organs seem particularly pertinent to prostheses and amputation, I do not focus on this relationship. I am more interested in the mirror-box as an illusory extension of the

body, and the way in which illusion, the imagination, and language are involved in creating a sense of self-restoration.

Ihab Hassan's exploration of the postmodern condition focuses on the limits of language and literature, includes that which lies beyond postmodernism, and addresses the question, "what kind of self, in its society is adequate to our postmodern world, a world caught between fragments and wholes, terror and totalitarianism of every kind?" (Hassan, *The Postmodern Turn* xiv). Integral to postmodern thought, in Hassan's account, is the fact that we cannot choose between binaries, but must instead "reopen […] terms to constant negotiations" (Hassan, *The Postmodern Turn* xvii), which we must approach by attending to linguistic silences. It is this preoccupation with silence that interests me, and is discussed at length in *The Dismemberment of Orpheus* (1971). Here, Hassan defines silence as the disruption of language, and examines the work of modernists who abandon "traditional elements of fiction such as character, plot, metaphor and meaning" (Woods 52). He uses the Greek myth of Orpheus as the starting point for his discussion, because Orpheus's dismemberment echoes the postmodern rupture of linguistic meaning. When Orpheus's broken body continues to sing, explains Hassan, it holds "a contradiction—between the dumb unity of nature and the multiple voice of consciousness—that the song itself longs to overcome" (*Dismemberment* 6). Orpheus allegorises the human conflict between the desire to destroy and the search for unity and meaning, because he is simultaneously torn and vocal, he expresses his fragmentation. And, as I discuss in Chapter Three through analysis of Blanchot's essay "Orpheus's Gaze" (1982), BIID and PLS both raise questions about the paradoxical search for unity through rupture.

Hassan is additionally interested in the topic of schizophrenia, suggesting that, since schizophrenics speak symbolically rather than logically, Orpheus's condition also reflects the schizophrenic. He theorises that linguistic discussion is to be uprooted by resisting discourse, and so we must consider the schizophrenic mind-set. He writes, "if the fall of human consciousness is into language, then redemption lies in puns and metaphor, holy derangement, the re-sexualisation of speech, babble or silence" (*Dismemberment* 16). For Hassan, literary fragmentation and non-coherence is integral to change. This idea of listening to a unique perspective from those who deal with psychosomatic fracture underlies this thesis.

Since those with BIID and PLS reveal a way of thinking that—as previously noted—can be related to diagnoses such as psychosis, they provide insight into the "non-rational." These conditions resist language, and thus, theories concerned with the silences within language, on what the body expresses, can help us explore what is involved in each syndrome. In developing these ideas, I focus on the work of Maurice Blanchot, because, as Hassan writes, "Blanchot understands the authority of the negative; he dwells constantly on the limits, the impossibility of literature" (*Dismemberment* 19).

Additionally, Hassan's notion of silence "as a concept or metaphor, [that] fills our place" (Hassan, *Orpheus* 22) is reflective of the phantom limb sufferer who fills the place of physical lack with a silent concept of self (the phantom). However, the phantom limb is not precisely a concept or metaphor. Although, in this thesis, it is at times used as a metaphor for psychoanalysis, language, and the literary text, PLS is also a lived experience that involves an uncontrollable drive to fill a place with a silent presence that cannot be linguistically comprehended. Like Hassan, I am interested in how feelings of fragmentation can be expressed outside a dialectical and unified language and society, although I do so in connection to specific bodily conditions. I also turn to linguistic rupture as a way to think about what kind of a self exists in a "world caught between fragments and wholes" (Hassan, *Orpheus* xiv), and how a deficient sense of selfhood may be restored in BIID and PLS. I am not alone in drawing links between phantom limbs and postmodern thought, as the following analysis of literary limbs demonstrates.

Literary Limbs

In his article "Archive Trauma" (1998), Herman Rapaport argues that Derrida's "*The Post Card* may well be *Archive Fever's* phantom limb, something essential that has been cut off and that haunts the text" (69). Rapaport proposes that if we read Derrida's writings on archives while keeping the "phantom limb in mind, archives occur at that moment when there is a structural breakdown in memory" (Rapaport 69). Put another way, archives, like the phantom limb, are products of trauma. Rappaport suggests that archives, for Derrida, are in turn fragmented, bordering on a madness that, like the phantom limb, cannot be explained: "[i]t is an insanity that defies anything like an essentialist (but also constructivist) explanation"

(Rapaport 80). Rapaport also argues that Derrida's concept that a cinder cannot be mourned is "alien to everything we know as the human and for which no therapy, psychoanalytical or otherwise, could ever be adequate. *Archive Fever* speaks to this inadequacy by way of its phantom textual limbs" (Rapaport 71). While intriguing, Rapaport's reading is somewhat problematic because there is a certain conflation between phantom limbs, archives and texts. By suggesting that "*The Post Card* may well be *Archive Fever's* phantom limb," and that *Archive Fever* has "phantom textual limbs," Rapaport suggests that texts are not analogous to, but synonymous with phantom limbs. Although a text may act as a metaphor for a phantom limb, the syndrome is a specific bodily problem. While I make links between texts and limbs, I do not suggest that the work itself is a phantom limb, or the limb a text. I aim to explore the way in which the absences and histories behind certain literary works relate to the semi-presence and absence that is the phantom limb. In this way, the phantom limb is not only a metaphor for certain texts, but also an experience that relates to a certain kind of interaction with language.

James Krasner allegorises PLS through literary examples in his article "Doubtful Arms and Phantom Limbs: Literary Portrayals of Embodied Grief" (2004). Krasner examines the way grief is represented through a "framework of tangibility" (Krasner 220) in relation to embodied grief. He asks how literature can bring about "discomfort by allowing us to participate in the illusions of physical presence to which the grieving are prone, placing us in the midst of an irritatingly and cripplingly present grief" (Krasner, "Doubtful"). Here, literature produces something similar to what is conveyed through the phantom limb syndrome: a feeling of bodily discomfort that stems from grieving a loss. Krasner investigates how grief can develop into a variety of bodily actions, by tracing various theories of embodiment including those found in the works of Merleau-Ponty, Derrida, and Freud. Krasner develops the concept of embodied grief through analysis of Virginia Woolf's *To the Lighthouse* (1927), in which the widower Mr. Ramsay reaches out for a brief moment, expecting to find his wife's body. Like the phantom limb sufferer, the protagonist does not feel the body, but "the 'place' where that body belongs" (Krasner, "Doubtful" 226). Here, "[l]iterary portrayals of grief that emphasise embodiment present the bereaved with compromised bodies, [… failing] to adjust to the physical postures and environments their losses have left to them" (Krasner,

"Doubtful" 226). Krasner's article is helpful in foregrounding a more general view of how an environmentally imposed loss can affect physical existence. However, while Krasner focuses on the loss of loved ones, I do not explicitly discuss grief (although I do discuss parental absence). I am additionally concerned with the splits between fragmentation and wholeness, and the mind and body, which Elizabeth Grosz discusses in *Volatile Bodies: Toward a Corporeal Feminism* (1994).

Grosz weaves the phantom limb example into a discussion of how the body incorporates its material surroundings. The phenomenon, she writes, "attests to the more or less tenacious cohesion of the imaginary anatomy or body schema" (41), which is also apparent in hysteria, hypochondria and sexuality. Grosz emphasises the fact that the "biological body, if it exists at all, exists for the subject only through the mediation of an image or series of (social/cultural) images of the body and its capacity for movement and action" (Grosz 41). The phantom limb, in her account, raises questions about the continual transformation of the body image. She also points out the disconnect between body image and the lived body, in experiences such as sicknesses, in adolescence, within gender roles, and in relation to neurosis, psychosis, and hypochondria. Grosz discusses the phantom limb and castration, additionally asking whether "women have a phantom phallus?" and whether "women experience the castration complex as a bodily amputation as well as a psychosocial constraint? If so, is there, somewhere in woman's psyche, a representation of the phallus she has lost?" (73). These ways of thinking about the phantom and how body images might be shaped through the environment leads her to conclude that any "zone of the body can, under certain circumstances, take on the meaning of any other zone. This occurs more or less continually in normal mental life but is particularly striking in neurotic and psychotic disorders" (Grosz 78). Like Grosz, I question how the phantom limb disorder exemplifies a continual transformation in body identity and how the body exists through the medium of images. However, I expand upon her thoughts by considering what mirror therapy illuminates about the "tenacious cohesion of the imaginary anatomy," and discuss these thoughts in relation to BIID. Since according to Grosz the phantom limb demonstrates that the biological body exists for the subject only through the mediation of an image, I ask, what does this mean for those with BIID who are often tortured by the fact that their biological body does not match their image of

self? I am interested in what mirror therapy conveys about how we cope with this rupture in "imaginary anatomy," in how images and language affect one's physical and somatic sense of bodily cohesion.

David H. Evans also examines the connection between language and BIID in "CUT! … Flannery O'Connor's Apotemnophiliac Allegories" (2009). Evans's article considers how BIID may facilitate an interpretation of imperfect bodies in Flannery O'Connor's writing, and hinges upon the question as to how BIID elucidates O'Connor's portrayal of imperfect bodies. He uses the phenomenon to examine the content and form of O'Connor's fiction, stating that "[t]he link between O'Connor's narratives and apotemnophiles' bodies is that they can both be considered texts that demand interpretation and in so doing put in question our reflexive valorisation of wholeness, our default preference for faultlessness" (Evans, "CUT!" 309). The relationship between BIID and O'Connor's texts, Evans suggests, is an aim towards incompleteness, which is explored through O'Connor's story, "The Life You Save May Be Your Own" (1955), as it poses questions about embodiment and wholeness in relation to language. One character in the book, who has a missing arm, is distanced from his own language. For Evans, what the character's broken body suggests is that language cannot accurately convey the speaker or writer's intentions, and is thus lacking, and that "it is what is missing that defines what it means to be human, which is the story's ultimate theme" (Evans, "CUT!" 315). The theme is further developed through the argument that in O'Connor's story "Good Country People" (1955) there is "no direct articulation between things and signs, or thoughts and bodies" (Evans, "CUT!" 318). Here Evans compares the apotemnophile to the legless Hulga, on the grounds that Hulga's impairment becomes part of her identity and body image and is desired as a reinforcement of this identity. Hulga's impairment is thought to parallel the story's incomplete structure, as O'Connor omits one part. By examining O'Connor's stories in this way, Evans establishes that "it is our condition of embodiment that constitutes our incompleteness […]. It is because we are always, in a sense, amputated from the beginning, 'almost cut in two,' that we can never have the whole thing" ("CUT!" 326). Lastly, a parallel is drawn between incompleteness in BIID and the gap between a sign and its meaning, which is a concept central to modern, postmodern and poststructuralist thought. This notion

of an irresolvable gap between sign and meaning and its relationship to apotemnophilia also underpins my discussions of literary theory, literary works and psychoanalysis. However, while Evans explores the theme through the specific example of amputated individuals in O'Connor's work, I take a psychoanalytic perspective, and offer a more detailed investigation of how bodily composition is related to the way in which certain literary and fictional works are composed and embodied.

In *Prosthesis* (1995), David Wills works from memories of his father's phantom limb pain. The question he asks in relation to this is how nature relies on artifice, which he approaches by overlapping his own memories with a variety of fiction, art, psychoanalysis, film, and literary theory. He aims to show that "prosthesis is concerned as much with the practice of writing as with the writing of theory. The enfolding of one within the other, their cutting and pasting, simply reinforces the fact that the two are resolutely coextensive" (Wills 28). Writing, for Wills, is prosthetic because it is artificial and fragmented. A prosthetic leg, he explains, is made of some alloy, and yet it is still called a wooden leg, which demonstrates that "[t]he wooden leg is not really wooden. Language has already taken leave of reality, the literal taken leave of itself. By the same logic, that of the stand-in or supplement, which is that of language itself, a language that has always already taken leave of itself, by that same logic it is probably not a leg either" (26). Wills suggests that language replaces the thing, referencing the postmodern crisis of representation. The wooden leg is not a leg to begin with. And even if the prosthesis were a leg, he explains, saying this would not make it so. For Wills, therefore, just as the prosthesis supplants the leg, language is always at a remove from what it represents.

Although I refer to the notion of an irresolvable gap between signified and signifier, I do not suggest that writing and a limb (phantom or prosthetic) are coextensive, because an amputation is a corporeal condition. I am interested in the way that the phantom can be undone by a kind of illusory prosthesis—the mirror image— and it is this image that, for me, serves as a metaphor for language. However, I do not contend, as Willis states above, that language has taken leave of reality, but rather, that language is undifferentiated from "reality," that the mirror limb is a symbol reflective of language that can alter pain. For me, then, the

linguistic and somatic are interrelated, as Segal writes, texts "invoke the movement of eye or hand towards something one ought to be able to caress" (*Consensuality* 120). Texts and language, in this way, can have physical effects. I argue that analysing certain kinds of texts that are concerned with somatic and linguistic fragmentation can thereby illuminate the way in which the body is conceived of in BIID and PLS. To approach this, I will combine four types of material: individuals' descriptions of BIID and PLS, psychoanalysis, literary theory, and fictional works.[11]

[11] Although I do not discuss these analyses in this thesis due to the pertinence of the arguments, some other fascinating insights have been made about the phantom limb syndrome. In *On Balance* (2011), Adam Phillips suggests that "[j]ust as there are phantom limbs there are phantom histories, histories that are severed and discarded, but linger on as thwarted possibilities and compelling nostalgias" (105). Here, the phantom limb acts as an allegory for ideas and words that create possibilities through their absence. Unique to the previous analyses of the syndrome, Naomi Segal's *Consensuality: Didier Anzieu, Gender and the Sense of Touch* (2009) relates the phantom limb to an angel or imaginary friend: those lost objects that, like the phantom limb, are not exactly lost. However, she writes, "[u]nlike an imaginary friend, the phantom limb is a externally projected part-object and, as with the lost love object, it is hard to know what exactly is meant by saying 'it' hurts" (Segal, *Consensuality* 224). The phantom limb is subjective, and in this way, that which is responsible for the pain is placed elsewhere, on some "it." What happens, she wonders, after a betrayal occurs in a relationship when two people become lost to one another, when someone is unrecognisable? In this situation, she proposes, we are the one causing the betrayal and carrying the pain: "we become their phantom limb" (*Consensuality* 227). Shawn Huffman's "Amputation, Phantom Limbs, and Spectral Agency in Shakespeare's *Titus Andronicus* and Normand Chaurette's *Les Reines*" (2004) uses the phantom limb example to explore how sense is a performance and how action is a projection, which he calls, "spectral agency." To do so, he analyses amputated characters in Shakespeare's *Titus Andronicus* and Normand Chaurette's *Les Reines*, asserting that "[t]he phantom-limb phenomenon manifests itself through texts. Literature haunts the body, providing it the modified means through which it may interact with the world" (77). In this instance, a lost body part equates to a lack of communication, which is performed through the text. Both examples thus reveal "the impact of literary discourse in shaping subjectivity, body image and perception" (Huffman 78).

"Phantom limbs: Film Noir and the Disabled Body" (2003) analyses a variety of noir films in which an individual with disabilities plays a supporting role, which "serves as a marker for larger narratives about normalcy and legitimacy" (Davidson 57). Here, Michael Davidson uses the phantom limb to signify a "residual sensation of narratives that film cannot represent or reconstitute" (58); the phantom limb again stands for a work's (though this time filmic) incompleteness. While studies of the phantom limb generally refer to a desire for a whole body based on a Freudian lack, states Davidson, he sees the phantom limb as body "still under construction" (71), and when read in light of these noir films, it stands for, more simply, otherness. Lennard Davis's "Nude Venuses, Medusa's Body, and Phantom Limbs: Disability and Visuality" (1997) concerns the way in which representations of the body usually portray a dialectic between the normal and the disabled, and how disabilities involve a space that the body cannot occupy. Two examples of bodies in culture are used to fortify his thesis: the Venus de Milo statue, and Pam Herbert (a woman with muscular dystrophy who is widely pitied). She writes, in relation to the Venus de Milo that in "the case of the art historian, the statue is seen as complete with phantom limbs and head. The art historian does not see the lack, the presence of an impairment, but rather mentally re-forms the outline of Venus, so that the historian can return the damaged woman in stone to a pristine state of wholeness" (Davis 57).

To begin, the first chapter takes two individuals, one with BIID and one with a phantom limb (who uses mirror therapy), investigates their experiences of psychosomatic discord, and surveys how these kinds of experiences will be discussed throughout the thesis. The mirror treatment prompts questions about how we are formed through images and symbols, which I address in Chapter Two, by unpacking the relationship between psychoanalysis and literature. This opens a dialogue about the reparative possibilities of language, which is elaborated through a discussion of two psychoanalysts: André Green and Marilia Aisenstein. Their interest in tracing split-off parts of the self (as seen in BIID and PLS) through gaps in speech is developed in Chapter Three, through the works of Jacques Lacan, Maurice Blanchot, Sigmund Freud, and the example of Powell and Pressburger's *The Red Shoes* (1948). In this discussion, questions are raised about the physical impact of images and symbols in relation to fiction, literature, and the mirror-box. Chapter Four explores how they (images and symbols) can be helpful in integrating a traumatic split, through D.W. Winnicott's theories on "breakdown" and the "transitional object," which are developed through Quentin Tarantino's film *Death Proof* (2007). What we find is that they—as the mirror-box demonstrates— might suspend a lack, a process linked to the exchanges that can take place linguistically, in fictional works, and in psychoanalysis. Finally, in Chapter Five, I use the example of Georges Perec's semi-autobiography *W or The Memory of Childhood* (1975) to demonstrate how the problem of striving for a false whole can be appeased through these types of exchanges, and how they can facilitate a symbolic self-reconstitution. Thus, my aim is to illuminate new perspectives on the kinds of experiences expressed by those who have PLS and BIID. As I have shown, since the disorders have predominantly been studied through a biomedical paradigm that fails to secure answers or cures, this thesis argues for a necessary analytical standpoint that reads PLS and BIID through the discourse of psychoanalysis, literary theory, and certain fictional texts that foreground bodily rupture. I do this to show how a drive towards wholeness may be worked through by attending to a psychosomatic and a fetishistic disavowal.

Chapter One: We didn't ask for this pain

"Sometimes [I] feel as if the fingers on my amputated hand are moving uncontrollably, which is both extremely painful and embarrassing," writes one individual with a phantom limb (Nortvedt 602). And in his self-published book *Amputation on Request* (2011), BIID sufferer Alex Mensaert explains that the "need for amputation is an obsession that keeps a wannabe the whole day busy [*sic*] till he gets his wanted limb(s) amputated" (44). [12] Mensaert later states that the vast majority of the individuals he spoke to that are determined to self-amputate are aware that eighty percent of (BIID) amputees suffer from "severe phantom pains," and that "their answer to the question what could be the reason they were not perfectly happy immediately [after amputation] is clearly; [*sic*] 'because we didn't ask for this pain'" (54) (referring both to the torment of BIID and the post-amputation phantom). Already there is a certain paradox here: the BIID sufferer desires to be in the physical shape of those with phantom limbs, and those with phantom limbs desire to be in the physical shape of those with apotemnophilia. Although they oppose each other in this way and involve seemingly different types of pain (the physically generated phantom versus the psychically orientated BIID limb), they undergo a very similar struggle, and, in a sense, mirror one another. Individuals with both syndromes want to amputate what feels like an extra limb. In what follows I will be unpacking the similarities and differences between these phenomena through the stories of two individuals' struggles. First I examine the story of Peter, a man with BIID, and second that of Stephen, whose phantom limb was healed through the use of mirror therapy. Both individuals convey a feeling of helplessness, a difficulty with psychical and physical fragmentation and wholeness, and a dissonance between subjective and objective senses of self: with how they feel and how they are perceived.[13] In turn, both desire to feel psychosomatically

[12] As discussed in the Introduction, the term "wannabe" refers to those with BIID who self-injure, self-amputate, or pursue black-market surgery.

[13] Since this thesis is concerned with the body, and the body is fluid, or according to Anzieu, "[t]he skin is permeable and impermeable" (qtd. in Segal, *Consensuality* 45), the divide between internal and external is blurred. As Drew Leder explains, "the inner body is characterized primarily by its recession from awareness and control. The body surface, conversely, is lived out primarily through ecstasis. Yet this contrast does not constitute a new dualism. It only serves to highlight the limit points of a comple-mental series that embraces interfusion, exchanges, and intermediate modes" (*The Absent* 56). Although I differentiate internal and external at times, this is not to suggest that

integrated, accepted, and complete. However, their experiences with these feelings differ on several accounts.

An additional connection between Stephen and Peter is that they struggle to comprehend their sensations. For both, language is an insufficient tool with which to completely understand and allow others to understand their feelings. This is particularly harmful for Peter, as he is thought to be mentally ill by those close to him, and is insufficiently supported. Interestingly, it is in fact support from friends and family that both Stephen and Peter find integral to their improvement. Peter was able to begin accepting and sharing his struggle through the help of internet research and by communicating with others who have BIID, though these communications were often fragmented and ambiguous. I suggest that this ambiguity facilitates the expression of non-logical sensations. A similar point will be made about the importance of the fictional aspects of Peter's story, the telling of which was beneficial to his recovery. In relation to this concept of fiction, the mirror therapy Stephen uses to self-heal parallels a certain notion of language, because it involves a fictional recreation, an image of Stephen's physical unity that is at once fragmented and whole. In drawing these links, I will establish how both Peter and Stephen use language and communicate to recreate their bodily and psychical selves, and how this is manifested in the mirror-box, which Stephen uses to integrate his mind and body. In this chapter, I will introduce the ways in which I will be using the selected texts within this thesis to understand more about how Peter and Stephen's cases can be explored from outside a biomedical approach. In what follows, both case studies will be evaluated and related to each chapter in the thesis in order to map out the ways in which I will be analysing the experiences of those with BIID and phantom limbs from a non-biomedical framework.

Peter

In *Amputation on Request*, Mensaert discusses his own experiences with BIID, while also sharing several interviews and letters from other apotemnophiles. Amongst these letters is one from Peter, who is a man of unknown origin, and who tells of his struggle with the syndrome. His letter is written in broken English and

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there is a binary, keeping Leder's explanation in mind. I use these terms at times for clarity, and in response to other theorists' (such as Winnicott and Melanie Klein's) use of the words.

chronicles how his long-standing desire to amputate his left leg above the knee has affected his life, relationships, and body.[14] In this first chapter, Peter's story will be used to develop an understanding of BIID that is separate from the biomedical approach. My intention here is to introduce the way in which Peter (who serves as an example for others with BIID) has experiences that are related to the cultural texts that will be discussed throughout this thesis. Before I develop these links I will introduce Peter's story, and establish how it relates to each of the following chapters of this thesis.

Peter's struggle with BIID began when, at the age of seven, he saw an amputee and thereafter grew obsessed with the desire to lose a leg. He never understood the origin of this obsession, and did not share his struggles with family or friends. He did, however, continually cut off his arteries with ligatures, which he describes as being both painful and pleasurable: though it caused him pain, he also enjoyed the feeling of paralysis. The act, however, was ultimately unsatisfactory, and Peter later went on to freeze his calf in order to have it amputated. However, when the attempt failed, Peter was left feeling helpless and alone. Subsequently, he began to research his condition online, and upon discovering that others shared his feelings, he was able to reveal the secret to family and friends. Although they did not completely understand, they (primarily) learned to accept his struggle and need to amputate. The numerous amputations that followed began when he froze and severed his own toe, and proceeded to cut off every toe on one of his feet. Although the psychological symptoms of his BIID were partially alleviated, Peter faced several dangers, some of which resulted in hospitalisation. As he continued to remove parts of his body, Peter also removed himself from relationships with the people closest to him, and found others who he felt understood him. Though his wellbeing increasingly improved (partially) as a result of these new relationships, he remained discontented with his physical form. He thus injected his body with bacteria, and was thereafter sent to a mental institution. Peter explains that here he was treated by doctors who—rather than listening to him—defined his problem as a suicide attempt and a form of self-mutilation, a diagnosis that angered him and

[14] All of the quotations from Peter's story are taken directly from the text, which includes several misspellings and misused words. Although this could be considered problematic in the following analysis, I am predominantly interested in what we can discover from the way in which he expresses himself more generally, rather than deciphering the exact meanings of the words he uses.

left him feeling increasingly alienated. He subsequently escaped from the institution, was threatened by the police to return, and was eventually granted the right to leave, after which he contacted a doctor on the internet who gave him anaesthesia to facilitate the desired amputation. Under the anaesthesia, Peter severed yet another toe, removed his foot with a hammer, and told others that he had been involved in an accident, which, he claims, they believed. In spite of these bodily modifications, Peter remained unfulfilled, and eventually fooled a surgeon into amputating his entire leg by telling him that he had terrible stump pains. Finally, Peter explains, he was able to start a "new life," but remained angry at the inability of those in the medical world to understand his struggle.

What this story suggests is that there is a strong link between Peter's desire to remove parts of his body and to remove people in his life, that written texts play an important role in his ability to share and alter his feelings, and that a nuanced understanding of BIID must be developed because this has not thus far been the case in existing medical interpretations of the condition. I want to begin by drawing out some theoretical threads between Peter's case study and each chapter in my thesis in order to introduce the ways in which I will be using psychoanalysis and literature to open new ways of thinking about BIID. In Chapter Two I discuss the potential problems with using a solely biomedical approach to understand BIID, and the ways in which certain types of psychoanalysis and literary theory are concerned with reading the body. I focus particularly on bodily and linguistic absences, and the ways in which these relate to the bodily lack involved in BIID. Since I begin Chapter Two by examining the weaknesses of the biomedical field in understanding and treating BIID, the current chapter will begin by tracing the ways in which Peter was disappointed by his experience with medical doctors.

When Peter finally decided to reveal the condition to his doctor (who is also a good friend), his doctor would not "talk to [him] about it, and that was just what [he] wanted, someone who wanted to listen to [him]" (65). Although the doctor primarily accepted that he had the condition, Peter explains that he ultimately felt betrayed by him, a person "who I trusted and knew for fourteen years, a man who promised me to never change my wannabe feelings" (69). Although the doctor attempted to help Peter by providing him with painkillers and sending him to a mental institution, he was unable to sufficiently understand or treat the problem.

Peter was additionally upset with the way the doctors and psychiatrists in the institution treated him. He explains, "I was some kind of *state property* without any rights. […] On the forms made by the psychiatrists stood all lies, according to them I was someone who thought about nothing else but suicide and self-mutilation" (68 emphasis in original). These doctors, therefore, though presumably with good intentions, further stigmatised and defined Peter, causing him to feel increasingly misunderstood. Peter's having been labelled as suicidal exemplifies the way in which professionals in the medical field often respond to cases like Peter's. They attempt to categorise those with BIID in order to facilitate treatment, which is necessary in some ways, as some BIID sufferers are suicidal. However, it can also lead to a limited and problematical treatment. In Peter's case, this categorisation further alienated him, as he writes, "[i]t was terrible hearing this, knowing I didn't want to die, I only wanted a leg off" (Mensaert 68). Eventually he was released from the institution on the condition that he saw a psychiatrist. The "crazy psychiatrist," writes Peter, "told me he thought that *internet-thing* was some kind of *sect*, and internet was the cause of me–continuing my plans to get rid of my leg. I always kept saying that I didn't want to loose my leg anymore; just to get rid of him" (69 emphasis in original). Here, Peter conveys that he not only felt misunderstood by the psychiatrist, but also encouraged to neglect the very thing that allowed him to feel most successfully understood: the internet. However, the internet sources were often dangerous to Peter, as some suggestions about how to self-amputate were hazardous to his health. This raises the question of whether there is an alternative way of understanding his dilemma, and I suggest that consideration of the connections between the body, language, and fragmentation can contribute new insight. Since Peter's story demonstrates that textual mediums play an important role in his struggle with BIID, I now want to investigate the ways in which Peter engages with and is affected by various types of text.

Throughout the story, Peter's actions are influenced by various texts (including conversations, posts, and threads on internet groups) that advance his understanding of BIID, and provide a platform from which to discuss the condition with those close to him. These texts, moreover, help Peter feel as though he is not alone, and it is this feeling that allows him to open up to others. After learning that others suffered from BIID, Peter was able to use medical texts to explain his

condition to his friends and family. In this way, texts affected Peter's life by enabling him to begin to accept and communicate his experiences with the syndrome. His actions were additionally shaped through a textual medium when he read about how to tie his limbs with an elastic ligature, and when a German wannabe and "internet doctor" taught him how to paralyse his toe and leg. Thus, although these texts did not engender physically healthy outcomes or enable self-understanding (though they eased his feelings of alienation), it is clear that in Peter's life, texts informed actions. They played a large role in facilitating his communication with others, and with the process of self-amputation. I explore this further in Chapter Two, in my discussion of the role played by texts and language in communication between the self and other, and the bodily effects caused by this.

I will be discussing one specific example that depicts this concept through a case study wherein a psychoanalyst, Marilia Aisenstein, works with a patient that has a psychosomatic condition. Paralleling Peter's experience in some ways, the patient (Mr. L) does not explore the meaning behind his own physical disorder, and Aisenstein is concerned with this lack. However, she does so with the intention of processing it psychically so that it ceases to be caught in the realm of the somatic, and in this way, she differs from Peter's internet interlocutors. In her article "The Man from Burma" (1993), Aisenstein suggests that the patient had physically registered a trauma that had been erased from the psyche, and by attending to the absences in his language she was able to repair his physical illness. In relation to the ideas brought forth in Aisenstein's case study, in this current chapter I am interested in that which might be hidden within Peter's story. However, in my reading I am not creating a psychoanalytic interpretation. Rather, I am simply introducing the concept of how hidden aspects within one's language might be illuminated. I pay particular attention here to how the psyche, language and the body are interconnected.

Firstly, when reading Peter's story from this standpoint, we find that his language is often conflated with his physical condition, rather than solely being used to describe it. For instance, in regard to revealing his condition to his wife, Peter states, "I told her I was a lie" (65). Rather than declaring that he had been lying, Peter maintains that he *ὠ* a lie, demonstrating that he could be perceived as physically defined through language: he embodies a (verbal) lie. The collapse of

boundaries between language and the body can also be detected when Peter tells his doctor of the condition: "I told him what feelings I was walking around already for years" (Mensaert 65). Here again, Peter's language suggests that he is literally walking with his feelings; his body symbolises his feelings in a literal sense. In Aisenstein's case study, Mr. L's body acts as a carrier for psychically orientated feelings he cannot access, and it is by unearthing these feelings through a linguistic reading, by attending to what is not directly stated in the patient and analyst's discussion, that his bodily pain decreases. Here, hidden elements of Mr. L's thoughts surface, and it is in Chapter Three that I focus on these thoughts as an other, obscure, self, a silent double. This concept is introduced currently as I investigate the ways in which Peter desires to perceive his own lack, and how this parallels literary theory and psychoanalytic practice concerned with perceiving a lack. I am particularly interested in the ways in which the body and language affect one another, and in how the desire to possess an absence, as seen in BIID, can be mediated by language. This, I suggest, is related to a discord between subjective and objective notions of self, and wholeness and fragmentation. Though I develop these concepts in Chapter Three, I shall introduce them now through the works of Sigmund Freud and Maurice Blanchot.

The most fundamental notion for Blanchot is that language is structured around an absence; that a void underlies the linguistic system. According to Blanchot, this system is an illusory and incomplete yet necessary one that is used for communication. What interests Blanchot is this notion of incompleteness, and the way in which writing involves an experience of erasure (as Leslie Hill writes, Blanchot's aim was to "bear witness to thinking of effacement" [*Maurice*, 116]). This mirrors BIID, I will suggest, in that those with the syndrome are interested in experiencing and expressing feelings of absence; and how language is inadequate in conveying this. In relation to this, for Blanchot, engaging with a text is a bodily experience, one, as we will soon explore, involving negation. Blanchot's thoughts thus elucidate the ways in which Peter's testimony demonstrates an overlap between language and the body. More specifically, this link illustrates the ways in which a deficiency in expression might be connected to a bodily deficiency. As noted, Peter faces difficulties in articulating his hidden feelings of fragmentation with others. When he first tells his wife of the syndrome, for example, it is in an

ambiguous manner. He writes: "[i]ndirectly I tried to talk about it with my wife […]. I printed out the medical texts I found, and gave them to her as a sign […]. We didn't talk much about it" (65). Perhaps this ambiguity can be attributed to a difficulty in completely expressing feelings. He conveys that he must communicate through texts and signs, through a fragmented dialogue that suggests a linguistic deficiency. Blanchot is interested in what underlies fragmented exchanges, and in illuminating that which language cannot reveal, what a word cannot express.

Blanchot's "Literature and the Right to Death" (1995) discusses what is referred to as the *two slopes of literature* (which will be elaborated in Chapter Three). Briefly, these slopes "constitute the poles of [literary] ambiguity" (Critchley, 49 emphasis in original), as theorist Simon Critchley writes, "[l]iterature always has the right to mean something other than what one thought it meant" (Critchley 49). I will concentrate on the first slope of literature in order to illustrate the way in which it parallels Peter's plight. The first slope of literature involves a notion of abstraction in the service of meaning. It is, according to Blanchot, "meaningful prose. Its goal is to express things in a language that designates things according to what they mean" ("Literature" 332). However, language cannot completely express thought or sensation, as Peter cannot completely express his feelings. Furthermore, Blanchot contends that language "murders" the "thing": in naming something, that thing is negated. Thus, language involves an experience of death and erasure. Blanchot explains: "[f]or me to be able to say, 'This [*sic.*] woman,' I must somehow take her flesh-and-blood reality away from her, cause her to be absent, annihilate her. The word gives me being, but it gives it to me deprived of being. The word is the absence of that being, its nothingness" ("Literature" 322). When the woman is named she is erased, because language is at a remove from the physical, the "flesh-and-blood." Put another way, when "things" are translated to conscious thought they are negated. Literature, writes Blanchot, "is *my* consciousness *without me*" ("Literature," 328 emphasis in original). Peter's disorder can be seen, therefore, as a failure to function on the "first slope," to understand language as that which puts us at a distance from ourselves. From another perspective, perhaps his amputational drive is a kind of failure in the connection between what Freud refers to as thing-presentation and word-presentation.

Similar to Blanchot's first slope of literature, the thing-presentation is

comprised of visual (ambiguous) images in the preconscious, while the word-presentation brings images to conscious thought. Freud writes that "[v]erbal residues […have], as it were, a special sensory source. The visual components of word-presentations are secondary" (*The Ego* 633). The preconscious, wherein the thing-presentation resides, is closer to the sensory, however as the image becomes conscious through a word-presentation, it is distanced from the sensory. Thus, perhaps we can see Peter as being trapped in the "thing-ness" of his limbs (the preconscious "thing-presentation"), as he is unable to render them linguistic entities. His feeling of absence must be represented through the body rather than through language. While Peter's expression must occur somatically, in Freudian psychoanalysis the sensory drives can ostensibly be distanced from the body through language. In Blanchot's thought, this removal from the sensory additionally occurs through language, though not in a curative sense. As he writes, "I say my name, and […] I separate myself from myself" ("Literature" 324). From this point of view, Peter is unable to adequately grasp or comprehend what is involved in his desires, and is driven to physically experience them. His subjective feelings of deficiency cannot be vocalised or comprehended linguistically; he is trapped in the "thing-ness," in that failure to function in the first slope of literature and use language to mediate bodily absence.

After having amputated a toe for the first time, Peter explains: "[I] wanted to feel the good amputation feeling. I wanted to feel my stump. I decided to amputate another toe, this time without informing my wife. I thought that when this time I would cut off my big toe that I would be able to enjoy the feeling of amputation" (66-7). Firstly, Peter desires to physically feel an absence, one that seems nearly impossible to obtain. Thus, just as language as Blanchot conceives of it cannot completely convey sensations because it is lacking, Peter cannot completely obtain his felt absence by enacting it. Moreover, since he did not tell his wife, the above quotation suggests (from this perspective) that a lack of communication is connected to the amputation. This again illustrates, in relation to Blanchot's theory, a clear connection between a lack of expression and a physical absence, specifically, a partial bodily death. Blanchot believes that death involves a possibility and impossibility (which is elaborated in Chapter Three), wherein individuals understand death because they experience the loss of another, and are

additionally unable to understand it, because it cannot be consciously apprehended. This can be related to Peter's desire for a partial "death." Blanchot is also interested in how the human relationship with death involves a desire to grasp the impossible. The German wannabe that Peter encounters exemplifies this notion, as he freezes his amputated toes. Although he does not want to die, the man needs to grasp a part of his dead body (the frozen toes), and in this sense experience a kind of death. This, as I will argue in Chapter Three, reflects the literary writer's plight as Blanchot perceives it. These concerns with a desire to experience death and with not knowing what "speaks in me" are also central to Freud's concept of the uncanny.

Peter's story begins with the statement that upon seeing the amputated girl (Helen) at the age of seven he was stricken with "a strange inner feeling." "Why," he asks, "isn't it me who is lying there in the hospital with one leg off?" (64). It is precisely a strange feeling that Freud's essay "The Uncanny" (1919) explores, a double self that one may not recognise but that is always buried within. Freud states that it is "a special core of feeling […] that class of the frightening which leads back to what is known of old and long familiar" ("Uncanny" 218-19). From this perspective, Helen represents a kind of double self that is buried within Peter, and that continues to invade his body and mind throughout life. Moreover, for Freud, the uncanny is a feeling of rupture and death that cannot be controlled, and that can manifest psychosomatically. Speaking of the incident when he froze his calf before attempting to amputate, Peter writes his calf was "black and dead," he "didn't knew how it happened, it was suddenly there" (64). Interestingly, then, although he froze it, Peter claims not to know how his calf became black and dead, suggesting that he both knew and did not know. Or, as one of Freud's patients Lucy R. states of her symptoms of hysteria, "'I didn't know—or rather I didn't want to know'" (Freud, *Studies* 117). From this perspective, Peter's denial that he caused the limb to turn "black and dead" is a kind of disavowal, a failure to recognise and a simultaneous recognition of the appendage.[15] As he later states in response to his psychiatrist labelling him suicidal, "I didn't want to die, I only wanted a leg off" (68). Though he does not want to die, he is driven to experience

[15] Although Freud's definition of disavowal changed throughout his writing, Jean Laplanche and J.B. Pontalis write that it is a (common) "mode of defence which consists in the subject's refusing to recognise the reality of a traumatic perception" (*Language* 118).

and possess a partial bodily death. And indeed, according to Freud, "[m]any people experience the feeling in the highest degree in relation to death and dead bodies" ("Uncanny" 13). Also reflective of the uncanny, a part of Peter's body feels foreign to him—it feels as though it should be absent—and he is repeatedly driven to remove it. For Freud, it is by tracing what is hidden in one's speech (the unconscious) that the experiences and ideas behind this drive may begin to be revealed (in psychoanalysis). In Chapter Four I expand upon the psychoanalytic interest in the hidden self, focusing on trauma and psychosomatic rupture through the works of D.W. Winnicott.

Like Freud, Winnicott is interested in the way communication and language are related to feelings of fracture, and in Chapter Four I focus on his thoughts about how a linguistic exchange might enable a reparative integration between the mind and body, the self and other. The essay upon which I focus, "Fear of Breakdown" (1974), explores a particular type of trauma in which, due to an absence experienced in infancy, a child is left with an incommunicable feeling of emptiness, reflective of Peter's struggle. In Winnicott's theory, if the infant's carer leaves it for too long, it experiences a feeling of being split between the mind and body, and is left with a feeling of anxiety. These traumatised individuals embody something similar to Peter's description of having a "strange inner feeling" from a young age that cannot be understood, and that materialises in various psychical and somatic forms. Since in infancy the feelings that relate to being left cannot be comprehended linguistically, Winnicott contends that they are registered in the body, and thus, traumatised individuals embody a psychical feeling, a concept that is reflected in a selection of Peter's statements such as the previously noted one: that he *was* a lie. Peter also, as noted, told his doctor "what feelings [he] was walking around with" (65), indicating that his body physically carries a psychical wound, and it is this type of wound that Winnicott analyses in "Fear of Breakdown." Although this does not suggest that Peter is traumatised precisely in the way Winnicott describes, the connection between Peter and the traumatised subject provides a helpful model with which to more thoroughly understand his experiences.

Winnicott theorises that traumatised subjects will, for the remainder of their life, endure an unconscious desire to return to a primitive state and re-experience

the feeling of traumatic fragmentation in order to gain control and restructure themselves. Therefore, at times, they engage in self-destructive acts. Traumatised individuals, in other words, may be unconsciously driven to reintegrate their feelings of being split and empty, and to feel as though they are "gathered" together. However, Winnicott suggests that they may additionally fear re-experiencing this traumatic state. Here there is a paradoxical split wherein the individual both fears and desires to experience fragmentation. Since Peter attempts to fragment his body, he reflects the traumatised individual who is driven to return to his early trauma to survive and restructure himself in order to feel integrated. Moreover, the traumatic state of rupture in Winnicott's theory relates to the absence of another individual (a carer), and thus, Winnicott suggests that reintegration must be approached through the help of another, such as a psychoanalyst.

Peter demonstrates a desire to be supported by another individual, thereby paralleling the traumatised patient in need of reintegration through the help of another. We see this when he seeks the help of the German wannabe in order to amputate his toe and bind his wound. However, rather than finding the supportive figure that Winnicott's theory calls for, it is another pained individual who teaches him how to "ti[e] up the wound"; to gather together his feelings of fracture through another's support. While for Winnicott, a traumatised patient attempts to experience a breakdown in order to feel more thoroughly integrated, in Peter's case, a similar kind of attempt proves insufficient. When read alongside Winnicott's paradigm, this can be related to the notion that traumatic experiences have been stored in the psyche rather than the body, and thus, the psyche is where integration must take place. Or, as Winnicott states, a traumatised subject might be "sending the body to death which has already happened to the psyche" ("Fear" 93). The patient, in other words, must experience a psychical, rather than somatic annihilation, in order to safely re-experience the trauma and subdue feelings of fragmentation. Peter additionally illustrates an attempt to restructure himself through stories about "false accidents," as he explains that he created stories about how he lost his limbs in order to convince others that his amputations were accidental. From Winnicott's point of view, he may be attempting to reform his identity in order to decrease feelings of rupture.

Winnicott offers an alternative concept of repair wherein an analyst helps traumatised subjects re-experience past trauma through a supportive and reparative linguistic and physical exchange. When Peter states that he "didn't want to loose my leg anymore: Just to get rid of him [the psychiatrist]" (69), he demonstrates that a desire to remove part of the body is closely connected to a desire to remove unsupportive people in his life. Throughout the majority of his life, Peter feels unsupported by his doctor and wife. However, he eventually is divorced and finds a girlfriend who he "got to know better and who understood me and tried to listen to my wannabe-feelings" (67). Thus, Peter's process of psychical recovery and physical destruction is aligned with the search for support. I contend that the kind of support this new girlfriend provides parallels that which Winnicott calls for in his model. Peter explains that she "[l]istened to me, not that she approved of what I wanted; having my leg off, but at least she paid attention to me. We fell in love and kept coming closer to each other more and more" (67). In Winnicott's paradigm, the psychoanalyst is able to provide a certain amount of distance that allows the patient to accept others' absences. Though Peter's girlfriend does not completely approve of his decisions, she remains present. Although this does not stop him from self-amputating, it does enable him to feel stronger. This does not suggest that she replaces an analyst, but that a certain type of support is important.

Peter's interaction with the internet doctor also parallels the psychoanalytic process in Winnicott's theory. Just as Winnicott suggests that the analyst and analysand are to enable healing by, in a sense, re-living the past in the present, Peter and this doctor devise a story as to why he had an accident. Here, rather than creating false accidents alone, Peter is assisted, and in turn, according to Peter, a surgeon believes him.[16] However, since the internet doctor helped Peter self-amputate, rather than, for example, helping him linguistically undo feelings of absence, this is not an exact parallel of Winnicottian psychoanalysis, but rather a demonstration of a similar kind of psychical support. Although his repair was attributed to a physical removal, I suggest that it was intertwined with having felt supported by others. It is not known whether he continued to amputate after the leg was completely removed, but often individuals with BIID continue to remove

[16] Although I am drawing a parallel between Winnicott's theory and Peter's experience here, I am not claiming that it was definitively not the removal of the entire leg (that Peter desired) that engendered Peter's feelings of relief.

parts of their body. The novelist George Perec explores a process of psychosomatic reparation through a fictional self-reconstruction in *W or the Memory of Childhood* (1975),[17] and Peter's story can be related to Perec's experience as it is reflected in this text. This literary example demonstrates how language and the body interconnect, and I explore *W* further in Chapter Five. I shall first examine the ways in which Peter and Perec convey a similar experience of feeling psychosomatically broken, misunderstood, and alienated from society. For Perec, language has a reparative effect, and I want to explore how language also plays a role in Peter's life. Specifically, Perec engages in a process of rewriting himself by fictionalising his past and identity through a text. In relation to this, the possibly fictional elements in Peter's story might be linked to his processes of bodily and psychical healing.

Peter's story begins with a description of having felt psychosomatically broken from an early age, and in *W*, Perec writes of a similar feeling. Although, like Peter, he never precisely understands its origins, Perec searches for them through the processes of psychoanalysis and in writing *W*. *W* is founded upon the premise that the past cannot be accurately remembered, and thus it is not an autobiography, but a semi-autobiography; it is aware of—and plays with—its fictional elements. Through metaphors, descriptions of photographs, and borrowed memories and stories, Perec shares the way in which his traumatic past affected and shaped him. He was physically weak throughout his childhood, and felt lonely and estranged from wider society. Similarly, Peter has feelings of incomprehensible fragmentation and estrangement. Like Perec, he feels as though he was defined by a lack from an early age, which he attempts to mend through the physical means of self-amputation. Additionally, they both encounter a struggle with the definitions that have been imposed upon them by society, which are related to false concepts of truth and wholeness.

In describing what occurred at the mental institution, Peter states that one patient was "one-hundred percent *nuts*" (68 emphasis in original). Here, his prejudicial language highlights his feelings about mental illness, suggesting that he employs the very definitions he fears. He continues to explain that this "old fool […] had millions of dollars hidden under his pillow, and he had to guard it all night

[17] Throughout the remainder of the thesis I refer to *W or the Memory of Childhood* as *W*.

long" (68). Firstly, "one-hundred percent" might suggest that for Peter, systems of wholes are closely related to sanity (the number seems to act as a proof). Possibly, therefore, some individuals who feel un-whole and use language in this way are attempting to (perhaps defensively) exclude others through a similar paradigm. Additionally, Peter states that he was "searching for perfection" (65), which, from this angle, may not only be related to bodily incongruity, but to a feeling of social inadequacy. He explains: "I tried to get my friends to understand it" but "heard from others they were laughing at me behind my back" (69). Perec also describes several instances of feeling isolated from social confines, which he illustrates through a fictional island called "W" that serves as a metaphor for society. Physically weak individuals are sent off this island and essentially tortured, while the "perfect" individuals strive for a "united" community on the island. It is this kind of social structure, Perec indicates, that contributed to his own feelings of rupture. Similarly, when Peter was sent to the mental institution he was not only socially ostracised; he was physically removed from society and heavily medicated. Thus, we can see how one's psychical and bodily feelings of being cut off are intertwined with the environment. Peter and Perec convey that this is partially due to the ways in which language is formed through a system of wholes, which I discuss in relation to poststructuralist theory throughout this thesis.

Both Peter and Perec demonstrate a need to use a fragmentary and ambiguous form of language to communicate. Since upon sharing his syndrome with his wife, Peter "printed out the medical texts [he] found, and gave them to her as a sign," Peter displays a need to communicate in an ambiguous and detached manner. Later, when Peter tells his friend that he is an apotemnophile, "without thinking," his friend explains that the root of the word, "apotemno" suggests "that it had something to do with amputation, he studied and knew the meaning of the word apotemno" (65). What Peter remembers of these moments, therefore, involves fragmented and more abstract linguistic forms. Perec's text is concerned with a similar type of communication, and is written in a ruptured form. As I will argue in Chapter Five, Perec indicates that a linear language based on a system of wholes is insufficient for expressing feelings of incompleteness. As a child, before he was aware of a problem with linguistic expression, Perec drew pictures to convey his incommunicable feelings, which echoes Peter's experience with BIID.

Peter explains that when he told his old friend (and doctor) about his condition, his friend stated that he should have known because "[d]uring all our friendship he saw me often enough make drawings about amputees" (65). This form of expression through drawing may signify a frustration with communication and comprehension, as drawing involves a visual element that may be able to portray something more subjective than words can convey. Additionally, drawings are generally more abstract than language; they do not directly explain that Peter has BIID, but rather can depict the images and feelings involved. Interestingly, Perec also drew pictures of fragmented bodies from a young age, which denotes that Peter and Perec share similar difficulties with expressing feelings of rupture linguistically. Therefore, a less direct form of communication may, in some cases, more adequately express experiences of brokenness.

Perec, moreover, acknowledges that his past cannot be remembered accurately, shared objectively, or understood completely, either by himself or by others. It is because he is able to recognise this that he distorts and obscures his past. In this way, linguistic form echoes a drawing (in its obscurity). However, language is more successful in expressing the specificity of Perec's feelings. By writing in this manner, I contend, Perec is able to begin rewriting his identity in order to more comprehensively understand, share, and in turn, begin to repair his painful fracture. He is able to do this by, primarily, recognising the fictional aspects of his life and identity. I now want to return to Peter's statement about the patient at the mental institution (that the "old fool" "had millions of dollars hidden under his pillow, and he had to guard it all night long"), because it suggests that for Peter, individuals who are unaware of the fictional nature of their own stories are "mad." This "old fool" *had* money under his pillow, rather than *claiming* to have it. Although it is obvious that Peter means to say that the man claimed to have money, his neglecting to use this word suggests that Peter is knowingly mocking the delusional man, and is therefore not "mad." He himself is aware that his leg is objectively attached to his body, and is in closer contact with the environment. For Peter, then, health is defined in part by individuals' abilities to recognise the fictional nature of their subjective feelings of reality, and to recognise that they are not objectively shared.

Thus, tracing the possible fictions within Peter's narrative further illuminates the ways in which Peter feels misunderstood. There are some tenuous aspects of Peter's story. First, the assertion that he escaped the mental institution is questionable, as this is a highly unusual occurrence. Secondly, various amputations that Peter describes, such as cutting off his foot with a hammer, are dubious. Another unrealistic claim is that towards the end of his struggle, people in Peter's life believed that his foot amputation was the result of an accident. Since at this point people were aware of his BIID condition, it seems unlikely that they would unquestionably believe the story. We cannot, of course, know the absolute truth (and, as I argue, this does not exist), and this is not my interest here. Rather, I am concerned with what some of the (partial) fictions discussed here and elsewhere in this thesis can reveal about concealed thoughts and experiences. In relation to Perec's experiences of writing a semi-fictional narrative, I suggest that illuminating the fictional (though, ostensibly, subjectively true) aspects of Peter's autobiography can allow for an alternative kind of listening. Towards the end of his story, Peter explains that after amputating his foot, "I told another story and made everyone believe I had an accident. Fortunately, everyone believed me, and the next day I woke up with my left leg amputated under the knee. Finally, at least I reached my goal, or at a least for a large part" (70). Though this relief coincides with a dangerous self-amputation, it is by attending to the other aspects of Peter's experience and story that we can begin to understand this kind of a fragmented and painful relationship between the psyche and soma, self and other, language and the body. He continues to explain that when his third surgeon believes his story and amputates his left leg completely, he starts a "new life." Here we see how Peter's repair is closely linked to a fictional reconstruction of the self, and it is a different kind of fictional self-reconstruction that has reparative and healthier effects in Stephen's experience of having a phantom limb, which I will now survey.

Stephen

On the website *www.reddit.com*, activist and amputee Stephen Sumner shares his experience of having a phantom limb. His posts were written eleven years after Stephen lost his left leg in a "horrific" motorbike accident, after which he suffered multiple traumas and fell into a coma. However, his only lasting pain, he explains,

was a phantom limb. After roughly five years, Stephen was introduced to mirror therapy,[18] which he used for two years, until his pain disappeared. He explains that after his pain disappeared:

> It dawned on me that I was, basically a very lucky dude to have had all these circumstances collude to give me back my life and places on Earth where peeps, for myriad of reasons, are not nearly so fortunate […]. So I set about forming a one-man humanitarian organisation aimed at using Mirror Therapy […] to help relieve the suffering caused by PLP in these traumatised places.[19]

He travelled through various impoverished countries in Asia with mirrors and taught individuals how to use them to help with PLP. As those on *Reddit* proceed to ask questions about the experiences involved, Stephen describes the phantom limb pain as a relentless feeling of "strangeness" and "agony." The pains, he writes "tend to hit you in very specific spots" and are "SUPER-intimate," involving sensations such as crushing, cramping, pins and needles, restless leg syndrome, burning, and (most painfully) electric shock. The only sensation he was unable to eradicate was the burning, although, he explains, it is mild, and in one spot. It is "nothing," he writes, "next to the smoking, black-out electrical spasms I used to host." Although medicine was unable to "touch the pain," by sticking to a routine of mirror therapy he was able to "rewire" and alter his sensations. Though he asserts that the sensations are impossible to completely describe, they were, he writes, "comforting," "cool" and "uncanny," "kinda like a homecoming." When he first gazed into the mirror, Stephen was "suffused with a sense of calm completion," and a "very vivid feeling of 'activation' in the gone leg. It was there again and it was comforting," and after five weeks, the pain was almost completely eradicated. Ultimately, he found the strength to improve his condition through the support of his family and friends, who believed that he was "a big strong guy," and who offered "a huge amount of very quiet assistance." By keeping an open mind, looking

[18] Since Stephen uses a flat mirror rather than a mirror-box, I refer to the phenomenon as mirror therapy throughout this chapter. However, the original model by Ramachandran was a mirror-box, and therefore I also refer to it as a mirror-box throughout the thesis.
[19] As with Peter, I have not altered the grammatical errors in Stephen's statements.

at his reflection, and engaging with his imagination, he explains, Stephen's was able to "move" his phantom and it eventually vanished. He also states that he "really like[s] to help folks," and as he teaches them to use the mirror, he tells them to practise moving, touching, and looking at their existent limb. Thus, it was through communal support and a psychosomatic process, rather than a medical one, that Stephen's PLP was eliminated.

I now want to relate Stephen's experiences to the thoughts that will follow throughout this thesis, as I did in the case of Peter, beginning with the difficulty involved in the biomedical approach to relieving PLP. As discussed in the Introduction, many people with phantom limbs find medication to be unhelpful, and as Stephen explains, although Opioids and Neurontin reduced the "panic element" that accompanies phantom limb pain, medication (a purely medical approach) was ultimately useless. However, a purely psychical approach was also unhelpful, as Stephen demonstrates in his statement that he endured the pain for four or five years "thinking that I could 'man up' or 'mind-over-matter it,' but no dice. It was bigger than me." Thus, paralleling the solely medical physical approach, this attempt was also unsuccessful in healing the psychosomatic pain. Since it was mirror therapy that helped Stephen, I shall now discuss its position in the medical field. In his online dialogue, Stephen writes: "from a neuroscientific view the guy you want to search [… is] VS Ramachandran." Although Ramachandran is a neurologist who invented the mirror-box cure by studying the brain (rather than the mind), his technique is unconventional in that it does not treat a physically present disorder through medical means. Rather than healing the body through medical intervention or taking the "mind-over-matter" approach, mirror therapy involves both the psyche and soma; it affects a psychically felt and physically orientated pain. Stephen demonstrates the ways in which the therapy relates to both his mind and body in his statement that when introducing it to others in the world, he "inculcate[s] this mantra: LOOK, MOVE, IMAGINE." Indeed, this mantra involves an interaction between the physical acts of looking and moving, and the psychical act of imagining. For Stephen, then, the only way to heal a psychosomatic injury is through a psychosomatic mechanism, suggesting that since the physical feeling involved in the phantom is located in the psyche, it must in this case be treated through the psyche. The mirror-box, in other words, works

because it is not only psychical or physical; like the phantom, it is both at once. There is a paradox here that relates to the way in which Stephen uses language to describe phantom limbs (as they can and cannot be expressed), and in what follows I explore this by returning to the theory of Blanchot. What is essential is that Stephen is frustrated with the inability to understand an absence, and it is precisely this kind of a difficulty that concerns Blanchot.

PLP, writes Stephen, was "bigger that me." The burnings and electrical shocks "totally beggar words," and the mirror experience is "impossible to describe." Although he explains that the sensations cannot be described, they are nonetheless depicted as being "strange, uncanny, and cool." Here, language can and cannot communicate: though the sensations can be partially expressed, they ultimately escape definition, reflective of Blanchot's first slope of literature. Here, Stephen's paradoxical experience with language echoes Blanchot's notion of language because, as discussed, for Blanchot, a thing is murdered by its description, and thus sensations cannot be captured in language. This concept additionally echoes mirror therapy in that, as Blanchot writes, "real things […] refer back to that unreal whole" ("Literature" 330), just as the real loss of the original limb creates an imaginary whole: the phantom. Language, in other words, involves an illusory whole that is necessary for communication. Critchley explains that for Blanchot, literature "negates reality and posits a fantasized reality in its place" (*Very Little* 52). Similarly, the mirror Stephen uses negates the real feeling of the phantom limb, replacing it with a fantasised reality, the mirror image creates a new subjective reality. As the word "gives me being, but it gives it to me deprived of being. The word is the absence of that being, its nothingness" (Blanchot, "Literature" 322), the mirror image gives Stephen control of the phantom by erasing it. The image, in a sense, kills or negates the felt phantom. Thus, the mirror is a metaphor for and embodiment of language as Blanchot conceives it. In this way, the body and language do not only parallel one another, but are connected, and as noted in my discussion of Peter, I am interested in how language and the body overlap, and affect one another. Similar to the way in which Peter states that he "was a lie," Stephen conveys a conflation between language and the body. The phantom limb, he writes, left him feeling "ripped-off," a statement that indicates a similar collapse. What Stephen presumably means is that the phantom caused him to feel cheated,

however the language also indicates a literal and physical ripping off. From this point of view, it is important to explore what the body and language can convey about one another, and it is this relationship that psychoanalysis investigates. In Chapter Three I examine this relationship through Lacan's concept of the mirror stage.

In the mirror stage, an infant identifies itself in its mirror image, which is an unreal whole that contradicts the fragmented and ever-changing subject. Lacan contends that here a divide is formed between the fantasy whole mirror image, and the uncoordinated one. The mirrored reflection is thought to act as a blueprint for the subject's relation to images and language, which, as I will elaborate in Chapter Three, is related to the split that those with phantom limbs may feel: a bodily discord that contrasts a fantasy whole (the mirror limb). In forming these links I am careful to avoid what Vivian Sobchack warns against: that for several people who write about prosthetics, "corporeal wholeness tends to be constituted in purely *objective* and *visible* terms; body 'parts' are seen […] as missing or limited and some 'thing' other […] is substituted or added to take their place" ("A Leg" 210). What is neglected here, she continues, is the "structural, functional, and aesthetic terms of those who successfully *incorporate* and *subjectively* live the prosthetic and sense themselves neither as lacking something nor as walking around with some 'thing'" (Sobchack, "A Leg" 210). The works that she suggests neglect to discuss the more structural and functional aspect of prostheses differ from mine in that they discuss prostheses as opposed to phantom limbs and the mirror-box. Although the mirror limb is, in a sense, an illusory prosthetic, it is not used for functioning in the environment, but for pain relief. For me, the concept of a bodily lack is not limited to objective observations, as Sobchack warns against, but to the pain that is involved in a physical absence and how the mirror-box can offer a healing sense of "corporeal wholeness." As Stephen explains, during mirror therapy "I was literally suffused with a sense of calm, completion." He continues:

> you gotta look right in the eyes and it is incandescent and unmistakable and is, truly, that LOOK, the reason I continue […]. The first instant that I gazed into a mirror at a sound limb that was bending and waggling and all, in place of this epicentre of electrical storms.

Stephen, like the baby in Lacan's mirror image, is delighted and transformed upon recognising himself in the mirror. Lacan writes, "[we] have only to understand the mirror stage *as an identification*, in the full sense that analysis gives to the term: namely, the transformation that takes place in the subject when he assumes an image" (*Écrits* 2, emphasis in original). Stephen explains that the mirror image allowed him to feel complete, and thereby relieved. Similarly, in Lacan's theory, the infant feels fragmented and "caught up in the lure of spatial identification," however, when it identifies with its mirror reflection, the "fragmented image of the body [...transforms to a] form of its totality" (*Écrits* 5). This results in the creation of "an identity that will mark [... its] entire mental development" (Lacan, *Écrits* 5), which echoes Stephen's statement that identification with his mirror image "rewires" his brain. In both scenarios, then, the subject is shaped through a split between an illusory wholeness and a felt fragmentation. A double is thus formed, which, as discussed in relation to Peter's double self, is reflective of the uncanny.

As mentioned, Peter experienced a "strange" uncanny feeling upon seeing an amputee at a young age, which, I suggest, relates to Stephen's experience with PLP. Stephen writes that "strangeness or the accountability is a really big part of the trauma [...]. Your arm or your leg [...] is GONE. Yet it's still agonizing you?" However, for Peter, this feeling is instigated by the observation of another, while for Stephen, it is from his own sudden and traumatic bodily amputation. Moreover, as we see in Freud's notion of the uncanny, for Stephen, it is not what is there that causes pain, but rather, what is not there. Freud suggests that an uncanny feeling is rooted in the unconscious, wherein traumas from the past continue to haunt the subject. Viewed thus, the phantom limb is not only an allegory for the unconscious, but an embodiment of it: it is a lingering pain with no present source, often derived from a trauma, an invisible part of one's past self (in non-congenital phantoms) that returns in a ghostly form. However, one difference between the traumas discussed in Freud's work and the phantom limb is that although the limb pain is located in the psyche, it definitively stems from a physically, rather than psychically orientated trauma. It is, moreover, a visible absence, while the traumas Freud writes of are often ambiguous in nature. Nevertheless, in both cases, the subject is left with a feeling of discomfort without a specific and present treatable wound. As Stephen writes, "the itches are the worst cuz you truly can't scratch them."

Although Stephen cannot scratch an itch because there is no body part to scratch, Freud suggests that disturbing feelings similar to these can be treated in psychoanalysis, which is itself an uncanny experience "laying bare […] hidden forces" ("Uncanny" 14). However, in psychoanalysis it is language that acts as the mediator between discomfort and its source, and for Stephen, it is the mirror illusion. The key factor here, in the words of Paul de Man, is that "[t]o make the invisible visible is uncanny" (qtd. in Royle, 108).

In Freudian psychoanalysis, the analyst and patient relive traumatic pasts in a different form, and through this process, the terror of the old experience can be recognised and become less terrifying. Similarly, for Stephen, the mirror therapy experience is "both cool and uncanny. It's also deeply comforting." The mirror can thus be envisioned as a manifestation of the analytic encounter; an uncanny "old" and "familiar" experience becomes comforting through a process of self-reflection. In other words, for Stephen, it is mirror-therapy that "scratches the itch," that allows him to "touch" and "command" the pain, while in therapy it is ostensibly appeased through the patient-analyst dynamic. Therefore, Stephen begins to find relief through a mirror reflection, just as in Freudian thought the patient can be healed through verbal reflection. Although these two modes of reflection (language and mirror therapy) are different, they are closely interlinked, share a similar process, and even, as I will argue in Chapter Four, share a similar structure. Language, in other words, is a type of mirror, and just as the mirror can physically affect amputees by replicating the real existing limb, language can affect the patient in psychoanalysis by replicating an (typically) ambiguous trauma (though distorted) in the present moment. This is a relationship I establish in this thesis, partially through a discussion of Winnicott's "Fear of Breakdown," which suggests that the analyst and analysand can recreate a kind of experience that happened in the past in order to helpfully affect the patient.

Stephen writes that his phantom sensation is "bigger than [him]" and "beggars words." This description, I argue, parallels that of the infant in Winnicott's model, as he suggests that a baby is not originally a complete human being; it is one with the mother and psychosomatically fragmented. "There is no such thing as a baby" ("Theory" 38), Winnicott writes; the infant is part of a relationship. Additionally, the baby is helpless and cannot describe its sensations as

there is no cognitive ability or knowledge of language at this time, and I suggest that the baby's situation resembles Stephen's un-articulable experiences. For Winnicott, a baby is psychosomatically unintegrated, and becomes integrated as it matures. Thus, it may develop if the carer holds the baby to create a continuity of being, so that the infant can learn to cope with impingements from the environment. He writes that integration occurs when one "com[es] together and feel[s] something" (Winnicott, "Primitive" 150), or becomes a "unit," when they feel as though they are "seen or understood to exist by someone [… that they] have been recognised as a being" (qtd. in Jacobs 36). Indeed, Stephen feels as though his absent limb moves when he can visualise it in the mirror. In Winnicott's terms he can recognise himself as a being a "unit," as having a more complete ego. For him it is when another individual (the carer in particular) recognises the subject that the baby feels that "I am here, I exist here and now" (qtd. in Jacobs 46). Echoing this is Stephen's statement that you "watch and monitor that movement in the mirror. It really helps to focus on the afflicted area and move it […] you can feel that phantom foot and you can flex that phantom ankle and wiggle those phantom toes." Stephen, like the baby, feels as though he exists, as though he can feel himself upon recognising himself. He continues (as quoted above), "I gazed into a mirror at a sound limb that was bending […] in place of this epicentre of electrical storms I was literally suffused with a sense of calm, completion." This echoes the baby's process of integration in Winnicott's model, which can take place through a transitional object.

The transitional object can be any number of things such as a "wool cloth" or "blanket" that helps the child cope with a carer's temporary absence. It can also be linguistic; he states: "[a]s the infant starts to use organised sounds […] there may appear a 'word' for the transitional object" (*Playing* 5). This symbol, as noted in the Introduction, can also lead to a feeling of psychosomatic integration. It is this definition that I use as a template for my use of the word "symbol," as it is both illusory and concrete, and in this way, reflects the mirror-box. The objects allow the child to grow from a fragmented and dependent baby to a more independent and complete individual. It separates the subjective baby from the objective world, the "me" from the "not-me," and is thus in an intermediate state, a "potential space" between the subjective and objective senses of self. It is also, Winnicott states, the

basis for language and cultural experience, and I want to suggest that thinking about the transitional object in relation to mirror therapy provides a unique way of understanding the phenomenon. Stephen explains to others on *Reddit* that the mirror helps him to "command" the phantom pain, that it is a "magical" solution, and that it allows him to control his muscle coordination. Indeed, Winnicott writes: "[i]n relation to the transitional object the infant passes from (magical) omnipotent control to control by manipulation (involving muscle coordination pleasure)" (*Playing* 10). Additionally, like the transitional object, the mirror image involves "[t]he existence of an intermediate area, neither inside the individual nor outside him, [… it] is therefore based on a paradox" (Clancier 90). The object, in other words, embodies a contradiction between illusion and objective reality; it is part of the subject and separate from it. Stephen's mirror image also involves a paradoxical relationship between illusion and reality, as it is an illusion that can be visualised and has a physical effect. It is part of the subject and separate from it as it is not the actual limb but is a reflection of his existent one, and in this way functions as a transitional object. "The essential feature in the concept of transitional objects and phenomena," writes Winnicott, "is *the paradox, and the acceptance of the paradox*: the baby creates the object, but the object was there waiting to be created and to become a cathected object" (*Playing*, 104 emphasis in original). The baby must accept that the transitional object is never completely part of the individual and is part illusion. Similarly, Stephen must accept that the mirror image is not an existent limb, but an illusory one, and that, as suggested of the process of integration and psychoanalysis, the subject is never completely healed. Stephen writes that the mirror can "eradicate everything BUT the burning sensations," though these sensations are "mild," and although the transitional object may help the individual separate from dependence on the carer, "[t]he finished creation [of the self] never heals the underlying lack of sense of self" (Winnicott, *Playing* 64).

As noted, Winnicott believes that traumatised individuals can begin to restructure themselves through a certain kind of psychoanalytical support. Adam Phillips explains that the "analyst, like the mother, facilitates by providing opportunity for communication and its recognition" (*Winnicott* 141), and the mirror, in Stephen's case, provides the opportunity to visualise and psychically communicate to the body that the phantom is real. This is not to suggest that mirror

therapy can replace psychoanalysis, but to provide a way of understanding more about how this type of psychosomatic integration works. Moreover, the therapeutic encounter echoes the ("potential") space of the transitional object, in that it "provides space to play, to create illusions, and to move through disillusionment into new perceptions of and approximations to reality" (Jacobs 61). In this way, therapy is connected to a transitional object and space, which, I argue, parallels the space in which one's phantom limb is reflected in mirror therapy. I now want to return to Stephen's statement that when he teaches others to use the mirror he tells them to "LOOK, MOVE, IMAGINE. It really helps in making a new map, which is what you are doing." Similar to the psychoanalytic process, mirror therapy involves playing with images and creating illusions through the body, mind and imagination, which enables a process of restructuring. In psychoanalysis, this works because, according to Winnicott, early relationships with the carer have shaped the individual's mind, and psychoanalysis offers the potential to alter the mind's map. However, it is not only in analysis that individuals may feel supported and grow towards psychosomatic cohesion and independence; it is through other objects and people in their life.

Christopher Bollas writes:

> The way people interact reveals implied or tacit assumptions about their relation to the self as object. Each person forms his own 'culture' through the selection of friends, partners and colleagues. The totality of this object-relational field constitutes a type of holding environment and reveals important assumptions about the person's relation to the self as an object at the more existential level of self-management. (*Shadow* 49)

In Stephen's case it was the support of family and friends that enabled him to effectively use the mirror. He writes, "[m]y recovery was complete in virtually every way, largely thanks to the help of a phenomenal group of family and friends plus a really good rehab therapist." It was, therefore, not only the mirror itself, but also the strength provided by others that allowed him to successfully engage in mirror therapy. He later states, "I have a great family and dynamite friends, so I was super-duper lucky in that regard. For all of them, I would say they did the

right thing: it was like, whoa! That's a big one, but he's a big strong guy and won't want a big ol' fuss […]. So I got a huge amount of very quiet assistance." It was not only the familial presence and trust in Stephen that was helpful, but also their quiet assistance, a familial relationship that echoes the healthy therapeutic relationship in Winnicott's theory. Winnicott writes that it "is not the accuracy of the interpretation so much as the willingness of the analyst to help, the analyst's capacity to identify with the patient and so to believe in what is needed and to meet the need as soon as the need is indicated verbally or in non-verbal or pre-verbal language" (qtd. in Phillips, "Winnicott" 140). It is often in silence and through gestures that the patient can begin to psychosomatically integrate, as this preverbal experience replicates that of the infant. By recreating the infant's experience of learning to use transitional objects, in other words, the pattern of how the subject is shaped may begin to alter. As Bollas writes: "[i]ndeed, the way she [the carer] handled us […] will influence our way of handling our self" (*Shadow* 36). He also notes that the "search for symbolic equivalents to the transformational object, and the experience with which it is identified, continues in adult life" (*Shadow* 17), again suggesting that in order to psychosomatically integrate throughout life, the individual seeks assistance from these kinds of symbolic (transitional) objects. For Stephen, the mirror image symbolises a phantom delusion (which is replacing a loss). Through a slow process of playing with the mirror image, and with support from others, he was able to more thoroughly connect his psyche and soma. Although Stephen emphasises the importance of supportive individuals in his life, it is ultimately his own strength that allows him to heal. He writes:

> One of the most persuasive and beautiful things about the therapy is that no one 'administers' it to you. You have to take the initiative: you have to take the mirror in your own hands and take personal intimate steps to improve your own well-being. To me this forms a fundamental part of the effectiveness of the therapy. I can't give it to you; you have to give it up to yourself.

Stephen's description of mirror therapy functions in a similar way to Winnicott's model of psychoanalysis, wherein the patient should have space to find their own

gestures and experiment with them in a safe place and to grow increasingly independent. As Annette Kuhn writes in *Little Madnesses* (2013), this space "involves an interrogation of the existence of a sustaining self, a self able to engage with and make use of the world, of relationships with persons and things located in 'the *potential space*' between the individual and the environment" (Kuhn, xviii emphasis in original). It is a space for language and gestures, a space between self and other. And I will argue in Chapter Five that it is Perec's text *W* that also acts as a transitional object, which, through a process similar to mirror therapy, helps Perec cope with feelings of physical and psychical fragmentation. Like both Perec and Peter, Stephen feels broken and psychosomatically dissonant in relation to a loss. However, unlike Peter, Stephen is able to repair this feeling through the use of an object that is both present and absent and illusory and real; an object that acts as a mediator between the mind and body, the "me" and the "not-me" (as Winnicott terms it).

Sumner's memoir *Phantom Pain: a memoire* (2015) describes his experience in the hospital after his motorbike accident. He writes, "I'm lost in loss […]. I'm having a problem with loss" (Sumner, 24-5). Shortly after the loss of his limb, it seems as though Stephen could not digest the sudden bodily loss that resulted from his motorbike accident, and that he was psychically lost in a physical loss. Similarly, throughout *W*, Perec writes about the loss of his mother in the Second World War both directly and metaphorically. At one point, he describes a scene in which he has broken his arm and is wearing it in a sling, which, I will argue, stands for the way in which he has embodied the loss of his mother. The loss of his mother at an early age, he indicates, has been registered in the mind and transformed into a fictionalised and psychosomatic one. This embodiment is echoed in Stephen's explanation that after his accident, he attempts to understand which body parts belong to him, as he writes, "my new arm hangs above me. Hangs in a sling and from a stand" (12). It is unclear to the reader whether this new arm is the existent, pre-amputation, arm or the amputated one, which is presumably reflective of Stephen's own confusion at the time. Both Stephen and Perec demonstrate a psychosomatic split and find it difficult to discern the "real" from the "unreal." Stephen writes: "I also know that somewhere down there I'm missing […]. It's mostly in my head" (42). What, he seems to ask, is physically real, and what is

psychically real? Perec's account of having broken his arm echoes this sentiment, as he later discovers that the accident did not in fact happen to him but to a friend. Like Stephen, therefore, Perec is attempting to locate psychical pain through his body. The broken arm seems to him an appropriate representation of his emotional pain, and thus he mistakenly attributes the accident to himself.

In order to cope with these feelings, Stephen and Perec use strategies that possess several of the characteristics of a transitional object. Winnicott explains that the transitional object assists in creating a psychosomatic border, in separating the baby from the "not-me" as it becomes a "unit"; or as Winnicott puts it, one can study "the place of the object—outside, inside, at the border" (*Playing* 2). Related to this, Stephen writes, "I'm sitting up taking stock and I find I can't affix any borders to me" (Sumner 44). As he attempts to comprehend and integrate the trauma of his accident, he struggles to separate the true from the false, the "me" from the "not-me," the phantom from reality. This difficulty with self-definition is also found in *W*, and in Chapter Five, I will investigate how a linguistic exploration, through psychoanalysis and writing, helps the author to create a bodily border with which to separate from feelings of incomprehensible fragmentation. However, here, it is language that acts as a border that allows Perec to begin defining himself and integrating his mind and body, while for Stephen, it is the mirror that forms a visible outline. These borders (shaped through the transitional object, the text of *W*, and the mirror) are not "completely" existent or "real," as they involve the imagination, body and mind. Perec plays with this illusory border in *W*, as he devises memories such as the arm in the sling, that he discovers in the process of writing *W* to be imaginary. It is the fictionalised version of the self, as is also perceptible in Stephen's case, that helps Perec undo his feelings of fragmentation and loss. Therefore, reading Perec and Winnicott together contributes to a nuanced understanding of mirror therapy. By linking the mirror phenomenon to the transitional object and to *W*, it becomes clear that a certain type of object, and moreover, a certain type of exchange that involves a relationship between the self and other, and presence and absence, can begin to undo particular forms of suffering. By unpacking these links throughout the remainder of this thesis, I will develop new concepts about a non-biomedical way of understanding both BIID and the phantom limb.

Thus far, I have introduced the ways in which these syndromes will be discussed throughout this thesis through two case studies that demonstrate the shortcomings of medical treatments. For Peter, although people within the medical world attempted to help, they ultimately caused him more harm. Although Stephen's encounter with doctors was not harmful, the medications prescribed to him were unhelpful. He was, however, exposed to mirror therapy, which, although invented by a neurologist, entails a psychosomatic, rather than a purely physical cure. This signals that it is necessary to explore the phenomena from an alternative, more psychosomatic approach. When exploring Peter's description of BIID I have focused on his uncanny feelings in relation to a limb that is attached to his body yet feels alien to him, while in Stephen's case I have suggested that his phantom limb syndrome is a physical manifestation of the uncanny double, a concept developed Chapter Three. I additionally have established that mirror therapy functions in a way reflective of the psychoanalytic encounter, and that, furthermore, Winnicott's concept of psychoanalysis, which focuses on psychosomatic integration, is helpful in shedding light on these two syndromes.

Like the traumatised baby in Winnicott's model, Peter and Stephen are driven to integrate their psyche and soma, and in different ways they attempt to re-form themselves. While Peter attempts to restructure himself through an act of self-destruction, it is through the support of others that he is able to experience feelings of relief. However, his desire to self-amputate does not dissipate, and his life becomes endangered. Stephen's restructuring, alternatively, is attained through a partially illusory object, which offers something similar to what language offers: a symbolic exchange. Since these types of symbolic exchanges are simultaneously illusory and physical, part of the self and the other, and fragmented and whole, I suggest that certain types of dialogues that involve these components might provide further insight into what can assist in repairing the psychosomatically fragmented individual, which I later discuss through the work of Georges Perec. I have argued that certain psychoanalytic thought, and particular types of literature and fiction that are concerned with this kind of exchange, might illuminate ways of facilitating psychosomatic integration. However, as will become clear throughout this thesis, I do not suggest that language can cure those with BIID or PLS, but rather, that a linguistic analysis of the syndromes' central aspects is important.

The case studies of Peter and Stephen, therefore, serve as examples for the individuals with BIID and phantom limbs that will be discussed throughout this thesis. What I have shown is that, most essentially, both individuals share a discord between the mind and body, self and other, and illusion and material reality, which generates painful feelings. Apotemnophilia, however, is felt in the body and involves a stronger psychical experience of a felt lack. Although it is often triggered by a childhood encounter, as seen in Peter's experience with Helen, it is not necessarily attributable to a sudden accident or loss. Moreover, those with BIID pursue self-destruction, which they state is a desire to appease pain rather than to cause it. As conveyed in Peter's description of the pleasurable pain of tying his ligatures, then, there is a blurred boundary between the desire to remove a limb and to cause physical and psychical pain. There is, in other words, a paradoxical desire for self-repair through self-fragmentation. Though such a drive for self-repair is also apparent in Stephen's case, he conveys the inverse, the mirror image of those with BIID. While, like Peter, Stephen wants to remove a (delusional) limb in order to appease his pain, it is not because the limb feels as though it is absent, but because it feels as though it is present. Peter, on the other hand, attempts to repair the split between his mind and body through self-amputation, through which he hopes to transform his psychical sense of reality into a physical one. While for Peter, communicating with others is at times helpful in appeasing his feelings of alienation; it is additionally problematic, as he is often (dangerously) advised by others with similar difficulties. This raises the question as to whether there is a particular type of communication that can be helpful. In the case of Stephen, although communication assists in providing the strength to heal, ultimately, it is the mirror illusion that offers him relief. And although the mirror is not language, I suggest that it parallels language, in that it is an illusory presence that can affect the body. Since Peter and Stephen struggle with similar feelings of psychosomatic fragmentation, and Stephen's is assisted by an illusion that functions in a way similar to language, what might this relationship mean for the fractured individual? To address this question, in the following chapter I turn to a detailed exploration of other disciplines that take an interest in the ways in which the mind and body interact through symbolic exchanges. For this, I further explore the deficiencies in the medical field, the relationships between psychoanalysis and literature, and the

theories of two psychoanalysts that will shed light on the experiences of those with BIID and PLS.

Chapter Two: Why psychoanalysis and literature?

Nun ist die Luft von solchem Spuk so voll,
Daß niemand weiß, wie er ihn meiden soll.

Now fills the air so many a haunting shape,
That no one knows how best he may escape.
--- Goethe, Faust

Freud's *The Psychopathology of Everyday Life* (1901) opens with this epigraph, illuminating not only the inextricability between literature and psychoanalysis, but also their similar concern with "haunting shapes," with the daunting unknown. Although the BIID and phantom limb phenomena involve a literal desire to escape a haunting shape, these syndromes, as discussed, havea been predominantly studied from a neurological perspective. In this chapter, I will look at how the two conditions might benefit from a literary and psychoanalytic perspective. One individual who suffers from apotemnophilia writes on the Internet *Yahoo! Group* "Fighting It": "it is possible that the neuroscience of BIID might have very little to do with its cause, and even less to do with any potential treatment" ("Fighting It"), raising the question as to how the syndrome can be explored outside of a purely neurological view. In response to this question, I will be employing psychoanalysis and literary works to examine the two conditions, because they help to illuminate the complex somatic and psychical dimensions of the limb scenarios and the mirror-box treatment. This chapter will primarily examine the problems with a neurological approach, focusing on a neurological reductivism, which fails to distinguish how the "mind" (the intertwinement of psyche and brain), is more than the (purely physical) "brain." Following this, I discuss the affinity between psychoanalysis and literature, which will be elaborated by a discussion of Freud's difficulties with reconciling literature and empirical science. I then turn theorists from the Paris School of Psychosomatics, focusing on André Green. And lastly, I explore Marilia Aisenstein's case study "The Man from Burma" (1993), which exemplifies a case reflective of (predominantly) BIID (wherein a body offers up an organ to register a psychical lack), and additionally dramatises the relationship between literature and psychoanalysis.

The Problem with Naming a Problem: Science and Psychoanalysis

To begin unpacking these thoughts, I review how the attempt to find a reason and cure for the two conditions through a biomedical paradigm is limited. As demonstrated by Peter and Stephen, psychiatrists were unable to help relieve pain, and sometimes, in the case of Peter, increased feelings of alienation. For Stephen, a mechanism that treated the mind and body at once was helpful, one that involved his "looking, moving, and imagining." Although the neurological and psychological hypotheses about BIID and PLS lend insight, they were, as discussed in the Introduction, unable secure a precise cause or treatment. The most successful treatments for these conditions, researchers have found, do not involve a purely medicinal method; they treat the psyche and soma in more unconventional ways. As explained, these include, for BIID, the minifying lens experiment, and for PLS, the "Bear Claw" method, GMI, and the rubber hand and foot illusion (which has also been tested for BIID). These methods, although promising in some cases, have not been successful in eradicating pain, have not been adequately tested. For those with BIID, CBT methods have, in a small minority of cases, reduced the obsessive-compulsive component and need for self-amputation. In the case of PLP, though few studies have been conducted, CBT has (at times) been helpful in allowing amputees to cope with phantom sensations, and reduce the irritation involved in having a phantom a limb. The most prominent study of CBT and phantom limbs ("Chronic and American Stump Pain Among American Veterans,"), found that only 1% of participants reported lasting benefits from CBT methods—mirror therapy demonstrated a higher success rate (though more research is needed). As noted, although CBT and mirror-therapy are similar in that they are both solution-focused, and based on the concept that the mind can affect the body, the methods are different. In addressing conditions such as chronic pain, anxiety, mood disorders, and prevention of mental illness, CBT can help individuals cope emotionally with symptoms and stress levels, often by allowing them to adopt a more positive outlook. The mirror-box, while it can alter amputees' psychosomatic feelings through the mind, does not begin with the psyche; it is a physical mechanism. Furthermore, the mirror-box involves an illusory mirror image, a visual symbolisation of the phantom, which, unlike CBT, is helpful in removing (rather than teaching the individual to cope with) phantom sensations. The

symbolisation in the mirror-box, I suggest, reflects the way in which symbols are used in psychoanalysis. Psychoanalysis, although it begins in the psyche rather than through a physical object, differs from CBT because it is concerned with searching for meaning by tracing symbols within the patient's unconscious. However, psychoanalysis is not often taken as seriously in the medical world, perhaps because (as with mirror therapy) illusion is central to its process. Nevertheless, as Stephen Sumner explains, mirror therapy is not often recognised in the medical world, "'[w]ell it's not scientific' – simply because mirror therapy looks too simple" (Perur). Thus, although the mirror-box may not conform to preconceived notions of science, it can work to treat psychosomatic conditions. Psychoanalysis, as it is also concerned with the way in which illusion is integral to treating or understanding psychosomatic conditions, can thus lend insight.

Psychiatrist Bishnu Subedi states that for PLS, "most successful measures employ multidisciplinary approaches in the management of pain and in rehabilitation" (3). Since the syndrome is felt in the body but located in the mind, researchers must attend to not just the (physical) brain, but also the (psychical) mind. Bertram Malle states, "I maintain that, due to the current state of empirical science […] we may have to change our concepts of physical states in order to relate them to non-physical phenomena in an intelligible way" (95). The "mind-body problem," according to Malle, cannot be sufficiently explored through an empirical system; there must also be a method that focuses on the non-physical. PLS, I suggest, not only calls for this kind of an exploration, but also demonstrates its importance. As Elizabeth Grosz remarks, the "irreducibility of psychology to biology and of biology to psychology can be illustrated with […] the phantom limb" (89). It is because psychoanalysis deals with precisely this—with how the body is shaped through the psyche— that it seems natural to use this discourse. More specifically, the field is concerned with exploring delusion, misplaced pain, and a fragmented and unknowable self, which are also central to the limb phenomena. Psychoanalysis, moreover, poses questions regarding imaginary concepts of wholeness. Indeed, "[t]he phantom," writes Grosz, "is an expression of nostalgia for the unity and wholeness of the body, its completion. It is a memorial to the missing limb, a psychical delegate that stands in its place. There is thus not only a physical but also a psychical wound and scar in the amputation or surgical

intervention into any part of the body" (73). BIID also involves a psychical feeling of a physical wound that is related to an expression of the desire for bodily unity. In this way, PLS, BIID and psychoanalysis raise the question as to how one's united image of self is decentralised by a fragmented and unknowable other, and how this other shows through in symbolic forms. As Terry Eagleton writes that in psychoanalysis, "I am not actually the coherent, autonomous, self generating subject I know myself to be in the ideological sphere, but the 'decentred' function of several social determinants" (150). Jean Laplanche and Jean-Bertrand Pontalis write that psychoanalysis is "a method of investigation which consists essentially in bringing out the unconscious meaning of the words, the actions and the products of the imagination (dreams, phantasies, delusions) of a particular subject" (367). Since both of the limb conditions raise questions about the relationship between delusions and illusions of one's coherence that cannot be understood in the medical world, analysing the syndromes from a psychoanalytic perspective is vital.

Norman Doidge writes that the mirror-box is a treatment that "uses imagination and illusion to restructure brain maps plastically without medication, needles, or electricity" (194). In this sense, therefore, it is a kind of embodiment of psychoanalysis, as psychoanalysis is interested in how symbolising elements of the imagination and illusion (dream work, for instance), can alter one's mind and actions. Here, however, Doidge writes that the mirror-box can alter the brain (rather than the mind), which indicates that the mind and body are inseparable, and continually altering one another (an idea I return to throughout this thesis, also in relation to the way in which texts can alter the mind and body). Dreams, for instance, are central to analysis, where they are not only considered inseparable from reality, but provide clues to understanding pain. A fantasy may illuminate how and why a patient may unwillingly repeat painful experiences. Psychoanalysis then, as Doidge writes of the mirror-box, works by "fighting one illusion with another" (186). If PLP and a patient's pain can be altered through fantasy, perhaps this is because, according to Doidge, "'pain is an illusion' and […] 'our mind is a virtual reality machine,' which experiences the world indirectly and processes it at one remove, constructing a model in our head. So pain, like the body image, is a construct of our brain" (192). The mirror-box and analysis, therefore, can be effective because they work in a removed space that plays with image, material

reality, the psyche, and moreover, a specific form of emptiness (inside the room and inside the mirror-box, or the mirror itself), a concept I will expand upon later in this chapter.

As mentioned, although Ramachandran uses creative, imaginative, and untypically scientific tools to explore the BIID and phantom limb disorders, he insists upon finding a biological cause. In *The Tell-Tale Brain* (2010), he writes that apotemnophilia is sometimes seen as arising from a Freudian wish-fulfilment fantasy because a limb resembles a penis. However, Ramachandran finds "these psychological explanations unconvincing. The condition usually begins early in life, and it is unlikely that a ten-year-old would desire a giant penis (although an orthodox Freudian wouldn't rule it out)" (*Tell- Tale* 255). First, Ramachandran's logic is questionable here, as it would seem that, from this point of view, a child would want to castrate a penis, rather than desiring one. Secondly, orthodox Freudian or not, I think that one of the problems in Ramachandran's stance against psychoanalysis in this instance is his literal perspective, his failure to account for a more symbolic or abstract view. Ironically, however, it is a symbol of a limb that has physical results. Thus, while psychoanalysis addresses these non-rational processes, Ramachandran employs an empirical way of thinking that also seems to cloud his reading of psychoanalysis. These statements that demand answers and solutions illustrate a form of thought common to the sciences and to Freud's work. Freud and Ramachandran are similar in this sense, as they look to cure pain through the mind, and by attending to individuals' illusions (psychological illusions for Freud and the mirror illusion for Ramachandran). Although Ramachandran dissociates the mirror-box from psychoanalysis, I suggest that the mirror-box sets out to do what, in a different way, psychoanalysis does: to reconstitute the mind and body through an illusion. It, like the psychoanalytic exchange, may allow the individual to reintegrate her known, unknown, and imaginary notions of self through symbolic expression. In this way, while Ramachandran dismisses Freud's theories because they are unconvincing, Freud, like Ramachandran, found that illusions and the imagination were vital to understanding pain. However, the mirror-illusion takes place through a physical object that can be visualised, and is thus more aligned with the empirical sciences, there is immediate proof. Psychoanalysis, on the other hand, is a longer process that takes place through a

linguistic exchange in a private place. It is, moreover, often about self-discovery, as opposed to the simple eradication of pain.

A dialogue from the *Yahoo!* Group "Fighting It" exemplifies the scepticism towards psychoanalysis. In 2005, a member named Dan voiced his disbelief of psychoanalysis, stating that therapy proposes nothing new, that there is no progress. He "expect[s] [therapists] to be able to tell [him] what they propose to do and how it has helped others." However, in 2009 Dan describes a positive experience in treatment, explaining that he and his analyst developed a theory and a story (related to maternal love) as to why he may have the condition, which enabled him to live with BIID more "happily." In "Fighting It," Dan writes of the narrative he developed with his analyst:

> All of this, if it is real, happened before I could remember it. That is also a time when things we learn become a permanent part of us. It would be interesting to know if other people with BIID had similar experiences, but it would be hard to find out without some in-depth psychoanalysis. There is also the risk that an analyst could create false memories and the whole thing is just smoke and mirrors.

A physician named Larry responds to Dan's post:

> "There is also the risk that an analyst could create false memories and the whole thing is just smoke and mirrors." Dan: That is pretty close to what I think about the whole of psychoanalysis. Psychoanalysis has never been shown to be effective in treating anything (more than controls, for instance). Psychoanalysis has been in pretty deep disrepute now for some years in academic and scientific medical circles. Further, what you propose is, basically, a non-testable hypothesis.

This dialogue interests me because it addresses many of the issues we have been discussing: that a method which sets out to cure BIID does not work, that a certain kind of psychoanalytic exploration can help us to understand the condition, and that many are not open to treatment due to the importance placed on empirical

science. However, it is ironic that the one comment Larry responds to, that the "whole thing is just smoke and mirrors," dramatises exactly what the mirror-box does: it makes a whole thing (a whole body) out of mirrors. Thus, although Larry is sceptical, it is exactly a mirror illusion that works to treat phantom limb pain. This link between the mirror-box and psychoanalysis, therefore, is not only metaphorical, but also affective. Rather than asking how psychoanalysis helped, Larry rejects it for the false memories it is bound to create. However, if both the mirror-box and Dan's experience in psychoanalysis reduce pain, what, we may ask, is problematic about "smoke and mirrors?" I suggest that minimising the need for proof, and being open to a non-immediate cure and an imaginative method can prove beneficial. And since both PLS and BIID involve a feeling of psychosomatic fragmentation, the mirror treatment in PLS can be used to more comprehensively understand, not cure, the feelings of rupture and unity experienced by those with BIID. Thus, psychoanalysis focuses on the relationship between symbols, the body and the mind, while mirror therapy conveys that a symbol can be helpful in altering problems with bodily fragmentation and wholeness. By exploring psychoanalysis, therefore, we can understand more about the problem with bodily fragmentation experienced by those with BIID and PLS. I now want to investigate the importance of illusion and symbolism in psychoanalysis in more detail, in order to expand our understanding as to how "smoke and mirrors," and narratives in analysis relate to textual works. How does the theory that Dan and his analyst developed help Dan, and how does this relate to literature?

What's the Story? Psychoanalysis and Narrative

Dan illuminates what rests at the core of BIID and PLS: that they involve physical experiences that cannot be completely understood, and that a determinate cause for their occurrence cannot be named. Psychoanalysis worked for Dan because he and his analyst developed a theory; a temporary story, rather than a specific reason for his pain. Although the story of Dan's childhood may have been devised in psychoanalysis, it is exactly this, a story, which proved beneficial.[20] Since certain

[20] This stance on psychoanalysis is closely associated with a "hermeneutic" stance in psychotherapy, most prominently outlined in Roy Schafer's *A New Language for Psychoanalysis* (1976). In short, he suggests that psychoanalysis is the most efficacious narrative in therapeutic terms rather than a reconstruction of truth. He is interested in looking toward "a new and fruitful interaction between

kinds of psychoanalysis and literature are interested in how stories and the imagination constitute the individual, and both BIID and PLS involve an imagined and fictional version of the self, I will investigate what psychoanalysis and literature, when read together, can tell us about these two phenomena. Psychoanalysis and literature, writes Josh Cohen, share "the task of interpreting forms of expression whose meanings are slippery and ambiguous" (Cohen "Psychoanalytic Bodies"). Perhaps, therefore, they can help us interpret the elements of BIID and PLS that the biomedical field struggles to decipher. I want to begin this exploration by discussing the links between psychoanalysis and literature through the work of theorist Peter Brooks.

Brooks' concern lies in "how narratives work on us, as readers, to create models of understanding, and with why we need and want such shaping orders" (*Reading* xiii). Why, asks Brooks, do individuals need fictions to shape themselves, and how does this work? His question, then, echoes those raised by BIID and PLS: the question as to why and how amputees may be driven to reshape themselves through a phantom, and why some individuals with four limbs feel disturbingly misshapen. In relation to these issues, Brooks is concerned with how psychoanalytic and literary studies are interested in how one is shaped through narratives, and why it is important to develop this relationship. He writes, "[p]sychoanalysis matters to us as literary critics because it stands as a constant reminder that the attention to form, properly conceived, is not a sterile formalism, but rather one more attempt to draw the symbolic and fictional map of our place in existence" ("Idea" 348). In psychoanalysis, a subject's story can be modified through the analyst's presence, in turn (ostensibly) psychically and somatically reshaping the individual. Psychoanalytic narratives, explains Brooks, are not stable. They are open, transformative, and capable of producing change, similar to certain types of literary narratives. Brooks explains that literature and psychoanalysis can create these transformations through symbols. This sheds light on how the phantom limb is modified through the mirror-box, as the mirror illusion stands for the phantom limb, a fiction of one's completion.

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psychoanalysis and all those intellectual disciplines concerned with the study of human beings as persons" (Schafer xi). In so doing, he attends to what he calls "action language," which includes psychological activity "that can be made public through gesture and speech … [and] has some goal-directed or symbolic properties" (Schafer 10).

Brooks suggests that the human drive to make sense of oneself in the world through stories is related to a desire for wholeness. For Brooks, the desire for narrative, writes Harold Schweizer, has its "motivation in the reader's or patient's fundamental need to counteract his dismemberment with at least a symbolic form of presence – even if that presence can only be in language, the presence of an other" (*Reading* 16). The psychoanalytic patient may go to analysis in order to more thoroughly understand a feeling of rupture, as a "dismembered" reader might experience a symbolic form of presence through a text. Paralleling this concept, an amputee's dismemberment can be counteracted with a symbolic form of presence: the mirror illusion (which, as explained in the introduction, is a kind of symbol), and in this way, the mirror image is related to language. They can both diminish fragmentation with a symbolic presence. While the process of soothing a feeling of rupture can be productive in psychoanalysis and literature (though in different ways, which I soon develop), the desire to "counteract dismemberment" is painful for those with BIID and PLS. Like the literary text, writes Brooks, psychoanalysis "reconfirms the presence of the analysand, reveals him – in his state of dismemberment – as the subject of a story, through which telling the patient might become (temporarily) whole – as whole at least as the story itself" (*Psychoanalysis* 17).

This concerns a kind of storytelling that can be useful in psychoanalytic and literary processes; as Brooks contends, they have the capacity to alter the analysand or reader. I will later address (particularly in relation to Blanchot's thoughts on literature), how reading is not only a passive experience, but an active one; however, I note that reading differs, in that psychoanalysis is concerned with healing (which I later discuss). Since they both have the capacity to transform the reader or analysand, however, it is important to explore what they convey about PLS and BIID. While individuals with these conditions struggle with a drive towards wholeness, psychoanalysis and literature often turn away from "completion" and towards ambiguity. I will thus be examining psychoanalytic and literary theories that are interested in obscurity, an interest which Brooks suggests creates a "healthy narrative" (*Reading* 282), as opposed to that which—similar to the amputees' drive towards wholeness and the BIID drive for completion—strives towards a definitive and stable original whole. Since the mirror-box breaks up an

idea of unity through a symbol (of the invisible limb), it presents a different kind of "healthy narrative," albeit non-linguistic. The "story" of temporary wholeness is told through bodily symbols, which, although similar to those open-ended stories in some literature and analysis, cannot be comprehended because it does not involve language. It is because certain kinds of literature and psychoanalysis use language to read how we are shaped by the imagination that these frameworks cast a different light upon the conditions.

In order to further understand the psychoanalytic and literary interest in narratives, I turn to Brook's "Fictions of the Wolf Man" in *Reading for the Plot* (1984). The chapter examines how Freud's case study of the "Wolf Man," in "From the History of an Infantile Neurosis" (1918) dramatised his switch from aiming to find the analysand's "true history" in session to admitting the inability to do so. Although I will soon examine the "Wolf Man" case study in detail, for now it is necessary to know that it chronicles the childhood of Sergei Pankejeff, a twenty-three-year-old who consulted Freud because he had suffered from a physical collapse, a gonorrhoeal infection, and an incapacity for independence. The patient additionally revealed a childhood ridden with neurotic disorders that led to an anxiety dream, which became the subject of Freud's essay. In this dream, Pankejeff's bedroom window opened of its own accord, revealing an image of six or seven wolves with large tails, atop a tree. Frightened of being eaten, Pankejeff screamed and woke up. Brooks writes that in analysis, Freud used the dream to decipher the patient's life history. However, this process entailed a more scientific account of the imagination, which proved problematic. This analysis, I suggest, is reflective of the neurological models currently being applied to BIID and PLS. Both methods, in other words, involve a desire to grasp an original meaning. Brooks contends that Freud's case study exhibits a

> reality structured as a set of ambiguous signs which gain their meaning from a past history that must be uncovered so as to order the production of these signs as a chain of events, eventually with a clear origin, intention, and solution, and with strong causal connections between each link. (*Reading* 270)

Through the patient's dreams, Freud attempted to unearth a more cohesive and comprehensible history. However, explains Brooks, the "Wolf Man" case study conveys a change in direction as Freud began to realise the impossibility of defining Pankejeff's past. He admits that a biographical story cannot be proved: the "case is properly undecidable" (Brooks, *Reading* 277). As opposed to a specific narrative, what Freud unearths is that how "we narrate a life—even our own life within an orderly narrative […] is dictated by desire" (Brooks, *Reading* 281). Psychoanalysis, at this point, became less directed towards empirical science and moved towards a more ambiguous framework. For Brooks, this parallels a change in the field of literature: a movement away from formalism and towards modernism wherein the "insistent past must be allowed to write its design at the same time one attempts to unravel it" (Brooks, *Reading* 282). I will now investigate how this concern with unravelling plays out in the analyst's room and in literature by returning to the concept of transference.

Transference is the carrying over of all dimensions of previous and especially the earliest relationships. It is when the patient sees in the analyst "the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype" (Freud, *Outline* 52). In psychoanalysis, this "remembering" is not an "attempt to bring a particular moment or problem into focus." The purpose is rather to "recognis[e] the resistances which appear there, and mak[e] them conscious to the patient" (Freud, "Remembering" 147). By disclosing repressed impulses through a linguistic exchange, the analyst may reduce the likelihood of repetition. As noted in the introduction, transference both stands for and re-enacts the past, and in this way, affects an individual's reality, just as literature and the mirror-box can involve fictions that can change the way a person feels. This kind of fictional re-enactment, suggests Brooks, is also involved in the process of reading. He writes that transference and literature present a "perpetually reversing counterpoint of self and other, closure and opening, origin and process" (Brooks, *Reading* 283), which counters the attempt to find a specific cause, an attempt sometimes problematic in biomedical research. While BIID and PLS demonstrate a drive towards wholeness, reflective of several scientific models, the mirror-box reflects a more open psychoanalytic and literary endeavour, as it does not aim to

find a definitive reason for the phantom; it simply makes it visible. This kind of open exchange is integral to certain types of poetry. As Trilling writes, "Freudian psychology is the one which makes poetry indigenous to the very constitution of the mind. Indeed, the mind, as Freud sees it, is in this greater part of its tendency exactly a poetry-making organ" (52). Here, Trilling is alluding to the ambiguous vicissitudes of the unconscious mind. Similar to some poetic forms, the unconscious is non-linear; its meanings cannot be "known," it does not contain objective answers or "[compress] the elements into a unity" (Trilling 53). In relation to this, while BIID and PLS also involve drives to "compress elements into a unity," mirror therapy and certain kinds of literature and psychoanalysis do not. Although the mirror-box is curative and literature is not, we will soon develop links between the healing possibilities of literature and the mirror-box.

Although Freud created "coherent, finished enclosed, and authoritative narrative[s]" (Elliot 277) for his patients, this began to shift in the "Wolf Man" case study, also shifting the entire psychoanalytic project. Throughout the study, Freud continually returns to the (previously noted) dream in an aim "to trace memories of sexual scenes back to an original trauma, to a defining event in childhood through which seductions and symptoms could be put into an orderly structure" (Elliot 17). Freud proclaims that in "the course of the treatment we often came back to the dream but only arrived at a complete understanding of it during the last months of the therapy" ("From the History" 221). Here, Freud expresses both a belief that he has arrived at a definite answer, and also uncertainty, as he continually returned to and altered his interpretations. Through the process of analysis, Freud came to the conclusion that Pankejeff's trauma may have occurred when "consciousness in the child has not yet developed its full range of characteristics and is not yet entirely capable of being converted into language-pictures" ("From the History" 292). Traumas, then, are not reproduced as memories but are the results of reconstruction. Though the child was too young comprehend a traumatic experience, she was affected by it and left with incoherent traumatic impressions, and thus, it is not the trauma itself, but the memory that is traumatic. Freud's recognition here that we cannot accurately remember all traumas created a shift in his focus, as he began to explore the "complex, muddied way in which external events are suffused with fantasy and desire" (Elliot 17); science, here, became more

ambiguous. Paralleling Freud's endeavour, the neurobiological field often attempts to find answers for BIID, however, from this Freudian perspective, the desire to self-amputate may refer to something unknown. PLS differs, however, as the trauma is bodily and visible, and yet, the amputee creates a fantasy in reaction to this trauma for unknown reasons. This can serve to demonstrate that individuals do, in some cases, react to a traumatic wound by developing a fantasy that fills this wound. PLS, therefore, is an embodied form of, and a more concrete example of the way in which (according to Freud) we develop fetishistic fantasies to replace traumatic wounds. For Freud, a wound can be repaired by analysing the psyche through a linguistic exchange, rather than by attempting to discover "true" experiences (although this wavers throughout his work). As he writes, "psychical reality was of more importance than material reality" (*Autobiographical 37*). Psychoanalysis thus moved away from a medical exploration of neurosis and towards an analysis of the human imagination; of how early childhood fantasies shaped future realities, thoughts, and physical reactions. BIID and PLS, since they both involve an imaginary version of one's completion, must also be studied from a model that focuses on the importance of the human imagination. However, since the two syndromes, like the traumas and fantasies in the unconscious mind and the experiences that occurred before they could be comprehended, cannot be completely understood through language, how can we begin to understand them? I turn to André Green to explore this question, because, as mentioned in the introduction, both of these syndromes have delusional elements, which are connected to Freud's concept of psychosis,[21] and while Freud considered psychotic patients "unsuitable for psychoanalysis" (Green, "Hallucinatory" 79), Green is interested in asking how else we can think about the psychotic mind. Thus, I now explore how Green's theories can open ways of thinking about the delusional elements of BIID and PLS, and moreover, what this can convey about the split between wholeness and fragmentation that is central to these two conditions.

Negative Hallucination

Some analysts after Freud returned to the concept of psychosis, theorising that, in fact, it may be analysable if perceived through a different lens, one that thinks

[21] For more on this see Freud's *The Future of an Illusion* (1927).

about language in a different way. One of these theorists is Melanie Klein, who suggested that psychotic states in childhood are central to human development, and that this psychical structure correlates with how we use (and cannot use) scientific language. "In early infancy," she writes, "anxieties characteristic of psychosis arise which drive the ego to develop specific defence-mechanisms." Although this does not suggest that all infants are psychotic, the "psychotic anxieties, mechanisms and ego-defences of infancy have a profound influence on development in all its aspects, including the development of the ego, super-ego and object relations" ("Notes" 99). Klein's development of in object relations theory—which focuses on how symbols (linguistic and otherwise) form and inform objective and subjective notions of self—provides a different view of language. For Klein, unconscious fantasies "have both psychic and bodily effects [….]. They even determine the minutiae of the body language" (Isaacs qtd. in Ellwood). This perspective allowed Klein to return to Freud's "disinclination for tackling psychotics" (Green, "Hallucinatory"124), and thus, provides a way for us to understand more about apotemnophilia and the phantom limb condition. Although these conditions are not labelled psychotic, they do consist of psychotic mechanisms.

According to Klein, psychotics face an intolerably painful "reality" or an over-intensity of instincts, which are echoed in the BIID and phantom limb syndromes: both phenomena involve an intolerable feeling, while the drive to be complete is intense enough to cause delusions. Klein theorises that infants develop psychoses based on the ego's introjection and projection of good and bad objects. The blueprint for this is the mother's breast, which is a good object when it is available, and bad when absent. This bad object both encapsulates a projection of the baby's own aggression, and is also seen as being dangerous. She writes: "[o]ne of the earliest methods of defence against the dread of persecutors, whether conceived of as existing in the external world or internalised, is that of scotomization, the *denial of psychic reality*; this may result in a considerable restriction of the mechanisms of introjection and projection and in the denial of external reality, and it forms the basis of the most severe psychoses" ("A Contribution," 117 emphasis in original). For Klein, it is essential for the baby to develop good objects in order to integrate her ego. This concept of projecting and introjecting objects—that parts of oneself can be directed onto others through fantasy—is what founds

object relations theory. The theory hinges upon the way in which an infant develops its psyche in relation to others, a theory integral to my thesis because it focuses on how one is formed through the environment. Wilfred Bion is also an object relations theorist, who follows Klein, who added "the innovation of a theory of thinking […] at the basis of psychosis" (Green, "Hallucinatory"125), his focus centring upon Klein's model of the fragmented self.

As Birksted-Breen writes, "[t]he emphasis on the destruction of psychic links in the mind has been one of the central contributions of Bion and has been studied as a characteristic of psychotic functioning" ("General" 39). Again we are reminded of the delusions and rupture involved in BIID and PLS, lending yet another perspective on the syndromes' relation to psychosis. Bion additionally writes about the mind's split, as for him, splitting can lead to further fragmentation— a concept that is central object relations theory. Specifically, object relations theorists are predominantly concerned with how a psychical split relates to subjectivity/objectivity, how an individual creates her own personal borders, and how she is shaped through somatic and pre-linguistic experiences. In relation to this, both conditions concern shaping oneself within the environment, as those with BIID wish to physically reshape their bodies, and those with PLS react to a change or difference in bodily form, and can be healed by visualising a physical shape of bodily unity. These reactions, as stated, cannot be thoroughly understood through language, and thus, here, I turn to theorists interested in the way in which linguistic and bodily absences are intertwined. I begin with psychoanalyst André Green, because he focuses on how language is connected to the split described in Freud's "Wolf Man" case study, the split reflective of that in BIID and PLS. For Green, this split is not only central to the mind, but to language itself. To provide a little context, Green is aligned with object relations theorists, and developed a concept thought fundamental to studying psychosis, called "negative hallucination." Though Freud introduced the term in 1890 (to refer to a lack in perception), for Green, negative hallucination is "the *representation of the absence of representation*" (Green, "The Work" 363 emphasis in original), a specific and indefinable lack. Since those with BIID feel as though their bodies represent their own absence, and the phantom limb is a subjective representation of an absent limb, it is helpful to look at the conditions from Green's perspective.

Negation is the term central to Green's work, which is connected to Bion's and Winnicott's ideas about how containment and holding found "the symbolic matrices of thought" (Green, *On Private* 139), but different in that he emphasises the "silent, invisible, and 'imperceptible'" (Green, *On Private* 139). Green is interested in a negation that precedes containment; it, negation, is "the theoretical concept which is the precondition for any theory of representation, whether it is dreams or hallucination which is concerned" (Green, "The Work" 363). Negation fames and enables representation, laying the groundwork for thought. In this way, negative hallucination has both a negative side (linked to destruction) and a positive (central to one's ability to think and represent). "Periodically, then, everyone may resort to the mechanism of negative hallucination without there being any serious consequences for their psychic functioning" (Green, *On Private* 111). For Green, the double here (positive and negative) is exemplified in the "Wolf Man's" acknowledgement and denial of castration. To explore negative hallucination, Green analyses Pankejeff's three hallucinations of the severed finger in Freud's case study, which I suggest are also reflective of BIID and PLS.

In "The Work of the Negative and Hallucinatory Activity" (1999), Green reminds us of the three hallucinations and memories the "Wolf Man" recalled in his Freudian analysis: in the first the patient hallucinated having cut his finger, but could not look at or experience the pain. In the second he claims that this was false, that actually in the hallucination the tree shed blood when he cut it with a knife. Finally, Pankejeff remembers having a relative with six toes, whose extra toe was amputated. To analyse this, Green gathers traces of specific absences within Pankejeff's story: the "void which separates the finger from the hand, the absence of pain, the silence, the state of collapse and above all the inability to look" ("The Work" 362). By directing attention to absences, and ultimately the extra toe memory, Green begins to unpack the more abstract negation that underlies the specific silences in Pankejeff's hallucination. This is clear in the patient's immediate rejection of the first hallucination (in which his finger was cut), because he negates the hallucination as immediately as it is described. Pankejeff denies its pain, and claims that the memory was false. If the cut is analogueous to castration, suggests Green, Pankejeff is identifying with his mother (as Freud believes that the child thinks the mother is castrated). However, the patient also instantly rejects the

castration, because he denies the hallucination as immediately as it is described.

In the second hallucination, when the patient himself cuts the tree, Green suggests that he identifies with his father because, as Freud believes, the child who witnessed his parents' *coitus a tergo* thought that the father was cutting off the mother's penis (again, a problematic theory on several accounts). This identification, and simultaneous rejection of Pankejeff's mother and father, illuminates a type of "dual logic": the ambivalence in both recognising and refusing castration within the same delusion. The example thus sheds different light upon the significance of the mind's split and how it relates to the apotemnophile. Interestingly, he explains, the memory discloses both "[r]ecognition and denial: there is indeed a cut connected with a violent bodily amputation, but it leaves bodily integrity intact and even makes it more 'normal'" (Green, "Hallucinatory" 97). There is an obvious similarity, therefore, with apotemnophiles who also feel more intact and normal when amputated. For Green, a similar paradoxical split is central to all human thought. He writes, "[i]nstead of bringing about a union, the work of the negative separates and obstructs all choice and positive investment" ("The Work" 360); the removal of the extra toe, and the desire to remove a limb in BIID, both aim towards an idea of unity through destruction. The concept of wholeness in both scenarios is predicated upon amputating an excess (as Peter removed his "excessive" body parts in the desire for unity). The "Wolf Man" and Peter, therefore, both deny and accept fracture, which they have no choice but to sustain by creating a specific form of absence. They are constituted through a split from which they cannot escape and must maintain through a delusion, one that enacts both destruction and completion. In Green's words, those who cannot accept a "yes" or "no" "have preferred to play the role of a prosthesis upholding the disavowal of castration, right to the end" ("The Work" 361). Green sometimes refers to this position as a borderline (a more psychotic) case: to "be a borderline implies that a border protects one's self from crossing over or from being crossed over, from being invaded, and thus becoming a *moving border* (not *having*, but *being* such a border)" (*On Private*, 63 emphasis in original). It protects against identifying with the "castrated mother" and the "castrating father," and from the environment. Pankejeff exemplifies this because he, as depicted by the hallucination, carries around a split. The BIID and phantom limb individuals are manifestations of this

borderline state because they *are* moving borders. They both obscure and suspend a loss, carving themselves out either through (from this perspective) self-castration or an imaginary bodily frame.

Though Green aligns Pankejeff's borderline example with psychosis here, he does not believe the patient to be unanalysable or psychotic because the subject's concept of objective reality "coexists with his psychic reality" (*On Private* 230). Thus, analysing the syndromes from Green's viewpoint is helpful in forming an idea of psychosis that does not attempt to reach a certain truth, as we saw Freud struggle to do, and as demonstrated in neurologists' struggles to define BIID and PLS. Since Green contends that a fissured state is common not only to psychosis, but to other forms of thought, this acts as a starting point to explore the two syndromes. He writes: "I would simply point out that structured thought is only established in discontinuity and that this structuring discontinuity involves, in the spaces, the blank which constitutes any chain of thought" ("The Work" 363). However, in psychosis, the blank pre-representational state persists, leaving the individual in a more primitive state that hinders the ability to represent, and making psychosis possible to study, but difficult to find. Green contends that since language is structured through representations, it is a problematic tool for exploring psychosis. Perhaps by learning more about how language is connected to negative hallucination—to that fragmentation that precedes representation—we can more adequately approach the psychotic rationale. Green writes that negative hallucination "carries out its informative function by making us aware of how its object is 'blanked out' and leaves a mark by the very manner in which it disappears" (Green, *On Private* 138). It makes us aware that there is a blank that must and yet cannot be filled.

Green found that psychotic patients tend to show linguistic difficulties, and must therefore embody an unusually prominent form of negative hallucination. Although in analysis, psychotic patients do not recognise and use words in a "normal" manner, he argues that psychosis is analysable, but calls for a different form of analysis. If the analyst listens to the "blanks" in a patient's speech, he suggests, meaning can be disclosed. To do this, the analyst must "arrange things [language] in such a way that it reveals itself spontaneously" (Green, *On Private* 78). The analyst and patient in this scenario use "the negative in their own way; the

delirious patient positivises it, the analyst negativises it a second time in order to represent not thought, but meaning. A bridge thrown between the two allows them to meet mid-way" (Green, "The Work" 366). For example, if the "Wolf Man" positivises a negative through the hallucination of a cut finger, the analyst may speak in a certain way that brings forth other thoughts, like the relative's memory of the extra toe. Here, both patient and analyst can gather images together in a therapeutic setting without promising a cure or explanation, and through this dialogue, meaning may be revealed and used to more thoroughly understand the patient, and perhaps even decrease the need for psychotic/borderline defences. I suggest that this process can shed light on how the mirror-box works to comfort to the patient because it, like the analyst in this model, negativises the phantom limb delusion a second time. The mirror-box shows the individual's underlying negation through a representation to help her cope with destruction. It allows the amputee to see herself through a symbol, which also provides a different way of viewing how the analyst in Green's theory discloses a patient's hidden representations. I want to provide a deeper understanding of these ideas by turning to a case study that ties these strands of thoughts together. The study exemplifies how the body acts as a carrier for the psyche, how listening to blanks within texts and language in order to symbolise hidden fantasies plays a role in helping decrease bodily wounds.

Interrupting Nothing: Psychosomatics and "The Man from Burma"

In Marilia Aisenstein's case study, "Psychosomatic Solution or Somatic Outcome: The Man from Burma – *psychotherapy of a case of haemorrhagic rectocolitis*" (1993), she writes about her experience with a patient, "Mr. L," who had a life-threatening haemorrhagic rectocolitis (a disease of the colon). Through analysis, she began to discover that his body had registered repressed psychical wounds, that his "thought-activity was split-off" (Aisenstein, "Man from" 463) and as she began to unearth "symbolic meaning" (Aisenstein, "Man from" 468) though a certain kind of psychoanalytic dialogue, the patient's illness subsided. In order to find meaning, she listened, not to the words that he was saying (as his language was unusually factual and unemotional), but to the deficiencies in his speech. At one point, by asking a question about a dream, she discovered that he had repressed a trauma, and he began to reveal the split-off part of himself concerning his wife. He was able

to access his unconscious fantasies and the somatic illness dissipated. Although this method is similar to Freud's, it differs in that, firstly, Aisenstein attempts to avoid the "cohesive" narratives that (as discussed) Freud struggled with. She believed that interpretations might only re-traumatise the patient and increase his somatic symptoms, and thus communicated with him in a fragmented manner. Aisenstein's study is additionally related to a concept developed by Pierre Marty and Michel de M'Uzan, called "operational thinking," wherein "drive-related excitation that fails to find an outlet in the mind through ideational representations and affects is discharged by means of behaviour and/or somatisation" (Birksted-Breen 439). The concept echoes what Freud called "actual neuroses," which he deemed unsuitable for psychoanalytic treatment due to a difficulty in identifying patients' emotions. However, those in the School of Psychosomatics, of which Aisenstein was affiliated, believed that it was possible. Thus, Aisenstein's study differs from Freud in that it takes an interest in the psychotic mind-set, which Freud believed to be un-analysable. Since, as I have suggested, the phantom limb and BIID involve psychotic mechanisms, and cannot be explained linguistically, her study is helpful in allowing us to think about both conditions. Moreover, it exemplifies the way in which physical wounds may be stored in the mind. As we will see, there is a difference between those with BIID and Mr. L, because Mr. L's wound shows up on his body, and those with BIID have more choice (they are driven to destroy their body). However, Mr. L acts as an example for the way in which the soma can register a psychical wound, and how this can be worked-through by listening to language in a certain way. In this reading, I will suggest that Aisenstein's questioning of patient's "fantasies" (dreams) and her discovery of his "split-off" self also reflects the mirror-box therapy, as here, it is an illusion, a fantasy of self, that has a similar affect (a fantasy of self-heals a bodily pain). In this way, the mirror-box is a both a metaphor for the process in this analytic case and an embodiment of it.

Marilia Aisenstein has "been very influenced in [her] research by the work of André Green, on narcissism, destructiveness, and what he calls the work of the negative" (Aisenstein "Indissociable" 678). However, her research focuses on patients' physical reactions to psychological distress. She writes: the "psychoanalytic treatment of patients suffering from somatic disorders is a return to

the very sources of the psychoanalytic quest" ("Indissociable" 668). Her particular project centres upon how patients' fantasies can subdue a bodily illness. In "The Indissociable Unity of Psyche and Soma" (2006), Aisenstein explains that in practice, she has "been confronted with patients who treat their bodies 'like a foreign land'. The body thus becomes the site of enactments that may be explosive" (678). The link to the BIID sufferer here is obvious: the individual feels that her (whole) body is alien, and subjects it to violent acts. This chapter began by raising the question as to how we can explore the phantom limb and apotemnophilia outside the empirical system that has been predominantly employed up to this point, which Aisenstein confirms is the case in most psychosomatic situations: "[i]t is unusual for patients suffering from a somatic illness to be treated by psycho-analysis rather than by a strictly medical intervention. This means that the suffering body was excluded from the field of psychoanalysis" ("Indissociable" 668). Hence, not only has this scientific viewpoint restricted psychoanalytic endeavours in the medical field, but it has also stifled studies of the body within psychoanalysis. Perhaps this is partially why most psychoanalysis that has been applied to the BIID and PLS has not been particularly helpful. Psychosomatic theory speaks to this lack in the field, as Aisenstein conveys in looking for a non-scientific and open-ended "solution" to bodily symptoms. In so doing, she alludes to a problem with scientific logic, because, like Larry (the physician with BIID we saw in the earlier "Fighting It" conversation—though to a lesser degree), Mr. L epitomises a scientific way of thinking: he is uninterested in any deviation from fact. Closed off to abstract ideas, the patient, Aisenstein explains, had difficulties speaking about anything non-factual. He read no literature or fiction, indicating his fear of absorbing the non-concrete, and was very diligent at performing tasks, indicating a preference for physical action over thought. In analysis, Aisenstein initially echoed his linguistic patterns. She writes, "I gave him a very 'scientific' explanation of the mechanisms of nightmare and of the sleep-dream system. I was thereby trying to enable him to take an interest, as a scientist, in his mental apparatus, and hence in its functioning – a phase which might precede familiarisation with his own mental productions" ("Man from" 468). By engaging in the patient's form of thinking, she felt as though she could both understand him more effectively and also engender a more comfortable setting. She believed that this would create a safe space that

could enable the subject to expose more of to his own psyche and break down his defences. As in Dan's situation, opening up to a reading outside science can be helpful in disclosing a cut-off past, whether fictional or not.

Mr. L's life-threatening haemorrhagic rectocolitis (which he was about to treat through a dangerous surgical removal of a colon and artificial opening in the stomach) came about just after he suddenly decided to give up smoking, which Aisenstein suggested could be seen as "self-castration." She alludes to this "castration" perhaps because it illustrates the link between the psychical and physical: that in this instance he attempts to physically control a lack. The subject also had difficulty withstanding silences, which she believed gestured towards a desire to control empty spaces. This desire, Aisenstein suggested, may have shown up on the body in the patient's drive to cut open the vacant space in his stomach and colon (the surgical removal). The silences that had been erased from Mr. L's speech, in other words, may have needed a place to go, in turn manifesting upon the body. Mr. L's "concrete" form of speaking finally slipped when he said Burma instead of Bulgaria (when discussing something mundane), a mistake that opened a previously disavowed traumatic history. The more questions the analyst asked in relation to this slip, the more she learned about his past, dreams, and less logical mental processes. What was primarily revealed was that Mr. L had divorced his first wife, after which she went to Burma and was stabbed to death in the stomach. He did not want to discuss this however, because it might "reopen old wounds" (Aisenstein, "Man from" 468). However, the case study suggests that disavowing this memory had painful effects: it caused the closed-off wounds to open themselves upon his body. Since he ignored them psychically, the wounds manifested themselves physically. However, they also saved him, in a way, by bringing him to analysis where he was given the space to formulate a more robust identity. Thus, Mr. L's mental lack was counteracted with a bodily wound, which turns our attention to something central to the two syndromes: to how the body and mind counteract one another. While the phantom limb is more clearly a psychical account of physical pain, BIID (especially in light of this case study) suggests a physical record of a mental rupture. In the case of Mr. L, Aisenstein was able to engender a more illogical conversation by resurrecting these wounds in analysis, and together, they formed a healing factual and fictional history. Mr. L proceeded

to reveal problems with his current wife concerning building a house and having a child. These problems, she suggested, were also suggestive of his desire to control emptiness, perhaps alluding to a hidden trauma. However, Aisenstein continually acknowledged her inability to confirm any of these histories, memories, or theories.

This admission is dramatised in her writing, as she refers to other psychoanalysts' theories throughout the study, often hinting at how they may have influenced her own interpretations. In so doing, Aisenstein is attempting to avoid the trap that Freud fell into: of allowing a theory to dictate a case, rather than creating a mutually fragmented interpretation. For example, in discussing the traumatic death of Mr. L's first wife, Aisenstein speculated that lacks in speech were the most significant parts of the dialogue, that the more something had been disavowed, the more painful it must have been. She wondered: does this result from the patient's attempt to "reactivate the primal fantasy of *seduction of the child by the adult* and, with it, one of the forms of the threat of castration?" ("Man from" 469 emphasis in original). Here, Aisenstein acknowledged that Freud's "seduction theory"[22] may be applicable, while also recognising that it may not (due to the statement's ambiguity). These questions, she conveys, can never be answered. This method of ambiguous writing may also confront the reader with her own tendency to draw conclusions, because there is room to question Aisenstein's references. We are thus reminded of the phantom limb sufferer, because the amputee fills a lack with a completion that feels true. This notion of filling a lack with unity is ruptured in Aisenstein's study, as she conveys the reader's, the patient's, and her own proclivity to complete the story. She acknowledges that she will borrow from other analysts' theories to connect Mr. L's language, body, and fantasies.

One case study discussed in "The Indissociable Unity of Psyche and Soma" (2006) exemplifies Green's influence, because it revealed how affects are "turned into sensory impressions or, rather, into signs in the body" (Aisenstein,

[22] Between the years of 1895 and 1897, Freud developed a theory that neuroses stem from childhood experiences of sexual seduction. However, just as he had begun to question the primal scene's veracity, upon further studying the scene of seduction, he also began to question its truth. In a letter to Wilhelm Fleiss he wrote, there "'are no indications of reality in the unconscious, so that one cannot distinguish between truth and fiction that has been cathected with affect.... Now I have no idea of where I stand'" (qtd. in Lebeau, *Angels* 6). The theory's veracity was ultimately questioned when Freud found that a vast majority of patients confirmed his suggestion that they had suffered from sexual seduction, suggesting that he may have imposed this narrative upon them, thus causing him to abandon the theory in 1897.

"Indissociable" 671). Since the phantom limb and apotemnophilia call for exactly this type of exploration (because they are physical problems that words cannot fully explain or cure), Aisenstein's ideas help us think about them differently. Furthermore, Aisenstein is interested in the most beneficial ways of using language to trace the latent stories behind one's wounds, which is also conveyed in her style of writing (which is fragmented and makes literary references). Her case study refers to literature and philosophy, thereby exemplifying the importance of using literature and psychoanalysis together. Accordingly, she uses a line from Mallarmé's poem "A Throw of Dice" in "The Man from Burma," which reads, "'*Un coup ɔe ɔés jamais n'abolira le haʒarɔ'* ['A cast of dice will never abolish chance']" (476 emphasis in original). It is implied that the poem, like the patient, can be interpreted ad infinitum: *"'Toute pensé émet un coup ɔe ɔés'* ['Every thought produces a cast of dice']" (Aisenstein, "Man from" 476 emphasis in original). By using Mallarmé's language, which, as Maurice Blanchot writes, "does not imply anyone who expresses it, or anyone who hears it: it speaks *itʒelf* and writes *itʒelf*" (*The Work*, 41 emphasis in original), Aisenstein foregrounds the importance of subjective language, thus echoing her own experience with Mr. L. This, I suggest, illuminates the phantom limb and BIID conditions, as Mr. L's body carries a loss and is in this sense a symbol of loss itself, a symbol that cannot be completely explained through language. Rather than attempting to explain (as Freud found problematic in the "Wolf Man"), Aisenstein subdues the patient's physical wounds by unveiling his dreams and fantasies, a process that is materialised in the mirror-box, which erases pain through an illusion. She suggests that it is not the analyst or patient who has the authority, but the expression itself,

In the analytic exchange, she states, "while the intention was to open the way to chains of representations, there was a risk of blocking the process by interpretations which, although correct, might be premature and might stoke up the instinctual side before the establishment of a representational system" ("Man from" 473). She is careful not to re-traumatise the patient by confronting him with too many interpretations or breaking down his defences too quickly. Aisenstein explains that she and Mr. L are both (re)creating the story of his past, and that since it is formed through fantasies and dreams, it is partially fictive. They are devising a story together through the fantasies and thoughts that emerge from their

conversation, in order to help the patient to, in a sense, fill in his blanks without closing them off. This raises the question as to how split-off traumas can be traced through fantasies, which can be visualised in the mirror-box (as it presents an illusion of a foreign part of oneself). Aisenstein was able to shift Mr. L's trauma away from body and towards his psyche through a fantasy. By discussing dreams and creating memories of an unknowable past, they were able to access a split-off part of the self, a split that resembles a psychotic mind-set that Freud deemed un-analysable. Aisenstein writes, "I am now convinced that it is no longer possible to neglect the concept of splitting in the field of psychosomatics" because it involves "a form of anti-thought which is concrete, cut off from its roots of its drives and disembodied" ("Indissociable" 678). In "The Man from Burma," that cut-off anti-thought is incarnated as a wound. This reading provides a perspective as to why BIID and PLS both involve feelings of disturbing bodily alienation, and reactions to bodily loss and presence that cannot be sufficiently explained or comprehended. In BIID, a psychical wound is made manifest on the body; in the phantom limb syndrome, a physical wound is carried to the mind. Similarly, in the mirror-box, the somatic wound is carried towards the psyche through a fantasy version of self. However, she notes that this process puts the patient at risk of creating a psychically delusional solution in place of the previous somatic one, of carrying it too far. Although the work was still in progress when she wrote the essay, by shifting the traumatic lesion towards the mind, Mr. L's body felt less pressure and the wound was contained. The mirror-box, however, materialises how a psychosomatic split can be dispelled through an illusion.

Thus, Aisenstein's study, Green's theory, and the mirror-box suggest that conjuring illusions from negative spaces (Mr. L's gaps in speech, negative hallucination, and the mirror-box itself, may remove some of a wound's pressure, whether orientated in the body, as seen in PLS, or the mind, as with BIID). Rather than attempting to find the meaning of delusion, Aisenstein works to, as Green suggests of the analyst's role, "arrange things in such a way that it reveals itself spontaneously" (Green, *On a Private* 78). In this way, the analysand's unknown, unconscious self, will, ostensibly, begin to show through; that "internal stranger at once disturbingly unlike you and infinitely more like you than you want to acknowledge" (Cohen, *The Private* 20). I will now take a deeper look at what lies

within in that foreign part of oneself by exploring literature and psychoanalysis that centralise "the double."

Chapter Three: The double

Nur weil dich reißend zuletzt die Feindschaft verteilte
sind wir die Hörenden jetzt und ein Mund der Natur.

In the end it is only because hatred tore you to pieces
that we have learnt to attend, and to speak of nature.
--- Rilke, *Sonnets to Orpheus* (XXVI)

These lines of poetry from Rilke's *Sonnets to Orpheus* (1922) might suggest that the artist must be torn in order to create her work; that it is in a state of fragmentation that the individual is open to expression. In this poem, Rilke is specifically referring to the myth of Orpheus, wherein Orpheus's art condemns him to rupture. When he defies the gods by looking into the Underworld, Orpheus's body is torn to pieces. However, he continues to sing through his broken body; he sings when he is not one, but many different parts. I turn to Rilke here, because the poem draws our attention to the trajectory of this chapter, which looks at psychoanalysis and literature that are interested in human ambiguity and rupture. I will, more specifically, be looking at doubles within cultural texts in order to analyse the split between wholeness and fragmentation experienced by those with BIID and PLS. The Chapter begins with Jacques Lacan's concept of the mirror stage, which is followed by Maurice Blanchot's thoughts on literature and fractured language (as discussed through his essay "Orpheus's Gaze" [1982]), and ends with a cinematic analysis of these ideas through Powell and Pressburger's *The Red Shoes* (1948).

Both Peter and Stephen explained that their conditions felt "strange"; for Peter, a "strange inner feeling" that he was meant to be disabled, and for Stephen, a "strange" and "uncanny" feeling that "your arm or your leg […] is GONE. Yet it's still agonizing you." These feelings, I noted in Chapter One, resonate with Freud's concept of the uncanny, which involves a feeling produced from simultaneous discomfort and a home-like comfort,[23] wherein "'hidden forces' within me destine me to be forever other to myself, to an indelible strangeness within" (Cohen, *How to Read* 70). A feeling of being, perhaps, as BIID sufferer Hans in the documentary

[23] This derives from Freud's etymological analysis in "The Uncanny," wherein he emphasises that the meaning of the word *unheimlich* overlaps with its opposite, *heimlich*. In this way, the word itself is uncanny, it reveals a hidden other. "The *unheimlich*," writes Freud, "is what was once *heimlich*, homelike, familiar; the prefix "un" is the token of repression" ("Uncanny," 15 emphasis in original).

"Complete Obsession" states, "in the wrong body." The uncanny body is, in this way, conscious for those with BIID and PLS. It is at once the most familiar and foreign place.

Moreover, the "uncanny is an experience of being *after oneself*, in various senses of that phrase. It is the experience of something duplicitous, diplopic, being double" (Royle 16), and indeed, those with BIID and PLS struggle with a division between wholeness and unity. They are tortured by a conception of an ulterior version of self that differs from their physical realities. While individuals with phantom limbs feel that their amputated body is whole, those with BIID feel that their physically whole body is ruptured. These experiences of double-ness parallel what Jacques Lacan calls the mirror stage, wherein a child is set up with a split: a feeling of fragmentation that contrasts the mirror image, an image which is "an imaginary anatomy or body phantom" (Grosz 42). In this way, the child experiences something similar to that which those with PLS and BIID experience: a split between physical and imaginary wholeness and fragmentation. Since, as Grosz writes, "Lacan suggests that this desire for a solid, stable identity may help explain our fascination with images of the human form" (43), I suggest that Lacan's model will provide insight into the desire for wholeness in those with BIID and PLS.

The Mirror Stage

Lacan proposes that a baby's sense of self is initially ruptured and helpless: it can feel parts of its body that it cannot visualise, and it does not have a sense of proprioception. In "The Mirror Stage as Formative of the *I* Function" (1949), Lacan suggests that we are born into the world with a "primordial Discord betrayed by the signs of uneasiness and motor unco-ordination of the neo-natal months" (3); we are dependent upon the support of others, which he calls the *infans* stage. According to Vicky Lebeau, in "the state of infancy, or *infans* literally, without language, the small child tends to be discovered at the limit of what words can be called upon to tell, or to mean" (*Childhood* 16); the baby is unable to comprehend itself and its environment. However, Lacan theorises that when the baby is between the ages of six and eighteen months, it recognises its own image in the mirror, usually when another individual is holding it, and it will identify with

that image. This self-recognition involves a feeling of enjoyment, and from this point on, the child forms itself through a split: the fragmented self, and the image of unity with which it identifies. This is where the child is introduced into what Lacan calls the Imaginary order, which I later expand upon. Lacan's theory can be used to reflect on Freud and Otto Rank's notion of the uncanny, which also introduces an idea of the double as related to the mirror reflection. Freud writes in "The Uncanny" that Rank "has gone into the connections the 'double' has with reflections in mirrors" (234). These perspectives suggest that each human being has one image of wholeness and one of rupture, which is central to what follows in this chapter. From Lacan's point of view, this mirror double creates an, as stated, "alienating identity, which will mark [… its] entire mental development" (Lacan, *Écrits* 5).

The *infans* self, in other words, is set up in relation to its ideal image, because it desires to be the impossible (the mirror image), thereby leaving the child afraid of returning to its *infans* state. Forever hidden behind this ideal mirror image, therefore, is the fragmented, subjective self, which lurks in the background. The *infans*, which aims towards the illusion of a coherent ego, quietly haunts the individual (often through dreams), which in the psychotic structure leaks into reality. Thus, the psychotic element is the fantasy of the self's integrity and wholeness, a structure reflective of BIID and PLS. It is the ego, according to Lionel Bailly, that "helps protect the individual against the threat of incoherence and impotence, and provides a fictitious coherence" (40). The mirror image, moreover, becomes "the threshold of the visible world" (Lacan, *Écrits* 3) that assembles the ego, and that forms "the social dialectic that structures human knowledge" (Lacan, *Écrits* 4). Thus, throughout life, individuals (unconsciously) strive for a false wholeness that is linked to the way in which they interact with the environment.

Throughout life, therefore, the mirror stage unconsciously remains a part of individual, and I suggest that those with PLS and BIID dramatise this stage. Although the sufferers did not, presumably, go through the stage (between the ages of six to eighteen months) differently than others, the kind of split between the fragmented body and illusory cohesion that is outlined in the mirror stage is a conscious and painful experience for those with BIID and PLS. Phantom limb

sufferers often experience physical feelings of rupture and helplessness that contrast a feeling of wholeness, which is reflective of Lacanian mirror "body phantom" (Grosz 42). As Stephen Sumner explained, the phantom sensation was "bigger that me"; the burnings and electrical shocks "totally beggar words." The description here parallels the *infans*, wherein the fragmented baby is "at the limit of what words can be called upon to tell, or to mean" (Lebeau, *Childhood* 16). Stephen continues, "[t]he first instant that I gazed into a mirror at a sound limb that was bending and waggling and all, in place of this epicentre of electrical storms […] I was literally suffused with a sense of calm, completion." Here, Stephen appears to be experiencing something similar to the baby in Lacan's model: a split between an obscure sensation of fragmentation and helplessness, and a whole mirror image that causes a sense of relief and jubilation. In Peter's case, the mirror stage is in a sense reversed: rather than idealising a whole mirror image, his ideal wholeness is associated with a fragmented sensation reflective of the *infans*. Although reversed, the apotemnophile suffers from a feeling of rupture that stands in relation to a fantasy of unity. It would seem, from this perspective, that those with phantom limbs and BIID are stuck with an exaggerated *infans*. They are confronted with bodily fragmentation that reaches for ungraspable unity, which for most people remains hidden in the unconscious. Their imaginary wholeness, in other words, is recognised through rupture.

Consequently, based on this Lacanian paradigm, the ego cannot provide an illusory coherence to protect the subject against incoherence in the same way, thereby leaving those with the conditions vulnerable. For Lacan, the ego works to protect the individual by conjuring phantoms to fill the gaps in between the *infans* and the illusory completion. One's mirror-image, writes Lacan, "is still pregnant with the correspondences that unite the I with the statue in which man projects himself, with the phantoms that dominate him, or with the automaton in which, in an ambiguous relation, the world of his own making tends to find completion" (*Écrits* 2). The absences experienced by those with BIID and PLS, it would seem, are too apparent to be hidden by phantoms, and are instead shown through them. Those with BIID feel helplessly ruptured, a feeling related to a phantom concept of wholeness. And PLS involves a conscious experience and image of bodily fracture that is, rather than being hidden by a phantom wholeness, exacerbated by one. The

phantom limb and BIID drives towards unity thus display the ruptured self's (*infans'*) aim to become its (impossible) illusory mirror image. What is at issue, therefore, is that while for everyone, "this fragmented body [… can appear] in the form of disjointed limbs, or of those organs represented in exoscopy [it ...] usually manifests itself in dreams" (Lacan, *Écrits* 3), for the those with PLS and BIID, it seems to have escaped the realm of fantasy and seeped into reality. The subjective other that quietly haunts most individuals comes to life. This is exemplified by one member of "Fighting It" who explains that her father was a "monster." When she broke her arm at the age of eight, he was temporarily caring, thus causing her to have dreams about becoming disabled. Then, she writes, "[w]hen I was 12, I recognized that the dreams became a compulsion […]. My thoughts became so intense I nearly couldn't stand it. I wanted to take an axe and cut of my hand." Here, it seems as though dreams of a "fragmented body" and "disjointed limbs," reflective of Lacan's concept, has spilled over into a reality. For those with BIID, moreover, this fragmented body is not visible to others, thus, at times causing them to feel increasingly isolated. Those with PLS, alternatively, are visibly fractured, and in this way, recognisably "different." However, the mirror illusion allows those with phantom limbs to look complete (through a symbol of the phantom), thereby causing a feeling of, as Stephen describes it, "deep comfort," that mirror-image (which additionally, as mentioned, usually involves the presence of another).

For Lacan, this *infans* and mirror ideal makes up the "social dialectic that structures human knowledge" (Lacan, *Écrits* 3). It is this social structure, he argues, wherein language, signs and perceptions are being organised, that which defines the Symbolic order, which contrasts the Imaginary order's illusory wholeness, and fragmentation and loss. Part of this loss, according to Lacan, involves the child's ultimate desire to be the mother's "Phallus," which is "a penis plus the idea of its absence" (Leader 89), that seems to complete the mother (again, the mother is defined through a lack). The idea is that the baby is always searching for what the mother desires so that it can be the Phallus. However, since it is impossible to completely understand her, the baby interprets the mother with false meaning, leaving it to search for what is always beyond itself. The infant's interpretations are thus being formed through yet another double: that the baby can complete the mother, and that this is futile. The realisation of this futility (that the baby cannot

be the Phallus) is what Lacan calls "castration" (based on Freud's model), which occurs when an object obstructs the possibility of pleasing the mother. This object is called the Name of the Father, which takes the Phallus's place and destroys the infant's illusion. Castration, then, creates the necessary symbolic gap between the mother and baby that allows it to develop a sense of independence. The Name of the Father can take many different (symbolic) forms throughout life; it is the blueprint for symbols and language that structure the unconscious. Thus, language can always be traced back to the Phallus, to a specific and ungraspable absence. Lacan's theory of the linguistic system correlates with structuralist linguistics, which proposes that, "a word is a word because it is different from other words" (Leader 49): the linguistic system is founded upon a lack (a concept soon examined through Blanchot's thoughts on literature). The key here is that symbols and language are inseparable from the body and environment.

For Lacan, therefore, language is primarily "other" to the individual: a person's sense of place in the world is achieved through entry into the Symbolic order. It is what the world "says" about one's image that causes the *infans* to disappear behind social ideals or "norms." Psychosis is formed when this process breaks down. Lacan theorises that this may occur if there is no Name of The Father, and the baby is left unable to experience castration and form independence from the mother. Here there is no platform with which to symbolise, and to enter the linguistic world, leaving the baby structured by a false image of being one with the mother, and a difficulty integrating fragmentation ensues. Furthermore, explains Lionel Bailly, the baby "cling[s] to its fantasy that it may have the Phallus, or even be the Phallus for the mother" (84). Without a sufficient symbolic foundation, using metaphors is difficult, causing the individual to create meaning through delusions that give order to the world. The psychotic individual may act out or hallucinate the desire to be the Phallus or to be "castrated," because she lacks the symbols to do so.

This scenario can be visualised in the two psychosomatic conditions, which, as stated, does not suggest that individuals with BIID and phantom limbs are psychotic. However, Lacan's concept of the psychotic structure may tell us more

about the phenomena,[2] especially taking into account the limb's resemblance to the Phallus. From this perspective, the phantom limb sufferer cannot be castrated, because she has no appendage, no Phallus (not during the Symbolic order, but later in life). The BIID individual's existent arm or leg, alternatively, is not castrated. If Lacan believes that the inability to castrate can cause a child to cling to the fantasy of being or having the mother's Phallus (of being complete), the phantom limb condition enacts this. It involves a person who clings to the fantasy of an appendage that is both there and not there. Those with BIID reflect something similar, as most believe that they may eventually attain unity. However, just as the baby in Lacan's theory is unable to appease and complete the mother, the limb illusions fail to appease an individual's desire for wholeness.[24] In turn, the sufferers seem to actualise the loss instead of symbolising it. Rather than signifying their overpowering feeling of rupture, they carry it out in reality, through an illusion.

I have sought to show that when viewed through the mirror stage, those with BIID and PLS are faced with bodily rupture that grasps for an impossible wholeness, which for the majority of individuals is concealed within the unconscious. Both conditions also enact a predominantly physical, as opposed to linguistic, manifestation of felt rupture. It would seem, then, that those with PLS and BIID are stuck with a pain resulting from a crisis in psychical functioning at the level of the Imaginary, which they cannot return to or make sense of. It is the mirror-box phenomenon that demonstrates how an individual may symbolically regress to this stage in the present, because by reinserting her whole mirror image along with her fracture, the individual repeats the mirror stage. In this scenario, one can see one's whole image, thus decreasing the ego's compensation for the *infans'* lack through a fantasy (the phantom limb). Does this, I ask, reveal an entrance through illusion to the Symbolic order, wherein a person may reinsert the name of Name of the Father? Perhaps, the mirror-box limb presents the

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[2] Having a psychotic structure differs from being a psychotic because a psychotic structure connotes an incomplete castration. Though one may have "been able to gain some degree of 'access to the metaphor' and to understand the existence of a symbolic level of functioning, he has accepted neither that he has not got the Phallus" (Bailly 85).

[24] Though many individuals with BIID feel as though they are cured upon amputation, others continually feel the need to amputate other body parts, face difficulty and danger in the amputation process, and still feel misunderstood post-operation. I am not stating that people who want to amputate should not, I am looking at why they may want to, and how experiences involved in BIID are explored in other ways.

individual's image of having a Phallus (an illusory appendage that is both present and absent), which both appeases a desire to be complete, and also shows that this is impossible. If so, can the mirror-box enable an amputee to visualise and embody the illusion of symbolic castration (making up for what she was unable to do in her infancy at the level of the Imaginary), and thus symbolically reduce the need to cling to a delusional one? If in Lacanian thought, a psychotic structure prevents an understanding of metaphoric self and world, the attempt to simultaneously sever and hold onto one's body (through the mirror-box symbolic castration and BIID amputation) suggests an unconscious attempt to alter a sense of objectivity as it was formed through the entry into the Symbolic. A desire for castration, in other words, may be connected to a desire for social and symbolic integration. Furthermore, as briefly noted, if a word is defined by its differences (it is separated or cut away from something in order to be understood),[25] the wish to remove one's appendage (illusory or otherwise) demonstrates an embodied form of symbolisation from yet another angle. If a word must attain meaning through its demarcation from other words, a desired amputation demonstrates how linguistic composition might transcend to human action (a concept I will develop more thoroughly in Chapter Five). In order to understand more about how the conditions relate to symbolism and language, I turn to Maurice Blanchot, whose writings reflect upon linguistic rupture, and the relationship between (from a different viewpoint) the imaginary and the material.

The words of Blanchot

Blanchot, like Lacan, conceives of language as being structured through a lack. Blanchot suggests that this lack lurks behind the linguistic system, similar to the way in which the ruptured *infans* ("without language") haunts the individual in Lacanian thought. In discussing Blanchot, Paul de Man writes, we "try to protect ourselves against this negative power by inventing stratagems, ruses of language and of thought that hide an irrevocable fall" (*Blindness* 73). Echoing amputees who develop a phantom in place of their fracture, language involves the non-material, which works to hide an underlying void. Literature, for Blanchot, turns towards

[25] I will shortly return to this, however, I am (generally) referring to the idea that words obtain meaning in their relation to other words; they must be removed from ambiguity to be apprehended.

this void, or as Leslie Hill puts it, "[l]iterature […] deals in phantoms" (*Bataille* 17). Similarly, those with BIID paradoxically hide a lack: although they desire to experience and visualise fracture, they are also driven to contain it. I argue that since the linguistic and the somatic are permeable (or, to return to Naomi Segal statement, texts "invoke the movement of eye or hand towards something one ought to be able to caress" [120]), Blanchot's literary theory is not only abstract, but corporeal, and can lend insight as to how the body is conceived of in BIID and PLS. Thus, I am interested in what Blanchot's thoughts on literature can reveal about the desire to contain, perceive, and hide a lack, as exemplified in the BIID and phantom limb conditions. What is central to these links is that like a phantom, language carries traces of the past, of what is not exactly there. Although it is composed of signs and expressed through the body (whether read, written, spoken or heard), a word's meaning cannot be fully understood. Language thus parallels the phantom limb at a structural level, because it is a physical and psychical experience that cannot be captured or shared, a feeling involving a loss. For de Man, "[l]anguage, with its sensory attributes of sound and texture, partakes of the world of natural objects and introduces a positive element in the sheer void" (69), as the phantom limb, though unseen, is a feeling that replaces a lack.

To expand upon these ideas and provide a little context as to how Blanchot's writing relates to the two syndromes, I shall begin by exploring his thoughts on literature. For him, literature is not confined to a certain philosophy or literary group, "it is not a matter of developing a unified theory or encompassing a body of knowledge" (Hanson, *Infinite* xxv). A unified discourse closes off knowledge by attempting to answer questions instead of opening knowledge by asking them. He aims instead to answer questions with more questions, because the "question inaugurates a type of relation characterised by openness and free movement, and what it must be satisfied with closes and arrests it" (Blanchot, *Infinite* 13-4). The exemplary question that concerns Blanchot is the question of literature which, for him, is outside any discipline that attempts to define it. Leslie Hill explains: "any literature that knows itself to be literature, Blanchot implies, is by that token no longer literature" (*Bataille* 19), and this is because literature's very nature is to illuminate what language cannot know. What cannot be known about language is its meaning and comprehensive definitions, partially because it is

formed through subjective and ambiguous psychical images and perceptions. Instead of attempting to define literature through ordinary language, therefore, Blanchot "steadily borders on the inexpressible and approaches the extreme of ambiguity, but always recognises [words] for what they are" (de Man 62). He does not attempt to clarify language but to bring out its ambiguous nature. Thus, Blanchot's writings are difficult to define and interpret: he is "fundamentally opaque at the level of comprehension" (Critchley, *Very Little* 31).

Blanchot's nebulous writing dramatises his interest in a reader's failure ever to capture authorial meaning. Moreover, he, following Barthes "The Death of the Author" (1967), suggests that in some literature, the work is separate from the author and takes on a life of its own: words are exposed as having already been formed and coming from outside the individual. As Barthes writes, "literature is that neuter, that composite, that oblique into which every subject escapes, the trap where all identity is lost, beginning with the very identity of the body that writes" (Barthes 2); as language takes over, the author is, in a sense, erased. We are reminded here of the Lacanian ego, which, as explained, is formed through an image of self as other in the mirror, and of one's identity having been structured through others. Just as, for Lacan, one does not have complete control of one's identity, for Blanchot, once the book has been written, the author cannot control the way it is read, or how time and context informs its readings. The work thus exists "only by and for itself" (de Man 68), and yet does not exist at all. Hill writes that in this way, "[l]anguage becomes perpetually and irreducibly double: it affirms the need for discourse, but it also bears witness to that which, within words themselves, remains unspoken, unspeakable, and absolutely other" (*Bataille*15). Here Hill refers to the *two slopes of literature* (as discussed in Chapter One).[26]

The first slope (which is sometimes referred to as *everyday language*) is "that meaningful *prose,* which attempts to express things in a transparent language that designates them according to a human order of meaning" (Critchley, *Very Little* 60). It is the word and book which can be read, theorised, and which is part of culture.

[26] Blanchot's essay "Literature and the Right to Death" (1947) focuses on these ideas, wherein Blanchot suggests that communication negates the "other"; the thing written negates what it represents. In Blanchot's words, "when I speak, death speaks in me. [Speech…] is there between us as the distance that separates us, but this distance is also what prevents us from being separated, because it contains the condition for all understanding" (*The Work* 324).

The second slope is that which can never be completely communicated, understood, or grasped through the word or text, "a form of art that leaves things to themselves in some way" (Critchley, *Impossible* 100). "In some way," because things cannot be completely left to themselves: any representation of a thing transforms it to some extent. Thus, the first slope of literature that aims to represent is, according to Simon Critchley, "that Sadistic-dialectical labour of negation that defines the Subject itself, whereby things are killed in order to enter the daylight of language and cognition" (*Impossible* 60). When something is named, it is inscribed with preconceived notions that erase its particularity; in attempting to represent an idea, the thing itself is erased.[27] Those with BIID manifest this in the need to erase part of themselves to be complete. They must cut into their incomprehensibly (but felt) ruptured soma to be seen as united, just as the word must, in a sense, cut away from its ambiguous origins to form a fictional sense of cohesion. In this way, one can only be seen through one's annihilation, which BIID individuals seem both drawn towards and away from. This, I propose, reflects the literary writer's plight as Blanchot conceives it.

Moreover, it is a well-known idea that writers desire immortality through their words, which continue to create meaning posthumously. Ulrich Haase writes that "the dread of death is expressed in the dream of writing the definitive book, the most outstanding novel which might bestow immortality on its author" (51). Here again, we see a bodily and textual double, as the text both can and cannot bestow immortality (though the author's words remain, the author herself is separate from them). Something similar is perceptible in the BIID condition, as exemplified by the German man (discussed in Chapter One) who froze his toes: perhaps an attempt to immortalise the body while simultaneously proving its mortality. Though the toes might remain, they represent his death, an absent part of himself. Haase continues, but "death cannot be overcome, and the book, once written, always disappears in the face of the demand of the work" (51-2). In this way, the text both bestows immortality upon the author and reveals the author's absence, and the frozen toes both immortalise the man's presence (as they are preserved), and reveal his absence (as they represent and are formed through a

[27] Blanchot follows Hegel here, who writes that language "immediately overturns what it names in order to transform it into something else" (Hegel qtd. in Blanchot, *Infinite*, 35).

loss). Similarly, the phantom limb bestows immortality upon the once present (in most cases) limb, while also acting as a constant reminder that the limb is not there. In relation to this concept, Blanchot postulates that we have "two relations with death, one which we like to call authentic and the other inauthentic" (*Space* 155): while death can be grasped (the physical body), it cannot be comprehended. Hill writes, "[o]n the one hand, death is negation, separation, language […] it founds the order of human possibility." However, death also "escapes negation […] it is an obscure constraint that can never be experienced for itself by any living human self." Thus, the only way that it can be addressed is "indirectly, through ritual, myth or fiction" (*Bataille* 182). Death is both what makes us human and keeps us from being "complete" (as it cannot be comprehended), and our only way of attempting to understand it is through perception, images, and language. In this way, the body can only be comprehended through signs or symbols. While most may unconsciously experience their mythical or fictional nature, it is painfully conscious for those with BIID and PLS. Returning to Lacan, those with BIID and PLS echo the psychotic structure: in psychosis "the unconscious is at the surface, conscious. This is why articulating it doesn't seem to have much effect" (Lacan, *Psychoses* 11). However, I ask, is there a way of articulating the soma that may have an effect? To explore this question, I will examine Blanchot's thoughts on how a body of text can or cannot be articulated.

If the body can only be deciphered through a sign, the text holds an interesting place because it is both physical and metaphorical; it is a body composed of signs. In this way, BIID and phantom limbs mirror the text, because they are physical (felt) and symbolic extensions of self. Why, however, is the text an acceptable body of incompletion, while the BIID and phantom limb sufferers remain an anomaly? Why do we, generally, accept the strangeness of the text's singularity, and question the strange subjectivity within conditions such as these? Although this question cannot be answered, I suggest that it is due in part to the fact that, while those with BIID and PLS cannot control their syndromes, cultural works are at a remove and one has control of one's experience with it. Trilling explains that the poet "is in command of his fantasy, while it is exactly the mark of the neurotic that he is possessed by his fantasy" (45). In the phantom limb and BIID syndromes, the individuals are possessed by their fantasy. However, a writer

may have more perspective or control through a symbolic exchange. Thus, it is a symbolic medium in literature that differentiates how fantasy shapes the individual, and how she shapes it. The mirror-box also provides this border because it encapsulates a space with which to create symbols that can re-shape a static fantasy of self. The mirror-box, then, like poetry, from Trilling's perspective, "*leads us back to the outer reality by taking account of it*" (45-6 emphasis in original). Thus, the mirror-box, in a way, shows us a manifestation of the overlap between psychoanalysis and literature. It allows the individual to lead painful images and feelings back towards reality through the very substance of which it is made: illusion. Perhaps, then, rational sciences cannot have the same effect as the mirror-box because they are more interested in the conscious mind, and the limb conditions are situated closer to the unconscious and illusion. It is for this reason that literature may provide insight.

The text's "strangeness" may additionally be more widely accepted because physical differences often create social stigma, as Mitchell and Snyder write: "people with disabilities are said to be fated or unsalvageable and, thus, somehow stubbornly inhuman. They constitute a population in possession of difference that will not respond to treatment, and the resulting *stigma* […] consequently situates the disabled person within the social space of difference" (4 emphasis in original). Literature, on the other hand, can "point out social ills, while offering new possibilities; it communicates pain and transcends it. Literature speaks powerfully and profoundly, as well as subtly, delicately" (Saxton and Howe qtd. in Mitchell and Snyder, xiii-xiv). While physical differences are often stigmatised, literature may aim to overcome or alter a related problem by engaging with disability and pain.

The way in which physical and literary difference is socially perceived additionally applies to the concept of "madness." In *History of Madness* (1961), Michel Foucault explains that

> while it is true that numerous texts from the seventeenth and eighteenth centuries talked about madness, it was merely cited as an example, as a medical species […]. In itself, it was a silent thing: there was no place in the classical age for a literature of madness, in that there was no autonomous

> language for madness, and no possibility that it might express itself in a language that spoke its truth. (517)

What Freud did, he continues, "was silence the unreasonable Logos […]; he forced words back into their source, all the way back to that blank region of auto-implication where nothing is said" (547). Instead of turning away from "madness," Freud attempted to unearth it by investigating that which language cannot express. In this way, psychoanalysis was influential in the literary turn that was concerned with the non-verbalised aspects of madness. Foucault writes that at the close of the nineteenth century (and greatly influenced by the writings of Mallarmé) it was "time to understand that the language of literature is not defined by what it says, nor by the structures that make it signify something, but that it has a being […] that is related to […] the double and the void that is hollowed out within it" (548). Therefore, although there is no definitive answer as to why society is more accepting of literary than bodily "strangeness," it is due in part to the kind of language that has been used in relation to physical differences, which has been predominantly medical and definitive. Some literature, however, that is interested in understanding more about the idea of "madness," and (as Foucault stated) "blankness," is capable of creating changes in regard to the way we think about madness and physical differences. The literary exploration of "blankness" and "madness" is questioned throughout Blanchot's work, and since those with PLS and BIID often (as demonstrated in Peter's story) feel "othered" in society, I return to Blanchot in order to explore what literature can reveal about madness and difference.

Blanchot's discussions of literature often play with the questions raised here. He is interested in the silence within words, the pre-linguistic, fragmentary, and dream-like images. "If madness has a language," he writes, "and if it is even nothing but language, would this language not send us back (as does literature although at another level) to […] a non-dialectical experience of language?" (*Infinite* 201). This raises the question as to whether "madness" can be related to what preceded language before the word is cut away. Can a person momentarily break the Lacanian Symbolic order of social dialectics and feel their "discordant" images and gestures? Can we get in touch with what precedes the confines of fantasy wholes?

Blanchot touches on these questions by interrupting literary tradition. In attending to the false idea that language signifies its referent, he discloses the negation within it, to let that *infans* seep through the cracks. This negation is what Blanchot calls the *space of literature*. Huffer explains that this space "exposes the trap of truth: the closer we get to it, the more we lose it, because the only way we can say it is by holding up the reflective screen of language, the mirror in which all we see is ourselves" (187). This description of the space of literature cannot help but remind us of the mirror-box. It holds up a reflection of the phantom that shows its absence (the image is not the phantom) through a reflection of the self (the existent appendage), and the closer we get to the phantom, the more we see its erasure. And it is the space of literature that, for Blanchot, also brings out its negation.

Thus far, we have explored how in attempting to reach cohesion to avoid facing fracture, a sufferer of BIID or PLS and a writer can face a false dialectic: the disturbing double similar to that outlined in Lacan's theory. By writing in a fragmented manner, Blanchot illuminates the way in which a text contains both the known and the unknown body of work (the known words and their incomprehensible rupture). The mirror-box also shows the image of one's wholeness and simultaneous un-wholeness. Instead of aiming to resolve absence—as seen in everyday language, the phantom limb, and self-amputation —the mirror-box, like Blanchot's literature, exposes the inability to do so: "literature is literature *because* it lays bare its self-recognition as untruth" (Huffer, 187 emphasis in original). The mirror-box exposes the phantom's untruth through a symbol of itself. In light of this, the struggles of those with both conditions are related to a wider discussion of fragmentation upon which Blanchot's writings hinge. Thomas Carl Wall explains: "[h]e writes fragments, and even writes about fragmentary writing […]. Anamorphic, the fragment's only life is its separation from any whole, any narrative, and any history. It cannot be put in place and therefore demands from the writer something other than form. It demands destruction" (84-5). The mirror-box, anamorphic, distorts one's body to make it look whole from one point of view, and fragmented from another. Unlike the phantom limb—an illusion that can be based upon a historical memory of pain or a narrative of normality—the mirror-box stands alone in a moving present. While it

shows the appeasing image of unity, it simultaneously demands something other than form: that the individual glance at her destruction.

It is in the process of writing, according to Blanchot, that a moving hand may also reveal one's annihilation. As he discusses in "Literature and the Right to Death" (1947), language only represents its object through its destruction. He writes: "[w]hen [literature] names something, whatever it designates is abolished; but whatever is abolished is also sustained, and the thing has found a refuge (in the being which is the word) rather than a threat" (*The Work* 329). Though a writer may visualise a part of herself on paper when the words she uses shape her thoughts, the words also disclose her own erasure: a non-threatening experience, or perhaps a desire. Blanchot continues, "literature's ideal has been the following: to say nothing, to speak in order to say nothing" (*The Work* 324). As suggested in our earlier discussion, from a Lacanian perspective, those with apotemnophilia and PLS echo unconscious attempts to return to an infant's fragmented state in the present moment and (unsuccessfully) reform themselves as symbols; to be "castrated" and free of the mirror image's critical gaze. If the mirror-box offers an alternative way to see oneself as a symbol and break up one's preconceived notions of self, fragmentary writing may offer a similar refuge from the desire "to grasp in its entirety the infinite movement of comprehension" (Blanchot, *The Work* 325).

De Man explains, "[i]n his interpretive quest, the writer frees himself from empirical concerns, but he remains a self that must reflect on its own situation. He can only do this by 'reading' himself, by turning his conscious attention toward himself, and not toward a forever unreachable form of being" (*Blindness 77*). This idea is embodied in the amputees who reflect on their own fracture in the mirror-box. Here, the amputee, like the writer (from de Man's perspective), may begin to free herself of "empirical concerns" (of the drive to be physically complete) when she literally reflects upon her own fissure with the mirror-box; she may integrate her rupture through a fictional self-image. Thus, fiction seems the best place to further explore these connections, which I now set out to do through Blanchot's essay "Orpheus's Gaze" (1982).

Orpheus's Gaze

"Orpheus's Gaze," Blanchot proposes, is central to *The Space of Literature* (1955), because it hinges upon that which cannot be grasped, which is an essential component to the question of literature. Anne Smock explains in the introduction that this space "is like the place where someone dies: a nowhere, Blanchot says, which is *here*" ("Introduction" 10). This, as I have sought to show, can be elaborated in terms of BIID and PLS because they involve feelings based in a lack. Individuals with BIID feel an absence that is present, and those with PLS feel a presence that is objectively absent: sufferers with both conditions, therefore, embody a "nowhere, which is here." I will currently explore these links more thoroughly through Blanchot's essay "Orpheus's Gaze," which concerns issues of rupture that are also involved in BIID and PLS. Firstly, in content, the story of Orpheus reflects these conditions because Orpheus struggles with the dichotomy between unity and fracture: he lives forever in a broken body that is simultaneously alive and dead. Moreover, in form, Blanchot presents a fragmented language that, like Orpheus's body, holds up a simultaneous presence and absence. In this discussion, I want to explore how Blanchot's literature offers a particular insight into the Orpheus myth that can illuminate the struggles experienced by those with BIID and PLS. I will examine how a writer's aim to communicate subjective and ambiguous images are related to the BIID and PLS sufferers' drives towards completion, and how the essay dramatises this.

"Orpheus's Gaze" is based on the Greek myth of Orpheus the artist (musician and poet), who due to his singing is granted the right to descend into the Underworld to bring his wife Eurydice back to life on the condition that he does not turn to look at her. However, unable to resist, Orpheus glances back. As punishment, he is dismembered and thrown into a river where he continues to sing (although Blanchot does not mention this part of the myth in his essay). Orpheus's need to see Eurydice is often used as an allegory for the desire for completion, reflecting the BIID and PLS drives towards impossible wholeness. The attempt to bring Eurydice back, moreover, is comparable to the writer's attempts to bring understanding to what cannot be known. "His [Orpheus's] *work*," writes Blanchot, "is to bring it back to the light of day and to give it form, shape, and reality in the day" (*Space* 171); this shape, for the writer, is the word. Orpheus's desire to see

Eurydice, however, leaves him at a loss, which stands for Blanchot's belief that when something is named, its singularity vanishes. Here, his glance back allegorises the literary writer who uses language to "tell finite things in an accomplished fashion that excludes the infinite" (Blanchot, *Space* 144): the writer cannot completely convey thought. Through a Lacanian lens, the *infans* is hidden behind the mirror image and, as those with apotemnophilia and PLS show, attempts to be complete remain futile. However, it is this loss that defines Orpheus, the writer, and those with BIID and PLS.

Orpheus's desire to see Eurydice in the light of day and to represent her is what makes language and the story of Orpheus possible, yet it is also what renders it impossible (because it is founded upon the paradoxical impossibility of representation). Without a physical loss (for those with PLS) or feeling of loss (for the BIID sufferer) the sufferers would, presumably, not form an (consciously) ungraspable form of unity. Therefore, the Orpheus myth and the two conditions are consecrated through their erasure; or as Blanchot states, the "work is Orpheus but it is also the adverse power which tears it and divides Orpheus" (*Space* 226). The two conditions thus reflect Orpheus's gaze and the text, in that they involve a need to materialise one's existence by making one feel complete, while destroying it to reveal one's rupture. Again we are faced with an absence, which, for Orpheus, is represented by Eurydice.[28] Eurydice, moreover, is a specific absence, which parallels the BIID and PLS suffers, because they are tortured by a specific void. Those with BIID want the limb cut in a specific place, while amputees' phantoms are often frozen in place. As a member of "Fighting It" writes, "[m]any of us have a line of demarcation- a specific point where the body image map ends." For phantom limb sufferers, "about half of them" writes Norman Doidge, "have the unpleasant feeling that their phantom limbs are frozen" (184). It is implicit that while an ambiguous absence can be hidden in the unconscious, a specific one may cause discomfort, and in these situations, enough discomfort to create a noticeably false reality, a kind of delusion. This reminds us of Lacan's take on the psychotic structure, in which one is stuck with an incomplete Castration (a specific absence) that results in a difficulty structuring oneself through language. Orpheus and those

[28] This analysis of the Orpheus myth reads Eurydice as a metaphorical absence, rather than a "female" lack.

with BIID and PLS parallel this in their struggle to represent a specific negation.

Hassan writes that in Blanchot's essay that this specific loss (of Eurydice) "represents the silence that Orpheus must, and can not attain" (*Dismemberment* 19). By glancing back, Orpheus illustrates a desire to see "the dissimulation that appears," to see "Eurydice in her shadowy absence" (Blanchot, *Space* 172). However, this glance ruptures the possibility of perceiving the unknown. Thus, she "is the instant when the essence of night approaches as the other night" (Blanchot, *Space* 170). This "other night" differs from "the night" because while the night is the opposite of the day (Blanchot, *Space* 167-8), the other night is part of it, like the unconscious that always resides silently in consciousness. The other night is that fragmentation that rests within the individual's comprehensible wholes, similar to that *infans* which precedes the mirror image. We see this embodied in those with BIID, as rupture is not the opposite of wholeness; wholeness can only be achieved through rupture. In this way, rupture and unity are inseparable, and thus fictional concepts. Similarly, the phantom limb is only (subjectively) present because the individual is amputated; rupture and wholeness are intertwined, creating a false dichotomy that, nonetheless, feels real. The mirror image, however, presents the inextricability of rupture and wholeness: though an amputee may remove the phantom, she is still lacking a limb. Similarly, the other night "is always the other, and he who senses it becomes other" (*Space* 169). In the other night, "the void is […] coming toward him [he who approaches the other night]" (*Space* 169). By glancing back at Eurydice, Orpheus turns towards the void within the day, and thus senses his simultaneous absence and presence; he, echoing amputee who sees herself as four-limbed in the mirror and releases her phantom, is other to himself. In this moment, he wants to see nothingness, that side that is other, and this, for Blanchot, defines the artist. Orpheus, then, stands for the literary writer in Blanchot's thought, who is concerned with what language veils, with that which cannot be grasped. In this way, the literary work confirms the irreducibility of lack and ambiguity. The mirror-box, I propose, materialises these thoughts because like the word, it shows the amputated individual what is barely there: a space wherein the individual exists only through images. By glancing into this other (whole) self to see nothingness as it is (the absence behind the mirror image), the individual echoes Orpheus's glance into the Underworld.

Furthermore, Orpheus's glance comes from an unknown part of himself, and the BIID and PLS sufferers' aim to resolve finitude stems unknowable origins. Orpheus is, writes Blanchot, "seduced by a desire that comes to him from the night" (*Space* 174), which relates to the writer's calling. "No one begins to write, Blanchot says, who is not already somehow on the verge of this ruinous look back, and yet the sole approach to that turning point is writing" (*Space* 15). Here, art stems from a desire to perceive the night or "madness" veiled within "day"; and in this way, the artist is haunted by a void. When Orpheus glances back to see Eurydice, she disappears. If a certain kind of literature allegorises this impossibility, so does the mirror-box: in glancing at one's phantom, it disappears. Thus, in writing (as Blanchot conceives it), Orpheus's glance, and the mirror-box, the desire to see a specific absence negates that absence, and this is partially due to a movement (whether it be writing, reading, glancing back, or fictively moving a phantom). Wall explains that Blanchot's writing involves "movements, or spaces [that] are precise and anamorphic insofar as they cannot be interrogated, or even properly experienced or narrated" (101). Since the act of writing or reading involves a continual movement, its meaning cannot be completely grasped, and thus, like Orpheus, the writer (or in this case reader) "himself is absent" (Blanchot, *Space* 172). In a similar way, the moving image in mirror therapy erases one's phantom, and exposes the absent limb, revealing that "death without end, the ordeal of the end's absence" (Blanchot, *Space* 172). What, I ask, does this connection illuminate about the mirror-box? To begin, Blanchot believes that an individual can be exposed to her fracture in the movement of reading, because she is also being affected by the words at hand. Therefore, as the mirror-box alters the phantom feeling, the text affects the reader. Here, the reader and the amputee become other. The "'I", writes Kevin Hart, "becomes a 'he' or a 'one'; and […] enters the realm of the fragmentary which is also the space of community" (17): if a reader loses part of her self in the act of reading, she, in a sense, becomes language (and the symbols within language).

In this textual interaction, "there is no exact moment at which one would pass from night to the *other* night" (Blanchot, *Space* 169) because one is always a symbol, one's identity always an illusion, the imaginary is always within. In this way, the text does not literally transform the reader into a symbol, but rather,

reminds her that she is, in a sense, composed of them. Here we are reminded of Lacan's theory that the individual has been inscribed by others, that the *infans* disappears as her identity is formed through others' definitions. It is in the movement of reading that, from a Blanchotian point of view, the individual may be able to glimpse beyond those imaginary and symbolic formations from which she has been constructed. If literature, for Blanchot, brings this to light, so too does the mirror-box. By moving one's limb in the mirror, by, as Stephen wrote, "looking, moving, and imagining," you can "touch the pain," and "eradicate [almost] everything." Wall explains (referring to the reader), if "I can 'imagine the hand that writes them,' I will only find myself face-to-face with a gaze that does not regard me, that dispenses with me" (103). In being dispensed of in this way, Blanchot suggests, one may be free of oneself, "outside oneself, ecstatic, in a manner that cannot leave the 'oneself,' the proper, the essence, intact" (Sallis 97). In facing one's erasure, the intrusion of one's (falsely) whole self can perhaps be partially lifted.

Orpheus's gaze, explains Blanchot, "is thus the extreme moment of liberty, the moment when he frees himself from himself and, still more important, frees the work from his concern, frees the sacred contained in the work, *gives* the sacred to itself, to the freedom of its essence, to its essence which is freedom" (*Space* 175). Freedom is approached partially because Orpheus defies the authoritative gods who told him not to look. He transgresses the law, and in so doing takes authority. It is this action, however, that also causes Orpheus's death, indicating that in order to take authority of the text in the act of reading, and to approach this freedom, one must "die" (in relation to, for instance, Barthes' "The Death of the Author"). However, instead of falling into the Underworld and dying completely, Orpheus remains in a space between life and death: he is forever broken. Orpheus's glance backwards, therefore, only reiterates his (to return to Blanchot's statement), "death without end, the ordeal of end's absence" (Blanchot *Space* 172). In a similar, yet concrete sense, the mirror-box presents an amputee's endless fragmentation; the phantom movement effaces the felt limb. Here, the amputee may be able to experience a feeling of completion in being torn (as Stephen described it: a "sense of calm, completion"). The mirror limb, like the literary work, allows the absence to exist as absence, contrasting those with PLS, those with BIID, and, as Blanchot calls it, everyday language. Furthermore, the gaze that condemns Orpheus to

eternal rupture and the gaze into the mirror-box that erases the phantom limb are predicated upon a transgression of the (common) law. The mirror-box defies rational thought: the way in which it alleviates pain exceeds empirical thought; it cannot be understood through "everyday" language. "Orpheus's Gaze," and the gaze into the mirror-box thus convey how seeing one's fracture through a symbol of one's simultaneous absence and presence may engender a release wherein one has "no self-identity to obey" (Hassan, *Dismemberment* 19).

A literary writer, explains Haase, "must advance into this impersonal language and allow it to speak in her place" (64). By embodying a symbol of one's phantom in the mirror-box, the felt weight (or excess) of one's phantom decreases, just as the "weightless gaze of Orpheus" (Blanchot, *Space* 176) frees his desire to see Eurydice. Like Blanchot's concept of literature (as Foucault describes it), the mirror-box

> no longer […] a power that tirelessly produces images and makes them shine, but, rather, a power that undoes them, that lessens their overload, that infuses them with an inner transparency that illuminates them little by little until they burst and scatter in the lightness of the unimaginable. (Foucault, *Aesthetics* 152-3)

This kind of writing is, for Blanchot and Foucault, associated with "madness," as it is concerned with representing and turning towards madness through a certain kind of (fragmentary) literature. Thinking about language in this way, therefore, may open avenues to understanding apotemnophilia and PLS. The mirror-box, then, presents to the individual what she was unable to perceive, as literature, according to Blanchot, opens new thoughts. Instead of tirelessly shaping absence to a false whole, both the mirror-box and literature can show one's "inner transparency" to unravel the "weight" of pain, so that an individual can "unti[e] himself with his own hands" (Foucault, *Aesthetics* 162). The phantom self that is constructed through social and historical events may be disrupted (a thought expanded upon and exemplified in Chapter Five), as the mirror reflection can undo the phantom appendage. Reading and writing literature in this way is thus allegorised in Orpheus's eternal position between life and death, love and loss,

fragmentation and wholeness, which the mirror-box concretises. Here, one may, as Stephen remarked, "look, move, and imagine" one's phantom to approach an alleviating sense of absence. I now want to turn to the question: what happens if a person cannot enter this space? What if the individual who sees an absence she is drawn to represent is consumed by the impossibility to do so? What if she is haunted by the desire to escape the grasps of death? I will explore these questions through an analysis of Powell and Pressburger's *The Red Shoes* (1948).

The Red Shoes

Powell and Pressburger's seminal film follows the life of ballerina Vicky Page, who, haunted by her desire for love/art and life/death, retreats into an illusion, which is represented by Vicky's role as Karen in *The Red Shoes* ballet. In the ballet, the red slippers control Karen's body, which resonates with those with BIID and PLS, whose bodies remain alienated. This similarity raises questions about rupture, illusion, and freedom in rupture. Vicky's opening dialogue with the ballet impresario Boris Lermontov sets the tone for the film when he asks her why she wants to dance, and she replies, "[w]hy do you want to live?" He states, "I don't know but I must." "That's my answer too," (*The Red Shoes*). Impressed by her vigour, Lermontov casts Vicky as the prima ballerina in *The Red Shoes*, after which she becomes famous and marries composer Julian Craster. When Lermontov discovers their affair, he forces her to choose between "the comforts of human love" and being "the greatest dancer the world has ever known" (*The Red Shoes*), which causes her to leave Julian for the ballet, and consolidates her choice of art over life. Shortly thereafter, a force strikes, as the red shoes overpower her body and carry her off a balcony, echoing *The Red Shoes* ballet that made her famous. It is Julian who finds her, gathers her in his arms, takes off her red shoes, and she dies.

The initial frame story is based on the Hans Christian Andersen fairy tale by the same name, which is about a little girl (Karen) who is given red shoes that will not stop dancing until she finally has her legs cut off by an angel. While the shoes continue to dance without her, Karen is sent to Heaven. *The Red Shoes* ballet within the film (a seventeen-minute segment) proceeds from this original tale, wherein Vicky plays Karen, yet the ballet takes on a surreal effect in which Vicky's performance coalesces with her fantasies. The segment begins with an evil

shoemaker who sells Karen—who is accompanied by her male partner—red ballet slippers. The shoes progressively carry her away from her partner, as he is transformed into cellophane. Left lost, alone, and haunted by the shoemaker's shadow, Karen attempts to return home to her mother, only to be stopped by the shoes. At this point, the shoemaker's shadow returns and is refigured into the apparitions of Lermontov and Julian. Karen then falls to the Underworld and dances with a sheet of newspaper, which temporarily takes the shape of her partner. When the shoemaker reappears, he guides her through the Underworld, until finally, a priest removes her red shoes and she dies.

The ballet is portrayed as being a hallucinatory rendition of what takes place in Vicky's mind, gesturing towards her psychological decline and disappearance into Karen, her "other self." This descent, I suggest, is triggered by Vicky's erasure in life, because throughout the film, her role as a dancer shadows her identity. I now want to read this portrayal of one's other self with Blanchot's idea of literature (the word that is always haunted by its double), the mirror stage (the mirror image that is preceded by its *infans*), and Orpheus's loss of Eurydice, to trace how these co-ordinates may provide further insight into apotemnophilia and PLS. Throughout the film, Vicky is often relegated to being an "object"; unable to have her own life, she is passive to the demands of other men. Although she asserts herself at times, and her psychological processes are foregrounded, Powell and Pressburger also allude to her progressive erasure. Her initial choice of art over life foreshadows this, as she is pressured to conform to (predominantly patriarchal) roles (of a "housewife," Lermontov's mentee, and a famous dancer). As her fame increases, she progressively fades behind these roles. We see this in a scene in which Vicky first discovers that she will be the prima ballerina, and Julian wonders "what it feels like to wake up in the morning and find oneself famous." She responds, "you're not likely to know if you stay here talking much longer" (*The Red Shoes*): a statement indicative of one's effacement behind a public name (similar to Lacan's Symbolic). At this moment, a newspaper that features an interview about *The Red Shoes* ballet brushes Vicky, foreshadowing the newspaper dance in the performance in which she is visibly obscured by language; she is lost behind an image (which I will soon discuss).

Vicky's personal relationships with both Julian and Lermontov cement this loss of identity. When Julian and Vicky have their only intimate moment, he says, "one day when I'm old, I want some lovely young girl to ask me 'where in your long life Mr. Craster were you most happy?' And I shall say, 'well my dear, I never knew the exact place … I was with Victoria Page.' 'What,' she'll say, 'you mean the famous dancer?' And I will nod, 'yes, my dear, I do. But then she was quite young. We were very much in love.'" Here, Vicky is again defined though her absence (her death), their love only structured by art. Definitively, Lermontov tells her: "great superiority is only achieved by agony of body and spirit. What do you want from life? To live?" and she replies, "to dance" (*The Red Shoes*); she is only free within art. Like Orpheus, Vicky turns away from life. She does not choose death, but the agony of the body and spirit, the decay and darkness within life.

This similarity between Orpheus and Vicky gives way to a variety of others, which I will now draw out, to demonstrate how they both illuminate and are illuminated by the BIID and PLS. First, the film and essay feature artists who are driven to pursue art and death over life and love, and who are consequently left in a state of physical rupture. Second, both pursue the impossible task of relinquishing their desire for completion in the "other." Thus, they reflect the state of the those with PLP and BIID, who strive for an impossible sense of completion through a state of physical rupture. Furthermore, as Orpheus "unknowingly [...] moves toward the work" (Blanchot, *Space* 174), Vicky moves towards art's darkness by continually choosing death over life, as allegorised in the ballet. Ultimately, both characters are haunted by a double that stands for their fragmented self (Orpheus by Eurydice, and Vicky by Karen), which resonates with the PLP and BIID sufferers who are haunted by their double (impossible wholeness).

Since furthermore, it is the body that haunts Vicky, how can this, I ask, shed light on the BIID individual who amputates her own alienated body? Just as Karen (Vicky's Other) is only released when her shoes are removed (she can finally escape the tortures of life through death at this moment), and Vicky's pain only ceases when she dies, the BIID sufferer's "mind is at peace" (Mensaert 19) when the limb is amputated. One sufferer explains: "I was given my amputation not because I wanted it, but because that was the only way to stop me from wanting it" (Mensaert 19), thereby echoing Vicky's dilemma. Moreover, in the Hans Christian

Andersen story, although the community warns Karen not to wear them, "Karen thought only of her red shoes" (4). However, despite the community's condemnation, the protagonist is not portrayed as being mentally ill but confused and alone, a sentiment echoed in both the film and the ballet within. Similarly, although BIID sufferers, as Peter demonstrated, may be perceived (or afraid of being perceived) as mentally ill, their dialogues generally convey that they feel misunderstood. If we return to Lacan's thoughts, we are reminded that for him, everyone is formed through a lack (a desire for "the Other"), and lives through an illusion. However, if the lack is too large, so is the illusion, thereby forming the hub of psychosis (delusion). From this point of view, Vicky, like those with alienated limbs, exemplifies a loss, which in Lacanian theory relates to a desire for a paternal Other.

Accordingly, in *The Red Shoes* ballet, it is the male shoemaker who seduces Karen into wearing the shoes, and who shadows her throughout the segment. Remaining indistinct and anamorphic throughout, the shadow/shoes resemble Lacan's concept of the hommelette[29] that is silently part of the individual.[30] Moreover, the shadow in the ballet morphs into Julian and Lermontov, again calling up Lacan's concept of the psychotic structure, in which the individual is haunted by a missing Name of the Father. As Lacan's theory suggests, it is the desire for an ungraspable Other that consumes Vicky, as it is Eurydice's allure that calls Orpheus into the "other night." Lacan writes: "we have, in Eurydice twice lost, the most potent image we can find of the relation between Orpheus the analyst and the unconscious […] the unconscious finds itself, strictly speaking, on the opposite side of love" (*The Four* 25). Eurydice depicts how the unconscious is present as a discontinuity; it always leaves the individual with a loss. "To flee it [the other night]" Blanchot writes, "is to be pursued by it. It becomes the shadow which always follows you and always precedes you" (*Space* 169). The unconscious cannot be outrun because it exists within, which Vicky illustrates in her endless flight

[29] "Lacan imagines lamella [hommelette] as a version of what Freud called 'partial object': a weird organ which is magically autonomized, surviving without a body whose organ it should have been, like a hand that wanders around alone in early Surrealist films" (Žižek, *How to Read* 62)

[30]Although both the shadow and the shoes haunt Vicky, the shoes represent that physical torture we have been discussing in relation to the two syndromes, while the shadow, as Naomi Segal writes, "privileges a visual relation to the object" ("Living" 262). Again we are reminded of the inseparability between the visual, psychic and physical, and how this is represented in the film.

away from life's pressures and towards death; and Karen, from her shoes/shadow.[31] This indicates that although many have shadows from which they cannot escape, some individuals' desires for the "other" may cause them to conjure up illusions from darkness. Apotemnophilia and PLS demonstrate that, while this may engender creativity for some, for others, it may take over reality. Their shadows transgress the objective and seep into a psychical and physical experience. The limbs, like embodied shadows, present an absence of reflection (as counterbalanced by the mirror-box reflection).

If the ballet segment provides insight into Vicky's psychological state, it suggests that Vicky's desire for the "other" has caused her to create a fictional whole. This is particularly illustrated in a scene in the ballet when, just after Karen's partner disappears, she descends to the Underworld. Here, she first appears translucent, only to become opaque when she is encircled by a sheet of newspaper. The scene's opening thus seems to suggest that she is only resurrected through words, through her representation. Once opaque, she leaps towards the newspaper, which is transformed into the image of her partner, as her white dress becomes obscured by indecipherable words. Although the words resurrect her, therefore, they also veil her, thus dramatising the paradoxical nature of language we have explored through Blanchot's work. "Speech," he writes, "has a function that is not only representative but also destructive. It causes to vanish, it renders the object absent" (*The Work* 30).

Vicky's delusion reflects the writer's desire to bring forth the unknown, an inclination to communicate through a "phantom [which] is meant to hide, to appease the phantom night […] we dress it up as a kind of being; we enclose it, if possible, in a name, a story and a resemblance" (Blanchot, *Space* 163). Dressed in words and dancing with a phantom of language, Vicky hides behind her story (behind Karen), in the Underworld, away from the light of day. Thus, Vicky and Karen, like those with phantom and BIID appendages, are chased by a trauma that drives them into the arms of fiction; suggesting that here, illusion is fundamental to

[31] Powell and Pressburger exhibit their own experience with this, as Powell's autobiography *A Life in Movies* (1986) reveals, "The ballet demands body and soul from its practitioners" (656). However Powell and Pressburger, unlike Vicky, are not consumed by the illusion: "The movies were purely representational" (656).

expressing feelings of rupture. Similarly, a text shapes fiction from absence. However, as Blanchot argues, language cannot completely communicate fracture. Literature that (as discussed) exposes this ruse of completion parallels Vicky's illusion, which reveals a sense of underlying fracture. The two conditions demonstrate how this is embodied. These links suggest, therefore, that by creating an illusion to escape from reality, an individual may only be faced with its impossibility.

When she dances with her partner in the Underworld, Karen illustrates how linguistic expression may not be enough. She attempts to bring life to absence through language to (in Blanchot's words) "gain control over things with satisfying ease. I say, '[t]his woman', and she is immediately available to me, I push her away, I bring her close, she is everything I want her to be'" (*The Work* 322). The partner in the ballet, hidden behind indecipherable words, is Vicky's creation, suggesting that language can be used to control the other. However, the blanketed partner is not real and cannot be grasped, he fades away at her touch: the Other cannot be understood through words. Although Vicky and the man embody language, it is not language, paradoxically, but the body and dance, through which they communicate. The scene thus illustrates those themes central to the first slope of literature: that language is created to withstand absence, yet it is not capable of establishing complete communication. If the movement shows that Karen is only able to dance with her partner when covered in an indecipherable language in the Underworld, Powell and Pressburger allude to an existence beyond words, a communication that takes place through the body and imagination.

Beyond everyday language, therefore, their dance, like Blanchot's notion of literature, brings out "the trembling, pre-linguistic darkness of things […] this second slope is not satisfied with [*sic*] bringing Eurydice into the daylight, negating the night, but rather by [*sic*] wanting to gaze at her in the night, as the heart of the essential night" (Critchley, *Very Little*, 63-4). The dance, therefore, like the second slope of literature "becomes concerned with the presence of things before consciousness and the writer exist; it seeks to retrieve the reality and anonymity of existence prior to the dialectico-Sadistic death drive of the writer" (Critchley, *Very* 54-5). If Karen is haunted by death, this non-linguistic (yet not without language) scene offers a moment of relief, a retreat from pain, where rather than helplessly

dancing away from her absence, she dances with it. Thus, it is through an image of language (words), rather than the meaning of words, that Karen is able to let go.

Put another way, might this image not demonstrate Lacan's notion of the mirror stage, that pre-linguistic state of the *infans*? When Karen's fall away from the light of day and into the Underworld erases her public presence, and Vicky's art erases her identity, both characters hide in an imaginary world. Karen's dance with an imaginary double thus resembles the moving, ruptured, and non-linguistic *infans*: although Karen moves through a ruptured body, she does so through an illusion of being with the other through language.[32] If, as previously discussed, the individual unconsciously desires to function at the level of the Imaginary, Vicky's dance as Karen illustrates this desire. Her fall to the Underworld may connote a lapse into a pre-linguistic state, also resembling Blanchot's space of literature. If we return to Leslie Hill's statement that the space of literature is a "nowhere that is here," and apply it to the film, we see how Karen is in the Underworld (a visible nowhere), and only exists in the imagination of Vicky (who is also a figure of absence). Orpheus, too, is in the Underworld through a fragmented body, and the *infans* always exists just beyond grasp. These links thus convey a different view of those themes perceptible in both limb conditions— the BIID appendage that belongs nowhere, and the imagined phantom limb. If, as earlier discussed, this nowhere that is here may offer a feeling of freedom, how, I shall now ask, can this be seen in *The Red Shoes*, and what can this reveal about the mirror-box?

The newspaper scene ends when Karen falls towards her partner's arms, he returns to a sheet of paper, her dress returns to white, and she peacefully drifts to the floor (the only moment of rest). This movement, for me, resembles the (previously discussed) writer who (to return to de Man) "frees himself from empirical concerns" (77). By shedding her linguistic veil, Karen's gestures and movements arise more naturally and freely. Here, something within words, not words themselves, allows for a mutual dialogue where (returning to Hart) "'I' becomes a 'he' or a 'one'" (17), where the individual becomes (in a way) a symbol. Powell and Pressburger allude to the idea when Julian tells Vicky, "and when you're lifted up by the dancers, my music will transform you!" To which she asks,

[32] If for Lacan, psychoanalysis "is about accompanying the patient towards his/her subjective truth" (Bailly 35), this reunion between Karen and her partner may also signify a reunion between the objective self, and the subjective hidden other, that shows through in analysis.

"into what?" "A flower swaying in the wind, a cloud drifting, a white bird flying … Nothing matters but the music" (*The Red Shoes*). In forgetting representation, Vicky is free of herself. Nietzsche's *The Birth of Tragedy* (1872) may provide more insight here because it discusses another double— the Dionysian (associated with music, disordered and undifferentiated reality and death), and the Apollonian (associated with art, order and a differentiation). In becoming other to herself (a white bird flying) through music, Vicky falls into the Dionysian, and because she gives herself to "this noble illusion, tragedy may now move its limbs to dithyrambic dance and surrender itself without a thought to an orgiastic feeling of freedom, which it is allowed to flourish as music in itself, thanks alone to this illusion" (Nietzsche 113-14). In dancing, Vicky moves away from the Apollonian realm of order, and enters the Dionysian "dissolution of the individual and [her] unification with primordial existence" (Nietzsche 27). The ballet lures her towards a Dionysian state wherein she, as Blanchot writes of Orpheus, "loses [her]self" in the "song" where she is "infinitely dead" (*Space* 173). For Orpheus, this leap towards erasure "lifts concern, interrupts the incessant by discovering it" (Blanchot, *Space* 175), analogueous to a writer who may also express her own notions of self. In dancing, Vicky is free of Julian and Lermontov; she can rest when her shoes overtake her, falling into an image of herself, which produces a kind of freedom. In the mirror-box, this idea becomes actual and more immediate: becoming a symbol engenders a physical freedom from a false sense of unity. One individual with a phantom limb writes, "at the point the 'effect' occurs with the mirror, there is usually an overwhelming release of emotion that is not unpleasant. After this initial effect, the person feels pleasantly different" ("Phantom Limb Pain"). The mirror image here empties out the phantom feeling. Part of the individual is erased through the mirror symbol, which has physical results. In this way, the more abstract ideas discussed through various cultural texts take on a different kind of "reality" in apotemnophilia and the phantom limb phenomenon.

The Red Shoes blurs the lines between fact and fiction, between Vicky and Karen. Towards the end of the film, Karen overshadows Vicky's actions, as portrayed most clearly when Vicky's shoes possess her by carrying her body off the balcony's edge. Although "the exceptionally sanguinary nature of Vicky's demise upset many critics" (McLean 42), perhaps Powell and Pressburger gesture towards

a release, as foreshadowed by Karen's dance. Ian Christie's analysis of the film, which focuses on the "explicit and veiled" nature of Vicky's death, suggests that, as quoted earlier, in Vicky's final leap to suicide, "Powell illustrates death not only by an ellipsis but also by an eclipse of the body […]. Her body [is] in free fall, her flesh and the tulle of her dress cross the frame, merging together, out of focus and disordered. A strange suspension gives the illusion of weightlessness" (235). The image here is not of pain, but of freedom—to return to Julian's remark—"of a white bird flying." If Karen's fall into the Underworld involved a dance with her own absence, which indicated a self-release and moment of rest, does Vicky's death not also depict a similar kind of freedom? And if so, how does this illuminate the death of the phantom limb in the mirror-box? How does Vicky's death resemble the mirror image that simultaneously animates and annihilates the phantom limb?

First, by submitting to her rupture through dance, Vicky, like the individuals using the mirror-box, releases a painful pressure of being caught between life and death (she becomes Karen). And just as Karen's fall to the Underworld is not precisely death, Vicky's fall in the film's closing scene is not precisely suicide, but an ambiguous death (which Michael Powell confirms in his autobiography, *A Life in Movies* [1986]). In dying, then, Vicky submits to her own absence, which, I want to suggest, is what allows her dance to live on (like the feet that move without Karen in the Andersen tale). We see something similar in Orpheus, whose song exists through his infinite fissure, as Vicky's dance lives on after her death, as allegorised in the film's final moment when the ballet continues without her. To clarify, Vicky's death occurs just before the performance, leading to a chilling scene in which Lermontov decides to continue the play with a spotlight in her place, clinching her role as being a figure of her own negation. Paradoxically, however, this scene also finalises the impossibility of Vicky's absence; because she is an artist, her death is unending. Vicky, like language as Blanchot conceives it, is only a figure of her negation. And it is this last scene that, reflective of (Blanchot's concept of) literature, acknowledges this underlying void. The spotlight, paralleling Orpheus's gaze, "consecrates the song," because in order to produce art, "one has to possess the power of art already […] to write, one has to write already. In this contradiction are situated the essence of writing, the snag in experience, and inspiration's leap" (Blanchot, *Space* 176). Thus, Orpheus and Vicky are driven from

elsewhere to sacrifice life and leap into the darkness, to fall into a kind of existence suspended between life and death. When read alongside BIID and PLS, the drive to perceive and experience this life/death presence derives from a feeling of rupture that is linked to a desire for unity. However, in submitting to a simultaneous existence and non-existence, a re-dying, by becoming a symbol in the mirror-box, one is momentarily free of oneself. I now want to turn our attention towards how Vicky's rupture can be linked to film's viewer, and the medium of the film itself, and how this connects to PLS and mirror therapy.

To approach this, I will analyse three ideas in conjunction: that the cinematic experience reflects the experiences conveyed within the film, that the spotlight in Vicky's place echoes the phantom limb and mirror-box, and that the film itself allegorises the mirror-box. I contend that in observing Vicky's struggle with fragmentation, the audience may unconsciously identify with Vicky, albeit from the safe distance of the film's images. Ian Christie writes that in *The Red Shoes*, "death is foreseen, that is to say articulated as a possibility, for the spectator it nevertheless remains unthinkable […]. The character on whose presence the story is based, and in whom they [the viewers] invest their emotions, cannot die" (234-5). This suggests a disavowal of annihilation,[33] which echoes that of the phantom limb sufferer, whose body denies an absence. The final scene wherein Vicky is represented by a spotlight, continues Christie, challenges the viewer with a "violence […] of a confrontation between the presence of the body and its absence in the place it should occupy" (Christie 236). The spotlight reflects, in other words, Vicky's phantom, and in watching it, the viewer sees Vicky's presence and absence at once. Thus, those within the film who are viewing the ballet, particularly Lermontov, cope with Vicky's absence through a phantom of her presence, another fetishistic disavowal reflective of the phantom limb and the mirror-box (as they both involve a simultaneous denial and recognition of a lack). This scene spills over into the cinematic experience, as it too may act as a coping mechanism in the wake of the Second World War. It may (from Christie's perspective) cause observers to

[33] It is worth noting that the film was made just after the Second World War. Powell explains: "we had all been told for ten years to go out and die for freedom and democracy, for this and for that, and now that the war was over, *The Red Shoes* told us to go and die for art" (Powell 653). Thus, the audience's possible suppression can also be related to a general post-war trauma. Though I will not expand on this, it is connected to the foundations of this thesis, which will be elucidated in Chapter Five.

disavow (Vicky's) annihilation, while allowing them to simultaneously visualise it. It is the mirror limb that embodies this simultaneous presence and absence through an image, which echoes the film itself: a reflection of images which, in this case, may appease spectators' fears without denying them. Thus, the ballet, film, and the mirror-box all demonstrate forms of relieving and attempting to relieve absence. And although the cinematic experience may not be seemingly physical, as the mirror-box demonstrates, a particular kind of image can have a psychosomatic effect. In sum, then, the phantom limb and mirror-box phenomena are reflected in Vicky's character, which the spectators (both in the film and those viewing the film) might identify with, albeit, at a removal. By depicting, rather than denying a lack, these artistic mediums (dance and the film) may work to alleviate one. In this way, a particular kind of art, and, related to this, the mirror-box, can allow an individual (amputee or spectator, in this case) to look into the "internal world of our thought and [… enable] us to 'understand' something in the external world, to foresee it and possibly alter it" (Freud, *Outline* 53).

Literature and psychoanalysis, as I have aimed to show, can have a similar effect. Peter Brooks explains that literature aims to discover, but not resolve uncanny feelings and experiences: "[i]f the motive of poetry is an attempted recuperation of an otherness, often that otherness is our own body" (*Body Work* 2). The mirror-box shows the body as a sign with which the individual can perceive her rupture and reduce the urge to physically re-experience it. Furthermore, a particular kind of literature, like the mirror-box, may engender a reincorporation of the unknown. As Blanchot states, "language's power consists in making the immediate appear to us not as the most terrible thing, which ought to overwhelm us […] but as the pleasant reassurance of natural harmonies or the familiarity of a narrative habitat" (*Space* 41). Here, literature's (an implicitly art's) "power" is to bring forth that unfamiliar "other" that engenders tormenting feelings. Blanchot indicates that in so doing, the narrative can help reshape the foreign body into a home-like one; it can make the uncanny more familiar. This chapter's discussions of literature, film, and psychoanalysis have—in its examples of how one plagued by fragmentation may retreat to delusion— provided insight into an alternative route. If, as stated in the introduction, "we constitute ourselves as human subjects in part through our fictions" (Brooks, "Idea" 341), the mirror-box concretises this, as it

demonstrates how fictional images of self and self-as-other can change realities. The possibility of causing the unfamiliar to become more pleasantly familiar is also central to the process of a psychoanalytic working-through, which I now explore in Chapter Four through the work of D.W. Winnicott.

Chapter Four: Breakdown

> Hi, I attempted to amputate my left hand in 2005 and it was reconstructed […]. Now that time has passed I am ready to definitively amputate the hand. I am open to traveling within N. America to stage the accident and am looking for someone to corroborate the "story line." Having been there once before I kind of know what I'm getting into and what to expect and "not do again." […] anyone interested in sharing my journey? ("Fighting It")

This man with BIID reflects the struggle of a certain kind of traumatised individual outlined in Winnicott's "Fear of Breakdown." The writer of this email expresses a desire to (re)experience fracture, create a fictional story to do so, and to be supported in this endeavour. In Winnicott's model, traumatised individuals might experience something similar, albeit in various different forms: in order to control a feeling of loss, they may attempt to relive a certain type of accident or rupture. They may do so, he suggests, through dangerous self-destructive acts. However, they may also be able to experience fracture in a healthier and more productive way, through a particular kind of relationship. Specifically, the theory is that if an infant endured a traumatic loss, its body and mind would be left unintegrated, and its security in the environment faulty, causing the individual to remain with an unconscious fear of and desire to fall apart and re-experience the initial trauma. The individual is, in turn, left dependent upon the environment, and, echoing the desire for a, as quoted above, "definitive amputation," she may be driven to define herself through a false sense of unity; thus, I suggest, reflecting those with BIID and PLS. This chapter will explore these connections in greater detail, beginning with a brief summary of Winnicott's theories, which will be followed by a more expansive discussion of trauma within "Fear of Breakdown." The patients' reactions to the trauma and how this connects to PLS and BIID will then be examined and developed through Quentin Tarantino's *Death Proof*.

D.W. Winnicott was a psychoanalyst and paediatrician trained by Melanie Klein, one of the cofounders of object relations theory. Thus, several of her ideas, including those about play, pre-oedipal developments, "internal" and "external"

objects, and babies' subjective experiences of their bodies, were integral to his work. Klein's notion of the depressive position was additionally foundational to his concepts about unity and independence; however, he was more invested in how one's emotional development related to the external world. As Klein explains in "Notes on Some Schizoid Mechanisms" (1946), Winnicott, like her, theorises that an infant's carers are responsible for the state of one's ego being integrated, healthy, and complete (as opposed to split and dispersed); however, she focuses on how the baby integrates the mother's "good" and "bad" breast, and Winnicott explores the process through maternal handling. His theories centre upon how individuals form subjective and objective notions of self, how they develop in relation to others, and how patterns of growth are formed through the early environment. These patterns, he suggests, are developed in connection with maternal care and psychosomatic integration, which is essential to his essay "Fear of Breakdown." The essay is one of his most famous partially due to his belief that the fear of breakdown (and implicitly psychosis) is to a degree, universal. He writes: "there must be expected a common denominator of the same fear, indicating the existence of universal phenomena" ("Fear" 103). Since "Fear of Breakdown" outlines what Winnicott calls "a reversal of the individual's maturational process" ("Fear" 88), I begin by summarising his theories of human development.

For Winnicott, a baby comes into the world dependent on and inseparable from its mother, [34] and continually learns to exist as a separate individual. This occurs as the mother adapts to the baby and slowly removes her support, thus allowing it to cope with absences and mend the gap between self and mother, until the child becomes less dependent on others for survival. If, however, the mother "fails" (for example, by causing the child to wait too long for her return), the continuity of the mother/child relationship will be compromised, and the child will feel psychically and physically "dropped."[35] The resulting blank (which involves a feeling of falling) becomes part of the child's physical and psychical makeup, obstructing the infant's development, and causing any number of problems

[34]Although the role may apply to other carers, Winnicott typically refers to the mother.
[35] This idea of a "failing" or "good/not good-enough" mother is problematic, as, first, the mother is not the only person responsible for the baby. Second, the demarcation for being "good enough" is imprecise: for Winnicott, a mother can be too present or too absent; and third, it is important to note that there is no "perfect" mother.

including: a fear of feeling dropped again, pain related to this fear, and the possibility of forming psychotic tendencies to defend against this pain. He writes that traumatised babies are those

> who have been significantly 'let down' once or in a pattern of environmental failures (related to the psychopathologic state of the mother or mother-substitute). These babies carry with them the experience of unthinkable or archaic anxiety. They know what it is to be in a state of acute confusion or the agony of disintegration. They know what it is like to be dropped, to fall forever, or to become split into psycho-somatic disunion. ("Psycho-Analytic" 260)

Dropping, therefore, (both in reality and symbolically) is part of what constitutes a trauma, and to avoid causing the baby to suffer from trauma, the carer must hold, handle, and present the child with objects at the right speed. He writes: if "the mother is away more than x minutes […] [t]he baby is distressed, but this distress is soon *mended* because the mother returns in x+y minutes. […] But in x+y+z minutes the baby has become *traumatised*" (*Playing* 131, emphasis in original). Winnicott suggests that this separation between mother and infant involves a dialogue between the body and mind, because the baby is shown how to physically grasp objects and survive through the mother's example, and must form mental links to do so. The infant's independence and health therefore, depends upon psychosomatic integration, because it ostensibly allows the infant to "feel real" and "live creatively" (Abram 45). Winnicott writes, "[f]eeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself" (*Playing* 158). In a traumatic occurrence however, the subject may feel a dissonance between her mind and body and thus feel less united. Though Winnicott believes that independence is never completely reached, a person becomes increasingly defined as she uses objects in the environment to represent and express her feelings, so that they can be shared and more thoroughly understood by both herself and the outside world. Since this covers a large scope, I will expand upon some of the specifics to ground the connections that follow.

Childhood Development and Breakdown

When a baby enters the world and is dependent upon its surroundings, Winnicott argues it is only a bundle of fragmented senses with no psychical understanding of itself and what is around it, because it is too young to differentiate one thing from another. In this state, there is "not yet a conscious and an unconscious […]. What is there is an armful of anatomy and physiology, and added to this a potential for development into a human personality" (Winnicott, "Communication Between" 70). Here, the infant feels the sensations that accompany the needs necessary to survival, such as hunger. Due to its disordered fragmentation and underdeveloped skills of comprehension, however, the baby cannot satisfy those bodily needs and must rely on another human being to stay alive. It is only "a belly joined on to a chest and has loose limbs and particularly a loose head: all these parts are gathered together by the mother who is holding the child, and in her hands they add up to one" (Winnicott, "Physiotherapy" 568). This stage is called "absolute dependence," wherein the baby believes it is one with the mother, and that the objects given to it are its own creation, what Winnicott calls the "illusion of omnipotence." It is through this fantasy that the baby begins to build its security, confidence, and sense of self in the world. It can only feel like a "whole and mature human being" (Winnicott, *The Child* 88), therefore, through those who hold and satisfy its bodily needs. Thus, as previously noted, Winnicott states that "there is no such thing as a baby" (*The Child* 88). A baby cannot exist independently of the other, because there is only a relationship, as opposed to a complete individual.

This relationship sets the stage for the ego, the baby's physical and psychical sense of self in the world.[36] Alessandra Lemma explains that the "it is in part through identifying with the image the m(other) has of him that the child develops a sense of himself" (*Under* 755). Moreover, explains Jan Abram, "at the *very* beginning she [the mother] *is* the baby's ego" (158). The ego is what allows the

[36] The psychosomatic ego put forward here is not unique to Winnicott's thinking. Freud famously stated that "[t]he ego is first and foremost a body ego" (*The Ego* 26). Melanie Klein suggests, "[i]ntrojection and projection [of the breast] are from the beginning of life also used in the service of this primary aim of the ego" ("Notes" 101). The ego for her is physical, similar to Winnicott's idea, because the first object the baby projects and introjects is the mother's breast. Jacques Lacan also believed the ego to be physically composed, though for him, the baby "has no experience of corporeal or psychic unity" (Lemma, "Being Seen" 756). Didier Anzieu's concept of the ego correlates more closely with Winnicott's. He suggests that "the ego is primarily structured as a 'skin ego,'" so the baby's experience of his body is "mediated by what he experiences as the mother's relationship to his body" (Lemma, "Being Seen" 756).

child to defend against environmental impingements, which remains strong if the baby is "sufficiently" cared for. This stage in the infant's life, Winnicott contends, is registered as a part of the child, however, since she was not yet an individual at the time, it cannot be accessed, remembered or understood. This silent (pre-linguistic) stage, he writes, "belongs to being alive. And in health, it is out of this that communication naturally arises" ("Communicating" 192). Though it can never be comprehended, the fragmented self remains within, and founds the structure upon which the individual will grow. This early state, he contends, is the place where spontaneous gestures are primitively felt, it leads to one's future creativity. Although it "forms an intermediate space through which the individual and the world communicate" (Jacobs 40), it can never be completely expressed (as it was pre-linguistic), and it is this core that comprises what Winnicott refers to as the "True Self," which "is the beginning of a feeling of existing and feeling real, and depends upon what he refers to elsewhere as 'a basic relation to the experience of omnipotence'" (Phillips, *Winnicott* 133). For the illusion of omnipotence that founds the baby's "core" self to be secured, the mother must provide a facilitating environment by adapting to the baby and satisfying its needs. By bringing it desired objects, a "good-enough mother" gives "the infant the *illusion* that there is an external reality that corresponds to the infant's own capacity to create" (Winnicott, *Playing*, 12 emphasis in original). She does so through the way she "in the fullest sense, 'holds' the child, which includes the way the child is held in the mother's mind as well as in her arms" (Phillips, *Winnicott* 30), so that it does not feel traumatically dropped. However, if the baby is left too long, or the carer imposes her own needs and gestures upon the baby, it will form a "False Self." In turn, the child will have trouble finding, expressing and appeasing her needs. As the baby proceeds from absolute dependence towards "relative dependence," it must learn to separate from the illusion of omnipotence, which occurs slowly, as it does not continually receive the objects of its desire. Over time, the baby learns to trust that the environment will not leave its needs unmet, allowing it to withstand absences and learn to obtain objects independently.

This movement involves what Winnicott refers to as transitional objects. These objects are thought to mediate between the baby's physical desire and its correlating object in the world, standing in for the gap between the two when the

desired object is not immediately present, and occupying a space between the subjective and objective ("me" and "not-me"). Since they take up the space between an indescribable desire and its satisfaction, transitional objects stand for a paradoxically simultaneous presence and absence of subject/mother unity and the baby's body, they are "not part of the infant's body yet are not fully recognised as belonging to external reality" (Winnicott, *Playing* 3). When the baby is not being held, transitional objects help the infant to cope with absence; in place of the carer, the baby can hold, for example, a "bit of cloth," "wool," or engage in linguistic "babble" (*Playing* 5). These objects bridge or hold up the void between the baby's felt desires and their connection to the physical world, founding the psychical link that carries the baby from its indecipherable wishes towards the world. Thus, the more sufficiently the child learns to use transitional objects, the stronger her psychosomatic integration and ego will become. Since these objects engender a simultaneous sense of whole omnipotence and absence, the baby's healthy physical understanding is organised through a paradoxical object. If an infant is not sufficiently supported and cannot learn to use transitional objects, however, a split will remain between the child's mind and body, her sense of unity and separation, subjectivity and objectivity. By integrating the mind and body through transitional objects therefore, the child is always gathering together the world around her to build her own support system, handle environmental losses, and separate from her dependence on the environment.

In this process, suggests Winnicott, she may act aggressively towards the environment to ensure that it survives her destruction. He describes this through the game "I'm the king of the castle- you're the dirty rascal" ("Psycho-Somatic Disorder" 112), a playful illustration of how the child separates from the environment. "With good-enough mothering and a facilitating environment," explains Abram, "aggression in the growing child becomes integrated. If the environment is not good enough, aggression may manifest itself in a (self)-destructive and/or antisocial way" (*Language* 89). In an insufficient environment, the child may become inappropriately aggressive towards her self or others, reflective of those with BIID. As one sufferer explains in "Fighting It": "I find it very difficult to cope. Honestly- it's on my mind all day and it sucks. I'm getting real close to having a shotgun party in the desert. Accidents do happen" ("Fighting

It"). Here, a desire for bodily fragmentation invades his mind; there is an invasive feeling of loss. In light of Winnicott's concept of physically registering a trauma, which I soon expand upon, perhaps this man's drive to suicide indicates that the only way to destroy the mental imprint of a felt absence is by killing his body. Linguistically, his ironic tone indicates a simultaneity of seriousness and humour: his reference to suicide as a "shotgun party" makes light of a serious situation, just as the word "accident" makes light of his drive to suicide. This humour could be read as a psychological distancing from a physical reality. By mocking his possible death, the man may be protectively separating himself from torment. Additionally, his use of the word "accident" is paradoxical, because it is not an accident if he takes it into his own hands. Perhaps he unconsciously wonders if *he* is the accident. Has he mistakenly been left in a position that causes him to feel fragmented, as though he wants to kill himself?

When read with Winnicott's model, the accident here may refer to having been "dropped" by a neglectful carer. As we will soon see in "Fear of Breakdown," Winnicott believes that early traumatic experiences which are not remembered or understood, but which are unconsciously registered throughout life, are deathlike. The traumatised individual thus grows with an inexplicable felt emptiness and unintegrated ego. He contends that the individual left in this state may desire to return to the deathlike moment of being dropped in infancy in order to re-experience, survive, and lessen its impact, which may lead to a solution through suicide. "The patient who compulsively looks for death," writes Adam Phillips, "is reaching in this way to a memory of a previous death" (*Winnicott* 20-1). Left with an indefinite feeling of physical rupture, the aforementioned BIID sufferer may, in this light, be attempting to pursue his accident of being psychically dropped in order to control and make sense of the past. He may be driven to self-amputate or commit suicide in order to experience and survive his continually felt primitive trauma, he may be drawn to recreate the accident that happened to him before he could remember.[37] This may also account for his pluralisation of the word

[37] To clarify, although Winnicott refers here to a specific loss in infancy, trauma can occur in different gradations throughout life, as "holding" is not specific; it applies to a variety of gradual environmental experiences. As he writes in "The Theory of the Parent-Infant Relationship" (1960): "[t]he term 'holding' is used here to denote not only the actual physical holding of the infant. […] [I]t refers to a three-dimensional or space relationship with time gradually added" (589). Thus, I do not suggest that those with BIID have necessarily suffered from a specific trauma; perhaps they

"accident," which suggests that he constantly feels the accidental, traumatising "fall"; and that this imposing feeling of annihilation may be driving him to recreate it. Winnicott's "Fear of Breakdown" hinges upon this type of a traumatic occurrence, which thus resonates with PLS and BIID.

As illustrated above, individuals with BIID demonstrate feelings of psychosomatic dissonance: though they appear whole, they feel incomplete. Similarly, though those with PLS subjectively feel physically present, they are physically amputated. In "Fear of Breakdown," Winnicott outlines a similar state of psychosomatic splitting. For him, it is in the pre-linguistic state of absolute dependence in which the blueprint for further development is most distinctly drawn, rendering it most integral to one's ego construction. The essay centres upon this stage, because he believes that if something traumatic happens to an infant here, it will develop throughout life without a strong "ego root," with a gap between the body and mind. Here, if something goes wrong in the carer's ability to hold, handle, and present the infant with objects, the child ostensibly feels "annihilated, dropped and falls forever" (Newman 342); the infant is self-defined through a lack. Due to a traumatic drop (which can occur over a long period of time), the infant cannot learn to develop independently through the use of transitional objects, thereby leaving the individual to be structured through a void that comprises what Winnicott refers to as a primitive agony.

Though he lists these agonies in various ways throughout his writing, they represent the bodily loss that stems from the mother's failure to hold the child. In "Fear of Breakdown," Winnicott lists the anxieties as

1. A return to an unintegrated state. (Defence: disintegration.)
2. Falling for ever. (Defence: self-holding.)
3. Loss of psychosomatic collusion, failure of indwelling. (Defence: depersonalization.)
4. Loss of sense of real. (Defence: exploitation of primary narcissism, etc.)
5. Loss of capacity to relate to objects. (Defence: autistic states,

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have, whether concretely or metaphorically, been unable to consciously digest an experience of loss or trauma, and may be thus driven to re-experience it.

relating only to self-phenomena.)

And so on. (89-90)

Due to the nature of the trauma, therefore, these agonies relate to feelings of fragmentation, annihilation and fusion with the environment/other.[38] This structural emptiness leaves the individual "all the time on the brink of unthinkable anxieties" (Newman 60), which brings us to the crux of Winnicott's theory. The "fear of breakdown," he writes, "is *the fear of a breakdown that has already been experienced*" (Winnicott, "Fear," 90 emphasis in original). The subject is left perpetually afraid that her falsely constructed ego will break down and send her to the state of primitive agony that she was too young to comprehend.

Like the traumatised subject in Winnicott's model, those with BIID and PLS embody a painful and incomprehensible lack. While the BIID sufferer illustrates this through a desire to physically express a feeling of fragmentation, those with PLS cannot come to terms with it. Individuals with a phantom limb or BIID are, echoing the traumatised subject, structured through a false ego and, from this perspective, defined by an illusory bodily ego: they are unable to represent certain feelings of rupture. In all three examples (BIID, the phantom limb and trauma), this pain can be attributed to a split between wholeness and rupture, psyche and soma. There is a metaphorical and lived element to Winnicott's theory here, because while he discusses specific patients, he additionally considers breakdown to be more ambiguous and (as stated) universal. Thus, the parallel I draw here is not exact (particularly for those with PLS who have a physical lack). It provides a useful way to more thoroughly comprehend what might be involved in apotemnophilia and PLS; a certain experience of fracture. As discussed in relation to Peter in Chapter One, Winnicott's viewpoint raises the question as to whether those with BIID are aiming to re-experience an embodied "death." Winnicott's

[38] This is similar to Klein's account of what happens to the schizophrenic's early ego, as explored in her essay "Notes on Some Schizoid Mechanisms" (1946). She writes, "the early ego lacks cohesiveness and [… a] tendency towards integration alternates with a tendency towards disintegration, a falling into bits" (100). In Klein's model, the subject has destructive and cannibalistic feelings that sometimes become part of the ego, thus causing the ego to internally disperse. Klein explains: "this falling to bits appears to underlie states of disintegration in schizophrenics" (101). In *Second Thoughts* (1967), Bion follows Klein's model of the fragmented ego, suggesting that it can lead to self-cutting, which can cause one to project one's conscious awareness of internal and external reality outwards, leaving one in "a state which is felt to be neither dead or alive" (38).

ideas regarding the ways in which individuals might react to a felt void lend insight, which I now discuss.

Nothing is Happening

I have noted that for Winnicott, an individual may be driven to re-experience or "remember" agony or death, to survive it and restructure herself. The subject, in other words, is unconsciously driven to go back and learn how to use transitional objects in order to build a stronger ego. She could then, ostensibly, relearn how to hold herself up, integrate her body and mind, and release the pain of emptiness. Problematically however, since "the original experience of primitive agony cannot get into the past tense" (Winnicott, "Fear" 91), the patient is unable to re-integrate. Although "the experience has happened," she was only a fragmented bundle, and thus, "the patient could not experience it" (Caldwell 199). She is helplessly trapped between the fear of experiencing and the desire to experience annihilation, just as those with BIID and phantom limbs reveal a fear of experiencing and desire to experience the fragmentation by which they feel they are structured. Those with PLP want to remove the phantom and experience a physical absence, but also veil the loss with a delusion; and those with BIID pursue feelings of fragmentation in the hopes to feel complete.

Thus, the phantom limb individual's drive to conceal fracture, gives concrete form to Winnicott's suggestion that the traumatised victim may protect herself against environmental impingements through a false (empty) ego. Similarly, in desiring to sever one's limbs, the BIID drive to fragmentation dramatises Winnicott's theory that one may unconsciously desire to return to the primitive agony (the lack of maternal holding) to re-experience and survive the loss. BIID additionally conveys a protection from the world, because one takes the loss into one's own hands. Winnicott refers to these kinds of protections as a "defence organisation relative to a primitive agony" ("Fear" 90). Though these defences may take many forms, he proposes that they all hinge upon the organisation of "a controlled emptiness" ("Fear" 94). It is in the act of controlling loss, he suggests, through which traumatised individuals feel as though they can survive. Grasping control of their own erasure may allow them to hold up the false identity that keeps them together. This empty ego, suggests Winnicott, is organised through an illusion

of whole omnipotence. Recall that in the phase of omnipotence the infant feels that it is one with the world. The function of the transitional object is to "give shape," which will "start each human being off with what will always be important for them, i.e. a neutral area of experience which will not be challenged" (Winnicott, *Playing* 14). Interestingly, the phantom limb and BIID conditions reflect this kind of organisation, because their subjectively felt losses correlate with a specific part of the body. The majority of BIID sufferers know exactly where they feel that their limb is "absent." "Many of us have a line of demarcation," explains one sufferer, "a specific point where the body image map ends" ("Fighting It"). The phantom limb is also specified to a place on the individual's body; the sufferer often feels pain in the exact place her appendage should be. When read in this light, the specificity of the delusional limbs indicates a desire to create a transitional object: a specific area that cannot be challenged.

Winnicott's essay focuses on two specific forms that this defensive reaction may take (one positive and one negative), which may also provide insight into the BIID and phantom limb syndromes. The positive form is reflective of the phantom limb delusion of a presence that satiates the lack, while the negative echoes the BIID sufferer's desire for removal. Winnicott refers to the positive version as a "concept of one-ness" ("Fear" 95), which he compares to the notion of an afterlife. The idea is that the traumatised individual attempts to control her emptiness by explaining it, by intellectualising the way her death will take place. Like the phantom limb sufferer, this individual's fragmentation is outlined through a strained narrative, which is impossible to validate. By envisioning an image of absence as a part of her whole being, the individual may be attempting to control her unknowable death to save it from taking over. An example of this positive one-ness, states Winnicott, is of those who "ruthlessly fill up by a greediness which is compulsive and which feels mad" ("Fear" 94). If the previous example is a psychological aim to substantiate one's absence, this example reveals the physical aspect of the same project. To keep from falling into chaotic agony, one's ruptured body is kept intact, its nothingness solidified and materially controlled.[39] Reflective

[39] Joyce MacDougall also discusses a pattern of addiction (substances, relationships, sex) as "magical attempts to fill the void in the inner world, where a representation of a self-soothing maternal figure is lacking." These responses are termed "transitory objects": a perverse form of Winnicott's transitional objects (McDougall 82).

of the phantom limb phenomena, therefore, both physical and psychical narratives work to repair the traumatised person's mind/body gap. Though the defence may work to keep the Winnicottian individual's fracture in place, her brittle self-image remains dissonant from the environment, causing her to feel unintegrated and dissatisfied.

Winnicott describes yet another form of controlled emptiness that has been "negated" in "an attempt to counter the personal tendency towards a non-existence" (Winnicott, "Fear" 95), which, I contend, takes shape in those with BIID. If the positive one-ness covers an ambiguous lack by filling it with a specific and ungraspable defence, the negative also counteracts non-existence, albeit through an emptying out, rather than a filling in. The "negated" reaction, then, additionally aims to control the lack. Winnicott connects this process to the existentialist who definitively decides that there is no afterlife. Here, the individual contains her annihilation by taking it into her own hands. Similar to the previously discussed narrative of greed, this negative form may also become physical. For instance, an individual may organise her emptiness by "not eating or not learning" (Winnicott, "Fear" 94), causing a felt void to be projected onto the world to make it to feel real. If not eating (for example in anorexia) or not learning can be visualised by others through social interaction or bodily weight, others may notice and verbalise the loss, thus reflecting back one's empty identity to validate its existence. The BIID subject's attempt to control rupture by bringing it towards the world (through the body) thus exemplifies this theory. However, as stated in the introduction, unlike most with anorexia, individuals with BIID acknowledge that their bodies are healthy; they convey a different form of defining and controlling absence. And, as Winnicott's paradigm can take several forms, I do not suggest that PLS or BIID are exact parallels of his model. However, Winnicott's theory brings out a core relationship between BIID and PLS (psychosomatic integration in relation to bodily rupture, and how individuals may react to a felt loss).

One form that Winnicott also discusses in the essay is suicide. He asks if this attempt to physically realise one's excessive rupture can take a more extreme form, if she will "find a solution by suicide" ("Fear"93). The trauma sufferer may, in other words, destroy her body to control her emptiness and release the agony of her painful state. However, since the felt trauma has been stored indecipherably in

the mind, Winnicott suggests that the subject is "sending the body to death which has already happened to the psyche" ("Fear" 93). The solution of bodily rupture, for Winnicott, does not successfully repair the psyche/soma split because it does not allow the traumatised individual to experience, survive, and mentally integrate the trauma to express the pain and feel better. What is at issue, then, is that "negated" wholeness and suicide may reflect an unsuccessful desire to physically experience fragmentation in order to release the mental need to do so.[40] From this standpoint, BIID sufferers' attempts to experience and integrate their felt rupture are not completely successful (although they do not usually attempt suicide, as seen in Peter's case, Winnicott's theory here illuminates the drive towards self-destruction). Although they may keep the subject safe from "environmental vagaries" and protect the ego, those with BIID and PLS remain divided from the world: though the phantom limb sufferer feels whole, others see her amputated body. The BIID subject's perception of self as fragmented also remains dissonant from others' perceptions of her completion. She literally cuts herself off from the world, possibly causing others to think her mentally ill or psychotic (as revealed in Peter's case).

Winnicott's definition of psychosis is a "defence organisation relative to a primitive agony" ("Fear" 90), which is "shown to be disintegrated, unreal, or out of touch with his or her own body, or with what we observers call external reality" (Winnicott, "Psycho-Neurosis" 64). Although the sufferers of BIID and PLS are (as discussed in the Introduction) not clinically psychotic, they do involve some psychotic mechanisms as outlined by Winnicott: they are both preoccupied with an imaginary wholeness, remain distanced from "external" reality, and feel partially unreal. The question raised here is how Winnicott's suggestion as to how the psychotic patient's pain may be alleviated links to BIID and PLS, and mirror therapy. I want to examine this question by turning to an email written by a BIID sufferer that responds to a woman's attempt to self-amputate:

[40] Alessandra Lemma's view of this physical removal or erasure is similar. She suggests that an individual with a difficult childhood, often characterized by a maternal deficit, also aims to extract a body part to be saved from further rejection. The individual, she suggests, may seek out "'surgery' —a literal cutting off—as the alternative to thinking and so integrating painful, 'ugly' feelings towards the self and object" (Lemma, *Under* 760).

> God, can I relate to that! I know your agony; I've been there many times. I don't mean to encourage you, but be prepared- have a tourniquet (your belt?) and a cell phone with you- preferably with GPS for them to find you. And don't be too far from a road for access. Your femoral artery is about the same diameter of your fifth finger- you could bleed to death, so the tourniquet is very important. Know your risks, study your anatomy. LIVE as an amputee- don't die in the attempt. Be careful! ("Fighting It")

It seems that this man is stuck with a repetitive agony ("I've been there many times") similar to the traumatised individual in Winnicott's model. Rather than deny the torment however, the individual in this email shares his pain, acknowledging that the recipient is not alone. The author of this post helps the recipient find physical protections including a tourniquet, a phone, and an accessible road; there must be a possibility that she can be found in order to ensure survival. The email, furthermore, encourages her to study her risks and anatomy, to know herself. How, I ask, might this connect to the traumatised individual's desire to "go back" and learn how to use a transitional object to reintegrate, decrease the pain of the unknowable trauma, and feel more real? One BIID sufferer expresses the concern: "[c]an we," he asks, "find a way to live with this simple, but important and good feeling of being ourselves also when we keep our limbs 'intact'?" ("Fighting It").

Winnicott suggests in his essay that this may be approached through psychoanalysis. He asks if one can be saved from physically annihilating what has been registered in the psyche by re-experiencing psychical death to alleviate the pressure of its threat and temptation. Can a person, he wonders, commit suicide "for the right reason" ("Fear" 93)? Can the analytic exchange provide a space for one to re-experience primitive agony in a safe way, so that it can be psychically and physically integrated, thus reducing the drive to self-harm? To approach this in psychoanalysis, the patient must "experience this past thing for the first time in the present, that is to say in the transference. This past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time" ("Fear" 92). Since the patient cannot remember the trauma, the analyst must recreate it by acting as the carer who supports and fails her, though this time

slowly, re-teaching the patient to hold herself up. The patient, then, learns to build transitional objects by "[gathering] the original failure of the facilitating environment into the area of his or her omnipotence" ("Fear" 91). This, Winnicott explains, "is the equivalent of remembering, and this outcome is the equivalent of the lifting of repression that occurs in the analysis of the psycho-neurotic patient (classical Freud-ian analysis)" ("Fear" 92).

As one BIID sufferer explains, she fears "fall[ing] in the trap where [she questions her] own feelings and desires instead of accepting them, welcoming them" ("Fighting It"). Winnicott wonders if in the traumatised patient, this kind of a welcoming may be approached in analysis: if "the patient is ready for some kind of acceptance of this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open for the agony to be experienced in the transference, in reaction to the analyst's failures and mistakes" ("Fear" 91). He suggests that the analyst who stands in for the carer must create a secure environment for the patient to enable her to "return" to the trauma, to break down. To do so, the analyst and patient must create a new memory together, a reconstruction of the ego based on transitional objects that do not aim towards a false sense of unity and truth.

In this way, the psychoanalytic exchange is a kind of transitional object in its own right; it is a space for the patient to rebuild herself through another's help. I suggest that the mirror-box also acts as a transitional object that stands in for carer who holds the baby. More specifically, the mirror-box and this kind of psychoanalytic exchange, like the transitional object, paradoxically symbolises mother/subject unity and its lack, create a space that is both illusory and real, and are simultaneously part of the body and not. In psychoanalysis, the analyst/patient relationship can shatter the illusion of omnipotence (and mother/baby unity) to allow the patient to begin accepting loss. The mirror-box, I contend, also conveys the impossibility of unity: an individual appears to be concurrently whole and missing, both held and dropped by arms that belong both to herself and the (physically whole) self she is not. Although psychoanalysis ostensibly allows the baby to "go back" to its trauma, this is also an illusion because the trauma was never experienced and thus cannot be re-experienced. Analysis is, in this way, a fictional re-enactment. However, it is also composed of lived moments and things:

the patient and analyst's previous experiences, the dialogue being created between the two, and the room itself; thus echoing the simultaneously illusory and material composition of the mirror-box. Both processes, moreover, involved a sense of release through physical movements.

Winnicott's method of psychoanalysis focuses on this particular aspect, because he believes that the patient's movements in analysis may reveal some primitive gestures that were lost when she was traumatised. He proposes that the psychoanalyst must work with the patient's actions, or as Adam Phillips states, a "characteristic of the analytic setting for Winnicott was not exclusively verbal exchange" (*Winnicott* 138). By supporting the patient both psychically and somatically, the analyst can allow the individual to more thoroughly integrate her mind and body. The mirror-box, similarly, exists between the mind and body, links somatic fragmentation to the psyche, and can alleviate pain. In this way, it is a concrete demonstration of the transitional object. It suspends one's physical loss long enough to allow for a psychosomatic integration by mediating the loss through an illusion of its presence. Thus, the analytic exchange and the mirror-box can be conceived of as kinds of transitional objects that create a space for the individual to experience fragmentation without feeling "dropped" or "annihilated," thus allowing her to begin accepting the reality of her fracture through the illusion of its lack.

Since, as Winnicott states, the transitional object is also foundational to cultural experience and artistic creativity, I now turn to a cultural object, a film, in order to trace its relation to "Fear of Breakdown."

Death Proof

Quentin Tarantino's *Death Proof* (2007) deals with ideas similar to those seen in Winnicott's theory of trauma, breakdown, and healthy independence, and thus, accordingly, apotemnophilia and PLS. To elaborate these ideas, I will be looking at how the protagonist, Stuntman Mike, represents the primitive agony and fracture that haunts the traumatised subject in Winnicott's model, and how the women in the first half of the film represent the traumatised subject. For me, the car accident in the middle of the film parallels Winnicott's concept of the breakdown that occurs in therapy, and the second half of the film exemplifies his notion of healthy independence that is sought out through psychoanalysis. Central to these ideas is

that both the girls and stuntman reflect, and thus help us to understand the subject who has a psychotic structure, because the characters protectively distance themselves from others to simultaneously pursue and hide from death. I will analyse how the film's second half, in which the characters survive the crash presents a fictional recuperation. Moreover, through the film's form (which sets out to revisit a previous genre of film), a space is opened for the audience to reconstruct preconceived notions (of self and other) and feel traces of their own related emotions. I argue that the characters in the film reflect the struggle of psychosomatic rupture explored throughout this thesis, and this cinematic analysis will open pathways towards understanding how the ruptured subject copes with feelings through a particular form of fiction. More specifically, I investigate how the film represents and embodies a transitional space, reflective of the mirror-box.

Death Proof was released as part of a double feature that revisits American exploitation films. It chronicles the story of a "psycho serial killer" (*Death Proof*) named Stuntman Mike, who chases down women and kills them in staged car accidents. I want to discuss how he exemplifies the traumatised subject, because he appears to be physically and psychically structured through fragmentation, he clings to a false and empty identity, and he seeks to both experience and remain safe from death by staging controlled and deadly car accidents. Furthermore, like the fracture that pursues the traumatised individual, Stuntman Mike pursues the women in the film. Recall that in "Fear of Breakdown," one reacts to a lack of support by creating a falsely whole (and thus brittle) ego and identity to hold oneself up, and consequently embodies a split between emptiness and cohesion. Stuntman Mike characterises this figure because he too embodies fragmentation: his face is divided in two by a scar and he clings to a false identity, as indicated by his real name being synonymous with his stage name. If by definition, a stuntman takes an actor's place and constantly faces possible death, Stuntman Mike, like the traumatised individual, embodies a ruptured identity that stands in for his "true" self.

If this falsely integrated ego replaces a maternal lack, it is physically manifested in his death proof car, as suggested by the car's connectedness to female desire, and to his mother. Since the car is riddled with photographs of the girls he stalks, it can be seen as a replacement for a missing female figure. Moreover, Mike

refers to the car as his mother's car when convincing a victim of its safety: "do I frighten you?" he asks, "is it my scar?" "It's your car," the girl answers, "sorry," he replies, "it's my mom's car" (*Death Proof*). This perhaps indicates that Mike believes that his mother has left him driven to cause fear and pain, reflective of Winnicott's theory that an infant that has been dropped is driven to psychotic tendencies. Just as the traumatised individual replaces her feeling of loss with a form of controlled nothingness, Mike's car also encloses him, acting as a figure of false unity that stands in for the wound left by a missing figure of support. If the traumatised sufferer's false unity leaves her feeling ruptured and thus fearing and desiring to physically experience her fracture, Mike's actions illustrate similar desires. As visualised by the phantom limb sufferer who hides her fragmentation, Mike avoids death. His identity is paired with a "death proof" vehicle: a body that encloses, protects, and makes him feel falsely supported. Like the two limb delusions, it keeps him safely cut off from the world and environmental impingements. However, it is also within this protected defence against rupture that Mike attempts to experience and have proof of his death, as the BIID sufferer aims to survive her own fragmentation. Accordingly, Mike explains to his first victim that he owns a "death proof" stunt car he can drive "into a brick wall doin' 125 miles an hour, just for the experience" (*Death Proof*). But "to get the benefit of it honey, you really need to be sitting in my seat" (*Death Proof*).

Reminiscent of the BIID sufferer's (previously mentioned) statement that "accidents do happen" in reference to his own suicide, Mike attempts to control and experience death by making "accidents" happen: by preplanning the car crashes that kill his victims. Stuntman Mike's actions thus characterise those of the BIID and traumatised sufferer, who may be, to return to Winnicott, "sending the body to death which has already happened to the psyche" ("Fear" 93), and must continue to kill in order to survive a rupture that may not be in the body, but in the mind. Just as this fragmentation haunts traumatised subject, Stuntman Mike lingers unknown and unseen in the women's environments in the first half of the film. From this perspective, Mike represents the trauma that haunts these women because he magnifies their hollowness, which is emphasised by their false identities, problematic father figures, and relationships. Reflecting the state of dependency outlined in Winnicott's model of trauma, these women are removed from their

"core" identities and cling to false ones, referring to one another by fake names such as "Butterfly," and "Jungle Jane."

If these identities indicate a felt void, it takes shape in the emptiness of their relationships, for which they compensate through physical interaction. "Fear of Breakdown" states that the traumatised subject's ego "organises defences against breakdown of the ego organisation," a defence that the women illustrate by avoiding intimacy, a brittle "ego organisation that is threatened" by Stuntman Mike (88). Butterfly exemplifies this when she kisses someone she just met under strict conditions: that the two cannot show physical intimacy such as cuddling, or kiss for more than six minutes. Stuntman Mike recognises her vulnerability and lures her to give him a lap dance by threatening her identity in two ways. First, he tells her that she looks "wounded" because men haven't pestered her, and offers to repair that wound with his sexual attention, thus standing in for her missing support. However, she is not completely persuaded to give him a lap dance until he threatens her identity by claiming that if she refuses, he will write her name down in his book as a "chicken shit" (*Death Proof*). This suggests that her identity is so bereft of meaning that she must make it meaningful by appeasing his wish for physical affection. Like those with BIID and PLS, therefore, Butterfly is driven to take physical action in order to make her identity feel more whole.

If a lack of care in Winnicott's model is responsible for this empty ego, the girls' difficulties with paternal figures,[41] and with their own friendships, gesture towards a similar scenario. In one scene, Shanna explains that her father is attracted to her friends, including Jungle Jane, who flirts with him. To this, Jungle Jane responds that Shanna is jealous of their flirtatious relationship because it does not include Shanna. Though it seems obvious that Tarantino is playfully referencing Freud's Oedipus complex, the interaction also relates to Winnicott's model. It reveals a lack of parental support, as manifested both in the women's friendships with one another, and their dependence upon meaningless male attention to keep their identities intact. This dependence is further alluded to by Jane's comment that she calls Shanna's father by his first name, because she is not

[41] Although Winnicott does not focus on the role of the father in containing and holding the child, the father is a carer, and thus additionally responsible. For more on this see Michael Jacob's *DW Winnicott* (1995), Gillian Wilce's *Fathers, Families and the Outside World* (1997), and Judith Trowell and Alicia Etchegoyen's *The Importance of Fathers: A Psychoanalytic Re-evaluation* (2005).

a child, and the following statement that she does not want to be dependent upon their male friends. Here Jane depicts a struggle with dependency, which she unsuccessfully handles by continually vying for male attention. Since one of the girls later refers to Stuntman Mike as a father figure, he again resembles a ruptured stand-in for the wound left by a lack of care. The women, in this light, are driven to repeat the actions that leave them broken, as represented by the scene (to which I later return) in which the psychotic stuntman destroys them.

The girls and Stuntman Mike, therefore, protectively cut themselves off from others to both pursue and hide from their rupture, reflective of the kind of self-protection described of the traumatised individual, and those with BIID and PLS. Interestingly, moreover, both Tarantino's film and Winnicott's essay reference poems about death. In the film, Mike recites a stanza from Robert Frost's *Stopping by the Woods on a Snowy Evening* (1923) to Butterfly:

> The woods are lovely, dark, and deep,
> But I have promises to keep,
> And miles to go before I sleep,
> Did you hear me, Butterfly?
> And miles to go before you sleep. (*Death Proof)*

What interests me about this poem is that it involves a desire for death (of self or other), or according to literary critic William H. Shurr, "a major tradition of interpretation" is to see Frost's poem as a "deathwish, however momentary, i.e., that hunger for final rest and surrender that a man may feel" (585). In "Fear of Breakdown," Winnicott also references a poetic death wish, this time quoting Keats: "[w]hen Keats was 'half in love with easeful death'" explains Winnicott, "he was, according to the idea that I am putting forward here, longing for the ease that would come if he could 'remember' having died; but to remember he must experience death now" (93). Both Winnicott and Tarantino, therefore, illuminate the significance that poetry can bear in relation to expressing a desire to die. Poetry, and particularly Romantic poetry (with which both Frost and Keats are affiliated) is concerned with the experience of death, emotion, and movement. Poetry, in this way, reflects the transitional space that bridges the gap between self

and other, between one's subjective feelings of annihilation and their ability to communicate and feel integrated with the environment. Moreover, the Romantic poetry featured in the film and essay signals a transition between Romantic writing, which aims towards meaning and unity, and towards that which dramatises fragmentation. I turn to Thomas MacFarland for clarification: he states, "[i]ncompleteness, fragmentation, and ruin […] not only receive social emphasis in Romanticism but also in a certain perspective seem actually to define that phenomenon" (MacFarland *7*). Furthermore, Christopher Strathman (through the thoughts of Maurice Blanchot) emphasises Romantic poetry's influence in the transition from writing with an aim for cohesion towards an acceptance of rupture. He explains, it "is as though, for Blanchot, writing, in order to be what he calls fragmentary writing, must be purified of the excessive self-awareness of consciousness that inhibits romantic poetry; the subject of the ego must be obliterated or burned off so that the writing of the fragment, as fragmentary writing, can begin" (Strathman 23). Winnicott and Tarantino's use of Romantic poetry highlights these inhibitions, as well as those changes brought forth in the discourses to follow (such as poststructuralism).

A poetic or literary lack of cohesion may, as discussed in Chapter Three, provide a partially fictional space for a reader to safely experience a sense of rupture, thereby reflective of the transitional object or maternal holding. According to Bollas the "uncanny pleasure of being held by a poem, a composition, a painting, or, for that matter, any object, rests on those moments when the infant's internal world is partly given form by the mother since he cannot shape them or link them together without her coverage" (32). For Winnicott, therefore, the poem can be a kind of a transitional object that holds an individual in the carer's absence, as can, I suggest, a film. Like the analytic exchange put forth by Winnicott, a certain kind of art form that lacks answers can ostensibly create a space for one to regress towards fracture in the present and experience some of the feelings involved, without "falling." While this kind of an experience can be healing in psychoanalysis and mirror therapy, these forms of art do not cure pain; however, they may allow the individual to withstand a feeling of fragmentation, and even be, as Bollas writes, "pleasurable." In viewing a film, moreover, the spectator "may identify with the characters on screen as transitional objects, already invested with a part of himself

and a part of the spectator's own story" (Konigsberg qtd. in Kuhn, 43). In *Death Proof*, then, the spectator may identify with the psychotically inclined and traumatised subjects, and in this way, the film may allow for a safe experience of own rupture that may otherwise be disavowed (reflective of BIID and PLS).

The film may have this effect due in part to its fractured content and form. While its content depicts a pained subject, the film also structurally leaves the individual with feelings of fracture, because it switches suddenly from black and white to colour, cuts out reels, and ends scenes midway through. Though I am not claiming that Tarantino's movie replaces an analyst's role, he explains, "the audience is there to be tortured" (Tarantino). The spaces between the cut reels—like those between the words of a poem and the patient/analyst exchange—momentarily confront the individual with a lack of cohesive meaning, with "that 'nothing': the image not seen, the look that does not happen" (Lebeau, "Arts" 37). Here, perhaps "[s]omething troubles, something agitates; sometimes 'in' the image, sometimes in the space that opens up between one image and another" (Lebeau, "Arts" 39). Through these cut reels, a space is opened for disturbing reactions (thoughts, images, physical feelings) to arise. Rather than using some figure of illusory unity to stand in for a loss (as the girls use men, Stuntman Mike uses his car, and the BIID and PLS sufferers form delusions), perhaps the viewer can be, in a sense, suspended within the medium's ambiguity. Therefore, viewers may experience feelings of fragmentation through a psychical return to trauma, an idea magnified in the scene that divides and connects the first and second halves of the film.

If the first half of the film represents Winnicottian trauma and psychosis, the middle scene represents the breakdown that occurs in therapy. Here, Stuntman Mike abruptly drives his vehicle into the girls, causing their gruesome bodily rupture. Though the scene is initially presented too quickly to comprehend, the crash is repeated more slowly from different angles, allowing the viewers time and space to psychically integrate the accident. First, the cars collide in just an instant, as Shanna's body flies into the air and falls to death; a visualisation of Winnicott's model of the infant's bodily fall that happened too quickly and ambiguously to comprehend. The scene is immediately followed by a slower replay of the crash, this time focused on shattered windows and an empty shoe, bodies remaining

indecipherable in the chaos. This version calls forth the traumatised subject's remaining pain, the helpless emptiness with which she has been left due to a fall. The scene is then shown from a different view, focusing in on the victims' expressions of shock and fear as the stuntman approaches. Suddenly, the window dismembers a leg and it falls onto the road, Butterfly's open eyes, from this perspective, indicative of a transition into acknowledging rupture. In this scene, we can visualise the physical feelings of fracture that may stem from an environmental lack, a return to the infant's annihilation. Since in our reading, this fracture illuminates that of the BIID and phantom limb individuals, the crash illustrates a sense of fragmentation similar to that which we have been discussing: an uncontrollable feeling of bodily rupture. Moreover, the scene itself reflects the mirror-box, and accordingly, Winnicott's model of psychoanalysis (and hence, a transitional object), because it presents a traumatic rupture from several different angles, wherein the viewer may be begin to digest the loss.[42] This is not to say, again, that the cinematic experience can heal a traumatised subject, but rather, that the film, similar to mirror therapy and a certain kind of literature, can suspend a loss that may allow the observer to withstand disturbing thoughts of (in this case) physical fracture and annihilation.

Since in Winnicott's theory, breakdown leads to a (partially fictional) reconstruction of an individual's identity by fracturing her previously structured ego, it can also be linked to the second half of the film, in which another group of women survive the Mike's intent to kill. Here, the viewers are presented with a different fiction to repair the loss of the other characters. Contrary to those in the former half, these women demonstrate a movement away from dependence because they support one another, while also establishing their own independence. This is illustrated, primarily, in how identities appear to correlate more closely with their "core" selves, the most courageous character being a stuntwoman named Zoë Bell both in the film and in life. Also differing from the other girls' more meaningless physical interactions, these characters have relationships that may lack physical

[42] Although the "idea of the mirror," writes Vicky Lebeau, "has been central to the encounter between psychoanalysis and studies in visual culture" ("Arts," 35), I will not expand upon this theme in the thesis. However, for more on the gaze, psychoanalysis and cinema, see the work of Laura Mulvey, Annette Kuhn, Vicky Lebeau, Agnieszka Piotrowska, Joan Copjec, and Slavoj Žižek.

contact, but carry a more meaningful core. For example, a girl named Abernathy explains that she refuses to kiss someone she likes, but allows him to massage her feet and give her a mixed tape, which as opposed to a "burned CD," is the "test of true love" (*Death Proof*). Abernathy appears closer to her ego's primitive actions through a lack of compensatory physical contact. Instead, "true love" is approached through gestures, partially made meaningful because they are a return to the old (a tape instead of a CD). This is also reflective of Winnicott's model, where one's sense of being real is brought forth as the therapist and subject return to the past to repair a loss, when the patient "experience[s] this past thing for the first time in the present" (Winnicott, "Fear" 92). Interestingly, a return to the past also drives the entire narrative of the film's latter half. Firstly, it revisits the accident from the beginning of the movie in a different form. Secondly, the accident is shaped by Zoë's desire to relive an old movie: to drive the car featured in the 1971 film *Vanishing Point*. The girls set out to test-drive the car oblivious to Mike's existence, and Mike sees his opportunity to annihilate them. However, this time, the car is not driven to their deaths, but towards a vanishing point. The women drive just for the experience of it, as Mike did; however, they do not experience a sudden trauma, as they did in the first half of the film. These women are equipped to withstand the threat of trauma, as they chase Stuntman Mike in order to assert their own independence and to survive. Winnicott's idea of regressing towards the baby's state in therapy aims to break down false notions of wholeness and recreate a new identity by restructuring the past. And these characters break down Mike's protected position and restructure the past by which they have been built (and implicitly, the media that has formed them).

Another scene representative of this encounter with primitive agony is when (prior to the car chase) Abernathy explains that she and Zoë were at a party that was blindingly dark. When Zoë wanted to take a photo of her, states Abernathy, she instructed her to step back, until Abernathy ended up at the edge of a "seven-foot ditch" (*Death Proof*). Though Abernathy stepped away from it, Zoë fell in and survived. If she had fallen in instead, exclaims Abernathy, she would have broken her neck. Zoë is consequently called "agile" like a "cat," and talented in this regard; to which she strangely responds, "I resemble that remark" (*Death Proof*). Zoë is perceived as being strong because she is, just as her character in the film resembles

who she really is: stuntwoman Zoë Bell. This scene can be related to Winnicott's model, wherein an individual who is afraid of falling to her death is able to survive this fall, and thus have more robust resources to enable her survival. If Zoë exemplifies this independent figure, her strength later enables Abernathy to drive more safely towards her own possible death with the girls' support.

This scenario unfolds as (before the women take the car on a test-drive) Zoë persuades her friend Kim to drive "Ship's Mast" with her, meaning sit on top of the moving car. Though Kim primarily refuses, Zoë convinces her by promising to "crack her back," "give her foot massages," and "put moisturizer on her butt" (*Death Proof*). Reminiscent of the way a carer may treat a child; these women only agree to face their possible deaths because they have promised to support one another both physically and psychically. They even refer to Abernathy as the mother of the "posse" who lends her belt to strap Zoë to the car, and silently sits in the back seat as they drive. The image here reminds us of the BIID email previously discussed, which advises the correspondent to have a belt with him when he self-amputates. In both examples, one individual offers a way to physically and psychically help the other survive. These mechanisms of support are also seen in psychoanalysis, as the analyst, in Winnicott's thought, must allow the patient to feel supported enough to carry her through a catastrophe, as demonstrated in the way these women support one another enough to do the same. Just as the traumatised subject gathers the "original experience of primitive agony […] into its own present time experience and into omnipotent control now (assuming the auxiliary ego-supporting function of the mother [analyst])" (Winnicott, "Fear" 91), these women experience rupture while supported by one another, as they chase the psychotic stuntman and slowly break his car and body. Thus, these characters reflect traumatised patients in Winnicottian analysis because they face fragmentation and reconstruct the past with a new awareness, thereby becoming more independent. I will soon look at how the mirror-box mechanism brings out an alternative way of seeing this process, because like the film, it too projects an image of surviving bodily fragmentation (when the box is removed, the limb is re-amputated through an illusion, which is this time less painful because it does not leave the individual with a lingering phantom).

Thus, the film may allow the viewer to undergo a similar process for several reasons. First (as previously addressed) the poems in Winnicott's essay and Tarantino's movie, as well as the film's structure itself (through its cut reels and sudden deaths), may have the effect of confronting the viewer with a sense of loss. Additionally, *Death Proof* represents a return to the past, because the second half of the movie reconstructs the first, or in Tarantino's words, "the film reaches its conclusion in the middle, and then just, starts over again. And you actually see the same film again … but now you have different information" (Tarantino). If according to "Fear of Breakdown," "it can be said that *only out of non-existence can existence start*" ("Fear" 95 emphasis in original), perhaps the first part of the film had to end in non-existence in order for the women's independence in the second half to begin. The film, therefore, provides the audience with an opportunity to see the characters with a new awareness. It is also a return, because it reconfigures American exploitation films and allows the viewer to revisit preconceived views of film.[43] The movie additionally reflects the traumatised ego's therapeutic reconstruction, because it combines fact and fiction (most prominently seen in Zoë Bell), as we also see in the narratives formed in analysis and in the mirror-box (where the phantom limb is based on the existent one). Finally, the audience is always in suspense, reminiscent of the suspense between words in psychoanalysis, which help a person slowly fall through primitive agony.[44]

It is the deadly car accident that particularly magnifies the viewer's experience of breakdown, I suggest, as it echoes the healthy, albeit painful, breakdown in Winnicottian analysis. Just as the infant's primitive trauma could not be comprehended, the first visualisation of this disturbing scene occurs too quickly to digest. However, as it is repeated slowly, though it may be disturbing, the spectator must acknowledge the details of this annihilation. Similarly, in the mirror-box, the feeling of moving the phantom may be disturbing (as some with phantom limbs have reported); however, with practice, they are able to integrate the loss. When linked to the patient's experience in analysis, the viewer may begin to

[43] An example of this is Tarantino's alteration of female roles, which he does to point out female objectification in American exploitation films.

[44] These concepts of reparation can also be linked to Winnicott's idea of the mirror-mother, wherein "*the precursor of the mirror is the mother's face*" (Winnicott, *Playing*, 111 emphasis in original), however, I will not expand upon the link between the mirror-box and the mirror role of the mother at this time.

integrate the emotions involved, and piece together what happened through her own thoughts, or (as quoted above) "identify with the characters on screen as transitional objects," (Konigsberg qtd. in Kuhn, 43). Although this repetition may force the viewer to acknowledge the gruesome details of bodily fragmentation, it may ultimately decrease the shock. Similarly, in Winnicott's concept of analysis, a reconstruction of one's unknowable trauma is "very difficult, time-consuming and painful" ("Fear" 91), because the analyst must help the patient acknowledge her felt rupture in a safe place. If, however, as Tarantino's title suggests, the subject must have proof of her death to accept and survive it, and proof against its impact, how can an analyst carry the individual through a fall? If the subject is structured by a brittle ego, and in the painful and defensive position of desiring and fearing death, how can the analyst avoid sending her to agony?

Winnicott proposes that in order to break the ego without recreating the trauma, an analyst must be aware of the patient's defences. Though the proposed methods of how to do so remain ambiguous and multifarious, they hinge upon the analyst's need to acknowledge that she does not know, so as not to impose a specific narrative upon the patient that threatens to re-traumatise her. The analyst must not be "a seductive imposter of the omniscient mother," but rather an "attentive but unimpinging object" (Phillips, *Winnicott* 142), and must avoid "colluding" with the subject. In this way, the analyst and patient form a mutual dialogue that breaks up the patient's known history and reality, to leave room for new thoughts. Here, both the patient and analyst create a partially fictional trauma, a reconstruction of the ego through its deconstruction. *Death Proof* depicts a similar process, however, while here, the trauma is devised through a fiction, in analysis, a fictional restructuring arises out of a traumatic experience. The film may bring out trauma for the viewer because it prolongs the moment, permitting her to repeatedly "remember" the bodily fracture through a different fiction each time. Here we are presented with a different version of the therapeutic exchange, which provides a comfortable space for a patient to witness and recreate an accident from several angles, and allows for its psychical integration. And in mirror therapy, the amputee can recreate her phantom, while also recognising its fracture; she can fictionalise her illusion to gain more control over it. Thinking about psychoanalysis, mirror therapy, and fiction in this way, provides a new understanding as to how we

engage with feelings of psychosomatic fragmentation through social or artistic mediums, and how this can have an impact.

For Winnicott, it is through this analytic process that the patient begins to trust that the analyst will not let her fall, and may slowly release her fear of and desire for annihilation. By learning to find her own objects of desire, the analysand may form a strong enough ego to integrate and withstand the analyst's (inevitable) failure or refusal to appease the patient. Thus, it is through the analyst's example that the patient may alter her self-definition, learn to reach towards the environment, and begin to decrease the pressure of the breakdown "that is carried round hidden away in the unconscious" (Winnicott, "Fear" 90). In this way, the analyst acts as a transitional object: a combination between illusion and a physical reality that disillusions the subject from her False Self and towards a more united bodily ego. One member of "Fighting It" suggests the importance of having a space to open a dialogue about fracture. He states, "being able to talk about it with people who know exactly how you feel is usually a huge relief. You are not alone" ("Fighting It"). Winnicott's model and Tarantino's film, therefore, offer nuanced views regarding feelings of psychosomatic fracture in BIID and PLS, and why and how the mirror-box is healing. What I have sought to show here is that the mirror-box is an alternative kind of transitional object that can have a similar effect of integrating the psyche and soma. As Marike Finlay states, "psychoanalysis, for Winnicott, by recreating […] a transitional zone and mirroring can recuperate that sense-of-being-as-a-subject" (66), and mirror therapy recreates one's whole and fractured body to recuperate one's (physical and mental) sense of being. Thus, the mirror-box demonstrates a physical form of a theoretical concept. I now want to turn to an example of one individual—Georges Perec—who begins to cope with feelings of fissure through a different, though related, act of self-definition and self-reflection: writing. I will focus on how this is embodied and signified within his semi-autobiography *W or The Memory of Childhood* (1975).

Chapter Five: Almost artificial limbs

He hollowed out a part inside of himself for nothing to be there
--- Ariana Reines, *The Cow* (40)

These themes of emptying out, exposing, and holding in nothingness involve struggles central to the two conditions that we have been discussing throughout this thesis. Georges Perec's novel *W or The Memory of Childhood* (1989)[45] exemplifies a working-through of these difficulties, which I shall relate to the conditions in order to learn more about both. *W* opens with the words:

> In this book there are two texts which simply alternate; you might almost believe they had nothing in common, but they are in fact inextricably bound up with each other, as though neither could exist on its own, as though it was only their coming together, the distant light they cast on each other, that could make apparent what is never quite said in one, never quite said in the other, but only said in their fragile overlapping. (No page)

Through gaps, memories, fragments, facts and fiction, this semi-autobiography embodies a reconstruction of the author's childhood. The book is composed of two parallel texts, one of which, he tells us in the above-quoted sentence, is bound to the next; each only exists through its other. The story of Perec, in other words, must only be told through something outside itself. If (as I sought to show in Chapter Four), a process of reflecting through another may help an individual, *W* exemplifies this process. Through language, fiction, and what I will argue is a psychoanalytic process, *W* traces Perec's desire to tell his story, and in so doing, to reconstitute his past, present and—like the phantom limb sufferers who place their limbs in the mirror-box—the way he feels. The following chapter will explore the author's journey and its affinity to apotemnophilia and PLS, beginning with a brief account of Perec's life.

[45] I will be referring to the book as *W* throughout the chapter.

Behind the Text: Perec's Life and Work

Georges Perec was born in 1936 to Jewish immigrants Icek Judko and Cyrla Szulewicz Perec. David Bellos points out in his biography *A Life in Words* (1993) that the name was at one time Peretz, which in Hebrew means to "break forth." His name is thus inseparable from his work, which concerns the ways in which identity, history, and language itself are structured through a break, through something unknown. As I discussed in Chapter Four, the traumatised subject is also formed through fracture (stemming from the mother's inability to adequately hold the child), suggesting an affinity between Perec's way of perceiving and representing the world, and that of the traumatised subject. Those with PLS and BIID are also defined through a break; however, here it is not symbolic (a name), but physical. What I explore in this chapter is how his rupture is not only symbolic, but seeps into the physical: it not only stands for the author, it is a part of his body and work. I will be unpacking these thoughts through his semi-autobiography, because here he explicitly attributes rupture to the traumatic loss of his mother and father in World War II[46] when he was a child, which he was too young to remember. *W*, I will argue, traces Perec's way of working through trauma, which cannot be separated from his experiences in psychoanalysis. To explore these thoughts, I will provide an overview of Perec's life and work, followed by a discussion of how trauma is figured in his writing and personal life. Next, I will look at how he copes with trauma through fictive familial and linguistic wholes, moving on to how psychoanalysis is involved in fracturing these wholes, and how it plays a role in the author's life and writing. In so doing, I will focus on how the psychoanalytic exchange is allegorised in *W*, and finally, I will focus on how literature is involved in the author's search for and reconstitution of the self. Since psychoanalysis is foundational to Perec's personal and literary journey, I will begin here.

Perec began analysis at a very young age because he was plagued not only by physical illnesses throughout childhood, but by psychical ones, as indicated by a

[46] Although *W* hinges upon the experiences and effects of the Second World War, I will not be focusing on the Holocaust in this chapter because it is not central to the link I am making between psychoanalysis, the phantom limb, and BIID. However, it is essential to Perec's novel, because this is what generated the personal and familial traumas in discussion. While several other writers have concentrated on the crucial relationship between Perec and the Holocaust (such as Joanna Spiro, Eleanor Kaufman, Lawrence D. Kritzman, Susan Rubin Suleiman and Andrew Leak), I am choosing to explore the psychoanalytic and somatic experiences Perec faced in a post-war context.

sketchbook his cousin found. Since the sketchbook was composed of drawings of fractured athletes, weapons, and vehicles (which would later provide the foundation for a fictional island called "W" featured in *W*), his cousin grew worried and sought out a psychotherapist (a fact that Perec had forgotten, but learned later in life). In 1956, he took up psychoanalysis three times a week with Michel de M'Uzan, and in 1971, with J.B. Pontalis,[47] ending his sessions in 1975. "How did Perec himself determine that his analysis was complete?" asks Bellos. "His judgment must have been connected with the composition, the publication, and the reception of *W*, but in ways that can perhaps never be entirely elucidated" (*A Life* 562). Perhaps Bellos is referring to the fact that *W*, as we will soon discover, indirectly charts and enacts his experience in psychoanalysis. However, as Bellos points out, psychoanalysis only parallels (is not to be conflated with) his writing: "[w]riting was not a substitute for psychotherapy, he declared wisely, nor was psychotherapy a prerequisite for good writing" (*A Life* 193). However, it influenced not only his work in several ways, but also his life, engendering beneficial effects, such as offering him the "permission" to pursue his dream to write. His texts, therefore, cannot be separated from his psychoanalytic growth, both of which reflect a space of unanswered questions and infinite puzzles that acknowledge this uncertainty, while also aiming towards cohesion.

Paul Schwartz sums it up clearly: "The fictional universe of Georges Perec yearns for completeness. The not yet completed Perec puzzle strives to order its pieces, to eliminate the cutmarks, in order to recapture an Edenic, virginal wholeness" (Schwartz 113). It is this aspect of his writing that I will be linking to the BIID and PLS conditions because they show us a different—physical and immediate—yearning for completeness through fictional means: a desire to eliminate a feeling of fragmentation through an image of wholeness. Contrary to those with BIID or PLS, however, he writes his incompleteness, he shares the cut marks through his work by breaking up linearity. Through "[l]ost traces, fragmentation, the obsessive ordering of time and space" (Schwartz 112), he plays with language to disclose its underlying negation and meaninglessness. Thus,

[47] Michel de M'Uzan focused on psychosomatics and for him, "the role of the mother as the facilitator of the capacity to represent shows indebtedness to the influence of Winnicott and Bion, the respective development of notions of holding or reverie and containment […] influencing the work of André Green and Pontalis" (Birksted-Breen, *Reading* 34).

reading Perec can be a truly puzzling experience, wherein the reader is faced with, and thus partakes in, the author's own literary and personal discoveries. Indeed, this self-reflexive act of writing through erasure is not unique to the author, but is characteristic of the postmodern movement in which he is often included. However, his work resists categorisation, aside from his involvement in the Oulipo group: a gathering of writers and mathematicians interested in using constrained writing practices (in which the writer restrains herself from using a certain element).[48] In so doing, Perec magnifies the mundane and trivial occurrences of everyday life, things, and thought, highlighting many assumptions such as space, time, hierarchy, and social/linguistic structures and binaries. Reflective of both conditions, his text conveys the fracture behind assumed wholes, which *W* suggests stems from his own feelings of fragmentation. However, while those with BIID and phantom limbs unintentionally have psychosomatic disturbances involving false unity and rupture, Perec begins to write himself out of pain. He states, "literature is not an activity separated from life. We live in a world of words, of language, of stories" ("Robert Antelme" 250): in writing trauma through forms of literary rupture, the author is part of language. This concept is central to *W*: the author and characters' identities and bodies often collapse into their names and linguistic representations.[49] In elucidating these connections, he asks that both he and the reader question what language means and how we construct meaning. He writes: "[w]e don't have to disengage from the world or want it to elude us simply because, in given circumstances, in a history that is ours, we may happen to think we will never be able to grasp it" ("Robert Antelme" 261). In fact, this is what can make literature so important: it can speak to the inability to know. Moreover, can

[48] These methods are most evident in two of Perec's most prominent novels: *La Disparition* or *A Void* (1969), and *La Vie mode d'emploi* or *Life A User's Manual* (1978). In the former he omits the letter "e," accomplishing many things aside from the sheer linguistic acrobatics: the creation of a new catalogue (of words without the letter "e"), a metaphor for the Jewish experience during World War II (in many readings), a representation of absence that productively engenders the novel's language and narrative, and finally, since Georges Perec's name is full of "e's," the letter's deletion points towards the author's own erasure. *Life A User's Manual* traces the lives and ideas of individuals in an apartment block in Paris, the writing composed of lists, word play, and several other constraints.

[49] To clarify, I am not suggesting a conflation between persons and literature in Perec's writing of trauma: Perec is not interchangeable with the text. The danger in this collapse (especially in light of Holocaust writing), is best illuminated by Amy Hungerford, who raises questions regarding the ethics of theorists who imagine "texts as traumatic experience itself, thus transmissible from person to person through reading" (Hungerford 20). I am not arguing that the text itself is traumatic for Perec or for readers. I am looking at how Perec uses the text to reconstitute himself.

literature, Perec wonders, help transform one's understanding of self, the world, and history? *W* hinges upon this question because here the author writes his traumatic past through literary rifts; he can only alter his past and self by acknowledging that he can never grasp what happened to him. As a result, his physical and psychical wounds are drawn out of his body and into text, the most prominent being that of his mother's departure.

It is this loss that founds *W*, which chronicles the author's journey towards self-discovery. The semi-autobiography represents and materialises his attempt to remember the immemorial trauma of his parents being taken away in World War II. Since he was too young to understand the loss that continues to haunt him, the author attempts to capture traces of the past, which he continually modifies and toys with, raising the question as to how this process may alter his identity and feelings. In using fragmented language, he also coerces the reader into breaking her own preconceived representations of self and other. *W*, therefore, takes the reader on a journey of self-definition through self-erasure, as Perec attempts to write his past by exposing its impossibility. The novel is divided into two parts, separated by and connected by a parenthesised ellipsis. Each half follows two stories that alternate chapter by chapter. The first is a fictional story of Gaspard Winckler, a young boy who is lost at sea. This is written alongside an account of fictional and factual traces of Perec's past and that of his parents, told through stories, photographs, and memories. *W*'s second half describes a fictitious dystopian island named "W," governed by an Olympian, competitive, and tortuous system; which runs parallel to a continuation of the author's imagined past.

Since we will be creating links between these stories, psychoanalysis, literature, phantom limbs, and BIID, I want to provide a slightly more detailed description of the narrative, starting with the story of Gaspard Winckler[50] (semi-fictional version of Perec).[51] In Part I, an unknown doctor contacts the narrator Gaspard Winckler, who tells him that the body of a sick boy with his name was lost

[50] The name Gaspard Winckler was inspired by Paul Verlaine's "Gaspard Hauser chante," a poem based on Kaspar Hauser (a German youth who grew up in the isolation of a darkened cell). In 1973, before completing *W*, Perec had engaged in a project to transform this poem, "as if, by rewriting it, Perec could at last shed the lyric of the unloved orphan" (Bellos 524).

[51] I will be referring to the narrator both as Gaspard and Perec, because there is a necessarily blurred boundary between the identity of the Perec in the book (also called Gaspard) and the Perec writing the book.

in a shipwreck. The narrator is called upon to help find the boy because when he deserted the army he was given the boy's identity. I will later argue that Gaspard (both the boy and narrator) represent his uncanny doubles, and the doctor, an analyst. What is at stake here is that Perec/Gaspard has been established through a fictional identity he is struggling to break down.

Based on one of his childhood drawings, the fictional island "W" features sport as its singular goal, an ideology implemented by government officials. Athletes must win battles to work their way up a social hierarchy and ultimately survive. This social structure is founded upon a vision of common unity, enforced by figures of authority: "the Laws of *W* […] wanted to give the impression that Athletes and Officials belonged to the same Race, to the same world; as if they were all one family united by a single goal" (Perec, *W* 153). We will soon revisit this notion of false familial unity, and although it will be discussed in relation to Perec's own memories, its presence on the island highlights the inseparability between social and personal perception, action, and reaction. The BIID and phantom limb phenomena also depict how illusory notions of unity structure the self in relation to the environment in a real-world (as opposed to literary) scenario. However, this real-world scenario is also brought out through the metaphorical island, which suggests that the type of ideology outlined here (based on "unity") is dangerous. The system on "W" is run by binaries (with divisions between superiors and inferiors), which is doubly fortified through the island's physical geography (its villages are divided between winners, losers and outcasts), thus emphasising the relationship between physical and social position. Like the phantom limb and BIID individuals whose bodies mismatch a communal concept of unity, on "W," physical and bodily structures are informed by the social world. Though the winners predominantly govern these rules, the educational system also plays a role in shaping individual mind-sets through (often physical) punishment (which we see echoed in Perec's own memories of school). What is central here is that psychical moulding is inseparable from the physical, or as he writes, "life, here, [on "W"] is lived for the greater glory of the Body" (*W* 67). This initially utopian world, we soon discover, is actually a dystopian one that allegorises the World War II concentration camps. Since in a very different way, the limb scenarios also elucidate how societal bodily ideals can hide underlying destruction (although I

stress that I am not comparing apotemnophilia and PLS to the concentration camps or the author's traumatic war experience, but merely elucidating a link through his novel), this chapter will explore ways in which communal symbols/ideas/wholes bear physical affects, and how this is connected to the theme of trauma in *W*.

Falling Through Trauma

As previously noted, *W* traces how Perec's childhood in a war-torn world without parents left him feeling physically and psychically wounded and lost. I now want to examine how the way he talks about trauma (and emphasises his bodily reaction to loss) parallels the trauma described by Winnicott and the BIID and phantom limb individuals. To begin this exploration, I want to briefly retrace some fundamentals of trauma as figured in a Freudian framework. "Properly speaking," writes Kristy Guneratne, "the origin of trauma is in the body" (36). Freud explores this idea in "Beyond the Pleasure Principle" (1920), which examines why individuals repeat unpleasant experiences, and why they unconsciously desire something (the nightmares of war neurotics, for example, or people in psychoanalysis who repeat painful mistakes). In this regard, he describes a child he saw playing what he calls the "fort-da" game, wherein the child causes a reel to disappear and reappear, each time it disappears saying "o-o-o-oh," which Freud reads as "fort" (gone) and joyfully shouting "da!" (there) when it reappears. According to Freud, this simulates the child's desire to control the mother's departure and return. The unpleasant experience of the reel's/mother's disappearance, in other words, is repeated for the joy over its reappearance, and furthermore for "bringing about his [the child's] own disappearance" (Freud, *Beyond* 3).

It is this kind of early experience that Freud suggests is carried into transference. Like the child, the patient "is obliged to *repeat* the repressed [painful] material as a contemporary experience" (*Beyond* 3), a "compulsion to repeat." *W*, I contend (which repeats the story of Perec's mother's departure), can be connected to the reel/transference, wherein a new scenario supplants a loss. Additionally, Freud focuses on the physical nature of this painful and paradoxically satisfying recurrence, which the "fort-da" game also raises, because it is a bodily experience. And finally, the hide-and-seek aspect of "fort-da" is portrayed in the text's ability to both hide the author's past (as it opens with the statement: "I have no childhood

memories" [Perec, *W*, 6]), while also seeking his memories throughout. These notions will later be unpacked in relation to what the BIID and PLS sufferers' drives reveal about the author's experiences. Just as *W* plays hide-and-seek, so too does the phantom limb sufferer, whose limb is unseen, though the pain involved can be discussed; and the BIID individual, whose appendage is conceived of as being absent, and yet is thought by others to be present. What I am interested in is the question: how does *W* illuminate their bodily erasure? To begin exploring this question, I will draw some comparisons between Perec's traumas, and those of the individuals with PLS, and proceed to expand upon these links.

Guneratne writes, "what Perec produces in *W* is a shift from mind to body in the idea of remembrance" (35), an "idea of the remembrance" perhaps because there is no true memory. The phantom limb and BIID scenarios share this project, albeit non-linguistically. They too shift a psychical idea of wholeness to the body, based upon an "idea" of remembrance ("wholeness" is formed through images from the environment, whether that means a memory of pre-amputation, those congenital phantoms that seem to be purely based on others, or an idea of self that is formed in relation to both disabled and able-bodied others). The author's memories, in a similar way, must be based upon other people's memories, and memories of other people. What is at stake here is that the text, BIID, and PLS all involve attempts to name the ambiguity of bodily pain, to remember the past (subjectively) in order to subdue feelings of loss and trauma. Though I will unpick this comparison soon, I first want to discuss how *W* describes physical memories through images that involve parachuting, a skiing accident, Gaspard Winckler's lost body, and a broken arm. To introduce these ideas, I will briefly describe the metaphors I will be exploring, and proceed to elaborate them through Winnicott's model, apotemnophilia, and PLS.

Three times in the novel, the narrator mentions a parachute in conjunction with the moment he last saw his mother. In the first he explains, my "mother buys me a comic entitled *Charlie and the Parachute*: on the illustrated cover, the parachute's rigging lines are nothing other than Charlie's trouser braces" (*W* 26). The second: "[s]he bought me a magazine, an issue of *Charlie*, with a cover showing Charlie Chaplin, with his walking stick, his hat, his shoes and his little moustache, doing a parachute jump. The parachute is attached to Charlie by his trouser braces"

(Perec, *W* 54). Lastly, the memory is altered from an image of Charlie to one of Perec himself jumping:

> in 1958, when, by chance, the military service briefly made a parachutist of me, I suddenly saw, in the very instant of jumping, one way of deciphering the text of this memory: I was plunged into nothingness; all the threads were broken; I fell, on my own, without any support. (Perec, *W* 55)

The passages above portray a connection between the metaphorical and physical, the fictional memory and the real impact it had upon the author (Georges Perec was a military parachutist). As Eleanor Kaufman puts it, "a physical sensation reflects his inner experience of plummeting without support through the war years" (2), and also reflects the impact of his mother's disappearance. Falling is again brought forth in the narrator's description of an accident. He explains that as a child, he once injured another boy's face by dropping a ski, and the boy, in turn, scarred the narrator with his ski pole. This, the author states, became an identifying characteristic: it physically marked his individuality. A defining somatic wound is also represented through the lost disabled child Gaspard Winckler, who represents Perec's immemorial childhood. Finally, he repeats a memory of breaking his arm, which I now want to look at more closely.

In the first version of leaving his mother, the narrator remembers having his arm in a sling. However, it is later revealed that, according to his family, this memory may be false. The next memory reads:

> The Red Cross evacuates the wounded. I was not wounded. But I had to be evacuated. So we had to pretend I was wounded. That was why my arm was in a sling. But my aunt is quite definite: I did not have my arm in a sling […]. On the other hand, perhaps I had a rupture and was wearing a truss, a suspensory bandage. (Perec, *W* 54-5)

The final passage explains that when the narrator was knocked over by a sledge, he broke his scapula, causing his right arm to be bandaged behind his back. Although his family has no memory of this accident, the author asked an old friend if he

remembered, who responded that in fact, it was not Perec, but the friend himself that had "an accident identical in every way" (Perec, *W* 80). If we return to the two conditions, we find a self-conception that closely resembles the author's. The narrator, phantom limb, and BIID individuals have integrated a simultaneously broken and whole appendage, indicating a split between mind and body, a feeling of physical fragmentation that cannot be comprehended. To mend this fracture, those with BIID, PLS, and the author employ a completely subjective image that embodies a wound, a fictive version of self that both replaces and reproduces rupture. In this way, both Perec and those with the conditions in conversation feel subjective pain that mismatches objective reality.

The author's wounded arm stems most prominently from a maternal loss. "In his commentary," writes Guneratne, "Perec suggests that this intervention represents the breaking of something else, presumably his contact with his mother" (34). This calls up the Winnicottian paradigm of trauma that connects maternal and physical loss. In "Fear of Breakdown" the child facing a traumatic absence has also "internalised" an unknowable feeling of rupture. If for Winnicott, this rupture relates to the mother's touch, what can the notion of self-holding reveal about the broken feelings expressed by Perec and brought out by PLS and BIID? Why, moreover, do the fractured limbs exemplified in these situations exist alongside a false notion of unity? Though we have already touched on how those with phantom limbs and BIID, and the traumatised individual in Winnicott's account convey this paradoxical self-construction, I now want to explore how the narrator's rupture also speaks through images of false cohesion. Central to these links is the fictional version of self-as-whole that was developed non-linguistically in relation to trauma, which is why I want to begin with a "memory" wherein Perec was a (pre-linguistic) baby. It is based on "more or less on statistical details" but is also, he writes, "probably ascribable to the quite extraordinary imaginary relationship which I regularly maintained with my maternal branch" (*W* 30). The memory is as follows:

> I was born in the month of March 1936. Perhaps there were three years of relative happiness, no doubt darkened by baby's illnesses (whooping cough, measles, chickenpox) […] a future that boded ill. War came. My father enlisted and died. My mother became a war widow. She went into mourning. I

> was put out to a nanny [….][25]I seem to remember she injured herself one day and her hand was pierced through. (*W,* 32 footnote in original)

This is followed by the first description of the last encounter with the narrator's mother, who was on the train holding a Charlie Chaplin magazine. Already Perec draws a clear connection between familial loss and a physical disability (both his sickness and his mother's wounded hand), indicating that his own injuries are inseparable from hers. Here I am alluding to the split that in Winnicottian thought results from a lack of maternal holding (as discussed in Chapter Four); that physical and psychical rupture stemming from the mother's inability to hold the child in her mind and arms. Both this theory of trauma and Perec's memory thus convey a struggle with creating a cohesive identity in the world, which those with BIID and PLP enact. By writing these reactions however, the author slows down the process, allowing us to perhaps learn more about how it unfolds.

From a Winnicottian perspective, the narrator has experienced an environmental breakdown (mourning and the loss of both parents) that has left him with an ungraspable feeling of illness, a kind of "primitive agony" that we have also related to BIID and the phantom limb. In the above passage, the narrator's mother's hands were pierced (she was unable to hold him), and his future thus "bodes ill" (consequently perhaps, he could not learn how to sufficiently hold himself). This connection between maternal and personal injury is further emphasised in the footnote within the above passage (numbered 25 after "baby's illnesses"). To clarify, throughout the book, the author uses footnotes to add alternative stories and details to memories, layering new thoughts that modify the past, perhaps indicative of repressed experiences creeping closer towards consciousness. It is implied that Perec, like a patient in analysis, is beginning to acknowledge his repressed memories in fictional forms. To return to the footnote (25), from the above-quoted passage, he writes:

> I still have, on most of the fingers of both my hands, on the second knuckle joints, the marks of an accident I must have had when I was a few months old: apparently an earthenware hot-water bottle, which my mother made up, leaked or broke, completely scalding both my hands. (*W* 40)

If the first passage did not elucidate that the narrator was injured from an environmental deficiency, surely this one does. An increase in clarity here also indicates that when Perec added the footnote, he was more conscious of his injury having been caused by a maternal loss. Paradoxically, however, its fragmented prose and ambiguity suggests that when the footnote was written, the author more thoroughly understood the impossibility of completely remembering what marked his body. What his novel is bringing out, therefore, is the text's role in representing and constructing the immemorial. For me, in this imagined memory, the author did not know how to "make himself up" because his mother did not know how to "make up a water bottle," leaving him wounded and without sustenance. Since the falsified memory in the book enacts his journey to make himself up, the novel in a way stands in for the broken water bottle. It enables the author to go back and reconstitute himself because he was never given the chance to do so as a child. However, the process is not easy. If we return to Winnicott, the child who does not know how to hold herself through a transitional object is left to reproduce a falsely cohesive version of self. The passage above suggests an embodiment of this fictive unity because the water bottle "completely" scalded his hands: for him, the rupture had to be "complete." In this context, in other words, the word "complete" suggests a traumatic splitting, in which the experience of fracture is buried in the unconscious, which the conscious mind appears to know nothing about; reflective of the BIID and phantom limb individuals' traumatic splits. Thus, the Perec writing the text may be gesturing towards a traumatic split embodied by the Perec of the novel. Moreover, the split described here is not only psychical, but also physical, which is indicated in another story of his bodily fracture.

> The author writes that he was knocked over by a sledge when ice-skating: I fell backwards and broke my scapula; it is a bone that cannot be set in plaster; to allow it to mend, my right arm has been strapped tight behind my back in a whole contraption of bandages that makes any movement impossible, and the right sleeve of my jacket flaps emptily as if I had really lost an arm. (*W* 79)

Again, a feeling of rupture that remains stuck in one of unity alludes to the author's difficulty with self-holding— with holding up his trauma, his past, and his body. This passage also conveys how the struggle with false wholes extends to Perec's use and conception of language (which I will return to later); but for now, I look at how—similar to the author's "completely" scalded hands—his paralysed arm was strapped in a "whole" contraption of bandages. Put another way, the paralysed memory has been strapped into a "whole" self-narrative (that in writing *W*, his past is finally acknowledged as a semi-fiction—a concept I will also soon return to). Although similar to the water-bottle scene wherein the narrator cannot hold himself, I suggest that the broken arm memory involves a step towards independence. Here, the appendage is strapped and bandaged: although the boy is injured, his arm is held up by something. The jacket flaps emptily "as if" he had really lost an arm, revealing a growing awareness that Perec's hands are not completely scalded and that his fingers are not missing, but that his arm does exist, and could begin to heal.

Indeed, this image of a flapping empty sleeve bears a resemblance to both limb syndromes, it being a limb that is not there. The BIID limb even depicts an embodiment of this image: the BIID appendage feels separated from the body like the narrator's paralysed arm. In a different way, the flapping sleeve shows us a phantom arm, because the limb exists only through an outline of its absence. And furthermore, the memory itself is a kind of phantom: although he felt the pain of a rupture, it did not objectively exist. Is the author then, in a way, writing his phantom/BIID limb, his fracture? Recall that in Chapter Four we looked at an email written by someone with BIID, who claimed that he was going to cause "an accident" by cutting off his own limb. When read next to the passage above, is the author not also causing himself an accident, albeit through the past instead of the future, and through his book? Instead of cutting a limb, is he writing its removal? It seems as though, like the those with phantom limbs or BIID, Perec feels broken and wants to see this absence, which he approaches through writing. In so doing, he suspends those frustrations with feeling fissured that BIID and PLS demonstrate in a physical form. *W* is not only metaphorical, then, but penetrates the physical, which is conveyed in one passage that draws out the bodily feelings experienced in the author's trauma, which, I suggest, reflects Winnicott's

description of "primitive agony."

To begin unpacking this thought, I will develop how the author's memories can be related to primitive agony:

1. A return to an unintegrated state. (Defence: disintegration.)
2. Falling for ever. (Defence: self-holding.)
3. Loss of psychosomatic collusion, failure of indwelling. (Defence: depersonalization.)
4. Loss of sense of real. (Defence: exploitation of primary narcissism, etc.)
5. Loss of capacity to relate to objects. (Defence: autistic states, relating only to self-phenomena.) ("Fear" 104)

These traits, I propose, are all present in Perec's memories. He is unintegrated because he is fractured; depersonalised, because his mind misremembers his bodily experience; he has lost a sense of the real because his memory is fictive; and he repeatedly refers to an experience of falling. It is this experience of falling that I want to explore for the moment, beginning with the previously mentioned parachute fall. For Winnicott, this fall is linked to a maternal loss, which is at the core of primitive agony. Thus, when read together, the parachute fall reflects a return to the primitive state of absolute dependence, or as Kritzman writes of *W*, "the falling into nothingness without support suggests the inability of the child to separate from the mother" (Kritzman 196). We have also seen that although individuals with apotemnophilia and PLS do not specifically suffer from a maternal loss, their bodily rupture physically illustrates a primitive agony (of not being sufficiently held up). Perec, on the other hand, *describes* a primitive agony through a metaphor that centralises the body—illuminating paradoxical feelings of weight and weightlessness similar to those described in "Fear of Breakdown." Winnicott writes that without "good-enough active and adaptive handling the task from within may well prove heavy, indeed it may actually prove impossible for this development of a psycho-somatic inter-relationship to become properly established" ("Ego Integration" 61). In other words, the weightlessness of falling and not being held is heavy. Carrying one's

broken body is a traumatic experience that Perec's image of parachuting also depicts, because parachuting entails a loss of psychosomatic control (the individual is directed by gravity), closeness to death, and a feeling of heaviness. As Schnitzer writes, "[n]ormally considered a life saving device, which we often conceive of as floating gently in the air, here the parachute appears as a heavy burden to carry" (111). Again, the BIID and PLS syndromes reveal a physical outcome of a traumatic rupture analogous to this parachute falling: those with BIID are weighed down physically by an extra limb, and yet, feel its absence. Those with PLS are physically free of the extra limb and yet psychically weighed down by its invisible presence. These phenomena, therefore, exemplify how individuals may (in a different way) unconsciously carry paradoxical notions of self in reaction to fragmented feelings. Thus, sufferers of apotemnophilia and PLS show us an immediate and bodily demonstration of those ideas laid out in Perec and Winnicott's more theoretical works. Up to this point, we have discussed the links between the narrator's experience of trauma, "Fear of Breakdown," BIID, and the phantom limb. I now want to expand upon these connections through an image in *W* that opens a different reading as to how the author copes with the desire for cohesion, specifically through family and language.

Enwombed in Familial Fiction

Perec writes,

> I am three. I am sitting in the middle of the room with Yiddish newspapers scattered around me. The family circle surrounds me wholly, but the sensation of encirclement does not cause me any fear or feeling of being smothered; on the contrary, it is warm, protective, loving: all the family – the entirety, the totality of the family – is there, gathered like an impregnable battlement around the child who has just been born (but didn't I say a moment ago that I was three?). (*W* 13)

This passage takes place among several other fragmented memories, which he admits to having altered through imaginary details. Why, I want to ask, is this "memory" fictionalised in this way? Does this ideal familial unity gesture towards

the author's need to grasp onto something whole as a starting point for his imagined past and its reconstitution? Adam Phillips writes that, "the beginning of a feeling of existing and feeling real […] depends upon a basic relation to the experience of omnipotence" (*Winnicott* 133). The image above shows precisely this: the narrator is born into existence by creating a complete memory in rewriting his experience of childhood. Perhaps this works to reform an illusion of omnipotence that had never been fully developed. Lam-Hesseling writes of this scene: "[t]his intact family functions as a sign of reassuring wholeness, providing a subject with an idea from which it can derive feelings of cohesion and safety" (94). When read with Winnicott's model, the image of Perec as protected and safe is necessary to establishing his development. However, this stage takes place when the baby was one with the mother, in which "the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself" (Winnicott, *Playing* 8-9). Thus, the ideal moment is underpinned with fear (of returning to that state), which this passage also conveys.

"The family was gathered," Perec writes, "*comme un rempart infranchissable,*" "like an impregnable battlement." Although this conjures an image of cohesion, a sense of being safe from intrusion, when followed by the word battlement, there lurks a sense of danger. Thus, discomfort seeps through the pages of this comfortable illusion, happy omnipotence is always frustrated by its impossibility. This kind of contradiction does not stand alone. Recall that in the first part of the passage, the author writes that the sensation of wholeness does not frighten him; however, if fear did not factor into the equation it would not have to be stated. Unity, then, obscures something frightening, and it is almost as though by discreetly signalling these dangers, the writer warns the baby (allegorising his forgotten past) of the upcoming trauma. Here Perec juggles a split between his current identity and his lost childhood through a contradictory and falsified text. He continues, "(but didn't I say a moment ago that I was three?)." His history is being altered as it is written, his memory changes with his words. The author's desire to create a false image of wholeness in order to orient his identity and rewrite his fragmentation is not so dissimilar from the phantom limb and BIID recreations of self-as-whole. Just as Perec writes his unity through paradoxical sentences, individuals with the limb syndromes are only whole in a fragmented context.

However, instead of drawing this out through literary fiction, it is already drawn into the those with PLS and BIID. Thus, although the author and sufferers of those with apotemnophilia and phantom limbs present many similarities that we have been unpicking, these individuals lack control over and distance from these feelings; they lack the mediation of language. The importance of linguistic mediation is emphasised in the above passage because newspapers encircle the narrator; his identity is wrapped in language. This plays a double role: it both distances the narrator from the familial illusion, and draws the reader's attention to the page being read. The book, like the newspaper, separates (but also connects) the reader and author, raising the question as to how language plays a part in individuality and dependence, subjectivity and objectivity, rupture and cohesion. At this point I will touch on how the concepts in discussion extend to the island "W" and to the author's own social memories, to how society is shaped by, and shapes others, through an image of unity. Just briefly, the metaphorical island of "W" is also founded upon a struggle with forming dangerously whole social bodies in reaction to fragmentation. This system of thought, Perec indicates throughout his memories, has also shaped him. His struggle with wholes and fragments relate to an embodiment of environmental ideology. The metaphorical island and the two conditions in discussion thus show us that if these relationships are not explored they might have detrimental effects. Here, identity is formed through wholes that are transmitted through language, a concept I will later develop. However, in order to elaborate this idea, it is important to examine how psychoanalysis plays a role in the author's linguistic bodily border, in separating from absolute dependence, and at how this is represented in *W*.

A Psychoanalytic Voyage

"I have no childhood memories," begins *W or The Memory of Childhood*, a statement that paradoxically contrasts its title (as, how can a text about childhood memories begin with none?). Already we are privy to the text and Perec's structural conflict: through fiction, the author is searching for what has been deleted. I want to look at how this journey is represented through one storyline (of Gaspard Winckler and Otto Apfelstahl), while also examining how the author's experience in psychoanalysis is interlinked with his literary and personal endeavour. As Bellos

put it, like "psychoanalysis, autobiography involves the transformation of memory into narrative" (154), introducing the inextricable link between *W* and psychoanalysis. Here, autobiography and psychoanalysis work together in the endeavour to define his forgotten and traumatic past, or as Motte writes, he "materialises and inscribes upon the page the kinds of gestures that real anamnesis requires, that is, looking back, recalling and reconsidering" (61). Perec's trauma, reflective of BIID and PLS, involves an embodied response to visualised images of brokenness. If the broken bodies he drew as a child illustrate this, the allegories within *W* suggest a more cohesive (linguistic) attempt to reconnect those figures. I will investigate how psychoanalysis is involved in this attempt by linking Perec's writings about psychoanalysis to Winnicott's theory of development.

For this I will be drawing upon "Backtracking" (1977) and "The Scene of a Stratagem" (1977), which describes the author's own experiences in session: the rituals, repetition, play, silences, physicality, relationship with the other, dreaming and fantasy, and the temporality involved in the "talking cure." In both texts, Perec discusses the correlation between speaking in psychoanalysis and writing in relation to his own self-definition. In his words: "I was going [to psychoanalysis] to seek to recognise myself and to give myself a name" ("Scene" 164). In *W* we see this attempt to name what he cannot remember: his felt loss. And as discussed, the phantom limb and BIID sufferers also struggle with self-recognitions. Can Perec's journey, then, reveal something about the conditions: how their own struggle with bodily fragmentation and wholeness is connected to the need to recognise themselves? To open a linguistic reading of the kind of pain and repair involved in apotemnophilia and PLS, I will look at psychoanalysis within *W*. To begin this exploration, I will trace a story in Part One about the narrator and a lost boy, suggesting that through the processes of psychoanalysis and writing, the author is breaking down a false identity that has caused him physical and psychical pain. Since the story also illuminates the similarities between Perec's pain, and that of individuals with BIID and PLS, I am interested in exploring how the literary journey he offers can be connected to the mirror-box treatment: in how semiotic reworking may affect the individual.

The story begins as the narrator Gaspard Winckler receives a letter with blank pages and "abstract symbols" such as a "hand that was simultaneously a root"

(Perec, *W* 8). The letter, from a mysterious doctor named Otto Apfelstahl, requests that Gaspard meet him to discuss an unknown matter, which Winckler believes will change his life. Left feeling anxious, impatient and curious, Winckler searches for clues, but "found nothing" (Perec, *W* 11). This description mirrors the explanation of the psychoanalytic experience in the essay "Backtracking." Here he writes that in deciphering his own words in analysis:

> I skipped along the paths of the maze I had made for myself, following suspiciously legible signposts. It all had meaning, it was all connected, obvious and could be unravelled at will: signs waltzed by, proffering their charming anxieties. But beneath the ephemeral flashes of verbal collisions and the controlled titillation of the beginner's book of Oedipus, my voice encountered only its own emptiness. (49)

This suggests that Perec's search for meaning and understanding began to unravel in psychoanalysis, the signs he was accustomed to deciphering only revealed their rupture. The empty signification described in this context is of course echoed in his writing: "I assume from the start that the equivalence of speaking and writing is obvious, just as I assimilate the blank sheet of paper to that other place of hesitations, illusions, and crossings-out, the ceiling of the analyst's consulting room" ("Backtracking" 45). Winckler's blank letter can thus be seen as an allegory for the analyst's ceiling/the pre-written story. As perceptible in his encounter with the abstract letter, Winckler's search for meaning through signs only discloses its nothingness. The passage above similarly indicates that a search for specific psychoanalytical plots (such as the Oedipus Complex) also comes up blank, and yet because it shows the author's "emptiness," it is paradoxically significant. Returning to Winckler's letter, we also see ambiguous signs (instead of linear narratives) that point towards something important. Therefore, the meaninglessness of signs does not negate their importance here; their nothingness may expose alternative forms of thought, which must be signified in some way. For instance, "a hand that was a root" may open a reading of the corporeal nature of the author's self-exploration. Although we cannot be sure, the image suggests a search for bodily grounding, stability, and family roots. Revealed in these binaries between

meaning and its impossibility (silence) is a split, a double that is portrayed in the Winckler story and that can also be related to Winnicott's theory of trauma.

According to Winnicott, when the infant's environment has been insufficient, it "develops a split. By one half of the split the infant relates to the presenting object, and for this purpose there develops what I have called a false or compliant self. By the other half of the split the infant relates to a subjective object, or to mere phenomena based on body experiences" ("Communicating" 183). Winckler's letter (an object) also indicates a split. The letter presented is given false meaning, while also having a nonverbal and even bodily affect (anxiety). For me, this is important because it illuminates the divide between the physical feelings and objective realities rendered so clear by both limb conditions; and like Perec, the traumatised Winnicottian individuals and those with PLS and apotemnophilia develop a way of coming to terms with what is not there. Put another way, the traumatised subject and the suffers with alienated limbs reveal a split: the False Self that conforms to an idea of unity, and the acknowledgment of its material lack (which as we will see, more closely resembles a True Self). I now return to the Gaspard/Otto narrative to examine how the author begins to break down that False Self, and seek out its underlying darkness, in a process that reflects psychoanalysis.

The story continues as Gaspard goes to the hotel to meet the doctor, where he comes across two bellboys with crossed arms, followed by a porter carrying two hefty suitcases, and a woman holding a small dog in her arms. These images reflect those brought out in Winnicott's theory: arms holding not him but themselves, a heavy weight, and a helpless animal (like a baby), enwrapped in a female figure's arms. These images of self-holding, weight, and helplessness echo the PLS individual's psychosomatically "heavy" extra limb. The following image features a barman with wrinkled hands dragging his feet. Again, we see images of bodily weakness: an ambiguous illustration of (perhaps the author's) feelings of being insufficiently held. Winnicott states that the True Self may begin to have life "through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions" ("Ego Distortion" 145), meaning that if the barman stands for a part of the narrator's holding environment, he is too weak to give strength to Gaspard's brittle ego. The barman then offers

Winckler a pretzel, which he refuses. Not only does this point towards a rejection of environmental imposition and protection of "inner" emptiness (as outlined in "Fear of Breakdown") but also to a lack of personal definition. This, because, according to Bellos, Perec's name is (in Hungarian) associated with the word "pretzel" (a pun the author plays with in some of his other works); in a sense, he refuses his own name (his True Self).

The state of anxiety developed in this scene, I suggest, echoes the anxiety which brought the author to psychoanalysis. The connection is further solidified as he writes, Otto neither "was late; neither could you say that he was on time" (*W* 16), reflective of the psychoanalytic experience described in "Backtracking." He writes: "[t]here was something abstract in this arbitrary time, something which was both reassuring and fearful, an immovable and timeless time" (46). Though the two descriptions suggest a similar state, in "Backtracking" we directly learn about Perec's experience, while in the allegorical tale, we are a part of it. *W* involves the reader in a timeless place where images do not make perfect sense, where his past is told, but not told (imagined), where we are reading in the present that which was written in the past. Thus, the reader becomes closer to the author's search for his hidden other; the book itself is brought towards the material world.

The journey proceeds as Gaspard finally meets Otto Apfelstahl, and immediately, he stops Gaspard from standing up "with a wave of his hand" (Perec, *W* 17). Thus, in just a short space, two hands are juxtaposed: the frail barman and the more aggressive doctor, a physical change seems to be taking place. If this memory alludes to the author's hands having been formed through his mother's own injury (as discussed), perhaps the alternating Otto story sets up a new pair of hands through which he may begin to restructure. Put differently, the layering of the book, its characters, and the analytic experience may all present a stronger pair of hands to replace his mother's absence and help the author learn how to dig towards his roots— his truer and silent self. Following nicely along with these thoughts, Apfelstahl asks Gaspard, "'[d]id you ever wonder what became of the person who gave you your name?' 'I beg your pardon' I said, 'not grasping'" *(W* 18). At this point, Perec cannot grasp his own identity; like those with BIID and PLS who cannot contain their phantom, and those with BIID who feel helplessly fractured, he has a problem defining himself. In response, he questions the

"ambiguity" of Otto's remark, to which Otto answers:

> I am not alluding to your father, nor to any member of your family or your community after whom you might have been named, as is, I believe, still a fairly widespread custom. Nor am I thinking of any of the people who, five years ago, helped you to acquire your current identity. I mean, quite straightforwardly, the person whose name you have. (Perec, *W* 22)

The first part of this statement may allude to a certain kind of self-discovery that aims to define specific familial narratives. Instead, what Otto offers is more nebulous: he wants to discuss the identity that Winckler has at that very moment; what hides behind his False Self. If for Winnicott, a trauma "cannot get into the past tense unless the ego can first gather it into its own present time […] (assuming the auxiliary ego-supporting function of the mother)" ("Fear" 104); the exchange between Otto and Winckler exemplifies this time collapse. Instead of retreating to the past, Perec explores it within his current identity: with the analyst figure, in the book, and in the story itself. Thus, the author's experience of psychoanalysis, its representation, and the book itself, all support his pursuit for a True Self, which is allegorised through Otto's suggestion to find Winckler's true identity.

Apfelstahl explains that after the war, the narrator was given a false identity, the name of Gaspard Winckler, which actually belonged to a sick boy (isolated, deaf, helpless, and dumb). Although the boy was taken to doctors, explains Otto, they discovered no injury, ascribing the illness "to some infantile trauma whose precise configuration unfortunately remained obscure despite examinations by numerous psychiatrists" (Perec, *W* 23). Given the context of this story, we may assume that this little boy stands for the childhood Perec has invisibly integrated and lost. The sick boy metaphor, the author's obscure other, then, sheds light on those with BIID and PLS who also feel a non-diagnosable pain relating to a loss; a physical, inexplicable disability leaves the individuals to helplessly search for an explanation. The allegory in his story points towards his own environmental lack. Otto tells the narrator that "the support organisation" that was to provide the narrator with an identity was killed before having set anything up and so, "[t]he organisation was at a loss" (Perec, *W* 23). Due to a loss of

support, the narrator's own organisation was broken: the author developed a split upon being abandoned. Could this reflect the ego of the traumatised child who in Winnicott's eyes "organises defences against breakdown of the ego organisation" ("Fear" 103)? If the environmental organisation was at a loss, could Gaspard's (Perec's) ego have devised a defence against this breakdown such as a fake identity? Otto continues to explain that the child was taken on a yacht voyage with a group of others in the hope of improving his health. He explains that the crew searched

> ever more vainly for the place, the creek, the vista, the beach, the pier where the miracle could happen; […] that there is, somewhere on the ocean, an isle or atoll, a rock or headland where suddenly it could all happen – the veil sundered, the light turned on. (Perec, *W* 24)

While the above-quoted sentence encompasses several strands of thought, it first and foremost is reminiscent of Perec's experience in psychoanalysis. He writes in "Backtracking," "you think that talking means finding, discovering, understanding, understanding at last, being illuminated by truth. But," he continues, "it doesn't" (44). Just as the author's search for clarity is shattered, so too is the crew's: "each of them clings to this illusion, until one day, off Tierra del Fuego, they are hit by one of those sudden cyclones which are everyday occurrences in those parts, and the boat sinks" (Perec, *W* 25). The crew's trauma is immediate and too fast to comprehend, whereas in psychoanalysis, writes Perec, in looking for "the image I was after […] something like a crash in my memory set in" ("Backtracking" 50). While his description of analysis involves reflection, those on the ship blindly cling to a belief, indicating that his child-self and environment could not face a traumatic situation. However, the psychoanalytic crash is beneficial: a crashing of protective identity, and moreover, one composed of words. He explains that in psychoanalysis, "[w]hat had to give way first was my armour—the hard shell of writing, beneath which my desire to write was hidden, had to crack; the high wall of prefabricated memories had to crumble […] I had to go back on my tracks, to travel once more the path I had trod" ("Backtracking" 52). Again reflective of the Winckler story, something had to be destroyed in order for the author to take a

linguistic journey back in time, through his lost past. Paradoxically, then, the crash in analysis, like the crashing of the yacht, left traces that began to unveil something hidden (however not through a "light not turned on," but by one turned off) by opening more pathways and fragmented realities and illusions.

For Winnicott, it is the psychoanalytic breakdown experienced between the patient and analyst that leads to health. In "Fear of Breakdown," Winnicott warns that analysis may go wrong if the "analysing couple are pleased with what they have done together. It was valid, it was clever, it was cosy because of the collusion. But each so-called advance ends in destruction" (105). If the analytic journey heads towards a specific and more linear narrative when dealing with this kind of trauma, suggests Winnicott, the falsely cohesive ego is merely replicating itself, similar to the BIID and phantom limb replication of cohesive bodily egos. Winnicott continues: "there is no end unless the bottom of the trough has been reached, unless *the thing feared has been experienced*. And indeed one way out of this is for the patient to have a breakdown (physical or mental)" ("Fear," 105 emphasis in original). The story of Gaspard, I am suggesting, traces the author's breakdown. Moreover, in writing this plot, the author enacts the thing feared: he must face both the loss of his parents and his split-off self in order to compose the story at hand. If those with BIID and PLS also cling to a fiction, I want to suggest that the mirror-box shows us Perec's process of writing in a different way, a connection I will soon develop. For now, however, I will examine how *W* functions in a way similar to the mirror-box, albeit linguistically, which opens an avenue to explore identity formations. Put another way, if *W* is a metaphor for and embodiment of mirror therapy, it decelerates the mirror phenomenon because it linguistically stretches the act of self-reflection and reconstruction. Accordingly, in the following reading, I will be examining how through *W*, the author copes with the kind of trauma that (as we have already seen) parallels BIID and PLS.

To return to the narrative, Otto goes on to explain that he did not belong to "the assistance organisation which made it possible for you [the narrator] to find, in this very place, under the cover of a new identity, a degree of safety [...]. But nothing could be further from the truth" (Perec, *W* 43). If seen as an analyst figure, Apfelstahl is suggesting that he cannot find the narrator's True Self; he cannot replace the assistance organisation (the family) that was unable to sufficiently be

there to begin with. The doctor seems to be revealing something that for Perec was central to psychoanalysis: that although he initially expected those fantasies and dreams revealed through the analytic process to become texts, they did not end up being the "'royal road' that I thought they would be, but winding paths taking me ever further away from a proper recognition of myself" (Perec, "Backtracking" 51). He was accustomed to habitually creating cohesive stories, and thus expected a unified answer from psychoanalysis—again paralleling the dilemmas of those with apotemnophilia and phantom limbs. However, in self-reflecting in this psychoanalytic way—in a way that like the mirror-box, plays with habitual self-recognition—the author did not recognise himself, but something beyond, something silent.

Perec writes that in the narrator's exchange with Apfelstahl, the doctor went silent and Winckler noticed that the bar was deserted again. "I looked at my watch; it was nine o' clock. Was I still called Gaspard Winckler?" (*W* 44). Here an absence creates a reaction; a moment of silence with another person causes a piece of the narrator's assumed identity to fall. Winnicott's thoughts on analysis resemble and encourage this kind of exchange: "a period of silence may be the most positive contribution the patient can make, and the analyst is then involved in a waiting game" ("Communicating" 189). In the mirror-box, a false identity also crumbles through a lack, the box holds up an empty space that erases the false image that the sufferers embody. If for them, a physical effect ensues, can we see a similar effect in Perec's description of psychoanalysis and through the lost boy narrative?

> At every session I waited for him to speak. I was sure he was keeping something from me [...]. As if the words that went through my head flew straight into his head and settled deep inside it, building up over the sessions a neat lump of silence as dense as my speech was hollow. (Perec, "Backtracking" 50)

A lump of silence, hollow speech: these images physicalise a shared silence, which is dramatised by the fact that the author feels his words escape him and "fly into" the analyst's head. Winckler's experience is not so different: Otto's "voice seemed amazingly close, and his slightest word affected me directly" (Perec, *W* 45). Again

we see a relationship between the other, language, and the body, transmitted through an absence. He is physically affected through silence, as though unoccupied speech is creating bodily sustenance, which further implies an exchange/relief of bodily emptiness (the words in the author's "head" are transferred directly to the analyst's "head"). The two passages also stress the importance of language in his false identity, implying that a silence between self and other can uproot a linguistic self-formation to affect him directly. Thus, we can see that the mirror-box phenomenon is not so disconnected, because it too uproots one's form (the subjectively felt limb) by replacing it with an erasure, an image that (like Perec's writing and the analyst's silence), exposes its underlying void to affect the body. I want to explore a little more carefully how this may work. What is this empty silence that underlies speech and has the power to create psychosomatic change?

This story suggests that it refers partially to his forgotten past, the lost identity of Gaspard Winckler. The originally blank pages of the text *W*, like the letter that brought Gaspard to Otto, and the silence in analysis, also act as a blank space upon which the author is able to begin rupturing his unity. To approach this, the Gaspard story suggests, the author must fictionally write a traumatic past because it was never linguistically grasped to begin with (because he was abandoned by his parents at a young age). This is represented in Otto's remark that a whaler "picked up a distress call from the Sylvander [the boat] but failed to establish radio contact with her […. When we] tried to raise contact it was to no avail" (Perec, *W* 57). Gaspard, representing Perec's split-off childhood, has been left; no one can hear a call of distress. In Winnicott's terms, due to a maternal absence, the boy was left alone and dropped in the pre-linguistic state. Though the child would not have known this at the time, it has formed him. Thus, the author's felt fragmentation can only be written now, "[t]he only way to 'remember' […] is for the patient to experience this past thing for the first time in the present" (Winnicott, "Fear" 103) (for Perec, in analysis and in writing). Through the blank spaces involved, the author may be able to establish a kind of contact he was unable to forge as a child, which can be connected to the mirror-box's empty space, as it allows the individual to establish visual contact with her absent limb by showing it to her.

One case study by David Oakley and Peter Halligan exemplifies the likeness between one limb sufferer and Gaspard in this instance (when he experiences his fragmentation in the present with the doctor's support). The study examines a man (NB) with a phantom (right) hand, whose pain level went from "seven to zero" when he placed the existent (left) hand in a mirror-box. However, when "NB closed his eyes the sensation of moving his left hand was lost" (Oakley, 80). One hour after using the mirror-box, his phantom pain started up again, when the doctors began to employ a hypnotic-like procedure of producing a "general relaxation," by helping NB think of calming imagery. Shortly thereafter, the doctor instructed him to "[p]lease imagine, and then see, the mirror-box in front of you" (Oakley, 80). Since in a state of relaxation, NB was able to mentally visualise the hand's reflection and reported a lessening, and after time, elimination, of phantom pain. "NB said that the virtual mirror experience had felt 'real' to him, that it was like actually being there with the mirror and that he could clearly 'see' the mirror reflection of his right hand" (Oakley 80), suggesting that the phantom "was free to be shaped by environmental influences and NB's own emotional state" (Oakley 80). Thus, although NB could not initially integrate the phantom limb's absence, he was slowly (with support from others in the world and the cleared space in his mind induced from the calming images) able to begin integrating the phantom's absence. In other words, he needed support from others to come to terms with a blank space in his mind and integrate his fragmentation to more successfully establish visual contact with the absent limb in the present. A similar kind of exchange is depicted in the novel when Gaspard thinks, "I did not speak. It was as though, at this point in his story, Otto Apfelstahl expected me to give a reply or at least a sign of some sort, even if only an expression of indifference or hostility. But I found nothing to say. He too fell silent; he was not even looking at me" (Perec, *W* 59). In a way we see a repetition of the narrator's/Perec's loss of contact in childhood; however, here it takes place in a different scenario wherein Otto/the analyst, though silent, is still there. In NB's experience, the second (hypnotised) procedure repeats the first; however, this time, the patient is able to integrate the loss of his phantom because he is supported and given psychical space. The author, therefore, decelerates and shows us a different way of looking at this kind of a process. The narrator additionally conveys a realisation that speech cannot fill the

empty space—the words upon which he relies are proving meaningless— drawing his awareness to something beyond himself. If this something points towards that non-linguistic feeling of fracture, perhaps this illuminates the anxiety in the above quotation from *W* (and as seen in NB): the fear of re-experiencing fragmentation. Here, everyday speech and habitual narratives are uprooted. In "Backtracking," Perec writes that in analysis he found that he had an "arsenal of stories, […] fantasies, puns, memories, hypotheses, … and ways of hiding" (49), hiding perhaps from that True Self, the fractured and silent other. Again a conflict between his True and False Self is conveyed; he is stuck with a shield of speech that papers over silence. Thus, the conflict is, in the words of Winnicott, that it is a "joy to be hidden but disaster not to be found" ("Communicating" 186). This conflict is one we have been relating to the mirror-box, writing, and psychoanalysis: by holding up a visible and invisible area at once, the individual can both hide and expose a sense of fracture. If, as suggested, this can enable a physical change, how does it work? How can attending to "lumps" of empty speech create both a bodily release and simultaneous sustenance?

While of course we cannot know, Perec's dialogue, in line with Winnicott's thoughts on psychoanalysis, suggest that these silent spaces may leave room for more spontaneous gestures to arise. In *W*, amongst the uncomfortable silences, the narrator took a cigarette and Otto had his "hand stretched out, offering a lighter flame" (59). A particular kind of object relation is occurring here: the narrator is not rejecting a beer from a frail hand, but accepting a lighter from the doctor. We see, therefore, a step towards accepting the other, and an example of someone else's hands assisting him. In a maternal fashion then, Otto is implicitly helping Gaspard physically care for himself between silences. "We remained silent like that for maybe five minutes," continues Perec, until Otto "break[s] an increasingly oppressive silence" with the words:

> [i]f we accept that a master will fail to perform the elementary but essential safety routine of taking his daily bearing only in the event of extreme disruption or something close to outright panic, then we are led of necessity to only one conclusion. Can you see what it is? (Perec, *W* 59)

In our metaphor, the passage suggests that Otto's games—creating a lack while remaining present and handing the narrator desired objects at times—may help Winckler learn to carry himself in the present, to "take his own daily bearing," and lessen the fear or panic of breaking down. In other words, if Winckler/Perec can learn to accept that the other (Otto/the mother) will fail to perform every task, but that he will survive nonetheless, then one conclusion remains. To this, Gaspard answers, "I do not know" (Perec, *W* 59), a recognition of emptiness, of the unknown. Perhaps by facing his breakdown with an analyst, Perec can trust silence enough to withstand the urge to fill it with an "arsenal of stories." His empty speech has been exhausted, and all he can say is that he does not know. Thus, in tracing the story of his lost childhood, the author, it seems, is beginning to face a hidden void, strengthening his capacity to hold up a lack; just as NB was momentarily able to face his fracture by slowly feeling stable enough to imagine it. The mirror-box thus physicalises the author's process, because it too breaks self-construction through an empty space. Furthermore, in both models, one's self-constitution is broken through an image of self-as-other: in the mirror-box, a falsely four-limbed individual; and for Perec, through both the analyst and the character Gaspard Winckler. In both the mirror-box and book, therefore, one's feeling of fissure is rebuilt through an illusory figure that stands for something else. What I will examine now is, why illusion, and why fiction? Why and how does the mirror stand-in work for the phantom limb subject, and how do the author, the analyst and literature elaborate this process?

Symbolising the Body

"Backtracking" commences with the words, "I had to write, had to restore in and through writing the trace of what had been said." He continues, "[w]hy choose to write and publish, to make public what was perhaps only ever named in the privacy of analysis?" (43-4). I want to explore this question here, why and how Perec writes, and how this might bear physical results. Is he, like Orpheus, "seduced from a desire that comes to him from the night" (Blanchot, *Space* 174), who begins to write because he has no choice but to look into the dark? In *W*, Perec gestures towards a reason. He states, "I write because we lived together, because I was […] a body close to their bodies. I write because they left in me their indelible mark,

whose trace is writing. Their memory is dead in writing; writing is the memory of their death and the assertion of my life" (42). Indeed, like Orpheus, he is drawn to (another's) death. Since the loss of his parents left the author, in a sense, erased, he must write it; since marked by a lack, he must define himself. This linguistic reaction to wounding, I contend, resembles that of the two limb syndromes: like the BIID and phantom limb subjects, his rupture requires an unusual outline.

Although we have already seen this idea allegorised in the Gaspard Winckler narrative, here I want to look at a different representation. I will explore a few segments in the novel that bring out not only the narrative about, but also the feelings involved in, the formation of this outline, focusing on how Perec's way of telling brings the process closer to a lived reality. I shall examine how the passages in conversation situate the author as being physically constituted through a symbol of nothingness, how the book is an extension of this, and how he conveys the feelings of breaking down into this nothingness. This time, as opposed to the falls previously explored, the drop is suspended, supported, and self-contained, suggesting a therapeutic (as opposed to traumatic) rupture. I will additionally focus on how the book itself embodies Perec's experience of breakdown, because it disrupts assumed everyday language and symbols, echoing the author's experience in analysis. My aim is to draw out a relationship between, and trace the effects of, semiotic and bodily cohesion and rupture.

To return to the main dilemma, then, the author, those with BIID, and those with PLS all suffer from psychosomatic injuries that relate to a feeling of loss; and while the phantom limb and BIID individuals respond with a painful invisible border, he shows us a more psychical reaction. He begins to work his way out of this pain with a different kind of border: writing. Like the limb outlines, writing also creates a contour that lies between the mind and body, disclosing a different version of the two syndromes. As apotemnophiles may cut into their bodies to self-define, the ink cuts into the paper's vacancy. It simultaneously forms a new symbol, as apotemnophiles would be shaped anew post-amputation, and as we see in the (often specific) outline of the phantom limb. These definitions depend upon a blankness; and for Perec, psychoanalysis has a similar effect. He writes that in session, "there rose to the surface the words […] with my eyes stranded on the ceiling and ceaselessly scrutinising the plasterwork for outlines of animals, human

heads, signs" ("Backtracking" 52). It is as though this blank space on the ceiling revived the rupture in his childhood that initially caused him to draw those fragmented bodies that would provide the backdrop for the fictional island "W." If the author has been written through gaps, forgotten behind repetitious cohesive borders, it is the bareness of the analytic room and the untouched page that has allowed him to begin glimpsing at that fragmentation. If, as I have been arguing, *W* traces this journey, it is partially by bringing out the physical nature of this linguistic fracture.

This is particularly clear in one statement that immediately follows the scene in which the narrator was surrounded by all of his family and Yiddish newspapers (an image that I suggested paralleled the Winnicottian state of illusory omnipotence and linguistic wholeness). Here he explains that he pointed to a Hebrew character called "gammeth, or gammel," a character that is not actually in the Hebrew alphabet, and thus false; it is a character that represents nothing, and is thus emptied of meaning. He writes that it was "shaped like a square with a gap in its lower left-hand corner" (*W* 13). This image alters the previously quoted one (of the Yiddish newspapers) because here, the language with which he identifies does not encircle him, but bears a gap. Moreover, in stressing the letter's physical shape, Perec brings meaning closer to the body. Since the character has a gap in its corner, it means nothing in content, and is incomplete in form: it thus embodies what it stands for. It is implied that he also bears a physical sign of a gap, he identifies with this broken letter, he is named by an act of "breaking through." Although this may initially remind us of the those with PLP and BIID who are also somatically defined by rupture, it differs in that unlike those with the syndromes, in this instance, the author is able to show an acceptance of incompletion. This carries over into the reader's experience, because by representing himself in this way, the author brings the reader towards a linguistic materiality, attending to how the characters on the page are linked to the actual text and to his own body. Like "gammeth or gammel," the text both embodies and stands for a void: although it consists of no actual memories, it is a book of memories written through fragments. Therefore, instead of feigning cohesion, the textual object embodies a wound. In this way, the text not only shows feelings of repair, but almost acts as prosthesis, albeit one that helps Perec heal. However before exploring how this works, we

further investigate how his feelings of pain and mending are imagined within the book.

Thus far we have looked at how the author's reparative process has been illustrated through an allegorical narrative and a symbol. However, it is elucidated most clearly in one final repetition of the parachute memory. Though we have already explored this image as related to a traumatic drop, in the following passage, a different sense of this fall is conveyed:

> A triple theme runs through this memory: parachute, sling, truss: it suggests suspension, support, almost artificial limbs. To be, I need a prop. Sixteen years later, in 1985, when, by chance, military service briefly made a parachutist of me, I suddenly saw, in the very instant of jumping, one way of deciphering the text of this memory: I was plunged into nothingness; all the threads were broken; I fell, on my own, without any support. The parachute opened. The canopy unfurled, a fragile and firm suspense before the controlled descent. (*W* 55)

By pairing the falsified memory of having fallen and broken his arm with one of jumping from a parachute, Perec gives us a sense of timelessly dangling over a void, similar to his descriptions of psychoanalysis. The passage in this sense brings us closer to that space between words in the analyst's room, where his false identity began to crumble. In "The Scene of a Stratagem," he writes that in the "movement" of analysis, "I" had to let "the rationalisations I had taken refuge in fall into dust […]. Of this subterranean place I have nothing to say" (169). Parachuting, from this perspective, symbolises this fall beyond deceptively cohesive words. Those letters and signs through which Perec is built begins to shift, leaving him to drop through language. It is almost as though analysis has pushed him towards that gap in "gammeth or gammel" that was already written upon his body. He writes of analysis: "[i]t happened, it had happened it is happening […]. Something has simply opened and is opening: the mouth in order to speak, the pen in order to write" ("Scene" 162). Something has shifted, the void unfurling: the parachute opening. However, this "fragile and firm suspense" is not only an ominous fall to death, but a liberating jump towards it, a return to a death never experienced.

In "Fear of Breakdown," Winnicott explains that the patient in analysis must experience agony through the analyst's failures in order to begin overcoming the agony: "the patient gathers the original failure of the facilitating environment into the area of his or her omnipotence" ("Fear" 105). Parachuting in the above text dramatises this, showing us the author's control over the failure through a fiction. The strings, like the analyst's transitional arms, carry the author through a death-like experience in a non-traumatic manner. Kaufman writes, "[w]hile the parachute fall is in one sense the fall into the void and the recognition of trauma, it is also a fall out of trauma and into life" (*4*). Thus, the fall, like "gammeth or gammel," embodies what it stands for: it is a fall out of trauma and into life and in writing. By suspending the fall, Perec, through writing *W*, is able to look into the dark, towards his ambiguous annihilation, at the gap through which he was written; and in this look, just as Orpheus was "lifted," a sense of freedom ensues. Like Orpheus's fall to the Underworld, Perec's is a liberating "fall into dust," into "this subterranean place" that opens language.

If it also echoes the analytic words and gestures that stand in for the mothers absent arms, perhaps this can lend more insight as to why the author imagines "almost artificial limbs" in connection to this fall. From a Winnicottian perspective: the breakdown in analysis moves the patient's trauma from the body towards the mind through the analyst's stand-in arms, those "almost artificial limbs" that act as a metaphorical and physical substitute. This metaphorical and physical substitute, he indicates, affects him and thus in a way becomes him: "gammeth or gammel," the book, and the psychoanalytic exchange. The author writes of the trauma faced in psychoanalysis: "I know that it happened and that, from that time on, its trace was inscribed in me and in the texts that I write. It was given to me one day […] like a gesture" ("Scene" 169). The analyst in this description opens an embodied linguistic darkness that, like Orpheus's gaze, "frees himself from himself […] frees the work from his concern [....] *gives* the sacred to itself" (Blanchot, *Space* 175). Shedding the flesh of his everyday language and identity through the analyst and book, Perec's wound is exposed and yet contained. This process calls up the mirror-box because it too sheds psychical flesh. It actualises those "almost artificial limbs": a non-physical prosthesis, a mere image of self-holding that has bodily effects. In both events, it is by suspending an absence

through a presence (the absent memory through the book) that the individual can "[amputate] a phantom limb" (Ramachandran, *Phantoms* vii) to more comfortably integrate fracture. In both examples then, the symbol becomes physical, and it is here that I want examine how in *W*, the author exposes the negation behind symbols (that permeate into the physical) by breaking them apart.

This sentiment is elucidated most clearly in *W* when Perec playfully breaks apart the letter "X":

> [t]he starting point for a geometrical fantasy, whose basic figure is the double V, and whose complex convolutions trace out the major symbols of the story of my childhood: two Vs joined tip to tip to make the shape of an X; by extending the branches of the X by perpendicular segments of equal length, you obtain a swastika, which itself can be easily decomposed, by a rotation of 90 degrees of one of its segments on its lower arm. (*77*)

By simply moving signs, the author exposes their meaninglessness while simultaneously unveiling their importance (as these symbols are burdened with meaning and history). If the symbol itself can be easily decomposed, he implicitly asks, can its significance? If so, may a possible future attached to its signification also be altered? Again, language becomes physical. This symbolic fracture, then echoes the author's own psychoanalytic and linguistic breakdown that has evoked his negation. If this engendered somatic affects, can rupturing language have a similar outcome?

The mirror-box, I contend, extends the question because it too involves the image of a segment of an arm to release its phantom wholeness and expose its negation, which results in bodily change. By altering the symbols above, the author indicates that words are often read with closed meanings, and that an imaginary assumption between the sign and its significance dangerously leaves out thought. BIID and PLS illuminate this tendency to fill a lack with imaginary wholeness, and in causing pain they also depict the danger in this. However, if a swastika, according to Perec, can be decomposed if a segment on its lower arm is rotated, and the mirror-box decomposes the phantom appendage by rotating it, can these dangers also begin to decrease? I am not comparing a swastika to a phantom limb

of course. I am simply seeking to draw a parallel between the reflection in the mirror-box and the author's discussion of symbols, which is most clearly drawn out in the above quotation. Can using symbols differently have physical effects on a wider scale?

To bring these thoughts together, I want to turn our attention to how the text *W* itself carries symbolic fragmentation towards the world, and how it is materialised in the mirror-box. Since Perec draws the reader's attention to the physicality of the book and its symbolic presence, we are reminded of the transitional object, a replacement for the mother's arms. The text is a kind of transitional object, I suggest, because as I have sought to show, it stands for unity and its lack. It is bound as a complete object, and also composed of unknowns (the symbol's meaning, the author's intent, the reader's interpretation). Permeable in the reader and writer's hands, the text is both material and not: though a person can hold it, its meaning slips through her fingers. For Perec, it is this object that creates a sense of support, which helps the author carve himself into the world and away from the traumatic feeling of dependence and falling.

The text also acts as a transitional object because it draws an outline between the "me and not-me," and thus helps the author avoid the drive to create a falsely united outline that we see echoed in the two conditions. It helps the child Perec grow towards independence and psychosomatic integration in the present. This is partially due to its concurrent presence and absence, its ability to communicate—but not completely—which allows the author to bring his private thoughts towards the world, while also keeping them open through fissured language. It is through this openness that his True and ambiguous self can remain hidden. "Perec even suggests," writes Spiro, "that when it comes to knowing his past [… he] was like a child playing hide-and-seek, who doesn't know what he fears or wants more: to stay hidden, or to be found" (133). Like the BIID and phantom limb subject, his pain isolates him from the environment, because it magnifies the feeling that can never be understood, both by the author himself, and by others.

However, just as the mirror-box brings the imaginary self towards the material world to be more thoroughly seen and understood, *W* brings his painful fragmentation towards more communal understanding. In his own words: "it is

language that throws a bridge between the world and ourselves, language that transcends the world by expressing the inexpressible" ("Robert Antelme" 262). Throwing a bridge between that fearful fall and the environment, language holds up his split-off self to help Perec move towards the healthier individual illustrated in Winnicott's framework, who has the desire to "not [be] communicating, and at the same time wanting to communicate and to be found" (Winnicott, "Communicating" 186). *W* allows the author to hide and seek at once. He both finds that lost child by writing him, and yet preserves this impossibility—this hidden self—by fictionalising him. In sum then, Perec is brought to life by and through the text, while remaining hidden behind its fictional nature; and the phantom limb is brought to life in the mirror-box, while its fragmentation remains intact. Thus, it seems as though an absence reflected through fiction may decrease the need to form a painful whole. By recognising that a lack cannot be erased, the pain or danger of attempting to do so may decrease. To conclude this thesis, I will be looking at how one more symbol in *W*—an ellipsis—illuminates how the (simultaneously present and erased) body is inseparable from the themes we have been discussing, such as the relationships between self and other, text and reader, psychoanalyst and subject.

Conclusion: (…)

W or The Memory of Childhood opens with the epigraph:

> In this break, in this split suspending the story on an unidentifiable expectation, can be found the point of departure for the whole of this book: the *points of suspension* on which the broken threads of childhood and the web of writing are caught.

This short passage about a split, a departure, and suspension allude to an ellipsis that divides and connects *W*'s two halves. Although ambiguous, it also, for me, points towards specific ideas within the text, which resonate with the dilemmas of the sufferers of apotemnophilia and phantom limbs. The intention here is to contrast the textual split of the ellipsis illustrated above, with the embodied discontinuity experienced by individuals with these conditions, looking at how the ellipsis is a literary, as opposed to bodily carving out. As I have established throughout this thesis, the central dilemma in the limb syndromes involves a traumatic rift between a fractured and whole sense of self. It has been argued that Perec conveys a similar struggle in his text, personified in the adult narrator who signifies Perec's Other (Gaspard), and the lost child who represents Gaspard's Other—both the child lost at sea, and the forgotten child Perec pieces together in his semi-autobiographical self-reconstitution. This painful split, as I have explored, stems from a childhood obscured by a fragmented and war-torn environment, and is ultimately triggered by the departure of the narrator's mother. The narrator, in my reading, has embodied this rupture, and (as indicated in the quotation above) it is this break, this departure, that lays the foundation for the text.

In my reading of *W*, I have argued that this split illuminates the psychosomatic split suffered by apotemnophiles and those with PLS. Furthermore, both syndromes echo *W* in demonstrating how a struggle to apprehend a rupture may manifest itself upon the body. In this context, the ellipsis can be perceived as a way of bridging the novel's content and the limb phenomena: since it is placed in the centre of *W* it not only represents but embodies the fracture signified in the

text, by separating the book into halves. In this way, it stands for a kind of rupture that those with BIID and PLS embody, albeit in a less painful and self-destructive manner. Moreover, it is the parenthesis around the ellipsis that reflects a desire to contain an ambiguous absence that becomes manifest in the limb disorders discussed above. David Bellos suggests that "brackets normally signify that what is inside them does not belong to the structure of what is outside" (*A Life* 549). Put another way, the parenthesis forms an outline of absence that, perhaps, can counter the drive to create a painful, false sense of unity. While apotemnophiles attempt to sever parts of their bodies away from the world to create a specific lack, and those with PLS are driven to contain a particular form of fracture through a self-created border (as Stephen explained, "I can't affix any borders to me" [Sumner 44]), Perec is shaping a self-created border through the physical text to alleviate the painful pressure of his bodily and mental wounds.

Judith Butler writes, "if traumatic events make giving an account difficult or impossible, or if they produce elision or ellipsis within a narrative, then it would seem that precisely what is not spoken is nevertheless conveyed through that figure" (*Parting* 182). In light of Butler's statement, we might conclude that the ellipsis in *W* also stands for the impossibility of forming a cohesive narrative from traumatic events. Although the author could have manufactured a story of his childhood to fill the gaps—as those with apotemnophilia and PLS invest their rupture with a cohesive fantasy of self—*W* reveals the impossibility of its completion. Put another way, sufferers with these syndromes seem to actualise a loss rather than symbolising an overpowering feeling of rupture. Perec, on the other hand, has begun to write himself out of something similar: he has created a symbolic version of loss based on real lived experiences, stories and photographs. Through a combination of illusion and reality (by using illusion and fiction to suggest that there is no cohesive reality), Perec symbolises the kind of loss that those with BIID and PLS experience. The ellipsis, in revealing precisely what is not conveyed, encapsulates the impossibility of creating a cohesive notion of self in just three full stops. It also signifies the novel's paradoxical title: the *Memory of Childhood* told by a narrator who has "no childhood memories" (Perec, *W* 6). In a way, then, the memories of the narrator's childhood exist as the ellipsis exists: as an embodied absence that cannot be entirely expressed. And as noted, this is partially

due to the traumatic loss of the maternal figure.

In his article "The Work of Mourning" (2004), Warren Motte suggests that the ellipsis in *W* acts as a replacement for the memory of, and information about, Perec having seen his mother for the last time. However, since this is impossible to remember, "what he puts in its place, escaping from language as it does and suspended as it is, clearly points towards something that remains well beyond language—and perhaps beyond thought, too" (Motte 62). For Motte, the two pages upon which *W* hinge represent an absence that cannot be conceived in thought. Furthermore, an ellipsis, according to Jenny Chamarette "foreground[s] materiality […], and draws attention to our own (interrupted) perceptual apprehension and comprehension of the text. Ellipsis slips between materiality and metaphor, overflowing the signifying relationships of the written text" (Chamarette 35). Thus, the ellipsis in *W* might be not only a representation of, but also a symbolic manifestation of Perec's internal psychical gap that was left by a parental loss. In the words of Lawrence Kritzman, "[t]he traumatic loss of Perec's parents fractures not only his life but also his memory and inscribes on his body a series of irreparable wounds. Typographically the text marks this gap" (Kritzman, 192). In other words, from this angle, the narrator has been constituted through an absence that is embodied within the text's ellipsis. These two pages, therefore, can be seen as an extension of the author's body; perhaps (to recall Perec's previous statement) an "almost artificial limb." When read in this way, the ellipsis physically and symbolically stands in for a lack.

As discussed in this thesis, Winnicott's "Fear of Breakdown" suggests that a transitional object may allow for the reparation of such a loss. In my reading of *W*, I propose that this process is perceptible in the text's form and content. "What is crucially at issue" in regard to the ellipsis, writes Motte, "is the parental touch, the act that emblematizes and guarantees everything else that Perec longs to recall in a past with which he is so bleakly out of touch" (Motte, 63). In this reading, Perec is out of touch with his past, which is revived through an elliptical replacement for a parental encounter. I want to extend this thought in light of Winnicott's theory, to suggest that the ellipsis also signifies the mother's/narrator's missing arms. The individual in Winnicott's model is stuck with a void generated by a psychical/physical "drop" (a lack in parental holding). A painful fracture is

consequently embodied, creating a split between the mind and body, self and other, which I have linked to Perec's text in both form and content, because this reading provides a different way of viewing BIID and PLS. In Winnicott's theory, such a lack of mental integration could give way to the creation of a False Self (a falsely whole and hollow ego), which Perec exemplifies in his narrative of society and of his own life. Since formally Perec's fragmented prose exposes this formation of empty unity, *W* attends to an inextricable link between linguistic (symbolic) and human formation, which those with BIID and PLS bring to a lived reality. In reacting to a void with a painfully false formation of unity, these individuals demonstrate how our conceptual analyses can be extended to bodily drives, and to immediate physical enactments.

Winnicott's transitional object provides a healing element to these ruptures, by offering a degree of control which enables the subject to negotiate presence and absence, unity and its lack, the self and other. By reconstituting the mother's missing arms, the transitional object can ostensibly help individuals integrate the mind and body. In translating bodily needs to the external world, the transitional object functions in a way similar to language; and accordingly, assumes the structure of the written text. In order to enable integration, Winnicott suggests that another individual (specifically, an analyst) should stand in for the mother's arms to help the individual build a stronger ego. We have seen this process most clearly represented in *W* through Gaspard's exchange with the doctor. I additionally suggested that writing the book was itself a therapeutic process that enabled Perec to translate this lack to the symbolic realm, providing a degree of cohesion without denying a lack. In these ways, the text works as a transitional object. The parenthesised ellipsis cements this idea because, like the transitional object, it is both present and absent: it is in the text, and yet reveals its linguistic lack. It is both united and dispersed, as it captures an endlessness between parentheses. And like the transitional object, it is part of Perec and other to him—the text that he has written is now out of his hands. I suggest that by inscribing this transitional object, this figurative extra limb, in the field of the textual and the symbolic, the author may more successfully contain its endlessness, and thus, his own fragmentation. Moreover, the ellipsis not only splits the text (reminiscent of a traumatic split), but also binds its two halves. From this angle, the ellipsis is not only reflective of a

transitional object, but is a transitional object in its own right. This is important to us, because it reflects what we see in the limb disorders: both the apotemnophile and the individual with a phantom limb are physically and psychically fractured. As Peter explains, "that stupid leg was still on my body [… I] seach[ed] for perfection." However, as Stephen demonstrates, the mirror illusion can enable a sense of psychosomatic integration, and release a drive towards wholeness. Thus, the mirror-box, I propose, not only represents a transitional object (as the limb image supplants the fracture), but constitutes a transitional object. Not only does it symbolise self-as-other by presenting an image of self-as-whole; it can also replace a painful lack with an alleviating one. Although mirror therapy cannot alleviate BIID sufferers' pain, since it parallels PLP, the process of mirror therapy provides insight as to how this kind of psychosomatic phenomenon can be understood.

To further investigate, let us review the ways in which Perec's working-through is depicted in *W*, by returning to his statement: "[a] triple theme runs through this memory: parachute, sling, truss: it suggests suspension, support, almost artificial limbs. To be, I need a prop" (*W* 55). These three points of suspension (parachute, sling, and truss) call up Perec's epigraph: a reference to the ellipsis that also resembles a limb reminiscent of those "almost artificial" ones discussed in Chapter Five. Accordingly, the parenthesised omission presents a picture of Perec's empty sleeve. The ellipsis thus brings that image of a broken appendage that materially and metaphorically exposes its lack of original wholeness closer to a physical reality. This image does not connote a helpless break, but a suspension of fracture that allows for a slower integration: the arms of another that help carry the author through the fall. Put another way, this elliptical suspension signifies a kind of strap that holds the two sides of the book together, the bandage holds up Perec's ruptured limb. The truss here is connected to the language within the book that suspends Perec's lost childhood, the previously-quoted "broken threads of childhood and the web of writing are caught." The ellipsis thus reveals a manifestation of the link between the textual signifiers and physical syndromes that I have been tracing throughout the thesis. By materially and symbolically holding up the presence and absence of fragmentation and unity at once, it helpfully makes conscious a painful split related to a desire for original wholeness.

In short then, the ellipsis, like the transitional object, *W*, and the mirror box,

reveals a manifestation of the link between the textual signifiers and physical syndromes central to this thesis. By materially and symbolically holding up the presence and absence of fragmentation and unity at once, it helpfully makes conscious a painful split related to a desire for original wholeness. This concept has been developed throughout the thesis, and here, I will briefly review how I have elaborated these thoughts. It has been established that BIID and PLS, though they are the inverse of one another, both involve a painful desire for wholeness that is predicated upon a sense of rupture. The phantom limb, however, is a psychically orientated reaction to a physical loss, while apotemnophilia involves a physical reaction to a psychically orientated loss. We have additionally learned that PLP can be appeased through mirror therapy, which, I have argued, functions in a way similar to language. To draw out these links within the thesis, I have analysed psychoanalytic, literary, and fictional texts that discuss psychosomatic rupture. What ultimately comes to light is that a particular kind of linguistic or symbolic exchange that simultaneously holds up a presence and absence, and which is both part of the body and separate from it, can help define the psychosomatically ruptured individual and, in some cases, undo a disturbing, fetishistic desire for wholeness.

I began this exploration by discussing how two individuals, Peter and Stephen, expressed their experiences with BIID and PLS. While Peter's unsuccessful attempt to physically amputate a psychically orientated absence was problematic, Stephen was able to "amputate" a disturbing psychically experienced limb through an illusory presence. In addition to this, Peter's feelings of loss related to unsupportive emotional relationships and impositions from those in the medical field, suggesting a connection between an environmental and bodily lack. Since Stephen and Peter expressed similar feelings of discord between the mind and body, self and other, and mirror therapy healed Stephen, this discussion raised the question as to why and how an illusion, a symbol of one's phantom, has physical affects, and what this reveals about the fractured subject.

This question was addressed in Chapter Two, which examined how BIID and PLS bring out an affinity between psychoanalysis and literature. Here, with reference to the work of two psychoanalysts, I focused on the physical impact of language and specifically, linguistic gaps. First, I turned to André Green's concept

of negative hallucination, wherein experiences that have been registered as inaccessible blanks can be traced through breaks in speech. Green proposed that the analyst and the analysand use "the negative in his own way […] A bridge thrown between the two allows them to meet mid-way" (*The Work* 366). These thoughts were exemplified through a case study in which psychoanalyst Marilia Aisenstein unearthed a patient's split-off traumas by accessing his previously obscured "symbolic meaning," and was thereby able to alleviate his physical wound. These analyses shed new light on the mirror-box phenomenon, because they involve a form of healing that occurs by conjuring symbols from a specific absence. In this way, the physical syndromes were elucidated through a theoretical endeavour. The "bridge" between the analyst and analysand discussed in this chapter, moreover, reflects the ellipsis in *W*, because it is a contained blank that bridges the gap between author and reader, thus opening the concept of a symbolic form of support.

Chapter Three involved a more detailed analysis of the disturbing split experienced by those with PLP and BIID through the concept of the double. First, I explored how Lacan's notion of the mirror stage—wherein an ungraspable image of wholeness contrasts the physical reality of fragmentation—provided insight into PLS, BIID and the mirror-box. The paradoxical split outlined here was elaborated through Blanchot's notion of the space of literature, which revealed a structural link between literary negation and the mirror-box. To further investigate this link, I analysed Blanchot's essay "Orpheus's Gaze," in which Orpheus's glance back to Eurydice "lifts concern, [and] interrupts the incessant by discovering it" (Blanchot, *Space* 175). Here, Blanchot allegorises the writer who may release preconceived notions of self. This "freeing leap," I suggested, was materialised in the mirror-box, because it can free an amputee of the "weight" of a preconceived notion of self through a symbol of simultaneous presence and absence. Vicky's suicide in *The Red Shoes* provided a fictional and artistic example of these thoughts, as illuminated by Ian Christie's statement that, "Powell illustrates death not only by an ellipsis but also by an eclipse of the body […]. A strange suspension gives the illusion of weightlessness" (Christie 235). These kinds of suspensions, reflective of the ellipsis in Perec's text, demonstrate the inextricable fabric formed by the intersecting symbolic and somatic dimensions, and how this could lead to working-through

pain; a notion elaborated in Chapter Four through analysis of D.W. Winnicott's "Fear of Breakdown" and the concept of the transitional object.

The experiences of the traumatised subject outlined in Winnicott's model, I argued, parallel those of the BIID and PLS sufferers. The transitional object acts as a reparative mechanism that, standing in for an early parental lack, allows the traumatised individual to suspend and integrate a feeling of annihilation and in turn feel "gathered together." This process, I suggested, was made manifest in the mirror-box that suspends one's rupture through a structure that parallels the transitional object, as it is paradoxically whole and fragmented, part of and separate from the individual. Quentin Tarantino's *Death Proof* dramatises these ideas through the depiction of an annihilation that is reconfigured in the film's latter half. The car crash, reflective of the ellipsis in *W*, separates and connects the film's two halves. Here, I explored how the film's spectators may begin coming to terms with feelings of rupture rather than disavowing these feelings (echoing the disavowal conveyed in those with BIID and PLS). Moreover, the supportive belt depicted in *Death Proof* in the car chase scene, and in the "Fighting It" dialogue (which was thought to facilitate self-amputation), can be regarded as illustrating, both corporeally and metaphorically, the bandage on Perec's arm, and that which the ellipsis seems to materialise. These suspensions, I propose, hold, but do not sever an absence, and in so doing, resemble the structure of language. Thus, the ellipsis points towards an exchange between the body and mind, and the subjective and objective senses of self, reflective of Perec's concept of language, "language that throws a bridge between the world and ourselves, language that transcends the world by expressing the inexpressible" (Perec, "Robert Antelme" 262). It is the mirror-box that presents a manifestation of this ellipsis, and of these reflections on rupture and wholeness; thus bringing these theories towards a lived reality, and the bodily conditions towards a linguistic, non-biomedical examination. This kind of a bridge, therefore, is reflective of this thesis, as it too holds up a space between the known and unknown. Although I do not attempt to find answers about apotemnophilia, the phantom limb syndrome, and the mirror-box treatment, I read real physical experiences and individuals' expressions of these experiences alongside a more abstract and theoretical investigation, to engage in an important linguistic reflection on BIID and PLS that opens new avenues of understanding a

certain kind of rupture.

These links, therefore, demonstrate that certain feelings of psychosomatic fissure can be altered through a particular kind of symbolic representation that simultaneously holds up a presence and absence. While I do not suggest that BIID and other instances of rupture can be cured by the kind of symbol I have been discussing up to this point, these relationships help us think about how we cope with the kind of feelings described by those with apotemnophilia and PLS. This thesis, accordingly, has reflected upon psychoanalysis and literature that are concerned with bodily rupture, and the way in which we engage with and symbolise felt absences. While the lack of complete understanding of BIID and PLS has been problematic in the biomedical field, I have discussed various statements and testimonies of those with the conditions in relation to more abstract theories. In this way, my thesis, like the mirror-box which involves a material and non-material reflection, has taken two physical disorders, and individuals' written experiences of these disorders, and reflected upon them through more abstract ideas and concepts to develop an indeterminate, yet pointed conclusion: a disturbing need to control a sense of one's own completeness can be mediated through a process of reflection, a kind of reflection that both exposes one's fragmentation and keeps it intact.

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