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WASHINGTON UNIVERSITY IN ST. LOUIS
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Seeking Asylum: Communities of Madwomen in Post-1945 American Novels

by

Rose Miyatsu

A dissertation presented to
The Graduate School
of Washington University in
partial fulfillment of the
requirements for the degree
of Doctor of Philosophy

May 2019
St. Louis, Missouri

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Rose Miyatsu

Washington University in St. Louis

May 2019

Dedicated to my husband, Toshi.

ABSTRACT

Seeking Asylum: Communities of Madwomen in Post-1945 American Novels

by

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Doctor of Philosophy in English and American Literature

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After the end of World War II, the number of mental hospitals in America rose dramatically, as did national attention to mental illness and its treatment. Caught up in these institutions were not just men returning from war with shell shock and other psychological disorders, but also a growing number of women who were finding it difficult to navigate their changing roles in a persistently patriarchal society. This dissertation examines novels that have been written about women in mental asylums in the last half of the twentieth century to argue that this subgenre of American literature, which I will call "asylum novels," uses the confining space of the asylum to critique hierarchical and patriarchal societal structures and imagine more inclusive forms of community that can incorporate difficult and even painful lives. My main texts include *The Snake Pit* (1946), *The Bell Jar* (1963), *Woman on the Edge of Time* (1976), and *The Virgin Suicides* (1993), all of which convey a skepticism of psychiatric authority and work towards developing ways of being together that acknowledge mental difference without making "cure" a prerequisite for participating in community.

When many people think of asylums today, they tend to draw up images of gothic-looking institutions full of straight jackets and shock treatments, people locked up against their wills screaming and carrying on, and perhaps even undergoing lobotomies. These terrifying

images, many of which come directly from asylum novels themselves (and the films that were made from them), do not seem to be laying the groundwork for a proud identity for the mentally ill. If we look beyond these sensationalized images, however, I propose that we will find that a large, if sometimes ignored theme in asylum-based texts is the envisioning of new forms of community that refuse to leave even their most difficult members behind. While the involuntary treatment of the mentally ill is of course hugely problematic, the isolation caused by institutionalization and the accompanying discourses that promote cure as a prerequisite for participation in community, facilitates a critical examination of "normal" (often hierarchical and patriarchal) ways of relating with friends, family, colleagues, and others.

This project takes a disability studies perspective of mental illness, which sees all disability and illness as being constructed by a combination of biological, social, and relational factors. However, while disability studies has tended to value independence, a consistent sense of self, pride, and happiness in promoting disability pride, my project uses the work of both queer and affect theorists to reconceptualize both disability and community, using the instability of mental illness to question whether any group that promotes these tenets as the ultimate good can survive when suffering and pain are so integral to the human condition. This work is especially important at a time when mental illness is frequently demonized in the media and blamed for everything from mass shootings to the President's misogynist and racist behavior, creating a hostile environment for people who are perceived as being mentally different. The texts that I examine provide a different vision of mental illness that is not simply broken or destructive, but is rather capable of fostering new ways of being together.

"Is it possible that such backward figures might be capable of making social change? What exactly does a collective movement of isolates look like?"

-Heather Love, *Feeling Backward* (147)

Introduction

It is no secret that contemporary American culture places a high value on happiness. As Barbara Ehrenreich puts it in her book *Bright-Sided*, “being positive- in affect, in mood, in outlook- seems to be engrained in our national culture” (1). Particularly with the growth of identity politics in the latter half of the twentieth century, the compulsion toward happiness has become a strong guiding force in community formation. Marginalized groups, such as racial and sexual minorities and most recently the disabled, have seen the march from shame into pride, from negative to positive affect, as a large and necessary stepping stone toward creating a communal identity. But what about those who cannot be happy, who refuse to orient themselves toward positive affect? What community is available to them? This is a question that a number of prominent queer and feminist theorists, including Heather Love, Ann Cvetkovich, Sara Ahmed, and others, have been grappling with over the past several decades. In *The Promise of Happiness*, for instance, Sara Ahmed describes the compulsion toward happiness as a kind of “world-making” that can justify oppression and value certain ways of living over others by labeling them as paths that lead to happiness. Such world-making, she argues, forecloses other possible ways of being together and leaves behind those (like “feminist killjoys” and “unhappy queers”) who cannot be enfolded into this happiness, leading her to conclude that “Ethics cannot be about moving beyond pain toward happiness or joy without imposing new forms of suffering on those who do not or cannot move in this way” (Ahmed 216). If relationships centered on happiness can cause such suffering, then how *do* we create a community that can incorporate painful histories, and that, most importantly, leaves no one behind?

In her epilogue to *Feeling Backward: Loss and the Politics of Queer History*, Heather Love asks a similar question about "backwards" queer figures whose "stubborn negativity" cannot be easily incorporated into Pride movements. She argues that while pride has been useful, it can only get us so far because a movement based solely on pride "does not address the marginal situation of queers who experience the stigma of poverty, racism, AIDS, gender dysmorphia, disability, immigration, and sexism" (147). Although Love is speaking specifically of figures who might be labeled "queer" in our current social context, much of what she says applies directly to people who are considered, or consider themselves to be, "mentally ill." I consider the passage from *Feeling Backward* that serves as my epigraph to be the question that drives my entire project as I explore how indeed one might find a collective sense of identity among "isolates" who are too distressed to organize, and too frequently pathologized by medical authorities to find much pride in their difference. In what situation might these figures be seen as engaging in any form of revolutionary action?

One of the most productive, if unlikely, places that I have found for thinking about an answer to this question has been in a subgenre of literature that I will call "asylum novels." I say unlikely because on its surface, the asylum may appear to be a poor place for coalitional activity. When we think of asylums today, many of us, including myself, tend to draw up images of gothic-looking institutions full of straight jackets and shock treatments, people locked up against their wills screaming and carrying on, and perhaps even undergoing lobotomies. These terrifying images, many of which we have unconsciously picked up from asylum novels themselves and the films that were made from them, do not exactly seem to be laying the groundwork for a proud identity for the mentally ill. If we look beyond these sensationalized images, however, I propose that we will find that a large, if sometimes ignored theme in asylum based texts is the

envisioning of new forms of community that refuse to leave even their most difficult members behind. While the involuntary treatment of the mentally ill is of course hugely problematic from an ethical standpoint, the distress and isolation caused by institutionalization and its accompanying discourses that posit cure as a prerequisite for participation in community facilitates a critical examination the "normal" (often hierarchical and patriarchal) ways of relating with friends, family, colleagues, and others.

The term "asylum," meaning simply "a place of refuge," has been used to refer to mental hospitals since at least the late eighteenth century, although as I will discuss later in this chapter, these spaces rarely lived up to their names. Following a period of deinstitutionalization in the 1970s and 1980s, however, the term has fallen out of use for referring to the long-term mental health care facilities that have largely disappeared from the American landscape. I therefore recognize that on hearing the phrase "seeking asylum," which serves as the title for this dissertation, most contemporary Americans will first think of the refugees who are seeking asylum in the form of international protection at our borders. The word "asylum" in this context carries a number of legal resonances, established in part by the 1948 Universal Declaration of Human Rights that recognized the right of people who were facing persecution to seek asylum in other countries. This legislation uses the word "asylum" in the same way the original mental asylums used it to mean simply "a place of refuge," although the detention centers for refugees, like post-1945 hospitals for the mentally ill, often fail to live up to this purpose. I have chosen this title because I believe that the involuntary commitment and isolation my characters have been subjected to has sent them searching for a place of refuge in a space that is often hostile to that desire. In using this phrase, however, I do not mean to trivialize the situation of more contemporary asylum seekers, who often face much harsher persecution and threats of death than

the largely the predominantly white, American citizen women that my dissertation focuses on. However, I do believe that the basic act of seeking asylum, of searching for a place of refuge in the midst of hostility, has some overlap for both groups. Both the mentally ill characters I focus on and current refugees have found their home communities inhospitable in some way, and are searching for somewhere where they can make a space for themselves. Although I do not discuss non-citizens who are seeking legal asylum in this project, I believe that the questions this project raises about how we shape our communities and the spaces we create for people that we have deemed too dangerous or unworthy of the full rights and privileges of inclusion has relevance to how we treat this population as well.

Visions of new forms of community that would refuse to leave even the most unresponsive, the most difficult, and the loneliest of isolates behind comprise a large, if sometimes ignored, theme in a broad range of asylum-based novels. These novels became especially popular after WWII, corresponding with a surge in growth of the number of actual mental hospitals. Caught up in these institutions were not just men returning from war with shell shock and other psychological disorders, but also a growing number of women who were finding it difficult to navigate their changing roles in a persistently patriarchal society. In fact, as I will discuss in greater detail later in this introduction, although the war is often credited with the rise in the percentage of hospital beds dedicated to psychiatric inpatients, more women were institutionalized during this period than men. In this dissertation, I will look at four asylum novels about women from different decades in the second half of the twentieth century, including Mary Jane Ward's *The Snake Pit* (1946), Sylvia Plath's *The Bell Jar* (1963), Marge Piercy's *Woman on the Edge of Time* (1976), and Jeffery Eugenides's *The Virgin Suicides* (1993). These texts vary from one another in the ways they engage with and define mental illness, but what

they have in common is a desire to imagine new communities for people who think and behave differently. Although they may not always find these communities in a world that is often hostile to their existence, their stance against dominant medical solutions of isolation reveals who gets left behind when "getting better" and being well are privileged over methods of being together that can incorporate psychological and emotional pain.

I.1 Defining Mental Illness

Before I go any further, I feel that it is important to provide some form of definition for what I mean when I say "mental illness." I have chosen to use this term rather reluctantly because I do not like the way "illness" immediately suggests a medical condition, one that is frequently portrayed as a "crisis" that a person can and should "recover" from. As this dissertation will hopefully illustrate, labeling people as medical "problems" encourages their marginalization because it implies that they need to be cured before they can fully participate in society, creating no space within the community for those whose conditions are chronic or reoccurring. I prefer the term "psychosocial disability" to describe the forms of mental difference that I discuss because it emphasizes the relational and social element of the way this difference gets interpreted. "Psychosocial disability" also connects people who are mentally different to the larger disability community, and does not separate people who are mentally "ill" from those who are mentally "disabled," a distinction that has never been particularly clear or useful. As disability scholar Margret Price has explained, however, terms like "psychosocial disability" are not immediately recognizable to the general public and therefore "fail to mean" (17). Price ultimately settles on using "mentally disabled" as her term of choice in *Mad At School*, but I have found that this term is also confusing to the general public, which tends to interpret mental disability to mean a disability impacting intelligence and not affect. I considered using the term "madness" for this project, and I still revert to it occasionally, particularly because it is being

repurposed by “mad pride” movements in Canada and the US, but I ultimately rejected it as my term of choice because I feel it is too strongly tied to a rather romantic tradition that has a tendency to mask the actual lived experiences of people whose difference often includes pain and periods of distress. I do like the term “mental difference” and sometimes use it to mean what would typically be labeled as “mental illness,” but this term also often fails to capture the stigma and pain that are such an engrained part of the lived experiences of the characters I discuss. It appears, then, for the purposes of my work, which focuses primarily on characters who have real or perceived differences in affect, perceptions of reality, and capacities for memory and focus, that “mental illness” is the most readily “meaningful” term. When I use the term “mental illness,” almost everyone knows what I am referring to, or at least they think they know, although I hope that this dissertation will push back against some of the medicalized assumptions that this term often carries with it.

Mental illness, as it turns out, is more difficult to define even from a medical perspective than psychiatric power structures might have us believe. Although every period and culture has its version of mental illness, what that mental illness looks like varies dramatically over time and location. For example, in writing about the history of feeble-mindedness in America, a catchall term that in the nineteenth and early twentieth centuries was used to cover a wide range of intellectual and emotional differences, historian James Trent claims, “Many Americans identified as feeble-minded during most of the twentieth century would not have been so viewed before the Civil War” (20). Even before the Civil War, the number of specific categories for mental illness (such as schizophrenia, mania, depression, etc) have steadily increased as scientists, doctors, and statisticians have made considerable efforts to pin down just exactly what it means to be insane. The Association of Medical Superintendents of American Institutions for the Insane, later to be

renamed the American Psychiatric Association, was formed in 1844 to share information on the treatment of mental disorders, and very quickly began discussing studies on new categories of insanity during their meetings (Hurd 20). In 1917, they published a guide for use in mental institutions in 1917 that contained twenty-two distinct mental disorders, which would be followed, in 1952, by the publication of the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that listed just over a hundred. The DSM is still used today, although since its initial publication it has undergone four major revisions that have steadily increased the number and specificity of different disorders. The DSM V, which just came out in 2013, lists nearly three hundred separate disorders, almost triple the number that were in the original DSM.

The purpose of professional societies and diagnostic manuals has been to standardize definitions of insanity, but its history even in the last half-century illustrates a remarkable inconsistency in what populations get labeled as mentally ill. Diagnostic categories in the DSM are reached through professional consensus via a committee of psychiatrists and are rarely without controversy. Disability scholar Sami Schalk notes, "Some changes in diagnostic criteria have occurred due to changes in socially accepted behaviors and norms around sexuality, gender, and race, as well as lobbying by activists. For instance, activism by those both within and outside of psychiatry removed homosexuality from the DSM and, more recently, changed the diagnosis of gender identity disorder to gender dysphoria—neither of which was without controversy" (63-64). Once common diagnoses, like hysteria, have disappeared from diagnostic manuals, while hundreds of other disorders that did not "exist" diagnostically fifty years ago, such as the now prevalent Attention Deficit Disorder, have entered into both these manuals and the popular vernacular. Some of these disorders are very culturally specific, such as the newly diagnosed "resignation syndrome," which exists only in Sweden among refugees (Aviv; Sallin). Today,

mental illness tends to be defined through the distress it causes the person experiencing it, or in some cases the people around them. Even this definition is more complicated than it might first appear, however, because it is almost impossible to separate distress caused by one's own mind from distress caused by the social position one's difference has placed them in. To return to the example of homosexuality, "cures" like conversion therapy were (and still are) frequently justified by arguing that the persons' sexual orientation caused them severe distress, and therefore necessitated medical intervention.

Changing definitions can make it very difficult to definitively parse the mad from the sane, particularly when we are looking at documents from the past. This poses a bit of a problem for someone, like myself, who is interested in forming a project that centers on (fictional) experiences of mental illness, because there is no solid consensus on what constitutes a "true" experience of mental illness. Does someone have to have an altered perception of reality to be mad, or experience a certain type of emotional distress? In this dissertation, I have included at least one novel, *Woman on the Edge of Time*, in which the main character explicitly denies that she is mentally ill in spite of the fact that she sees visions of the future, and another, *The Virgin Suicides*, in which the characters' mental statuses are speculated but never officially diagnosed. My other two novels, *The Bell Jar* and *The Snake Pit*, feature characters who do admit to being mentally ill, but the way they experience this mental illness is dramatically different. How can I say that my project is about mental illness when my characters have such dramatically different relationships to this term, and when the term itself is so unclearly defined?

In many ways, my choice of focusing on characters in asylums has side-stepped the issue of determining who is and isn't "truly" mentally ill by focusing on the institutions that confine people who carry the stigma of mental illness, whether or not they would identify themselves as

mentally ill, and whether or not they fit our current definition of what this term means. In avoiding any clear-cut medical definition of what mental illness is, I follow the example of Michael Berube, who writes in his book on mental disability in literature, "disability in the relation between text and reader *need not involve any character with disabilities at all*. It can involve *ideas about* disability, and ideas about the stigma associated with disability, regardless of whether any specific character can be pegged with a specific diagnosis" (19, emphasis original). This approach uses a relational model of mental illness popular among disability scholars, who have long argued for definitions of disability that take into account not just biological "impairments" but also social/relational factors, such as the way we have built the world with stairs rather than ramps to privilege certain forms of embodiment over others. Disability and feminist scholar Alison Kafer's conception of a political/ relational model of disability has been particularly useful to this project for its insistence that "disability is experienced in and through relationships; it does not occur in isolation" (8), a statement that is perhaps even more relevant to conceptions of mental disabilities/ illnesses than it is to physical ones, since in spite of the long search for biological markers, mental disorders are still generally defined and diagnosed purely through behavior (Wilson and Beresford 147).

I.2 A Disability Perspective of Literary Mental Illness

Because mental illness itself is relational and historically situated, literature about mental illness will necessarily explore relationships and communal ties, but this aspect of mental illness in literature is often ignored in favor of more popular interpretations of mental illness as either a medical problem or rebellion. Believing, along with Kafer, that mental illness is experienced primarily through relationships, I insist that any thorough investigation of literature that is about mental illness must attend to these relationships and the social context in which they take place. In taking this approach, I am deviating from most traditional accounts of mental illness in

literature by consciously taking a disability studies perspective of mental illness. Most other accounts of madness in literature, such as Al Alverez's *The Savage God*, Lillian Feder's *Madness and Literature*, Allen Thiher's *Revels in Madness: Insanity in Medicine and Literature*, and Corinne Saunders's edited collection *Madness and Creativity in Literature and Culture* trace the history of madness in literature over thousands of years, which necessarily downplays the cultural specificity and relational nature of madness. Almost all of the aforementioned authors, and even some of those who do limit the scope of their project to a particular period, like Charley Baker in *Madness in Post-1945 British and American Fiction,* justify their project by saying that doctors can learn from the way madness is portrayed in literature, as if the purpose of literature is a more accurate medical diagnosis. Although they all acknowledge that there is more to mental illness than medicine can adequately describe, many still fall into seeing mental illness as an unfortunate side-effect of genius, a fatal flaw, and/or a medical problem, and are more interested in what literary depictions of madness can add to medicine than what they can contribute to the way we structure society. Although it is true that literature has influenced the medical treatment of the mentally ill, I am more interested in how it can offer new ideas for how to structure our communities and relationships, not just for the benefit of the mentally ill themselves, but for everyone.

As I put forth a definition of mental illness that is based in relationships rather than biology, however, I want to be careful to avoid the romanticization of mental illness that portrays it as purely revolutionary. This vision of madness-as-rebellion has been particularly popular in feminist criticism, with the most famous example being Sandra Gilbert and Susan Gubar's *Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. Gilbert and Gubar's work explores how madness was used in women's writing to subvert the

traditional representations of women as either angels or monsters. Although this type of interpretation of madness may appear more sympathetic toward mentally ill characters, it also often portrays mad figures as irrevocably isolated from any type of relationship to others, and more importantly downplays the distress and suffering that often provides the impetus for creating new forms of relating in contemporary accounts of madness. Such romanticizations of madness ultimately ignore the lived experiences of mental illness just as fully as medical accounts do. Although the medical model of illness tends to place too much focus on pain and suffering and not enough on it social/ relational causes and consequences, the interpretation of madness as rebellion often ignores this suffering entirely. While most disability scholars who discuss mental illness (Margaret Price, Elizabeth Donaldson, and Merri Lisa Johnson, just to name a few) reject the way the medical establishment has emphasized pain and used it as justification for control and involuntary treatment, they are also not willing to glamorize it in a way that downplays the suffering that often accompanies experiences of mental illness.

As Elizabeth Donaldson has argued, "When madness is used as a metaphor for feminist rebellion, mental illness itself is erased" ("Corpus" 102), and this ultimately limits what we can gain from representations of madness. In this project, I align myself with Donaldson, and with disability scholar Merri Lisa Johnson's conviction that a proper analysis of madness in literature "must at once acknowledge the *pleasures* of failure—embodied in choices to stand apart from social norms of gender, sexuality, reprocentricity, and romantic affiliation—and the *distress* of failures embodied in lives gone haywire, symptoms run rampant, personal lives devolving into uninhabitable havoc" ("Bad Romance" 264). Through acknowledging and engaging with some of the more negative realities of mental illness, I intend to pursue the question of how literature about mental illness can and has been used not just to reject patriarchal and hierarchical ways of

relating, but also to imagine new forms of community that do not require positive affect, productivity, or even consistency, communities in which one does not have to be "cured" to begin to engage meaningfully with others.

The novels I look at attempt to create space for themselves and others who cannot quickly be "fixed" with a pill, who suffer and need treatment, but also want some form of autonomy and an acknowledgement of the validity of their experiences. As my first chapter will illustrate, even the most wide-reaching of these narratives is unlikely to change perceptions about the mentally ill overnight, but that does not mean that they do not serve an important purpose in creating spaces for alternative stories of medicine to be heard. In his account of postmodern illness stories, Arthur Frank stresses the importance of this "witnessing" in the stories that people tell about illness, arguing in his introduction, "In stories, the teller not only recovers her voice; she becomes a witness to the conditions that rob others of their voices" (xii-xiii). Each character's experience of mental distress and the stigmatization associated with it is different, but collectively they work toward creating a communal mad identity based on individual stories and witnessing. The literary community they promote is especially important to people who are often isolated from one another not just by physical institutions of confinement, but also by stigmatizing perceptions of illness that often keep those who have experienced mental illness silent, and by their own mental distress. As I hope to illustrate in my conclusion, these literary communities are perhaps even more important at a time post-deinstitutionalization when there are fewer physical communities of people who have shared experiences of mental distress. These stories have obvious meaning and value for other people who have experienced mental illness, but their search for new ways of being together that are not focused on rationality, productivity, and gendered hierarchies also have the potential to benefit more than just the mad, if we are

willing to listen to them. As Frank notes, "Listening is hard, but it is also a fundamental moral act; to realize the best potential in postmodern times requires an ethics of listening" (25). Hearing these stories, incorporating them into our narratives about what it means to be mentally ill, and taking seriously their calls for more inclusive ways of relating has the potential to radically restructure how we treat one another in the periods of crisis, pain, and suffering that everyone eventually experiences.

I.3 Mental Illness in a Post-1945 Context

Because I am defining mental illness based on socially contingent factors like relationships and stigma rather than relying on supposedly static biological definitions favored by medical professionals and organizations like the American Psychiatric Association, it is necessary for me to examine mental illness within a specific social and historical context. I have chosen to explore identity and community formation in mental asylums specifically in post-1945 American fiction because it is in this period after WWII that discourses opposed to traditional medical narratives of mental illness become especially acute. As Caminero-Santangelo points out, "The years after World War II marked a dramatic nationwide increase in attention to issues of mental illness," which grew into a "wave of impassioned psychiatric reform" by the 1960s (5-6). Whereas before the war, insanity was believed to be incurable and largely inherited, the increasing number of service veterans coming home from war with mental health issues forced a reconsideration of the causes and consequences of mental illness. As people began to realize that not all mental disorders were hereditary, eugenics, though far from dead, slowly began to give way to a more complicated and nuanced idea of the origins of mental illness. People also became more willing to discuss mental illness and disability more openly as the shame associated with suspected heredity diminished. Pop psychology, and particularly pop versions of Freud, gained traction in popular discourse in the 40s and 50s in ways they hadn't in earlier decades,

particularly during the distractions of the Depression and the war. This attention to mental illness reached its apex in the 60s and 70s, influenced by both the growing civil rights and women's movements and a new willingness to question scientific authority in a generation that had witnessed the destructive power of the atomic bomb and other scientific "advancements."

Beginning in the very early 1960s, several prominent theorists, including Michel Foucault, Thomas Szasz, Erving Goffman, and R.D. Laing, published works about the socially contingent nature of mental illness, pushing back against traditional medical accounts that described mental illness as an individual problem with the brain that could eventually be "solved" or "cured" by medical technology. Foucault, perhaps influenced by his own experiences with mental illness (as both his homosexuality and suicide attempts would have been defined at the beginning of his intellectual career) wrote multiple volumes in which he described the social forces and power dynamics involved in the diagnosis of mental illness, including *Madness and Civilization* (1961), *Birth of the Clinic* (1973)*, Discipline and Punish* (1979)*,* and a series of lectures titled *Psychiatric Power: Lectures at the Collège De France 1973-74*. Although *Discipline and Punish* is the least explicitly about mental illness of the group, it is this book that perhaps states the relationship between power and madness most eloquently when it explains, "Disciplinary systems . . . which classify, hierarchize, supervise, and so on, come up against those who cannot be classified, those who escape supervision, those who cannot enter the system of distribution, in short, the residual, the irreducible, the unclassifiable, the inassimilable" (*Discipline* 53). Discipline, in other words, creates the problems that it often pretends are naturally occurring individual flaws, because "Someone who does not learn to read and write can only appear as a problem, as a limit, when the school adopts the disciplinary schema" (*Discipline* 53). In this schema, mental illness plays a unique role because it stands outside of *all* areas of

discipline, rather than merely one. Foucault continues his discussion of disciplinary power by arguing, "As for the mentally ill, they are no doubt the residue of all residues, the residue of all disciplines, those who are inassimilable to all of a society's educational, military, and police disciplines" (*Discipline* 54). Efforts to bring these residues under some semblance of discipline are acutely literalized in the institution of the asylum.

Although the confinement and isolation of the mad has been presented as being for the patients' "own good" since the asylum's inception, James Trent notes that from the very start "care and control had assumed a curious linkage" (3), a point that I will explore more fully in my brief history of the asylum later in this introduction. To continue to prove their necessity and therefore justify involuntary confinement, asylums became very invested in creating a completely uneven power dynamic between knowledgeable doctors and insane patients who could not know what was best for themselves, and whose accounts of their experience were therefore irrelevant. Arthur Frank writes in his account of postmodern illness stories that "The ideological work of medicine is to get the patient to accept [his] diagnostic identity as appropriate and moral. When the patient accepts this identity, he aligns himself as subordinate in a power relation" (66). The subordinate power relation is all the more obvious when the patient is female and the psychologist (or hospital superintendent or other authority figure in charge of her release from the asylum) is male.

The fact that the main characters in these novels I have chosen are women is no coincidence. Although there are of course novels that have been written about men in the asylum, most notably *One Flew Over the Cuckoo's Nest,* a majority of asylum novels focus on female patients. From the mid-nineteenth century through the period of deinstitutionalization in the 70s and 80s, a modest but consistant majority of asylum patients have been female, while as

of 1972 when Phyllis Chesler wrote her monograph *Women and Madness*, 90% of psychiatrists were still male (62). Chesler argues that this discrepancy creates a power dynamic in which "Psychiatrists, both medically and legally, decide *who* is insane and *why*; *what* should be done to or for such people; and *when* and *if* they should be released from treatment" (62). As I will discuss in greater detail later in this introduction, the way that men and women are diagnosed, labeled, and "treated" for the same behaviors has historically been very different.

Women's disproportionate representation in the asylum reflects a broader social desire to regulate female behaviors. In the midst of this regulation, however, there is room for resistance. Drawing on Foucault's theories of resistance *History of Sexuality*, disability scholar Robert McRuer writes,

> The supposed 'truth' of disabled lives is constituted diagnostically through the workings of what Foucault terms juridical power. Fixed with a diagnosis, disabled subjects are then reductively understood through, and always and everywhere made to speak the truth of, their pathology: this pathology and only this pathology, juridical power might say, is what disability looks like. Again, however, even when various forms of authority, especially medical authority, appear to be always and only negative or repressive, such encounters necessarily generate excessive subjects speaking otherwise. (95)

Women's lower subject position in relation to men has left the madwoman more residual and excessive to systems of discipline and power than the madman, but it has also left them with less to lose when it comes to imagining different ways of structuring communities. In their respective essays on *Woman on the Edge of Time*, both Donna Fancourt and Soraya Copley both note that women have more to gain when it comes to changing the status quo, which makes them more likely to question the medical narratives that most people take for granted and imagine new ways of negotiating difference, weakness, codependence, and distress that might be more accommodating than the hierarchical world they are coming from (Fancourt 109; Copley 54). A woman who has been confined to a mental institution in the 40s or even the 70s has a less

privileged position to go back to if she manages to convince the doctor to release her than a man would, and in fact all of the novels I discuss draw parallels between the patriarchal control of the asylum and that of the typical American household. Their lack of options for achieving a dominant social position even in the world of the sane makes them perhaps more eager to open themselves up to new experiences and new ways of being in the asylum.

I would like to be careful to acknowledge, however, that not all women experience the regulation of the asylum to the same degree. It is worth noting that only one of my novels, *Woman on the Edge of Time*, focuses on a woman of color. Madwomen of color are perhaps even more residual to power than white women in the asylum, and while they too are likely invested in imagining different forms of community than the hierarchical systems that are oppressing them, they have had much more difficulty in making their stories heard. It is perhaps not coincidental that while Virginia and Esther from *The Snake Pit* and *The Bell Jar* eventually get out of the asylum, *Woman on the Edge of Time* ends with the implication that Connie will never be released. Without the financial and political resources of their white peers, women of color who enter the asylum are often stuck in large public institutions with few resources, and as *Woman on the Edge of Time* points out, their struggle just to survive both inside the asylum and once they get out (if they are in fact able to get out at all) make it more difficult for them to write about their experiences. This has made asylum novels a largely white phenomenon, although authors like Rosa Guy and Leslie Silko have made important contributions to this subgenre with texts that argue even more ardently for the need for communities that can embrace the most abject among us.[1]

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[1] Both of these authors write about male patients, and are therefore not included in my discussion of madwomen. There choice of focusing on men, rather than women, of color perhaps speaks to

I.4 Defining Community

Much can and has been said about the gendered nature of psychiatric diagnoses, but the focus of my dissertation is on the way these women fight patriarchal structures to make a community for themselves against incredible odds and isolation. Each of my chapters briefly considers the changing conceptions of mental illness in the decade of the novel they discuss, but my goal is ultimately not to create a historical comparison, but rather to explore how patients have, during the post-war period, used the space of the asylum to push back against such medical definitions of madness that demand a patient be "cured" before she can be an active part of a community. These narratives use the unlikely space of an asylum to question the way we have traditionally structured communities and imagine different structures that can make space for weakness, codependence, and moments of impasse. So far in this introduction, I have used the word "community" rather broadly, but I would like to take a moment now to parse out precisely what I mean by this term.

"Community" is a term that can be almost as difficult to pin down as "mental illness," and the way that I am using it departs slightly from standard definitions that tend to orient people around common places, interests, or identities to instead focus on ways of being together that do not necessarily require such attachments. One traditional and still widely cited definition of community comes from German sociologist/philosopher Ferdinand Tönnies' 1887 work *Gemeinschaft und Gesellschaft*, or *Community and Society.* In this work, Tönnies maps a transition from traditional communities (*gemeinschaft*) based in small towns, where relationships are governed by stable social hierarchies that have developed over a long period of time, to societies (*gesellschaft*) in more industrialized cities where community ties are based not as much

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the difficulty of giving voice to the multiple oppressions that women of color face in the outside world, let alone in the asylum.

on long-standing relationships between families, but on legal contracts and chosen roles. In other words, one's status in "society" is based on what one can achieve, rather than who one is related to.

Both *gemeinschaft* and *gesellschaft* are communities based in a common location, either a rural town or a metropolitan city, but neither seems to be directly applicable to the place of the asylum. In fact, the asylum often deliberately disrupts the *gemeinschaft* forms of community built on longstanding relationships by removing patients from their homes and families and friends. As Erving Goffman writes, one of the key characteristics of an asylum or any "total institution" of this kind is that an inmate "comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world. Upon entrance, he is immediately stripped of the support provided by these arrangements" (*Asylums* 14). In other words, the patient is removed from her traditional community and thrown into an entirely new social arrangement in which the highest society lady suddenly finds herself ranked lower in the hierarchy than an orderly making minimum wage. This new "community" might be said to be closer to the structure of *gesellschaft*, in that patients compete for privileges and to be moved to better wards, and that the highest positions are occupied by those who have "achieved" the status of doctor, but in the novels I examine, the strongest relationships are generally not based on shared privileges and achievements, but rather shared debasement, stigma, and isolation from the larger world. As I will make clear in my chapters, a large component of asylum novels is the deliberate rejection of the *gesellschaft* form of community that allows some voices (mainly those of the doctors) to be privileged over others, and that excludes minds and bodies that cannot be incorporated into this hierarchy of traditional goals and values.

If the community of the asylum, which is integral to this project, is based neither on the longstanding relationships of *gemeinschaft* nor the achievements and contracts of *gesellschaft* that mark traditional communities, then it must need something else to hold it together so that it might justifiably be called a community and not just an assortment of people who happen to share the same space. Although the common space of the asylum is important to the relationships that are formed there, it is not the essence of the community. After all, patients spend much of their time with nurses and orderlies, and yet rarely see themselves as being in the same community as these individuals, even though many of them express that an ideal community *should* include both those who are "mad" and those who are "sane." As community development scholar Ted K. Bradshaw puts it, "Places are not necessarily communities" (5). In his article, "The Post-Place Community: Contributions to the Debate About the Definition of Community," Bradshaw argues that while gated developments have been criticized for their lack of community, the internet and other communication technologies have made it possible to have very close social bonds across geographical boundaries, necessitating a new definition for community that is not place-based but focused on social ties. The essence of community, in his definition, is not a shared space, but solidarity around a "common enterprise." However, most of his examples of modern post-place communities are centered on either shared identity, profession, or interest, such as the "scientific community" or the "Jewish community," associations that also do not seem to strongly apply to people who have been placed in an asylum together. The only thing that many asylum patients have in common is that they have all been labeled as mentally ill by an outside authority, a label that they do not necessarily even agree with, let alone incorporate as a part of their identities. However, I will argue that these patients attempt to form a kind of community in which shared interests or identity is not required for

participation, but which is also not entirely based on location. While communities based on common interests and identification necessarily leave some people out, the communities that I look at seek to include even people who's mental states prevent them from being able to rally around a common object, cause, sense of purpose, or identity. These communities value being together, whether physically or remotely, with people with whom one has little in common besides their humanity.

Community in the asylum starts in a specific location, but it does not end there. The asylum serves as a location to gather people who have been similarly stigmatized, rejected, and isolated so that they might start exploring together what, if anything, they can find to rally around. It is a place where they discover the limitations of traditional forms of community, both *gemeinschaft* and *gesellschaft*, that have had to lock people away when they could not include them. The asylum gathers these "residuals," people who cannot find a place for themselves anywhere else, and allows them the space to imagine a kind of community that would extend beyond the asylum's walls to incorporate those who are often considered too "odd" or "depressed" or "eccentric" to incorporate into the social fabric of achievement or family based communities. Ultimately, as I will argue in several of my chapters and my conclusion, the space of the asylum allows these "residuals" whose only shared enterprise is perhaps the need to survive, to reach out, through literature and the stories they tell, to people outside of formal institutions who might share similar struggles with stigma, social alienation, and mental distress.

The communities that these novels strive for are all different depending on the characters' backgrounds and the type of asylums they find themselves in, but they do have several common features. All of them take issue with the modern *gesellschaft* structure of community in which relationships are based on a strict social hierarchy and achievements, which necessarily values

some voices over others and excludes people who cannot reach society's expectations for achievement. They also question standard gender roles that tend to devalue women's contributions to community. They strongly value care work and do not see codependence as an evil to be avoided, but as a necessary part of survival. They strive never to leave anyone to isolation, even those who are unresponsive and unable to engage reciprocally with others. Relationships, in other words, need not be entirely "equal" in the traditional give-and-take sense. Economically, these communities strive for system in which sustenance is not "earned" through competition, but resources are shared more or less equally, so that everyone is able to get what they need regardless of what they can contribute. They do not require equal participation, or even equal orientation around objects or ideals.

One of my goals in this project is to some extent let my texts speak for themselves in defining community. In doing so, I seek to draw out elements, particularly relationships between asylum inmates, that are often overlooked or ignored by critics because they are seen as too symptomatic of madness to be of any use to a specific kind of reading of the text, or simply do not fit our predetermined narratives of what mental illness is or means. My aim is very similar to Susan Hubert's, who states in *Questions of Power*, "By placing women's madness narratives at the heart of my study, I intend to articulate the theories that are already present in the women's stories rather than apply theoretical constructs to their narratives" (23). That being said, however, this project, and its ideas about how we structure communities, comes from a deep engagement with the works not only of the theorists who have often been labeled as "antipsychiatrists" (Laing, Szasz, Foucault, Goffman), but also with aspects of affect and queer theory, particularly when it argues for the value of negative affect and/or alternative forms of kinship. I have been particularly inspired by feminist, queer, and affect scholar Ann Cvetkovich, who writes in her

book on depression about the "impasse" often involved in feeling bad, and how a greater tolerance for this impasse might lead to greater knowledge and creativity. Medical narratives that are focused on cure have no tolerance for dwelling in impasse, but seek to erase it, solve it, heal it, and get past it. However, Cvetkovich argues, "If we can come to know each other through our depression, then perhaps we can use it to make forms of sociability that not only move us forward past our moments of impasse but understand impasse itself to be a state that has productive potential" (*Depression* 23). In order to know each other through depression, and to see the potential in it for creating different ways of being together, we must see depression and other mental illnesses as more than simply medical problems.

I.5 Alternative Psychiatric Narratives and Speculative Futures

The narratives I discuss were written and take place at a time when life-saving medical technologies were increasing the prevalence of chronic conditions/pain that would have previously been cut shorter by death. These lingering conditions that could only be managed rather than completely cured contributed to a growing sense that narratives that focused on recovery and restitution were no longer sufficient for people living with conditions that would likely never get better, leading to a proliferation of what literary scholar David B. Morris has called "biocultural" narratives of illness. These "biocultural" narratives, unlike earlier "biomedical" narratives of recovery promoted by the medical industry, recognize the limitations of science in telling stories about sickness. In her book specifically on madness narratives, Susan Hubert has also noticed this uptick in stories of illness that look beyond medicine in the latter half of the twentieth century, calling them "alternative histories" of madness and psychiatric care (16). These patient-centered histories provide a counter-balance to the more traditional histories of mental illness that Hubert describes as being "written from the perspective of those with institutional power" like doctors, psychiatrists, and hospital superintendents. Although my novels

are fictional, I argue that they too are engaged in this project of alternative story-telling about psychiatry, speaking back as they do to dominant medical discourses that have long defined people with mental illnesses as "other."

While the novels that I read in this dissertation are not strictly "histories" of psychiatry, I believe that they influence the way people view psychiatric history, and in some cases can have as much influence on the way we view the stigmatized identities as more "factual" accounts. Because people with mental illnesses have been quite literally hidden away in asylums, sometimes the most meaningful exposure that the general public had to this stigmatized population has been through fictional works. While mental diversity in real life is often hidden away, invisible and undocumented, its literary corollary is hypervisable, contributing substantially to the general public's understanding of mental differences. For example, Donaldson has noted that the violent representation of the character of Bertha in *Jane Eyre* influenced medical diagnoses ("Corpus" 201), Charlotte Perkins Gilman has written about how her doctor changed that way he treated "nervous prostration" after reading her short story "The Yellow Wallpaper" (271) and Edward Shorter, a proponent of shock therapy for treating certain mental illnesses, blames novels like *One Flew Over the Cuckoo's Nest* and *The Snake Pit* and their corresponding movies for turning public opinion against this treatment (9). The way the general public views the "history" of the treatment of mental illness has probably been more strongly influenced by popular films like *One Flew Over the Cuckoo's Nest* than any medical or historical textbook. As Allen Thiher has argued, "literature has always been a dominant way by which we have attempted to know what madness is" (2). Analyzing how novels depict mental illness is crucial because popular depictions of the mentally ill and disabled and their families expand our perception of them and help us as a community to imagine new possibilities for

relationships. Disability scholars Rayna Rapp and Faye Ginsburg have stressed the importance of narrative for creating a future in which disability might be positively incorporated rather than simply "begrudgingly accommodated" (535). Literature brings these hidden groups into the public sphere, and seeing the mentally ill/ disabled as more than just pitiable figures waiting for a cure, or as counter-culture deviants, can open up possibilities for the mentally ill to engage in the world and contribute to a type of world-making that refuses to leave people like them behind.

Fiction, in many cases, can also be more influential than autobiography in changing minds about mental illness because the stigma associated with it is so strong that readers will often discount writing that they know to be authored by someone who has at one time been mad. In her chapter, "On the Rhetorics of Mental Disability," Catherine Prendergast argues, "That the mentally ill are treated as devoid of rhetoric would seem to me to be an obvious point: If people think you're crazy, they don't listen to you" (57). Writers of traditional memoirs or autobiographies often feel that they must insist that they are "well," "cured," or "recovered" at the time of the writing in order to have any credibility, which often requires them to incorporate elements of the medical model of mental illness, no matter how ambivalently they may feel toward it. In *The Madwoman Can't Speak*, Marta Cominero-Stangelo argues that many authors of autobiographies of mental illness distance themselves from their past madness by either presenting themselves as cured or denying they were ever mad to begin with (17-18). The medical view of mental illness as a disorder that completely deprives a person of their rationality, will, and subjecthood makes these distancing moves necessary. In some cases, fictional works have been explicitly read as being more reliable than autobiographies by mentally ill authors. In a review of *The Snake Pit* written shortly after the novel's release, one reviewer writes, "The book written by Mary Jane Ward describes with astonishing fidelity and with stark realism the

life inside a state institution. It is unlike the work of Clifford W. Beers, written a number of years ago; entitled *A Mind that Found Itself*, because Beers wrote of his own experience after recovery from a prolonged mental illness, whereas Miss Ward has described objectively her observations" (Major 234-35). This reviewer sees the fictional account as more "objective" because it is written by an author he presumes (incorrectly, as it turns out) to have not been mad herself.

Although memoirs and other life writing by people who have been incarcerated in asylums have also been important in telling alternative histories to counter medical narratives, fiction can sometimes do things that accounts focused primarily on relating the "facts" cannot. Autobiographies and histories tend to be more focused on telling the "truth" of what happened to the author, with less space for imagining how things might be otherwise, or exploring different forms of community or relating. Fiction, on the other hand, allows more creative space for focusing on alternative world-making, and for imagining how things might be different. In *Bodyminds Reimagined*, Sami Schalk writes of the importance of speculative fiction, arguing, "Speculative fiction allows us to imagine otherwise, to envision an alternative world or future . . . For marginalized people, this can mean imagining a future or alternative space away from oppression or in which relations between currently empowered or disempowered groups are altered or improved" (2). Although only one of my novels (*Woman on the Edge of Time*) can be properly labeled "speculative" fiction, I would argue that all of my novels engage in imagining, through the asylum, such an alternative space for marginalized populations. In order to read them in this way, however, we need to see them as fiction, and not simply "realistic" depictions of the asylum or mental health treatment, even when the novels appear to a modern reader to be semi-

autobiographical.[2] In her essay on disabled characters in popular romance novels, Emily Baldys warns that we should be weary of realistic representations because they can "crowd out alternative or transgressive ways of being" (139). Although I believe that my texts do speak to a "truth" about mental illness, or at least have as much of a claim to truth as medical accounts do, I want to avoid any purely autobiographical readings that would constrict their engagement with speculative futures.

Patient accounts, whether they are autobiographical or fictional, are often seen as less valuable than medical accounts when it comes to understanding mental illness because they are less "objective," but the novels I look at insist that they have something important to say that these supposedly objective medical accounts cannot cover. Even though they focus on one, or in the case of *The Virgin Suicides*, five women's experiences, the novels I discuss are not just about a single person's diagnosis, but how supposedly "objective" accounts of mental illness are being used to cover over the subjective experiences of a multitude of women. While many medical experts look for a single "solution" to madness, these fictional narratives featuring women who have been mad themselves are often more ambiguous, looking at a myriad of social, medical, political issues. As each novel contends, the experiences of the women within it cannot be generalized under a single Freudian theory, or even a single journalistic account of asylum conditions. The ambiguity of their accounts offers less satisfying answers for someone trying to "solve" mental illness, which is perhaps why many of them express difficulty getting others to

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[2]The first two novels that I discuss, *The Snake Pit* and *The Bell Jar,* are written by authors who have experienced being incarcerated inside of an asylum themselves, and are often read as partly autobiographical. It is worth noting, however, that neither of these authors originally marketed them as semi-autobiographical, and in fact Sylvia Plath deliberately published her novel under a pen-name to mask any association with her own story. Most early reviews of *The Snake Pit* do not mention Ward's hospitalization, and while later reports sometimes did, Ward continued to insist that the book was primarily fiction (Donaldson, "*The Snake Pit,"* 111). In other words, neither woman intended for her novel to be read as an autobiography, but as a work of fiction.

listen to their experiences. These novels are much less interested in "solving" madness than they are in making the voices of incarcerated madwomen heard, and in finding a space where meeting the medical criteria for being "cured" or "recovered" is not a prerequisite for forming relationships with others. Their largely first-person accounts take the focus off doctors and medical progress and offer an alternative story of psychiatry that is focused on relationships and individual experience rather than medicine. My approach is to make these novels, rather than medical or even antipsychiatry theorization, central to my work to highlight women's experiences inside a space that was designed to confine them. To try to place these narratives, which differ from one another in the types of asylums they portray and their approaches to modern medical practices and theories, within some form of totalizing theory would be to constrict their voices as totally as psychiatry has done.

In stressing the patient view, I am not saying that medicine has nothing to say to mental illness, but simply that it has not, and cannot, tell the whole story, and that there is a desperate need to listen to the accounts of patients who are too often silenced and marginalized by loud and powerful medical diagnoses that pretend to say everything there is to say about the experience of mental difference. Medical historian Roy Porter writes,

> This physician-centered account of the rise of medicine may involve a major historical distortion. For it takes two to make a medical encounter—the sick person as well as the doctor . . . Indeed, it often takes many more than two, because medical events have frequently been complex social rituals involving family and community as well as sufferers and physicians . . . In medicine's history, the initiatives have often come from, and power has frequently rested with, the sufferer, or with lay people in general, rather than with the individual physician or the medical professional. (175)

Porter urges us to pay more attention to patient experiences, without which histories of medicine cannot possibly be complete. Similarly, Arthur Frank, who writes *The Wounded Storyteller* about the stories we tell of illness, argues that, "If modern medicine began when physicians asserted

their authority as scientists by imposing specialized language on their patents' experiences . . . The postmodern experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell" (6). In the chapters that follow, I will demonstrate how asylum novels are engaged in a project of telling stories about mental illness that get left out of medical accounts.

I.6 A Brief History of the Asylum and Asylum Writing

In order to fully understand the medical view that the women in my novels are fighting against, it is necessary to have at least a brief knowledge of the history of asylums as an institution of power in America, and of the written accounts that questioned their dominance. The Americas were still colonies when they petitioned to build their first hospital specifically for the insane, the Pennsylvania Hospital, in 1751. Before this period, people who were mentally ill were largely confined to prisons or even makeshift sheds when they became too disruptive, neither or which were designed to heal them. Thomas Morton and Frank Woodly write in their book on the history of the Pennsylvania Hospital, "The opening of the Pennsylvania Hospital inaugurated a new epoch in the treatment of lunatics in this country, as it began by receiving them as patients suffering with mental disease, to be subjected to such treatment as their cases required, with a view to their ultimate restoration to reason, instead of simply confining them as malefactors" (4). From its conception, however, the asylum was presented not just as a place of treatment for the benefit of the mad, but also as an institution of confinement, for the benefit of the sane. Part of the petition arguing for the necessity of this hospital describes the mentally ill as "going at large, a Terror to their Neighbors," necessitating their confinement for the comfort of the community (quoted in Morton and Woodbury 3). When it was first in operation, the hospital employed a "keeper" whose main duties were to discipline the insane and prevent them from

running away. The use of restraints like chains and straightjackets was common, and patients were frequently beaten with a whip if they became unruly (Morton and Woodbury 147).

In the last decade of the eighteenth century, following a trend in Europe, restraints and harsh punishments for the mentally ill began to fall out of favor as the American asylum underwent a transformation meant to distance itself from the more blatantly punitive methods of control and move towards what was at the time seen as the most advanced and even "scientific" treatment of the mentally ill: the new Moral Treatment. This new treatment method was originally promoted by Philippe Pinel in France and William Tuke in England and was implemented in America by Dr. Benjamin Rush, who began instituting reforms to the Pennsylvania Hospital around the 1790s. Patients were freed from their restraints, moved out of dark basements into more confortable cells, and made to do physical labor around the asylum estate such as farming or laundry. This method of care sought to bring patients under the discipline of the hospital not through physical punishments and restrains, but through a patriarchal structure that simulated the family, with the main physician acting as father. Foucault writes of the Moral Treatment in *History of Madness,* saying "The physician could exercise his absolute authority in the world only insofar as, from the beginning, he was Father and Judge, Family and Law—his medical practice being for a long time no more than a complement to the old rites of Order, Authority, and Punishment," or in other words, the power of the doctor is only an extension of the patriarchal power within the family (270). Treatments for the mentally ill were aimed at altering their behavior so that they could be released back into their communities without being a "terror," and were often an odd mixture of medical and social interventions. This was particularly true in America where Rush believed that submitting patients to regimented work schedules and strict rules would cure them of their mental ailments, but also practiced

techniques like bloodletting to treat what he saw as their physiological bases. Denise Russell has written of this period in the history of psychiatric care saying, “In this era medicine was taking over from religion as a social force. Religion for centuries had adopted the role of moral arbiter. As the nineteenth century progressed medical discourse attempted to turn many moral categories into medical ones. What in the past had been wrong came to be seen as diseased or unhealthy” (12). The Moral Treatment was focused primarily on altering behaviors to conform to the morals of the time, but still advertised itself as a “scientific” method of “healing,” illustrating that the eighteenth century’s working definition of mental illness largely fell somewhere between the categories of moral failing and medical problem.

As the moral treatment grew, it “provided a rationale for a vast expansion of Western asylum systems,” because if the insane were treatable, then the prisons and almshouses where they were still frequently confined were no longer appropriate spaces for them (Theodore Porter 5). The potential for “cure” also justified the asylum’s intervention into the lives of people who would not have ordinarily been confined because their difference did not disturb their neighbors enough to warrant their incarceration. People who would have been allowed to live on their own or with family members as harmless eccentrics were brought into increasingly crowded hospitals in order to be “fixed.” As these institutions grew, they came to rely more and more on the labor provided by patients to keep themselves running. James Trent notes that as work outside became more scarce in the mid-nineteenth century and free labor more necessary inside the asylum, the original goal of making “productive” citizens out of the mad and “feeble-minded” started to change as those in authority “began giving a narrow, institutional meaning to ‘productivity’” (3). By the 1880s, he argues, the goal of custodial control, rather than healing or education, became more explicit as the justification for these asylums’ existence (Trent 24). The healing mission

that had originally given asylums their purpose was largely abandoned as their continued growth reduced the ratio of staff to patients and increased the need for "higher-functioning" patients to keep the asylum running.

Ironically, as the asylums became more crowded, the same moral treatment that had justified their existence became untenable. While some private asylums, like the famous McLean Hospital,[3] were able to control the size of their patient populations enough to maintain the close paternal control necessary for moral treatment model, most public asylums abandoned these treatments and became purely custodial. A growing desperation to reduce patient populations led to a search for medical solutions, initiating a more strictly medical model of mental disorder. Practices like hydrotherapy, which involved wrapping patients in wet sheets for hours at a time, brought restraints back into the hospital, but this time in the name of a medical cure. In the late nineteenth century, asylums also became increasingly interested in eugenics and tracing heredity as a way to prevent mental illness through controlling reproduction. Theodore Porter points out in his book, *Genetics in the Madhouse*, that even before more well known geneticists and statisticians like Karl Pearson became involved in tracing heredity, asylum doctors were already collecting data on inmates and their families that they saw as research necessary for curbing the supposedly growing levels of insanity in the nation (3). Doctors became less focused on curing people who were already ill, and more concerned with stopping more ill people from being born. In the 1870s and 80s, this concern with heredity led people involved with mental institutions to begin giving special attention to women, particularly those of childbearing age, who might pass

[3] McLean Hospital is an old private psychiatric institution founded in Massachusetts in 1811. It is known for treating a long list of celebrity patients including musicians Ray Charles and James Taylor and authors Robert Lowell, Sylvia Plath, Susanna Kaysen, and David Foster Wallace. McLean is the basis for the fictional asylum that appears in Plath's novel, *The Bell Jar*, and Kaysen writes about the hospital in her memoir, *Girl, Interrupted* (Beam).

"feeblemindedness" onto their offspring and create another generation of people who would become wards of the state (Trent 73). The concern over reproduction led to many forced sterilizations, which were later validated by the Supreme Court case Buck v Bell. Nearly 3,000 people, most of them women, had already been sterilized by the time this case confirmed the legality of the Virginia Sterilization Act of 1924 that had been drafted to officially allow the superintendent of mental hospitals to order the sterilization of anyone he deemed likely to produce "socially inadequate offspring" ("Virginia Sterilization Act"). The fact that many women were released from the asylum after being sterilized also indicates that these women were not being confined for healing purposes, but to restrict and control their behavior.

Even before asylums got into the business of sterilization, controlling women's behavior, often at the request of their husbands, was one of their major preoccupations. With limited rights, women in the eighteenth and early nineteenth century were much easier to incarcerate against their wills than their male counterparts. One of the earliest popular accounts of a person's experience in an American mental asylum is *Marital Power Exemplified, or Three Years Imprisonment for Religious Belief* (1864), a memoir by Elizabeth Packard in which she accuses her minister husband of incarcerating her simply because he did not agree with some of her religious beliefs. Packard writes of her unsuccessful struggle as a "legal non-entity" (44) to prevent herself from being placed in an asylum, and of the three years it took her to get her case heard in a courtroom because the asylum was continually censoring her communications to the outside world, again at her husbands' request. After finally being declared sane by a jury and released from the hospital, she began extensive campaigns pushing both for greater rights for women and for people who had been deemed insane. Although she insisted that she and many of the women who were locked away with her were sane, she was adamant that no one be placed in

a confining and isolating asylum she had found herself in, regardless of their mental state. At the end of her *The Prisoners' Hidden Life, Or Insane Asylums Unveiled* (1868), she includes a constitution for an Anti-Insane Asylum Society in which she proclaims, “If we, or our relatives or friends, should become insane, they shall be taken care of by their friends in their own homes” (140). Packard’s multiple autobiographical accounts of the asylum also encouraged other women to begin sharing their own experiences with involuntary confinement.

Packard’s memoir, and those of other nineteenth-century inmates, drew into question the “scientific” validity of the diagnosis of mental illness. In *The Prisoner’s Hidden Life,* Packard notes that she was judged insane by the doctor based solely on her husband’s testimony, and not on any kind of medical exam. She recounts asking when she would receive such an examination of her sanity, only to be told, “You never have an examination after you get here, for the Doctor receives you on the representation of those who want you should stay here.” She also notes that once in the asylum, women were generally judged sane only once they began pleading to go home, and says, “This led me to suspect there was a secret understanding between the husband and the Doctor, that the subjugation of the wife was the cure the husband was seeking to effect under the specious plea of insanity.” In other words, Packard believed that women were being incarcerated not on any form of medical evidence that they needed “treatment,” but because it was a convenient way for husbands to get them to act more agreeably.

Writing slightly later in the century, journalist Nellie Bly similarly expressed doubts over the scientific validity of the diagnosis of mental illness when she feigned madness to get herself admitted to the Women’s Lunatic Asylum on Blackwell’s Island for an undercover story. In *Ten Days in a Madhouse* (1887), the book compiled from her reports for the *New York World,* Bly recounts that she was initially nervous that she would not be successful in infiltrating the asylum

because doctors would surely be able to tell that she was not actually insane. She even holds her breath while one doctor listens to her heart because she is worried that a “normal” heartbeat will betray her. Her concern reflects a common assumption during the period that mental illness was an obvious and concrete medical problem, easily discernible to trained experts in the field of medicine. After being judged legitimately insane by two doctors, however, she asserts, “After this, I began to have a smaller regard for the ability of doctors than I ever had before, and a greater one for myself. I felt sure now that no doctor could tell whether people were insane or not, so long as the case was not violent” (60). Bly’s account, which also detailed the terrible abuses of the asylum and noted how easily a woman could get placed there indefinitely with no recourse to free herself, was widely read and even led to a grand jury investigation. The jury found the food, clothing, bathing facilities, and patient to physician ratio severely inadequate at Blackwell, and was disturbed that someone like Bly could be admitted as insane, stating “more care should be exercised in examining persons called insane when they are first admitted to the asylum” (“Due to Lack”). Rather than criticize the institution of the asylum that had made this neglect and abuse possible by isolating people it had deemed to be mentally ill and striping them of all power over their own lives, the jury concluded that the problem was simply the need for more money and appropriated a significant amount of funding both for better food and clothing for inmates and larger salaries for doctors and nurses (“Due to Lack”).

Although Bly’s account shocked her readers, it did little to shake public faith in the ability of medicine to eventually solve the “problem” of mental illness. Any problems in care were generally attributed to a lack of funding rather than the institution as a whole. Trust in medicine’s authority continued into the twentieth century, infiltrating even first-person accounts of asylums abuses. In 1908, Clifford Beers wrote a critical account of his stay in a mental asylum

titled *A Mind That Found Itself* that exposed the inhumane conditions of the asylum. Unlike Packard and Bly, however, Beers views himself as having been "legitimately" mentally ill and in need of a cure. His narrative does not contest that his confinement in an asylum was necessary, but merely argues that patients in these institutions need to be treated with more humanity. His narrative is much more focused on the necessity of recovery for the mentally ill, and the ability of a properly functioning psychiatric care system to aid in that recovery. Beers's account, which became a bestseller, led to the foundation of the National Committee for Mental Hygiene, which worked with the medical establishment to improve patient conditions. As Mary Wood has pointed out in her book on asylum writing, Beers's autobiography also began a trend of psychological narratives with "endorsements" from the medical community itself. In the conclusion of Beers's account, he reproduces several complimentary letters from William James, the founder of modern psychology, who says, "It is the best written out 'case' that I have seen and you no doubt have your finger on the weak spots of our treatment of the insane" (122). James's reference to a "case" alludes to the genre of "case studies," in which medical professionals write about people with rare disorders for the purpose of learning how to treat them, or to learn something about the "normal" functioning of the brain or body through its "failure" in a particular case. William James calls Beers's account "full of instructiveness for doctors and attendants alike," or in other words, in service to a medical cure, and Beers advertises his account in this way as well. A opposed as he is to the beatings and mistreatment he received while he was in the asylum, he presents his account as interested in, and contributing to, medical discourses of cure.

Beers's National Committee for Mental Hygiene managed to make some improvements in asylum conditions for inmates, but soon WWI distracted the nation from reform efforts, and

the general public largely forgot about asylums, even as they continued to grow. The population of asylums in America more than tripled in the first half of the twentieth century, making the government all the more desperate for a medical "cure" that would reduce the hefty price tag associated with the upkeep with state institutions (Micale 332-33). Then, in 1917, a new hope for just such a cure appeared when Julius Wagner-Jauregg, an Austrian physician and psychiatrist, discovered that a form of mental illness that accompanied syphilis (known as general paralysis of the insane) could be cured by injecting patients with malaria parasites to raise their fevers. Medical historians Andrew Scull and Mark Micale both agree that this dangerous treatment was a turning point in the history of psychiatric care. Micale writes, "Wagner-Jauregg's work emboldened a generation of doctors to attempt other extreme, interventionist procedures" (333). In the 1920s, there was a brief trend in surgical procedures to remove teeth and tonsils because it was believed that infections in these areas could lead to madness (Micale 333). Later in the interwar period, researchers developed insulin shock therapy, metrazol shock therapy, and electroconvulsive shock therapy (ECT) in an attempt to cure mental illness, all of which were extensively tested on asylum patients largely without their direct consent (Scull, 8). The most infamous of these dangerous treatments, however, was the lobotomy.

Originally created by Portuguese neurologist Egas Moniz in 1935, the lobotomy was the first operation to be performed on a brain when no physical abnormality (such as a tumor) could be found. Walter Freeman brought the procedure to America and became one of its strongest proponents, believing that it could cure people who would otherwise be incarcerated in the asylum for life, even if it destroyed their personality in the process. Freeman was not a neurosurgeon and originally enlisted the help of James Watts to actually perform the surgery, but he later modified the procedure so that instead of drilling holes in the head, a doctor had

merely to insert a sharp instrument through the eye socket. This simpler “icepick” lobotomy, as it would later be known, was specifically designed so that physicians could perform it themselves without the need for a neurosurgeon. Freeman traveled around the country teaching his method to asylum doctors so that they could use it in mass on patients in their back wards. Lobotomies largely fell out of favor in the 1950s as psychotropic drugs became more widely available for adjusting patient behavior, but as I will discuss in my third chapter, psychosurgery did not completely die and would make resurgence in the 1970s. These physical interventions on patient bodies helped to affirm psychiatry’s status as a legitimate science. Wagner-Jauregg and Moniz were the first scientists to receive the Nobel Prize in Physiology or Medicine in the area of psychiatric research, indicating that the larger medical and scientific community had largely come to embrace this subfield. Although, as will become clear in the chapters that follow, aspects of the moral treatment (particularly the idea that manual labor is therapeutic) still persisted well into the late twentieth century, the biomedical view of mental illness as a physiological disorder that could be treated with interventions aimed at the physical body was becoming increasingly dominant. Even when doctors believed that a particular patient’s illness had been caused by a childhood trauma, they still believed that new technologies like shock therapy could bring this person back to a “normal” state. During the interwar period, it was these technologies that were making headlines, not asylum conditions. In the eyes of the general public, the asylum was a place where heroic doctors were saving the world for the horrors of mental illness, and their authority over these disorders was unquestionable.

Almost immediately after WWII, however, this image of asylums began to change as headlines once again returned to asylum conditions, but this time with the backing of testimony

not just from patients, but also from hospital workers and journalists. Conscientious Objectors who had been placed in many of the state mental hospitals to serve as attendants during the war began to speak out about the insufficiencies of these institutions. Their collective findings were published in an article titled "Bedlam 1946: Most U.S. Hospitals are a Shame and a Disgrace" in *Life* magazine in May of 1946, and later compiled into a book titled *Out of Sight, Out of Mind* (1947). At the same time, journalist Albert Deutsch was writing long exposés in *The New York Star* that were accompanied by horrifying photographs of crowded wards, unkempt naked patients crowded into corners, and women confined to straightjackets sitting and lying on the floor. These articles would later become the basis of his best-selling 1948 book, *The Shame of the States*, which as Caminero-Santangelo points out, "drew on the rhetorical power of the recent images of the Holocaust to make the case that mental hospitals rivaled Nazi concentration camps" (5). These comparisons to Nazi Germany, and the numerous other articles on intense overcrowding, abusive attendants, and a staggering shortage of basic supplies that were published in regional papers throughout the nation over the next several years, horrified the public, and led to many legislative measures to improve asylums. Like previous reform movements, however, these reforms were largely focused on increasing funding to mental institutions, which were still trusted to be able to cure patients. Deutsch himself professed to be in alliance with many psychiatrists, and his book even includes an introduction by prominent American psychiatrist Karl Menninger.

In his preface, Deutsch emphasizes the superiority of the modern medical view of insanity over previous, unscientific views of madness, even as he exposes the horrible treatment of patients within medical facilities. He writes, "We no longer regard our mentally sick patients as criminals, witches, or paupers. Our knowledge of mental disease is vastly superior to that of

previous generations which *punished* insanity" (9, italics original). The consensus at the beginning of the postwar period seems to have been that although reform was needed, science and medicine could still be counted on to "solve" the problem of mental illness. If anything, in fact, trust in psychiatrists only grew as popular versions of psychological theories, particularly those of Freud and his followers, began to infiltrate popular discourses. Caminero-Santangelo writes, "Popular culture in the years after the war posited psychiatry and psychology as a new religion, making the doctor into a god with the power to 'convert' individuals as well as to redesign the world through the manipulation of minds. In the 1950s, psychological methods and theories were applied to everything from the 'motivational research' used in advertising to the 'psychological warfare' of the cold war" (6). Psychoanalysis and popular versions of Freudian thought, attentions to which had lapsed during the Great Depression and WWII, became a part of the regular discourse of the time. Such intense interest in psychology was likely at least partly influenced by the asylum reform campaigns, which had urged the public to begin speaking about the formally taboo topic of mental illness. Although mental illness was still highly stigmatized, the intense silence that had generally accompanied a family member being placed in such an institution was somewhat broken in the post-1945 period as reform campaigns insisted that mental illness was a treatable medical problem and urged the public to get involved. Both fictional and autobiographical accounts written about the asylum proliferated in this period, as did "confessional literature" by parents who had children placed in asylums. In 1950, Pearl S. Buck, a Nobel-prize winning writer who had joined the National Mental Health Foundation Board shortly after the publication of Deutsch's *Shame of the States*, published *The Child Who Never Grew* about her daughter Carol who had been living in an institution for the past twenty years, addressing it to other "bewildered and ashamed" parents who had long been silent about

their mentally ill and disabled children (Trent 230). The book started a trend that would be followed by other well-known figures revealing that they too had family members in institutions, including Dale and Roy Rogers and, more than a decade later, the Kennedys.[4] These confessions often expressed a rather conservative view of mental disablement and illness and stressed the necessity of good custodial institutions, but they further increased public interest in a topic that had previously been shrouded in silence.

The proliferation of discourses surrounding mental illness also made space for narratives that were not as centered on medical cure. As I will discuss in my first chapter, *The Snake Pit* represents an early version of such narratives, but the film made of the book two years later illustrates, through its extra-textual glorification of psychoanalysis, that accounts of mental illness that questioned medical authority were still difficult to hear in the 1940s. By the 1960s and 70s, however, alternative narratives of mental illness that spoke back to the discourse of cure grew too popular to ignore. Within the first two years of the 60s, theorists R.D. Laing, Michel Foucault, Erving Goffman, and Thomas Szasz all published books theorizing mental illness, and although none of these men ever explicitly claimed to be antipsychiatry themselves, their works were taken up by the large antipsychiatry movement later in the decade. Unsatisfied with reforms that modestly improved the conditions of the asylum while still depriving an entire class of people of their rights, these antipsychiatry groups pushed to eliminate asylums altogether, or at least eliminate the medical authority within them so that patients had more control over the care they received.

[4] President John F. Kennedy's sister Rose Marie Kennedy famously received a lobotomy from James Watts and Walter Freeman in 1941, when she was 23 years old. This lobotomy left her permanently incapacitated and she spent the remainder of her life in an institution. Her family did not reveal that she had been institutionalized until 1961, after her brother had been elected president.

Fictional accounts of mental illness became very popular during this era, as author Sylvia Plath herself noted when she wrote in her journal in 1959 that there was "an increasing market for mental hospital stuff" (*Unabridged Journals* 495). Inspired by the earlier work of Mary Jane Ward, Plath published her own fictional but semi-autobiographical account of mental illness in 1963, within a few years of other popular American asylum novels including *One Flew Over the Cuckoo's Nest* (1962), *I Never Promised You a Rose Garden* (1964), and *A Fine Madness* (1964), all of which, along with *The Bell Jar* itself, were dramatized in films in the 60s and 70s. These novels and movies, and many that would follow over the next decade, displayed a skepticism of psychiatric authority and brought questions concerning the nature of mental illness more sharply into public consciousness. The emerging Civil Rights and Women's movements also led to an increased public interest in the systems of control that were being used on marginalized populations, which asylums so blatantly represented. Horrified by images of shock treatment and lobotomies they saw in movies like *One Flew Over the Cuckoo's Nest* (1975), the general public became more receptive to the antipsychiatry movement's claims that modern asylums were places where torturous methods of behavior control could be implemented without oversight.

As my third chapter discusses, the asylum became such a common backdrop for novels and films that by the mid-1970s, it was already being seen as an overworked and sensationalized plot device. By this time, mass deinstitutionalization was also already underway, which made novels that highlighted their torturous conditions seem somewhat outdated. Thanks in part to changing public perceptions about asylums after the antipsychiatry movement of the 60s and 70s, and in larger part to government cost-saving initiatives, large public asylums began to shut down as early as the late 60s. President Kennedy signed the

Community Mental Services Act into law in 1963, which placed emphasis on community treatment centers and preventative care rather than hospitals. New restrictions in Medicaid and SSI funding for patients permanently housed in mental hospitals encouraged most public, and even some private, institutions to release many of their long-term patients. New laws preventing mental patients from losing their civil rights when they were committed to a mental hospital also decreased the number of patients dramatically by releasing many of those who had been committed against their wills. By 1994, the average state had seen over a 90% reduction in the percentage of hospital beds per capita for mental patients, compared with their peak in the 1950s (Torrey, 207). Novels of the late 70s that make reference to the asylum, like *Mundome* (1974), *Ordinary People* (1975), and *Ceremony* (1976) more frequently feature characters who have been recently released from asylums than characters who are currently in them, and by the 1980s and 90s it becomes difficult to find any novels that reference the asylum at all, outside of the genre of horror. As I will illustrate in my final chapter on *The Virgin Suicides*, however, mass deinstitutionalization did very little to reduce the stigma surrounding mental illness, making the institution of the asylum as an instrument of isolation a very real force in the lives of people with mental distress, even as this same institution ceased to be an actual brick and mortar building.

I.7 Expanding the Confines of the Asylum

In giving this very abbreviated history of a centuries-old institution, I hope to have conveyed that from its inception, the asylum was a place of confinement and disciplinary control, often more focused on containing madness and keeping it away from community than on helping people who were suffering. Although it has always presented itself as a place of healing and comfort, in opposition to places like prisons that were more explicitly designed to confine and control unwanted segments of the population, first person accounts and journalistic

exposés have consistently revealed the asylum to be a place where "healing" is a marginal goal at best. Far more often, the goal of the hospital was simply to "Keep Them Quiet," as Virginia notes in *The Snake Pit* (238), subordinating them to the power structure of the asylum rather than connecting them to the outside world. Some of these accounts have blamed doctors for the asylums' inadequacies, while others have blamed a lack of funding and public investment. However, even the most conservative reform narratives have, in pointing to flaws in the way we treat mental illness, insinuated that this treatment has a political dimension, and cannot be viewed exclusively as a medical problem. For all of the medical labels that we have thrown onto various forms of mental difference over the years, the asylum and its abuses, its isolating confinement and inability to be satisfactorily reformed, consistently remind us that there is more to the story of mental illness, its stigmatization, and its treatment than medicine can properly tell on its own. The continued failures of both the asylum and the efforts to reform it reveal the need for the alternative definitions of mental illness and the new imaginative visions of care that populate the novels that I will discuss in the coming chapters.

The goal of my current project is not to demonize the asylum. That task that has already been taken up by numerous talented scholars, many of whom I have drawn from for this introduction. To me, the fact that the asylum is often a horrifying and even dangerous space for people who have been deprived of their rights and freedoms is too obvious to be of much interest. What intrigues me about the novels I will discuss is the way that authors in the post-war period have used this often horribly inadequate space in interesting and even productive ways to foster a sense of collective identity and to imagine different ways of structuring society that would not force people into isolation. In her monograph *Forms: Whole, Rhythm, Hierarchy, Network*, Caroline Levine discusses how different literary and social forms have

different affordances, or things that they are able to do. A poem, for example, has specific affordances that are different from, but sometimes overlap with, those of the novel, just as a prison has different affordances than a family home. Many of these affordances are obvious, such as a prison's ability to enclose, but Levine argues that "a specific form can be put to use in unexpected ways that expand our general sense of that form's affordances" (7). One of the obvious affordances of an asylum over the centuries has been to contain the mad and keep them separate from general society, but an unintended affordance of the asylum is that it brings together and creates bonds between people who would otherwise be kept separate from each other. As Levine puts it, "Containers do not afford only imprisonment, exclusion, and the quelling of difference; they also afford centrality and inclusiveness" (Levine 39). The asylum provides a way of organizing people for whom no consistent formal definition exists, and who might otherwise never meet, but who all have a vested interest in imaging a world that is different from the one that has tossed them aside.

Constantly evolving definitions of mental illness have made it difficult to definitively say who is sane and who is not, a task that is perhaps even more difficult with fictional characters than with real people. A Mitchel and Snider point out in *Narrative Prosthesis,* perceived difference is often the impetus for narrative interest, and so it is difficult to say whether a character in any given text is meant to be mentally ill, manipulative, or merely misunderstood. The setting of the asylum, however, provides a concrete marker of a shared stigmatized identity for characters who are placed inside it, whether or not a modern reader would see them as mentally ill, and regardless of whether the characters see themselves in this way. In *Woman on the Edge of Time,* for instance, Connie Ramos persistently claims that she is not mentally ill, but she nonetheless feels a strong connection with the other women and queer figures in the asylum,

finding that she shares something important with them because of their common stigmatization. In this novel and others, the asylum becomes a place of possible coalition among societal outcasts who might not otherwise share much in common. In the chapters that follow, I will look at how my authors use the asylum both to highlight the politics involved in defining insanity, and to bring together formally isolated individuals to imagine a new form of politics. Their creative use of the asylum stretches its containing walls, transforming it into a place of potential alliances.

I.7 Chapter Outline

In my first chapter, I explore Mary Jane Ward's influential, but now largely forgotten 1946 novel *The Snake Pit* to demonstrate the ways in which this early asylum novel stands against totalizing medical narratives that portray the mentally ill as so completely "other" to the rest of society as to make their voices, opinions, and desires irrelevant. Although many critics have read this novel as being a part of, and even instigating, asylum reform efforts of the 1940s and 50s, I draw a distinction between the message of Ward's work and that of other reformers during the time who sought primarily to increase funding to mental hospitals without changing the power dynamics that are so starkly criticized in the novel. To better illustrate the difference between Mary Jane Ward's account and more traditional "reform" narratives, I compare her novel to the film that was made of the novel two years after its publication. While the novel follows the heroine Virginia Cunningham's first-person narration of her experience of memory loss, confusion, and mistreatment at the hand of medical professionals, the film is narrated by two men and focuses on the triumph of science over illness. The difference between the two illustrates how radical Ward's text is in using the asylum to critique not just specific asylum abuses that might be fixed with better funding, but the entire hierarchical structure of the medical establishment that values cures and progress over human lives. Using the ward system to explore different ways of being together in almost exclusively female-populated spaces, she looks for a

way of structuring communities in such a way that medical and masculinized narratives of fitness and progress cannot be used to drown out or diminish her voice.

In my second chapter, I look at what is perhaps the most traditionally canonical text written about a woman in an asylum, Sylvia Plath's *The Bell Jar.* Although *The Bell Jar*, situated as it is in a renowned private institution rather than a crowded public one, is less explicitly antipsychiatry than other contemporary texts that dwell more extensively on asylum abuses*,* it is still radical in the way it imagines a community that could incorporate people in pain. In this chapter, I criticize feminist readings of *The Bell Jar* that ignore the women that Esther meets in the asylum and dismiss the relationships she forms with them as mere symptoms of her madness to be forgotten once she is well again. What I believe this criticism misses is that while Esther is searching for and rejecting female role models, she is also, or perhaps even primarily, searching for identity and community as a person with an enduring mental illness. Throughout the novel, Esther makes multiple attempts to imagine herself as a part of a community of people with mental or even physical ailments, yet critics have failed to acknowledge these efforts as legitimate attempts at community building. Seeing the bonds Esther forms with others who are in mental distress as a mere symptom of mental illness rather than a legitimate attempt to form a community denies the personhood of those who cannot "recover," people who end up getting left behind as Esther moves toward normalization and a place in the cannon of feminist heroes. I want to explore the importance of a mad community to Esther, and how the novel might be looking toward a vision of community in which no one gets left behind.

In my third chapter, I discuss Marge Piercy's *Woman on the Edge of Time,* one of the most blatantly antipsychiatry novels ever written. In this work of speculative utopian science fiction, a middle-aged Latina woman named Consuelo Ramos, who has been incarcerated in an

asylum, begins communing with a figure from a future world in which babies are genetically engineered, work is shared equally, and individuals who go mad are not stigmatized. Consuelo's mental difference in her own world seems to make her more receptive to traveling to this alternate reality, and she actively tries to move her present toward the future utopia she has witnessed by killing her psychiatrists in an "act of war" she dedicates to the other patients at the hospital (370). The novel draws extensively on Civil Rights, feminist, and antipsychiatry movements to question the patriarchal structure of the institution of science, particularly the way it operates without oversight and makes marginalized people into expendable test subjects. The novel has been popular among feminist scholars for its vision of an androgynous and communal future, but the large sections of the novel that take place in an asylum/psychiatric research hospital in Connie's present have been overlooked. I focus on these sections of the text to highlight how Piercy uses the asylum as a space for bringing together marginalized individuals who would otherwise never come in contact with one another to forge a loose but at least partially effective coalition of resistance against the established order. I also examine the "madhouse" that is presented in the utopian future sections of the novel for its insistence on the value of having a space for being together in suffering, even in a world that is close to perfect.

In my final chapter, I turn to Jeffery Eugenides' novel, *The Virgin Suicides.* Written in the 1990s, this novel reflects a period after deinstitutionalization had dramatically reduced the number of mental hospitals in America and during which there was, perhaps not coincidentally, a spike in medial attention regarding a supposed "epidemic" of teen suicides. Asylums, and asylum novels with them, had become relics of the past by the time Eugenides' novel was written, but I will argue that *The Virgin Suicides* reveals the continued influence of asylums on public perceptions of mental illness as a dangerous disorder that needs to be isolated and

contained for the good of the community. I explore how the perceived threat of suicide is used as justification in the novel for isolating individuals who appear mentally distressed and how the absence of a physical asylum makes this goal of isolation more obvious by removing any pretense of healing. In *The Virgin Suicides,* the community of Grosse Point ostracizes the five Lisbon sisters until their parents, not knowing what else to do to help their stigmatized position, take the girls out of school and incarcerate them inside their own home. This home-become-asylum recreates the worst aspects of the mental hospital in its isolation and stigmatization of the sisters without allowing for any of the connections with other similarly stigmatized individuals that the traditional asylums found in my other novels made possible. The suicides, which the narrators of the novel present as a crisis that justifies the girls' isolation, appear to be much more of a result of slow wearing down by a town that cannot find space for mental difference or suffering than of that mental difference itself. In this chapter, I will use the works of theorists like Foucault, Szasz, Berlant, Cvetkovich, and Ahmed along with this novel to rethink how we view suicide, and how we might imagine a community that could incorporate even people who are self-destructive.

All of my texts use the space of the asylum to illuminate the politics involved in the way we define madness, and in the spaces we create for it. They see potential in communities that can be accommodating of pain and difference, and critique popular discourses about mental illness that present it as apolitical and purely medical. Their vision of how we might incorporate space for mental illness into communities in ways that could potentially be generative rather than simply destructive is especially important at a time when mental illness is frequently demonized in the media and blamed for everything from mass shootings (in spite of the fact that mentally ill

people are more likely to be the victims than the perpetrators of violent crimes (Desmarais)) to the President's misogyny (in spite of the fact that enough people agreed with his supposedly "crazy" messages to vote him into office). Creating a world in which all types of differences are not only tolerated but valued will help us to create a world that is better for everyone, and a community that can better support the pain, suffering, and tragedy that has always been a fundamental part of human existence.

With this goal in mind, I will conclude my dissertation with a brief survey of how the asylum has been incorporated into fiction of the last twenty years. After deinstitutionalization, representations of asylums in literature dramatically decreased, leaving almost no novels with traditional asylum settings in the 80s and early 90s. Beginning in the late 1990s and increasing in the 2000s, however, the asylum/ mental hospital has been making a comeback in literature, prevalent in the 2000s with young adult and popular fiction novels like Patricia McCormick's *Cut* (2000), Ned Vizzini's *It's Kind of a Funny Story* (2006), Julie Halpern's *Get Well Soon* (2007), Michael Thomas Ford's *Suicide Notes* (2008), Matthew Quick's *Silver Lining's Playbook* (2008), and K.M. Walton's *Cracked* (2012), as well as thriller/ horror novels like Victor LaValle's *Devil in Silver* (2012), Suzanne Young's *The Program* (2013), and Madeleine Roux's *Asylum* (2016), and others. Some of these novels place their characters in contemporary hospital wings where people who are deemed to be "threats to themselves and others" are still confined today, while others create imaginative asylums that more closely represent older asylums of the past. What I will argue is common to all of these novels, however, is that while they may or may not place some value in medical cures, they all see patients, rather than doctors, as the heroes of illness stories. Their focus on community and relationships more than treatment aligns them with the themes of the twentieth-century novels that preceded them. In fact, many of

these texts explicitly reference one or more of these earlier asylum texts, which the characters view as vehicles for learning to speak of their own experiences of mental illness. As they draw connections between their own mental difference and suffering and that of other literary figures, they strengthen the coalition of stigmatized individuals that has been slowly growing in asylum novels over the past seventy-five years, indicating that whether Heather Love's collective movement of isolates can exist in life or not, it certainly exists in literature.

Chapter 1. A Novel with Social Significance: Medical Narratives and Women's Truth in Mary Jane Ward's *The Snake Pit*

Of all of the novels that I will discuss in this dissertation, none have enjoyed quite as wide a popularity when they were first published as Mary Jane Ward's 1946 novel, *The Snake Pit*. Although it has largely been forgotten today, the novel sold over a million copies when it was released, making it a national best-seller, and inspired the creation of a box-office topping film by the same name. The novel's descriptions of the inadequate conditions of the asylum was shocking to many readers and influenced popular discussions of mental illness and its treatment during a period of intensive reform efforts in the 1940s. Numerous exposés that came out after the novel was released, including Albert Deutsch's now infamous *Shame of the States* and Mike Gorman's *Oklahoma Attacks Its Snake Pits* reference *The Snake Pit* and credit it with raising social awareness of the conditions of the mental asylums. Although it was not the first novel to be written about the asylum, it was the first book about the asylum to be a major best-seller, and its popularity "established as no other book had the market potential of this subject," which encouraged others to write similar accounts (Wolfe and Wolfe 896). Sylvia Plath, writing in her journal in 1959, acknowledges the continued influence of *The Snake Pit* nearly fifteen years after its publication and points to it as a source of inspiration for her own fictional account of mental illness, writing, "I must write one about a college girl suicide. THE DAY I DIED. And a story, a novel even. Must get out SNAKE PIT. There is an increasing market for mental-hospital stuff. I am a fool if I don't relive, recreate it" (Plath 495). Although the novel is not often read today,

then, its influence continues to be felt in the genre of asylum novels that it played a role in creating.

The Snake Pit tells the story of a fictional writer named Virginia Cunningham who struggles to have her voice heard and her needs met in an understaffed and inadequately supplied New York mental institution called Juniper Hill State Hospital, based on Ward's own experiences in Rockland State Hospital. The book personalizes mental illness by presenting Virginia as a sophisticated writer who maintains her wit and charm even when she cannot remember where she is or what she is doing there. Her wry and poignant social commentary on the squalor and chaos around her in what is supposed to be "one of the best [hospitals] in the country" (70) presents an alternative narrative of mental distress to the commonly accepted medical narratives that often portrayed people with mental illnesses as problems in need of cures rather than living breathing people with opinions and concerns that needed to be taken seriously. Throughout the novel, Virginia criticizes medical men and medical science for refusing to hear her voice and insisting that their authority over mental illness trumps her experience. As the novel itself frequently points out, such criticisms of doctors and medicine were not common at a time when doctors were often glorified as modern heroes rescuing people from the evils of illness. Virginia imagines that if she tries to tell anyone about her experiences of the asylum they will not believe her because of how romantic the general public's notions of mental illness tend to be. She imagines a reader telling her, "Don't you know that our modern mental hospitals aren't at all like your trumped-up Juniper Hill? Why, patients are all so happy . . . They have a good roof over their heads and they don't have to worry about where the next meal is coming from or who's going to pay the gas bill. I'd say its an ideal existence and here you've gone and made it sound perfectly icky" (105). As I will recount in greater detail later in this chapter, this

view of the asylum as kind, custodial parent to carefree child-like patients is one that Virginia encounters many times in the novel, and one that her own account presents it as a pure fabrication.

The popular view of the asylum as a magnanimous scientific institution designed for the patients' "own good" was made possible, at least in part, by the stigma surrounding mental illness and mental disability that had encouraged a great deal of secrecy among families who had disabled or mentally ill relatives, particularly before the 1950s (Trent 230). Family members who went mad or showed limited cognitive functioning were often hurriedly placed in these custodial institutions and then never spoken of again, which allowed the general public to largely ignore that these institutions, and the people they contained, existed. Speaking of asylums was generally considered taboo, as is evidenced by the largely negative reviews of an earlier asylum novel that negatively portrayed the asylum and psychiatry, Emily Coleman's *Shutter of Snow* (1930), about which one reviewer noted, "There are abysses into which it is hardly fair to lead a reader" (*New York Post*, quoted in the introduction to *The Shutter of Snow*). When *The Snake Pit* came out over a decade later, however, reviews were overwhelmingly positive and often touted the novel as a realistic view of mental illness, in spite of its negative portrayals of both the asylum and its medical staff.[1] This praise for *The Snake Pit* and the accuracy of its portrayals would likely not

[1] In a review for *The American Journal of Psychotherapy*, George Major writes that "Miss Ward has described objectively her observations" (235), indicating his belief that the novel presented an accurate portrayal of mental illness and its treatment. In the *New York Times*, Orville Prescott similarly praises her sympathetic portrayal, stating, "Many have turned to madness only as a method of creating melodramatic shock; a few have made sincere and skillful efforts to increase the sympathy and understanding of mental patients... Of these, the best I have ever seen is a novel by Mary Jane Ward, *The Snake Pit.*" In another review for the *Times*, Kapp writes "We cannot know if the images are accurate, but the texture of schizophrenia seems undeniably caught." *The Boston Globe* offers similar praised, calling it "One of the most moving novels in years" in its portrait of mental illness, and insisting on its accuracy stating, "Never once did this reviewer feel she bordered on the sensational" (Meador).

have been possible if the nation were not already being primed for hearing negative accounts about mental hospitals by exposés and newspaper articles that were emerged almost concurrently with its publication.

Beginning in June 1944, Conscientious Objectors who had been placed in state mental hospitals to serve as attendants during the war began to publish a monthly magazine in Philadelphia called *Psychiatric Aid* that described the conditions of the asylum, and after the war their collective findings were published in an article titled "Bedlam 1946: Most U.S. Hospitals are a Shame and a Disgrace" in Life Magazine in May of 1946 (a month after *The Snake Pit* was chosen for the Book of the Month Club) and later compiled into a book titled *Out of Sight, Out of Mind* (1947). At the same time, journalist Albert Deutsch was writing long exposés in *The New York Star*, accompanied by horrifying photographs of crowded wards with unkempt naked patients lying and sitting on the floor, that would later become the basis for his famous 1948 book, *The Shame of the States*. In this book, Karl Menninger, who authors the introduction, notes the influence of *The Snake Pit* in awaking public consciousness on the state of asylums, noting "Recently Mary Jane Ward's *The Snake Pit* startled some who thought it was news" (18), and Deutsch includes a chapter titled "Juniper Hill on the Hudson" about Rockland State Hospital, Ward's inspiration for her fictional asylum. Within several years of the book's publication, numerous other local newspapers across the country began running articles on asylums in their states, revealing intense overcrowding, abusive attendants, and a staggering shortage of basic supplies while stressing that these conditions had existed well before the shortages of WWII. In a review of *The Snake Pit* in *The American Journal of Psychotherapy*, the author notes that he saw an article about poor conditions in asylums at the same time he was reading the novel, and many other Americans were likely having a similar experience (Major).

The exposés undoubtedly influenced how the novel was received and read. Ignoring its label as fiction, many reviews saw it as a truthful, if not entirely factual, account of mental illness that the public could learn from. Reviews titled "An Honest Study of Derangement" and "Understanding the Insane: The Hopeful Story of a Woman's Progress Back to a Normal State" indicate that the authors of these articles saw Ward's book as a truthful representation of mental illness meant to inspire hope. The article in the *American Journal of Psychotherapy*, in comparing Ward's account to Clifford Beers's earlier memoir, *A Mind That Found Itself*, even calls Ward's account more "objective" than Beers's, even though Ward's novel was clearly labeled as fiction and Beers's was not. The novel was also read as a novel of reform, and many reviews noted its potential to change readers' views about mental illness and its treatment and spur them to action. Frank Meador expresses this view in his review when he claims, "Though one does not feel she meant primarily to write a crusading novel, her story has social significance." The producer Anatole Litvak also saw the book's potential to improve public institutions, and bought the rights to make a film of Ward's novel before it was even published, let alone a best seller, later saying that his goal for the film was to "awaken public interest in this vital matter, to reassure people that mental disorder is an illness which can be cured, and to direct attention to the facilities now available in our institutions" (Pryor). After the novel's publication and even more so after the movie's release two years later, Mary Jane Ward found herself the face of a movement. Women's groups, mental health advocates and professionals, and other organizations pushing for reforms almost immediately began asking her to speak on behalf of better treatment for the mentally ill, and she began touring hospitals and giving speeches throughout the country. She became a speaker for the National Mental Health Foundation, an organization formed by COs that had published *Out of Sight, Out of Mind*, and later served on its

Board of Directors until she had a second breakdown in the mid-50s and was placed in a private asylum, an experience that she dramatizes in her 1969 novel, *Counterclockwise* (Donaldson "*The Snake Pit*" 119).

When Mary Jane Ward first wrote *The Snake Pit*, however, she was not trying to become the face of a movement. She had already published two novels that had been rather modestly received, and had no expectations that her third would be a best-seller. In fact, in an article for the *Chicago Tribune*, Lloyd Wendt reports of Ward and the April selection of her novel for The Book of the Month Club, "she is surprised by the selection of 'The Snake Pit' for an honor most writers spend a life time seeking, since, she says, it has no plot, no love story, and it concerns a subject most people find disagreeable." While all three of Ward's early novels, including *The Snake Pit*, demonstrate a strong social consciousness, her main interest appears to have been not in institutions or sparking reform movements, but in relationships and communities. For example, her sorely underappreciated first novel, *The Tree Has No Roots*, paints a portrait of a University from the perspective of workers like groundskeepers, maids, and servers, describing the conditions of their work and their often sorrowfully futile efforts to get ahead in the middle of the Great Depression. Although the novel encourages sympathy for the workers, it offers no plans for reform to make things better for her characters. In *The Snake Pit*, Ward hints that her literary friends had critiqued her for not being more overt in her political messages when a confused Virginia, trying to figure out where she is and determining based on her company that she must be in a training school for underprivileged girls, wryly notes, "I must be doing a novel with Social Significance. All these new friends of ours always pestering me about why don't I write something that has Social Significance" (25). Her later semi-autobiographical novel, *Counterclockwise*, in which the main character writes a best-selling novel about mental illness

called *Hideaway*, similarly portrays a character who is somewhat resentful of the role of activist that her novel has pushed her into, as she feels it has limited her to asking for small improvements in conditions because, “In a speech you have to be very careful not to say anything much at all beyond what they have already accepted” (*Counterclockwise* 86).

The Snake Pit has often been read as an exposé couched in fiction, meant to highlight the poor conditions of American mental asylums and advocate for institutional reforms such as more food, clothing, and doctors and better facilities for the mentally ill. This is, after all, what most of the journalistic exposés of her time were pushing for. Deutsch, the COs, and other journalists, physicians, and activists urged the public to call their local politicians and demand that they increase funding to mental institutions to improve care. However, I will argue that in spite of Ward’s later involvement in such reform efforts, her novel is *not* primarily about advocating for material reforms to asylums in an effort to enact a better cure, but rather stresses the need to make space for, and give voice to, people with mental illnesses, a goal that cannot be accomplished by merely throwing more money at institutions. While the novel is deeply critical of the asylum, Ward is very careful not to let this criticism, or anything else, overpower Virginia’s narrative of her own illness. Although she has a number of horrifying and even physically painful experiences in the crowded and underfunded wards, the terrible conditions of the asylum are not nearly as devastating to Virginia as the fact that her voice and experience is not respected by the doctors who treat her as if she is too ill to have any legitimate say in her own care. As her doctor rushes about preparing her for shock treatments, her major complaint is that he is “always talking about hearing voices and never hearing mine” (43). While reform efforts that focus on material changes to the conditions of mental hospitals, like more funding for beds and doctors, imply that the solution to the current crisis in mental health is simply providing

a better cure through more doctors and scientific treatments, Virginia herself constantly pushes against the idea that better care can be achieved through any cure-focused intervention and instead advocates for a community that gives greater credence to the voices and continued humanity of people who have been deemed insane.

As I will illustrate in the next section, Virginia is deeply skeptical of modern medical practices, such as the rather newly invented electroconvulsive shock therapy (ECT) and psychotherapy, when they are used to discount her voice. The doctors' presentation of Virginia as a diseased woman who needs to be "cured" by science before her opinions and insight can be of any significance undermine her experience as a woman in mental distress. Disability scholar Eunjung Kim uses the term "curative violence" to discuss the type of harm done to a person in the name of cure, both in terms of actual physical violence and the social treatment of a person who is seen as needing a cure. She writes, "curative violence occurs when cure is what actually frames the presence of disability as a problem and ends up destroying the subject in the curative process" (14). Virginia is subjected to physical violence through shock treatments and hydrotherapy and forced feeding in the name of a cure, but the greatest violence that is done to her is the violence done to her subjecthood as she is treated as a problem to be solved by medical science, a diseased other who cannot be seen as fully human until she recovers. Throughout the novel, she fights for a space to exist as a person in mental distress who does not need to be cured before she can be a part of a community, even while her altered mental state is distressing to her. Kim argues that there are two levels to the curative violence that is often visited on patients when cure becomes the sole focus of any narrative surrounding them, writing, "The violence associated with cure exists at two levels: first, the violence of denying a place for disability and illness as different ways of living and, second, the physical and material violence against people

with disabilities that are justified in the name of cure" (14). It is the first level that enables the second, and that Virginia struggles most fervently against, trying desperately to make her voice heard and find community in a system designed to make her invisible until she is fixed.

Providing better lodging and food for the mentally ill who have been stripped of their subjecthood and rights in the name of a cure is unlikely to decrease either form of curative violence as long as the search for a cure is valued over actual people experiencing mental distress. Therefore, while *The Snake Pit* has often been read as a work of activism on behalf of the mentally ill who have been confined to asylums, I would like to read it instead as a detailed portrait of an individual woman who is struggling to have her story heard above the more powerful stories being told of her by doctors, nurses, and Freudian psychologists, as well as her effort to find a community in which the narratives of others do not overpower her own. As I hope to illustrate in my discussion of the film that was made of the novel only two years after its release, Ward's portrait of Virginia as a woman who maintains her wit, intelligence, personality, unique voice, and desire for community even in her mental distress contradicts many of the most popular narratives about people experiencing mental illness of her day (and perhaps also ours). As Virginia travels through the hierarchical ward system, she begins questioning those doctor-glorifying and patient-othering narratives about mental illness that she herself had previously taken for granted as she sees how they undermine her experience. Experimenting with different ways of being together in the different wards that she is forced to inhabit, she does her best to envision a community in which people like her do not have to be locked away until they are deemed sane again, but can contribute to a communal way of belonging that is forgiving and giving enough to make room for people with mental distress.

I also hope to illustrate that in the novel, the necessity of listening to people who have been deemed mentally ill is closely tied with the broader need to listen to women in general, and to take their experiences seriously. To a large extent, Virginia is able to insist on the worth of her own narrative only because she already knows what it is like to have a strong voice and to be heard. As one reviewer of the novel has noted, “Since Virginia is a novelist, observant and clever, her impressions of others even while she is ‘sick,’ as the inmates say, are effective” (Prescott). It is because Virginia is already a writer, in other words, that she is able to tell such an effectively sympathetic story. Virginia frequently contrasts her position in the asylum with her life back home in Evanston, where she was respected, at least to a degree, as a published author and had the support of an intellectual circle of friends and a husband whom she believes takes her almost too seriously (77). She confesses the influence that having a supportive husband who respected her voice has had on her career, stating, “I never would have stuck to my writing if he hadn’t kept telling me how good I was” (79-80). It is her sense of continuity with this past that leads her to believe that she is still worthy of being heard in the asylum, no matter how confused she might be at times. The novel is very conscious of the fact that not all women have this support, however, as is made clear by her early belief that she is writing a novel about a training school for “underprivileged women,” stories about the Russian language student named Senja whose experiences with the Bolsheviks the wealthy Helene immediately dismisses as “bosh,” and Virginia’s own frequent references to people from her past who did not take her opinions seriously, including her classmate Charles who later became a doctor. *The Snake Pit* might have been a very different novel had Virginia not had not been supported in her expression of her voice before she arrived at the asylum, allowing her to advocate for herself in the personality-

effacing environment of the asylum that ends up breaking down so many of the women she meets.

1.1 Replacing Monolithic Definitions With Patient-Centered Narratives

Unlike some of the anti-psychiatry novels of the 1960s and 70s in which characters are presented as being perfectly sane and merely misdiagnosed or misunderstood, *The Snake Pit* makes it clear that Virginia is actually experiencing mental distress. For the first fifty pages or so, she cannot even remember where she is, is frequently confused, and has difficulty performing basic tasks like sorting laundry. Although at least some of her memory lapses and periods of confusion are a result of the electroconvulsive shock therapy (ECT) that she is receiving, she also describes experiencing some kind of nervous breakdown and extreme insomnia before entering the asylum. However, while *The Snake Pit* may not deny that mental illness is real and even devastating to the patient, it does push back against monolithic medical definitions of mental distress that portray the mentally ill as diseased others whose subjecthoods have been completely subsumed to an illness that doctors must eradicate at any cost. In spite of her mental confusion, Virginia is still witty and charming and has a strong social consciousness, making potent observations about the treatment of the women she is locked up with as she believes herself to be first in a training school and then in a prison. She is aware of, and disturbed by, the mistreatment of the women she is with, and looks for opportunities to speak out, even if she is often silenced by the nurses.

Virginia also questions the ability of medical professionals to be the ultimate authorities on the cause and nature of mental illness, an authority that often makes their voices more valued than her experience when they two contradict. Almost every review of the novel points out (often somewhat disapprovingly) that the cause of Virginia's mental illness is left ambiguous in the novel. For example, Orville Prescott, who reviewed the book for *The New York Times,* writes,

"*The Snake Pit* might have had greater interest and force if Virginia's malady had been neatly explained" although he does admit that this "might also have seemed too pat and so less convincing." Similarly, Isa Kapp points out in his review of the novel that Virginia's sympathetic psychoanalyst seems to have not done her much good, but he still believes that the message of Ward's novel must be that a more protective institution would have healed her better, saying, "Apparently Miss Ward is no scientist and has no way of dealing with her contradictory implications." Both reviewers appreciate Ward's descriptions of the asylum and Virginia's experience, but long for a scientific explanation for her troubles. Their desire for this kind of "objective" answer that might somehow "explain" Virginia's illness better than her detailed account of her own experience reflects a general trend during this period toward an increasingly medicalized "modern" view of mental illness and its treatment, which had come to replace the "moral treatment" of the eighteenth and nineteenth centuries.

As I have noted in my introduction, the moral treatment had presented madness as more of a behavioral problem to be cured with social intervention like a familial structure and regular forced labor, both of which were seen as therapeutic. In the late half of the nineteenth century, however, extreme overcrowding in asylums made the familial structure required for the moral treatment nearly impossible, and made states increasingly desperate for a medical solution to mental illness to empty their crowded wards (Hubert, 33). This desperation led to the rise in support for eugenic breeding to try to prevent the "feebleminded" from producing more offspring and procedures like lobotomies that were supposed to make patients in the back wards of institutions manageable enough to return to their homes.[2] By the time *The Snake Pit* was written,

[2] This is particularly true in an American context where Walter Freeman altered Moniz's Nobel-Prize- winning leucotomy procedure to create the cruder "icepick" lobotomy specifically so that

the medical model of mental illness dominated asylum care and popular conceptions of madness. Although we still see some aspects of the moral treatment model in *The Snake Pit*, such as the idea that work can be curative (which Virginia wryly criticizes, saying "It is interesting to me that most of their occupational therapy gets work done that they would have to hire out otherwise" (157)), there is also a strong influence of modern medical techniques like ECT and hydrotherapy/cold packs (wrapping patients in wet sheets), which were both believed to have medical benefits for patients. At least one woman Virginia meets has even undergone a lobotomy, and Virginia herself receives the advanced medical treatment of psychoanalysis between shock treatments and hydrotherapy.[3] Many of these treatments were seen as cutting edge when the book was written, symbols of modern medicine's dominance over mental illness. Virginia, however, is unimpressed and apparently unhelped by any of them, and they appear more as tortures and sources of confusion than medical triumphs. Other women who receive these treatments appear similarly unhelped, particularly the woman who has been left miserable and disoriented by her lobotomy. As the novel progresses, Virginia becomes more and more critical of her doctors as her experience contradicts their professional accounts.

In order to make herself heard, Virginia has to fight against the rigid hierarchy of the asylum and society that privileges medical knowledge over all other types of knowing by creating an "us" and "them" divide between the ill and medical professionals, the latter of whom

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the surgery could be performed by regular doctors without the aid of a neurosurgeon, and he traveled the country teaching hospital staff how to use it in mass on patients in their back wards.

[3] Psychotherapy was seen as one of the more effective methods of treatment for the moderately mentally ill in the 1940s, but because it requires a conscious and willing participant and asylum patients were usually seen as too disturbed to benefit from it, it was rarely practiced in these institutions. Leslie Fishbein points out that the fact that Virginia was not conscious that she was being analyzed is "an obvious violation of the analytic norm that the patient be a voluntary and fully conscious participant in the procedure" (649).

are overwhelmingly male. Betty Friedan would later articulate the challenge for a woman trying to assert her truth over powerful medical discourses in *The Feminine Mystique,* asking,

> How can an educated American woman, who is not herself an analyst, presume to question a Freudian truth? She knows that Freud's discovery of the unconscious workings of the mind was one of the great breakthroughs in man's pursuit of knowledge. . . She has been taught that only after years of analytic training is one capable of understanding the meaning of Freudian truth. . . How can she presume to tread the sacred ground where only analysts are allowed? (104)

The analysts and the doctors, for their own part, are very invested in maintaining their authority by immediately shutting down anyone who presumes to have any knowledge or insight into what these authorities perceive to be a medical problem. For example, when Virginia is concerned that she might catch a disease from the women in her ward because they all have sores, Dr. Terry assures her that none of them have anything contagious, and when she presses further, asking if the sores are then a result of their diets, he gets visibly upset. Virginia narrates, "How his face stiffened! 'Are you interested in the study of medicine, Mrs. Cunningham?'" (223). The doctor asserts his authority and invalidates Virginia's interest in the women in her ward simply by pointing out that she is not a doctor and therefore should not concern herself with finding out why the women have sores. Trapped in the asylum, Virginia knows that she is not in a position in which she can afford to have a physician angry with her, so she goes silent, thinking to herself, "curiosity killed a cat," but internally she asserts the value of her own opinions and search for answers, thinking to herself, "I've no interest in the study of medicine, thank you, but I am interested in people" (224). While the doctors' authority over Virginia is effective in silencing her, the novels' reporting of the doctors' defensive reaction and Virginia's inner dialogue suggest that this authority is founded more on his position of power than superior knowledge, and that they are not the only ones who have the right to be "interested in people."

The aforementioned scene with Dr. Terry is far from the only time Virginia finds herself in trouble for asserting her own truth in defiance of a doctor's authority. Later in this same chapter, in fact, she finds herself in conflict with another medical man again when she meets with her psychoanalyst Dr. Kik and expresses concerns about her memory loss. Dr. Kik insists that Virginia remembers the hospital that she was at before Juniper Hill, but Virginia repeatedly contradicts him, asserting that she cannot remember anything and finally asking if the lapse is temporary amnesia from the shock treatments or more permanent. Dr. Kik, unsympathetic to her concerns, grows upset with her for questioning him and stubbornly replies, "You are becoming a doctor . . . You interest yourself in psychiatry . . . You dramatize . . . You recall something you have read and you attempt to fit the facts into a pattern. You remember everything of course" (231). When she insists that she does not remember yet again, he makes it clear that it is time for her to leave. In both this incident and the scene with Dr. Terry, a doctor attempts to silence Virginia's questions and dismiss the validity of her experience by reminding her that she is not a professional and therefore cannot presume to have any opinion on or interest in anything that they have deemed to be a medical issue. In doing so, they place themselves above any possible discussion as figures of unquestionable authority, no matter how completely their diagnoses and descriptions of symptoms seem to contradict patients' own experiences of their illnesses.

Virginia constantly pushes back against this presentation of doctors as all-knowing authorities, particularly when her husband Robert repeatedly expresses his admiration for physicians, including their friend Dr. Charles Thompson. Robert has apparently been consulting Thompson and reverently brings up his opinions in multiple conversations with Virginia early in her illness. Virginia is polite to Robert, whom she finds to be slightly gullible, but mentally mocks his high opinion of Dr. Thompson, saying to herself, "He can't be much good. Why, we

went to kindergarten together. Robert, however, was not in kindergarten with Charles and so thought he was good" (75). The fact that simply recognizing that a doctor is a human who has had a childhood like anyone else immediately diminishes their authority illustrates what a mythic and almost god-like status they generally hold in the world of the novel. Virginia wryly reveals them to be mere men with opinions, just like anyone else, saying of Dr. Thompson on another occasion, "Oh, Charles, even then, had words to say, but no MD to back them up" (84). Eager to be a part of the discussion on her own health and wellbeing, she continually insists that her opinion and experience is as valid as anyone else's, if not more so. In so doing, she disrupts definitions of mental illness that present it as solely a medical problem for medical authorities to diagnose.

The authority of medicine to rob Virginia of her ability to tell her own story goes beyond merely shutting her down for asking questions, but rather extends, at times, to physical silencing. This silencing is most dramatically illustrated when she is about to undergo shock therapy and opens her mouth to call for a lawyer, only to have a nurse stuff a gag into it (44). Later in the novel when Virginia refuses to eat, she is force-fed through the nose and becomes physically unable during this procedure to tell the doctors that she would very willing eat if this force-feeding is the alternative. The torturous treatments she undergoes, without consent or even the opportunity to learn the rationale for what is being done to her, clearly illustrate the dangers of letting anyone, medical men included, dominate the narrative of someone else's experience. In the titular scene of the novel, Virginia further demonstrates how the unquestioned hierarchy created by the doctors can be used to justify the inhumane treatment of patients who are seen as being "other" to the doctors. Having been sent out of reception to one of the "back wards" where

for the first time she feels that she is more well than some of the forgotten women who have succumbed to their mind-numbing surroundings, she ponders:

> Shock treatments. Why bother with insulin, metrazol, or electricity? Long ago they lowered insane persons into snake pits; they thought that an experience that might send an insane person out of his wits might send an insane person back into sanity. By design or accident, she couldn't know, a more modern "they" had given V. Cunningham a far more drastic shock treatment now than Dr. Kik had been able to manage with his clamps and wedges and assistants. (217)

In this passage, Virginia shows that the "us" and "them" of patients and doctors far predates the "modern" medical techniques that are so highly praised in her day, like ECT, and has historically been used to justify such unscientific procedures as throwing people into a pit of snakes. She compares the snake pit, which would have seemed as outdated and cruel in her day as lobotomies appear to us today, both to the shock therapy she has received and the shock of finding herself in a ward with women who have been treated as inhuman because of their illness and neglected for so many years that they have begun talking to imaginary companions. Through this comparison, she challenges the authority of the doctors to know how to diagnose or treat mental illness by suggesting that the "more modern 'they'" has little more science behind their techniques than the "they" who lowered the insane into snake pits.

The Snake Pit does not completely reject the medical model of mental illness in that it seems willing to believe that mental illness is a sickness that can cause suffering and that a person might very well desire a medical "cure" to alleviate some symptoms of distress, but it does push back against purely medical views of mental illness that do not make room for patients' descriptions of their own experiences. While doctors present their views on mental illness as scientific and therefore "objective," Virginia insists that the medical model of mental illness is just one story out of many, and that it is just as "romantic" as any other portrayal. Reflecting on an unpublished novel about a mentally ill character that she had written before she

had had the experience of going mad herself, Virginia writes, “It was a romantic book. She knew this when she was writing it. What she did not know until she came to Juniper Hill was that the dozen scholarly volumes she had read on the subject were also very romantic” (70). In this statement, and other similar revelations throughout the novel, Virginia insists that medical expertise can not be trusted to tell the whole story of mental illness, and that it is therefore essential to listen to patient accounts. She underscores how putting too much stock in medical explanations can undermine patients’ own stories of their illness, overwriting them with the more authoritative medical opinions that feel foreign to the patients’ experiences. These purely medical accounts also frequently fail to acknowledge how the structure of society, and of the spaces we create for the mentally ill, might contribute to mental distress as much as physiological factors.

In the novel, the cause of Virginia’s illness is left deliberately ambiguous but seems to have something to do with the stress of too much company and not enough money. However, the doctors, in keeping with the modern “scientific” theories of their day, seem rather eager to pin a more definite, Freudian, cause to her illness, an effort that Virginia repeatedly rejects as fantastical. Dr. Kik psychoanalyzes Virginia without her knowledge, and she does not find out what his assessment of her is until the end of the novel when her husband reveals how unhappy he is with Kik’s conclusion. Robert tells Virginia that Kik believes that she went mad because she felt guilty about marrying him after the death of her first lover, Gordon, seventeen years ago, she responds by saying, “It’s the sort of thing that would be nice in a book, but don’t you think I waited rather long?” indicating that this supposedly scientific theory has no more truth to it than the kind of romantic fictional account she wrote of mental illness before she had experienced it herself (256).

Throughout the novel, Virginia contrasts her own experience of madness with the types of "romantic" descriptions that she has heard in novels, scientific reports, and now from her own psychoanalyst. She see's Dr. Kik's desire to come up with a neat causal explanation for her illness as a part of this romance, saying after her husband tells her of his theory, "I always think of him in connection with that little room with the electricity, always the man of science. This changes the picture. I'll have to think of him as a man of romance as well" (256-57). Both she and her husband believe that Dr. Kik has things wrong, largely because while he spent so much time speaking with Virginia while she was disoriented from shock therapy and probing her unconscious, he had failed to actually listen to how she felt about anything. Virginia notes his lack of real world experience, stating, "Dr. Kik doesn't understand us . . . He just doesn't understand how we felt about Gordon or how we feel about him now. He's kind of young, isn't he?" (257). His medical degree, in other words, does not automatically provide him with the kind of knowledge that can only come from personal experience. Virginia is markedly uninterested in the Freudian explanation of the cause of her illness, remarking, "the hell with my subconscious. What I'm interested in is getting my old consciousness to working again" (257). Her witty remarks humorously undermine the supposedly unquestionable authority of scientific and medical advancement, but the novel also makes it clear that this authority is often no laughing matter for most patients who are unable to escape the hierarchy of the asylum. The romanticization and simplification of the experience of mental illness can have devastating consequences for patients when they are used to ignore their pain, dismiss their true needs, and justify their exclusion from community.

One of the biggest problems Virginia sees with the romanticization of madness is that it dominates the popular discourse about the mentally ill in a way that often hinders people from

telling illness stories that involve pain and leads much of the general public to dismiss personal accounts of mental illness like her own. She insists on telling a story about mental illness that does not gloss over some of the pain and suffering that she and her fellow inmates endure, both because of their mental distress and because of the way they are treated by the asylum and their families. When she first recognizes that she is mad after a long period of mental confusion, Virginia recalls an article that she had read before she entered Juniper Hill that had made the asylum seem "fascinating" because it portrayed patients as "A group of interesting people living in dream worlds" and quickly corrects the account, adding, "There are also nightmares" (54). Disability scholars Elizabeth Donaldson and Merri Lisa Johnson have argued that romantic accounts of madness, which are still popular today, tend to erase actual suffering and in so doing minimize the actual lived experience of mental illness (Donaldson, "Corpus" 102; Johnson, "Bad Romance" 264). Virginia reveals how discounting patient suffering can make it difficult to hear people who have had different experiences in her conviction that her narrative will not be accepted by a public that wants to believe in storybook madness. Virginia notes, "Well, I shall try to remember Juniper Hill for a book and then they will say what an imagination you have, my dear. Don't you know that modern mental hospitals aren't at all like your trumped-up Juniper Hill? Why, the patients are all so happy and, my dear, they do the darnedest things . . . They are so much happier with their own kind and they just play around like happy little children all day long" (105). These imaginary listeners have such a romantic view of mental illness and its treatments that they cannot hear stories about the horrors of the asylum over more the more popular medical narrative's promise of medical advances. As I have discussed, even Robert, who is Virginia's loyal ally and is clearly trying to help her in the only way he knows how, is himself rather swayed by scientific accounts and continually praises the doctors as he promises Virginia

that she will be coming home soon. It is only after seeing Virginia's continued distress and listening to her description of her experience that he begins doubting that the doctors actually do know best. When he hears Dr. Kik's analysis and realizes that the young doctor has not heard his wife at all, he loses his former faith in medical science and begins conspiring to get her out. Many patients are not so lucky to have allies who will come around to believing their mentally distressed relations over the authoritative narratives of doctors, however, and *The Snake Pit* is riddled with stories of female patients who have been permanently abandoned to the asylum by relatives who assume that the doctors must know best what they need.

Although part of the nightmare of mental illness in *The Snake Pit* is sometimes caused by the patients' distress and confusion itself, this distress is made manifoldly worse when patients are excluded from the community of their loved ones and abandoned instead to the "care" of the asylum. When Virginia first realizes that she is in a mental hospital after weeks of confusion and disorientation, she is immediately concerned that her husband will abandon her, and begins comparing her plight to that of a boy named Don Jackson she knew when she was younger. Don went mad and was put in an asylum by his parents, who eventually stopped visiting him because they believed the narrative that he was, "Happier there than he would be at home . . . Better off with his own kind" (53). They saw him, in other words, as being transformed by his mental illness into an "other" who was no longer fit for their company. Virginia discusses Don's plight throughout the novel, with italics that represent what Don's mother said about him interrupting her own thoughts about recovery and how long it will take for her family to abandon her if she does not "improve." For example, after she struggles to adjust to Ward One and its demanding head nurse, Miss Davis, who has little sympathy for her lapses in memory, Virginia thinks:

> *For a while we thought he was going to recover, but then—well, he got worse* . . . Don, was there a time when you saw, as if at the end of a dark hallway, the light

> of the outside, a time when you knew you hung at a balance and that such a little push, one way or another, would determine your life? Did you, at this wavering instant, come up against a Miss Davis who laughed you, sneered you, chilled you back into the dark? (122-23, ellipses original)

Virginia's concern that the "care" she is receiving might "chill her back" into madness implies that mental illness can be impacted by social factors like relationships with caregivers and relatives, and that any real solution to madness cannot be merely medical, but must take these social factors into account. In the novel, however, relatives and friends seem all too ready to accept purely medical accounts and send a person who is experiencing mental illness away to be treated or cared for without thinking about them again. Jackson's parents never visit him, and Virginia admits that she had not even wondered what had happened to Don Jackson before she came to the asylum. She recalls, "You had heard so much about Don Jackson, but you had never heard exactly what happened just before he was taken away. You hadn't even wondered. Poor Don Jackson lost his mind, people said, and they had to take him away" (61). Thinking back on this incident after experiencing madness herself, Virginia views the lack of community for Jackson as tragic. Although it is never entirely clear what makes Virginia "well" again, it is indisputable that her husband's intervention on her behalf is what allows her to leave the asylum. His consistent visits and care seem to do much to help her recover, even if he is initially too trusting in doctors. He advocates for Virginia, and when it becomes clear that the asylum care in not adequate or helping any longer, he devises a scheme to get her out of the asylum by switching her doctors and telling the hospital administrators that he is moving her out of the hospital's jurisdiction. It is only because she has someone who will listen to and respect her voice, both before and during her madness, that she is ever able to escape the confining asylum that seems to permanently swallow so many women's lives.

Whatever caused Virginia's initial breakdown, it is relationships, much more than medicine, that help her out of her distress. The narrative that medicine must be given the ultimate authority over people in mental distress tends to hinder these relationships, however, making it very difficult for patients to find community when they need it most. Even when relatives do not abandon their loved ones to the asylum completely, institutional rules set by the doctors frequently prevent their communing. Robert, for example, is only able to visit Virginia once every two weeks, which is perhaps why it takes him so long to realize how limiting and even damaging the space of the hospital is for her. Virginia finds this constraint on their interactions incredibly distressing, and she frequently cries over his letters when she is not able to see him. The stress of being deprived of contact with the outside world and the positive relationships that she enjoyed before being confined for her mental illness encourages Virginia to imagine what kind of spaces and relationships might be created that would allow people in mental distress to be more included and have a legitimate voice, even in their sickness. The structure of the asylum, as a system of wards, provides her with multiple opportunities to experiment with different ways of relating to others as a person experiencing mental distress or confusion, as each new ward provides a new environment for exploring different ways of being with others to find a community that can be welcoming to someone like her, however briefly.

1.2 Exploring Different Forms of Community Through the Ward System

As was the case in most real and fictional asylums in the twentieth century, the structure of Juniper Hill is based on a hierarchical understanding of wellness in which patients progress through numbered or named wards until they are either released or permanently abandoned to wards that have been designated for "hopeless" cases. In all of the wards, patients are submitted to the authority of the doctors, nurses, and other members of the hospital staff and forced to adhere to arbitrary daily schedules that the patients generally have no control over. The wards are

meant to organize patients and keep them motivated to progress from one place to another, but Mary Jane Ward uses these wards in a different way, to experiment with different ways of being together that might incorporate the widest breadth of mental difference. *The Snake Pit* is perhaps unique among asylum novels in the sheer number of wards that the heroine travels through at the hospital. While in *The Bell Jar* Esther experiences only three wards at two separate hospitals and Connie experiences a similar number in *Woman on the Edge of Time,* in *The Snake Pit,* Virginia describes eight wards and hints that she has been in others that she cannot fully recall. This multitude of different spaces makes it difficult to maintain long-term relationships, but it also gives her the opportunity to experience eight different ways that relationships between people in mental distress might be organized, some of which are more obviously flawed than others. As Virginia progresses and regresses through Wards Three, One, Two, Five, Twelve, Eight, Fourteen, and finally Thirty-Three before being released, she experiences some wards that are chaotic and overcrowded, others that are tyrannically rule bound, and two that are communal and comfortable which, although far from perfect, offer some hope for a place where a person in mental distress might be engaged in their community. Even in the wards that are clearly destructive and harmful to people in distress, Virginia manages to makes connections with other women who are helpful and generous toward her, making the terrible conditions of the asylum a little more bearable and offering a glimpse, at various moments, of what an inclusive space for the mentally ill could look like were the inmates to have more control over their own participation in creating communal relationships.

When the novel begins, Virginia is in Ward Three, but it takes her more than fifty pages to realize it. The ward is incredibly overcrowded and often chaotic, and while she initially believes that she is observing a training school for underprivileged girls in order to write a novel

about it, the poor conditions and strong locked doors eventually convince her that she is in a prison. After she is treated roughly and submitted to terrifying shock treatments, she realizes that she is not just in the facility making observations, as she first imagined, but is a prisoner there herself, leading her to wonder what terrible crime she committed to be submitted to electrocution without a trial. These comparisons to other confining institutions demonstrate the punishing conditions and lack of freedom she experiences in the hospital, but when she finally gets her bearings, she finds the truth about her situation to be even more distressing than the prison scenario she had imagined, saying, "As she started to undress she thought about how carefully she had invented the prison fantasy. All along she had known where she was, but she had invented as setting that was easier to endure. Anything else would have been easier to bear, anything but what it was" (50-51).

Virginia believes that being in an asylum for mental illness is worse than being a prisoner largely because she believes that her madness marks her as something somewhat less than human and will completely cut her off from the outside community. This otherness threatens to spread to and infest her entire family and everyone she cares about, as is quickly revealed by her reflections on whether her illness might have come from "something in her family" (51). This spread of stigma to immediate relations is something that sociologist Erving Goffman has referred to as "courtesy stigma," and he writes, "In general, the tendency for a stigma to spread from the stigmatized individual to his close connections provides a reason why such relations tend either to be avoided or to be terminated where existing" (*Stigma* 30). Virginia realizes the impact that this courtesy stigma can have on her husband, and one of her very first thoughts when she realizes where she is is "Robert must get a divorce" (51). She seems to believe that he would be better off thinking of her as dead, repeating that Mrs. Jackson said of Don, "*I try to*

think of him as dead and he is. My real boy is dead" (52). Virginia is afraid that now that she is in an asylum she will be abandoned by the people she loves, and at first even sees this abandonment as justifiable, believing herself to be unworthy of community now that she is ill. She thinks next of a woman that she knew who was in a mental institution and then released, but who was never able to be fully accepted back into society, and thinks it better to be physically locked away and taken for dead than socially stigmatized, recalling, "Silly Mary they call her. Harmless graduate of an institution, but they call her Silly Mary. I would rather be Silly Virginia shut up than Silly Virginia at large" (52-53). These first recollections that Virginia cycles through when she realizes that she is in a mental institution illustrate how prominent discourses about the need to contain and isolate the mentally ill are in the outside world, discourses that she has clearly internalized. She sees herself in these pages as something separate from the rest of society, and "better off with [her] own kind" as Mrs. Jackson and others continually harp, as if she were another species (53).

As Virginia becomes more familiar with her surroundings, however, she finds herself a part of a community that, however limited, at least tries to help her in her mental distress and provides her with her first hint that there are ways of being together that might accommodate mental distress and difference. For a majority of the time that she is in Ward Three, a woman named Grace accompanies her almost everywhere and helps her to stay in the good graces of the nurses and attendants by telling her where she needs to line up and what she needs to do when Virginia cannot even remember who Grace is, let alone where to go for meals. Even when Grace is not able to accompany Virginia, she makes sure that someone else is there to take care of her. Grace's kindness stands in stark contrast to the attitudes of the paid hospital staff, who are often too overwhelmed by the number of patients to be sympathetic to their confusion. While one

might expect someone whose primary job is taking care of mentally ill patients to be understanding when women are in states of confusion, disorientation, or distress that prevent them from remembering everything they are supposed to do, even the kinder nurses are so overwhelmed by the sheer number of patients that they feel they must present themselves as strict authority figures, and they get very upset when patients are not obedient or do not follow the correct regiments and procedures. It is clear that if Grace were not there, Virginia would get in trouble with the staff for not being able to remember what she is supposed to do. When she forgets that she is going to shock therapy, for instance, Grace tells her, "You'll have to concentrate . . . It makes her so mad when you forget. And it counts against you" (41). The nurses also fail to acknowledge their patents' need/desire for community and contact with the outside world, frequently punishing anyone who shows strong emotion over their separation from their families. We learn that Virginia has already been in trouble several times for crying when she sees Robert's letters to her, and other women are similarly rebuked for crying about their absent loved ones.

The staffs' goal seems to be to keep the patients quiet and easy to manage, and Virginia notes how this need to keep patients manageable in the overcrowded wards often prevents the hospital from providing any intellectual stimulation for the patients. The novel recounts, "It seemed queer to her that the hospital had no interest in teaching its patients to think. Juniper Hill's goal was to Keep Them Quiet. Perhaps a group of thinking patients would have disturbed the peace. Let people think and at once they are drawing up petitions and demanding Rights. There simply were not enough nurses to handle thinkers" (238-39). To keep the women under control, the nurses also prevent them from having any say in their schedules, let alone the conditions of the asylum. Twice when Virginia is in Ward Three she believes that she will be

given a voice to improve conditions, but both times she is quickly disappointed. In one instance a nurse tells her that she is going to "PT" and she believes that she is being brought to something like a PTA meeting in which she will be able to introduce motions to improve the bathrooms and vote on various other measures that concern her, but is disappointed to find that "PT" actually stands for "physical therapy" in which she is forced to exercise, "a letdown when you had thought you were going to a meeting where you could make a radical motion" (83). In another instance, Virginia hears another patient make an impassioned speech in Italian and prepares to follow her with her own speech about their need to organize to fight oppression when she is interrupted by a nurse storming in and breaking up the women before she can get a single word in (48).

The nurses' goal to "Keep Them Quiet" discourages not just patient organizing and democratic involvement in their community, but also most regular interactions between patients, which makes forming relationships difficult. The nurses are continually shouting "no talking, ladies!" during mealtimes, which makes it almost impossible for Virginia to get to know the women that she has been assigned to sit with every day, especially since she is not allowed to sit with Grace or any of the other women she knows from interactions in the yard. Her efforts to act kindly toward them by sharing her dessert or comforting them when they are upset are often even rebuked by the nurses who yell at her for cooperating with women she has apparently been told "not to have anything to do with" (97). Even when patients are able to interact, their distress over the confusing and stressful environment can make these brief encounters uncomfortable and even frightening. At meals, for example, food is poor and limited in quantity, encouraging patients to take what they can get and eat quickly. This creates such a stressful environment for women who

are already distressed by ECT and their mental illnesses that they frequently become agitated, and Virginia is almost caught up in a riot during mealtime on more than one occasion.

While Grace provides a model of how someone might be supportive of another person in mental distress, the ward as a whole does not provide this environment, largely because overcrowding both encourages institutional intervention in patient relationships and creates a stressful environment for already distressed patients. Although there are many women in Ward Three with whom Virginia could potentially form friendships, she rarely has the time to herself necessary to recuperate and gather her thoughts, making interactions with other patients more stressful than inviting. The ward reminds her of a co-operative she was living in before she became ill, which she describes as "an endless house party" where she is burdened with too much company and not enough time left alone to write (55-57). Her exhaustion from being constantly around other people seems to have been one of the largest contributors to her nervous breakdown aside from her financial worries, and yet rather than providing a rest from this environment, the asylum only decreases the time that she is able to be by herself. Virginia is never alone in the ward, even in the restroom. She is horrified to find that none of the toilet booths have doors, and even baths are taken with other patients.

The overwhelmingly crowded nature of Ward Three illustrates what a poor environment underfunded hospitals can be for people experiencing mental distress and pushes back against the common perception voiced by Mrs. Jackson that patients are "happier there than [they] would be at home" (53). This same type of environment is repeated again in Ward Five, and becomes even worse in Ward Twelve. The women in Five are similarly helpful in trying to keep Virginia out of trouble by helping her sort towels or stepping on the scale to make it look like she has gained weight, but they often have periods of distress themselves that make them unable to

assist her, leaving her to face the confusing rules on her own and sometimes even the physical violence of patients who are clearly overwhelmed with the work that they are required to do, or who feel the need to compete with Virginia for the attention of an overextended doctor. Although Virginia expresses how lucky she is to have made friends in the ward, she is still confused and desperately longs for time to herself. Her stay in Ward Five ends with her accidently happening upon a private bathroom used by the nurses. She is excited to see soap, toilet paper, and a toilet frame for the bowl, all of which are absent from the patient bathrooms. Even more luxurious to her, however, is the door with a lock. She quickly shuts herself inside the bathroom, thinking, "I'll sit here a few minutes and enjoy being alone" (165). When the nurses catch her, however, these few minutes alone end up costing her dearly. Coaxing her out of the room with promises that Robert is there to see her, they trip her, encase her head in a sack so that she almost suffocates, and send her off to the most crowded and confusing ward she has been in since her arrival: Ward Twelve.

Ward Twelve is so overcrowded that there are not enough beds, and mattresses litter the floor. In spite of the overcrowding, however, Virginia has very little interaction with other patients because she is kept wrapped in sheets in a cold tub as part of an extensive hydrotherapy treatment. An attendant admits to her that they are using a loophole to keep her in the tub longer than the law would otherwise allow by periodically moving her from one tub to another after so many hours, but the attendant seems to think that this should not concern Virginia because it is being done in the name of a cure at her doctor's command (177). Alone in her tub and constantly cold, Virginia imagines that she is the prisoner in *The Count of Monte Cristo* and will soon be thrown into the sea for Robert to come and collect. She becomes the most delusional she has been or will be in the entire novel, and refuses to eat because she is convinced that they are

trying to poison her. When Robert comes and tries to feed her, she does not believe that it is really him, saying "I remember very well that they fooled me about him coming and then they put my head into a sack. I am not utsnay enough to fall for that trick again" (178),[4] indicating that her paranoia is a direct result of how she has been mistreated up to this point, and therefore perhaps more justified than the staff is willing to admit. After refusing Robert and Dr. Kik's attempts to feed her, she ultimately ends up being repeatedly fed through her nose, unable to communicate that if nose-feeding is the only alternative to eating on her own, she would gladly eat (180). Eventually, after what seems to be at least several weeks of this, she finally manages to remain lucid enough to escape from the wraps and find a dry bed, and the overworked staff decide to just let her stay there.

The chaos and overcrowding of Wards Three, Five, and Twelve exacerbate Virginia's confusion and leave her longing to be left alone. She is sometimes able to use the overcrowding to her advantage to hide in a bathroom or escape from her torturous wraps, but it is certainly not the ideal environment for a woman who is already experiencing mental distress. Although a number of the women she meets in Three and Five are friendly and do their best to help her obey the nurses so she does not get into trouble, the sheer number of patients makes it difficult to maintain any lasting relationships, particularly when the women are explicitly discouraged from speaking to one another. The shortage of staff members encourages the few staff members there are in these wards to keep the women quiet and complacent by any means necessary, even if that means sacrificing the patients' wellbeing and discouraging their desires for community. These chaotic wards clearly demonstrate the horrible conditions of the asylum that the novel is known for revealing, but between these awful wards, Virginia also experiences wards that have other

[4] "Utsnay" is Pig Latin for "nuts." Earlier in this ward, the nurses were using Pig Latin to speak to one another about Virginia in her presence, believing that she could not understand them.

ways of organizing patients that, on the surface at least, appear to provide better environments for people in distress. In Wards One and Fourteen, Mary Jane Ward experiments with social organizations that are governed by strict rule and order and a higher ratio of staff to patients to see what improvements might be made by surface reforms that improve the cleanliness, food, and nursing that the patients receive.

Ward One is the type of ward that asylum reformers like Albert Deutsch might point to as a more healing type of environment for the mentally ill. The food is better and more plentiful, patients have more space and even their own rooms, the common spaces are more colorful, and it is run by "One of the finest nurses in the country, if not *the* finest," who seems to always have time to guide confused patients like Virginia (108). It is a far cry, in this regard, from the intensely overcrowded wards that were being written about in journalists' exposés in the 1940s, and the overcrowded Ward Three that Virginia has already experienced. In spite of these improvements, however, the unwillingness to hear patient voices is just as strong on this ward, and in fact the "finest nurse in the country" demands even stricter obedience from her patients, ultimately creating an environment that is even less livable for Virginia than that of Ward Three. When Virginia first learns that she is being sent to Ward One, a supposed privilege that means she is "getting better," she expresses reservations because of rumors that she has heard concerning the ward's strictness, and informs the nurse in Ward Three that while she may be well enough to go home, she is certainly not well enough for Ward One. The Ward Three nurse responds by saying of the women who have told Virginia these rumors, "You know better than to pay any attention to them. They're sick. Only one or two of them have ever been inside Ward One," flatly dismissing these women's testimonies and experiences (107).

When Virginia finally arrives at One, she finds the testimonies of the women who have been there before her to be all too accurate. While the ward does appear to be an upgrade from overcrowded Three in its cleanliness, the quality of the food, and the fact that it does not smell like medication, the biggest difference between the two wards is not the conditions (Virginia is disappointed to find Ward One still does not have toilet paper or comfortable beds and that "the essentials were the same as they were in Three" (112)), but One's militaristic adherence to rules. Virginia describes the ward by saying, "It developed that Ward One had harder and faster rules than any you had ever encountered. And the presiding officer had no intention of relaxing" (117). This "presiding officer" is Miss Davis, who, unlike the nurses of Ward Three who have so little time for Virginia that she spends weeks without her glasses because they cannot remember her frequent requests for them, seems to have plenty of time to hover over Virginia. Since one of the biggest complaints of reformers in the 1940s was that there were not enough nurses or doctors to take proper care of patients, Miss Davis' presence might appear to be a positive change from the limited staff oversight of Ward Three, but her insistence on making patients strictly adhere to a long list of rules and procedures creates a prohibitive environment for Virginia because of her memory lapses. Virginia is constantly getting into trouble because she cannot remember the difference between the dry mop and the wet mop or where they are located, and Miss Davis has no understanding or patience for her mistakes.

Virginia's relationship with the strict authority figure of Miss Davis leaves her feeling even more confused and anxious than she does in Wards Three and Five, where she at least has a greater number of patient allies to help her, and being in this strict ward also seems to stifle her creativity. Miss Davis makes it clear that she disapproves of Virginia's creative work because she sees it as impractical, saying, "There is far too much to be done in this world without

storytelling . . . From my own experience I can assure you that you will get well sooner if you face reality" (121). To Miss Davis, writing is just another chore that the doctor has assigned to be completed. Interpreting the doctor's recommendation that Virginia be *allowed* to write for an hour a day to mean that she *must* write, Miss Davis forces Virginia to continually type, swooping into the room if she pauses for more than a second to think about what to say. With this pressure to keep her fingers constantly moving, Virginia is forced to plagiarize phrases she remembers from other books because she does not have any time to think of anything original. Virginia complains, "It was awful to think of things to write. If she paused more than a minute Miss Davis would come to the doorway and ask what the matter was. When she heard the nurse's skirts flapping Virginia would hurry to write a rose was a rose was a rose alas" (120). Virginia ultimately finds Ward One, which is supposedly the closest approximation of the world outside of any of the hospital wards, so unbearable that she is terrified that she will lapse back into delusional thinking and confusion, but she is luckily able to use the creative storytelling that Miss Davis so devalues to convince a nurse that she has appendicitis and get herself taken off the ward.

In its strict adherence to rules, Ward One reveals itself to be more concerned with appearances and task completion than relationships and healing, providing a poor environment for patients who are in mental distress. We see this environment repeated later in the novel in Ward Fourteen, which is perhaps even more focused on appearances than One in spite of the fact that the patients there are supposedly less well. Like Ward One, Ward Fourteen is governed by strict rules, and the strong value it places on appearances is comically revealed in the rules the nurses enforce regarding the ward rug. When Virginia finds herself in Ward Fourteen after a period of confusion, she finds comfort in the feeling of the ward rug under her feet "after so

many months of linoleum," but seconds after she has walked onto it, she is harshly rebuked by the head nurse, who seems very proud of the ward's adherence to a strict set of rules. She tells Virginia, "You can't come to this ward and do as you please. I don't know how you got along in your other wards but here we have rules and we stick to them. We do not walk on our rug. We are the only ward that has a rug" (201). This rule seems ridiculous to Virginia, who suggests quite earnestly that they should put the rug on the wall if it is merely for appearances, much to the nurse's displeasure. Seeing how much her rule-breaking has upset Miss Green, Virginia tries to make peace with her by apologizing and saying, "I wish you could understand that I can't remember anything," but the nurse refuses to acknowledge or accommodate her mental state and insists that she is simply making excuses (202). The rug, and the rules surrounding it, provides a literal barrier to relationships as patients are so concerned about staying off of it that they spend much of their Christmas holiday, which should be spent enjoying rare time with their relatives, meticulously monitoring their guests to make sure that they do not step on it. This rug, and the bedspreads that are placed on the beds only when patients' relatives visit for the holidays, make Ward Fourteen appear to be more comfortable and inviting, but the fact that the women are not allowed to actually enjoy these luxuries illustrates how a focus on rules and appearances over comfort and community can make such a space just as inhospitable as the more disorganized and deficient wards. The inhospitability of Wards One and Fourteen leaves Virginia longing for a different kind of community where people will be more understanding of her memory loss and she can enjoy time with others without worrying about being punished or rebuked by a strict authority figure, an environment she briefly finds in Wards Two and Eight.

After the anarchy of Ward Three and the tyranny of Ward One, Virginia finally finds some comfort in the more communal atmosphere of Ward Two. Both Ward Two and Ward

Eight, which Virginia enters later in the novel, are presented as the closest thing to a more equitable and peaceful form of community that Virginia is able to find in the hospital, one that does a better job of accommodating mental difference than any of the other hospital wards or even the outside world. In these wards, Virginia finds that she has more of a voice, and greater control over how she spends her day, than she did in any other hospital space. Unlike in the strict Miss Davis, the head nurse in Ward Two understands Virginia's need for space and time to be creative, and while she makes it clear that Virginia is allowed to write if she wants to, she quickly accepts Virginia's request not to write while she is there (130). The patients and staff in Ward Two are all very friendly, and although the ward is not as tidy as Ward One, everything that needs to get done does eventually get done, largely through communal effort. Virginia even describes the chores as being "rather fun. People helped you and you helped them," and the nurses often work alongside the patients in cleaning the ward rather than hovering over them in a supervisory manner (131). In spite of the dismal surroundings of the asylum, the patients and nurses manage to make the best of things through assisting one another and sharing much of what they receive from home with the other women in the ward.

Virginia does not spend much time on Ward Two because she appears to be so fully "recovered" while she is there that she is sent to Staff so that the doctors can decide whether or not she is ready to go home (an experience that I will describe in greater detail momentarily), but the novel revisits the idea of a cooperative ward later in the text through its presentation of Ward Eight. Virginia says of this space, "In Ward Eight was a spirit of cooperation Virginia had never noticed elsewhere . . . When ladies received packages from home they shared with everyone. When the store orders came through you divided with those who hadn't store credit. If you had wanted to be in Juniper Hill, Ward Eight would have been a good place to be" (192). In Eight,

everyone has jobs off the ward working as housekeepers for the doctors, but the work is not as stressful as it was in the strict wards like One, where Virginia was constantly being criticized for using the wrong mop, or in the chaotic wards like Three, where one of the nurses forced the floor polisher on Virginia every time she saw her. Virginia admits of Ward Eight, "the work was so much better than you had anticipated and the housekeeper said you were a good girl. 'You aren't built for it,' she would say, 'but you are doing just fine'" (190). The housekeeper's attitude illustrates that in this ward, there is an understanding that different people have different strengths and weaknesses, but everyone is appreciated for whatever they are able to contribute.

Even when the women of Eight are not working, their cooperation continues in the games they play on the ward. Virginia provides a rather detailed description of their version of bridge in which players basically play however they feel like playing that day, with the one consistent rule being that no one ever loses. She explains, "No one ever bid and lost. That was the one rigid rule. You bid and then everyone else became your helpful partners" (191). Everyone seems to love the game, and Virginia seems rather fond of it herself, saying, "It was a good, friendly, though spicy game, and no one ever got mad. Everyone was given the bidder's score and so everyone came out even and everyone was happy" (191-92). She contrasts their merry amusement with the way bridge is played in the outside world, where women who play the way Ward Eight women do "were never asked to play again" (191). Through this game, Virginia highlights how so many of the outside worlds' ways of being together involve competition and hurt feelings, even in games that are supposed to be fun, and suggests that valuing creative and cooperative play over competition might allow a more hospitable environment for everyone. She also makes it clear that this kind of creativity-fostering cooperation is only possible if everyone participates, however. She explains that in other wards she was generous with other patients, but rarely saw

any benefit from this generosity herself, recalling, “She did remember that previously she had seen much give and take about cigarettes but as she had always been on the giving end she had not thought of this as being especially commendable. In Eight, though, you were also in on the take” (192). Similarly, the cooperative version of bridge they play would clearly not work if any of the ladies were intent on being the sole winner of the game.

Cooperative ways of being together rely on everyone, or almost everyone, being on the same page, which is of course difficult when competition is so highly valued in the outside world. Ward Eight largely resists this competitive value system, but it is not completely immune to being infiltrated by other value judgments from the outside. As ideal as Ward Eight initially appears, we eventually see that many of the women who reside there have internalized some of the world’s value judgments that portray them as less worthy of community and joy because of their positions in the asylum. Because all but one of the women are aware of the stigma associated with their situation and have loved ones outside the hospital that they want to be with again, they are all eager to get out, even while they enjoy being together. This desire to rejoin the world so that they can be with their families, and their acknowledgment that they will only be able to do this if they are able to demonstrate that they are “cured” by the outside society’s standards, can make them cruel to “hopeless” patients who seem unlikely to achieve this cure, like the lobotomized Tamara. Tamara is the only patient in Ward Eight who seems largely unaware of her surroundings, and she has a “glowering expression” that encourages the rest of the women to heed the nurse’s command that they stay away from her, even though there is little indication that she is actually violent. Their fear and prejudice appears to be heavily influenced by attitudes toward mental illness outside of the asylum and their own anxiety about ending up as

“hopeless” and forgotten as she is. Virginia claims, “Their attitude about hopeless insanity was very like the attitude outside. They hated Tamara for being insane” (193).

Virginia, however, is not so quick to give up on Tamara. She laments that Tamara was not given any post-operative care after her lobotomy, which she believes would have helped her, and imagines a community that could be accessible even to her. Virginia reports that one day while she is playing piano, Tamara comes and sits next to her, and although Virginia is originally frightened, she continues playing. When she is done, Tamara smiles and says, “Thank you so much, my friend,” the only significant interaction she has had with anyone in the ward so far. Before the relationship can extend any further, however, a nurse comes running in to break them up, chiding Virginia for getting near Tamara, to which Virginia responds, “Sometimes a sick animal knows more about how another sick animal should be treated” (194). Although she does willingly leave Tamara’s side, this last comment points to a need for more patient voice and input in caring for people in mental distress, and a privileging of their knowledge and experience. Later in the novel, Virginia expresses this same sentiment when she is frustrated with Dr. Kik’s unwillingness to believe that she cannot remember certain events, and exclaims, “There should be a rule that all Juniper doctors must have been ill themselves at some time or another” (241). Virginia indicates that if doctors and nurses would at the very least listen to patients and allow them to use their experience to participate in caring for one another, conditions in the asylum and outcomes for women in mental distress might be much improved.

The cooperative wards of Eight and Two provide a glimpse into a world that could be more accommodating of mental illness and kinder to people in distress, but these cooperative environments are made less than ideal by interruption from the outside world. Not only do the prejudices of the larger society frequently seep in and disrupt potential relationships between

patients, but the hierarchical power structures created by this outside society also infiltrate the wards and constantly remind Virginia how inhospitable and dangerous the world can be to the people it claims need to be cured. Virginia's stays in both of the friendly, communal, female-run wards of Two and Eight end when she feels threatened by violence that has its origins in the outside, male-dominated world. For example, Virginia leaves Ward Two when Dr. Kik sends her to Staff, a panel of doctors who are supposed to judge her sanity and decide whether she is "cured" enough to rejoin society. The juxtaposition of this meeting with the ward of friendly and helpful women she has just come from highlights the hostility of these men's interrogations as they glower at her witty responses to what she judges to be ridiculous questions. In one instance, the interrogating doctor asks her how often the rules allow her to see her husband, to which she responds, "Why, don't you know?" Frustrated, the doctor insists he is trying to determine if *she* knows, and she cunningly remarks, "I can't see what difference it makes, would you change the rule?" highlighting how inconsequential being able to "sanely" answer questions is in the asylum, where she is under the doctors' control no matter what her knowledge or opinion of their rules may be (139). The doctor gets so worked up over Virginia's supposed lack of cooperation during the questioning that he begins to wag a finger in her face, and, afraid that he will become physically abusive toward her, she bites it. Although she views it as an act of self-defense, the doctors see this bite to be proof of her continued insanity, and send her off to a lower ward.

Virginia's stay in Ward Eight is similarly interrupted by a fear of violence when one of the patients gets ahold of a sharp beer-can opener, a masculine weapon that has been banned from the asylum. Virginia's shock at seeing the opener draws attention to the multitude of weapons that exist outside the asylum walls, and is later directly compared to the violent instruments of torture that her doctor uses on her. Although the woman with the beer-can opener

is incredibly kind to Virginia and frequently invites her to have tea in her room, the sight of the "weapon" from the outside so frightens Virginia that she eventually becomes convinced that the woman is going to try to stab her, a conviction that leads to another mental breakdown and period of memory loss. This threat of violence is almost immediately compared to the shock treatment that her doctor subjects her to in the asylum, drawing a connection between her fear of the opener and her fear of the violence that men like her doctor can impose on her. In remembering her fear over the opener after her breakdown has had her sent to another ward, she states, "She had gone to a tea where an old woman had tried to knife her. She tried to kill me and I ran and ran and the Young Jailer came to my rescue. Because he is under the impression that he is the only one who is permitted to kill me. Jeannie is my special interest, my major project, he says. Each day I kill her once, each week day once and twice on Sundays" (198). The "Young Jailer" here refers to Dr. Kik, and is a name that she gave him when he was submitting her to cold baths and forced feedings in Ward Twelve.

It is perhaps worth noting that when the doctor rushes in to remove Virginia from Ward Eight after she has collapsed in fear, it is the only time that we see him actually physically present in any of the wards aside from Ward Twelve, where he ordered torturous baths and nose feedings. The only times he seems to appear anywhere other than his office, in other words, is when Virginia is being subjected to or threatened by some kind of violence, whether it is a can opener, cold baths, or shock treatment. In the aftermath of the Ward Eight incident in which she remembers Dr. Kik administering shock, she notes that he has so little concern for her that "he does not even know my real name," and calls her Jeannie instead of Virginia, apparently assuming a paternal familiarity that gives him the authority to call her by a nickname without her invitation. She resents the violent shock treatments that he submits her to and expresses a hope

that if anything goes wrong with her shock treatment, "he would get it too," although she is convinced that whatever risk might exist for the patient, the doctors "would see to it that they are always safe" (200). Although Dr. Kik is initially presented as having Virginia's best interests at heart as Robert praises his special interest in her, at this stage in the novel his demand for a cure at all costs becomes even more strongly associated with violence than the hostility of the doctor in the staff meeting Dr. Kik had criticized. These scenes interrupt the cooperative environment of the asylum, revealing her vulnerability in a space that is controlled and influenced by violent men who are so interested in finding a cure no matter the risk or cost that they cannot see the continued humanity of their sick patients.

Throughout her stay at the asylum, Virginia is exposed to multiple different social organizations, all of which fall short in one way or another largely because the hierarchical structure of the asylum demands that patients make progress toward a cure, no matter what physical or social violence they must endure to receive it. It is this "curative violence" that frequently breaks up potentially beneficial relationships between women as it moves them from ward to ward, and that justifies treatments like shock, cold baths, and social isolation. The last ward that Virginia stays in, Ward Thirty-Three, illustrates most poignantly what will happen to her if she cannot or will not be "cured" to the hospital's satisfaction, forcing her to give up any ideas of a more hospitable community for a person in mental distress. Virginia is transferred to Ward Thirty-Three without warning, and when she arrives, she is told that she has been taken out of the reception building where patients are only allowed to stay for a year until a doctor either determines that they are cured or sends them to one of the back wards like Thirty-Three. Virginia contests that she has not been at the hospital for a year yet, but the patient she is talking with just shrugs and says, "Sometimes they know sooner, I guess," indicating that Virginia must have

been marked as a "hopeless" case. Virginia is horrified that many of the women in her new ward have sores and appear to have been neglected. She encounters quite a few women who talk to themselves, but comes to the conclusion that they probably do so more from a lack of mental stimulation and their experience of being consistently ignored than any actual pathology, saying, "Some of them seemed to enjoy their conversations . . . Virginia came to think of these women as not being especially crazy; it was a way to pass the time and possibly a better way than the cat's cradling" (220). Unlike the doctors, she does not see these women as hopeless, but merely neglected and in need of a more accommodating and stimulating community.

In Ward Thirty-Three, Virginia also finally sees Grace again, and it is perhaps this encounter more than the awful conditions of the ward that fully alert her to the impact that the violence of the hierarchical, abusive environment of the asylum can have. The last time Virginia had seen Grace was when Grace was leaving Ward Three for One with hopes that she would soon be sent home. When Virginia was later sent to One herself and did not find Grace there, she had assumed that Grace had gone back to her family, but as she is walking to the dining hall from Thirty-Three, she sees Grace through a fence. Realizing that her friend is in a straight-jacket. Virginia calls out that she will help her get out of it, saying, "It is ridiculous for them to . . . I never knew a kinder person, a more gentle person. As if you would . . ." and is amazed when Grace, without saying anything, turns and glares at her as if she would in fact attack her (235). Seeing Grace transformed by the asylum system and perhaps especially by the supposedly better Ward One from a gentle and helpful woman into a threatening and violent one when she was "certain of recovery" convinces Virginia to work harder to get herself out of the asylum, no matter how inhospitable the outside world might be. She begins "Thinking Therapy" in which she forces herself to focus on things she had learned about before coming to the asylum to get

herself used to thinking again after so many months of having nothing to do or think about in the hospital. Even more helpfully, she is able to use the fact that she has an ally in her husband, and is therefore better off than most of the abandoned women in the ward who had no one to value their opinions and desires even before they were admitted to the hospital, to begin conspiring about how he can get her released (255).

Virginia understands the urgency of leaving an institution where she is powerless and voiceless, and misses being able to see her husband more than once every two weeks, but she does show regret at some of what she will leave behind when rejoining the world of the supposedly sane. In all of the wards she has been in, no matter how awful, she has managed to make some friends who have been generous and helpful to her, and she recognizes that to rejoin the world of the sane, she will need to become less generous and compassionate. She describes the disconnect between the generosity of the patients and the "sane" nurses in Ward Thirty-Three when the patients are playing a game to win a candy bar. The nurses keep insisting that the winning woman keep the candy bar to herself rather than split it among the other women, but this injunction is lost on the women. Virginia explains, "The sick ladies looked at the well ladies and did not understand; they had quite forgotten the ways of the world" (226). In order to play by the rules of the world again, Virginia must relearn selfishness and learn to care only for herself, but at least a part of her regrets this necessity, as becomes clearer through her later interaction with a patient named Treva. Virginia tries to help Treva when she is hurt, but when Treva throws water in her face, Virginia quickly gives up, confessing, "I am nearing non-patient status. The softness is leaving. The sympathy. Yes, and the generosity . . . I no longer distribute cigarettes the way I used to. It is a queer way to judge your sanity" (248, ellipses original). She also judges her sanity by the fact that other patients have to listen to her even when she is dishonest because she is

higher up in the wellness hierarchy than they are. At a dance, she lies to a male patient who has a tremor to get out of dancing with him, and even though he knows that what she is telling him is not accurate, the novel notes that, "He had to believe her; she did not shake" (252). Even though just pages before she had been upset at her doctor for lying to her about Robert visiting, she recognizes that being "cured" means taking advantage of your place in the social hierarchy, and uses her position to get what she wants.

Unlike more medically-driven narratives of mental illness that see recovery as the ultimate good and goal, Virginia does not present the world of the sane as particularly pleasant, and is more ambiguous in her attitude toward her cure. Although she is glad to get out of the asylum where she might at any time be sent to shock or the tubs or fed through the nose and is constantly worried that her husband will abandon her the way Don Jackson's family did, the world outside the hospital is not presented as a particularly hospitable community either, and the "ways of the world" are shown to, at times, be much less generous, compassionate, and honest than the ways of the sick. Although it has been nearly impossible for her to maintain a consistent set of relationships while being moved from ward to ward without her consent and the abusive nature of the asylum has proved damaging to the positive relationships she has been able to cultivate with Grace and others, the cooperative friendships she makes with other women in the short time she is with them indicates that there are aspects of this communal, female-centered environment that she would like to maintain, and that there is, in fact, something to be learned from listening to the account of a madwoman.

1.3 The Patriarchal Medical Narratives of Hollywood's *Snake Pit*

The Snake Pit's ambivalence toward doctors and medical cures and its efforts to imagine a community that might be more hospitable to mental difference offers an alternative story of mental illness than the one offered by medical science and stresses the need to, above anything

else, listen to patients' voices, and particularly the voices of its too-often neglected female patients. For a convenient comparison of how this narrative differed from the perspective of the broader culture in the 1940s, we have only to look at the film that was made of the book just two years after its publication. Written by two men, Millen Brand and Frank Partos, the screenplay of this film deviates from the female- authored book in several major and important ways, most notably in the way it glorifies sciences' supposed ability to fully explain, and cure, mental illness, but also in its minimization of Virginia's professional life before her incarceration and her control over her own narrative. While the novel focuses on community with women, and how to create better environments for the stressed, anxious, suffering, and forgetful casualties of modern life, the film is less about people who experience mental distress and more about the triumph of medicine, and specifically male doctors, over mental illness. The shift in emphasis away from Virginia and toward her husband and doctor minimizes the violence of her treatment and exclusion. The novel's message of the need for more inclusive societal structures is lost as medicine, by seemingly eradicating mental distress, also eradicates any need to accommodate or hear from it. If reforms are needed in the film, they are not reforms to make patients' experiences better understood or heard, but reforms to make cures, however violent, more available to more people.

Anatole Litvak, the producer of *The Snake Pit*, bought the rights to the novel before it was even published ("Litvak to Produce"). Unlike Mary Jane Ward, who was doubtful about the novel's ability to effect meaningful change, Litvak claimed from the outset that his goal was to make a work with social significance. A *New York Times* article from shortly before the film's official release quotes Litvak as saying that his goal for the film was to "awaken public interest in this vital matter, to reassure people that mental disorder is an illness which can be cured, and

to direct attention to the facilities now available in our institutions" (Pryor). His central concern, in other words, was not to humanize the mentally ill and show them to be worthy of a voice and community even in their illness, but rather to demonstrate that they could be "cured." In order to accomplish this crusading mission, Litvak felt that he had to make some changes to the story, most notably by eliminating the ambiguity of Virginia's cure. Critic Leslie Fishbein notes that in the novel, "Ward emphasizes the private nature of the therapeutic and the central role played by patient rather than physician," while in the film, the physician and Freudianism play a much larger role (648). In an article about the film published during its production, Thomas Brady reports that the film consulted three psychiatrists to guide the two screenplay writers in creating "a conventional, Freudian psychoanalysis of the heroine, an element lacking in the novel. The photoplay establishes a father-fixation as fully as the Production Code will permit, and exposes the causes and cure of the heroine's insanity through psychoanalysis from the doctor's standpoint, an aspect of the problem which the novel, because of its subjective quality, could not treat." In this article, and the film itself, Freudian analysis is presented as the "objective" truth of mental illness that Virginia's subjective account could not properly present. Even though the analysis is supposedly drawn from her own account of her childhood and relationship with Gordon, it comes to Virginia subconsciously, in flashes, as her psychiatrist pries it from her repressed memories and forms it into a supposedly more objective and cohesive narrative.

As I have already mentioned, in the novel Virginia and Robert dismiss Dr. Kik's vague psychoanalytic narrative about her dead fiancé Gordon as romantic and ridiculous (257). Virginia does not even know that she underwent psychoanalysis until Robert tells her she did, so this treatment appears much less prominently in the novel than the shock treatment and cold baths she receives do, and it certainly seems to have little if anything to do with her recovery. In

the film, however, psychoanalysis takes center stage, overwriting Virginia's narrative of her illness with a Freudian backstory that is meant to fully explain why she became sick and lead her to recovery. Although the film maintains some of the original narrative about Gordon, it also ties this incident to Virginia's childhood relationship with her father and his rather sudden death that she felt responsible for because she had been angry at him for taking sides with her mother, none of which is in the novel. In the film, Gordon is presented as "the first one [she] cared for" after her father died, and "like a father" to his sister, who is also Virginia's closest friend. During analysis, Dr. Kik compares Gordon's paternal authority to that of Virginia's father, and then to her relationship with Robert, so that her life sprawls out as a series of subservient, paternal relationships with men, which continues with her proclaimed infatuation with her doctor at the end of the film. If her own desires for anything other than a male authority figure in her life, most notably her desire to write, ever guide her actions, they appear insignificant next to the more consuming forces of male authority.

Dr. Kik, the same doctor who disappears in the book after Virginia contradicts him by telling him she really doesn't remember being in the first hospital, and whose theories she and Robert laugh at, is the hero of the film as he leads Virginia through successful and curing sessions of psychoanalysis as a portrait of Freud hangs in the office between them, presenting yet another heroic male authority. At the end of the film, Dr. Kik sits in as Virginia "goes to staff" (in the book he is not present) and smiles on as she regurgitates in very simplified terms what he has told her about herself to the other doctors who are assembled to judge her sanity. She admits "well, I'd have to be a doctor to put it in the right words," discrediting her own ability to tell her story correctly. The other doctors appear pleased with this answer, and congratulate Dr. Kik on his successful use of psychotherapy to cure his patient.

It should perhaps be no surprise that the screenplay that was written and produced by men and which consulted three male psychiatrists is much more enthralled with the potential healing power of Freudian narratives than Ward's novel is.[5] There is a long history of feminist critiques of Freudian theory and particularly its focus on seeing certain aspects of feminine psychopathology as innate rather than influenced by the cultural devaluation of women. As early as 1926, Karen Horney, while not completely discounting the value of Freud, questioned whether something like penis envy, a woman's regret that she was not born a man, might be influenced more by women's oppression in society than any childhood realization regarding the phallus. She writes, "It seems to me impossible to judge to how great a degree the unconscious motives for the flight from womanhood are reinforced by the actual social subordination of women" (338). Later feminists, like Betty Freidan and Kate Millett, the latter of whom was institutionalized herself and later wrote about the experience in *The Loony-Bin Trip* (1990), blamed the

[5] Millen Brand, one of the writers of the screenplay, was chosen for the job because he had previously written a book about a woman with mental illness, *The Outward Room,* which, while it never became the best-seller *The Snake Pit* had, nonetheless experienced some success as a Book of the Month selection in 1937. Brand's novel depicts a young woman who runs away from the asylum where she has lived since her brother passed away. She is given a Freudian backstory in which her mother is criticized for being stronger than her father, making her lose respect for her father and substitute him with her brother, which is supposed to explain why she was so upset by his death. When she rejects this analysis, the psychiatrist is presented as being more authoritative than she is on her own story, saying "You know, I'm not basing what I say on this one dream. All the material, all I've uncovered, hundreds, thousands of details support what I've told you" (29). She plans a successful escape attempt, but even this is eventually credited as part of her all-knowing psychiatrist's plan for her (37, 130). When she runs away, she takes the name "Harriet" because it is the name of her doctor's wife. She is taken in by a man who forces her to have sex with him. This encounter is not condemned as rape, but is rather presented as being for her own good, and their relationship is what ultimately seems to heal her after she gives up working to be a housewife to him. She continually compares this man with her doctor, asserting the continued curative power of paternal authority.

popularization of Freudian theories, which Friedan claims were "seized in this country in the 1940's as the literal explanation of all that was wrong with American women" (105), for adding a scientific veneer to what Friedan has characterized as the "old prejudices" against women. As Kate Millett puts it in *Sexual Politics* (1970), "the effect of Freud's work, that of his followers, and still more that of his popularizers, was to rationalize the invidious relationship between the sexes, to ratify traditional roles, and to validate temperamental differences" (178). In *The Feminine Mystique* (1963), Betty Friedan had similarly argued, "The feminine mystique derived its power from Freudian thought; for it was an idea born of Freud, which led women, and those who studied them, to misinterpret their mothers' frustrations, and their fathers' and brothers' and husbands' resentments and inadequacies, and their own emotions and possible choices in life. It is a Freudian idea, hardened into apparent fact, that has trapped so many American women today" (103). They and other feminists critiqued Freudianism for focusing on male psyches and perceiving women as little more than a lack.[6]

It is easy to see this absence of feminine individuality in the film version of *The Snake Pit,* which in embracing Freudian psychoanalysis becomes almost exclusively focused on Virginia's relationships with men and eliminates much of her own narrative of her experience by

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[6] There was, of course, great controversy even among Freudians over the position of women from very early on. In the introduction to her 1973 edited volume, *Psychoanalysis and Women,* feminist psychoanalyst Jean Baker Miller writes, "Even very early in the development of the psychoanalytic movement, several psychoanalysts began to present alternative ideas on the psychology of women. In fact. . . this issue was the main subject of contention within the psychoanalytic movement in the years between 1925 and 1935 and was also one of the underlying reasons for the first major schism within the field in the U.S. in the late 30's and early 40's" (vi-vii). In spite of this diversity of thought on women, however, Miller also admits that, as of the 1970s when she is writing, "many people, especially—but not only—young people within the profession, do not seem to know that psychoanalysts who offer alternative views did and do exist. This is especially striking in that many of these analysts are people of great and brilliant gifts, some quite prominent in the field" (v). In other words, the traditional Freudian view attacked by Freidan was dominant in American even as late as the 1970s.

shifting the perspective of the film from Virginia's first person account (the only account given in the novel) to the doctor's perspective of her illness. While the movie does portray some of Virginia's internal dialogue, it is a "sane" man's voice that narrates much of the story, emphasizing his reality over Virginia's. Her voice, as represented by voice-over sound clips revealing her thoughts at various points in the film, is overwritten by the perspective of the camera and the male narration, which focuses on presenting a more "objective" view of reality through the psychiatrist and husband. A 1947 article reporting on the film's production advertises, "The novel was a first-person, interior study of a disordered mind and its behavior. The camera, according to Litvak, will merely see the outward manifestations of the disorder from the viewpoint of realistic sanity" (Brady). Fishbein has written on this change of perspective in the novel, saying "the disparity between the doubts and delusions of the soundtrack [revealing Virginia's stream-of-consciousness] and the portrait of reality recorded by the camera eye leads the viewer to distance himself from the heroine and to question the veracity of her perceptions" (647). Veda Semarne also critiques the structure of the narrative, saying that in the film, "Virginia's voice-over narration, expressing female interiority, is subsumed by the overarching patriarchal narrative" (146). Whereas in the novel, the reader follows Virginia's journey from ward to ward through her own eyes and her sense of reality, the film distances the reader from Virginia by inserting the external, supposedly objective reality of the doctors and her husband, dismissing her viewpoint as mere insanity and allowing the men in the film to emerge as the ultimate authorities on the "truth" of mental illness. Needless to say, as the purveyors of truth, the doctors come across as much more competent and knowledgeable than they appear in the novel, justifying their authority over the poor hapless Virginia, whose interiority is presented as troubled and insane and therefore dismissible.

The men's control of the narrative empties Virginia of much of the wit, charm, and independence of mind she had in the novel. Early in the film, Virginia's husband, a relatively minor character in the novel, becomes the narrator as he provides Virginia's psychiatrist with a history of their relatively shallow relationship. Apparently quite content to know next to nothing about the woman he has married until she has a breakdown, he confesses, "She didn't tell me much about herself . . . Somehow I thought she was grateful that I didn't ask too many questions. Sure, it was strange, but maybe that's why I liked her." Whereas the Virginia of the novel has been married for about fifteen years to a man who by her own account takes her goals and dreams almost too seriously, the Virginia of the film is newly married to a man who seems to think that the most attractive thing about her is that she hasn't much to say. Virginia also appears to be a much less able storyteller in her professional life in the film, which greatly diminishes her career as a writer. Whereas the Virginia of the novel is a successful author who has published two books, the Virginia of the film has only written a few short stories and has just had the "first one [she] thought was good" rejected by the magazine Robert works for when they first meet. In fact, Robert is the one to give her the news that it has been rejected, again putting him in a position of authority over her storytelling.[7] Both before and after she enters the asylum, Virginia is presented as incapable of telling her own story, leaving Robert and Dr. Kik, two men who barely know her, to fill in the narrative of her life.

The men's control over Virginia's narrative continues even after she has been declared sane as she is almost literally handed from one man's authority (Dr. Kik's) to another's (her husband's). While the novel ends with Virginia in the presence of other women, packing her

[7] It might be worth noting that the Robert of the novel does not work for a magazine or any other type of literary publication, making Virginia the sole creative writer in her immediate community.

bags with Miss Vance and Miss Sommerville while Robert waits downstairs with the release papers he has had hastily signed by indifferent doctors, the film ends with Virginia standing between her psychoanalyst and her husband. Not only is Dr. Kik present when Robert comes to get Virginia (he abandons responsibility for her care in the novel after she and her husband separately contradict him), but she confesses to him, seemingly out of the blue, that she knows that she is well because she is not in love with him anymore. Her apparent romantic feelings for him in the film reflect the Freudian concept of transference, but are completely antithetical with her feelings toward Dr. Kik in the novel, in which she calls him her "young jailer" and resents and fears his power over her. The change in her emotions between the novel and the film transforms Kik from a frightening authority to a desired one, more in keeping with the common medical narrative of the time that presented doctors as unquestionable heroes. Immediately after telling Kik she no longer loves him, Virginia asks Robert what has happened to her wedding ring, and the film ends with him placing it back on her finger and taking her home, completing the transfer of paternal authority from the doctor to her husband.

In spite of robbing Virginia of her creative voice, occupation, and life experience, Litvak apparently believed that his version of *The Snake Pit* provided Virginia with a more "rounded personality" than she had in the novel because of his addition of a Freudian backstory to give her illness credibility. In a review of the film for which he interviewed Litvak, Thomas Pryor writes, "Mr. Litvak admits that he had to do some tall, persuasive talking to enlist professional assistance in fashioning a rounded personality out of the experiences and observations set down by Mary Jane Ward in her book," and that it was only after enlisting the help of professional (male) psychiatrists that he and his two writers felt able to do so. The film spends a great deal of energy glorifying Freudianism and doctors and privileging their perspective over the experiences

of actual patients in order to highlight the importance and necessity of cure. This focus robs Virginia of the voice and depth of character she had in the book, and draws attention away from her social criticisms of the terrible and isolating ways people in mental distress are treated. While almost all reviews of the film express that it will be shocking and upsetting to some viewers, and it likely was, a viewer who has read the novel first will find the film relatively tame. The nurses may at times be cruel, and the patients perhaps too numerous, but it is certainly not the "pit" that Virginia describes in the book, making the asylum appear as a place that could just use a few more resources to effect a better cure, rather than a major reworking of the way we have structured society to bury the voices of the mentally ill. The film of *The Snake Pit* shows Virginia being strapped to the table for ECT, but it cuts away before she is actually shocked. She is never fed through the nose, as she is in the book, and they never show the lack of food, or toilet paper, or doctors, that the book describes. While the book ends ambiguously with the doctors agreeing to release Virginia to her husband's custody because he is moving to another state and they will therefore no longer be responsible for her, the film ends with a more certain recovery, celebrating the power of the asylum to restore a "cured" Virginia to society, even if this cure seems to have left her just as voiceless as she was when the film began.

Mary Jane Ward publically supported the film when it came out, but we get a sense of what she might have really thought about it in her later highly autobiographical novel, *Counterclockwise* (1969). In it, the main character Susan Wood admits of the film that was made of her book *Hideaway*, a fictional novel about a mental asylum much like *The Snake Pit*, "It was ridiculous . . . Usually I say it was wonderful and, within its limitations, it was. But what limitations!" (103). She goes on to laugh about how many doctors and nurses were in the film, saying, "on the set it had seemed to me that what they were filming must be the story of a

nursing convention," noting that in her experience in understaffed asylums, there were generally very few medical professionals present. She then describes running into a friendly psychiatrist she had met who had refused to promote the film, who tells her that it was nothing personal but he couldn't understand how she had let the film use her name (103). Although she does not fully answer why she supported the film in *Counterclockwise*, the novel offers hints. Supportive of whatever reforms people were willing to make to the terrible conditions of the mental hospitals in the US, she might have been willing to go along with the film thinking that it could help support these reforms. In *Counterclockwise*, Susan claims to have "learned the hard way that the general public could be rather easily alienated from its interest in mental illness, something reluctantly given in the first place" and therefore often downplays just how terrible conditions were in the asylum when she gives speeches so that people will be more willing to listen (11). Perhaps Ward similarly believed that the watered-down message of the film, which highlighted only the problems with the asylum that might be fixed with a mere increase in funding rather than a complete overhaul of the power dynamics between doctors and patients, might be more palatable to viewers who were used to the romantic depictions of doctors and mental illness and therefore at least provide patients who were trapped in these institutions with decent food, even if it could not provide them with a voice.

In *Counterclockwise,* however, it is this manipulation of her story to please audiences and subsequent silence about the women she has seen in the back wards that ultimately leads to her second nervous breakdown. Although the nurses in *Counterclockwise* prefer Susan giving speeches to writing novels, Susan herself is continually emphasizing the limitations of speeches, saying that "In a speech you have to be very careful not to say anything much at all beyond what they have already accepted," and her reluctant commitment to these speeches prevents her from

sharing the worst she has seen and giving voice to the forgotten women of the back wards (86). One superintendent at a hospital she tours is so confident that she will not expose the horrors of his asylum to the public that he brings her to his worst ward, where women crouch naked in the dark and urinate on the floor. Susan returns home afterward, but feels she cannot even tell her husband what she has seen, a repression that leads to delirium and another breakdown. She is placed in a private hospital where she is allowed to see her husband daily and her very attentive doctor allows her to speak of her own experience in her own timing, a welcome contrast to the domineering doctors of *The Snake Pit*, but she still has a difficult time putting words to what she has seen. The readers do not even learn what it is that she has seen until the very end of the novel, emphasizing the imposition of the silence that Susan feels that she must keep as a speaker for a reform movement that is more interested in practical "improvements" it can make toward cleaner and better funded wards than in the experiences and humanity of patients.

1.4 Conclusion

In both the film and the novel of *The Snake Pit*, Virginia is often silenced, sometimes physically, by the medical professionals who believe that their story about mental illness is the only one that needs to be heard. In the film, this silencing is even more pronounced as Virginia eventually comes to adopt the psychiatrist's narrative about her illness, and Dr. Kik's victory over insanity appears to justify her silencing. In the novel, however, Mary Jane Ward stresses the importance of listening to patients rather than accepting the medical narrative in its entirety. Throughout the novel, she illustrates how assuming that patients cannot have a voice until they are cured can lead to gross abuses of power, and that a more humane, equitable world is possible when people work cooperatively to make sure that everyone's needs are heard and addressed. If she believes such a revolution is possible, however, she also recognizes that such an extreme change in the way we view the mentally distressed is certainly not going to come from minor

reforms within the medical institution itself, as is evidenced by the character of Miss Sommerville.

Virginia meets the patient Miss Sommerville in Ward Thirty-Three and is amazed to learn that she used to be a nurse, saying, “You could not imagine Miss Sommerville ever making a sound remark” (259). Miss Vance tells Virginia that Miss Sommerville was a good nurse, but she felt things too much, which led her to try to make reforms. She relates,

> She tried to get some changes made. It was like beating her head against a stone wall. Worse. The damage was more permanent. But maybe she wasn’t such a good nurse. Look at it another way. A good nurse can’t be any reformer, and that’s what Miss Sommerville was. A good nurse has got to take orders and get along with what she has on hand. You aren’t supposed to get any ideas . . . (260)

Miss Vance makes it clear that the nature of the institution and its hierarchical structure make it virtually impossible for a “good” doctor or a “good” nurse to make any real changes. A little less than forty years earlier, Clifford Beers had expressed the same sentiment in a memoir about his stay in an asylum, saying that “the environment in some institutions is brutalizing,” encouraging attendants who might otherwise be inclined toward kindness to act unsympathetically and even violently toward their patients (85). Journalist Albert Deutsch, a contemporary of Ward and author of *The Shame of the States,* also speaks of the brutalizing nature of the institution, and in the introduction to his book notes that individual efforts like Beer’s are not enough, stating, “The day of the individual crusader is over. Our time calls for organized, persistent effort in behalf of desired social change” (13). He, like Ward, sees that the Miss Sommervilles of the world will not be able to change the institution from within and argues, “Real reform of our state hospitals hinges on acceptance of a single fundamental truth: mental patients are people, however sick they may be” (29). Deutsch’s narrative, however, with its emphasis on terrible conditions and shocking pictures rather than patient stories, is perhaps not the best vehicle for convincing his

readers of this "fundamental truth" about the humanity of patients. Ward's novel makes a more concentrated effort at illustrating this truth by letting Virginia's witty and personable voice, rather than sensational accounts of asylum abuses, drive her narrative. As one reviewer notes, "Virginia's essential gaiety of spirit, her wit, her intelligence and her engaging charm make her attractive even while she is insane" (Prescott). Although Virginia is not wealthy, she appears to come from a cultivated, intellectual background and the contrast between her regular social standing and her current state in the asylum also likely helped to cultivate sympathy with a largely white audience.

Ward's novel, told completely from the perspective of a mental patient herself, illustrates the humanity of mental patients in a way that a speech calling for the need for more medical supplies or food for patients never could, which is perhaps why Ward seems resentful of the people in the movement who want her to make speeches instead of writing more novels. In *Counterclockwise*, Susan complains that medical professionals and activists see her novel as nothing more than a vehicle for a social justice campaign, diluting her message. Her individual story, and the stories of the women she has met, become sacrificed to a larger movement that feels distant from herself, and she finds herself feeling constantly guilty for wanting to write instead of helping the "Movement" in more direct and "practical" ways. She speaks of the judgment that she receives from nurses and activists, who, like Sommerville, are trying desperately to enact some small, practical changes for their patients rather than engaging in the more abstract and monumental task of changing peoples' perceptions of the mentally ill. Susan describes these workers in *Counterclockwise*, saying:

> Good God, their reproachful eyes said, she sits at home writing novels while we need her to help us get a bill through that will raise our food budget so our patients will no longer suffer from malnutrition . . . They asked her to think about that while she was sitting at her typewriter trying to finish a novel, a *novel* for

> God's sake! She told them *Hideaway* was a novel, and they shook their heads and said if you wanted to call it a novel, all right, but they knew Truth when they came upon it. (106)

This sentiment echoes what the strict nurse Miss Davis tells Virginia in *The Snake Pit* when she disapprovingly says of her writing, "There is far too much to do in the world without storytelling" (121). In both instances, medical personnel downplay the importance of an individual madwoman's voice, encouraging her to face what they consider to be reality.

In both the *The Snake Pit* and *Counterclockwise*, however, Virginia and Susan resist this call to "be practical," and insist on presenting their visions of a world in which patients are not just given the bare minimum needed to survive, but are treated as equals with a right to have a say in their own treatment. They know that this type of community for the mentally ill will require a revolution not just in the resources we grant to public asylums, but also in the structure of the broader world that values some voices, like those of male doctors, more than others. Although the ending of *The Snake Pit* is not particularly optimistic that such a change in the way people view and accommodate madness can occur, it at least makes one bold step toward challenging the monolithic narratives of medicine by insisting that the stories of madwomen need to be heard in all their sometimes messy details. The novel highlights the humanity of a group of people who are so often defined only by their sickness. In both sickness and wellness, Virginia is a charismatic, witty, and socially conscious woman whose generosity and humanity often surpasses that of the supposedly sane doctors and nurses she interacts with. The reader is left questioning whether a world that excludes such women and enacts curative violence on them by labeling them as "other" and isolating them from the larger community, is really a world we want to live in.

In my next chapter, I will be examining another novel that focuses on a female writer, although one who is slightly less developed and sure of her voice than the thirty-five-year-old Virginia Cunningham. *The Bell Jar* focuses on a female heroine, Esther Greenwood, who is just starting to develop her voice in the world that often appears hostile to her desires as a young woman coming to age in the 1950s. The novel has often been categorized as a female *bildungsroman* and widely touted by feminists who see it as a work of literature about a writer finding her voice as a woman, but I will argue that this criticism often misses how Esther's search for her voice is wrapped up not just in her identity as a woman, but specifically in her identity as a madwoman. As I noted in the opening of this chapter, *The Bell Jar* was certainly influenced by earlier works of asylum fiction, most notably *The Snake Pit,* and as such it explicitly engages with mental illness as more than simply a metaphor for women's inferior subject position. Because Esther has the privilege of being placed in one of the most prestigious private hospitals in the country, unlike the public institution featured in *The Snake Pit*, her narrative focuses less on the physical violence perpetrated against the mentally ill, but it is still very much engaged in questioning the dominance of medical narratives and the less visible violence these narratives enact when they overwrite patient stories and deprive people in mental distress of a space where they can exist and be accepted as themselves without fighting for a cure.

Chapter 2. "Hundreds of People Like Me": A Search for Mad Community in *The Bell Jar*

If producer Anatole Litvak's goal in creating a film version of *The Snake Pit* was to "reassure people that mental disorder is an illness which can be cured, and to direct attention to the facilities now available in our institutions" (Pryor), he was only partially successful, at least as far as the heroine of my next novel is concerned. Nearly a decade after the asylum reform efforts of the 1940s, Esther Greenwood, the heroine of Sylvia Plath's *The Bell Jar*, is certainly aware of the institutions available for the mentally ill, but she is much less certain of the possibility of a cure. Reflecting on her growing mental distress and its potential impact on her family, she writes, "They would want me to have the best care at first, so they would sink all their money in a private hospital like Doctor Gordon's. Finally, when the money was used up, I would be moved to a state hospital, with hundreds of people like me, in a big cage in the basement. The more hopeless you were, the further away they hid you" (160). She sees the asylum not primarily as an institution of science and progress, but as a place of abandonment and isolation, with basement wards that seem closer to the representations offered by the novel of *The Snake Pit* than the film. *The Bell Jar,* one of the most canonical works of asylum literature, presents a woman who is coming to terms with who she is as a woman with a mental illness at the same time that she realizes that the only place for a person "like her" in her society is a basement cage. The more she comes to identify with the "uncurable" figures that she has read about in tabloids, psychology text books, and literary works, the more isolated she feels by their abandonment, which she feels will soon be her own.

Even though the "asylum" portion of *The Bell Jar* takes place in one of the most prestigious private hospitals in the country, Esther, who is of course a semi-autobiographical representation of Sylvia Plath, feels isolated by her mental illness and others' lack of consideration for, or even awareness of, her psychological distress. She feels she cannot be accepted if she is not "well," and the violence that this necessity to drop out of society until she can be cured does to her psyche is tangible. Esther's isolation forces her to recognize how unaccommodating her society can be towards people in pain and leads her to seek a community that will be more inclusive, even while recognizing how difficult it can be to form such communities in a world that is focused on cures. Although it does not present the same level of horrifying imagery of asylum abuse present in *The Snake Pit* and my next novel, *Woman on the Edge of Time*, *The Bell Jar* is still intimately concerned with the violence done to mentally ill people by denying them a space in society. It imagines, with just as much sophistication as the other novels in this dissertation, what a community of people who identify as mentally ill might look like, and who gets left behind when "getting better" and being well is privileged over methods of being together that can incorporate psychic and emotional pain. As I will discuss in the conclusion, this imagining, and Esther's insistence on making her voice heard even while she is ill, has made the novel a continued inspiration for writers of asylum memoirs and fiction even today.

2.1 Criticism on *The Bell Jar* and Making Space for Communities of the Ill

To say that *The Bell Jar* is a book about identity and finding (or not finding) community is merely to state the obvious. Several critics have referred to the book as a female *bildungsroman*[1] and compared it to the famous coming-of-age novel, *Catcher in the Rye*, and

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[1] See especially Donofrio, Nicholas. "Esther Greenwood's Internship: White-Collar Work and Literary Careerism in Sylvia Plath's *The Bell Jar*." *Contemporary Literature*. 56.2 (2015): 216-

almost every piece of criticism on the novel makes some mention of Esther's continuous attempts to discover her identity and find her place in a community that, as critic Susan Coyle puts it, "seems hostile to everything she wants" (161). Almost all of this criticism, however, focuses on Esther's search for identity as either a woman or a writer, and chronicles her attempts to compare herself to various female models. Critic Gayle Whittier, for example, states that the book is about Esther seeking a place as an "intellectual woman" during a time when this phrase was seen as "a cultural contradiction in terms" (130). Diane Bonds similarly argues that Esther is seeking an identity as a woman, and that she systematically examines and then rejects almost every female model she comes in contact with in a (somewhat unsuccessful) attempt to form her own identity. In a more recent essay, Nicholas Donofrio writes about how Esther looks to her internship experience for models of her options as a woman. Other critics, such as Linda Wagner-Martin, Lynda Bundtzen, Luke Ferretter, Paula Bennett, Gayle Whittier, Miller Budick, Marjorie Perloff, Marilyn Boyer, and Maria Farland, just to name a few, have made similar statements about Esther's search for a female community, identity and language throughout the novel, and rightly so. It would be very difficult to argue that Esther's search for identity and community is not influenced by her gender in an era when, as Marjorie Perloff puts it, "female roles are no longer clearly defined" (515). What I believe these texts miss, however, is that while Esther is searching for and rejecting female role models, she is also, or perhaps even primarily, searching for identity and community as a person with an enduring mental illness.

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254 and Wagner, Linda W. "Plath's *The Bell Jar* As Female B*ildungsroman*." *Women's Studies*. (1986): 55-68.

Throughout the novel, Esther makes multiple attempts to imagine herself as a part of a community of people with mental or even physical ailments, yet critics have failed to acknowledge the efforts Esther makes to connect with others who share her mental distress as legitimate attempts at community building. It is rare for any critic to even mention characters like Valarie, the lobotomized patient Esther meets, or Miss Norris, her mute neighbor in the asylum, let alone the abnormal psychology texts Esther reads or the suicides she follows in the papers. Although no critic that I know of goes so far as to say so, it is clear from these omissions that most of them view these attachments to the mentally ill as mere symptoms of Esther's madness to be replaced with more "legitimate" identifications once she is "healed" or reintegrated back into the larger society. Even scholars who see the novel as a critique on the patriarchial institution of psychiatry, as Luke Ferretter and Maria Farland do, tend to ignore the relationships that Plath forms in the asylum, perhaps because they see madness as a temporary stop before a feminist awakening rather than a piece of her identity that she might build an identity or a community around. When critics focus only on Esther's identity as a female and treat her madness as a side-effect rather than an essential part of who she is, however, they make the same mistake that Esther's mother does when she tells Esther, "I knew my baby wasn't like that . . . Those awful dead people at that hospital . . . I knew you'd decide to be alright again" (145-6), indicating her adherence to a belief that other people with mental illnesses are too "dead" to be worth communing with. Seeing these bonds Esther forms as a mere symptom of madness rather than a legitimate attempt at community building denies the personhood of those who cannot "recover," people who end up getting left behind as Esther moves toward normalization and a place in the cannon of feminist heroes. I want to explore the importance of a mad community to

Esther, and how the novel might be looking toward a vision of community in which no one gets left behind.

2.2 "A Classic Neurotic": *The Bell Jar*'s Definition of Mental Illness

In *The Bell Jar*, Esther Greenwood is searching for an identity and community not just as a woman, but also as someone with an enduring mental illness. What exactly this "mental illness" consists of, however, is not always clear even to Esther, and in fact she spends a large portion of the novel musing on who she can look to as a model of her own pathology. Therefore, although I would like to give a simple explanation of what I mean by "mental illness" in regards to this text, the novel itself resists a straightforward definition. Every character seems to have his or her own definition of mental illness. Esther, for example, holds a conception of mental illness that has been influenced by a mixture of abnormal psychology textbooks, newspaper articles, and literature, while Esther's mother believes that the mentally ill are practically dead and that mental illness is a choice. Joan, and presumably her psychiatrist, has a Freudian view of mental illness that involves "Egos and Ids" (225), and other doctors at the asylum seem to think that learning about someone's potty training can give them better insight into their illness (202). Esther's boyfriend Buddy, who is training to be a medical doctor, has perhaps the most confused view of what mental illness is of anyone in the novel, apparently influenced by his father's view that "all sickness [is] sickness of the will" (91). Buddy tells Esther that her sinus problems are psychosomatic, which even Esther knows is medically ridiculous (73), but he also calls Esther "a classic neurotic" based on psychiatric definitions he has picked up in medical school (93-94). This variation in views is apparently consistent with the public perception of mental illness in the 1950s, when "not only was the public's orientation to mental illness largely uninformed by the current psychiatric thinking of the day, but public conceptions were suffused with negative stereotypes, fear and rejection" (Phelan et al. 188-89).

For Buddy, Esther's mother, and a majority of the characters in the novel, medical definitions of mental illness are often suffused with popular stereotypes that have no medical or scientific basis, which is unfortunately not much different than modern views of mental illness. In defining the term for the recent compellation, *Keywords in Disability Studies,* Sander L. Gilman notes that "what constitutes madness in any given society or community or historical moment is constantly shifting: symptoms change, and their meanings seem always in flux" (114). This is because, as Wilson and Beresford point out in their chapter on the socially constructed nature of mental illness, "Though the psychiatric profession has continued its search for biological causes or 'genetic markers' for 'mental illnesses' such as 'schizophrenia,' there is still no definitive 'laboratory test' for 'mental illness'" (Wilson and Beresford, 147). It is no wonder, then, that Esther seems to have difficulty pinpointing who she "belongs" with as someone suffering from a mental illness.

In the midst of all these varying definitions of what it means to be mentally ill, however, there is one factor that remains a constant in both Esther's definition and medical ones, and that is the experience of mental suffering or anguish. According to Gilman, although definitions of mental illness are always in flux, "psychic pain was and remains a litmus test for madness" (114). This experience of anguish also seems central in marking who Esther identifies as someone who shares her mental state, as we see most clearly in the way she responds to seeing Joan's scarred wrists, saying, "For the first time, it occurred to me Joan and I might have something in common" (199). Joan's self-harming behavior illustrates to Esther that Joan is experiencing psychic pain similar to her own, and serves as a point of connection between the two girls. It is this definition of mental illness, as a designation of psychic pain, that Esther

appears most invested in as she looks for community among fellow patients, case studies, and gossip papers, and it is therefore this definition that I will be focusing on for this paper.

In defining mental illness as a condition involving pain, I am purposefully deviating from popular feminist portrayals of female madness as rebellion, which literary scholar Elizabeth Donaldson has noted have become an "almost monolithic way of reading mental illness within feminist literary criticism," and which she rightly fears "may limit our inquiry into madness/ mental illness" ("Corpus" 101). As I plan to illustrate, it is the psychic pain that Esther feels, rather than any romantic ideas of rebellion, that isolates her from regular forms of community in which the expression of negative feelings or sickness is often met with indifference, hostility, or denial. While this isolation furthers her distress, it also encourages her to envision different forms of community that might better incorporate pain. In her book on depression as a publicly experienced emotion, feminist scholar Anne Cvetkovich writes, "Depression . . . can take antisocial forms such as withdrawal or inertia, but it can also create new forms of sociality, whether in public cultures that give it expression or because, as has been suggested about melancholy, it serves as the foundation for new kinds of attachment or affiliation" (*Depression*, 6). Recognizing that feeling bad can serve as a way of connecting others in a new way can open up our reading of *The Bell Jar* to see it as a text that is very much involved in the project of imagining communities that can better incorporate the mental and physical pain, distress, and illness that are a necessary component of our existence, even in a world that can be hostile to those experiencing them.

2.3 Rejecting People in Pain: Mrs. Tomolillo's Feminism

We see a brief example of how celebratory feminist accounts can strengthen hierarchies that place the sane and well above the sick and mad and therefore leave people who are in real pain behind in Esther's interactions with the character of Mrs. Tomolillo. Mrs. Tomolillo is

Esther's roommate in the first psychiatric facility she enters after her suicide attempt, and we learn that she is there because she protested her husband's invitation to his mother to stay with them by sticking her tongue out and either couldn't or wouldn't stop until she was brought to the hospital. This act of defiance against patriarchal hierarchies that place her husband's will and authority above her own initially makes her appear to be a potential mad-feminist ally to Esther, but when she learns that Esther has tried to kill herself, she immediately stops talking to her and has the doctor draw the curtain between them, physically isolating herself from Esther. Although Mrs. Tomolillo clearly suffers from some of the same limitations that Esther does as a woman and actively resists these limitations, she does not want to be associated with anyone who is "nuts" and quickly re-embraces a hierarchical social system that will place her above someone who is "crazy enough to kill herself" (173). She has no tolerance for continued suffering, or anyone who is experiencing it, in her act of resistance and very soon she is discharged to return to her role as wife and mother.

Mrs. Tomolillo's unwillingness to sit with pain is also illustrated much earlier in the novel when Esther is following Buddy around the hospital and ends up watching Mrs. Tomolillo give birth. In this scene, Buddy informs Esther that while Mrs. Tomolillo is clearly in great pain, she is under the influence of a drug that causes a "twilight sleep" that will make her forget the pain once she has returned home (66). Esther is horrified by this idea and calls it "just the sort of drug a man would invent" because it will encourage the woman to "go straight home and start another baby, because the drug would make her forget how bad the pain had been, when all the time, in some secret part of her, that long, blind, doorless and windowless corridor of pain was waiting to open up and shut her in again" (66). After witnessing the birth, and Mrs. Tomolillo's complete lack of response to the birth of her son because of the drug, Esther insists on the value

of holding on to her pain in order to make herself open to new experiences like witnessing the birth of her own child, saying, "I thought if you had to have all that pain anyway you might just as well stay awake" (67). Mrs. Tomolillo, on the other hand, is eager to forget her pain both in birth and in illness, and her unwillingness to sit with her own pain perhaps contributes to her inability to sympathize with Esther's.

Mrs. Tomolillo may act rebelliously temporarily, but she is not willing, or perhaps not able, to go so far as to isolate herself from society by refusing its mandate for cheerfulness and productivity, and this unwillingness to embrace pain is perhaps what makes her unwilling to associate with Esther in the asylum and see her as a potential ally. In her book, *The Promise of Happiness*, feminist and queer scholar Sara Ahmed writes about how happiness is often a requirement for women, saying, "We can think of gendered scripts as 'happiness scripts' providing a set of instructions for what women and men must do in order to be happy, whereby happiness is what follows being natural or good. Going along with happiness scripts is how we get along: to get along is to be willing and able to express happiness in proximity to the right things" (59). In order to "get along" in society, Mrs. Tomolillo needs to orient herself around the things that are supposed to cause happiness, like marriage and family, while avoiding things that cause unhappiness, like painful memories and unhappy people who attempt suicide. This creates what Ahmed calls "an affective geography of happiness" in which some people, like Esther, are pushed to the margins because their pain makes them a source of unhappiness that must be excluded for everyone else to "get along" (97-98). Although Mrs. Tomolillo is not entirely content with her position in society, her unwillingness to let go of traditional views of pain and unhappiness as ultimate evils continually brings her back to the traditional forms of family and hierarchical relationships in which, as Ahmed points out, happiness is believed to reside, while

pushing her away from people like Esther. In the world of the novel, creating new communities that will not leave certain types of people behind requires letting go of the compulsion to always be happy, and finding commonalities with people in pain who have traditionally been pushed to the margin of our society.

2.4 Identifying with Other Isolated Figures Through the Rosenbergs

From the very first pages of the novel, while she is still interning at a New York fashion magazine, Esther's psychological pain is already driving her to recognize connections between herself and other community outcasts, even if on the surface they appear to have "nothing to do with [her]" (1). In these opening pages, she conflates the trauma of the highly publicized electrocution of the Rosenbergs with her own burgeoning mental distress, claiming, "I knew something was wrong with me that summer, because all I could think about was the Rosenbergs and how stupid I'd been to buy all those uncomfortable, expensive clothes, . . . and how all the little successes I'd totted up so happily at college fizzled to nothing outside the slick marble and plate-glass fronts along Madison Avenue" (2). At first glance, Esther's obsession with the Rosenbergs may seem to be nothing more than an attempt to distract herself from her own suffering. After all, the Rosenbergs are national criminals, and it can be difficult to imagine Esther, a person who callously locks her friend outside her room in a pile of vomit, as having any real sympathy for anyone, let alone infamous traitors whom she has never met. However, the multiple links between the Rosenberg's pain and Esther's own point to a connection that goes beyond mere distraction.

The details of the Rosenberg trial are never given in the novel, but it is not hard to imagine that Esther might feel some connection with Mrs. Rosenberg because of the way she was portrayed as a woman whose loyalty to a man and the patriarchal hierarchies that so distress Esther in the novel had led to her current pain. During the Rosenberg trials, Ethel Rosenberg

often appeared as a "typical housewife" and "a loyal wife" who was ultimately convicted for typing up notes for her husband (Radosh and Milton, 98-100), the very thing that Esther's mother wants to prepare her for by teaching her shorthand. Esther resents her mothers' insistence that she learn shorthand so that she can "be in demand among all the up-and-coming young men and she would transcribe letter after thrilling letter," stating, "I hated the idea of serving men in any way, I wanted to dictate my own thrilling letters" (76). Esther wants to have her own voice, but feels blocked by a society that values men's voices over women's. Ethel Rosenberg is playing out, on a national stage, Esther's fear that taking on the traditional role of housewife and subsuming her voice to that of her husband will lead to figurative, if not literal, death. Esther may not name this connection explicitly in the novel, but keeping this history in mind allows us to see how Esther's pain might not be as separate from the pain of the Rosenbergs after all, and that there might very well be a "connection between girls . . . feeling bad and world historical events" (Cvetkovich *Archive* 3). Esther's emotional connection to the trauma of the Rosenbergs only becomes more apparent when Esther discusses their electrocution.

Although there are of course differences between the Rosenbergs' status as criminals and Esther's status as a person with a mental illness, Esther seems to identify with the similar ways in which they are being abandoned and punished by their community. Esther's imaginative description of the pain that the Rosenberg's will experience during electrocution, of which she says, "I couldn't help wondering what it would be like, being burned alive along with your nerves. I thought it must be the worst thing in the world" (1), clearly foreshadows her first negative experience with electroshock therapy. After she is painfully shocked by Doctor Gordon, Esther states, "I wondered what terrible thing it was that I had done," associating this "treatment" with punishments for national criminals like the Rosenbergs (143). The Rosenbergs may not be

mentally ill, but they, like Esther, are suffering in a way that the world around them cannot sympathize with. Esther's own distress allows her to recognize and sympathize with their anguish as they face execution, and leads her to feel deeply disturbed when the people around her are dismissive of, or even celebrate, their deaths. Toward the end of her stay in New York, Esther asks Helen, one of the other interns, "Isn't it awful about the Rosenbergs?" and is surprised by how enthusiastically Helen says, "Yes!", telling the reader, "at last I felt I had touched a human string in the cat's cradle of her heart" (100). Esther believes that Helen is sympathetic with the Rosenbergs, and this shared sympathy for someone who is suffering enables Esther to see the girl she has previously described as a "mannequin" with the voice of a dybbuk, as a touch more human. However, Esther soon finds out what the reader already knows from the start of the chapter: that Helen does not mean that it is awful that people must die, but that, "It's awful such people should be alive" (100). Esther's flash identification of Helen as a fellow human quickly dissolves with this statement, and Esther goes back to seeing Helen as someone possessed as she relates, "I stared at the blind cave behind her face until the two lips met and moved and the dybbuk spoke out of its hiding place, 'I'm so glad they are going to die'" (100). By portraying Helen as someone who sounds like she is possessed by a dybbuk, a spirit of a dead person, Esther is repudiating Helen's denunciation of the Rosenbergs as unworthy of life by indicating that Helen is not quite alive herself, and she continues to question her callousness as their brief conversation continues. This last utterance from Helen, "I'm so glad they are going to die," is the same phrase that opened the chapter, and it is the third time it has been repeated. While Helen may be happy to dismiss the humanity of the Rosenbergs and celebrate their exclusion from society through death, Esther's repetition of the phrase "I'm so glad they're

going to die" in this scene forces readers to confront the coldness of a society that would so quickly dismiss another person's pain, even if that person is a national criminal.

Cvetkovich claims that the "interventionist potential" of depression and trauma in creating new histories, and perhaps new communities, is their ability to "disrupt celebratory accounts of the nation that ignore or repress the violence and exclusions that are so often the foundation of the nation-state" (*Archive* 119), and this is precisely what Esther's account of the Rosenbergs is doing. Esther's repetition of Helen's heartless dismissal and her portrayal of Helen as possessed disrupts Helen's celebration of the Rosenbergs' deaths and brings the violence and pain of their execution to the forefront as she urges the reader to reconsider the value of people that are often considered to be "better off dead." Although this is the last time that the Rosenbergs are directly evoked, it is only the beginning of Esther's identifications with people who have been rejected from society, identifications that her own mental distress makes possible but which her friends and family seem eager to erase.

After the last iteration of "I'm so glad they're going to die" is uttered, the very next line in Esther's account is, "Come on, give us a smile" as a photographer attempts to take her photograph for the magazine (100). Pressured to act cheerful after her depressing discussion about the Rosenbergs, Esther refuses, and instead bursts into tears. Whether she is crying for the Rosenbergs, the pressure she feels to conform to others' expectations for her, or some other unnamable trauma is unclear perhaps even to Esther, but the juxtaposition of her mental anguish with the Rosenbergs' execution invites the reader to look for a connection between Esther's individual suffering and a larger national trauma, as well as the isolation associated with both. Just as the nation dismisses the Rosenbergs as unworthy of community or sympathy when they are condemned to execution, everyone at the photo-shoot abandons Esther once she begins

crying, leaving her feeling “limp and betrayed” (100). For Esther, as for the Rosenbergs, there has been a failure of community even acknowledge, let alone support, a person in pain. When Jay Cee finally comes back to the room where Esther has been crying “after a decent interval with an armful of manuscripts,” the message she brings is clear: you can only be a part of this community if you smile and continue to be do what we expect of you, because if you let your pain get in the way of your work, if you stop being productive, we will disappear.

From the very first pages of the novel, it is already clear that Esther is in mental anguish, but the messages she receives from her community about the social consequences of showing pain or illness greatly deepen her distress. The command to get better and be productive, implied in the way Jay Cee ignores her tears and hands her a stack of work, is repeated on multiple other occasions in the novel, most notably in Esther’s visit to her father’s grave, where she recounts,

> I had never cried for my father’s death. My mother hadn’t cried either. She had just smiled and said what a merciful thing it was for him he had died, because if he had lived he would have been crippled and an invalid for life, and he couldn’t have stood that, he would rather have died than had that happen. (167)

This passage comes directly before Esther’s most successful suicide attempt, and illustrates that in the eyes of Esther’s mother at least, the only acceptable options in illness are to get better quickly and be productive, or to die. As Spandler and Anderson note in their recent volume on mental illness, “In an age dominated by recovery, it is not acceptable to have enduring mental health issues” (23). This attitude toward illness is evident in many scenes throughout the novel, including when Esther’s mother praises her for “deciding” not to be like the “awful dead people” in Dr. Gordon’s asylum (145-146), when her nosey neighbor insists that she get dressed and be productive, and when her friends fail to recognize her pain. Esther eventually internalizes this attitude toward illness herself, and prior to one of her suicide attempts she hears voices repeating over and over, “You’ll never get anywhere like that” (146-7). Esther feels that she has to

constantly be “getting somewhere,” or she might as well be dead. In her productivity-focused community, there is simply no time or space for her to focus on her pain, let alone share it with another person. Feeling isolated, Esther turns to textual figures in books and newspapers to find examples of the “hundreds of people like [her]” whom she believes are too far hidden from her “in a big cage in the basement” of an asylum for her to gain communion with in person (160).

2.5 Finding a Place to be in Pain in the Gossip Papers

In conversations about the Rosenbergs, her father, and her future, the one thing that becomes clear to Esther is that her community cannot sympathize with or accommodate suffering, whether it be mental or physical. Unable to deny her pain, Esther begins to look for other people who are in mental distress so that she will have someone to identify with and possibly find a space for herself, but what she finds proves grim. In looking through “scandal sheets” for the stories of tragedies and suicides that are left out of the *Christian Science Monitor*, she comes across an article about a man who has been saved from jumping off a ledge. She studies his picture intently, saying, “I felt he had something important to tell me, and whatever it was might just be written on his face” (136). Esther’s belief that the man in the newspaper has “something important to tell [her]” is particularly interesting considering that much earlier in the novel, Esther decides that the successful women she knows *do not* have anything important to tell her, saying, “Jay Cee wanted to teach me something, all the old ladies I ever knew wanted to teach me something, but I suddenly didn’t think they had anything to teach me” (6). Unfortunately, however, whatever lessons the suicidal man has for her go unlearned, as the paper does not tell her why the man was on the ledge or what happened to him once he left it, disappointing Esther and offering her no help with her own pain. Several pages later, after Esther has received her a painful and ineffective dose of shock treatment, she comes across another scandalous headline that is even less encouraging because it depicts a successful, rather than

merely attempted, suicide. Esther identifies with the woman in this second article even more strongly than she had with the suicidal man, comparing the photo of the woman with her own and finding them to be virtually identical (146). Just as poorly administered shock treatment has left her feeling "terrible" and more helpless than ever, the textual figures whose tragedies she follows in the scandal sheets seem to confirm that the only viable option for someone with her mental condition is death.

Finding little hope that there is a space for people like herself in the scandal sheets, Esther also begins searching for textual people to connect with in abnormal psychology books, and finds herself identifying with "the most hopeless cases" (159). These books and the scandal sheets become the only things she can read, and she becomes disinterested in any literature that does not involve mental illness, stating "everything I had ever read about mad people stuck in my mind, while everything else flew out" (155). She searches these texts desperately and consistently finds people she believes have something to share with her, if she could only reach them. Unfortunately, however, these works of literature, like the scandal sheets, also frequently conclude with the death of the mentally ill person, and consequently her momentary identifications with other people (however remote or fictional) who share her pathology only heighten her mental distress and sense of isolation. In one instance, she discusses one of these texts, a play about a mother who debates whether or not to kill her mentally ill son which ends ambiguously, with an acquaintance on the beach named Cal. The chapter in which this conversation occurs begins with Cal's insistence, "*Of course his mother killed him*" (154, italics original) mirroring the way the chapter that included the conversation about the Rosenbergs starts with the line "*I'm so glad they are going to die*" (99, italics original). This parallel structure links the Rosenbergs and the boy with the mental illness as people who "obviously" do

not belong in the word (154). Cal's insistence that it is only natural that the mother would kill the son leads Esther to immediately think about suicide as a solution to her own mental distress, and she asks Cal how he would kill himself before making a quickly aborted effort to drown herself in the ocean, her first in a series of attempts to kill herself. Finding suicide more difficult to accomplish than she had anticipated, however, she makes one final attempt at imagining a place where she might find acceptance and a sense of belonging outside of the graveyard. Desperate to find a community that can accommodate her in her mental distress, Esther looks to institutions as a place where sharing pain with others might be possible.

2.6 Dangerous Institutions as a Last Hope for Community

Finding her friends, family, and coworkers unsympathetic to her psychic pain and the texts she reads to be of little solace, Esther looks for other places where she might at least be allowed to stay and be tolerated, if not accepted, when her pain becomes too much for her. Throughout the novel, she talks of traveling to foreign countries, most notably Germany, but she admits that this is a mere fantasy because she does not know any foreign languages. Barred by language barriers from actually immersing herself in another culture, Esther looks instead to institutions like asylums, a prison, and a nunnery as perhaps the only other places where she feels she can find a new community to replace the one she feels so detached from. All three of these locations fall into the category of what sociologist Erving Goffman would call "total institutions," where "the barrier to social intercourse with the outside and to departure . . . is often built right into the physical plant, such as locked doors, high walls, barbed wire . . . [etc.]" (*Asylums* 4), and which would therefore provide Esther with an escape from the society where she feels isolated by her pain.

Esther is perhaps also attracted to total institutions because the conformity demanded of inmates in them, while it of course deprives them of their freedom and autonomy, also strips

them of the need to compete to distinguish themselves from the crowd. While in the outside world, Esther feels a constant need to continue with "all the little successes I'd totted up so happily at college" (2) in order to make her voice heard in a world that has few spaces for women outside of the limited position of housewife she so dreads, in an institution there would be little need to compete in this way and she feels she would be able to better concentrate on dealing with her pain alongside other inmates. Esther contemplates entering a monastery for just this reason, explaining that she believes she living as a nun would allow her to "concentrate on [her] sin" (a sin which she has earlier identified as her desire to commit suicide) in a way that will "take up the whole of [her] life" (164). A monastery would allow her to start over in a new community where she would have a designated role to play and allow her to harness mental energy that might otherwise be occupied with competition against others or acting cheerful. She quickly dismisses the possibility of entering such an institution, however, because she is "pretty sure that Catholics wouldn't take in any crazy nuns" (165). Feeling that a voluntary institution like a monastery that has control over who it selects to be a part of its community would reject a person with a mental illness just as quickly as the outside world does, Esther next turns to other total institutions that have less stringent requirements of their members: involuntary institutions.

Prisons, unlike nunneries, will take in anyone regardless of their mental state as long as they commit some kind of a crime, a fact that appeals to Esther. While it is possible to recognize the potential appeal of an institution like a monastery in which members participate voluntarily, drastically reducing the likelihood that they will be abused by officials who cannot easily prevent them from leaving, it is much more difficult to see the appeal of a place like a prison or an asylum where inmates are held against their wills by staff members who can use their power to physically or mentally mistreat or exploit those in their charge. As Esther illustrates in her visit

Deer Island Prison, however, desperation can make even these institutions look attractive to someone who has been unable to find any space for themselves or sense of community in the outside society. Esther is so desperate to visit the prison, in fact, that she bursts into tears when she is told that there is no subway to take her there. When she finally arrives at the prison, she describes the buildings as looking "friendly" rather than frightening, and asks a guard how one might get locked in there. When she learns that sometimes "old bums" purposefully get themselves arrested in the winter so that they will have a warm place to stay with plenty of food to eat, she replies, "That's nice" (150), drawing a connection between herself and people who are more literally "unhoused" in society and giving the reader a sense that she wishes that she had a similar place to escape to. It is also worth noting that Esther mentally connects both the nunnery and prison to memories of her father, indicating that in both scenarios she is desperately searching for an alternative to the fatal consequences of her father's inability to "get better" by finding a place where she can still have community even without being cured.[2]

The last institution Esther looks to, and the only one she ever actually enters, is a mental institution, but this institution is so frightening to her that she initially chooses suicide over voluntarily committing herself. Although an asylum might seem a more natural place than a prison for Esther to turn for in her mental distress, when she imagines herself there, the dangers involved in attempting to find a safe place to be in pain become all too apparent. After thinking to herself that she should just "hand herself over to the doctors," she remembers "Doctor Gordon and his private shock machine," and realizes, "Once I was locked up they could use that on me all the time" (159). Esther is also concerned that staying in a psychiatric facility long enough for

[2] Esther reminisces on her desire to enter a nunnery while she is searching for her father's grave, and she convinces someone to help her find the prison by telling them her father is locked up there.

her to work through her mental illness will impoverish her family, particularly since she knows how much her mother has already spent sending her to Dr. Gordon. This fear later proves warranted as Esther's mother tells her, "I had used up almost all her money" after she is involuntarily committed following an almost fatal suicide attempt (185). Her fear of abuse at the hands of medical professionals also proves to be justified during her short stay in the first psychiatric ward she is placed in, where she harassed by both nurses and hospital staff.

Fortunately, Esther is "rescued" from the crowded state facility and potential bankruptcy by Philomena Guinea[3], Esther's rich scholarship donor who agrees to pay for her hospital stay. Mrs. Guinea's financial assistance allows Esther not only to afford staying at an asylum, but also to enjoy more autonomy than she would have at an overcrowded public institution. With Guinea's help, Esther is placed in a private hospital that is based on McLean Hospital where Plath herself once stayed. McLean is a teaching hospital of Harvard University and is known for being "one of America's oldest and most prestigious mental hospitals," having housed a variety of wealthy and famous residents such as musicians Kate and James Taylor, Clay Jackson, and Ray Charles, and writers Robert Lowell, Susanna Kaysen, and Anne Sexton[4] (Beam 5-7). Likely as a result of Esther's placement in such a distinguished private facility, abuses in the asylum are not as common in *The Bell Jar* as they are in the other asylum novels I discuss in this dissertation

[3] The character of Philomena Guinea is based on Sylvia Plath's actual benefactress, Olive Higgins Prouty, who endowed a scholarship Plath received at Smith College and provided financial assistance after Plath was involuntarily committed for attempted suicide.

[4] Sexton was only committed to McLean for five days for a psychiatric examination shortly before committing suicide. She had had extended stays at two other psychiatric facilities earlier in her life, but in spite of her desire to be committed to the same institution where Plath had stayed, her doctor refused to commit her there because of "McLean's high prices and extended stays" (Beam, 146). Sexton did, however, teach a poetry seminar at McLean. For more on Sexton's stay at McLean, see Alex Beam's book on the institution, *Gracefully Insane: The Rise and Fall of America's Premier Mental Hospital*. New York: Public Affairs, 2001, especially pages 145-147 and 158-168.

and other novels that were published around the same time as *The Bell Jar* like *One Flew Over the Cuckoo's Nest* (1962), in which Nurse Ratched terrorizes the patients on her ward and submits them to shock treatments and even a lobotomy as punishments for going against her, and *I Never Promised You a Rose Garden* (1964), in which a patient is physically abused by an orderly. Even though *The Bell Jar* is comparatively conservative in its direct portrayal of abuses, however, readers still get a sense that these types of mistreatment are prevalent in the state institutions that Mrs. Guinea has allowed Esther to avoid. Esther herself has been subjected to terribly painful shock treatments at Dr. Gordon's hospital, and while she is at Belsize, a nurse with a second job at a public institution tells the women under her care that conditions at the public hospital are dire and that patients are not even allowed walks because there are simply not enough staff members to accommodate them (208). Even at the private hospital Esther ends up at, it is clear that she has little control over the treatment she receives and that they do not need her consent to submit her to ECT and other frightening "therapies." Esther even meets a woman (Valerie) at the private institution who has undergone a lobotomy. The novel is quick to note the lack of accessibility and the potential for abuse and neglect within the asylum early in Esther's stay there, but rather than dwelling on these abuses, the novel instead focus on highlighting the possibilities for community that a place like an asylum could potentially illuminate, even while acknowledging that the structure of the asylum and the biases of some of its inhabitants can make the actual formation of this community difficult.

2.7 Connection Through Pain: Forming New Communities in the Asylum

Before Esther enters the asylum, she finds it difficult to connect with others because of an unspoken mandate that requires her to be "well" to form relationships with others. The friends she tries to reach out to either ignore her pain and expect her to act as if it does not exist, or else abandon her when she expresses that she is suffering. The few times she seems to form a

connection with someone are when she is able to see that they are in just as much pain as she is, such as when she sympathizes with the Rosenbergs and the suicides in the papers, or when she is throwing up alongside Betsy at the magazine, of which she says, “There is nothing like puking with somebody to make you into old friends” (45). For the most part, however, Esther finds that other peoples’ demands that she hide her pain prevent her from having any sort of meaningful connection with them, and that her pain therefore isolates her from the majority of the world. This isolation is literalized in the asylum, where she separated from the rest of society in a locked ward. Even when she is able to have contact with people outside of the asylum, she finds it even more isolating than just being by herself because it is clear to her that these visitors see her as something far distant from themselves, someone who deserves to be locked away. When an old acquaintance comes to see her at the first hospital she is placed at, she says of him, “He didn’t really know me, either. He just wanted to see what a girl who was crazy enough to kill herself looked like,” which makes her feel more like “some exciting new zoo animal” rather than a person someone might have a real relationship with (172). She realizes that her pain and her position in the asylum make people from the outside world see her as a separate species, and that they will not accept her back into their world until she is cured. She says of the people who visit her at the private hospital, “I hated these visits, because I kept feeling the visitors measuring my fat and stringy hair against what I had been and what they wanted me to be, and I knew that they went away utterly confounded” (202). These visitors often demand wellness of her, and her inability to meet these expectations is more isolating than the asylum walls.

An asylum’s isolation from the outside world is painful and damaging and places patients at a high risk for abuse by people who see them as diseases or even “zoo animals” rather than people, but it also creates an environment that is ripe for questioning relationships that are

normally taken for granted on the outside, and perhaps for imagining new modes of community as well. According to sociologist Irving Goffman, one of the characteristics of an asylum is that an inmate "comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world," arrangements that are then stripped from him as through a "series of abasements, degradations, humiliations, and profanations of the self" (*Asylums* 14). Although it goes without saying that there is much to criticize about the abasements that occur in the asylum and the stripping away of outside relationships, the way that these abasements initiate "some radical shifts in . . . beliefs that [the inmate] has concerning himself and significant others" (Goffman, *Asylums* 14) can provide a lens through which asylum patients might begin to view the hierarchical and patriarchal relationships that typically structure society differently. This is not to say that hierarchical relationships do not exist within the asylum, and in fact, the relationships between inmates and staff are often extremely hierarchical, but the basis of this hierarchy does not lie in the traditional factors like socioeconomic status, blood ties, educational achievements, or even shared interests that might form the basis of societal relationships on the outside. For example, the working-class nurse who works two jobs to "collect enough do-re-mi to buy me a car" (208) has a higher standing within the asylum than the richest society woman in her charge, whose wealth and education mean nothing inside the asylum. Without their traditional markers of class, wealth, or in Esther's case, achievements, to determine their rung on the social ladder, inmates are left to find new ways of relating and building communities in which shared humanity and mental illness are often the only bonds holding people together.

When Esther first enters Caplan, a wing of the private hospital, she is still apprehensive that her mental state will prevent her from being able to have any form of relationship or

community with the women there because they will see her as "stupid" and not worth associating with. She is immediately suspicious of Valerie, the first patient she meets there, because it looks to Esther like "there's nothing the matter with her" (188) and she is afraid she will reject her when she sees how "bad off" she is. It is clear that Esther is still viewing herself and others according to the hierarchy communicated to her by her mother, colleagues, and others, a hierarchy in which being mentally different is "bad" and something "normal" people should avoid. It is only when Esther sees Valerie's lobotomy scars that she is able to accept that she might actually want to be friends with her, but perhaps because of Esther's apprehension about Valerie's seeming "normality," the two are never as close as Esther eventually becomes with Miss Norris.

As a mute and mostly unresponsive patient, Miss Norris is exactly the sort of person many "better people" would like to leave behind for the sake of maintaining some form of hierarchy in which they can view themselves as being more "sane" and "normal." Even the kindly Valerie tells Esther that "Miss Norris shouldn't be in Caplan, but in a building for worse people called Wymark" (192). Esther is not so willing to cast Miss Norris off, however, but instead embraces her as a fellow sufferer and someone she can bond with. She begins her relationship with her new neighbor on the pretext that she might be able to hide from this new patient how "bad off" she is, saying, "I thought she was the only person in the building who was newer than I was, so she wouldn't know how bad I really was, the way the rest did. I thought I might go in and make friends" (190). Esther is initially upset that Miss Norris will not speak to her because she is afraid that Valerie has told her how "stupid" she is and that Miss Norris is therefore refusing to have anything to do with her the way Mrs. Tomolillo had in the first hospital. When Miss Norris continues not to respond to nurses or staff, however, Esther

recognizes her as someone whose mental state is similar to her own, and the two become inseparable.

Miss Norris, as a mute and seemingly unresponsive patient, is perhaps the closest representation of what Esther believed she would become before she attempted suicide and entered the asylum, when she feared her body "would trap me in its stupid cage for fifty years without any sense at all" (159). The fact that Esther is mesmerized by Miss Norris, and that they sit together in "sisterly silence" (191) therefore might reflect Esther's desire to have a community inclusive enough to accommodate her even in this state of unresponsiveness that she believes she is headed toward. Although Esther's status at the hospital seems to be higher than Miss Norris' based on Esther's accumulation of privileges, she still desires to form a "sisterhood" with her that is predicated on their shared mental illness. Esther watches over Miss Norris, refusing to take walks or play badminton to spend more time "simply to brood over the pale, speechless circlet of her lips." No one else in the hospital, staff included, seems to be making any effort to bring Miss Norris into community with other people in the asylum, and since we know that Miss Norris does not have "walk privileges," it is probably safe to assume that Esther's visits are her only connection to any type of community in the asylum.

The relationship between Esther and Miss Norris in the novel is apparently not an uncommon one within mental institutions. In *Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates*, Erving Goffman describes a type of relationship in which "A patient, often himself considered by others to be quite sick, would take on the task of regularly helping a certain other patient who, by staff standards, was even sicker than his helper" (279). Goffman himself is rather baffled by this type of relationship because "to the occasional observer the relationship was one way: the person helped did not make a visible

return" (280), but in *The Bell Jar*, this silent communion with another person in psychological distress is presented as being almost more beneficial to Esther, the "helper," than it is to Miss Norris. Because Esther has not yet experienced a reaction to her insulin therapy, the fact that the staff believe that she is improving and are giving her more grounds privileges can only be attributed to the time she is spending time with Miss Norris and occasionally Valerie. Although the lack of traditional measures of friendly exchange has made the relationship between the two women easy to ignore for readers focused on Esther's movement toward a "cure," Esther's constant attendance to Miss Norris and her refusal to take advantage of her own privileges in order to avoid leaving Miss Norris alone illustrates that she believes that Miss Norris is someone who is "worth" spending time with and a good companion for Esther in her psychic pain. Their relationship ends suddenly when Miss Norris is sent to Wymark and Esther is moved to a better room, but in moving the two women up and down in the ward hierarchy structure on the same day, Plath forces her reader to at least acknowledge who must get left behind for Esther to "progress," and how a more inclusive community might be able to incorporate someone whose effect on Esther has been nothing but positive.

Before Esther has time to react to the loss of Miss Norris, she gains a new companion in Joan, a girl she knew in college. Before entering the asylum, Joan and Esther knew each other because they had both dated Buddy Willard, but they were not friends, and in fact Esther was not very fond of Joan. In the hospital, however, the two girls are able to connect with one another and build a relationship (although perhaps not quite a friendship) that is molded by shared pain. Just as Esther had read about suicides in the paper, Joan read about Esther's suicide during a time when she was struggling to find the resources she needed to deal with her own mental anguish, and she immediately felt a connection to Esther's psychic distress that eventually culminated in

her own suicide attempt. Joan tells Esther her entire story about how she ended up in the asylum, but Esther is unable to feel a connection until she actually sees Joan's wrists, at which point she recounts, "Joan grinned sheepishly and stretched out her hands, palm up. Like a miniature mountain range, large, reddish weals upheaved across the white flesh of her wrists . . . For the first time, it occurred to me Joan and I might have something in common" (199). Joan's scared wrists, as a proof of her mental distress, catapult her in Esther's eyes from someone she knew only at a "cool distance" (195) to her closest companion in the asylum, at least for a time.

Esther's companionship with Joan is much more tumultuous than her relationship with Miss Norris and has more ups and downs and complications than any other relationship in the novel, which I will argue illustrates the limitations on the possibility for community in a place that depicts wellness and positive affect (or at least the appearance of it) as the only acceptable foundations for making meaningful connections. Although the women attempt to form a relationship that can be accommodating of pain and mental distress, the hierarchical asylum structure that they are both submitted to ultimately turns their relationship into one based on expectations for behavior and achievement that Esther has spent a majority of the novel avoiding. It is clear that Esther originally feels some sort of communion with Joan, but this bond begins to deteriorate once Joan moves on to Belsize, the house from which "people went back to work and back to school and back to their homes," or in other words, leave the community of the mad. Once in Belsize, relationships become less about sharing in each other's pain as the women go back to competing for privileges as they did outside the asylum.

When Joan moves on to Belsize before Esther does, Esther complains, "Joan had walk privileges, Joan had shopping privileges, Joan had town privileges. I gathered all my news of Joan into a little bitter heap . . . Joan was the beaming double of my old best self, specifically

designed to follow and torment me" (205). As a vision of her "old best self," Joan is no longer someone with whom Esther shares a sense of mental anguish, and when Esther herself moves on to Belsize at the behest of the doctors and against her will, any sense of community she felt in the asylum disappears as she realizes that the women are uninterested in communing with someone who still shows signs of pain or mental anguish. Joan treats her "cooly, with a slight sneer, like a dim and inferior acquaintance" and Esther is sure that the other women are laughing at her and "saying how awful it was to have people like me at Belsize and that I should be at Wymark instead" (206). Since this is something that Valerie actually *did* say about Miss Norris, Esther's fears are perhaps a reflection of her sympathy with someone she still feels to be a peer in this experience of mental anguish. She feels isolated at Belsize, and once again pressured to "achieve" in order to prove that she "belongs" in this community of women, while with Miss Norris she was able to just be with another person without worrying about their expectations.

The pressure to "earn" freedoms that she once enjoyed outside the asylum prompts Esther to begin seeing Joan as a competitor, which makes it difficult for either girl to sympathize with the other's pain the way they did when Joan first entered the hospital. The system of rewards and privileges that the hospital has set up encourages both girls to put their best faces forward and hide their mental distress, and it has also created an uneven power dynamic between the two, in which in order for one to be ahead in the wellness hierarchy, the other must be behind. This creates exactly the kind of relationship based on an exchange of affection for achievements that Esther was working so hard to avoid outside of the asylum, and ultimately leads her to reject Joan as a companion. Shortly after Esther walks in on Joan in bed with DeeDee, Joan tells her, "I like you . . . I like you more than Buddy" (219), to which Esther eventually responds, "That's tough Joan . . . because I don't like you. You make me puke" (220).

Some critics have hypothesized that Esther's renunciation of Joan has to do with Esther's discovery of Joan's lesbianism, which they argue Plath cannot have Esther accept either because she is plagued by cultural norms (Bond 62), or because she cannot wrap her head around the idea that there might exist a woman who is unbeholden to men (Bennett 130). There is certainly evidence within the text to support the idea that Esther is made uncomfortable, if not repelled, by Joan's lesbianism, including her negative descriptions of the lesbians she has met in college as weird, unattractive, and unfeminine (219). Critic Diane Bond hypothesizes that Joan's lesbianism, one of the "small number of invented features in the novel," is for Plath a "last desperate imaginative reaching toward some viable image of non-hierarchical relationality" that she ultimately rejects because of her "domination by . . . cultural norms" (Bond 62). I agree with Bond that Esther, and perhaps Plath through her, is looking for non-hierarchical relationships in the novel, as hierarchical relationships like mother/daughter and mentor/mentee have proved to be incapable of accommodating pain, but I disagree that Joan's lesbianism represents this type of non-hierarchical relationship. On the contrary, I would like to argue that Esther is turned off by Joan's lesbianism and subsequent expressions of affection because she imagines that having a relationship based in desire would create the very kind of relationship based on expectations of happiness and achievement that Esther has been trying to avoid with both men and women throughout the novel. In other words, what Esther is rejecting when she walks away from Joan is not just a chance at "tenderness," as Bond suggests, but a relationship in which she would have to meet someone else's expectations of her in order to continue to be a part of their community.

Joan's expression of affection for Esther and Esther's eventual refusal of this affection is separated in the text by a page-long digression in which Esther silently compares Joan to other lesbians she has met, which leads her to think of all the "weird old women," including many

heterosexual women, whom she claims "all wanted to adopt me in some way, and, for the price of their care and influence, have me resemble them" (220). Included in this list of "weird old women" she is rejecting the influence of is Philomena Guinea, the women who is paying for her to "get better," Jay Cee, who handed her the pile of manuscripts when she was crying, and the minor character of the "Christian Scientist Lady," who tries to convinces Esther that her problem is "that I believed in the mist, and the minute I stopped believing in it, . . . I would see that I had always been well" (201-02). All of them, in other words, are eager for her to deny or at least move past her pains so that she can be the person they want her to be. Esther is not interested in or perhaps even capable of relationships in which she would have to deny her experience of pain or mental distress and pretend to be well in order to receive approval, and this is the sort of relationship that Joan seems to want with her when they are on their way toward supposed wellness at Belsize. Their last interaction with one another clearly illustrates how inadequate of a companion Joan has become toward someone in pain.

After Joan has been released to live with a nurse off hospital grounds, Esther shows up at her doorstep in a legitimate medical crisis, but Joan's "glad surprise," and "pleasure at [Esther's] arrival" (230-31) prevents her from recognizing or adequately responding to Esther's suffering. Joan, like the other women in Esther's life and particularly her mother, overlooks Esther's pain, preferring to see her and their relationship as unconditionally happy. Esther is bleeding profusely after losing her virginity to a man that she has just met in exactly the kind of expectation-less, "no strings attached" encounter that she had been looking for, and she is afraid that Joan will refuse to help her "as a sort of punishment" if she tells her about it (231). Joan is, in fact, seemingly more interested in asking Esther who the man was than addressing the fact that she is dramatically hemorrhaging, and in her joy over having Esther with her does not seem to see the

seriousness of her distress and takes a considerable amount of time to get her help. At this point in the novel, Esther's relationship with Joan has turned into the same type of relationship she has with her mother, Buddy, and Jay Cee, in that her affection for Esther leads her to overlook her pain because she prefers to see her as being happy. Esther's unwillingness to tell Joan what has happened illustrates that she believes that Joan's care for her is predicated on certain expectations of how she will behave, and that deviations from this behavior will be met with coldness or even punishment much like they have been in the hierarchically structured Belsize. This type of relationship is no longer viable for Esther, and shortly after she leaves Joan to return to the asylum, Plath brings their companionship to a permanent end with Joan's sudden suicide in one of the book's most dramatic departures from autobiographical fact.[5] In doing so, she rejects the curative narrative that Joan, in her progress out of the hospital and insistence on seeing Esther as healed and healthy, represents.

2.8 Conclusion

By the end of the novel, Joan is dead, Miss Norris has long since been locked away in Wymark, and Esther has said goodbye to Valerie with the unspoken hope that she will never see her again. With all of the relationships Esther has spent so much time cultivating now at an end, it becomes easy to see the novel as ultimately rejecting the possibility of a community of the mentally ill. This, however, is an oversimplification of the ending of the novel. Esther never actually rejects Miss Norris, but is physically brought away from her by nurses at the asylum, and it is also the asylum structure that drives a wedge between Esther and Joan by submitting them to a system of privileges and punishments that turns their relationship into a competition over who can "beat [the other] through the gates" (225). Even Esther's callous response of "Not

[5] The woman on whom Joan is based, Jan Anderson, was very much alive at the time Plath wrote the novel, and in fact later sued Plath's estate for depicting her as a lesbian after the release of the film version of the novel (Macpherson, 80-83).

if I know it" to Valerie's cheery, "be seeing you" (240-41) is not so much a rejection of Valerie, whose company she has seemingly enjoyed throughout the novel, as it is a rejection of the asylum where Valerie will be permanently confined as a result of her lobotomy. While the asylum has made it possible for Esther to find people like herself and imagine a community that is inclusive enough to incorporate them all, its abuses and constant focus on rewarding the appearance of wellness is also what makes this community difficult to maintain. Having been deprived of her free will at this asylum and forced to compete for "freedoms" that would normally be afforded to her automatically, it is no wonder she is eager to leave, but that does not mean that Esther is willing to write off her mental illness, or the relationships she has formed through it.

When Esther's mother urges her to think of her mental illness as a bad dream, Esther responds by saying, "To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream. A bad dream. I remembered everything . . . Maybe forgetfulness, like a kind snow, would numb and cover them. But they were part of me. They were my landscape" (237). In making this statement near the end of the novel, Esther is refusing to let go of even the worst memories that have shaped her in exchange for a more cheerful relationship with her mother or anyone else. Although both her mother and Buddy, representatives of "normal" hierarchical and patriarchal family relationships, do show up at the end of the novel, it is important to keep in mind that Esther is not going home with either of them.[6] Esther is instead leaving the asylum to return to the dormitory and her peers at the college, of whom she says, "What was there about us, in Belsize, so different from the girls playing bridge and studying in

[6] Esther has invited Buddy with the sole intention of "renouncing him" (218), and the reason Esther's release from the asylum has been delayed until the beginning of her school term is specifically so she can avoid staying with her mother (225).

the college to which I would return? Those girls, too, sat under bell jars of a sort" (238). Esther's experiences building relationships in which people can openly share their mental distress has taught her to see even "mentally healthy" people as isolated from a fuller experience of community that might be possible in a society that was better equipped to allow them to lift their bell jars and share some of their pain / "sour air" with others.

Unfortunately, although Esther's experiences in the asylum have opened her mind to different visions of community, the structure of this asylum and the hostility of the outside world to people in pain has made these relationships born out of shared distress difficult to preserve. It is unclear when, if ever, she will be able to find a community that she can belong to again, especially given the fact that most people who share her mental distress are locked away or dead. Her lack of options for close relationships becomes even more clear at the end of the novel when she tells the reader, "Dr. Nolan had said, quite bluntly, that a lot of people would treat me gingerly, or even avoid me, like a leper with a warning bell" (237). Buddy confirms this ominous forecast when he blatantly states, "I wonder who you'll marry now, Esther. Now you've been . . . here" (241), and Esther, equally unsure of her future ability to build relationships outside of the asylum replies, "And of course I didn't know who would marry me now that I'd been where I had been. I didn't know at all" (241). The overall message about community for the mentally ill seems to be that it is difficult to find, and even more difficult to maintain, but that does not mean that Esther, or Plath, have given up on it.

If Esther's attempts to form a community come up short in this novel, she, and Plath, offer one last way of reaching out to others in pain through the text of *The Bell Jar* itself. After scouring books and newspaper clippings to find other mentally ill people she might be able to relate to, often to little avail, Esther offers her own story to others as a detailed exploration of

what it means to be mentally ill. Unlike the figures in the scandal papers whose brief descriptions provide little information on, for example, “why Mr. Pollucci was on the ledge, or what Sgt. Kilmartin did to him when he finally got him through the window” (136), Esther attempts to describe her experience of mental illness in as many details as possible. Although she does not have all of the answers, her account brings mental illness out of the shadows and allows “readers to come closer to the problems and lessons of depression that Plath never learned” (Adamo, 200).

Since the publication of *The Bell Jar,* the textual community of mental illness housed in memoirs and works of fiction like Plath’s has expanded, offering new insights into ways of creating communities that can accommodate mental difference without leaving anyone behind. No longer limited to the brief articles on suicide and “hopeless cases” that Esther found when she looked to texts for comfort, authors writing within the last several decades have been able to draw on a wide array of novels and memoirs that provide more promising options for mentally ill people, and *The Bell Jar*, perhaps more than any other fictional work on mental illness, is often cited as an inspiration or influence on these later works. Multiple authors have cited *The Bell Jar* as a forerunner to their own novels or memoirs, and have even used Esther’s description of her experience to better understand their own conditions. For example, the authors of the memoirs *The Noonday Demon* (2001) and *The Quiet Room* (1994) both compare their mental states to Esther’s descriptions in *The Bell Jar* (Solomon 66; Schiller 17). The young adult novel *It’s Kind of a Funny Story* (2006) and memoirs *Girl, Interrupted* (1993) and *Darkness Visible* (1990) also explicitly reference Plath as a person who wrote about and experienced a mental illness similar to the one their books describe, and *The Savage God* (1971) a detailed account of suicide by Plath’s friend Al Alvarez in which he also tells the story of his own suicide attempt, was inspired

by Plath's writings and death. Even popular culture has picked up on the influence of Plath's novel in creating a mad community and identity. In her chapter, "*The Bell Jar* and other Prose," Janet Badia writes that *The Bell Jar* has developed a reputation for having a cult following among readers who are often depicted in popular culture as sharing in some sort of mental distress with both the author and one another. The novel, as Badia notes, has appeared in the hands of depressed women in movies like *10 Things I Hate About You* and popular TV shows like *Gilmore Girls* and *Family Guy.* While these representations are often tongue and cheek, the fact that the mere presence of the novel in a film or show can provide such a clear symbol to the audience of a certain type of identity illustrates the novel's reach.

All this is not to say that community with and through mental illness is always easy to find. As almost anyone who has experienced mental distress can attest, many of the challenges Esther faced in creating community still persist for people whose mental states have been heavily pathologized. In the memoir *Willow Weep for Me* (1998), for example, a female patient's copy of *The Bell Jar* is confiscated when she is in a psychiatric ward because her doctor does not think it is a "suitable piece of literature 'for someone like [her]'" (228), and in the popular novel *Silver Linings Playbook* (2008), the main character Pat Peoples is similarly barred from reading *The Bell Jar* and other books about mental illness while he is in the mental hospital. These restrictions, enacted by doctors, indicate an enduring belief that connections with others should be based in positive affect and healing rather than shared mental distress. This is perhaps why the textual community that Plath contributed to has become so important. Many contemporary authors see themselves as a part of this community and view literature as a way of reaching out to others like themselves. In the contemporary memoir, *Prozac Nation* (1994), for instance, Elizabeth Wurtzel purposefully quotes from a wide range of literature on depression from Edith

Wharton's *The House of Mirth* to Susannah Kaysen's *Girl Interrupted* and calls *The Bell Jar* one of "the great classics of depression literature" (360). Wurtzel states that books like *The Bell Jar* were an inspiration to her in her goal in writing a memoir to "reach other people and touch a little bit of their loneliness" (359), a project that she sees *The Bell Jar* participating in. In drawing together a wide range of texts on suicide and mental illness, Wurtzel's memoir creates a sort of cannon of texts about mental illness that indicates, as I hope to further illustrate in my conclusion, that whatever obstacles Esther encounters in finding a community of mental illness, the literary community that her fictional experience contributed to is alive and well.

In my next chapter, I will explore a novel that is far less canonical than *The Bell Jar*, and which has therefore likely had a much smaller influence on the body of asylum literature it participates in, but is nonetheless worth exploring for its clear and explicit vision of what a community that can incorporate pain could look like. This novel, *Woman on the Edge of Time* by Marge Piercy, is far more vocal about the potential abuses of the asylum than *The Bell Jar* or even *The Snake Pit*, but it is still able to use this space effectively both to illustrate how our current society is inhospitable to many forms of difference, and to plant the seeds of a resistance movement led by people who have been most abused by its patriarchal, ablest, racist, and classist hierarchical structures. Strongly influenced by the women's and civil rights movements, the novel, which features a Latina main character, is much more intersectional in its view of oppression than either *The Snake Pit* or *The Bell Jar*. It is also radically anti-psychiatry, more so than any other novel I know of from the period, but is perhaps unintuitively not anti-asylum. Not only does it use the space of the asylum in the present as a potential starting place for revolution, but it also brings this space forward into its projection of a utopian future. As I will illustrate, its utopian patient-run mad-houses, where people can be together in pain without fearing the types

of punishing cures implemented in more traditional asylums, provide a clear vision of a more permanent community for the mentally ill, one in which the connections that Esther and Virginia find so tenuous are able to continue beyond this space to the benefit of the community as a whole.

Chapter 3. A Mad Utopia: Making Space for Mental Difference in *Woman on the Edge of Time*

If *The Bell Jar* is a novel that is just beginning to imagine what a community that can incorporate madness might look like, Marge Piercy's *Woman on the Edge of Time* (1976) might be seen as the pinnacle of that imagining. While *The Bell Jar* was written during a time when there was just beginning to be interest in the asylum as a setting, by the time *Woman* was published, novels about asylums were commonplace. *The Ha-Ha* (1961), *Faces in the Water* (1961), *One Flew Over the Cuckoo's Nest* (1962)*, The Bell Jar* (1963), *A Fine Madness* (1964)*,* and *I Never Promised You a Rose Garden* (1964) had all been out for more than a decade and were receiving a great deal of public attention. In the late 60s and 70s, several of these novels were being transformed into successful films, including *One Flew Over the Cuckoo's Nest,* which won all five major academy awards in the same year *Woman* was published. These texts and accompanying films brought the abuses of the asylum into the mainstream, increasing public demand for mental health reform and adding fuel to a growing anti-psychiatry movement that fought to increase patient rights, decrease the power of physicians and impersonal diagnoses, and radically overhaul, if not completely eliminate, asylums.

Written during the height of this anti-psychiatry movement, *Woman* combines utopian, science fiction, and realist genres with the relatively new subgenre of asylum novels to imagine community formations and ways of being together that a purely realist novel like *The Bell Jar* simply cannot achieve. Overtly political, this radical novel reflects the broad societal changes that were occurring in the thirteen years after *The Bell Jar* was published as a result of the

women's, civil rights, leftist, and anti-psychiatry movements of the 60s and 70s. The novel, with its impoverished Latina main character, is also much more intersectional in its approach to systems of oppression than either *The Bell Jar* or *The Snake Pit*, both of which portray college-educated middle-class white women. This intersectionality allows the novel to provide a more nuanced view of how the label of "mental illness" is prescribed to populations that society has deemed unworthy of community in order to justify their exclusion and incarceration, and to illustrate that such exclusions can only disappear if hierarchies of race, class, and gender are eliminated. *Woman*'s sympathetic portrayal of its main character and her vision of a utopian future encourages the destruction of these hierarchies, and insists that valuing people who are mentally different or even in mental distress can have a strengthening effect on communities.

Although some reviewers have criticized it for being too polemical, *Woman's* central preoccupation is not with its politics, but with the main character Consuelo (Connie) Ramos and the community she longs to create. In the novel, Connie is the type of person most readers would probably avoid if they saw her on the streets. Not only is she an unemployed and impoverished woman of color with a history of mental illness, drug use, and being in trouble with the law, but she has even confessed to committing an act of violence against her own daughter, Angelina. Within the first few chapters, Connie, who is living alone and struggling to survive after losing her partner Claud and then her custody rights to Angelina, is thrown into an insane asylum in Manhattan while trying to rescue her niece Dolly from Dolly's pimp/boyfriend, Geraldo. Geraldo is easily able to commit her against her will by falsely accusing her of violently attacking him, an accusation that she is powerless to fight because of her former institutionalization after she hurt her daughter years before.

The publically funded asylum Connie is admitted to is a far cry from the polished private facility Esther Greenwood is sent to in *The Bell Jar.* Patients, many of whom are poor, lower class women of color, are kept placid and inactive with heavy sedatives, and there is seemingly no check on the staff's abuses of power. Although many patients, like Sybil, Alice, Tina, and Connie herself, are portrayed as strong, independent women who aren't afraid of a fight, they are almost powerless against the doctors whose medical ambitions seem to take precedence over their patients' lives and stories. All four women are labeled as dangerously violent for not submitting to the wills of the men who seek to control them, and they are signed up for an involuntary experimental procedure in which doctors place electrodes in their brains. The surgery, which is first tested on Alice, allows the doctors to control the women's emotions and behaviors, dramatically inducing fits of rage and then forcing them to act submissive and flirtatious with the touch of a button. In the midst of this terrifying and seemingly hopeless, situation, however, Connie is able to gather strength by opening herself up to visits from the a woman from the future named Luciente. Luciente tells Connie that she has a unique mind that makes her especially receptive to communicating with the future, and although Connie is initially hesitant to trust her, she eventually allows her to bring her a hundred fifty years into the future to show her the almost utopic society of Mattapoisett. For the remainder of the novel, Connie switches between her present in the asylum and a utopian-like future in which babies are made in machines, both genders nurse and raise children, sexual relationships are rarely monogamous or strictly heterosexual, race and culture have been decoupled, death and healing have been de-professionalized, society is communal rather than class-based, and madhouses are open and voluntary. Encouraged by her visions of utopia to fight for a better future, Connie poisons her

psychiatrists at the end of the novel in order to save her friend and perhaps herself from mind-altering surgery.

Although *Woman on the Edge of Time* has never enjoyed the popular appeal that *The Snake Pit* or *The Bell Jar* experienced, it has gained something of a cult-following among feminist critics, who have admired it for its visions of an egalitarian future. However, very few of these critics have explored the role of mental illness in the novel in much depth, preferring to focus on the test-tube babies presented in the future portions of the novel rather than on Connie's experiences in the asylum in the present. Even though this present asylum takes up roughly half of the novel, most critics see it as little more than a sensationalized dystopian contrast to the novel's utopia. For example, in his essay on the novel, Keith Booker claims that *Woman* "presents Piercy's contemporary America as a society that is already a dystopia for marginal members of society like her protagonist Connie Ramos" (339). Other critics barely mention the asylum at all, and almost none discuss the asylum's utopian corollary of the madhouse or the fact that mental illness still exists in utopia. Book reviews of the novel from when it was first published are even more critical of its use of the asylum, seeing it as an overworked theme. Roger Sale notes in his review for *The New York Times*, "About mental hospitals Piercy has nothing to add . . . Lessing and Kesey and even John D. MacDonald have told this story" (189).[1] Christopher Lehmann-Haupt even titled his rather negative review of the novel, "One Flew Over the Future" in an obvious allusion to *One Flew Over the Cuckoo's Nest*, as if to say, "this has all been done before." Both of these reviewers see the asylum as nothing more than sensationalism,

[1] John MacDonald was a popular pulp-fiction writer known for his crime novels featuring a detective named Travis McGee. In the 1964 novel *Nightmare In Pink*, McGee is locked inside a mental hospital and kept drugged just when he is about to crack the case. Doris Lessing, British author and future Nobel Laureate, wrote *Briefing for a Decent into Hell* about a delusional man in a mental institution in 1971.

an exaggerated harping on the abuses of power that has already been played out by other authors. However, Piercy's novel does not use the asylum just for its sensationalism, but as a vehicle for creating the politically viable utopian world that has been so admired by feminist critics. Like other asylum novels before it, *Woman on the Edge of Time* uses the confined space of an asylum to imagine different ways of being together that can respect and even value mental differences.

While critics are certainly correct in describing the mind-controlling drugs and surgeries of the asylum as nightmarish counterweight for the future utopia Connie visits, in this chapter I will argue that while the asylum is a space of restriction and even torture, it is also a space of possibility that, at least in a limited way, mirrors some of the aspects of utopia and makes them possible. Critics' quick dismissal of the asylum fails to see how intimately connected this space is to creating a more equitable future world as it serves as a gathering place for some of the most oppressed members of society, who are then able to quite literally start a revolution against the powers of psychiatry, patriarchy, and racism that oppress them. Following in the footsteps of novels like *The Snake Pit* and *The Bell Jar* that depicted communities for women who had been deemed mentally ill, *Woman on the Edge of Time* provides ways to think about expanding the limited boundaries of these communities by using sci-fi and utopian genres to radically alter the spaces that we create for mental illness. Although the novel is radically anti-psychiatry in that it values different mental states and does not think anyone should control another persons' consciousness, no matter what their scientific credentials might be, it is perhaps un-intuitively not anti-asylum. Not only does it use the space of the asylum in the present as a potential starting place for revolution, but it also brings this space forward into its projection of a utopian future to provide a welcoming space for people who have typically been excluded from visions of the future, including those who are in mental anguish.

3.1 Defining Mental Illness in the Present and Future

More than perhaps any other text I have discussed so far, *Woman* is interested in how we as a society define mental illness, and how those definitions impact the ways we organize our communities. Different characters in both the present and the future, including Luciente, Connie, Jackrabbit, Dolly, Sybil, and several of the doctors, openly discuss what it means to be mentally ill, and who has the power to decide who is or is not sane. The conclusions they come to are influenced by a variety of factors, including the growing anti-psychiatry and mental health reforms of the 60s and the novel's intersectional approach to systems of oppression. Although, as I have noted in my introduction, there had been periodic movements to reform the mental health system in America in the past, public interest in the treatment of the mentally ill peaked in the 60s and 70s. In 1960 and 1961, Sociologist Erving Goffman, psychiatrists R.D. Laing and Thomas Szasz, and philosopher Michel Foucault all published their initial works on mental illness within a year of one another, and their critiques of the arbitrary nature of psychiatric diagnoses were taken up by antipsychiatry groups of current and former patients and psychiatrists who were eager for reform. These groups published newsletters and journals like *The Madness Network News* and *The Radical Therapist* and staged protests to fight involuntary commitment and psychosurgeries.

While the negatively-portrayed doctors in *Woman on the Edge of Time* use behavioral symptoms like headaches and outbursts of violence to diagnose mental illness, the novel itself relies on the principles of the antipsychiatry movement to reveal the arbitrary nature of the diagnosis of mental illnesses. Although the antipsychiatry movement was a diverse group with many facets that did not always agree with one another about the nature of mental illness and

how mental health services should be reformed,[2] even the most conservative factions believed that a purely medical model (one that defined mental illness as nothing more than a chemical or biological impairment that could only be remedied through medical cures) hid the political nature of psychiatric labels behind a veneer of science. Alexander Dunst argues that this politicizing of mental health was one of the main contributions of the antipsychiatry movement and united many disparate groups. He writes,

> Liberal doctors, radical social workers, angry ex-patients, and neo-conservative politicians all made it their mission to fundamentally change the mental health system. In the process, they politicized psychiatry in a way it had never been before, and has not been since . . . [A]uthors like Laing, the conservative libertarian Thomas S. Szasz, not to speak of countercultural fictions like *One Flew Over the Cuckoo's Nest* and the grassroots movement for mental patients' liberation, share little apart from their insistence that madness concerns everyone and is therefore a political issue. (52)

In the acknowledgments to *Woman*, Piercy specifically thanks a number of people involved in anti-psychiatry groups like the Mental Patients Liberation Front and *RT: A Journal of Radical Therapy,* as well as both current and former asylum inmates, illustrating the impact that anti-psychiatry has had on the novel and its insistence that definitions of mental illness are always politically influenced.

Because it follows anti-psychiatry's belief that psychiatry has a political component, *Woman*'s definitions of mental illness are invariably influenced by the politics of its time, most notably the New Left political movement, the women's movement, and the civil rights movement. We know from Piercy's memoir, *Sleeping With Cats* and several of her essays that

[2] In her book *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement*, Linda Morrison describes the many facets of the Consumer/Survivor/Ex-patient (C/S/X) movement, as the anti-psychiatry movement would later be known. This included radical branches (largely "ex-patients" and "survivors") that believed that the entire mental healthcare system was designed to demonize and punish difference and should be abolished, and more moderate factions ("consumers") that found some psychiatric services helpful but wanted to have more control over their treatment and to explore both medical and community resources.

she was very actively involved in the New Left in the 60s and went to meetings and rallies for the Students for a Democratic Society (SDS) regularly. Both the New Left and its SDS offshoot vocally questioned traditional patriarchal institutions and their reliance on "rationality" and science, which they believed had led to the creation of the atomic bomb. As Theodore Roszak points out in his book, *The Making of a Counter Culture,* many in the New Left saw the elevation of "progress" and "reason" over community as the central problem of their time and sought to form a new type of politics that was deeply invested in personal relationships, not abstract principles. This effort to redefine politics based on community became one of the major goals of the overarching leftist movement of the 60s and 70s.

At the same time as the New Left was gaining momentum, a growing women's movement was pushing for communities that would not relegate women to the sidelines, which included actively challenging traditionally patriarchal male-led institutions like psychiatry. Many feminists saw how women were being diagnosed and institutionalized at higher rates than men and believed that psychiatry was consistently over-pathologizing women and their emotions. In 1972 Phyllis Chesler, a female psychotherapist who Piercy thanks in her acknowledgments to *Woman*, wrote a book titled *Women and Madness* that was specifically about the experience of women in the mental health system and their tendency to be diagnosed as mentally ill at a rate disproportionate with that of men. Women's groups occasionally involved themselves in anti-psychiatry efforts, and we know that Piercy herself participated in a protest over the opening of the Unit for Violent Women at Worcester State Hospital and its lack of legal safeguards to protect women against psychosurgery, and contributed several poems to antipsychiatry journals ("The Low Road" 6).

Woman's definitions of mental illness are impacted not only by its anti-psychiatry and feminism, but also by its choice of a working-class Latina main character. In *Intersections of Harm: Narratives of Latina Defiance,* Laura Halperin writes, "Latina 'madwomen' subjects are like their white(ned) literary precursors, but with differences . . . [they] bring race, ethnicity, sexuality, and class into a discussion that has ignored these constructs for too long, has concealed them, or has tossed them to the periphery" (14). Although Piercy herself is a white Jewish woman, she was one of the founders of the North American Congress on Latin America, an experience which she credits as being one of her first deep dives into research of different intersecting power structures (*Sleeping* 188). She was also a friend of Rosario Morales, a Latina feminist author who would later contribute to the monumental anthology, *This Bridge Called My Back: Writings by Radical Women of Color* (1981), and thanks her in her acknowledgments to the novel. As other critics have noticed, *Woman* is very interested in how race and different cultures can be both preserved and respected without stigma or discrimination in a utopian future, and I would also argue that it is very invested in exploring how the intersectional oppressions faced by women of color impact mental health.

The Chicano/a civil rights movement of the 1960s had brought national attention to issues of race, and also encouraged more attention to the mental health needs of people of color that had previously been largely ignored because "the mental health care system in this country was designed to cater to the needs of white Anglos" (Halperin 11). This increased attention to the mental health needs of minority populations was not altogether positive, however, as healthcare workers and government officials who wrote on these needs often presented them as being excessive, particularly for women of color who were believed to be "especially susceptible to mental disorders because of their gender as well as their race and ethnicity" (Halperin 11).

Halperin, who focuses on contemporary Latina fiction and memoirs featuring Latina madwomen in the late twentieth and early twenty-first century, writes about how Latina's overpathologization and the frequent exclusion of their specific concerns about gender from the often male-led civil rights movement has contributed to a contemporary Latina literature that "modifies the type of discourse of resistance from one of exclusively or predominantly ethnic pride to one of ethicized, racialized, classed, gendered, and sexualized harm" (13). She also writes that this harm is often not just individual, but collective, arguing that "the individual psychological and physical harm Latina subjects experience is entwined with collective histories of geopolitical violence" (16). This focus on place and the trauma of past colonization perhaps explains why there is also a very heavy eco-feminist politics involved in the way *Woman* organizes its utopian society, stressing the need to collectively distribute resources in making a world that is livable for everyone. Connie, as a Latina madwoman, is perhaps uniquely positioned to see how mental illness is not located solely within the individual psyche, as medical definitions typically present it as being, but is rather connected with more collective experiences of trauma and cannot be separated from politics or place.

Woman is a novel born out of a multitude of intersecting political movements, and uses their principles to imagine a world for people who have been labeled as mentally ill, a world in which community is valued over advancements in science and asylums can be spaces of exploration, healing, and connection rather than spaces of harsh punishments and control. The novel's interest in the politics behind the way we categorize people and structure our societies also explains how definitions of mental illness can differ so dramatically from the present of the novel, which takes place in a 1970s asylum and research hospital, and the utopian future Connie visits in the year 2137. In the present of the novel, it is clear that mental illness is whatever the

doctors say it is, and nothing the patients do or say can change the labels that have been placed on them by the medical establishment. In one of Luciente's first conversations with Connie after she has been placed in the asylum, Connie complains, "Here they say if you think you aren't sick, it's a sign of sickness" (59), and this proves to be true later in the novel when the doctors are looking for patients to include in a study. A doctor repeatedly questions Connie about whether or not she has ever had headaches, a diagnostic criterion for the type of mental illness the study is trying to "cure," and she repeatedly replies that she has not. When he eventually gets her to admit to feeling unwell before her act of violence against her daughter, she explains that it was because she was hung over and "strung out," but he dismissively replies, "Connie, you're diagnosing, aren't you?" and decides to place her in the study anyway (86-87). Connie's favorite niece, Dolly, also seems to believe that if the doctors say that Connie is mentally ill, she must be mentally ill, even though she knows that the only reason Connie is in the mental hospital is because Dolly's pimp Geraldo lied to get her committed. When Connie tells Dolly about the mind-controlling surgery the doctors want to preform on her because they believe she is violently mentally ill, Dolly praises the "famous doctors from a university" for helping her, and when Connie directly asks her if she looks like she needs an operation, Dolly simply responds, "Connie, am I a doctor? What do I know?" (211).

In the future world of Mattapoisett, however, definitions of mental illness do not rely on a doctor's diagnosis. In fact, the experience of mental illness is highly personal, and largely self-defined. When Luciente learns that Connie has been involuntarily confined, she is horrified, saying, "We all lose parts of ourselves. We all make choices that go bad . . . How can another person decide that it is time for me to disintegrate, to reintegrate myself?" (60). Luciente, who claims she has never experienced madness herself, is hesitant to define for Connie what it is

when they meet together in the asylum, but she makes it clear that she sees Connie as sane, in spite of what the doctors in the present seem to have concluded. She tells Connie, "I have been close to Diana when person was far inward, and . . . you seem too coherent. Perhaps you're tired, unable to cope for a while? Sometimes, among us, this happens" (59). Her definitions of madness, which are based on her close relationships with people who have experienced altered mental states rather than any formal definition, present it as a state marked by a lack of coherency and a deep "inwardness," and not anything behavioral like the temporary inability to cope. This type of madness can be painful and distressing, but the future society largely views it as a natural part of life, and an experience that can potentially even be helpful to a person. In the novel, both Diana and Jackrabbit describe experiencing periods of incoherent madness that caused them great distress, but both came out of it with a renewed sense of purpose and even new friendships.

In the asylum of Connie's present, medical professionals see mental illness as a sickness that needs to be cured by sometimes drastic medical interventions, but in the utopic future, mental illness is not a sickness, and therefore not in the domain of doctors. While both *The Snake Pit* and *The Bell Jar* resist seeing cure as the ultimate goal, they do present mental illness as a sickness, but in *Woman* madness is merely a normal part of existence. Luciente expresses confusion at Connie's conflation of the terms "mad" and "sick," saying, "We do not use these words to mean the same thing" (59). This redefinition reflects the writings of Thomas Szasz, whose book *The Myth of Mental Illness* was often cited by the antipsychiatry movement. In this book, Szasz argues that mental illness is not an actual disease, but a metaphor, and that "Minds can be 'sick' only in the sense that jokes are 'sick' or economies are 'sick'" (267). In *Woman,* even though madness does include suffering and pain in utopia, this suffering does not seem to

be as crucial to the definition of madness as it was in *The Bell Jar,* and it is never an excuse to lock anyone away or treat them against their wills. Friends and characters who have experienced madness themselves help those who are in the midst of mental distress, leaving medical doctors and their detached, pathologizing diagnoses out of the equation.

Because madness is not seen as an actual illness in Mattapoisett, it is no longer a "problem" for medical authorities to "solve," but rather a relatively normal part of everyday life. When Connie complains that the future must not be so great if they have not cured madness, Luciente exclaims, "But, Connie, some problems you *solve* only if you stop being human, become some metal, plastic, robot computer" (118). This allows the future to recognize a greater continuum of mental difference than the present sees, and to even value some mental states that might have previously been regarded as sickness. Luciente laments that Connie's time "is remarkably weak in words for mental states, mental abilities, and mental acts" (36). She identifies herself as a person whose mind makes her a great "sender" with abilities to reach out to others, while Connie's receptiveness makes her a good "catcher" who is able to receive Luciente's signals from the future. Luciente tells Connie, "You're an extraordinary top catcher. In our culture you would be much admired" (36). Connie's receptiveness allows her to see visions of the future, which would be categorized as hallucinations and mental illness in her present and punished with various mind-numbing "therapies" if anyone knew that she was having them. In the future, however, this ability is an admirable gift on which the community's survival literally depends. When Connie visits the future in Mattapoisett, she learns that it is only one of many possible futures, and that it is fighting for existence by trying to reach out to people in the past and encourage them to fight back against the power structures that threaten to destroy the planet with their greedy distribution of resources. Connie visits one of the other futures later

in the novel and finds that it is a dystopian world in which pollution and the destruction of nature has made the planet practically uninhabitable to everyone but the super-rich who can afford to live above the squalor they created. Luciente makes it clear that without the ability of people in the present to receive visions of the utopian future and fight for its existence, this alternative world might very well win out.

3.2 The Women's Movement's Influence on Definitions of Mental Illness

The utopian future's redefinition of mental illness strongly reflects the influence of the women's movement, which in the late 1960s and 70s was showing renewed concern over the number of women who were being diagnosed as mentally ill by the male-dominated profession of psychiatry. Piercy herself was very involved in the woman's movement, and has written about her realization that many women were being pathologized for problems that were not medical, but social. Piercy, like Sylvia Plath, came of age in the 1950s and experienced many of the same struggles as Plath did to find community as a female writer during this period. Although Piercy was never formally institutionalized for madness, she had a close friend who was put in a mental hospital by her mother after "a disastrous affair with a professor" (*Sleeping* 129), and she knew firsthand what it was like to be dismissed as crazy. When Piercy became dissatisfied with her role as a housewife in the late 50s and wanted to pursue her own career as a writer, her first husband told her that she was mad and that both he and the psychiatrist he was seeing believed that she "needed help badly" (*Parti-Colored* 119). He tried to force her into therapy when she asked for a divorce, but she refused because she didn't trust what she called "the official psychiatric line on women like me" (*Sleeping* 120). She writes of this incident, "I am surprised . . . where the strength emerged to laugh and walk out, to cling to my own flimsy reality against official reality, husband reality, shrink reality, newspaper reality, sociological reality, the reality

of everybody I knew telling me I was a self-destructive fool to walk out of such a good marriage" (*Parti-Colored* 119).

Piercy also experienced discrimination because of her gender in her activist work. In her essay, "The Grand Coolie Damn" in which she breaks with the New Left (referred to in the essay simply as "the Movement"), Piercy writes, "Movement men are generally interested in women occasionally as bed partners, as domestic-servants-mother-surrogates, and constantly as economic producers: as in other patriarchal societies, one's wealth in the Movement can be measured in terms of the people whose labor one can possess and direct on one's projects." She felt that this treatment of women was simply repeating the oppression that they were fighting against, and says at the end of the essay, "My anger is because they have created in the Movement a microcosm of that oppression and are proud of it." These experiences impressed on her the need to explore different forms of oppression and drew her to the women's movement and consciousness-raising groups, where she got to know the feminist psychologist Phyllis Chesler. Critic Rachel DuPlessis points out Chesler's influence on *Woman*, stating, "The role of mental institutions as jails for women—Phyllis Chesler's thesis—is strikingly dramatized in this well-researched book" (3), and in fact this idea appears in Piercy's work even before *Woman* with her novel *Small Changes* (1973), in which the character Beth says "Men get thrown in jail, women get pushed into mental hospitals. There you don't even learn survival skills and how to be a better criminal. You get drugged into forgetting why you were angry and what you knew" (506). Both novels question the validity of psychiatric diagnoses and promote the value of respecting different realities, even when they contradict the realities set forth by our most powerful institutions.

Writing in 1972*,* Chesler points out that "90 percent of all psychiatrists in the last decade were men," which is a problem because "Psychiatrists, both medically and legally, decide *who* is insane and *why*; *what* should be done to or for such people; and *when* and *if* they should be released from treatment" (62). She argues that women are being institutionalized at rates disproportionate to that of men because men are setting the standards for sanity, and that many women who had had psychiatric labels attached to them, including Sylvia Plath, were not really mad, but victims of a society that devalues women and encourages them to be self-sacrificing. She writes, "Most twentieth-century women who are psychiatrically labeled, privately treated, and publically hospitalized, are not mad. Like Plath, West, Fitzgerald, and Packard, they may be deeply unhappy, self-destructive, economically powerless, and sexually impotent—but as women they are supposed to be" (25). Chesler's armchair diagnosis of Plath and other women is a bit simplistic, but her idea that many women are not "really" mentally ill appears in *Women on the Edge of Time* in the novel's insistence that although some of the women in the hospital might be "mad" even by utopian standards, others, like Connie, are simply oppressed by the way society has been designed to keep women and people of color submissive and economically powerless. Her portrayal of Connie as someone who has experienced mental distress in the past and knows what it feels like to be mad but feels that her current incarceration is completely unjustified and solely a result of her limited resources as a poor woman of color to defend herself and make herself believed is perhaps more nuanced and full of a picture than Chesler's quick dismissal of Plath's mental illness.

Both Cheslter and Piercy believed that psychiatry over-diagnosed and over-treated women for problems that were born more out of their social position than their biology. Of course, this idea was not completely novel at the time. Charlotte Perkins Gilman had written

"The Yellow Wallpaper" about a woman being placed on a madness-inducing "rest cure" by her doctor/husband nearly eighty years earlier and women who fought for the vote in the early part of the century had had to argue against stereotypes about women's mental inferiority to do so, but in the 1970s the place of women in psychiatry was receiving increased attention from the renewed women's movement. A number of radical feminists took firm stances against psychiatry's tendency to diagnose women as mad. In a special feminist issue of *The Radical Therapist* originally published in 1970 and later compiled into a collection of the journal's first year of articles in 1971, Judith Brown explains the importance of fighting medical definitions of madness that disproportionately diagnose and discredit women, saying, "Male supremacist behavior in psychiatry and psychology is perceived by radical feminists as one of the single largest enemies of women's interests. And male chauvinist psychology is an ideology we intend to destroy" (Agel 120). As this quote illustrates, this fight for cognitive autonomy requires women to take action against the patriarchal psychiatric institution that labeled women as mad and used this label to dismiss their opinions.

As Chesler herself acknowledged, however, fighting back against "chauvinist psychology" would not be easy. Although Chesler believed that most women who were institutionalized and in therapy were not really mad, she acknowledged that they generally had very few places to turn to for advice or help during periods of stress. She writes in a section of her book on feminists in therapy, "Many very active feminists cannot leave their current therapist, male or female: where else, in this world of shifting political allegiances and violence, can they be assured of some familiar feedback and attention?" (258). One of the feminists she interviews in the book recounts her terrible experiences with psychotherapists devaluing her and telling her she is too assertive and cold and not "giving" enough with her boyfriend, but she

confesses that she still did not think she can immediately stop seeing therapists, saying "I think that a lot of people use it as a substitute for friendship. There are times in your life when you are under a lot of stress and strain and you don't know people you can go to" (259). In order for women to break free from the grip of a chauvinistic psychiatry, society would need to change.

One of the changes that the novel presents as necessary for loosening psychiatry's grip women is for both women and men to increase the way different forms of power structures can impact mental states. In the novel, it is important for characters, particularly Connie, to learn how to talk politically in order to come to consciousness of themselves as individuals who are continuously being shaped by various social institutions, no matter how apolitical these structures may seem. For example, in spite of her experiences in the asylum, Connie sees her society's dedication to science and progress at all costs as good and natural and is hesitant to embrace Luciente's comparatively "backward" future until multiple conversations allow her to see how this unmitigated "progress" has been used to oppress her. After a conversation in which Connie initially disparages of the way people in Luciente's time vote on scientific projects because it somehow disrupts the "purity" of science and Luciente points out how the resources scientists use up impact life for everyone Connie wakes up in her present and finds herself angry at the way resources have been distributed in such a way to leave her with next to nothing. The text reads,

> "Lying in the partial dark, she found anger swelling up in her like sour wind. There wasn't enough! . . . Whoever owned this place, these cities, whoever owned those glittering glassy office buildings in midtown filled with the purr of money turning over, those refineries over the river in Jersey with their flames licking the air, they gave nothing back. They took and took and left their garbage choking the air, the river, the sea itself. Choking her" (270-71).

She learns to see even science, which had seemed so unquestionably apolitical to her in the past, as something that can and should be negotiated politically because of the impact it has on

everyone, and she has similar realizations about family structures, race designations, and medical interventions that she had previously seen as natural and unchangeable. These realizations lead her to begin speaking more politically in the asylum, continually describing herself as "at war." After she returns from the future for one of the last times and the doctors perform yet another invasive medical procedure on her, she says, "Her head still ached and she had trouble remembering exactly. But she did know something new. The war raged outside her body now, outside her skull, but the enemy would press on and violate her frontiers again as soon as they chose their next advance. She was at war," a war that she will continue to fight in until the end of the novel (326).

As critic Rachel DuPlessis has pointed out, Connie Ramos' initials are CR, perhaps drawing on this idea of consciousness raising from the women's movement, which sought to help women articulate what Betty Friedan famously coined "the problem that has no name." Piercy has discussed Connie's coming to consciousness as one of the main focuses of the novel, at one point contradicting an interviewer who implied that it was primarily a novel about social justice, saying, "It's primarily a novel about Connie. There's a lot about social injustice in it, and about how a woman stops hating herself and becomes able to love herself enough to fight for her own survival" (*Parti-Colored* 100). Connie is repeatedly surprised to realize that things she had always considered apolitical and uncontroversial, like science and medicine, are discussed and debated at length in the utopia of Mattapoisett, and as she learns to see the political in everything, she comes to see how both her consciousness and life circumstances have been shaped by forces of power that she had always taken for granted. This allows her to see herself and her friends less as passive victims that were doomed to always cycle in and out of institutions, and more as soldiers in a battle for their lives. Throughout the last part of the novel,

after her visions of the future awaken her to the possibility of a more egalitarian society, she constantly repeats to herself and her friends in the asylum that they are at war and need to do their best to fight for a future that will not allow some people to control others.

Related to consciousness-raising in *Woman* and similarly necessary to enact change in society is the process of "inknowing" practiced in the future. Inknowing, which is taught to children from a young age and involves learning to be aware of, and to some extent control, blood pressure, pulse, and breathing, allows women and men to be more aware of their internal states. This inknowing helps people learn to differentiate between social problems and internal ones and avoid being emotionally controlled and manipulated by others. It is also what allows mental states, including madness, to be defined by the person experiencing them rather than an outside observer like a psychiatrist or physician. While in the present of the novel, doctors control and standardize patients' mental states with surgeries and drugs, future citizens of Mattapoisett who have been taught "inknowing" are able to diagnose for themselves when they need to take a rest or when they might benefit from entering a madhouse (131). It is in learning about this practice of "inknowing" that Connie, originally hesitant to embrace a future with test tube babies and lack of private property, decides that it is the kind of future that she would want for her daughter, Angelina, because she sees how such inner knowledge will create a world in which she can be "glad and strong" and "have pride" (133).

Although *Woman's* future society's technologies for breeding children have received more attention in feminist criticism, the fight for a greater inner knowledge is just as important, if not more important, for creating a society in which men and women can be equal. In an interview focused on *Woman*, Piercy has noted,

> You notice that in my future there's a lot of respect for understanding what goes on inside you as well as what goes on outside you, which I think has a lot to do

> with it being truly an androgynous society—one in which women's values and what women represent are respected as much as the more traditional patriarchal ideas. People are trained to pay a lot of attention to what is going on inside themselves and to be responsible for it. (103-104)

In Mattapoisett, respecting and understanding different mental states is an essential component to making a world in which gendered hierarchies are disrupted. Inknowing is taught alongside outknowing, so that as children learn to be more aware of themselves, they also learn "to feel with other beings" and connect with them through a "net of connecting" (131-32). The people of Mattapoisett's ability to understand their own varying mental states is what allows them to connect with others and form a community that recognizes and respects mental and emotional difference, instead of over-glorifying reason at the expense of emotional connection. The process of inknowing, combined with a strong community support system that is accepting of mental difference and does not stigmatize mental suffering, allows the people of Mattapoisett to remain in charge of their own consciousness rather than submit to the labels of a pathologizing psychological institution. In other words, inknowing and consciousness raising allows people in the future to dramatically redefine mental illness.

3.3 Finding Value in Communities of Madwomen

In *Woman,* the way societies define and treat madness is presented as a political issue in that a person's position in hierarchies of power strongly impacts who gets to decide who is insane and therefore doesn't belong, and nothing perhaps demonstrates this politics more clearly than the novel's portrayal of the 1970s public asylum. By creating a main character for whom a torturous and mind-numbing institution seems to be the only viable space in her present world, the novel demonstrates how our definitions of madness are as much about political determinations of who should be allowed in our communities than actual biological illness. The people who share the asylum with Connie are people who have been rejected by society because

they are poor, female, people of color, queer, or a combination of the four and do not fit into the systems around them that have been built to benefit the white men in power. They are, as Foucault would say "the residual, the irreducible, the unclassifiable, the inassimilable" to society's disciplinary systems (*Discipline* 53). Everyone in the present asylum in *Woman* has been placed there because of some violation of the status quo. Connie notes that Sybil is being punished not for thinking that she is a witch as much as she is for "telling women how to heal themselves and encouraging them to leave their husbands" (77), Tina and Alice are both strong women of color who refuse to be pushed around, and Skip, one of the only wealthy white men in the asylum, has been sent there by his parents to be "fixed" because they do not approve of his sexual orientation. The asylum is not meant to heal them, but rather to make them fit the disciplinary mold that has been created for them. This is most dramatically demonstrated in the novel when Alice, a tall, proud, African American woman, becomes the first on the ward to undergo an invasive surgery that places wires in her brain. The psychiatrists come in with a camera crew after the surgery, and when Alice starts protesting and trying to get out of her restraints, they dramatically push a button that makes her suddenly appear calm and even flirtatious toward the men who are abusing her. Only seconds after yelling, "Motherfucker, you let me up! I ain't no guinea pig!" at the doctors, she coos at them, "I like you baby. Come here. Come close to Alice. That feel so good. You good to me now" (196). It is clear that this surgery is not "healing" any kind of disorder in Alice, but forcefully shaping her into the accommodating and pleasing person the doctors apparently believe a woman should be.

Woman very blatantly uses the modern asylum as a symbol of the present society's abuses of power and methods of discipline over the poor, racial and sexual minorities, and women, but the novel also uses this same institution to demonstrate what a more inclusive

society could look like through the relationships the patients form with one another. Most critics of the novel gloss over or completely ignore these relationships in the present, often stressing the point that Connie has been "wrongly imprisoned" (DuPlessis 2) and ignoring the fact that the novel strongly suggests that there is no such thing as "rightly" imprisoned even for characters who hallucinate, believe they have magical powers, or are suicidal. While Connie may not be mad by utopian definitions, some of the friends she makes in the asylum are, but that does not stop them from being valuable members of her community and even strong fellow soldiers in her war against psychiatry. Connie's best friend Sybil, for example, truly believes that she is a witch and occasionally experiences periods of extreme mental distress. In an interview, Piercy has admitted that Sybil is the "twin" or "mirror image" of Diana (*Parti-Colored* 103), a character who Luciente says "goes mad every couple of years" and sees visions (*Woman* 59). For Connie, however, this madness does not serve as a barrier to friendship, even in her present world, and in fact this "mad" woman she meets in the asylum proves to be a much better friend to Connie than many of the "sane" social workers, teachers, and even family members she had on the outside. In explaining to herself why she likes Sybil, Connie relates,

> Oh, Sybil was crazy, but Connie had no trouble talking to her. Sybil *was* persecuted for being a practicing witch, for telling women how to heal themselves and encouraging them to leave their husbands . . . Why did she like Sybil so much? . . . Mainly, Sybil was a fighter and she fought those who threatened her, instead of hating her own self . . . Connie adored the way she fought and wouldn't give up or go under and wouldn't be broken—not yet. All she could give anyone in here was to have survived this far, this long. (77)

Even though Connie believes that Sybil is "crazier" than herself, she does not see this as a reason to avoid a friendship with her, and in fact finds the persecution that Sybil faces to be something that she can relate to. Connie has admitted to hating herself after her lover, Claud, was killed in a government experiment and she injured her daughter, and she is encouraged by what she sees as

Sybil's stronger ability to fight the forces that make her life difficult rather than allowing them to get to her. It is Sybil who begins to teach Connie to fight for herself, a lesson that she will continue to learn from Luciente in the future, and which will eventually allow her to wrestle at least a little control back from the doctors and save her friend from surgery. Sybil is always encouraging Connie to fight and even when she does not have the energy to do so herself, she aids Connie attempting to escape. Her relationship with Sybil encourages Connie to practice speaking politically, as she is always the first person that Connie shares her revelations with after she has returned from the future. Sybil pushes Connie to be more actively resistant, and her criticism of what she sees as Connie's "kowtowing to the Inquisition" it leads to a conversation in which Connie exclaims "It's a *war,* Sybil" and they work on creating a more organized strategy for resistance (330-31).

Connie's relationship with Sybil illustrates that while the asylum has been designed to separate the mentally ill from the larger community until they can be submitted to the proper discipline, it can also bring together new communities of people who have been similarly persecuted and stigmatized. Connie says of Sybil, "Sybil was her best woman friend except for Dolly, who was blood, but because she lived in Albany they never managed to see each other outside the hospital" (77). Although the hospital is of course not an ideal place to meet anyone, it is sometimes the only place that the impoverished or threatened, who have to spend a majority of their energy on the outside just surviving, have the time and space in which to form meaningful relationships. The asylum also gathers together people with a wide range of mental differences who would be isolated and shunned in the outside world, and exposure to this range of differences allows patients to learn how to create different ways of being together that can accommodate even the most distressed among them.

As was the case in *The Snake Pit* when Virginia was able to be more comforting to her fellow patient Tamara than the staff because of her own experience of mental distress, and in *The Bell Jar* in which Esther was able to form a relationship with Miss Norris even though she was completely non-communicative, the people who have been locked up in the asylum of *Woman* learn how to be respectful of different degrees of mental distress and open up their community to allow participation from everyone, even those who cannot contribute in traditional ways. For example, Connie is easily able to communicate with the mute Mrs. Martinez. While the staff treats Martinez like "a piece of furniture," Connie acknowledges her humanity by recognizing her wordless requests, noting, "Many of the withdrawn had their own ways of speaking without words to anyone who was open, and Connie never had much trouble figuring out what Mrs. Martinez wanted" (75). In one instance, Martinez signals that she would like to borrow Connie's newspaper, and Connie shares it with her. Although it is a simple exchange, it is clearly a meaningful one for Mrs. Martinez, who wordlessly thanks her and carefully takes the paper "as if bearing off a baby" (75). Perhaps because they have had the experience of being mistreated for their own (actual or perceived) mental differences, people in the asylum in *Woman* seem to have much more empathy for different mental states, and are often able to work with people who are experiencing mental distress much more easily than the staff can, providing a brief glimpse of a more egalitarian society even in the present for those who are mentally different.

In addition to bringing people together, the asylum in Connie's present also fosters more meaningful conversations than she is used to having outside its walls, exchanges that have the potential to benefit everyone by populating new ideas. While on the outside Connie has barely enough money to eat and has to spend almost all of her mental energy figuring out how she is going to survive another day, in the asylum her basic needs are out of her hands, and she has

nothing but time in which to think and converse with others about how life might be better. Connie explains that although most of the time the asylum is a terrible place to be, it is also one of the few places she knows of where people can discuss ideas openly. She thinks to herself,

> At odd moments, the better days, the mental hospital reminded her of being in college those almost two years she had before she got knocked up. The similarity lay in the serious conversations, the leisure to argue about God and Sex and the State and the Good. Except for college students, who else in the world was sitting around talking philosophy? Outside, whole days of her life would leak by and she wouldn't have one good thoughtful conversation. (79)

The asylum's separation from the concerns of the outside world can, and does, lead to tedious boredom, particularly when patients are isolated and drugged and left with nothing to do, but in its better moments, it also allows people the time in which to discuss important topics with one another, illustrating how much closer a community can be when no one has to compete for resources.

The characters who are locked in the asylum with Connie also seem less afraid to be vulnerable with one another and express their true opinions, perhaps because they have nothing left to lose. When Connie is in the future listening to Jackrabbit discuss his experience of going mad and joke about learning who he wanted to be, she tells him, "It's funny, but the way you talk reminds me of people in . . . in the institution where I'm locked up . . . A lot of the time we don't talk to each other there, but there are . . . fewer fences than outside" (114-15). Several critics have noted how having less to lose opens a person up to experimenting with different ways of being. Donna Fancourt and Soraya Copley both note in their essays on *Woman* that women have less to lose than men and more to gain when it comes to changing the status quo (Fancourt 109; Copley 54). If this is true, then the madwoman is even more uniquely positioned for such

experiments, because she has even less to lose. [3] A woman who has been confined to a mental institution is already being punished for her mental difference, and can open herself to experiences that would lead to punishment in the outside world without any further loss of status. This openness can lead to more meaningful conversations, and it can also allow the patient to be more receptive to learning from dreams and visions that might be punished as signs of insanity on the outside.

The ability to have visions is central to the possibility of utopia in *Woman*, but Connie might not have allowed herself to be brought into the future were she not already incarcerated in an asylum, leaving her with nothing to lose if seeing these visions got her labeled as insane. Connie initially feels that her visions of Luciente require punishment, thinking to herself after Geraldo lies about her attacking him to get her admitted, "Perhaps she deserved punishment for the craziness none had guessed, the questions no one had asked, the story no one had pried from her: that all of the month before she had been hallucinating with increasing sharpness a strange man" (25).[4] When Connie asks Luciente who else the future has been able to contact, Luciente replies, "Only five so far. It's odd . . . Most we've reached are females, and many of those are in mental hospitals and prisons. We find people whose minds open for an instant, but at the first real contact, they shrink in terror" (188). The present's categorization of people who see visions as mentally ill, and the punishing "treatments" it submits them to, makes people less willing to open themselves to the future world, and so it is only the people who are already being submitted to these punishments, like women in mental hospitals and prisons, who are willing to open

[3] It is common for characters in asylum novels, such as *I Never Promised You a Rose Garden*, *Ordinary People, The Snake Pit*, *Faces in the Water*, and *The Ha-Ha*, to express a greater sense of freedom to explore themselves and speak about whatever they like in the "disturbed wards" of the asylum, where patients are furthest from being released and have the least to lose.

[4] Because people in the future are more androgynous than men and women in the present, Connie initially mistakes Luciente for a man.

themselves up to these experiences that by the logic of the novel could be literally world-saving. Although Luciente manages to reach her briefly while she is still outside the asylum, Connie initially resists her presence, and it is not until she is involuntarily committed that she agrees to enter the future with Luciente with minimal hesitation, literally asking herself, "What had she to lose?" (61). The visions of the future that were initially so terrifying to her quickly become a source of comfort and hope against the backdrop of the punishing asylum, but the novel makes it clear that in a perfect world, isolation from society, while still sometimes helpful to experiencing and learning from different mental states, need not come at so high a price.

While *Woman* sees potential in the asylum as a space where people can experiment with new ways of being and being together, the novel does not shy away from the ways in which these benefits are undermined by the hierarchical structure of the asylum. As was the case in both *The Snake Pit* and *The Bell Jar*, the new connections that form in the asylum in *Woman* often have to contend with explicit attempts on the part of the staff to break them up. For example, Connie and Sybil have to hide their friendship because the hospital staff members believe that Sybil is a lesbian and try to prevent her from getting close to other women. Connie explains how the two became friends last time they were in the hospital together, saying,

> Her last time here they had met, and in the strange twilit childhood of the asylum with its advancements and demotions, its privileges and punishments, its dreary air of grade school, they had twice been confined in the same ward long enough to become friends. Each patient rose and dropped through the dim rings of hell gaining and losing privileges, sent down to the violent wards, ordered to electroshock, filed away by convalescent status, allowed to do unpaid housework and to go to dance therapy; but twice they had come to rest on the same step and they had talked and talked and talked their hearts to each other. (76)

Connie and Sybil's relationship illustrates that while being confined together makes new connections possible, the hierarchy of the asylum with its privileges and punishments and different wards makes maintaining these connections difficult. This hierarchical ward system

was one of the main obstacles to community in the private asylum of *The Bell Jar*, but in the public institution Connie is placed in, it is only the tip of the iceberg. *Woman* is much more explicit about the abuses that are possible when doctors and nurses are given almost unlimited power over their socio-economically disadvantaged patients. Shock "treatments," which were potentially effective in Plath's novel, appear only as cruel punishments in *Woman*, medicines only make Connie feel slow and heavy, and the terrifying surgeries that the doctors perform are clearly for their own professional gain rather than their patients' well being. The novel makes it clear that far from "healing" patients of mental impairments, the asylum's main purpose is to submit unruly people to discipline, at times through literal mind-control, and that any benefits they receive from being around one another are purely accidental. While the abuses are greater in *Woman*, however, the hope for something better is also stronger. Unlike in Plath's realist novel, which remains within the constraints of reality in imagining a better space for the mentally ill, the utopian/ fantasy genre allows *Woman* to escape from the abuses of the asylum and see its full potential in a society that is less dominated by patriarchal hierarchies and the blind worship of reason.

3.4 Creating a Utopic Asylum

Woman is a novel of many genres, but it is most frequently categorized as a classic of feminist utopian fiction. Because the utopian genre allows authors to create worlds that are dramatically different from the ones they themselves inhabit, a number of critics have noted that it is a particularly useful genre for creating feminist futures that are not bound by the patriarchal institutions that restrict more realist works. Robin Silbergleid, for example, has argued that because utopian novels are not bound to realism, they are freer to play with different social structures, ways of relating, and even definitions of citizenship than realist novels that try to depict the world as it currently is. For this reason, utopias can imagine radically different

possible lives and futures for people who are generally considered the "have-nots" of society in a way that realist novels like *The Bell Jar* simply cannot (157). *Woman,* for example, is able to imagine a world would not be able to exist without a complete restructuring of society that eliminated hierarchical power dynamics, particularly those between men and women.

The utopian genre is by definition a genre made for imagining better futures and better worlds, but as feminist writers have pointed out, the "perfect" worlds they create are not always perfect for everyone. As Elaine Baruch notes in her compellation, *Women in Search of Utopia*, "In reading utopias by men, one often gets a sense that women are literally no place—that they have no place in these new places other than their old one . . . they have no future, for their anatomy is destiny" (203). The utopias of second-wave feminism sought to change that, and to create future worlds in which women could have the things they lacked in the present. Although there had been feminist utopias written before the second wave,[5] the tradition grew in strength and richness in the 60s and 70s with writers like Marge Piercy, Ursula Le Guin, Samuel Delany, James Tiptree (aka Alice Sheldon), and Joanna Russ exploring possibilities for women outside of the traditional roles in the home (Fancourt 98-101 and Booker 338).

Writing in 1994, Jane Donawerth and Carol Kolmerten explain the growth in women's speculative fictions saying, "One of the reasons women's utopian and science fiction has become

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[5] In their collection *Utopian and Science Fiction by Women: Worlds of Difference*, Jane Donawerth and Carol Kolmerten present women's utopian and science fiction writing as "a continuous literary tradition in the West from the seventeenth century to the present day," and trace the influence of works by women on one another through to the twentieth century. The collection begins with essays on the works of seventeenth century women like Margaret Cavendish, Mme. D'Aulonoy, Mlle. De Scudery, and Mlle. De Montpensier who wrote about better worlds for women and confronted the sexual politics of their time. In America, the tradition seems to begin with a 1792 utopian poem by Sarah Pierce that stresses women's community and education and continues into the nineteenth century with works that offer correctives to men's control of women's labor and sexuality, and the early twentieth century with stories in science-fiction pulp magazines that use technology to transform domestic spaces and revise gender roles.

so popular in the last twenty years is that gender roles can be more easily revised when the reader is estranged from her ordinary world" (1-2). In other words, it was the growth of the women's movement and changing perceptions of gender roles that inspired a burgeoning of new speculative fictions that could more fully explore the transformations women wanted to see in both the domestic and public spheres. Joanna Russ calls these new utopian fictions "reactive," in that "they supply in fiction what their authors believe society . . . and/or women, lack in the here-and-now" (81). A number of critics, and Piercy herself, have noted that since Sir Thomas Moore published his *Utopia* in 1516, most prominent British and American utopian novels written by men have been structured, rigid, and class-based, and tend take for granted that women will be taking care of the home. Feminist utopias of the 60s and 70s, however, counter this trend by focusing on community, free sexuality, and fighting hierarchical and patriarchal structures (Fancourt; Silbergleid; Shelton; Russ; Piercy "No Silence"). Some, like Russ's *The Female Man,* James Tiptree's "Houston, Houston, Do You Read," and even Gilman's early *Herland* get rid of hierarchical and patriarchal social structures by eliminating biological men from their utopias, *Woman* creates its egalitarian world in another way, by creating spaces in its ideal future for honoring and respecting mental and emotional differences.

The way mental difference is treated becomes one of the cornerstones to *Woman*, and what most firmly distinguishes it from the present in which Connie is being confined and administered torturous "therapies" against her will. I have already discussed the future's methods of "inknowing" that allow it to redefine madness and avoid psychological manipulation, but also important to its more communal society are its asylums, or madhouses. The fact that the novel does not eliminate asylums from the future, but instead radically alters them to make them more connected to the outside world, clearly indicates the potential it sees in these spaces for madness.

Luciente tells Connie that their madhouses are "open to the air and pleasant" and that people can enter and exit them whenever they choose. The openness of madhouses in the future greatly reduces the potential for abuse and allows the experiences of the asylum to be transferred beyond its walls. The novel's continuance of the asylum into utopia has received criticism from disability scholar Alison Kafer, who claims that "this requirement to drop out, to separate oneself from the community until one's functioning returns to 'normal,' enacts another version of this erasure of disability" (73). However, such statements ignore the fact that "dropping out" is explicitly *not* a requirement for the mentally ill in Mattapoisett, but something they can choose for themselves if they feel the need/desire to. Luciente is very clear that if a person wishes to remain in society while they are having visions or in distress, they are free to do so. People in utopia choose when they need to take time away to work through their own mental anguish, and the asylum opens up a space in which they can be antisocial and have new experiences away from the everyday business of living.

Far from being a place to "drop out," as Kafer suggests, the future madhouse is central to society in Mattapoisett. Diana and Jackrabbit and Bolivar have all benefitted from it, and although Luciente has never been mad herself, she speaks of being with both Diana and Jackrabbit when they were in the midst of madness, implying that it is relatively common for the mad to be around the rest of their community even when they are experiencing visions or are incoherent. The madhouses of Mattapoisett are very different from the segregating institutions that existed in the past, and in fact follow a model recommended by the radical antipsychiatry group, Insane Liberation Front. In a manifesto published in *The Radical Therapist*, a publication that Piercy explicitly thanks in the acknowledgements to her novel, the Insane Liberation Front demands the destruction of insane asylums where patients are kept involuntarily and abused by

staff, arguing that they should be replaced with a very different kind of asylum the group calls "freak-out centers." They write, "We demand the creation of neighborhood freak-out centers, entirely controlled by the people who use them. A freak-out center is a place where people, if they feel they need help, can get it in a totally open atmosphere from people who are undergoing or have undergone similar experiences . . . The people that live and work there see themselves as no more sane than anyone that will come there" (Agel 108). Following the Insane Liberation Front's suggestions, *Woman*'s future has indeed done away with psychiatric professionals in order to avoid the creation of unequal power dynamics between patients and psychiatrists that exists in Connie's present. Future madhouses are run largely by the mad themselves, as Jackrabbit explains when he describes how Diana helped him, saying, "The second time I was mad, Diana helped me . . . Diana was just emerging from per own journey down, and was more helpful than I can easily say. I only needed twomonth and I came out with a stronger healing than the first" (117). This utopian structure of the madhouse in which patients enter the asylum voluntarily and seek healing from others who have been mad before (or are currently mad) helps maintain the positive potential of the asylum as a place of healing, meeting others, and of having different experiences without the harmful drawbacks of unequal power dynamics and stigmatization that often outweigh the asylum's benefits in the present.

As I have already shown in the previous section, *Woman's* present asylum creates a space for people who are mentally different or distressed to meet and learn from one another, a role that the future asylum is able to develop more fully. Without the hierarchical structure of present asylums that strained Connie and Sybil's friendship, the new relationships that form in the Mattapoisett madhouse are able to continue uninterrupted, and even have a tendency to follow the characters once they leave the madhouse. Jackrabbit, one of Luciente's "pillow friends," or

lovers, speaks warmly of the people he has met in the asylum, including both Luciente herself and his close partner Bolivar. Jackrabbit openly admits to having a "warring" in himself when he was coming of age, and claims that he was only able to move past his sadness and fear when he met Bolivar in the madhouse and they went to study how to make holies (the future version of movies) together. He says of the experience, "In the madhouse I met Bolivar and he was good for me in learning to say that initial 'I want, I want'" (115). Because madness is less stigmatized in the future and everyone is able to move about more freely than they are in Connie's present, Jackrabbit and Bolivar are able to continue to have a strong relationship once they leave the asylum, and they go on to engage in numerous creative projects together. Jackrabbit also relates how the second time he went mad, Diana introduced him to Luciente, meaning that some of the most prominent friendships/relationships that are featured in the novel originated in the madhouse. In the future, the asylum is a place where a person can go make new connections, learn about oneself, and grow, and Jackrabbit and Diana both emerge from their experiences there with new goals and "harnessed passion" that makes them feel more, rather than less, connected to their community.

In both the future and the present, the asylum/madhouse is a place where free conversations and relationships can lead to new ideas for personal and societal growth, but the major difference between the two is that in the future, these relationships and conversations are able to continue outside of the asylum, whereas in the present they do not. Connie acknowledges that although Sybil has many insightful thoughts about how the world might be made better, her rank in society makes her a person that only the mad would listen too. Connie thinks, "Sybil was a smart person . . . thoughtful about the way things were and the way they might be. Outside, who talked to her?" (79). When she is not in the asylum, everything Sybil says is negated by the

fact that she believes that she is a witch, just as Connie is dismissed because she is a poor Latina woman with a history of mental illness. The utopian aspects of the novel imagine a way for these women to use their unique minds to contribute to a type of world-making that will lead to a future that is better for everyone.

Feminist utopias strive to make worlds that do away with the structures that oppress women in life and often in male-authored utopias, but even feminist utopias are still not perfect for everyone. As Kafer has demonstrated, the genre is typically ripe with eugenic ideas regarding "fitness" that are used to determine which bodies are and are not worthy of inhabiting the world, and even imagined futures that celebrate racial and gender differences, like *Woman on the Edge of Time*, have a tendency to exclude people with disabilities. She argues that in contemporary America, "Utopic visions are founded on the elimination of disability, while dystopic, negative versions of the future are based on its proliferation," and that feminist utopias are no different in their assumptions that certain bodies have more value than others (74). As politicized as madness is in *Woman*, physical disabilities are still seen as completely apolitical, and are eliminated from the population seemingly without discussion. Luciente tells Connie that in the brooders, the machines that create the future's children, they are able to breed out "defects" in the genes, but she does not explain who decides which traits are defects, as if such things are obvious to everyone.

Technology has also evidently evolved to a point where non-genetic forms of disability can be "fixed," so that while there is physical disability and sickness in Connie's present (her ex-lover Claud was blind, for instance), it seems to have been eliminated from the future. Kafer has justly criticized the novel for this erasure of physical difference from its utopia, writing, "I suggest that Piercy's depiction and, more importantly, feminist theorists' praise of it mean that

disability in the United States is often viewed as an unredeemable difference. Disability and the disabled body are problems that must be solved technologically, and there is allegedly so much cultural agreement on this point that it need not be discussed or debated" (74). This elimination of disability without even a hint of political discussion is out of keeping with Piercy's extreme politicization of madness, and is even contradicted by portions of the novel itself, most notably in the Mixers and Shapers debate over whether or not to breed for "positive" traits. Luciente and her friends are all against positive breeding, about which Luciente argues, "For all we know, a new ice age comes and we might better breed for furriness than mathematical ability!" (357). This statement fails to recognize that furriness and other traits that might be beneficial in the event of an extreme change of environment could well fall into the category of the "defects" they have all agreed to breed out. Piercy corrects this depoliticization of disability in a later dystopian novel, *He, She and It* (1991), which provides a more nuanced view of physical disability, but in *Woman on the Edge of Time* it provides an interesting contrast to the hyper-politicization of mental illness in the novel. *Woman's* eugenic desire to eliminate "defects" from the gene pool, while unfortunate, brings even more attention to the novel's desire fight present definitions of madness as a deficiency. Far from portraying mental illness as a failing to be eliminated or isolated, *Woman* opens the boundaries of its madhouses and demonstrates the potential of people who have been labeled as mentally ill to transform their communities and even the world.

3.5 Democratizing Science Fiction to Make Space for Difference

The utopian genre goes a long way in allowing *Woman* to imagine a world in which there is space for mental illness, but the novel would perhaps not be as effective in this task without the help of some elements of science fiction. Science fiction allows the novel to challenge contemporary society's relationship with science, technology, and progress, the latter of which is often used to justify involuntary treatments and experiments on the mentally ill in the present

portions of the novel. Although Connie, who seems to be expecting a more traditional science-fiction universe of shiny high-rises and flying cars when she is first brought into the future, is initially disappointed by how much less industrial Mattapoisett seems in comparison with her own time, it actually has a number of highly advanced technologies. The people of this future civilization time travel, use "brooders" to create children outside of the womb, and access a database of information/call one another using devices called "kenners" that appear to anticipate smartphones. The main difference between the present and the future, however, is not the technologies that the latter has invented as much as it is the way they use them. While in Connie's present, new technologies are used by powerful men to create weapons and methods of mind control without any public input, in the future, everyone has a say what technology is developed and how it is used, democratizing science itself. In his essay "Beyond the Wasteland: A Feminist in Cyberspace," Peter Fitting has noted that Piercy's novels do not always feel like science fiction because "Rather than the novelty and excitement of thrilling and dangerous new technologies, Piercy focuses on the political and on the domestic" (9). He argues, "The difference in her approach to the basic raw materials of the genre lies in her emphasis on the characters themselves, their struggles as well as those of the larger community" (9). The emphasis on relationships and community in *Woman*'s science fiction universe deviates from our expectations of the genre, highlighting the importance the novel places on politicizing science and technology in deciding how it gets used.

In an article about her experience of growing up in the 50s, Piercy writes of the decade, "I could not imagine a future. Only sci-fi freaks were into that, and mostly their future looked like the old frontier with shinier gadgets," or in other words, they imagined a future that was politically structured in much the same way as the present, with rich and powerful men

controlling much of the new technology (*Parti-Colored* 114). *Woman* provides a brief glimpse of this kind of future in the alternative dystopian future that it offers as a contrast to Mattapoisett. In the latter part of the book, Connie accidentally thrusts herself into one of the alternative futures Mattapoisett is fighting in the battle for its existence and is "received" by a woman named Gildina. In terms of technology, Gildina's future is much more similar to what most of our science fiction has taught us to expect in an advanced future society than Mattapoisett is. They have surgeries that can improve appearance or prolong life, virtual reality machines that allow people to experience alternate realities, custom drugs for pleasure and health, robotic devices to deliver food and clean their apartments, cyborg or fully mechanized cops and assassins, and monitors that keep track of where everyone is and what they are doing. Unlike in Mattapoisett, however, all of this technology is being used for the benefit of the wealthy and to control the behavior of the poor and middle class. We learn that a few powerful people called "richies" live to be over two hundred years old on space platforms, while the rest of the population is left on the polluted world below with a life expectancy of less than forty years. "Mid-level" people live in high-rises, with their rank determining their level of comfort. Women who want to move up in society receive operations when they are young to make themselves more desirable to the men they then contract themselves out to, agreeing "to put out for so long for so much" (280). The lucky ones, like Gildina, spend most of their day sealed in their rooms doing drugs and watching television by themselves, a life that seems designed to keep them complacent. At one point, after telling Connie how strange it is to talk to someone in the middle of the day, Gildina proudly shows her the options she has for entertainment, asking, "So, why go out?" (285).

The dystopian world Connie visits is made possible by technologies that allow the rich to maintain control over people's consciousness. This control takes the form not only of drugs and a

constant flow of media productions aimed to keep people from talking with one another or spending too much time contemplating their situation, but also of literal, physical mind-control. Gildina is contracted to a man who has undergone "improvements" to attain his rank and proudly tells Connie, "He's been through mind control. He turns off fear and pain and fatigue and sleep, like he's got a switch. He's like a Cybo, almost! . . . He has those superneurotransmitters ready to be released in his brain that turn him into just about an Assassin" (288). Gildina is clearly pleased that her contract partner has submitted himself to such mind control, because it has allowed them to have a higher social status. Mental freedom, and in fact all biological functions, are seen as weaknesses that technology can "improve" to make them more loyal to the "multi" corporations that control them.

This alternative future world is meant to demonstrate the dramatic consequences of privileging reason and the blind advancement of technology over any form of community, which was a major concern of the New Left during the 60s and 70s. The Students for a Democratic Society, the New Left group that Piercy was involved with in the 60s, was afraid that political institutions guided by the pursuit of science were sacrificing lives and community to ideas and technology, and that this value system would lead to wide abuses of power and perhaps even the complete destruction of the planet. The fear that doctors and scientists are taking important life and death decisions about peoples' bodies and minds away from the general public is at the heart of *Woman on the Edge of Time*. Luciente reveals that the reason that people from the future have come to visit Connie is that her time period is the turning point that decides which of the multiple possible futures will come to be. Whether Luciente's utopia or Gildina's dystopia wins out in the end will depend on who controls the science that can wield so much power over populations and even individual minds. Luciente tells Connie,

> It's that race between technology, in the service of those who control, and insurgency—those who want to change the society in our direction. In your time the physical sciences had delivered the weapons technology. But the crux, we think, is in the biological sciences. Control of genetics. Technology of brain control. Birth-to-death surveillance. Chemical control through psychoactive drugs and neurotransmitters. (215)

This passage illustrates that unbridled technologies are a threat to the utopian future that Luciente and her people have created. Barbosa tells Connie, "At certain cruxes of history . . . forces are in conflict. Technology is imbalanced. Too few have too much power. Alternate futures are equally or almost equally probable" (189). Barbosa and Luciente both indicate that psychiatric control is the main way the dystopia wins, and because mind-altering surgeries are easier to get away with when they are performed on people who have been labeled as "mentally ill,"[6] changing the power dynamic that exists between "patients" and doctors/ scientists is key to creating a utopian future in which everyone can think and act freely.

In Connie's present, doctors and other scientists already hold a great deal of power over marginalized populations. Even before she ended up in the asylum, Connie knew many people who had been sacrificed to develop new medicines and technologies in the name of science. Her lover Claud died of hepatitis as a result of an experiment that he participated in while he was in prison, her cousin got pregnant because a doctor gave her sugar pills instead of birth control (266), and Connie herself was sterilized without her consent in a hospital that also performed unnecessary and sometimes painful procedures on other poor women of color so "the residents could get practice on the operations they needed" (152). In explaining to Luciente how scientific

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[6] In *Woman*, Connie overhears her psychiatrists discussing how they would like to perform their surgeries on prisoners for more dramatic results, but are afraid of a public "uproar" like the one that occurred over "three little psychosurgical procedures at Vacaville in California" (213). This discussion refers to an actual surgery that really did spark protests when it was performed on prisoners in California (Aarons) even though it had previously been lauded in newspaper headlines as a surgery that would "help cure mental ills" (Alvarez) and an "aid" for "helpless psychotics" (Nelson) when it was being used on mental patients.

testing is conducted in the present, Connie says, “They like to try out medicine on poor people. Especially brown people and black people. Inmates in prisons too” (266). Although some of these human test subjects supposedly volunteer, Connie argues that many of these volunteers do not really have a choice because their poverty or position in an institution makes them desperate for the small rewards the study offers, and that the scientists do not always disclose the risks of the experiment to them, compromising their ability to make a fully informed decision.

The most dramatic illustration of how science controls lives in the present is of course the mind-controlling surgery that is performed on several of the inmates, and is scheduled to be performed on Connie and Sybil. Although this surgery feels like science fiction, it was a real surgery designed to control a rare type of epilepsy that causes some people to have violent outbursts that had recently moved to limited human trials. Immediately after the surgery is demonstrated on Alice in the novel, *Woman* reminds her readers that this surgery is a real procedure by invoking the scientist Delgado, who had made headlines in 1965 when he used the surgery to stop a bull from charging him with the push of a button (Osmundsen) and again in 1970 when he had performed the surgery on a chimp (Reinhold). In the novel, one of the doctors criticizes the other for his dramatic demonstration with Alice, telling him, “Got to control that grandstanding urge. Reminds me of Delgado with his bull” (196). By the time *Woman* was published, the surgery had also been attempted on humans. In his book *Violence and the Brain* (1970), Ervin and his co-author Vernon Mark describe using the same type of stimoceiver Delgado used on the bull to send an electric current to a patient named Julia’s amygdala, which causes her to go into the same type of violent rage that she experiences when she is having a seizure. The way *Woman* dramatizes this real surgery alongside the science-fiction world of Gildina’s future makes this future feel like a realistic possibility, and illustrates the incredible

harm that can result when the powerful gain control of technology and use it to dehumanize others.[7]

Woman creates science fiction scenarios that are closely aligned with current technologies and practices to advertise the dangers of allowing scientists to control what technology we develop and what we use it for, but that does not mean that it is anti-science or anti-progress. It is, after all, the novel's sci-fi use of time travel that presents a solution to this problem by allowing Connie to visit a possible world in which citizens can have a more balanced communal relationship with technology and vulnerable people like the mentally ill do not become the victims of powerful minorities or corporate interests. In order for this future to work, however, all minds and opinions need to be valued, so that a madwoman like Diana has the same say as the scientist Luciente in determining how her community will use technology. In Mattapoisett, Luciente does not have the power to simply run any experiments she wants as a plant biologist, but is rather held accountable by the communities whose resources and people might be impacted. She has to travel to the areas that will be affected by her work and present to their local counsels the costs and possible consequences of what she wants to do (268). All of this happens on a local level for smaller projects, but for larger projects that would impact

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[7] Other science-fiction authors, like Ursula Le Guin, James Tiptree, and Michael Crichton were also writing about the dangers of allowing science the power to perform experiments without oversight. In fact, the science/medical fiction writer Michael Crichton (best known today for writing Jurassic Park) wrote a 1972 novel called *The Terminal Man* about the same exact surgery that *Woman* dramatizes in its description of Alice. Crichton had trained as a medical student under Frank Ervin, who was currently performing mind-controlling surgeries on violent epileptics. In the author's introduction to *Terminal Man,* Crichton warns his reader that the mind-controlling surgery he is fictionalizing in the novel has been developing for years without much public debate, and that if people continue to ignore it, they will be leaving very important decisions up to a few scientists. He writes, "Many people today feel that they live in a world that is predetermined . . . Past decisions have left us with pollution, depersonalization, and urban blight; somebody else made the decisions for us, and we are stuck with the consequences. That attitude represents a childish and dangerous denial of responsibility, and everyone should recognize it for what it is" (xii).

everyone, like the ongoing Mixers and Shapers debate and the decision not to extend lifespans, the two sides of the debate travel through the country arguing their cases and "everybody decides."

Connie is shocked that regular people in town councils and meetings can vote on the use of scientific resources in this way. She asks Luciente, "How could I decide if they should build an atom bomb or something?" apparently willing to leave such decision making up to experts who know more about the field. Luciente quickly responds, "Of course you could decide. It affects you—how not?" (268). Even though she is herself a scientist, Luciente does not think that her expertise makes her any more qualified to decide how common resources should best be spent. When Connie complains that having civilians involved in such decisions disrupts the "purity" of science, Luciente objects, "But Connie, in your day only huge corporations and the Pentagon had money enough to pay for big science. Don't you think that had an effect on what people worked on? Sweet petunias! And what we do comes down on everybody. We use up a confounded lot of resources. Scarce materials. Energy. We have to account" (269). Mattapoisett does its best to have a democratic approach to science, insisting on the political nature of what often gets labeled as an apolitical march toward progress. Kafer says of this process, "It is this description of democratic decision making, of a community debating publically how it wants technology to develop in the future, that has made *Woman on the Edge* such an attractive text to feminist scholars of science studies and political theory. Decades after its initial publication, the novel continues to inspire feminist thinkers with its image of an egalitarian future in which all people's voices are heard, respected, and addressed" (Kafer 72). In this future, no one's voice is seen as more important than anyone else's, and no one is discounted as being incapable of participating because they are too emotional or mad. Decision making, particularly with regards

to how to use scientific resources, is entirely democratic, bringing science into the realm of the political.

In order to create this type of future, *Woman* advocates fighting scientific authority whenever it tries to silence the voices of others, and the obvious place to start is in the asylum. The later chapters of the novel depict Connie's literal fight against psychiatry as a war for a better future. After she visits the dystopian future, Connie recognizes her own need for action, saying, "So that was the other world that might come to be. That was Luciente's war, and she was enlisted in it" (291). She realizes that the doctors at the hospital have been using their expertise to silence the women she has been incarcerated with, and decides that she needs to wrestle this power away from them by whatever means necessary. After attempting, and failing, to run away from the hospital or reason with the doctors to prevent them from performing the mind-controlling surgery on her, she resorts to poisoning them. Although drastic, this action likely allows at least one person, her friend Sybil, escape the surgery. The strength Connie gains to fight comes not only from her vision of a future community in which mental differences are valued, but also from her current community in the asylum giving her something to fight for. Although she knows that fighting will almost assuredly lead to severe punishment or even her own death, she does it to protect the well-being of her friends in the asylum who have fought beside her, supported her, and helped her escape (however temporarily) from the asylum, because these fellow inmates have shown her that the seeds of her utopian future already exist in the present, obscured as they may be by the power structures that have sought to keep them isolated and powerless.

3.6 Conclusion

In the Port Huron Statement, the 1962 manifesto of the Students for Democratic Society, members of the group write, "If we appear to seek the unattainable, as it has been said, then let it

be known that we do so to avoid the unimaginable." In *Woman on the Edge of Time*, Connie is presented with two futures, the seemingly unattainable utopia of Mattapoisett, and the unimaginable world of Gildina's future, and she decides to fight for the former. In the dramatic final scene of the novel, she puts poison in the doctors' coffee, saying after she does so, "I murdered them dead. Because *they* are the violence-prone. Thiers is the money and the power, theirs the poisons that slow the mind and dull the heart. Theirs are the powers of life and death. I killed them. Because it is war . . . I'm a dead woman now too. I know it. But I did fight them. I'm not ashamed. I tried" (364). The violence of this ending has bothered some critics, particularly since it seems that it will not lead to any immediate revolution. For example, DuPlessis says of the poisonings, "Connie leaves no evidence that this is a planned act, a chosen act, a political act. Naturally, it will be interpreted as mad, only confirming the diagnosis of Connie Ramos as hopelessly violent. We have seen this kind of irony before (for example, in "The Yellow Wallpaper"), but given the message of the work, one could wish that Piercy had avoided it" (4). The psychiatrists, she claims, will quickly be replaced by others, rendering Connie's action relatively meaningless because there is no evidence that she has raised anyone else's consciousness. The novel ends with "Excerpts from the Official History of Consuelo Camacho Ramos," the clinical summary of Connie's stay at Bellevue that seem to confirm that Connie's actions have in fact been interpreted as mere madness by the medical establishment.

DuPlessis might be correct in stating that Connie's actions will likely be interpreted as madness rather than a revolutionary action by the scientific community and most of the outside world, but that does not mean that her action is completely hopeless. Connie has never been alone in her fight, and while she may not have been able to raise the consciousness of anyone *outside* of the asylum, she has certainly helped to raise the consciousness of her fellow inmates.

The entire novel, she has been scheming together with the other inmates on plans to escape the brutal surgery, inmates whom a reader can reasonably conclude *will* recognize her action as political and use it as motivation in their own fight. Connie herself was motivated by her friend Skip's suicide, which she read as an act of resistance against the doctors who had implanted the mind-control device in his brain. Before she obtains the poison with which to kill the doctors, Connie reflects on Skip's suicide, and even sees his ghost urging her to join him, saying "Aren't you coming? . . . Don't let them steal the best of you," to which she replies," I have my own way . . . I'm fighting even now, when like you I bow, I lick their feet, I crawl and beg, I m biding my time. Wait and see what I do" (330). Immediately afterward, she has a conversation with Sybil, explaining to her that she is plotting her next move and asking her to be ready to help, to which Sybil replies, "If we can figure out a way, I'm willing" (332). The entire novel up to this point has been focused on creating a community of the marginalized, and the final scene only draws that community together in a willingness to fight to keep itself alive. Later, after she has been granted a temporary release to visit her brother's house for Thanksgiving and stolen poison from his greenhouse, Connie comes back to Sybil, one of the few patients who has not undergone surgery yet, and engages her in her plan by telling her, "Don't ask what I'm going to do. Only Wednesday, tomorrow, be ready to run. There'll be a lot of confusion in the afternoon, when the doctors see me. Run then. Run and never let them get you again!" (355). We are not told whether or not Sybil is successfully able to escape, but we do know from the last line of the clinical summary, which reads "Amygdalotomy indicated but not carried out because of incident . . . ," that although Connie will return to Rockover asylum, she has at least successfully saved herself from mind-controlling surgery, and we can hope that Sybil has been spared from it as well (369). This ending to the novel asks us to see Connie, not as a sane woman acting along among a group

of politically useless madwomen, but as a part of a community of strong, willing fighters that will carry on her work the way she has carried on Skip's.

Woman on the Edge of Time is a novel about a woman fighting for a voice for herself and her community, a community of strong women and men who have been deemed "mad" or "dangerous" and confined. It is about fighting for a space for these people beyond the walls of asylums and prisons. Although we cannot know what happened to Sybil or the other inmates Connie was incarcerated with, we do know that her action was an action to protect her community. In her last statement of the novel, she dedicates her fight not to the future, but to the members of her present community who have died or been operated on, saying "For Skip, for Alice, for Tina, for Captain Cream and Orville, for Claud, for you who will be born from my best hopes, to you I dedicate my act of war. At least once I fought and won" (364). At the very least, her action has saved at least one marginalized voice from being eliminated by rescuing her friend Sybil from surgery, but the novel also strongly suggests the possibility that Connie and her friends' participation in this war will lead in the long run to a more democratic and inclusive future.

While *The Bell Jar* ends ambiguously with Esther unsure of whether or not she will ever be able to find the community she seeks, *Woman* looks beyond the present conditions of the asylum to a different possible world where this community might thrive. Piercy, like Plath, acknowledges that the challenges to creating such a community are great, but she is not willing to give up hope. Perhaps because of the insight of her predecessors and the strength of the civil rights, feminist, and anti-psychiatry discourses that have contributed to the novels' utopian ideas, she is able to insist in her novel that a future in which the marginalized and ill can find community is not just a hazy dream derived in a bell jar, but a realistic possibility that must be

fought for. Connie's activism and her vision of future madhouses, which create a space for mental illness and suffering that does not isolate the mad from community or force them to submit to the authority of self-serving doctors, make the novel one of the richest imaginings of a future that can be accommodating of people mental illnesses in literature, even if these spaces have yet to come into fruition.

In my next chapter, I will look at a very different kind of "asylum" novel, Jeffery Eugenides's *The Virgin Suicides,* to explore the impact that the elimination of the traditional asylum from the American landscape impacts literatures of the asylum. Although this novel does not feature the same kind of brick-and-mortar institution we see in *The Snake Pit, The Bell Jar,* and *Woman on the Edge of Time* and doctors and scientists seem to have lost some of their power, the discourse around the need for cure and recovery remains so strong that the community rallies to distance itself from people it finds mentally different, leading to a social isolation that is as strong as anything that they would encounter in a physical asylum. The stigma that the five main characters face in their community illustrates that the disappearance of physical institutions without the concurrent creation of community madhouses or destruction of hierarchies and systems of oppression imagined in *Woman* does not result greater access to community, but in fact can be even more isolating for people who are perceived to be mentally ill.

Chapter 4. "At Home They'd Heal Better": Suicide and Deinstitutionalization in *The Virgin Suicides*

Like *Woman on the Edge of Time* (1976), my next novel, Jeffery Eugenides's *The Virgin Suicides* (1993), offers a vision of a perfected society. Unlike in *Woman,* however, Eugenides's novel places its ideal community not in the future, but in the past of a suburban town nostalgically viewed by a group of men who spent their childhoods there. Writing from the early 1990s about a period in the 1970s, they describe a town with friendly neighbors, good schools, beautiful women, a fashionable shopping center, and manicured lawns. It is a place shut off from the neighboring chaos of the city, and although they occasionally hear its gunshots, they conclude this violence has nothing to do with them because in suburbia, no one ever seems to die (32-33). In contrast to the utopia of Mattapoisett in *Woman* in which people still experience pain and distress, the "utopia" that the narrators of *The Virgin Suicides* remember is predicated on the complete erasure of negative affect, which quickly proves to be unsustainable. From the first sentence of the novel, this idyllic town is suddenly thrown into chaos by the suicide of a thirteen-year-old girl named Cecilia Lisbon. After her death, the Lisbon house becomes a black hole in the middle of what should be their perfect neighborhood, interrupting their perfectly manicured lawns with overgrown grass covered in soggy, unraked leaves and framed with "monstrous" bushes. Within a few months, the browning brick walls of the house are coated with the carcasses of dead bugs, the windows are being held together with masking tape, the roof is missing shingles and is leaking, the chimney is infested with bats, and the yard is filled with raccoons and smells of sulfur. Described as somehow permanently obscured by a cloud that its

occupants have "willed" to hover over it, the house is inhabited by ghost-like figures, who rub a film of dust from the windows and venture out only at night to leave cryptic messages in their neighbors' mailboxes. For Cecilia's four teenage sisters, this somewhat gothic, deteriorating estate serves as a modern-day asylum, isolating them from a town that would still like to believe it could be perfect, if only it could rid itself of this one visible "defect."

The men's description of the Lisbon home reflects popular representations of asylums at the time. By the 1990s when *The Virgin Suicides* was published, the most popular portrayal of mental asylums was not as therapeutic centers, but as frightening, mysterious, punishing spaces that were more appropriate as backdrops for a horror movie than as places of healing. Popular movies like *The Snake Pit* (1948) and particularly *One Flew Over the Cuckoo's Nest* (1975) had alerted the public to the use of shock therapy and lobotomies, making them more receptive to antipsychiatry claims that modern asylums were places where torturous methods of behavior control could be implemented without oversight.[1] Large-scale deinstitutionalization beginning in the late 60s seemed to only add to the eerie aura surrounding asylums.[2] Although deinstitutionalization was a gradual process and varied slightly from state to state, long-term public care facilities like the ones featured in *The Snake Pit* and *Woman on the Edge of Time*

[1] In his book *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness*, Edward Shorter, a historian of psychiatry and supporter of the use of ECT, partly blames *Cuckoo's Nest* for the treatment's demise (150-53).

[2] Thanks in part to changing public perceptions about asylums after the antipsychiatry movement of the 60s and 70s, and in larger part to government cost-saving initiatives, large public asylums began to shut down as early as the late 60s. President Kennedy signed the Community Mental Services Act into law in 1963, which placed emphasis on community treatment centers and preventative care rather than hospitals. New restrictions in Medicaid and SSI funding for patients permanently housed in mental hospitals encouraged public and even some private institutions to release many of their long-term patients, as did new laws preventing mental patients from losing their civil rights when they were committed to a mental hospital. By 1994, the average state had seen over a 90% reduction in the percentage of hospital beds per capita for mental patients since the 1950s (Torrey 207).

were already mostly extinct by the late 1980s, and the patient population that did remain incarcerated tended to be those who were perceived as being "dangerous." Asylums were increasingly portrayed as housing threatening madmen as they served as a popular backdrop for 1980s horror and slasher films. The most prominent asylum-based fictional texts published in the 1980s were the thriller *The Silence of the Lambs* (1988), later made into an academy award-winning film, and graphic novel *Batman: Arkham Asylum* (1989), both of which portray institutions specifically for the criminally insane and mad patients who murder innocent victims.[3]

In Detroit, Michigan, and the adjacent city of Grosse Pointe where *The Virgin Suicides* takes place and where Eugenides himself spent his childhood years, trends in mental health care mirrored those in the rest of the country. By the early 90s, Michigan was about eighty-seven percent deinstitutionalized (Torrey 204), and in 1992, not long before *The Virgin Suicides* was published, the Lafayette Clinic for the mentally ill in Detroit closed after a year of very public controversy that even prompted efforts to recall then-Governor John Engler (Seigel). Much of this controversy centered on the fact that the new community treatment centers in Detroit and the rest of the country focused mainly on prevention and outpatient care and did not have the resources to provide patients who had spent their whole lives in hospitals with the financial and practical help that they needed to reintegrate themselves into the community, leaving many of the Lafayette patients with nowhere to go. The lucky ones ended up with family members, while the unlucky ones ended up on the streets, just as isolated from their communities as before.

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[3] *The Silence of the Lambs* is a particularly interesting text because its main villain, Jame Gumb, begins his killing spree after being released from an asylum that has shut down, implying a critique of deinstitutionalization, but it also features a cannibalistic psychiatrist, Dr. Hannibal Lector. If the mentally ill are dangerous in the 80s, psychiatry does not exactly appear as the hero either.

By the time *The Virgin Suicides* was published, the asylum had changed dramatically from the days of *The Snake Pit*. The location of the Lisbon sisters' incarceration inside their parents' home in *The Virgin Suicides* reflects a change in the structure of the US's mental health system from large public institutions to more community-based and home care. In the novel, the Lisbon sisters spend time in the hospital only when they have a physical emergency like slit wrists, a (feigned) burst appendix, or a drug overdose. Although two of the girls, Cecilia and Mary, undergo testing for mental illness, they are quickly released to the care of their parents and, in Mary's case, the "maximum-security isolation" of her deteriorating house (136). In spite of this change in the location of incarceration from state asylum to home, however, I will argue that the story of the Lisbon girls' suicides contains many of the same themes as more traditional asylum novels, particularly when it comes to questioning the stories that we tell about mental illness and examining the spaces our communities create for suffering. If anything, these themes become even more pronounced as the deterioration of the asylum makes mental illness more difficult to define, leaving its designation up to a public that has been taught that all forms of negative affect are contagious and need to be contained.

Like the other novels I have discussed so far, *The Virgin Suicides* is very interested in the way we tell stories about "feeling bad" and insists that there is more to these emotions than medical diagnoses can speak to, even if the men who narrate the story desperately want to be able to fit the suicides into a clear-cut medical narrative. I borrow the expression "feeling bad" from Ann Cvetkovich, who uses it in both her *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (2003) and *Depression: A Public Feeling* (2012) to denote an affective state that cannot be adequately summarized with a clinical diagnosis like "depression" or "PTSD." She writes, "I often use the term *feeling bad* because its colloquial blandness is an

invitation to further elaboration, which can consist in an anecdote . . . rather than a clinical category or even a theoretical term" (*Depression* 157-58). Cvetkovich supports a model of depression that can be "traced to histories of colonialism, genocide, slavery, legal exclusion, and everyday segregation and isolation that haunt all of our lives, rather than to biochemical imbalances," rejecting "most of the literature, both medical and historical . . . which, often without acknowledging it directly, tends to presume a white and middle-class subject for whom feeling bad is frequently a mystery because it doesn't fit a life in which privilege and comfort make things seem fine of the surface" (*Depression* 115). Instead of taking a more medical view of mental illness that individualizes feeling bad by locating these feelings within the psyche, Cvetkovich looks at the way negative affect can be connected to larger global traumas. Making these connections acknowledges the pain that mental distress can cause, but diminishes metaphors that make these bad feelings into mysterious foreign invaders, and highlights how they are actually a natural part of the social world we have created.

In *The Virgin Suicides*, the male narrators certainly depict the Lisbon girls' "feeling bad" as a mysterious and unnatural problem that is all the more incomprehensible because of how utopic the town otherwise seems to be with its manicured lawns and beautiful shopping centers, prompting the narrators to think of the girls as a disease that has somehow made its way into their community from an outside source. Their sense that the world should be as perfect and pain-free as it is on the surface also makes their own pain and discontentment feel foreign to them, and they become desperate to find an easy explanation for the misery that seems so antithetical to the carefree utopian lives they have been raised to feel they deserve. The reader gets hints throughout the novel that the narrators' obsession with the Lisbon sisters springs from their own unhappiness with the way their lives have turned out, an outcome they repeatedly

blame on the deaths. They confess that the Lisbon sisters "have scarred us forever, making us happier with dreams than wives" (164). Their town reacts similarly, blaming the unhappiness that seems so external to the way they have structured their community should be on the sisters. The boys note, "Everyone we spoke to dated the demise of our neighborhood from the suicides of the Lisbon girls" (238). As I will discuss in greater detail later in this chapter, the narrators and the town pathologize their bad feelings with a medical discourse that presents the Lisbon sisters themselves as a disease that has infected their otherwise healthy town because this is the only way they know of to explain their discontentment, but this pathologizing narrative becomes suspect as the novel progresses.

Throughout *The Virgin Suicides*, narrators treat the suicides as a mystery that needs to be solved, and part of the pleasure of reading the novel comes from joining them in their quest to find answers. They collect ninety-seven numbered "exhibits," enough to fit in five suitcases, with "clues" ranging from pictures of the Lisbons and their home, eyewitness accounts of the girls' behavior, newspaper articles about the suicides, a copy of Cecelia's diary, and even the girls' medical records, all in an effort to reveal just what was wrong with the Lisbons. By informing the reader that all five girls will be dead by the end of the novel, they draw her into the mystery with them, but the reader's complicity with the narrators becomes increasingly uncomfortable as their searching leads to egregious privacy violations. For example, the men describe how one member of their group was the one to find Cecilia in the bathtub after her first suicide attempt because he has entered the house without permission, supposedly by using underground tunnels, after stating his intention to watch the girls shower. This blatant voyeurism makes the boys' later acquisition of the girls' personal effects and medical records, including, perhaps most disturbingly, a picture of Lux Lisbon's cervix, more than a little suspect. The narrators' focus on

using material clues and the testimony of distant observers to "solve" what was "wrong" with the sisters without allowing them to speak for themselves offers a potent critique of medical and scientific resources that privilege diagnosing problems over creating community, and the boys' unscrupulousness in searching for answers forces the reader to question his or her own participation in their desperate search to solve the mystery of the suicides. In spite of what the overly curious narrators might believe about the suicides, then, the novel itself begs readers to explore how the Lisbon tragedy is related to the way their community has been structured to obliterate all signs of difficult pasts and painful presents, isolating anyone who acknowledges them by labeling them as a "freak" or "weirdo."

The Virgin Suicides, like the more traditional asylum texts I have written on, is very preoccupied with the spaces we create for pain and insists that the medical narratives are not sufficient for describing what it means to "feel bad." Not even the doctors in the novel can make up their mind about what mental illness the girls might have, but whatever their biochemical condition may be, it is clear that their story cannot be contained by a medical label. The narrators' reliance on medical narratives about sickness and healing in their quest to "solve" the suicides only draws attention to the ways in which mental illness gets shaped and defined by narratives about contagion that, while appearing objectively scientific, support ideas about what constitutes a healthy community that works to maintain the status quo. These discourses ultimately shape the suburban community in such a way that proves uninhabitable not just for the sisters, but for anyone who does not fit a very specific mold of what a good neighbor should act or look like. The sisters' suicides, and the narrator's inability to accept their own bad feelings, illustrate the failures of a society that seeks to banish all negative affect. Such efforts at creating pain-free communities transforms feeling bad into a mysterious but dangerous force and isolates

people who are in mental distress, even when physical institutions of isolation like asylums are not present. In this chapter, I will use the work of affect theorists like Ann Cvetkovich, Sarah Ahmed, and Lauren Berlant to explore the novel's attempt to broaden the bad feelings and trauma past individual actors to make what Cvetkovich has called a "connection between girls like me feeling bad and world historical events" (*Archive* 3). In doing so, I hope to illustrate how doing away with the physical institution of the asylum is not enough to end the isolation of the mentally ill and distressed, and that creating a truly inclusive utopia necessitates making room for different, and even negative, ways of thinking and being together.

4.1 Using Suicide to Diagnose Mental Illness Post-Deinstitutionalization

Any novel that is set in an asylum ultimately has to deal in some way with the question of who gets put there, or in other words, how we decide who is and isn't mentally ill. In *The Virgin Suicides*, parsing the sane from the insane is perhaps even more difficult than it is in the more traditional asylum novels that are set in large institutions. In this period after deinstitutionalization, people who are deemed mentally ill by medical professionals are less likely to be locked away and can very well be your seemingly ordinary next-door neighbor, necessitating extensive detective work on the part of anyone interested in separating the "mad" from the "normal." Throughout *The Virgin Suicides*, the girls' sanity is always in question, and the suspicion that they are not only ill, but also contagious, drives much of the limited action of the story. As is the case in other novels I have discussed in this dissertation, different characters in *The Virgin Suicides* have very different views on what makes a person a "kook" and what is normal behavior, but the sheer volume of theories in this latter text vastly outweighs anything in its predecessors. The narrators interview dozens of townspeople about the suicides and record explanations for the deaths ranging from medical claims that the girls had "stress disorders and insufficient neurotransmitters" to social theories about how their mother stifled them, to romantic

notions about how the girls were merely "a symbol of what is wrong with the country, the pain it inflicted on even its most innocent citizens" (238, 226). The novel never itself never comes down on any one of these theories, leaving the definition of mental illness in the novel ambiguous. Even the doctors are conflicted about whether or not the girls are mentally ill, diagnosing them at one point as having "repressed libidinal urges" but not seriously suicidal, at another as having PTSD and a high likelihood of at least attempting suicide, and at still another as having "good" serotonin levels, which would seem to mark them as more or less mentally healthy.

Mental illness is often invisible and therefore difficult to detect and concretely define, which can be frustrating for laymen and doctors alike who want to draw a solid line between the mentally ill and the sane. This frustration has historically led to a search for ways to make mental illness more visible and quantifiable, most often by tying definitions of mental illness to physical signs of harm like suicide and self-mutilation. While other behaviors can be brushed off as mere eccentricities of personality, suicide and self-harm provide the observer with physical "proof" of a disabling condition. Even before deinstitutionalization, psychiatrists and doctors often used suicide as a clear indicator of mental illness to justify their own power and intervention. As Thomas Szasz and Michel Foucault have both noted, suicide had been pathologized as a medical issue (as opposed to a religious problem), since the beginning of the modern period. In his book on suicide, *Fatal Freedom: The Ethics and Politics of Suicide*, Szasz writes, "Psychiatrists believe that it is their first and foremost duty to show that suicide is abnormal" (14). Foucault theorizes about why suicide is so highly regulated in his *History of Sexuality*, stating "Suicide . . . became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis" because, as he puts it, "This determination to die, strange and yet so persistent and constant in its manifestation, and consequently so difficult to explain as being due

to particular circumstances or individual accidents, was one of the first astonishments of a society in which political power had assigned itself the task of administering life" (138-39). In a period in which the main role of power is "to ensure, sustain, and multiply life," and in which everyone is supposed to be working toward the same goal of living as long as possible, suicide testifies to the "right to die," and must therefore be prevented and controlled by those in power in the medical professions.

Suicide has also proved to be a convenient marker of mental illness in literature. A majority of asylum novels from the late twentieth century feature at least one character who attempts suicide. No matter how critical these novels are of psychiatric labels, suicide and self-harm serves as an indication that while psychiatry may over-diagnose, real mental suffering is a serious issue for some people and cannot be easily discounted. In Joanne Greenberg's novel, *I Never Promised You A Rose Garden* (1964), which tells the semiautobiographical story of a girl in mental distress named Deborah Blau, Greenberg portrays Deborah's wrist cutting as almost a relief for her parents because it finally provides them with real evidence that something is wrong. The novel says of Deborah's mother, "she was grateful for the silly and theatrical wrist-cutting. At last a dragging suspicion of something subtly and terribly wrong had had outlet in a fact. The half-cup of blood on the bathroom floor had given all their nebulous feelings and vague fears weight, and she had gone to the doctor the next day" (8-9). Deborah's parents feel that their daughter's attempt to kill herself has finally given them definitive proof that there is something wrong with her, and they are not the only ones in the novel who feel this way. Nearly everyone who is incarcerated with Deborah has been placed there because they attempted suicide at some point (86). The same is true of *The Bell Jar*, in which Esther's mother reluctantly takes her to a psychiatrist when she complains of not being able to sleep, but does not seem to believe that her

daughter's mental issues are anything more than a phase until she attempts suicide. Even in novels that are radically anti-psychiatry, suicide is still used as a tangible sign of mental distress. In *One Flew Over the Cuckoo's Nest*, for instance, the character Billy Bibbit slits his own throat toward the end of the novel after Nurse Ratchet threatens to tell his mother that he slept with a prostitute (302), and in *Woman on the Edge of Time* an inmate named Skip also slits his throat after staff performs an involuntary brain surgery on him (277). Although both of these latter novels imply that the psychiatric "care" that the characters receive plays a large role in their deaths, both men had also attempted suicide before they entered the asylum, indicating that while the medical model is not sufficient and perhaps even harmful to people who have been labeled as mentally ill, their disablement goes beyond their situation in the asylum.

In most of the earlier asylum novels I have noted above, like *Woman on the Edge of Time* and even *The Bell Jar*, suicide plays a role in illustrating who is mentally ill, but asylums and psychiatrists do much of the work of actually separating the mad from the sane. As mass institutionalization came to an end in the late 70s and early 80s, however, the "problem" of suicide, and particularly youth suicide, became a growing preoccupation in the media. News articles written in the 1980s note an increase in the publicizing of suicide in the middle of this decade (Emmerman, Farber), and a basic database search of newspaper headlines from that period confirms this increase. The ProQuest database of historical newspapers shows that there are nearly 3.7 times more articles containing the words "teen suicide" in the 1980s than there were in the 1970s, even adjusting for the total number of articles in the database for each decade, and almost twice as many articles on "youth suicide."[4] Many of these articles read much like *The*

[4] From January 1, 1970- Jan 1, 1980, 3,040 articles out of 19,945,018 articles in the historical newspaper database for that date range mentioned teen suicide, while from Jan 1, 1980- Jan 1, 1990, 11,001 out of 19,694,000 articles mention teen suicide.

Virgin Suicides itself, with numerous experts weighing in on the potential causes of what they frequently call an "epidemic" of suicides, even though youth suicide rates in the 1980s never reached the peak rate of the 1970s (McKeown) and some research has even suggested that what apparent "growth" in rates there was in the 1970s was actually a result of the increased reporting of deaths that, like Cecilia's suicide, were often officially reported as accidents in previous decades (Gist and Welch).

Although it is impossible to say what sparked this sudden fascination with suicide, it might very well be the case that without doctors to police and isolate people who were believed to be a danger to themselves, the public was looking for other ways to contain them. One of the main functions of American asylums in the twentieth century had been providing a visible sign of a physically invisible illness. In the 1940s-1970s, placing a person in a mental asylum was usually enough to permanently label her as mentally ill, whether she accepted that label or not. Elaine and John Cummings write in their book *Closed Ranks*, "Mental illness, it seems, is a condition which afflicts people who must go to a mental institution, but until they go almost anything they do is normal," or in other words, a person is really only socially determined to be mentally ill once he or she has been institutionalized for it (qtd. in Goffman, *Asylums* 128). Fictional accounts of the asylum provide evidence toward this argument, as characters often find themselves permanently stigmatized after leaving the asylum. In *Woman on the Edge of Time*, for instance, Connie is easily reinstitutionalized after being beaten by her niece's pimp simply because she has been institutionalized before and is therefore assumed to be irrevocably insane. In *The Bell Jar,* Esther's former boyfriend Buddy points out how the asylum has altered Esther's social status by saying, as he gestures toward the hospital, "I wonder who you'll marry now, Esther. Now you've been . . . here" (241). Similarly, in *The Snake Pit,* Virginia worries that

people will always wonder about her once she gets out of the asylum, and will question whether she is really well (255). During the period of mass institutionalization in which these novels were written, asylums did the work of alerting the public who was sane and who was not, but after they began to disappear, the public was forced to look to other markers of insanity, the most obvious of which was suicide.

In *The Virgin Suicides,* Cecilia's suicide, while initially incomprehensible to the narrators and the town, quickly becomes a sign that a dangerous illness that was lodged in her body. Her sisters' prolonged grieving then becomes a sign that they too might have caught this illness that has only been made visible by suicide. The narrators describe the perceived illness in a series of frightening metaphors, ending by saying, "Black tendrils of smoke had crept under their doors, rising up from behind their studious backs to form the evil shapes smoke or shadow take on in cartoons . . . Contagious suicide made it palpable. Spikey bacteria lodged in the agar of the girls' throats . . . When we thought of the girls along these lines, it was as feverish creatures, exhaling soupy breath" (153). Suicide is presented as the physical sign that makes this illness "palpable" to the town and gets them to start paying attention to the other Lisbon sisters and what they come to see as a sudden crisis with the health of the town. This use of suicide as a diagnostic tool has serious consequences in the novel, however, both for the girls and for the town itself.

4.2 Medical Discourse and the Rewriting of Patient Narratives

In *The Virgin Suicides,* suicide operates as a sudden crisis that can be used to justify a host of interventions, including silencing stories about bad feelings in an effort to contain them to approved narratives that will supposedly ensure the safety of the rest of the community. In moments of crisis, like a suicide or the threat of a deadly contagion, citizens are generally resigned to trust "experts" to solve the problem, because the stakes seem to high to risk taking it on themselves. The first step these experts generally take is often to try to contain the crisis,

which tends to limit the stories that we can tell about it.[5] When we do not make space for narratives of distress and even suicide outside of the containing space of the doctor's office or hospital ward, however, we silence and exclude people for whom mental distress is a lived part of their daily lives, like the grieving Lisbon sisters. For much of the novel, the boys narrate the Lisbons' behaviors and experiences as they try to make them fit into a narrative they can be comfortable with, one that will minimize the perceived danger to themselves that these suicides might connote, and in so doing rob the girls of the opportunity to tell their own story. There are only a handful of direct quotes from the girls within the pages of the novel, and these are often dismissed by the narrators as being irrelevant to their story and less revealing of the "truth" than more official accounts from doctors and other experts. The blatancy with which they ignore the girls themselves in telling a story of illness that is supposedly about them pushes against the idea that we need to defer to medical experts in telling stories about mental illness, even when there is a possibility that this illness could result in death. Although medical narratives can of course be helpful in certain circumstances, they cannot ever tell the full story of what it means to be ill, and the novel portrays them as potentially harmful and even potentially deadly when they are used to overwrite more individualized stories of mental distress.

In his book *The Wounded Storyteller: Body, Illness, and Ethics,* medical sociologist Arthur Frank claims that storytelling is incredibly important to the experience of being ill because it allows the storyteller to an actor rather than a passive victim (xi). This allows her not only to take control over her own life story, but also to help others who are in similar situations.

[5] We can see this effort to contain suicide by containing the discourse surrounding it even today in the fact that the most banned book of 2017 was *Thirteen Reasons Why*, opponents of which have argued that a narrative that suggests that suicide might be the result of the persistent ostracization and bullying of someone in mental distress rather than a sudden and irrational compulsion might somehow encourage students to commit suicide themselves.

Frank claims, “In stories, the teller not only recovers her voice; she becomes a witness to the conditions that rob others of their voices” (xii-xiii). This was certainly true of the fictions of Mary Jane Ward and Sylvia Plath in *The Snake Pit* and *The Bell Jar* which, as I have discussed in previous chapters, inspired later writers to pen memoirs and fiction about depression and other forms of mental anguish. However, Frank argues that these new patient-told narratives are often still difficult for us to hear, and that our society tends to still be dominated by narratives of illness in which “popular experience is overtaken by technical expertise, including complex organizations of treatment” (5). As *The Virgin Suicides* tells the story of the Lisbon sisters’ suffering through doctors, news reporters, and neighbors, it provides a meta-commentary on how we listen to and interpret stories about illness. The way the book is narrated also engages the contemporary reader in the task of trying to “solve” the “mystery” of the suicides in a way that encourages her to eventually recognize her own reliance on medical illness narratives even after decades of writers like Mary Jane Ward, Sylvia Plath, and Marge Piercy have provided us with such diverse stories about the experience of feeling bad.

The most popular type of medical narrative in Western culture, according to Frank, is what he calls the “restitution narrative.” Under this narrative, a person gets sick and perhaps descends into a temporary chaos, but by the end of the story is cured and often even better than he or she was before the illness. The agency and responsibility of the ill person in this narrative “is limited to taking one’s medicine and getting well,” and long-term suffering is simply not an option (91). This narrative dominates much of medicine even today, particularly in the way doctors are trained to take medical histories from which they might derive clues about the patient’s illness so they can prescribe a cure. According to Frank, “Professionals understand stories as something to carry a message away *from*- as in, ‘What did you learn from that history?’

The professional, as the paradigmatic modernist, is always moving on, the sooner to get to the next thing and move on from that" (159). Any part of a patient's story that does not lead to a cure, such as a report of chronic pain without a clear organic cause, does not fit into the restitution narrative and is therefore irrelevant to his biomedical story of illness. We can see how the narrators of *The Virgin Suicides* ascribe to this model, collecting "clues" that they believe will lead to a clear answer regarding why the girls committed suicide, while throwing out anything, particularly the girls' own testimonies, that doesn't seem to be leading toward a solution. This interpretive mode limits what parts of the ill person's story the doctor, or anyone else ascribing to this model, can hear or understand, and generally any form of suffering that does not lead to a diagnosis gets erased, downplayed, or overwritten.

Obviously, suicide does not fit very neatly into the restitution model, nor does the extended grief, pain, and suffering that the girls experience. It should perhaps not come as a surprise, then, that doctors initially refuse to take Cecilia's suicide attempt seriously, and delegitimize her suffering by implying that she doesn't really have anything to be upset about. After her first suicide attempt, one doctor tells her, "You're not even old enough to know how bad life gets," imposing his narrative of what constitutes "legitimate" suffering and what is mere adolescent drama that she can easily "get over." The next doctor, the staff psychologist Dr. Hornicker, gives her a series of inkblot tests and quickly determines, apparently based on the fact that she sees "a banana" in more than one of them, that her suicide attempt was not serious and that she merely has "repressed libidinal urges" that can easily be treated by encouraging her to wear makeup and spend more time with boys (19). Actually listening to Cecilia's account of why she is feeling bad would not lead to an easy solution the way that the diagnosis of "repressed libidinal urges" does, and so he dismisses much of what she says, including her other responses

to the ink blots in which she sees "'prison bars,' 'a swamp,' 'an Afro,' and 'the earth after an atomic bomb'" (19). The narrators themselves also dismiss what Cecilia has to say. When she responds to the first doctor's dismissal of her suffering by saying, "Obviously, Doctor . . . you've never been a thirteen-year-old girl," the narrators immediately label this statement as a "useless" suicide note, even though they have meticulously documented everyone else's testimonies and theories about the suicide as potentially valuable evidence (5). Anything she or the other girls say or feel that does not lead to a diagnosis and a way to get better is considered irrelevant and subsequently ignored, allowing the doctors and the narrators to easily write their own interpretations of the girls' illness.

The Virgin Suicides illustrates how the restitution narratives favored by medical professionals leave no space for "pointless" suffering, and therefore no space for people who are experiencing this kind of suffering. Arthur Frank argues, "The unquestionable achievement of modernity was its emphasis on fixing . . . The cost of modernity is to leave no place for people . . . whose troubles are too complex, in both medical and social terms, for fixing" (114). He calls stories that do not end in health and happiness and therefore cannot fit the restitution narrative "chaos stories" and claims that because they do not fit the standard narrative of healing, they cause anxiety in others and tend to be dismissed both within and outside of the clinical setting. In discussing a person whose pain does not fit the restitution narrative, Frank notes that, "Because contemporaries . . . cannot allow themselves to imagine her chaos . . . they can only pile more sickness labels on her, driving her deeper into chaos" (111).[6] Even before she attempts suicide,

[6] I do not mean to imply that medical labels are never helpful for people who often have trouble finding words to explain their mental distress to others, but simply that hurling labels at people without giving them the chance to define those labels for themselves, or worse using labels to dismiss what they say as irrelevant, is often painful and dehumanizing. Merri Lisa Johnson has written about how obtaining an official diagnosis for her Borderline Personality Disorder was a

Cecilia's negative affect and atypical interests create a narrative that her peers cannot quite understand, leading them to label her as "weird" and avoid her. The narrators tell us that before she tried to kill herself, "she had spoken only rarely and had had no real friends," and they confess that, "A few of us had fallen in love with her, but we kept it to ourselves, knowing that she was the weird sister" (36, 37). The doctors' insistence that nothing can be wrong with the world of a 13-year-old girl contributes to the isolation that Cecilia already feels from a neighborhood that pretends like suffering and pain do not exist, leaving her alone in her grieving over dead soldiers and trees and endangered species. After she dies, the neighborhood throws even more labels at her, calling her a "freak of nature" and "kook," allowing them to write off her suicide as the inevitable outcome for someone constitutionally incapable of abiding by the community's injunction to "get better." The narrators say of the town's initial reaction to Cecilia's suicide, before they begin to suspect that she has infected her sisters with her negative affect,

> When they spoke of her, it was to say that they had always expected Cecilia to meet a bad end, and that far from viewing the Lisbon girls as a single species, they had always seen Cecilia as apart, a freak of nature. Mr. Hillyer summed up the majority sentiment at the time: "Those girls have a bright future ahead of them. That other one was just going to end up a kook." Little by little, people ceased to discuss the mystery of Cecilia's suicide, preferring to see it as inevitable, or as something best left behind. (107-08)

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source of comfort to her, but she has also noted that diagnoses alone do not tell the whole story. She has written an entire memoir (*Girl In Need of a Tourniquet: Memoir of a Borderline Personality*, 2010) to "reassign meaning" to being Borderline, and it is only because she had the freedom to expand on her diagnosis in this way that she was able to feel comfortable with the label, writing in 2013, "Simultaneously invoking and troubling the category of BPD—or disidentifying with it, in José Esteban Muñoz's coinage—I never felt subsumed or disqualified by this psychiatric label" ("Label C/Rip").

Unable to fit her story in to a restitution narrative, the neighborhood refuses to hear her at all, instead writing her off as someone who was so sick and deranged that even modern medicine couldn't save her.

The neighborhood's inability to process "chaos" stories that do not fit the restitution narrative is only made more apparent in their interactions with Cecilia's grieving family after her suicide. It is clear that neither the narrators nor their neighbors know what to do with the family's grief, to the point where even their friends actively avoid discussing it. Only a few people visit the Lisbons right after Cecilia successfully kills herself, and none of them are able to even mention the suicide (46). Friends and classmates of the sisters avoid them at school and fall silent when they approach because they do not know what to say to someone who is grieving, or how to listen to their stories. Because they are used to medical narratives that stress the need for restitution, they are unable to listen to the Lisbons' narratives of pain, leaving them feeling simultaneously isolated and constantly observed by a community that cannot seem to accept them until they either "recover" or disappear. The message that is communicated through this avoidance and reliance on restitution narratives is similar to the message that the girls might have received if they were locked away in a physical asylum: that there is no place for them or their suffering in the supposedly idyllic neighborhood they have grown up in.

4.3 Creating a Restitution Narrative for Grosse Point

Medical narratives often present themselves as objective and scientific, but they do political work in determining whose stories can be heard. More significantly, when these narratives come to be privileged over relationships, they can be used to make similarly political decisions about who belongs in a community and who is diseased and needs to be contained. Restitution narratives play a powerful role in this type of community formation, substantially contributing to social ideas about the "healthy" and "proper" roles that community members

should be restored to. These restitution narratives are not limited to stories that we tell about individual bodies and minds, but can also be metaphorically applied to social bodies that have become “contaminated” by diseased members. The desire for a restitution narrative is powerful, and when the narrators and the rest of Grosse Pointe cannot find a way to make the Lisbon sisters’ grief and bad feelings fit neatly into one, they begin to make the girls a part of their own story of restitution, one in which the town itself is what needs to be restored to health after being “infected” with the tragedy of the Lisbons. This necessitates transforming the girls into a metaphor, objectifying them even more completely and robbing them of any voice they had in telling their own stories.

It is only long after the girls are dead and therefore permanently silenced that their story becomes one that the narrators feel that they can tell, transforming the girls themselves, rather than their grief and mental distress, into a sickness that the boys must recover from. The narrators make multiple attempts to mold the story of the Lisbon suicides into a story about themselves and their own efforts at restitution after the girls have begun “infecting those close at hand” (152). The narrators compare their search for facts about the girls’ mental state to a medical exam meant to locate potentially dangerous tumors that might be lurking in their otherwise healthy bodies, stating:

> Trying to locate the girls’ exact pain is like the self-examination doctors urge us to make (we’ve reached that age). On a regular basis, we’re forced to explore with clinical detachment this most private pouch . . . to find in this dimly mapped place, amid naturally occurring clots and coils, upstart invaders. We never realized how many bumps we had until we went looking. (165)

In this passage, we can see that the men view the girls’ unhappiness as a disease that has already infected a part of their body and is threatening to spread. It is something foreign and unnatural, an “upstart invader” that it is their duty to find and recover from before it kills them. The medical

metaphors justify what the narrators see as an objective distancing from the girls, one of the consequences of which is the silencing of their voices as they are transformed from people in pain to cancerous objects that the men need to be purged of.

The language of contagion marks the Lisbon sisters as infected, and therefore ill and in need of containment before they can rejoin society. They are seen as what Susan Sontag describes in *Aids and Its Metaphors* as "the future ill." Sontag writes that in the age of HIV and AIDs,

> Infected *means* ill, from that point forward. "Infected but not ill," that invaluable notion of clinical medicine, (the body "harbors" many infections), is being superseded by biomedical concepts which, whatever their scientific justification, amount to reviving the antiscientific logic of defilement, and make infected-but-healthy a contradiction in terms. Being ill in this new sense can have many practical consequences. (120)

Although Sontag is talking about people who are potentially HIV positive in this passage, the situation she describes is very similar to the situation the Lisbon sisters find themselves in as they are assumed to be ill and monitored for signs of sickness after Cecilia kills herself and they do not immediately bounce back to their happy former selves. Sontag goes on to describe the category of the future ill as one "in which people are understood as ill before they are ill; which produces a seemingly innumerable array of symptom-illnesses; for which there are only palliatives; and which brings to many a social death that precedes the physical one" (122). The Lisbon girls, who are constantly watched for symptoms of an illness that there seems to be no cure for, to the point where they become a metaphor for the illness itself, are indeed isolated into what is essentially a social death as their entire community joins the narrators in seeing the Lisbon sisters as an illness that they can then rid themselves of as a part of their own restitution narrative.

The town of Grosse Point appears threatened by even the appearance of bad feelings in their idyllic community, and therefore view the Lisbons' continued suffering as a disease that needs to be either isolated or eliminated. Dr. Hornicker, the most direct representative of the medical establishment in the novel, only amplifies the perceived need for isolation by making grief appear contagious. After seeing Lux, who fakes appendicitis to get into the hospital for a pregnancy test, Dr. Hornicker "revise[s] his view of the Lisbon girls" "in the second of his many reports," claiming that they have Post-Traumatic Stress Disorder (PTSD) from their sisters' suicide (152). What he is revising this view from is unclear, since this is the first time he has met any of the Lisbon sisters aside from the now-deceased Cecilia, which makes it difficult to imagine how he could have had any initial view of them to alter unless he had already been assuming that the remaining four sisters shared Cecilia's pathology. His diagnosis of PTSD, which would not have appeared as an official diagnosis in the DSM for several more years, seems remarkably cutting edge for a psychiatrist who previously attributed Cecilia's suicide to "repressed libidinal urges."[7] However, Dr. Hornicker immediately undercuts the supposed objective scientific nature of this report by jotting the word "lemmings" in the margins, again drawing into question what might otherwise sound to a modern audience like a sound medical diagnosis. This word "lemmings," which of course refers to an inaccurate urban legend about an animal that will always follow its herd even if that means jumping off a cliff, is meant to convey Dr. Hornicker's belief that the girls will model their sisters' behavior in attempting suicide, even though none of them have given any indication that they are considering such an action at this point in the novel.

[7] PTSD was not recognized as an official diagnosis in the DSM until 1980, but the term was used in medical journal articles about trauma in the 1970s, where Dr. Hornicker claims to have discovered it.

The town immediately picks up Hornicker's diagnosis, interpreting it as meaning that Cecilia was "a kind of disease infecting those close at hand" that has now caused her sisters to become "sick" (152). The boys imaginatively narrate the towns' belief that, "In the bathtub, cooking in the broth of her own blood, Cecilia had released an airborne virus which the other girls, even in coming to save her, had contracted. No one cared how Cecilia had contracted it in the first place. Transmission became explanation" (152-53). The sisters, who up until this point have not acted any differently than we might expect someone coping with the death of a loved one to act, are suddenly painted as not only diseased, but as potentially contagious. The theory that the sisters contracted this disease from their sister "in coming to save her" makes any attempt to come near the Lisbon sisters or sympathize with their pain dangerous and potentially deadly, encouraging acquaintances and even friends to stay away from them. The neighbors increase their distance from the house, and the narrators claim, "Even the mailman, rather than touching the mailbox, lifted the lid with the spine of Mrs. Eugene's Family Circle" as if he believed he could "catch" whatever the Lisbon sisters had just by touching a part of their house (154).

The residents of Grosse Pointe make several targeted efforts to rid themselves of, or at least contain, the grief that they feel is plaguing them after Cecilia's suicide and thereby "restore" the neighborhood to proper health. One of the first of these containment efforts is the attempt to contain Cecilia's suicide through written accounts. In *Discipline and Punish: The Birth of the Prison*, Foucault argues that the more modern man deviates from the norm, the more he gets written about in order to control his deviance. He writes,

> For a long time ordinary individuality—the everyday individuality of everybody—remained below the threshold of description. To be looked at, observed, described in detail, followed from day to day by an uninterrupted writing was a privilege . . . The disciplinary methods reversed this relation,

> lowered the threshold of describable individuality and made of this description a means of control and a method of domination. It is no longer a monument for future memory, but a document for possible use. (191)

Although Foucault claims that this change in who gets written about as a method of control takes place in the eighteenth century, he also states that the tendency to document difference only increases as time goes forward. By the late twentieth century, it seems almost every deviation from the norm is being written down and stored away for some potential future purpose.

Part of what is interesting about *The Virgin Suicides* is just how many different written accounts the suicides generate, all of which are noted as "exhibits" in the narrators' own written account. Dr. Hornicker, the hospital psychiatrist in Grosse Pointe, writes "multiple reports" on the Lisbon girls, even though he has very little actual contact with them (152). Journalists and news anchors also produce reports, most of which are published several months after Cecilia actually commits suicide. The adjacent city's largest paper and several local television channels create what the boys describe as a media "free-for-all" that tries to make Cecilia's death reveal some kind of truth either about the town, teenagers, or modern life as a whole (92). As the media attention continues, eventually reaching the national stage after the rest of the girls commit suicide, it spirals further and further away from Cecilia and the rest of the Lisbons as the programs broaden to cover all youth suicide, ostensibly so that they can learn something that might be put to "possible use" in preventing similar deaths. It is not just doctors making use of these accounts of suicide, but also regular citizens who read or hear about the risks and use them as the basis of their own observations, attempting to make suicide readable in a way that will somehow reveal a truth. After criticizing some of the articles and programs, the narrators confess, "Nevertheless, the coverage alerted us to danger signals we couldn't help but look for" and then go on to list an impressive variety of symptoms:

> Were the Lisbon girls' pupils dilated? Did they use nose spray excessively? Eye drops? Had they lost interest in school activities, in sports, in hobbies? Had they withdrawn from their peers? Did they suffer crying jags for no reason? Did they complain of insomnia, pains in the chest, constant fatigue? (94)

This list, which we might assume was compiled from observations of other suicidal youth, leads the town, and especially the narrators, to closely monitor the Lisbon girls so they can form their own accounts, all of which are completely devoid of the girls' own testimonies.

Focusing on the suicide allows the town to feel that they are doing something to restore their community to health by warning others of potential threats to look out for so that future deaths can be avoided. In reality, however, the programs serve mostly to police behavior and pressure people into hiding any visible signs of distress. The narrators note that the newspapers had neglected to report on the suicide when it happened and suspect that it is "the growing disrepair of the Lisbon house constantly reminded us of the trouble within" that encourages an anonymous neighborhood resident later revealed to be Mrs. Denton to bring media attention to this suicide by writing a letter to the paper saying something needs to be done to prevent teenagers from killing themselves. When the narrators interview Mrs. Denton, who lives down the street from the Lisbons, she indignantly defends her action by saying, "You can't just stand by and let your neighborhood go down the toilet . . . We're good people around here" (89-90). The problem with Cecilia's suicide in the eyes of the community, then, seems to not be her death itself, but the inability of the family to get over it quickly and keep their lawn tidy. Their prolonged mourning separates them from the "good people" of this otherwise happy suburban community, and if the town is ever going to get better, or at least not "go down the toilet," it needs to contain this mourning.

The newspaper articles and television programs are followed in the text by the "The Day of Grieving," a school event that makes an even more directed effort to contain the girls' grief to

restore the health of the school, using medical language about healing and restoration to justify its awkward and even harmful intervention. Mr. Woodhouse, the headmaster of the Lisbons' school, is initially silent about Cecilia's death, but he is persuaded by the number of articles and television programs discussing the dangers of suicide to heed his wife's suggestion to address the tragedy with a school-wide event months after the death. Just as the news articles had pretended to be addressing an a-political medical concern while actually policing behaviors that threatened the pristine appearance of the neighborhood, the Day of Grieving marks the Lisbon grief as a problem that needs to be addressed and contained. During a meeting in which the faculty votes to establish the Day of Grieving, Mrs. Woodhouse announces that, "Grief is natural . . . overcoming it is a matter of choice," to which the faculty responds by voting for the "obscure holiday" with a wide majority (100). If overcoming grief is a choice, then it is clear that the proper choice in the eyes of the community is to overcome it quickly, or risk being deemed "unhealthy."

Because no one feels it appropriate to single out the tragedy of Cecilia's suicide, the narrators feel that the focus on healing during the Day of Grieving is in the interest of "those of us without wounds," and they appear to be largely correct in this assessment. The juxtaposition of the Lisbon tragedy with Reverend Pike's sermon at the event in which he tells students about a "heartrending loss when his football team failed to clinch the division title" minimizes the sisters' pain by implying that everyone has similar obstacles that they have had to overcome, and not-so-subtly urging them to move past their grief. The event places the girls under so much scrutiny that they feel the need to spend the day in the bathroom, avoiding the poorly veiled pity of their peers and teachers who pretend the day is not about the Lisbons even though it is clear to everyone that it is (101). In spite of the fact that the Day of Grieving seems to ostracize those in grief instead of including them, Mrs. Woodhouse deems it to have been a success, claiming it

served a “vital purpose” because “the silence around the subject had been broken” (102). Even in declaring that the silence has been broken, however, Mrs. Woodhouse and the teachers refuse to name what it is they are breaking the silence about. The suicide remains unmentionable, revealing that the purpose of the event has not been to provide a way of speaking about grief, but to set boundaries for this grief, containing it to a single day so that they can pretend it has been sufficiently dealt with and the community as a whole has been healed. In the eyes of those in authority, they have been able to restore the health of the school by isolating any grief to approved venues.

4.4 Crisis as Distraction: Suicide and Slow Death

The intense focus on a restitution narrative that encourages people to quickly overcome (or hide) all suffering and grief so that they can be restored to their communities adds to the sense that suicide as a sudden, mysterious calamity that comes without warning. This perception of suicide as crisis distracts from other, more banal forms of feeling bad that decrease quality of life in ways that are more difficult to measure, or what Lauren Berlant has so aptly labeled “slow death.” Berlant defines slow death as “the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence” (754). Although Berlant discusses slow death in the context of obesity, Cvetkovich uses her term to argue that depression can be seen as another form of this slow death, “but one that takes the form not of bodies expanding to the point of breakdown, but of an even less visible form of violence that takes the form of minds and lives gradually shrinking into despair and hopelessness” (*Depression* 13). In an earlier work published before Berlant’s article, Cvetkovich also notes how more dramatic deaths, like murder and suicide, can distract from more banal forms of violence that we might now label as slow death. In discussing hate-crimes perpetrated against the LGBT population and racial minorities, Cvetkovich uses her

term to argue that, "Murder offers irrefutable (and hence oddly satisfying) evidence of the horrible consequences of racism and homophobia, whose effects might otherwise seem more insidious. I have reservations about the issue of hate crimes legislation because I worry that it is precisely those other more insidious forms of violence that will be obscured by a too exclusive focus on violent death" (*Archive* 273). A very similar argument could be made about suicide. While suicide offers oddly satisfying evidence that "something is wrong," focusing on suicide distracts attention away from the many ways that society makes people feel bad that do not always lead to immediate death. In *The Virgin Suicides*, the narrators are so obsessed with looking for immediate causes to the suicides, like romances gone wrong or a parent's harsh punishment, that they fail to see that these bad feelings might have a deeper origin that cannot easily be pinned down.

The narrators have been raised to believe that they live in a perfect town, and so the death of Cecilia seems sudden and mysterious to them. Their naivety regarding the ways in which the world, and even their community, can be cruel and even violent is revealed in their surprise at their parents' lack of surprise over the death, which they recount saying, "We sensed how ancient they were, how accustomed to trauma, depressions, and wars. We realized that the version of the world they rendered for us was not the world they really believed in, and that for all their caretaking and bitching about crabgrass they didn't give a damn about lawns" (52). Because they cannot understand why anyone would not want to live in their perfect world of manicured lawns, the boys long to find a way to explain the suicide that will limit the bad feelings to a problem that is unique to Cecilia, or something that entered their town from the outside. Their initial reigning theory regarding why Cecilia committed suicide was that she had a crush on a foreign exchange student named Dominic Palazzolo who was leaving the country, and

that she killed herself because she was heartbroken. They note that this student had rather dramatically thrown himself off of a roof (safely landing in a group of bushes) over a love interest, perhaps setting off the chain of suicides with his example. Much is made of the fact that Dominic is not a native of the town, a foreignness that the boys associate with illness, saying "Aloft, he looked frail, diseased, and temperamental, as we expected a European to look" (17). They believe that he brought something into the town with him that ended up infecting Cecilia, but after she dies, they obtain her diary and are surprised to find that there is only one line about Dominic, saying "Palazzolo jumped off the roof today over that rich bitch, Porter. How stupid can you be?" (30).

The boys are even more shocked to find that Cecilia's entire diary is full, not of confessions of crushes on boys, but of lists of newly endangered species, death counts from current wars, and conspiracy theories about the neighborhood trees that she believes are being cut down "to make everything flat" (29, 40-41). She is clearly bothered by these deaths and disappearances, but because the narrators have been raised to believe that they live in a perfect community and that tragedy only exists in distant places outside its gates, they do not understand what these "impersonal subjects," as they label them, could possibly have to do with her. Relying on medical narratives that depict suicide as an internal pathology, the narrators fail to see how the Cecilia's pain could be connected to such global forces outside of herself. They quickly dismiss her entries about dying soldiers and trees because they seem too banal to account for drama and mystery that they have attributed to her death, preferring instead to depict Cecilia as having a dangerous, contagious, and sourceless virus that has infected her sisters.

Although the narrators seem oblivious to the factors of slow death that are obscured by the mystery of the suicides, the novel itself invites the reader to see Cecilia's depression as being

tied to larger structures of inequality and suffering, as her pain is repeatedly placed alongside that of other populations who have similarly been labeled as contagious threats to the community. The clearest example of this is the Campaign for Wellness, a crusade against suicide that the town puts together after Cecilia's suicide gains increased media attention. This campaign, sponsored by the town's Chamber of Commerce, uses medical language to police behavior, not for the health of the individual, but to reinforce societal norms regarding what a healthy citizen should be and look like in terms of both affect and race. The very fact that it is the Chamber of Commerce, normally responsible for the economic growth of the community, that is putting on an event centered around physical and mental health illustrates how supposedly neutral medical narratives are being used by other systems of power to mask goals of community control that are more overtly political. Even the often-naïve narrators are at least partially aware of the way these narratives are being put to use. They write, "While the suicides lasted, and for some time after, the Chamber of Commerce worried less about the influx of black shoppers and more about the outflux of whites" (95). In the same paragraph that discusses the committee's efforts to minimize obvious signs of mental illness "under the guise of health education," the narrators list this same committee's prior "improvements" meant to keep out African American shoppers, including placing a ghost with an "awfully pointed, hooded head" in the costume shop window (95), pointing to the nefarious ways in which a discourse that is presumably about health is intimately entangled with more obviously sinister discourses of exclusion and containment in the shaping of a racially and emotionally homogenous community.

Critics Keith Wilhite and Martin Dines both discuss the economic and racial inequality hidden behind the isolating borders of suburbia in *The Virgin Suicides*, but they do not acknowledge how this racial inequality and separation of African Americans from the white

suburban community is connected to the isolation of the Lisbon sisters, and how medical discourses about the need to maintain healthy communities have been used to justify both types of exclusion. As a number of disability scholars have pointed out, America has a long history of medicalizing race by tying it to "feeble-mindedness" and arguing that certain "mentally inferior" races need to be excluded from the country for the health of the rest of the community. Douglas Baynton, for example, notes that American immigration policy labeled certain racial groups as mentally inferior and used this label to justify their exclusion from the country. Similarly, Anna Stubblefield argues that in the early twentieth century, white people were seen as "civilization builders," while other races were seen as cognitively inferior and incapable of civilization, and that this idea of cognitive inferiority, or "feeblemindedness" eventually expanded to separate "pure" white people from the "tainted whites." These tainted whites from poorer European nations were similarly seen as lacking the cognitive capabilities for contributing to civilization and therefore a threat to the "pure" white community (163). Perceived mental inferiority, like the Lisbon's sadness, was tied to a tainted race that threatened the community.

The Virgin Suicides shows that while explicit eugenics may have faded from discourse by the 70s and 90s in which this novel takes place, the ideas it propagated about the health and purity of a community persist, particularly as the Lisbons themselves become explicitly racialized. One of the boys says of Mrs. Lisbon, "She came from a sad race. It wasn't just Cecilia. The sadness had started long before. Before America. The girls had it too" (116). In this statement, bad feelings are connected to racial otherness, a theme that reoccurs later in the novel in the character of Mrs. Karafilis, the Greek grandmother of one of the narrators. Mrs. Karafilis' immigrant origins are seen as the reason she cannot join the rest of the community in their happiness. Her grandson explains, "We Greeks are moody people. Suicide makes sense to us.

Putting up Christmas lights after your own daughter does it—that makes no sense. What my *yia yia* could never understand about America was why everyone pretended to be happy all the time" (169). The narrators describe Mrs. Karafilis as writing "signs of misery . . . in Greek, in the clouds" that only other pathologically moody people can read (239). They see grief, tragedy, and death as things that occur only in other places, to other races with inferior genetic makeups, to people who need to be either physically or socially isolated to maintain a healthy community. The town's Campaign for Wellness, led by an organization whose previous goal has been to keep black shoppers out of the neighborhood, highlights how efforts to contain those who are considered "harmful" to the community envelops those who are both physically and mentally "other," whose painful pasts are seen as preventing them from being able to participate with a neighborhood that sees itself as playing no role in these histories and therefore holds no space for them.

Outside of the Campaign for Wellness, there are other signs that the story of the Lisbon sisters' suicide is supplanting, and somehow tied to, a story about the race riots that occurred several years before Cecilia's death and are obscurely referenced throughout the text. The ambulance and EMS technicians that appear at the beginning of the novel and at every one of the subsequent suicides and suicide attempts could be seen as replacing the tanks and National Guardsman that "appeared at the end of [the Lisbons'] block" during the riots (119). Both African Americans and the Lisbon sisters are seen as deadly "others," who bring death with them into an otherwise idyllic community and must therefore be contained with tanks or ambulances. When Cecilia dies, the narrators relate how her death forces the neighborhood to recognize the cemetery worker's strike that they had previously ignored because they believed that dying only happened in the city. They write, "Most of us had never been to a cemetery. Occasionally we

heard gunshots coming from the ghetto, but our fathers insisted that was only cars backfiring. Therefore, when the newspapers reported that burials in the city had completely stopped, we didn't think it affected us" (32-33). The narrators, and much of the rest of the town, see dying as something that only occurs in the (largely African-American) ghetto. It is not surprising, then, that they believe that in order to keep the community healthy, this deadly population needs to be kept out, as does anyone who interrupts the happy veneer of the town with reminders of painful histories and lives.

Cecilia's suicide reveals some of the racial tensions between Grosse Pointe and the neighboring city of Detroit by refusing to let the town believe that it has successfully isolated itself from the pain and suffering that it had previously insisted existed only outside its borders. Affect theorist Sarah Ahmed writes in her book *The Promise of Happiness*, "Happiness provides as it were a cover, a way of covering over what resists or is resistant to a view of the world, or a worldview, as harmonious" (83), and the Lisbons, like the gunshots from the ghetto, threaten to pull back that cover and reveal the suffering that the suburb has hidden and in some cases caused. In many ways, Cecilia's death reveals the suffering and exclusionary practices that the community of Grosse Pointe was attempting to cover up with illusions of health and happiness. Throughout the novel, there are multiple references to how the suicides have revealed something wrong or declining about the town by stripping away its veneer of happiness to reveal a community in decline. The town even goes so far as to blame the girls for the decline of the town, although they later come to see them as "seers" who killed themselves because they foresaw its decline. The narrators note, "People saw their clairvoyance in the wiped-out elms, the harsh sunlight, the continuing decline of our auto industry" (238). Whether people see them as the cause or the foreseers, however, everyone seems to connect the girls to their realization that

the town was not the happy paradise they believed it to be, even though all of the other "symptoms" of decline that they list, including the dying elms and the decline of industry, are noted to have began long before the girls killed themselves. It is this revelation that makes Cecilia's sisters so dangerous to the neighborhood, and that encourages the people who live there to separate themselves from the girls as much as possible so that they can continue to view their town as healthy, happy, and thriving. Ahmed writes about this perceived need to create affective communities that isolate those who are suffering, stating, "the very idea of contagion can be evoked in the self-regulation of feeling worlds. You might refuse proximity to somebody out of fear that you will be infected by unhappiness . . . Unhappiness is pushed to the margins, which means certain bodies are pushed to the margins, in order that the unhappiness that is assumed to reside within these bodies does not threaten the happiness that has been given" (Ahmed 97-98). Because the girls' sorrow threatens to "infect" others, they cannot be assimilated into the rest of the community that unites itself around objects that are supposed to bring happiness, like green lawns and pristine houses.

Cecilia's, and later her sisters', refusal to be happy has the potential to shine a light on other suffering that is occurring below the idyllic surface of the town. In *Archive of Feelings*, Cvetkovich writes about the importance of paying attention to the intersection of personal trauma and cultural memory, noting, "Especially important is the interventionist potential of trauma histories to disrupt celebratory accounts of the nation that ignore or repress the violence and exclusions that are so often the foundation of the nation-state" (119). Although medical discourses, which focus on individual rather than collective traumas, tend to ignore these connections, there are moments when the Lisbon family, fueled by Cecilia's suicide, is able to fight back against these discourses that would isolate or eliminate suffering individuals. One

example of this resistance occurs a few months after Cecilia has died when the Parks Department comes to remove a tree in front of their house that is infested with fungus. The Lisbon sisters make a ring around the tree and refuse to let it be cut down, arguing, “There’s no scientific evidence that removal limits infestation . . . These trees are ancient. They have evolutionary strategies to deal with beetles. Why don’t you just leave it up to nature?” This simple declaration points to the contested and political nature of what is being presented as an obvious and unarguable scientific/medical solution that posits isolation and containment as medically necessary interventions for both the tree and the girls. In pointing out that the trees are ancient, they bring attention to the fact that the modern solutions of containment and isolation that are seen as so crucial to averting a “crisis” are not as obviously necessary as they are being portrayed as, and that trees, and people, have survived without them in the past. The girls also remind the Parks Department of the role that colonial history has played in the creation of the “crisis” arguing, “If boats didn’t bring fungus from Europe in the first place . . . none of this would have ever happened” (176), reversing the racialized narrative espoused by the rest of their community by portraying an overly confident white colonizer as the source of the infestation he is attempting to locate in tainted others he feels he needs to contain.

The Lisbon parents are similarly hostile toward the removal of the tree, and when the Parks department tells them that there will be no trees left if they do not get their daughters to move, Mr. Lisbon responds, “Will be anyway, way things are going” critiquing the idea that removing a tree, or a person, who is “infested” from a community can reduce the tragedy that is a normal part of life (176-77). This assessment proves accurate. Near the end of the novel, after all the sisters have died, the narrators inform us that cutting down the trees as they became infested has served no other purpose but to slowly eliminate every tree in the neighborhood. Although the

Lisbon tree, the last one left on the street, is eventually cut down as well, it remains in front of their yard for as long as the girls are alive as a symbol of their resistance against the medical discourse of contagion and isolation that has marked them as a diseased other.

4.5 The Restitution Narrative and Gender

Relying on the restitution narrative to tell stories about health and illness necessarily promotes relatively conservative, and often discriminatory, ideas regarding not just race, but also gender, sexuality, and various lifestyle choices. This is because these narratives portray restoring a person to a societal norm as the ultimate good or goal, which of course requires assuming that this norm is the healthiest and best option for the person. As I will illustrate in regards to gender, this can lead to medicine, a supposedly completely objective scientific field, reinforcing very political societal norms like the proper role of a woman in society. It is obvious even from the title of *The Virgin Suicides* that gender and sexuality play a large role in the novel, but critics have so far failed to point out how involved the medical establishment is in defining gender roles in the novel, even though this has been a main topic of praise from readers of Eugenides's second novel, the Pulitzer-Prize winning *Middlesex*. In this second novel, written a decade after *The Virgin Suicides*, Eugenides uses an intersex character named Cal to explore how both medical establishments and the general population defines gender, and how these definitions are often more complex than supposedly objective scientific explanations of them imply. In this nearly thousand-page epic, Cal weaves a story in which his complex gender identity is only a part of a larger story about his Greek family and the community they live in, explicitly rejecting the doctor's assessment that his ambiguous sexual characteristics are merely a medical problem to be solved with surgery. In an interview for *Bomb Magazine* regarding *Middlesex*, Eugenides responds to a question regarding the main character's identity formation in his second novel *Middlesex* by claiming, "Between the alternatives of nurture and nature, I argue for a middle

place . . . It's a very American concept really. It's a belief in individuality, in freedom. I think we are freer than we realize. Less genetically encumbered." Many critics and reviewers have praised Eugenides's portrayal of an intersex individual for making him more than just a biological "mistake." Comparatively, however, *The Virgin Suicides*, has received much less attention for the way it too expands what have previously been seen as purely scientific definitions of identity by questioning how we define mental illness.

As was the case in *Middlesex, The Virgin Suicides* highlights how definitions normality and sickness tend to be tied to rather conservative ideas about gender roles, and illustrates how these definitions are often far too simplistic to capture peoples' experiences. After Cecilia attempts suicide by slitting her wrists, she is brought to a psychiatrist whose conclusion that her attempt at suicide was "an act of aggression inspired by the repression of adolescent libidinal urges" leads him to recommend that she "interact with males her own age" and "be allowed to wear the sort of makeup popular among girls her age in order to bond with them" because "The aping of shared customs is an indispensable step in the process of individuation" (19). His expert advice, then, is that she needs to put on makeup and flirt with boys in order to be a healthy individual, in spite of the fact that her insistence on always wearing a wedding dress and apparent interest in the Virgin Mary indicate that if anything she is already too immersed in the traditional view of women as pure virgins/brides. The idea that Cecilia or her sisters might form relationships or find fulfillment in anything outside of their appeal to men never seems to occur to the doctors, the girls' parents, or the narrators, who are all trying to restore them to idealized fantasies they had had of these young, beautiful women growing up to be happy and complacent wives and mothers. This almost parodic presentation of gender roles by a medical professional

would have felt overly simplistic to its contemporary readership in the 1990s, and raises questions about the role that medicine and psychiatry plays in defining gender roles.

The medicalizing of gender and sexuality in *The Virgin Suicides* allows the boys to easily take control of the narrative of the girls' lives, which are ultimately seen as belonging more to the men they are meant to be attracting than to themselves. When the boys take the girls out to the homecoming dance, they are surprised to find that the girls have any thoughts or feelings of their own. They write, "Who had known they talked so much, held so many opinions, jabbed at the world's sights with so many fingers?" (119). Upon realizing that the girls have more depth than their romanticized visions of them would suggest, however, the boys promptly go back to making objectifying observations about their appearance and dating skills. Throughout the entire novel, the narrators give the reader only a handful of direct quotes from the girls, while the rest of the story of their deaths gets filtered through the lens of their own desires. These boys are shocked and hurt to find that Cecilia's diary makes no mention of them as potential romantic partners, but they remain convinced that the rest of the sisters are just waiting to fall in love with them. They heavily romanticize the sisters in imagined scenarios of voyages to foreign locations that they claim have made them "happier with dreams than with wives" (164). At the end of the novel, after the girls have committed suicide instead of letting the boys "save" them by running away with them, the narrators complain, "They made us participate in their own madness, because we couldn't help but retrace their steps, rethink their thoughts, and see that none of them led to us" (243). These male narrators are disturbingly possessive of the sisters, apparently agreeing with the doctor's assessment that the girls should be actively seeking romantic relationships with them.

While the boys' possessiveness might be attributed to their young age and a culture in the 1970s that was just starting to recognize middle-class white women's voices and aspirations beyond marriage, the fact that the sisters did not obsess over the boys, write about them in their diaries, or live on to marry and make families with them continues to upset them long after they have grown into men and been married and in some cases divorced themselves. Their disappointment over the sisters' disinterest in allowing them to play what they feel is their rightful role as savior/hero of their stories leads the men to end their investigation of the suicides with the rather disappointing conclusion, "The essence of the suicides consisted not of sadness or mystery but simple selfishness" (242). They make it clear that they find the Lisbon sisters to be significant only in their roles as potential partners when they wrap up their report of the deaths by saying, "It didn't matter in the end how old they had been, or that they were girls, but only that we had loved them, and that they hadn't heard us calling, still do not hear us" (243). While the doctor's assertion in the 1970s that the girls should put on makeup and spend more time with boys may be dismissed as dated rhetoric, the narrators' insistence on bringing this gendered logic into the present by claiming that the girls' significance is only to be found in their relationship to men illustrates how medical narratives about gender are still influencing relationships and expectations for community in the 90s. The girls appear largely interchangeable to the boys throughout the novel, particularly when they prepare to take them to the homecoming dance and cannot quite tell them apart, and yet they continually insist that they are in love with them and feel that they deserve to be loved by them in return. The novel's dramatization of their non-relationships with the girls they obsess over, but rarely speak to, provides a cutting satire of suburban gender codes in both the past and the present that would suggest that a woman's main

ambition in life should be to be admired by a man, and of the medical narratives that would support this confining view of women's roles.

Another narrative that connects the past and present of the novel is the pathologization of female sexuality by the doctors, the narrators, and even the girls' own parents. The boys complain that Lux Lisbon, the most sexually active of the sisters, is sleeping with the wrong kind of boys and must therefore be mentally disturbed, arguing, "That Lux consented to meet [these boys] in the dells and thickets of our school grounds only showed too well her disequilibrium" (65). To back up this assessment, they bring in the opinion of a medical authority, noting, "In Dr. Hornicker's opinion, Lux's promiscuity was a commonplace reaction to emotional need . . . For her, sex became a substitute for the comfort she needed as a result of her sister's suicide" (84). Lux does in fact appear to be in distress, as she is described as having lost a considerable amount of weight and complains that she is sleeping a lot but frequently tired, which adds credence to this medical view of her sexuality as yet another sign of illness. However, while the narrators present these assessments of Lux's sexuality as detached medical diagnoses, their objectivity is drawn into question by the fact that they bookend over ten full pages of the narrators admiringly describing their schoolmate Trip Fontaine's sexual exploits with "four hundred and eighteen girls and women" (71). In one of the longest digressions in the novel, the boys paint a romantic picture of Trip's first sexual encounter with a thirty-seven-year-old divorced woman, and although Trip was in his early teens "growing his first chest hair" when the affair occurred, no one seems to question its legality or the effect it might have had on his mental health. Instead, the affair is portrayed in purely positive terms as having "chiseled him into the shape of a man" (67). The narrators claim that before the affair Trip was pudgy and unpopular, but afterward, "No boy was ever so cool and aloof. Fontaine gave off the sense of having graduated to the next stage of

life, of having his hands thrust into the heart of the real world" (73). Even though Trip clearly has a substance abuse problems even as a teenager that evolves into full-blown addiction later in life, his virile sexuality is never seen as a sign or cause of any mental ailments. While Lux's sexual encounters are seen as symptomatic of mental distress, Trip's are read as a sign of a healthy and even enviable masculinity. The juxtaposition of their two stories draws attention to the discrepancy in the way medical discourses treat male and female sexuality as Lux is portrayed as someone who needs to be contained until she can be restored to a healthy sexuality while Trip is not, even though both characters are clearly suffering. Neither character receives any actual medical assistance in dealing with their health problems like loss of weight, fatigue, and drug dependency, but Lux's behavior is still pathologized in a way that isolates her from the judgmental society of her peers who simultaneously praise Trip. Both of the town's reactions are likely harmful, but because Trip's behavior is seen as acceptable and even commendable, he is able to survive his addictions while the perception that Lux's behavior is a sign of a contagious sickness ultimately leads to the girls' complete isolation from the community and the decline of her entire family.

Lux's "out of control" sexuality is what ultimately leads to the girls' confinement in the Lisbon home, where they are placed under "maximum-security isolation" after Lux misses curfew because she is having sex with Trip on the field after prom (136). Their parents immediately take the girls out of school and do not let them out of the house except to go to church, an action the boys see as punishment for Lux's behavior. Their mother, however, insists that she isolated the girls "healing" purposes. The narrators tell us,

> When we spoke to her years later, however, Mrs. Lisbon maintained that her decision was never intended to be punitive. "At that point being in school was just making things worse," she said. "None of the other children were speaking to the girls. Except boys, and you knew what they were after. The girls needed time to

> themselves. A mother knows. I thought if they stayed at home, they'd heal better." (137)

Mrs. Lisbon sees Lux's breaking of curfew to have sex in the field as a sign that she and her sisters are sick and need healing, a healing that requires them to have "time to themselves" in an enclosed environment where they cannot come in contact with boys who are only "after" sex. Ironically, her efforts are unsuccessful in curtailing Lux's sexuality, as she begins having sex on the roof during their incarceration in the house while the narrators watch lustfully through binoculars (141). These frequent encounters seem to be the only contact any of the girls manage to have with the outside world during this period of confinement, and so while their mothers' containment efforts in the name of healing and health do not end up controlling Lux's sexuality as she had apparently intended, they do contribute substantially to the girls' social isolation and their inability to control their own stories.

4.6 Searching for Community as the Asylum Moves Home

Toward the end of his book on asylums, Erving Goffman writes, "If all the mental hospitals in a given region were emptied and closed down today, tomorrow relatives, police, and judges would raise a clamor for new ones" (384). Although the physical space of the asylum is absent from *The Virgin Suicides,* its presence is still strongly felt in the way the Lisbon sisters' mother, and the rest of their town, use medical metaphors about contagion, isolation, and health to justify their exclusion from the larger community, and these still-prevalent medicalized discourses end up creating a new sort of isolating asylum within the girls' home. Although physicians no longer physically restrain anyone, they do still make all of the official diagnostic decisions and add an air of legitimacy to discourses about contagion and containment that end up confining the sisters' relationships as the entire community takes on the task of isolation that once fell solely to medical professionals. Regular citizens are taught to police behaviors and

search for signs of suicidal intent, democratizing the diagnostic process and spreading the power to confine problematic behavior to the entire town. I have already discussed how the news stories about suicide have taught the narrators and the rest of the neighborhood how to look for symptoms like dilated pupils and loss of interest in activities as signs of pathology. This mandate to search for sickness extends the tendrils of medical authority into the community and amplifies its power as its discourses become internalized by both the sick and the well. Although the doctor in the novel, who cannot force the girls to come to him for treatment, appears to have less power in this novel than doctors in more traditional asylum novels who were able to lock up their patients until they determined them to be well, the narratives that he spreads about the girls still end up restricting their relationships by creating an atmosphere of constant observation. Considering that this doctor revises his "reports" on the girls without actually meeting with them, it seems reasonable to assume that he is receiving information about them from the community members who hawkishly observe the girls' behavior. Their observations lead to new diagnoses, which in turn leads to increased observation as the town looks for signs of this new prognosis, creating a loop of observations and medical reports. These judgments/diagnoses are never relayed back to the sisters themselves, however, who experience them only as increased scrutiny.

While the Lisbon sisters are never confined to a formal institution, the impact that the continual scrutiny and judgment of their community has on them is largely the same as what they would have experienced in a more traditional asylum in terms of policing their behavior and isolating them from the rest of the community until they prove themselves to be "healed." In *Madness and Civilization*, Foucault writes of the asylum, "Everything was organized so that the madman would recognize himself in a world of judgment that enveloped him on all sides; he must know that he is watched, judged, and condemned . . . all this must end in the internalization

of the juridical instance, and the birth of remorse in the inmate's mind: it is only at this point that the judges agree to stop the punishment, certain that it will continue indefinitely in the inmate's conscience" (265). Since the towns' observations do not lead to any actual action (it is not at all clear what the narrators are supposed to do if they observe the girls exhibiting any of the supposed signs of distress they have heard about in public service announcements like using nose spray or eye drops excessively), it seems that the goal of all this observation is to pressure the girls to internalize the judgment of the town and begin engaging in behaviors that the town deems appropriate, like socializing more with boys, making sure their house is tidy, or at the very least voluntarily attending the "family therapy sessions" that the Chamber of Commerce sets up (96). These therapy sessions, like the old asylum, are structured to force their participants to show remorse for their behavior before they are released back into society, as the character Willie Kuntz recognizes when his parents force him to attend them. He complains to the narrators, "They weren't going to let me out of there until I cried and told my mom I loved her," indicating that he will not be released from observation until he shows that he has internalized whatever his parents or therapist believe is wrong with him and "willingly" changes his behavior (96). When the girls do not attend these sessions, or participate in the Day of Grieving, the neighbors heap more diagnoses and judgments on them until their parents, finally succumbing to the pressure of the town, place their daughters under house arrest.

As was the case in more traditional asylum novels, abstract suffering is seen as something contagious that needs to be eliminated, and there is still no place for it in society. Just as Esther Greenwood finds herself abandoned in *The Bell Jar* when she burst out into tears at a photo shoot and Connie finds herself abandoned in her grief in *Woman* when her lover dies, the sisters in *The Virgin Suicides* find themselves abandoned by their former friends while they are in

mourning over their sister. When they go back to school, their peers refuse to talk to them and even go silent when the approach. A former friend of Mary Lisbon stops hanging out with her after Cecilia's suicide, which she later explains by saying, "She was a neat kid, but I just couldn't deal with it. She sort of freaked me out" (62). Similar incidents occur with other students, who fall suddenly silent around the Lisbon sisters for fear of saying something that might upset them. The narrators describe the girls' dilemma saying, "Who else did they have to turn to? Not their parents. Nor the neighborhood. Inside their house they were prisoners; outside, lepers" (193). All of this leads their mother to rather justifiably complain, "None of the other children were speaking to the girls" (137). Feeling that there is no other solution for her girls to "heal" in the way that the neighborhood and their schoolmates seem to need them to, Mrs. Lisbon recreates the physical restraint of the asylum in her own home. While the narrators seem to blame Mrs. Lisbons' lockdown for the girls' complete isolation from the outside world and perhaps also, by extension, their deaths, the truth is that the sisters' meaningful interactions and relationships had been limited to close family members long before they were put under literal lock and key. While their mother's reaction may seem extreme, the narrators' voyeurism in watching the girls through binoculars and lusting after Lux as they make a habit of watching her have sex on the roof indicates that her feeling that she had to protect her daughters from the harsh observations of the town is perhaps partially justified, although it does seem to ultimately make the situation worse.

While being confined in one's home as opposed to a state institution might seem to offer the ostensible benefit of being around family who cares about you and protection from the isolating and judgmental world outside, the hierarchical structure of the family and its normalizing pressures prove just as severe as those in a traditional asylum. In fact, Foucault has

argued that it is the structure of the family that gives the asylum its power, stating, "The physician could exercise his absolute authority in the world only insofar as, from the beginning, he was Father and Judge, Family and Law—his medical practice being for a long time no more than a complement to the old rites of Order, Authority, and Punishment" (*Madness* 270). In other words, the power that the doctor has is only an extension of the patriarchal power within the family. It is perhaps of little surprise, then, that many of the negative features of the asylum, like its methods of stripping away a patient's autonomy, its policing of behavior and sexuality, its hierarchical structuring, and its isolation, are repeated in the girls' home, and their hometown.

In his later lectures on psychiatric power, Foucault argues that the entire goal of psychiatry is "the renewal of the system of power within the family" so that the person who is "cured" by psychiatry is "adjusted and adapted to [the family's] system of power" (*Psychiatric Power* 113). We witness this type of control in the therapy sessions offered by the Campaign for Wellness, which urge children to cry and say they love their mothers, but it also appears just as strongly in the Lisbon house. Mrs. Lisbon takes the girls out of school, burns Lux's rock albums, and brings them to visit her own mother so that she can help her align the girls' behavior with her expectations of them. The boys imagine the sisters under this hierarchical pressure, saying, "There is no discussion of how they feel or what they want out of life; there is only the descending order—grandmother, mother, daughters" (140). Their description of this scene expresses judgment toward the mother and grandmother for their controlling actions, but as I have already discussed, the narrators have also repeatedly failed to account for what the girls "feel or what they want out of life," and have therefore been just as complicit in robbing the girls of their self-determination. Just as the old asylum confined people until their behavior was in line with the goals of current systems of power and in obedience to strict hierarchical authority, the

girls' confinement promises to last until their behavior meets family and neighborhood expectations of health and happiness that will finally allow their mother and community to mark them as "healed."

While many of the structures of the asylum are the same inside the Lisbon home as they are in a larger institution, however, there is one major difference, which is the absence of other patients. While the women in my previous novels were able to find community with other people who were experiencing similar psychic distress and/or stigmatized positions, the girls have no one but each other. There are other characters, like the old Mrs. Karafilis, who seem like they might be able to better sympathize with the girls' pain than the larger community is, but they are kept separate from one another in their individual spaces of confinement within family homes. Mrs. Karafilis is, like the Lisbon sisters, under a sort of house arrest in which she remains restricted to her family's basement, where the narrators describe her as "waiting to die" (166). Like the girls' grief, her negative affect is racialized and stigmatized by the community, making her one of the only characters in the story who can really empathize with the girls in their pain. The narrators describe Mrs. Karafilis by noting her inability to "tak[e] interest in the world," by participating in community gossip, saying "As a young woman she had hidden in a cave to escape being killed by the Turks . . . She had seen family members butchered, men strung up in the sun eating their own privates, and now hearing how Tommy Riggs totaled his parents' Lincoln . . . she didn't see the drama" (167). The only stories she is interested in hearing are reports about how the Lisbon sisters are holding up after their sister's death. She responds to these stories by holding what the narrators describe as "telepathic" communication with them, going to her window to stare at a patch of sky that the narrators note is "as much of the girls' world as she could see," highlighting both their isolation and her own (168). The narrators posit

that "despite the discrepancy in their ages something timeless communicated itself" between the girls and Mrs. Karafilis, perhaps indicating a possibility for a community around a different kind of affect than the happiness that the neighborhood seems to require (168). There is a sense that she and the girls might have been able to understand one another, but while in a traditional asylum they may have been housed together, in this deinstitutionalized world they are kept separate from one another by the confining walls of their individual homes. As we have seen in *The Snake Pit*, *Woman on the Edge of Time* and to a lesser extent even *The Bell Jar*, traditional asylums were often abusive and terrible places to be, but their elimination from the landscape of *The Virgin Suicides* does not seem to have made any more room for people with mental distress in the wider community, but has rather isolated them from the only other people who might be sympathetic.

Unable to connect with anyone outside of the home because of the strict scrutiny they face in their neighborhood, and under even stricter isolation at home, the girls are left with little hope for community in their neighborhood. Their only choices for connecting with anyone outside of one another or the pedophilic men Lux sleeps with on the roof (the only people who seem unafraid of the stigma associated with the girls) seems to be either escaping to another town, or escaping the world altogether through death. The sisters seem to at least consider the former plan, packing suitcases and sending obscure messages to the narrators for help in getting out of the neighborhood. This thrills the boys, who see themselves as the girls' saviors, even though a previous attempt to get them out of the house by taking them to the prom led to their current state of imprisonment. As I have already indicated, however, the boys are interested in the sisters solely as potential romantic partners, a role that does not seem to interest the sisters and which they perhaps fear would trap them just as securely in the type of hierarchical power

dynamic they are experiencing at home. This is not the kind of community that they are after, and so they eventually choose a surer way to escape. They bring the narrators into the house, where Lux distracts them by flirting while her sisters engage in various methods of ending their own lives. The boys end up running out of the house while at least two of the girls are still alive without even attempting to help, only proving themselves to be the unreliable saviors the girls expected them to be.

The desire for a different kind of community that can accommodate the girls in their grief is so strong in them that, finding no other way to achieve it, they choose to end their lives rather than take part in a community that will erase or rewrite their narratives. In *Fatal Freedom*, Szasz argues that suicide can be a rational decision to escape a life that one has found intolerable. He compares the would-be suicide to the would-be emigrant leaving his former life behind (Szasz 46). Both, he claims, are making difficult and life-altering decisions because they no longer wish to continue, or cannot continue, living as they have been living. Although drastic, the girls' decision to end their lives allows them to finally take control of their own stories by rejecting a world that has already rejected them. When this action gets labeled as mere madness, however, the town is able to largely dismiss the suicides as an unavoidable tragedy, taking no responsibility for the many ways in which they have isolated the girls, including Cecilia, by ignoring their suffering. Medical narratives that posit suicide as a distinct pathology that could only have been eliminated with medical cures creates a disconnect between the girls' individual suffering and larger political issues that ultimately allows the boys to disregard all of their exhibits and conclude that the Lisbons were simply selfish, empty "creatures" incapable of being restored to community (a restoration that the boys clearly define as romantic relationships with themselves), and who were therefore more or less destined to die (243).

4.7 Conclusion

The Virgin Suicides demonstrates that many of the same issues that made it difficult for fiction writers to imagine spaces for people in mental distress in the 1940s-1970s, such as unstable definitions of mental illness, unequal power dynamics created by racialized and gendered hierarchies, the strict policing of behavior and sexuality, and most significantly the isolation of the mentally ill and suffering from the rest of community, are still just as significant in an era without large mental institutions. Even without access to the asylum as a method of control and containment, doctors and medicine still play a large role in the shaping of community in the novel, labeling certain people as dangerous and undesirable. The marginalization that the Lisbon sisters experience as they search for comfort and community might lack the bureaucratic stamp of an official asylum, but that does not mean that they do not feel it just as strongly. Nothing, it seems, has really gotten better with deinstitutionalization, and in fact there seems to be even fewer spaces for suffering than there were before. In spite of its bleak prospects, however, *The Virgin Suicides* is not an entirely despondent book. Cvetkovich writes of the hope to be found in unhappy endings,

> If depression is a version of Lauren Berlant's slow death, then there is no clean break from it. The bad feelings that hover around daily practices of survival are always there, especially if it's a political depression, which won't end until there is real economic justice and a better reckoning with histories of violence. But just because there is no happy ending doesn't mean that we have to feel bad all the time or that feeling bad is a state that precludes feelings of hope and joy. (*Depression* 206)

With all five sisters dead at the end of the novel, and the narrators still clueless about the role they and the town have played in compounding the girls' misery, the novel certainly cannot be said to have a happy, restorative ending, but it is in our dissatisfaction with this ending that we can perhaps find hope. Part of the effect of the narrators' extensive investigation is that it provides some hint that, in spite of the narrator's conclusions to the contrary, things might have

ended differently were the characters able to embrace bad feelings instead of pushing them to the margins. The dissatisfaction with how much of the Lisbons' stories the reader actually encounters can encourage us to seek these voices out, even when their stories appear chaotic do not fit the types of linear, restorative narratives we are used to. The glimpses of the girls' stories that we are able to snatch out of the containing account of the male narrators urge us to treat people in mental distress not as crises or problems to be solved, but as fellow human beings with stories to tell.

The story of the Lisbon suicides is dominated by attempts at restitution narratives, but as the boys' unsatisfying conclusion to their extensive detective work shows, these narratives are ultimately found wanting. Frank argues in *The Wounded Warrior,* "eventually the reality and responsibility of mortality, and its mystery, have to be faced. Doing so requires a story outside the restitution narrative" (84). As the reader pursues the mystery of the girls' suicides and the narrators' attempts to make them fit the illness stories we are used to hearing, she becomes complicit in the rewriting of the girls' narrative, which becomes an increasingly uncomfortable practice as the book progresses. While the boys' narrative might be dismissive of chaos stories, therefore, the novel itself serves as a commentary on the stories we tell about illness, particularly as it ties the girls' misery to larger inequalities and historical events. The novel highlights the existence of chaos narratives that do not lead to happy endings, and encourages its reader to consider who gets left out of the stories we tell when we attempt to hide peoples' bad feelings behind perfectly manicured lawns. As Ahmed concludes in *The Promise of Happiness*, "we need to think about unhappiness as more than a feeling that should be overcome. Unhappiness might offer a pedagogic lesson on the limits of the promise of happiness" (217). Examining these limits means acknowledging who gets left behind when communities chase an almost utopic happiness,

and how we might form different communities that acknowledge bad feelings and painful histories. Making a space for the Lisbon sisters is possible, but it might require rethinking the way we structure our communities around affect, and what kind of feelings we allow to enter our relationships with others.

In her book on depression, Cvetkovich writes about the "impasse" often involved in feeling bad, and how a greater tolerance for this impasse might lead to greater knowledge and creativity. Restitution narratives like the ones the narrators and town try to create often have no tolerance for impasse, and in fact the entire novel serves as the narrators' written attempt not to live with grief, but to solve it, heal it, and get past it. They do not see the ways in which their grief, as an impasse, is bringing them together, but rather see it only a problem that is separating them from the happy lives they still feel entitled to. However, Cvetkovich argues, "If we can come to know each other through our depression, then perhaps we can use it to make forms of sociability that not only move us forward past our moments of impasse but understand impasse itself to be a state that has productive potential" (*Depression* 23). In *The Virgin Suicides*, we get a glimpse of this potential in the character of Miss Lynn Kilsem, an unmarried female counselor who works at the girls' school and has sessions with them after Cecilia's suicide.

The narrators present Miss Kilsem as a suspicious character. She skips town right after the girls die, and is one of the few people that the boys are not able to contact later in life as they are constructing their narrative. They note that after she left town, they discovered that she did not in fact have the degree in social work that she claimed to have, and they even suspect that her name, which is itself rather sinister-sounding, might be fake as well. Perhaps because she, like the girls, does not quite fit the mold of the ideal citizen of the suburban community she has found herself in, however, Miss Kilsem seems to be able to hear the girls' story without immediately

trying to fix their suffering or overwrite it. In contrast to the narrators of the story, who only observe the girls from afar and prefer vague symbols to the girls' own accounts of their suffering, Miss Kilsem takes the time to actually listen to them. Her success seems to be in providing them with an outlet to tell their stories, and to be something other than the sisters of a girl who killed herself. We never find out what they tell Miss Kilsem, but we are told that,

> Whether the girls confided in Miss Kilsem or not, the therapy seemed to help. Almost immediately their moods brightened. Coming in for her appointment, Muffie Perry heard them laughing or talking excitedly. The window would sometimes be open, and both Lux and Miss Kilsem would be smoking against the rules, or the girls would have raided the candy dish, strewing Miss Kilsem's desk with wadded wrappers. We noticed the change, too. The girls seemed less tired. In class they stared out the window less, raised their hands more, spoke up. They momentarily forgot the stigma attached to them and took part again in school activities. (106)

Based on the relaxed appearance of the sessions, we can presume that Miss Kilsem is not spending her time lecturing them about how to overcome their grief. The girls are able to laugh and misbehave without apparent judgment or attributing their behavior to signs of mental illness. The fact that Miss Kilsem's degree in social work turns out to have been fake is not insignificant, because it marks her as being outside of the traditional medical establishment that has only heaped more observation and grief on the girls. She is more of a friend than an authority figure, even smoking with Lux against school policy. The girls are allowed to grieve, but they are also allowed to be more than their grief, and to determine for themselves how that grief will define them. Although they are likely still in pain from losing their sister, having control over the way they express their bad feelings and life stories in this way allows them to be active participants in life, rather than passive victims of microbes and circumstances or objects of the town's intense scrutiny. Miss Kilsem's apparent ability to reach the girls when no one else is able to might be

attributed to her willingness to listen to their story without searching into it for signs of hidden meaning, allowing them to take control of their own narrative.

The Lisbon sisters' relationship with Miss Kilsem, which ends abruptly when their mother pulls them out of school, provides readers with a sense that things might have ended differently had their community allowed them space for suffering. In *The Wounded Storyteller*, Arthur Frank argues that forbidding suffering or trying to "cure" it can have a devastating impact on those who are in pain. He writes, "My objective is hardly to romanticize chaos; it is horrible. But modernity has a hard time accepting, even provisionally, that life sometimes is horrible. The attendant denial of chaos only makes its horror worse" (112). He, like Ahmed and Cvetkovich, urges us to create a world that can be more accepting of bad feelings to make space for people who would otherwise be excluded from the stories that modernity tells. He argues that listening is an ethical act, and that there is a need for stories that do not have happy, restorative endings, stories that end in death and irrevocable loss, because these stories are a part of life that cannot be ignored. He writes, "Modernity disallows any language other than survival; the modernist hero cannot imagine any other way to be, which is why physicians are often genuinely baffled by criticisms. People in post-modern times need different languages of meta-survival with various messages that death is all right. Clinical ethics needs these messages" (166). Cvetkovich similarly argues that instead of insisting on healing or assimilation to the normal, we need to be more accepting of disruptive trauma because, "acknowledging traumatic loss can be a resource for creating new cultures" (*Archive* 122). It is this creation of new cultures that can embrace narratives of suffering, loss, trauma, and death, rather than the elimination of physical asylums, that will allow us to make space in our communities for people like the Lisbon sisters.

The Virgin Suicides calls us to drop our restitution narratives and be witnesses by being less absorbed with the drama of suicide and at least acknowledging the more insidious ways in which global inequalities and unnamable traumas are leading to slow death, and to make space for that pain. If we can learn to hear their chaos stories instead of trying to rewrite them through medical discourse and romantic narratives of lost innocence, perhaps it will help us hear other chaos narratives as well, and to imagine a community large enough to house all stories. To quote Ahmed once more, "A revolution of unhappiness might require an unhousing; it would require not legitimating more relationships, more houses, even more tables but delegitimating the world that "houses" some bodies and not others" (106). The Lisbon sisters' confinement to their house ironically reveals how many bodies are unhoused in their community, including people in distress but also of the African Americans who are chased out by the Chamber of Commerce and the women who have been pushed into roles that erase their individuality. Their suicides reveal who is harmed by the largely white-male dominated communities that we have formed, but also provide a glimpse at how they might be formed differently, how we might stand with the Lisbon sisters around their dying tree and talk back to the medical narratives that say the isolation of the "undesirable" is the only way to have a strong community.

Conclusion: The Reemergence of the Asylum in Twenty-First Century Novels

Much of this dissertation has focused on the asylum as a physical space in which people who have, or are perceived to have, mental illnesses are segregated from the rest of society. As I hope my last chapter has illustrated, however, the institution of the asylum is not demarcated by the walls of the building itself, but by the idea that some people need to be fixed before they can be fully incorporated into our communities. Asylums, as they are represented in the literary texts I examine, exemplify a belief that some lives and voices are more valuable and important than others, and more worthy of community. They isolate those whom society has deemed to be to mad to take seriously, and privilege stories about recovery and healing over stories of chaos and chronic suffering, which necessarily leaves behind people who cannot make the leap from sickness to wellness. This enacts what Eunjung Kim has termed "curative violence" by "denying a place for disability and illness as different ways of living," and often justifies physical violence against the mentally ill in the name of a cure (14). The asylum turns people into problems to be solved by medical science, a dehumanizing dismissal that does not disappear when the brick-and-mortar institutions do. As we saw in *The Virgin Suicides*, the perception of chronically ill or suffering people as problems rather than community members can lead to their social isolation even without physical locks and doors keeping them away.

When this isolation *is* paired with a physical, confining institution, however, it also has the unintended consequence of bringing together people who have been rejected by their communities in similar ways, and their interactions with one another, however brief, allow them

to imagine what community might look like if recovery was not a prerequisite for forming meaningful relationships. The central claim of this dissertation has been that women in the asylum are, as Foucault's "residue of all residues" in regards to discipline (*Discipline* 53), uniquely positioned to critique the shortcomings of the achievement-based communities that we have created and propose new ways of organizing relationships that would benefit everyone, even those who are in pain and who cannot or will not "get better." They challenge the way we see and react to mental illness, and how we value science and progress. These fictions alter the confining space of the asylum in ways that can be productive and thought-provoking, diversifying the way we tell stories about sickness and the people who are impacted by it. Although the novels that I have discussed in this dissertation may not radically change the world, they offer a space, within their pages, for people to share pain and suffering. This reaching out, through literature, to people who might share similar struggles with stigma, social alienation, and mental distress helps mitigate some of the isolation caused by the philosophy of institutionalization.

The novels that I have discussed in this dissertation are not interested in minimizing the suffering involved in mental illness for the sake of creating the happy restorative endings that are so valued in most medical cure narratives. Cures, while perhaps desired at times, are not as important to the characters as finding a way to have some say over their lives and relationships even while they are ill. The amount of time characters spend dwelling on and detailing their experiences of sickness and social isolation rather than regained wellness indicates that they feel that this time spent being ill is not wasted or useless, but a part of life that can be just as valuable and worthy of narration as their healthier moments. They insist that happy recovery narratives cannot tell the full story, and that there needs to be a place for people who are suffering and

experiencing negative emotions in our communities and in our literature. Each novel ends with uncertainty about the viability of "cures" and an insistence that the mentally ill characters that have populated their pages deserve to have their voices heard even if they are never able to meet society's standards of wellness. Connie from *Woman on the Edge of Time* never achieves the recovery that her doctors insist that she needs. Instead of cooperating in the cure that will allow her release from the asylum, she sacrifices her freedom to a vision of a better community for people in pain by killing her psychiatrists, likely ensuring that she will remain in the asylum for the rest of her life. The Lisbon sisters of *The Virgin Suicides* are similarly left without a cure, and even choose death over isolation their community imposes on them when they cannot adequately feign wellness and positive affect. Even Virginia from *The Snake Pit* and Esther from *The Bell Jar,* who do end up being released from their respective asylums with medical assurances that they are now well, are uncertain about the stability of their "cures" and continue to refuse to put the stories of their illnesses fully behind them. When Virginia is released, largely as a result of asylum politics rather than any solid conviction that she is fully cured, she notes that she has become more selfish and less compassionate as she has learned to enact wellness, implying that the sane might have something to learn about caring and community if they were to listen to the stories of the mad. In *The Bell Jar,* Esther similarly implies that there might be something of value or importance in stories of mental illness by refusing her mother's advice that she just forget about her time in the asylum and treat it as a "bad dream" (237).

Plath herself has argued for the importance of telling stories that do not turn away from pain and suffering and the people who are experiencing them. In a letter to her mother dated October 21, 1962, she angrily opposes her mother's insistence that "the world needs happy writing," explaining as she discusses the second novel she is planning to write,

> Don't talk to me about the world needing cheerful stuff! What the person out of Belsen—physical or psychological—wants is nobody saying the birdies still go tweet-tweet but the full knowledge that somebody else has been there & knows the worst, just what it is like. It is much more help for me, for example, to know that people are divorced & go through hell, than to hear about happy marriages. Let the Ladies Home Journal blither about those. (*Letters* 874-75)[1]

Plath and the other authors I have included in this dissertation insist on the importance of telling even the most painful and chaotic aspects of illness stories in a deliberate turn away from the standard "restitution narratives" that Arthur Frank has argued generally dictate the way we tell stories about illness. These novels tell stories of suffering not as part of a narrative of wellness that needs to end in healing to have any validity, but as its own state of being that has value in its ability to witness to others. Frank writes, "Suffering becomes useless precisely because any person's suffering is irreducible: being nothing more than what it is, suffering can have no meaning," but goes on to argue that in spite of its chaos, irreducibility, and seeming "uselessness," suffering can still have value, as Plath has indicated, in the stories we tell about it. These stories can serve as a witness both to people who have not experienced this type of pain as a way of encouraging empathy, but also, and perhaps more importantly, to others who are experiencing similar distress, to let them know that they are not alone. Asylum novels of the twentieth century inform their readers that someone else has known the worst of mental illness, and its painful social consequences, and allow their readers to experience it with them. Because "witnessing always implies a relationship" with the person being witnessed to (Frank 143), this witnessing creates a community between the writer and the reader, however distant they may be

[1] Plath made a similar statement to her psychiatrist Dr. Ruth Beuscher in a letter she wrote the same day, complaining of her mother, "Her letters to me are full of 'one can't afford one enemy,' 'the world needs happy writing'. Basta! If I couldn't afford an enemy, I couldn't afford to live, & what the person from Belsen wants to hear is that someone else has been there, and knows the worst, too, that he is not a freak, not alone. Not that the birdies still go tweet-tweet" (*Letters* 879).

from one another physically. This community created through this type of storytelling has been slow to develop, as the powerful medical narrative of restitution and cure "remains the most frequently told of illness narratives" (Frank 146), but as I hope to illustrate in the following pages, the mission of these novels to change the way we relate to one another in our pain is still finding traction in the twenty-first century, as novels about asylums seem to be making a comeback.

C.1 The Asylum Novel Post-Deinstitutionalization

By the 1980s, the mental healthcare system in America had changed dramatically, with massive deinstitutionalization closing the doors of a majority of the long-term psychiatric care facilities that appear in novels like *The Snake Pit* and *Woman on the Edge of Time*. As these large institutions were torn down, repurposed, or abandoned, novels set in them seemed to disappear as well. The asylum novel, which, as I discuss in my chapter on *The Snake Pit*, had largely been read as a critique physical institutions and therapies that no longer existed post-deinstitutionalization, threatened to become a relic of the past. As I have already argued, however, the destruction of the physical institution of the asylum did not do much to diminish the isolation of the mentally ill in communities that were still structured around progress, achievement, and the appearance of wellness. There was still a need, therefore, to envision new types of communities that could accommodate this population, a need that would only become more apparent as deinstitutionalization continued to reveal its limitations. In spite of all the negatives of the asylum and its violence toward people who were mentally suffering, it had nonetheless served as a space, both physical and imagined, to gather together people who might otherwise share nothing in common with one another, creating space for them to tell stories that did not have to capitulate to the medical narrative of restitution that so often made wellness a prerequisite for participation in life and community. While the traditional asylum buildings

might have disappeared from the American landscape, the need for spaces and communities for the mentally ill that had motivated asylum fiction in the past contributed to the genre's contemporary resurgence.

Two decades after they seem to disappear, fictional narratives about asylums have made something of a comeback in twenty-first century America, particularly in popular literature. In the pages that follow, I will survey popular fiction from the past twenty years in an attempt to demonstrate how these new asylum novels wrestle with many of the same themes as their predecessors, even while the space of the asylum has undergone some major structural and demographic changes. The novels I look at include the young adult and popular fiction novels *Cut* (2000) by Patricia McCormick, *It's Kind of a Funny Story* (2006) by Ned Vizzini, *Get Well Soon* (2007) by Julie Halpern, *Suicide Notes* (2008) by Michael Thomas Ford, *Silver Lining's Playbook* (2008) by Matthew Quick, and *Cracked* (2012) by K.M. Walton, as well as the thriller/ horror novels *Devil in Silver* (2012) by Victor LaValle, *The Program* (2013) by Suzanne Young, and *Asylum* (2016) by Madeleine Roux.

I have chosen these novels because they are fairly explicit in their attempts to influence the way a popular audience sees the mentally ill. None are terribly narratively complex, making them easier to analyze as a group, and it is clear that the reader is meant to sympathize with, and take seriously, the main characters even when the medical establishment has deemed them unreliable. Most of these novels feature young adults because, for reasons I will expand on shortly, this is where literature taking place in asylums is currently most robust, but I have also included two novels, *The Devil in Silver* and *Silver Linings Playbook*, that feature adults to illustrate that there are other novels doing similar work outside of the genre of young adult fiction. The more realistic novels I have listed (*Cut* through *Cracked*) generally feature

psychiatric units as they exist today, with shorter periods of involuntary confinement, smaller facilities, and a reliance on drugs and group therapy rather than shock treatments and lobotomies, while asylums in the horror genre more closely resemble the torturous asylums we are used to seeing in asylum literature of the twentieth century. What I will argue is common to both the horror and more realist novels alike, however, is that like the asylum novels of the twentieth century, they all focus on the community and relationships patients form more than on doctors and cures. Even the novels that present psychiatric care in a more positive light make the patients, rather than doctors or modern medicine, the heroes of their own illness stories. They seek to find imaginative communities within their pages, often drawing on the experiences of past fictional inmates and older asylum narratives to tell their stories. Before I begin illustrating what these texts have in common with asylum literature of the twentieth century, however, I would like to briefly note how these texts are different from their predecessors.

C.2 Changes in the Fictional Asylum in the Twenty-First Century

One of the most obvious changes that we observe in novels that take place after deinstitutionalization is that stays in asylums, which are now more frequently referred to as "psychiatric hospitals" or "mental wards," are much shorter than they were in novels of the mid-twentieth century. With the exception of *The Devil in Silver* and *Silver Linings Playbook*, both of which feature a character who has committed some sort of criminal offense and can therefore be kept incarcerated for a longer amount of time, almost none of the novels that I discuss involve involuntary or voluntary commitment that lasts more than a few months, and most last a matter of weeks or even days. As many of the novels point out, the length of stay is often dictated by how many days the patient's, or the patient's parent's, insurance has agreed to cover rather than any claims of progress toward a cure. Finances were certainly a concern for characters in novels of the twentieth century as well because, as novels like *The Bell Jar* illustrate, a family's ability

to afford private facilities could greatly impact quality of care a patient was able to receive, but the insurance industry is a relatively new player in these novels that appears to have taken some of the power away from doctors when it comes to determining wellness. In *The Politics of Life Itself,* Nicholas Rose argues that in the last quarter of the twentieth century, a new "medical assemblage" took shape in America that decreased the individual physician's power by increasing the number of actors involved in medical decisions, including insurance companies, researchers and specialists, and feminist and disability rights activists who "challenged the paternalistic power that doctors exercised over their patients and their lives" (10). He writes that since the end of the "golden age" of clinical medicine that had thrived earlier in the century, "Doctors have lost the monopoly of the diagnostic gaze and of the therapeutic calculation . . . The practice of medicine in most advanced industrialized countries has been colonized by, and reshaped by, the requirements of public or private insurance, their criteria for reimbursement, and in general their treatment of health and illness as merely another field for calculations of corporate profitability" (11).

The decrease in physician autonomy brought about by the increasing specialization and corporatization of medicine seems to have been accompanied by a similar decrease in the God-like authority they wield in novels like *The Snake Pit, The Bell Jar,* and *Woman on the Edge of Time*. Their reduction in status from unquestionable and almost omniscient conquerors of disease to mere humans with opinions has, along with the decreased length of stays of the asylum, has dampened the expectation for total cures among patients and medical professionals alike. Recovery in twenty-first century novels is even more tenuous than it was in novels of the twentieth century in which at least the medical experts believed that the work they were doing in the asylum could completely cure mental illness. In contemporary novels, even the most

positively portrayed psychiatrists and doctors admit that they simply do not enough time before insurance runs out to do anything more than manage (rather than completely heal) their patients' mental distress.

Another difference between the twenty-first century asylum novels and their predecessors has been a stronger emphasis in the former on group therapy, which has likely contributed to a more immediate sense of community among patients in these novels. Although group therapy existed in the latter part of the twentieth century and was occasionally used with patients who doctors believed to be closer to wellness/sanity, it was not common in the asylum setting and appears in only a very few of the asylum novels of this period.[2] In contrast, almost all of the twenty-first century novels I have mentioned in this conclusion prominently feature some form of group therapy. In these group sessions, a moderator urges patients to discuss their problems openly with other members of the group, who are then supposed to offer support. These sessions allow patients to learn about the problems they are each facing and make almost immediate connections with one another through their shared pain. Unlike Esther in *The Bell Jar,* who takes weeks to find out that a patient she originally thinks has "nothing the matter with her" and therefore assumes will not want to have anything to do her in her comparative sickness, has undergone a lobotomy (188), patients participating in group sessions learn almost immediately that they are not the only ones in pain, which can be a great source of comfort and connection. For example, in *Cracked,* the main character, Victor, has difficulty making friends before he is institutionalized because he feels alone in his mental anguish, but by the end of his short stay in

[2] One of the only twentieth century novels I am aware of that features group therapy is *One Flew Over the Cuckoo's Nest*, which focuses on a group of patients who are largely in the asylum voluntarily and therefore considered "better off" than many of the involuntarily committed patients in other novels from this period. Even within *Cuckoo's Nest* itself, there is a group of patients who have been labeled as "chronics" who do not participate in group therapies because their chances of being released are slim.

the mental hospital, he is able to tell the doctor that he feels more connected to people than he did before because, as he puts it, "I know that other people have shitty lives too, that I'm not the only one" (289). The institutional focus on sharing pain through group sessions also rewards patients for being honest with one another about their suffering, which decreases the tendency to turn wellness into a competition that they must win to be released, as we have seen characters do in *The Bell Jar* and *The Snake Pit*. Knowing that they will be let out of the asylum when their insurance runs out whether they appear to be well or not, characters in twenty-first century novels feel little pressure to perform wellness, which increases their ability to share and bond over their pain in groups. This bonding is also facilitated by the fact that contemporary mental hospitals are much smaller than the large multi-ward facilities of the twentieth century, meaning that patients' relationships are not interrupted by constant movement to different wards within the same hospital. The group of people a patient shares group therapy with therefore remains roughly the same for the duration of their stay in the facility, allowing patients to maintain a more consistent sense of community while they are in the asylum than was possible for characters like Esther, Virginia, or Connie.

Another important change between the asylum novels before and after deinstitutionalization, particularly for the themes of this dissertation, has been the difference in gender composition of the wards. While *The Bell Jar* and *The Snake Pit* and many other asylum novels from the 40s-60s depict asylum wards that are all female or all male, almost all of the novels I am discussing in this conclusion depict mixed gender wards. Although the doctors and psychiatrists in these novels are still overwhelmingly male, their role in the asylum is generally limited, and the power they do have over these mixed wards appears to have less to do with gender relations than it did in the past as men are just as strongly represented in the patient

population as women are. Gender still plays a role in defining some of the issues that characters face in these novels (Anna Bloom from *Get Well Soon* feels distressed by the unequal beauty standards that are applied to women, for example), but there is much greater gender equality in these novels than there was in *The Snake Pit*, *The Bell Jar, Women on the Edge of Time,* or *The Virgin Suicides* in which views of traditional gender roles and the proper place of women played a much larger role in determining who was mentally ill and whose illness stories were credible. This change likely has much to do with the continued influence of the women's movement and women's increasing political voice and power in society, which, while still not nearly equal with that of men, has at least made it more difficult to completely dismiss women's stories or lock them up against their wills.

In twenty-first century novels, it is age, more than gender, that has the strongest impact in determining who can be involuntarily place in an asylum. Teens and young adults lack legal rights, and are therefore more vulnerable than adults to paternal medical interventions in contemporary novels. Although *The Bell Jar* and *The Virgin Suicides* address some of the unique struggles young adults face when trying to find a voice amid pressures from their parents and other adults, this theme is much more pronounced in the asylum fiction of the twenty-first century and seems to apply as frequently to young men as it does to young women. The increase in youth hospitalizations for mental illness and young-adult literature about these hospitalizations might have something to do with the fact that teens of the twenty-first century, like women of the nineteenth century, have few legal rights and can still be involuntarily committed by their parents at a time when involuntary commitment for adults has become much more difficult to impose.[3]

[3] Laws on involuntary commitment vary from state to state, but all require some level of proof that a person is a danger or harm to herself or others before she can be committed without her

The trend toward younger patients in novels about asylums in fact reflects a real increase in hospitalizations among children and teenagers since the end of the twentieth century. Between 1997 and 2010, hospitalizations for mood disorders among youths increased by eighty percent, and as of 2009, ten percent of all pediatric hospitalizations nationwide were for mental illnesses (Bardach 602-03). These hospitalizations were most common among white males youths with insurance, which perhaps partially explains why so many more novels in recent decades have featured young male patients in a genre that was formally dominated by women (Bardach 602).

Notably, the only two novels that I am discussing that do not feature young adult characters, *Silver Linings Playbook* and *Devil in Silver* both feature characters who have committed crimes and have therefore lost some of the legal rights that teenagers never had to begin with. Among the non-criminal population, however, it is minors, rather than adult women, who are the most vulnerable when it comes to institutional control. In *Cut*, for example, the main character learns that one of her anorexic friends in the hospital cannot be force fed when she refuses to eat because she is eighteen and therefore "legally an adult," implying that such treatments would be allowed if she were still a minor (89). Similarly, in *It's Kind of a Funny Story,* the main character Craig, upon being released from the asylum, calls himself a "free man," but then reconsidering, admits, "well, I'm a minor," acknowledging the limits this places on the amount of freedom he is able to claim (442). In the twenty-first century it may very well be mad teens, rather than madwomen, who find themselves the "residue of all residues" in traditional social hierarchies and who therefore have the least to lose in imagining different ways of structuring the world that are not governed by the values of their parents and traditional hierarchical family structures.

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consent, and many states place strict guidelines on how long someone may be held after this involuntary commitment is initiated.

C.3 Isolation and Community in the Twenty-First Century Asylum

In addition to the major differences in the duration of stay, focus on group therapy, and changes in gender and age composition between twentieth and twenty-first century asylum novels, there are also a number of subtler differences. Patients in many of the novels have greater access to the outside world through visits and telephone calls. Medications are more numerous and varied, and torturous therapies like shock, cold baths, and lobotomies are rarer, except in the horror novels. There is also less overcrowding as hospital units simply decline to admit more patients when they run out of room, meaning that there are fewer complaints about the quality and quantity of food and other supplies. The external conditions, in other words, generally seem to be quite a bit better than those of the other novels I have discussed in this dissertation. Even with these surface improvements and demographic changes, however, the twenty-first century asylum is still presented as a place where few people would want to stay, as the patients still view it as a dumping ground for isolating people who do not fit into "normal" social structures. In *Suicide Notes*, for example, the main character Jeff compares the asylum to limbo, the space between heaven and hell where they put "people know one knows what to do with" (4). As a queer teenager just starting to come to terms with his sexuality, he is distressed that he cannot seem to fit the models and expectations for relationships that have been set up for him, and enters the mental hospital feeling rejected, isolated, and alone.

Characters in a number of the other young adult novels express similar feelings of rejection on entering the hospital. Anna Bloom, an overweight teenager whose struggles to meet expectations for bodily norms seem to cause much of her depression and anxiety in *Get Well Soon,* complains after being placed in a mental hospital, "It seems more evident that parents don't know what to do with their kids, so they just pawn them off on morons who don't know anything about their kids and get paid a lot of money to enforce lame rules" (45). Anna feels that

there is no space for her in the outside world, and that her placement in a mental hospital illustrates a failure on the part of the community, and particularly her parents, to be there for her when she is in distress. She complains, “I wonder if my parents checked this place out before they brought me, or if they just trusted that this place would ‘fix’ me and they could feel ok about themselves because I’m being ‘taken care of,’ when really they should feel like shit for abandoning me” (45). Many of the patients in other novels feel similarly abandoned and rejected by parents or other relatives who they argue should have tried harder to sympathize with their suffering before abandoning them to a mental hospital. Although some of them eventually find comfort within the asylum, most maintain at least some level of hostility against the people who they feel have abandoned them to an institution instead of being there for them in their pain. In other words, they, like the characters in the asylum novels of the twentieth century, are very critical of existing social structures that have a tendency to isolate and distance themselves from people who are suffering.

Criticism of isolating social structures is even more pronounced in contemporary horror novels about the asylum. In the comic/horror novel *The Devil in Silver*, a man who calls himself Pepper is placed in an asylum after getting into a fight because the police are too lazy to book him at the precinct. Although he insists on his sanity, he is placed on a drug regiment that leaves him too incoherent to remember what day it is, let alone argue for his release. Months later, when he finally adjusts to the drugs, he realizes that because neither his estranged family nor the woman he thought he had been heroically defending when he got arrested are willing to help him get out, he will remain in the institution indefinitely. He and the other societal rejects he finds himself incarcerated with are largely ignored by both the outside world and even the hospital staff. Because the patients are all considered mentally ill, they find it almost impossible to get

anyone to listen to them, which becomes a dangerous problem when a monster with the head of a buffalo is suspected of causing a number of patient deaths. Realizing that the outside world has abandoned them to die in the asylum, the patients end up orchestrating a failed escape attempt that ends in a black inmate being unjustly shot by the cops as he tries to save the rest of the inmates from the monster. After the incident is quickly covered up by the hospital staff, the novel begins to splice real stories about people who have died in mental hospitals into the narrative, including the story of Esmin Green, a psychiatric patient who collapsed on the floor of a psychiatric emergency room in 2008 and remained there, ignored by the two separate security guards and a doctor, for hours until she died. Pepper also finds a small group of patients who stay up at night collecting newspaper clippings about patients who have died in mental hospitals and place them into manila folders marked “No Name,” a practice they explain by saying, “People like us, usually don’t even rate a paragraph. No money, sometimes no family, maybe not even a marked grave. *No names*” (247). The patients clip the often single-line obituaries to assert the value of the people who have died, and to gather them into a textual community that they feel they share in. It is their way of affirming that their stories, and the stories of other people who share the stigma of being mentally ill, are worth caring about and listening too, and criticizing a system that tends to isolate and abandon people who are different or in pain.

Suzanne Young’s *The Program* is perhaps even more critical of the ways in which we use medical institutions like asylums to isolate people who are suffering. This young-adult romance/thriller takes place in a dystopian world in which there is an ongoing epidemic of suicide that is killing one out of every three teenagers. This epidemic, believed to have been caused by an overuse of prescription antidepressants in the previous generation, justifies the creation of an extreme cure known as “The Program,” which institutionalizes any teenager that

shows signs of depression and wipes out their memories, releasing them back into the world two months later with lives that have been reconstructed by The Program administrators and their families. The only people they retain any memory of after going through this treatment are their parents, which reaffirms the hierarchical structure of the family unit that has made The Program's exclusive targeting of teenagers possible. The threat of this "treatment" forces teenagers to hide any evidence of sadness or grieving for fear that someone will interpret these emotions as signs that they might commit suicide. In one scene, the main character Sloane, who is grieving her brother Brady's suicide and her friend Lacey's admittance to The Program, intentionally burns herself on the stove when her parents are not looking and pretends that it was accidental so that she can have a chance to cry. As they come to comfort her, she explains, "They fuss, letting me cry as long as I want because they think I was accidentally injured. They have no idea that I'm really crying for Lacey. For Brady. And most of all, for myself" (44). The extent to which she has to hide her pain and grief just to survive seems extreme, but the novel reminds readers that a "cure" like The Program might not be such an unrealistic intervention given the history of other extreme cures that have been used in asylums. When Sloane is treated in The Program herself, she is told that if the memory erasures were not effective she "could have been lobotomized," a reference to a real treatment from the past that was in some ways an even more extreme violation of patient autonomy, similarly implemented in the name of a cure (233). Although suicide is a very real threat in *The Program*, the novel is highly critical of the forms of curative violence to which people in mental anguish are often subjected, both in terms of invasive treatments and the absence of any kind of community for people who are grieving or in pain.

C.4 Creating Community in the Asylum

Novels like *Get Well Soon, Suicide Notes, The Devil in Silver,* and *The Program* use the asylum to criticize social structures that cannot make space for people who do not fit "normal" expectations for relationships. Like the twentieth century asylum novels that preceded them, these novels explicitly reject the notion that a person needs to be cured before he or she can participate in meaningful relationships or community building through their sympathetic portrayals of main characters who experiences a strong sense of abandonment, and in some cases undergoes physical harm, when they are involuntarily placed in institutions. This is not to say that portrayals of the asylum in twenty-first century novels are all negative, however. Perhaps because there is less fear that characters will be confined forever, the average depiction of asylums in these novels, with the exception of the horror novels, is slightly more positive than it was in the twentieth century. One, *It's Kind of a Funny Story,* even has a main character who voluntarily commits himself to a hospital because he believes that while the institution is not perfect, it will at least provide him with a place where his struggles with suicidal urges will be taken seriously, and in another, *Cut,* the main character runs away from the hospital only to return to it because she misses the friends she has made their and realizes that it is a space where she can be open with others about her distress. Even some of the novels that criticize parents and friends for abandoning a person in distress to an institution, like *Suicide Notes* and *Get Well Soon*, also see the potential of the hospital to make space for people to openly share their continuing struggles without the judgment or rejection they experience in regular society.

Like the other novels in my dissertation, asylum novels of the twenty-first century are intently focused on creating inclusive communities that are centered on shared experiences of rejection, isolation, and pain. Even in novels that have positive portrayals of psychiatrists, it is relationships between people who have shared painful experiences, rather than sessions with

medical professionals, that end up being the most comforting and beneficial. For example, in *Silver Linings Playbook,* the main character, Pat Peoples spends years in an asylum after he savagely beats a man he catches sleeping with his wife, during which time he becomes obsessed with restoring his former relationships, and particularly his marriage. When he is finally released, however, he has trouble connecting with almost everyone from his past life, and one of the only people he seems able to bond with is a woman named Tiffany who has recently lost her husband and is therefore experiencing a similar kind of distress over the loss of a close partner. Although Pat does not meet Tiffany until after he is released from the asylum, he expresses how his experience in the mental hospital has impacted the way he sees other people, and made him more receptive to creating connections through shared hurt. When Ronnie, Tiffany's brother-in-law, warns Pat against getting to close to Tiffany by telling him a litany of offenses that she has committed since her husband died, Pat immediately dismisses his account of Tiffany's erratic behavior, realizing that Ronnie cannot understand Tiffany or be a good friend to her because he is too invested in appearances of health and normalcy. Pat insists that his own experience of pain makes him better equipped to relate to Tiffany, and criticizes Ronnie's disparaging account of her, saying:

> He never once tells me what Tiffany thinks or what is going on in her heart: the awful feelings, the conflicting impulses, the needs, the desperation, everything that makes her different from Ronnie and Veronica, who have each other and their daughter, Emily, and a good income and a house and everything else that keeps people from calling them 'odd.' What amazes me is that Ronnie is telling me all this in a friendly manner, as if he is trying to save me from Tiffany's ways, as if he knows more about these sorts of things than I do, as if I had not spent the last few months in a mental institution. (79)

Although Pat's friendship with Tiffany is certainly fraught, their connection through the pain they have both experienced allows them to understand one another when their minds work in ways that others perceive as "odd," and the novel ends with them admitting to one another that

they need each other, which Pat muses might be "more honest" than love (288). Pat, who has spent the entire novel seeking a fairy-tale reunion with his ex-wife Nikki, finally recognizes that the "normal" relationship he has been seeking is not as ideal as he had thought it was because Nikki would not have been there for him in his pain "even on her best day" (289). Tiffany, on the other hand, is someone who can understand and accept his pain, or as he puts it, she is "a woman who knows just how messed up my mind is, how many pills I'm on, and yet she allows me to hold her anyway" (289). He is able to let go of his strenuous attempts to make himself the "normal" person Nikki would want him to be, preferring just being together with Tiffany even if their relationship is not the type of romance he had originally envisioned for himself. The ending of the novel advocates for relationships, and communities, that can incorporate painful experiences over those that require a person to constantly work toward proving that they are worth investing time in.

In the mental hospital, the connections through shared experiences of distress that patients create are strong enough to make even former enemies more understanding of one another. In *Cracked,* for instance, Bull, the school bully, learns to have compassion for Victor, the school nerd, after they are hospitalized together. Although they do not spend much time with one another after they are released, they maintain a connection that ends Bull's former hostility to, and physical attacks on, Victor. Victor explains, "It's like we understand each other. We don't talk or anything, but there's an acceptance between us. We both know the other's pain" (307). While he is in the mental hospital, Victor also expresses comfort in the fact that he does not have to pretend to act in a certain way in order to be accepted by other patients, which is very different from the way his relationship operate at school. This sentiment that is shared by characters in other young adult novels like *Get Well Soon*, *Cracked,* and *Cut,* who are relieved to find that the

symptoms of their pain and mental distress, which have made them social pariahs the way it would in the outside world, can serve as a source of bonding in the asylum.

Just as Esther Greenwood instantly felt she had a connection with Joan when she saw the latter's scarred wrists, the main characters in *Cut* and *Suicide Notes,* both of whom have scars from cutting themselves, find that these scars can be jumping-off points for making connections with others. In *Cut,* Callie tries to hide her scars from the other patients, expecting that they will be disgusted by them, but when a patient with an eating disorder sees her embarrassment over them, she says, "You really don't understand, do you? . . . We all do things," a reaction that encourages Callie to finally open up after spending her first week in the hospital not speaking to anyone (60). Similarly, when Jeff, from *Suicide Notes,* lets a patient named Sadie see the scars from his attempt to slit his wrists, it prompts a conversation about how she felt when she tried to drown herself, and the two form a strong friendship. In *It's Kind of a Funny Story,* Craig also notes that it is easier to relate to people with shared experiences of pain than trying to meet everyone else's expectations for him. He tells his friend from school, "I met this girl in here [. . .] and she's really screwed up, as screwed up as me, but I don't look at that as an insult. I look at that as a chance to connect [. . .] People are screwed up in this world. I'd rather be with someone screwed up and open about it than somebody perfect and . . . you know . . . ready to explode" (397). Understanding that everyone is "screwed up" and in pain allows Craig to make connections with people in the mental hospital, and it also helps him to reconcile with his friends outside the hospital when they initially mock his mental illness, because he can see that they are just trying to cover up their own pain.

Even in twenty-first century horror novels like *Asylum, The Program,* and *Devil in Silver*, in which the asylum is much more terrifying than comforting, it still serves as a space where

patients learn to be understanding of different mental states and build communities that can incorporate them. In *Asylum,* for instance, high school students who are initially very reticent to burden one another with their problems open up to one another about their anxieties, mental distress, and problems at home through their shared experience of exploring an old and haunted asylum, especially after finding that they all have personal connections to its history. In *The Program,* Sloane gains greater sympathy for young people who have been robbed of their memories when she loses her own, which allows her to reconnect with her boyfriend and friend even though none of them can remember much of anything about themselves or their past relationships. In *The Devil in Silver*, Pepper initially wants to see himself as sane and therefore different from the other patients in the asylum, but after sharing in their isolation and rejection, he comes to sympathize and identify with them, even risking his own freedom and safety to help them escape and to protect the patient who has been labeled as "the monster" from being murdered. All of these novels stress the common humanity of people who would normally be considered "outsiders" or "other," and allows them to connect to one another through their shared experience in mental institutions.

The patients' recognition of common humanity through shared pain leads them to attempt to form communities that are more inclusive of different types of people than more traditional racially and economically segregated social networks. In *Get Well Soon*, Anna expresses that she loves how she, a white "card-carrying suburbanite" (35), can be friends with people who are from completely different social worlds than she is, including a pregnant teenager, a boy who thinks he is the devil, a girl who has seizures, and an African American boy from the inner city who got caught selling drugs to pay for his mother's medical expenses (150). She sums up these new connections saying, "Mental hospitals: bringing the world's cultures together through

lunacy" (150). Although the books' frequent references to what type of insurance everyone has and how long a person without a "supersized insurance policy" (71) will be able to stay reminds us that there are very real limits to the types of "cultures" the asylum can bring together, Anna is nonetheless forced into contact with a much wider variety of people and mental states than she would find at her middle-class white suburban school. Similarly, *The Devil in Silver* notes how the hospital brings together people from different backgrounds who would normally not interact with one another. On a brief outing to a neighborhood restaurant, Pepper states, "Something strange happened after the patients left the hospital. Inside, they were patients, but the farther they walked, the less this seemed true. Pepper turned into a white guy from Elmhurst. Loochie, a black teenager from Laurelton. It's not like this hadn't been true (or obvious!) before, but inside Northwest it hadn't really counted as much of a difference. Not when you considered their enemies: the pills, the restraints, the Devil. But out here, there were no restraints and no pills . . . So something had to rise in the order" (322). He watches as his friends begin to pair off "with the people who look most like them," breaking up the alliances they had made in the asylum to rejoin traditional groupings and hierarchies. Inside the asylum, however, Dorry makes explicit efforts to include everyone in her community of patients, and cultivates compassion even for those who don't "belong," like the monster himself.

In addition to bringing together demographics that do not normally mix in everyday society, asylum communities also have a tendency to reach back and include fictional characters or writers from the past. Just as Esther Greenwood from *The Bell Jar* and Virginia Cunningham from *The Snake Pit* record reading literary texts and newspaper articles for models of how they might tell their own stories about illness, many characters of twenty-first century fiction incorporate both fictional characters and real authors who have experienced mental illness into

their narratives in an attempt to form some kind of connection with others who would understand their pain. In *Silver Linings Playbook*, for example, Pat enthusiastically reads several books about people experiencing mental illness, including *The Bell Jar*, as he tries to form a new identity for himself. *It's Kind of a Funny Story* also makes mention of Plath as a model of someone who was mentally ill through a poster in the hospital that reads "PEOPLE WITH MENTAL ILLNESS CONTRIBUTE TO OUR WORLD." This poster lists "Abraham Lincoln, Ernest Hemingway, Winston Churchill, Isaac Newton, Sylvia Plath, and a bunch of other smart people who were kind of nuts," insisting through their example that a person does not have to be well to contribute to their community (286).

Most references to past figures in these novels are brief, but *The Devil in Silver* creates an virtual bibliography of novels and memoirs about people in mental distress when a staff member who is sympathetic to the patients brings them a library of both fiction and non-fiction books about "people like them" who may never "get better." These novels, memoirs, biographies, and books of poetry include *Ariel, Darkness Visible, The Noonday Demon, The Yellow Wallpaper, The Golden Notebook, Wide Sargasso Sea, Hard Cash, He Knew He Was Right, Angelhead, The Letters of Vincent Van Gogh,* and *The Three Christs of Ypsilanti* (180). Pepper's only knowledge of asylums and the people in them before he was admitted to one himself had come from *One Flew Over the Cuckoo's Nest,* a novel that Dorry critiques for only focusing on voluntary patients and treating the "chronics" like vegetables who are "everlastingly damaged" (83-84). He does not recognize any of the books that the staff member brings in, but ends up picking up *The Letters of Vincent Van Gogh.* In this collection of letters, he begins to see connections between the famous artist and his own friends at the asylum in their shared stigma and suffering, noting that although Van Gogh's suicide is regarded as an "epic denouement" a century after the fact, it

was likely barely noticed at the time. He connects Van Gogh's death to the contemporary "no name" deaths that the women clip from the newspapers at night, saying, "Imagine the article that might've run then. Or now. One that might've been creased and clipped by three . . . women late at night in the television lounge of Northwest. Maybe the headline would read this way: 'Drifter Commits Suicide.' But really, something like that wouldn't even be considered news" (269). In drawing parallels between past narratives of mental illness and those of current inmates, *The Devil in Silver,* like the other twenty-first century novels I have mentioned in this section, reaches back to give voice to, and connect with, people with mental illnesses in the past.

Literary texts are not the only place characters find these connections with former asylum inmates, however. Sometimes the building of the asylum itself can serve as a place for connecting to people who have been incarcerated there before. For example, in the popular *Asylum* series by Madeleine Roux, students at a summer college program find themselves staying at an old mental asylum near campus that has been converted into a dormitory. The main character, Dan, immediately becomes fascinated with the place, perhaps because he is currently seeing a psychiatrist for his mild dissociative disorder and therefore has experience with the contemporary mental health system. He signs up to take a course on the history of psychiatry, but he does not learn as much from this physician-centered history as he does from exploring the records of the old mental asylum, where he feels a strong and mysterious connection to past patients. Dan and his two friends, Abby and Jordan, spend time navigating restricted sections of the old building, where they find photographs of past inmates and a hidden operating room in which a career-focused warden had performed psychosurgeries. In the process, they learn that they have familial connections to the people the asylum used to house. At the novel's end, the teenagers are able to quite literally bring a madwoman from the past into their community when

they find Abby's aunt, a former inmate of the asylum who has been traumatized by the treatments she received there before it closed down, living nearby.

In mentioning these connections to the past, however, I want to be careful not to imply that they are in at all uncomplicated or purely positive, however. As Heather Love notes in the opening line of *Feeling Backwards*, "A central paradox of any transformative criticism is that its dreams for the future are founded on a history of suffering, stigma, and violence" (1). If novels of the present are trying to reach back to the past to construct a more welcoming future for people with mental illness, they also have to contend with the fact that any community they make is going to be haunted by histories of pain and suffering. While this suffering can serve as a point of connection for people who are experiencing a distress of their own in the present, that does not mean that it is not still painful, and many characters have trouble completely reconciling themselves with it. Pat Peoples, for example, is initially excited about reading *The Bell Jar* because it is a book about a mentally ill person, but after he finishes it, he is discouraged to find out that Sylvia Plath killed herself. He is upset by this "implied ending" to the novel, as he calls it, which is not the way he wants his own story to end (122). He is in fact so disturbed by the absence of a future for someone who is mentally ill like himself that he rips the book in half and weeps (123).

The novel *Asylum* portrays an even more complicated relationship with mentally ill figures from history. While the friends in this horror story embrace Abby's mentally ill aunt, there are others who they are unable to bring into their community. Dan's link to the asylum turns out to be that he is related to the warden who tortured patients in the name of progress and later pleaded insanity for his crimes, a connection that is particularly disturbing to Dan given his own mental illness. The spirit of the now-deceased warden periodically possesses Dan during the

latter's dissociative episodes, quite literally invading his experience of his own mental illness. Dan has to struggle to maintain his own identity as the warden fights for control of his body and mind and even tries to force him to injure another student, who has himself become possessed by a murderous former patient. Dan is ultimately able to assert limits to how much he is willing to be touched by the past and let painful histories define him as his friends help him to regain control over his actions, but the student who has been possessed by the murderous patient is unable to do the same and ends up being arrested and placed in a modern- day psychiatric hospital. This ending suggests that there are perhaps some figures who cannot, or do not want to be, incorporated into the types of inclusive communities that I have argued these texts are looking for. Connections with people whose minds work in unpredictable ways, who are in severe distress or pain, who cannot communicate, or who have a tendency toward violence do not always, or perhaps ever, come easily, but that does not mean that these novels cannot try, in the words of Love, to "make a future backward enough that even the most reluctant among us might want to live there" (163), one in which even the voices of the most distressed and disturbed get heard.

C.5 Negotiating a New Model of Mental Illness

As early as 1946, women like Mary Jane Ward were beginning to realize that the heroic restitution narratives about brief sicknesses rapidly cured by medical professionals were just as "romantic" as any accounts they could tell, and ever since, there has been a slow but powerful growth in alternative stories about sickness like the ones that I have outlined here. As I hope that this brief survey has shown, the creation of communities that can incorporate pain, suffering, and difference is still an important part of the asylum experience in novels of the twenty-first century, even if, as was the case with earlier novels as well, this community is not always easy to find. A number of the twenty-first century novels complain about how asylum rules and medications,

designed to make life easier for the staff, restrict free communication among inmates, as do the hierarchical pressures of the outside world. We have already seen how this is true for *Silver Linings Playbook* and the horror novels I have discussed, but it is also true even of the more positive asylum representations. In *Get Well Soon*, for example, Anna hesitates to comfort a crying friend because she is afraid of breaking the hospital's "no touching" rule, and in *Cut*, Callie nearly gets kicked out of the asylum when she is just starting to feel comfortable among the other patients because the staff interprets her reluctance to speak as resistance. Even in *It's Kind of a Funny Story,* which features one of the most positive views of the asylum of any of the novels I have discussed, older patients discourage Craig from maintaining relationships with the people he has met in the psychiatric hospital because they fear that maintaining such connections will inhibit him from being able to excel in the outside world.[4]

Considering these barriers and the brevity of stays in the asylums of the twenty-first century, it is clear that places where people can express and bond over shared pain and mental distress are still few and far between. This scarcity is perhaps what makes asylum novels so popular. A number of late twentieth-century memoir writers have discussed how meaningful books about people experiencing mental distress have been to them during their own experience of mental illness. In the memoir *Prozac Nation* (1994), for example, Elizabeth Wurtzel cites dozens of fictional accounts of mental illness as she recounts her own struggle with depression. Similarly, in *Where the Roots Reach for Water* (1999), another popular memoir about depression, Jeffery Smith provides a nearly ten-page long bibliography of fiction and non-fiction books on depression and mental illness that aided him in writing his own memoir, claiming "since my childhood, books have had everything to do with the turns my story has taken; perhaps

[4] Craig ignores this advice, and the novel ends with him committed to the idea that he will volunteer at the hospital to help other people who are in mental distress.

never more so than in the months narrated in this memoir" (281). This statement illustrates that he sees his book as participating in a literary tradition that can influence the outcome of his and other peoples' stories, or in other words, that he can find a sort of community through reading and writing.

As I noted in my introduction, stories have always played an important role in how we define what illness, and particularly mental illness, is. The accounts of mental illness I have discussed in this dissertation make up a literary community of isolates speaking back to medical accounts of mental illness that reduce people to diseases. These novels focus not on cures and medical progress, but relationships and personal growth, insisting that medical men should never become the heroes of someone else's illness story. The diminishing role of standardized medical narratives in telling stories about illness opens up new possibilities for storytelling and community building, but it also reduces our perceived certainty about what mental illness is and can be by rejecting "objective" accounts that presume to speak for everyone. The novels I have covered often admit within their pages to being incoherent, unresolved, and ambiguous accounts of something that they do not pretend to fully understand. This uncertainty is bound to leave some readers feeling dissatisfied, but what I hope I have shown is that while these new stories of illness may not have all the answers, their quest to find a space where all minds and bodies are welcome regardless of their ability to be cured deserves to be taken seriously.

In arguing that these novels are seeking to create communities in which there is more space for experiences of suffering and making connections with people who are in pain, I am not trying to come up with a cure narrative of my own. Neither these novels, nor I, claim that creating these spaces will solve all of the problems of people who have been stigmatized for being mentally different, nor will it create happy restorative futures for everyone who

experiences mental illness. There will still be pain, and suffering, and death, but that is okay. In fact, that is the point. Creating a culture that is more accepting of these painful moments, and even accepting of failures to connect, recognizes the fact that eliminating pain and failure is impossible, and looks to how we can still be there for one another without insisting that things get better. Only then will we be able to hear, and perhaps even learn from, the stories of chronic illness, pain, and suffering that so often get repressed in the name of creating a happier, healthier world.

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