

WOMEN, MADNESS & LITERATURE

A Comparative Analysis of *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen

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Abstract

This thesis focuses on comparing two texts, *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen, both of which focus on women and madness and study how this has historically been done throughout literature. The guiding research question was: How do Sylvia Plath and Susanna Kaysen use representational strategies to represent their experience of mental illness? From here a theoretical framework was created that focuses on the fields of disability studies, mad studies and, autobiography studies and illness narrative. The analytical chapters provide an in-depth reading and analyses how the two texts are studied in comparison to this theoretical framework. In the concluding chapter the comparison between the two texts is expanded upon and finalized, and it is reiterated how the theoretical framework coincides with the analysis of the two texts. The concluding message of the thesis shows that Plath and Kaysen have an artistic ability to demonstrate their experience with mental illness which provides both recognition and representation for others with mental illness, something that is severely lacking in both literature and society thus far.

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Chapter 1: Introduction

“Another odd feature of the parallel universe is that although it is invisible from this side, once you are in it you can easily see the world you came from. [...] Every window on Alcatraz had a view of San Francisco” (*Girl, Interrupted*, 6).

“My hand advanced a few inches, then retreated and fell limp. I forced it toward the receiver again, but again it stopped short, as if it had collided with a pane of glass” (*The Bell Jar*, 118).

Insanity, madness, depression; all three seem to play exclusively in between an individual's ears. Yet, a person's mental state of being can impact their physical sense of being part of the world in reality as well. The way this can impact an individual's life is shown clearly throughout Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*. As the two quotes chosen as epigraphs illustrate, the way Plath's Esther Greenwood, the protagonist of her semi-autobiographical novel, and Kaysen's autobiographical character Susanna feel is near impossible to communicate to others. Using the literary text, they aim to find the language and imagery to convey their experiences. In the epigraphs both of the authors work with glass imagery to illustrate how mental illness can make an individual feel as though they are separated from the rest of the world and how mental illness can make an individual feel trapped or imprisoned in their own mind. Kaysen does so quite vividly through comparing her entrapment to the prison Alcatraz, providing the reader with a clear understanding of her experience of imprisonment through mental illness. The imagery and symbolism used to represent the feeling of enclosure or imprisonment is different throughout both novels, yet there are clear overlapping themes within the two texts. From literally being trapped in an institution,

to feeling trapped in one's own body or visualizing the entrapment in the form of a bell jar, these are all forms of feeling a sense of exclusion and separation from the outside world.

Esther Greenwood, the protagonist in *The Bell Jar* by Sylvia Plath is a figure based on Plath herself and her own experiences. The novel follows Esther during a crucial time in which her mental health starts to deteriorate, which influences her well-being significantly. During an internship at a magazine, Esther begins being unwell, moves back home, and eventually goes through a period of institutionalization in a hospital. Although problematic at its core, the time she spends in the institution seems to have a significant impact on her mental stability. As she says goodbye to a fellow patient in the institution, she reflects on the insecurity of feeling this perhaps false sense of stability "... I wasn't sure at all. How did I know that someday – at college, in Europe, somewhere, anywhere – the bell jar, with its stifling distortions, wouldn't descend again?" (241). The image of the bell jar as a manifestation of the paralyzing factor in Esther's madness is found throughout the novel, as shown in the opening quote above as well. It is her own mental bell jar, a glass entrapment she finds herself in – capable of looking out but unable to truly get out. Plath's own illness was never diagnosed officially, but researchers have gathered from Plath's writings about her mental state that it is likely she struggled with schizophrenia (Plath, xv). Plath's novel presents a unique and famous representation of somebody struggling with madness. In the autobiographical *Girl, Interrupted*, Susanna Kaysen explores the time she spent at McLean Hospital for treatment after having been diagnosed with borderline personality disorder in 1967. Kaysen was hospitalized after one brief conversation with a psychiatrist she had never seen before, and who initially told her that the institutionalization would be for a few weeks, but her stay was extended to two years. This memoir is an exploration of Kaysen's experiences as well as the experiences of her fellow patients, the psychiatric system of the time and their (lack of) understanding of mental disorders. These two texts, though they are very different from each other, allow for a

productive comparison of two women's experiences and the way they portray these experiences in writing. There are interesting biographical parallels between the two authors, as both Kaysen and Plath spent time being institutionalized at McLean Hospital. Although the mental health disorders described in each case are very different, both describe the experience of a severe lack of understanding from the outside world.

Both texts are well-known works in the literary field and play an important role in the fields of disability studies and mad studies. Although *The Bell Jar* is not a memoir in the same way that *Girl, Interrupted* is, the semi-autobiographical nature of the text will allow for the two texts to be compared as life writing. As these are well studied texts there is an existing scholarship on the topic, and I will expand upon that. While the comparison has been touched upon, it has not been done to the extent and with the theoretical framework I will work with in this thesis. There will be two lenses through which the two texts will be studied. The first will be mad studies, a field within disability studies, and the second will be autobiography studies and, more specifically, the illness narrative. Both texts have been studied through feminist approaches, medical studies and social disability studies. However, what these studies lack is a deeper engagement with mad studies, a relatively recent development in disability studies. This thesis will thus contribute to the existing research by making a thorough comparison of the two texts through the lense of mad studies and autobiography studies. Mad studies focuses on individuals who identify, or are identified by others, among other things, as mad or mentally ill. Although the field is still in an early stage of development, Lucy Costa, one of its pioneers, as quoted by Peter Beresford and Jasna Russo, describes mad studies as:

An area of education, scholarship, and analysis about the experiences, history, culture, political organising, narratives, writings and most importantly, the PEOPLE who identify as: Mad; psychiatric survivors; consumers; service users; mentally ill; patients,

neuro-diverse; inmates; disabled - to name a few of the 'identity' labels our community may choose to use. (271)

Stemming from disability studies, mad studies thus holds a level of overlap with disability studies. Literary disability scholar Michael Bérubé identifies the alienation people with disabilities can experience from society and the role representations play in this. He explains that disability becomes a discriminating factor in such a way that it results in a differentiation between the actual individuals and the role they have in literature and culture, and the role that readers and researchers have in being able to read beyond the disability of a character or person. Bérubé also focuses on the accuracy of representation that has been and is currently available for characters and people with disabilities. This overlap between disability studies and mad studies thus results in a good position for the two novels to be studied next to each other in this thesis as both Plath's and Kaysen's text revolve around two individuals who both identify and have been identified as mentally ill. Through their experience of being hospitalized in a psychiatric institution they also experienced the impact by society and how problematic representation can negatively impact the way society views individuals with mental illness.

Autobiography studies is a developing field in which scholars focus on the concepts surrounding autobiography. Sidonie Smith and Julia Watson explain that "[a]utobiography, now the most commonly used term for life writing, [...] describes writing being produced at a particular historical juncture [...]" (2), and often focuses on a part of an individual's life or focuses on a recurring theme throughout an individual's life. As one of the scholars studying illness narrative, Thomas Couser's exploration of illness narrative explores how a story of illness can become a representation of one's entire life. His findings are an important leading stone for this thesis and will be further explored in the theoretical chapter. Plath's *The Bell Jar* is a fictional text that is inspired by the experience of the author while Kaysen's *Girl, Interrupted* is explicitly autobiographical. Both texts thus draw on personal experience but

reflect on this in different ways. Where Plath's text follows a chronological timeline, Kaysen uses many flashbacks throughout her text. Plath has created a fictional text by adding fictional elements to her personal story, where Kaysen in fact does the exact opposite: she added scans of medical documents throughout her text, which contributes significantly to the realism of the text. As Kaysen's *Girl, Interrupted* was written several years after Plath's *The Bell Jar*, this thesis will also explore the elements that overlap between the two texts and explore whether Plath's story influenced either Kaysen's life and writing. By combining literary studies, mad studies and autobiography studies, my thesis will explore the following research question: How do Sylvia Plath and Susanna Kaysen use representational strategies to represent their experience of mental illness?

As mentioned previously, the two novels have both been studied before. The existing scholarship on *The Bell Jar* can be roughly divided into three strands. First, there are scholars who focus on feminist theory within their discussions of the text. For example, E. Miller Budick discusses the role of Esther's womanhood and her reality through a feminist perspective. Next, there are scholars who focus on the medical treatment described within the novel, such as Romona Schmidt¹ who examines the psychiatric treatments by doctors and nurses, the medical gaze as a concept by Michel Foucault, and discusses the historical context of the time during which the treatment took place. Lastly, there are scholars who focus on the social view of female madness (rather than the medical view that is the focus of the previous approach) portrayed throughout the novel. Marilyn Boyer's research originates in gender studies and focuses on the linguistic implications of disability narrative. In her excellent article, Boyer focuses on the ineffectuality of language Plath encounters while writing the disabled body and the connection between the mind and body in the, as she states, temporary nature of this disability. Kaysen's *Girl, Interrupted* has been studied along similar lines: firstly, the feminist

¹ Schmidt does this for both Kaysen and Plath's text.

perspective. One of the feminist studies is the reading by Elizabeth Marshall, who focuses on the idea of feminine adolescence and the lack of understanding that exists for girlhood in general, and the impact this has on the popularity of texts such as *Girl, Interrupted* among young women. Next, the medical perspective, which largely focuses on treatment and also the trauma of involuntary hospitalization Kaysen experienced, and the results of this removal of personal authority. This type of research also focuses more on the actual interactions between medical staff and the patients, and the difference between male and female staff's communication with patients. Additionally, Thomas Couser also shows that Kaysen's strength lies in her undermining and questioning of the medical discourse surrounding her diagnosis, how this would have been done in other times while at the same time steering clear of potentially romanticizing her condition and situation. Lastly, the studies that focus on the social understanding of disability: for example, Michael Wehmeyer uses the text to discuss what he defines as mental disability, explaining that this is the "loose popular cultural category of 'madness'" (293). Finally, most of the existing comparative research on the two texts is also done through a feminist or a medical framework. This thesis will conduct a comparative close-reading analysis of the two texts through the focus of disability studies and mad studies, and thus build upon and develop further the existing research.

The thesis is divided into five chapters, the introductory chapter, three research chapters and a concluding chapter. The second chapter will create a theoretical framework by discussing the connections between disability studies, mad studies, and autobiography studies. The focus will lie largely on the first two fields of study but will include a section on autobiography studies due to the genre of the two texts. The third chapter will be a close reading of *The Bell Jar* with the help of the theoretical framework established in the first chapter. The fourth chapter will then be a close reading of *Girl, Interrupted* using this same framework. Lastly, the concluding chapter will be used to compare and contrast the two in depth analyses, and aim to

answer the research question based on the combination of the findings in the close reading chapters. The methodology of the research will thus be a combination of theoretical analysis of the fields of study my thesis will work within and close reading of the two case studies: *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen. These two novels are at the forefront of the representation of mental illness in literature. In recent years there has been a boom in mental health publishing with, for example, the Amazon main bestseller list looking very similar to their mental health bestseller list. There thus seems to be a growth in understanding mental health issues, which literature is contributing to. The two texts used for this thesis were pioneers in this field of literature and as such the texts are still relevant factors in the growth of the literary field and contribute to the growing understanding of mental health and mental illnesses.

Chapter 2: Theoretical background

Literary disability theory originated to attempt to dispel the inaccurate literary representation and the stereotypically negative use of disability to represent aberration within narratives. Alice Hall's *Literature and Disability* is one of the main starting points this thesis will work with. Hall's text focuses on many different perspectives within disability studies and introduces the term literary disability studies as it will be used here. Literary disability theory dissects how disability functions in literary theory, critiques the ways in which disabilities have been portrayed in literary works throughout history and examines how this continues in contemporary times. Hall discusses how fictional characters with disabilities are often invoked as straightforward symbols of evil, exoticism, weakness and/or ugliness (32). At the same time, literary disability theory strives for a more accurate representation of disability in culture, but this can only be done when society learns to understand how disability has originally been represented in a harmful manner. Hall also explains the origin of disability studies as an activism-based movement and explains that this is why it easily lends itself to be compared with feminism. Disability studies originated from the feminist movement, even though feminism initially silenced disabled individuals. Feminist disability studies originated nonetheless, and went through three waves of activism. The first wave is described by Garland-Thomson, as quoted in Hall's book, as retrieval, searching for representations of disability in the form of cultural representations through written and spoken word performances, in novels, plays, poems and more, in which the disabled experience is captured but not acknowledged. This is a retrieval and cataloguing of inappropriate representations (42). The second wave of activism is labeled reimagining. In this wave activists both resist and rewrite oppressive scripts and aim to include works that were written by (often) women with disabilities into the cultural framework (42). Lastly, the third wave of this activism is labeled rethinking, which also aims

to include an intersectional approach, portraying disability studies in relation to other fields (43).

Garland-Thompson suggests that literary representations feed directly into cultural perceptions of disability; she is highly attuned to the power of literary criticism to carry out important social and political work by highlighting the socially constructed nature of disability as a set of representations, narratives or figures. (Hall, 43)

This quote shows the way Garland-Thompson explains the importance of literary representations to understanding disability in a society. As this thesis aims to build upon this concept and explore the literary representation of disability in Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*, Garland-Thompson's research is an important building block for this research.

Disability studies have mostly been focused on physical disability. One scholar that explores this dimension of disability studies in literature and representation is Michael Bérubé. In his article, *Disability and Narrative*, he discusses the relationship between fiction (or storytelling) and disability. He shows examples of how disability is present in many well-known narratives, for example *Huckleberry Finn* or *Finding Nemo*, even though disability is not one of the themes people generally talk about when they discuss these stories (568). Bérubé then discusses that when narratives are placed in worlds where discrimination is based on people's disabilities or mutations, it is often the case that this world is then indifferent to race. According to Bérubé this often happens in science fiction which he calls the employment-discrimination genre, where one's (in)ability to work within the norms of the narrative's society is what one is discriminated upon rather than race or gender (569). He then goes on to show that discrimination is also at work in narratives in which characters perform above a certain societal standard, such as in the *X-men* stories (569). Bérubé then continues to discuss how a

large part of disability studies in literature has focused on how an individual (character) is portrayed in narratives. He explains:

This strand of disability studies has tended to focus on the representation of human bodies and to insist that Western literature of the past two millennia has often participated in the Christian tradition of reading disability as an index of morality – or, alternatively, as a sign of God’s grace or of his wrath, of his capacity to heal the sick [...]. (569)

Literature, according to Bérubé, has often used disability as a means to portray ‘evil’ characters, or those with disability as punished by God. Part of the work done in (literary) disability studies is to point out these characters and stories and “critique them for their failure to do justice to the actual lived experiences of people with disabilities” (570). This is an ongoing task for (literary) disability studies as many literary texts continue to be read as accurate representations. This is counter-intuitive to how literary scholars usually read texts as they tend to search for symbolism rather than taking a text at face value. Bérubé points out that in the case of disability this is a different scenario, people with disabilities cannot only be used to symbolize horrors and negativity as this is not representative to the actual reality of people with disabilities (570). Bérubé explains how disability studies has been able to “call attention to the many figural uses of disability” (570) and points out the unknown of bodily differences. He then turns to what he calls imperceptible disabilities and examines the way in which these hold a place of fascination in literature, known as madness (571). He explains that these are the stories of people who cannot always narrate their own experience but should still be represented. How to do this in a representative and non-exploitative manner is then the responsibility of those who narrate these experiences for others who cannot do so themselves (572). Bérubé concludes by stating:

Rereading narrative from the perspective of disability studies [...] leads us to reread the role of temporality, causality, and self-reflexivity in narrative and to reread the implications of characters' self-awareness, particularly in narratives whose textual self-awareness is predicated on the portrayal of cognitive disability. (576)

In sum, he shows the implications and impact of disability studies on literary studies and invites a rereading of these texts in order to change the way in which people with disabilities are represented and the number of representations that exist.

Additionally, Dan Goodley explores the field of critical disability studies and shows the ways in which the themes in this field relate to the original field of disability studies, but more importantly, how it addresses certain themes missed in disability studies. Critical disability studies could thus also be seen as the contemporary version of disability studies (631). The word critical is also used here as a way to allow scholars to evaluate the field from within, by building and growing from what exists and introducing new elements and themes to the field based on what is happening in society. This way, both society and the field are able to grow together. One of the first things that contemporary disability studies contributed was differentiating between the body and disability. Scholars argued that rather than seeing causality between having an impaired body and thus being labeled as an individual with a disability, society was in fact the reason someone was labeled as disabled (634). By labeling individuals with impaired bodies as disabled, there is an automatic stigma put upon them. Instead, as some scholars in phenomenological disability studies argue, looking at the possibilities for and of someone who has an impaired body will allow for a better understanding of 'disability' and how it is then viewed in society (635). The next theme critical disability studies was able to address was finding recognition for disability studies within other fields and addressing its struggle to gain recognition from other fields. By acknowledging this, scholars are able to show the need for the field to be seen in an intersectional light because

“[i]ntersectionality is not simply about bringing together these markers but to consider how each supports or unsettles the constitution of one another” (636). By allowing for this intersectionality, scholars are also able to build on findings in other fields, or adapt these findings directly to how they could be interpreted within disability studies. One example of this is between queer studies and disability studies, where the concept of ‘compulsory heterosexuality’ can be translated to the idea of ‘compulsory able-bodiedness’, as people are expected to be able to act in a specific way to ‘fulfill’ their roles according to the societal ‘standard’ (638). Next, Goodley explains how globalization has allowed and forced disability studies to focus on more than Western Europe and North America. This has forced previously established theories to be challenged for their universality and thus allowing the field to once again grow into the contemporary state it is currently in (638). Lastly, Goodley addresses that “[a] key site of the oppression of disabled people pertains to those moments when they are judged to fail to match up to the ideal individual” (639). This statement is important as it shows that individuals are judged based on a frame that they are unable to fit in, and as such disability studies essentially aims to broaden this frame of judgement. Goodley thus shows that the way society thinks and sees people with disabilities is heavily influenced by the available representations. This thesis thus argues that the representations that literary texts offer can impact the way in which individuals with a disability are perceived by society.

Clare Barker and Stuart Murray discuss more explicitly how disability is related to and found in literature: “Disability is everywhere in literature. Whether in the bodies that populate countless narratives containing physical disability, or in the mental difference that informs so much detail about character and psychology, disability features in literary production as a constant presence” (1). This statement is important for this thesis as it shows how significant it is to have literary representations be accurate. Barker and Murray point out that characters with disabilities are either used as metaphors for being criminal or evil or portrayed as heroic for

living life as ‘normal’ as possible in a wheelchair. Neither are (necessarily) accurate representations of the lived experience of people with disabilities (4). Barker and Murray also discuss the idea of “disability gain” and how disability can enrich an individual’s life rather than the stereotypical idea that having a disability has only negative influences on life. They then continue by discussing literary disability studies further, emphasizing that while it is important and inevitable to study or read disability narratives on their own, it is important also to situate these texts and frameworks within the broader context they are written in, looking at disability and queerness or race in a text for example allows for an important intersectional critical reading. By reading texts in this intersectional manner, disability in literature becomes more apparent and “shows the ways in which disability representation is central to many of the core concerns of writing” (7). Barker and Murray reiterate that working with disability theory in this intersectional manner also allows for the field to grow and learn from the other fields (8).

A sub-field of disability studies has since developed, mad studies, which focuses on mental illness and cognitive disabilities. Mad studies developed out of but also in answer to disability studies. Lucy Costa is one of the pioneers of mad studies and she explains that mad studies focuses on people who either identify or are identified as mentally ill but can go beyond this as a main descriptor (Beresford and Russo, 271). Brenda LeFrançois, Robert Menzies and Geoffrey Reaume’s reader *Mad Matters* focuses on Canadian mad studies, but their approach has since been used to further mad studies more globally. In the introduction, they state “we explore here the various ways to take up the matters of “psychiatrization,” “madness,” the oppression and agency of mad subjects, and the battle against psychiatry and psychiatric discourse as a way to introduce mad studies as an emergent field that matters” (1). They continue by explaining that mad studies incorporate a lot of different elements within the psychiatric, medical and biological field, as well as humanitarian holistic perspectives which

all have a place within the discourse of mad studies (2). Mad studies thus incorporates many perspectives and includes more than only studying those who are deemed to be ‘mad’:

[W]e are not locating “Mad Studies” as originating solely within the community of people deemed Mad, but also as including allies, social critics, revolutionary theorists, and radical professionals who have sought to distance themselves from the essentializing biological determinism of psychiatry whilst respecting, valuing, and privileging the Mad thoughts of those whom conventional psychiatry would condemn to a jumble of diagnostic prognostications based on subjective opinions masquerading as science. (2)

LeFrançois et al. show here that in order to understand those we study in mad studies, there are many elements to be taken into consideration, both other people and other disciplines. Examining the history of mad studies, they identify the post-World War II time as a starting point as this drastically changed the mental health and therapeutic discourse and practice (3). This coincided with the collapse of the asylum system as society became more widely aware of mental health concerns and the field of psychiatry was able to expand by creating the first DSM, *Diagnostic and Statistical Manual*, allowing for better and more consistent diagnoses to become available (4). For the first time people were able to meet and find others struggling with their mental health and so this continued the evolution of the mental health discourse in society (6). This movement was also met with many concerns as it also made psychiatric treatments more widely available, more people self-diagnosing and self-medicating, and people still being confined against their will (5). LeFrançois et al. describe how the wider availability of medication was both a positive and a negative thing to happen, as this also allowed electroshock and other previously problematic treatment methods to regain respectability (7). Furthermore, the lack of funding for psychiatric institutions was described to be due to “long-standing systemic prejudices” (7), which continued the changing discourse surrounding mental

health in society. The problems in psychiatry grew as the diagnosing of children became more common. At times this meant that people used diagnoses to cover up abuse and aimed to label any child deviating from the ideal norm. In order to fully understand the many players involved in increasing the understanding in the psychiatric field and madness discourse, it is thus important to understand its history in (Western) society and the many elements that influenced it. LeFrançois et al. explain the evolution the term madness underwent: “Once a reviled term that signaled the worst kinds of bigotry and abuse, madness has come to represent a critical alternative to “mental illness” or “disorder” as a way of naming and responding to emotional, spiritual and, neuro-diversity” (10), and how it now allows for the acknowledgement and validation of “these experiences as authentically human” (10). LeFrançois et al. further state that mad studies aims “to engage and transform oppressive languages, practices, ideas, laws and systems, along with their human practitioners, in the realms of mental “health” and the psy sciences, as in the wider culture.” (13). Mad studies has emerged as an interdisciplinary field. The change in perception of psychiatry also significantly influenced the perception of mad studies and individuals considered to be mad. The equality in both representation as well as the ability to move through life is one of the main motivations behind the activism in mad studies.

Peter Beresford and Jasna Russo continue building on the conversation that *Mad Matters* by LeFrançois et al. began. They also show that mad studies is not the first progressive field as it is built upon other fields and benefits greatly from intersectionality with other fields, learning and growing further through their establishment (271). “[...] Mad studies should be associated with explicit principles that are established through process of open dialogue and negotiations.” (271). Beresford and Russo also focus on the relation of mad studies to disability studies, as it evolved from the latter. They explain that it is important to study within both these fields in connection to the other as they can learn from, are related to and can show how they are different from each other – all with the aim to grow the field they are in (272). Similarly to

Goodley, they focus on the idea that people's disability is not created by their impairment but by society's reaction to their impairment (272). This is an important idea that will be used to study the two texts, *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen, in the following two chapters of this thesis. Beresford and Russo continue by aiming to create a strategy within which mad studies can continue to grow on these ideas they have established, rather than just talking about them (as criticism of the field points out). In order to do this, they suggest several courses of action. Mad studies would need to establish a way in which activists and disabled people are less divided from theorists. In direct relation to this, theorists and scholars would need to start working together with the people they are studying, but also with the organizations that represent these people. Only that way mad studies could be useful to the actual people they are studying, where theorizing only will not establish the field as contributing to the change in the actual lives of people with disabilities. The mad studies movement must become more diverse in its approach, in all areas, allowing for the field to become more inclusionary. By going beyond the ways in which scholars now work from mainly the concepts of mental health and psychiatry, in addition to continuing to build connections with people and organizations outside of academia, will allow the field to gain more of an impact on mainstream society (273).

Finally, it is useful to briefly mention Shoshana Felman's approach to the topic in her book *Writing and Madness*. Felman explains that having madness become a more mainstream or common topic is not always positive, as it becomes easier for stereotypes and misconceptions to establish their place in society, and thus it becomes harder to then get rid of these misconceptions. Felman also comments on the interplay of exclusion and inclusion, "[m]adness usually occupies a position of *exclusion*; it is the *outside* of a culture. But madness that is a *common* place occupies a position of *inclusion* and becomes the *inclusion* of a culture" (13). By becoming more common and more mainstream, madness has a new place in the culture

of society as well. Felman goes back to Foucault's *History of Madness* and reflects on how the historic task was to give madness a voice, resulting in a dialogue *with* madness rather than a discourse *about* it. But now that it has become more mainstream, it is often the case that there are texts speaking about madness rather than finding a way of listening to madness itself (14). The question is thus, according to Felman, whether writing madness and writing about madness should be expected to unite and whether perhaps writing itself could be the means to do just that. Giving voice to the way an individual experiences madness is what both Sylvia Plath and Susanna Kaysen have aimed to do. Some forms of madness can perhaps not be put precisely into words but an attempt to illustrate what this madness means to them is what both authors do. Felman is thus a good source to begin this analysis from, as she examines "in what way literature and madness are informed *by* each other, in the process of informing us *about* each other" (16). Literature, according to Felman, could thus give voice to madness but is not always capable of fully explaining the way a person experiences madness if they do not have the capacity or the language to explain it. Representing madness is, thus, also a matter of translation, between languages, but also within one language, because "[t]he way we think and speak arises out of decisions our language has already made for us" (18-19). Felman explains that "[t]o speak about madness is to speak about the difference between languages: to import into one language the strangeness of another; to unsettle the decisions language has prescribed to us so that, somewhere between languages, will emerge the freedom to speak." (19). This quote reiterates that the way a person who is labeled mad can describe their experience with madness is dependent on not only their capacity of performing language, but is also influenced by the language they are capable of using. Every language has its own forms and functions which may not be translatable for the sake of studying madness. For this thesis, the texts that are studied were written in English by native English-speaking authors, but, as the author of this thesis my understanding of their use of language comes with English being my second

language. Whether this has an influence on the interpretations presented in this thesis is something I will thus have to discuss in the concluding chapter of this thesis.

In order to further understand the importance of self-representations of people with disabilities, I now turn to autobiography theory. Although *The Bell Jar* is semi-autobiographical, the elements of autobiography in Plath's text are still sufficient for a discussion of this text using autobiography theory. Kaysen's *Girl, Interrupted* originates from a similar background as Plath's text. Both authors dealt with mental health problems and both were born in a similar sociodemographic, both having been institutionalized in the same hospital. According to Sidonie Smith and Julia Watson, autobiography studies focuses on life writing as a performative manner of story-telling that allows for an individual to (re-)claim the way in which their story gets told before someone else can do so (61). Furthermore, they explain that autobiography displays more than an individual's life or part of their lives, and in fact focuses on their positioning in society, and as such the individual cannot be seen separately without acknowledging the impact their surroundings have on the narrative (91). Thomas Couser, in *Recovering Bodies: Illness, Disability and Life Writing*, explores the connection between autobiography and marginalized individuals, explaining that this is potentially one of the reasons autobiographies as a discourse and a field of research is marginalized itself (4). As mentioned in the introductory chapter, he explores the form of life writing known as illness narrative, asking questions to discover when a story of ailments or disease becomes a representation of an entire life but also how illness can be both the main focus of a text as well as only a theme or element. He explains why these illness narratives tend to be a part of life writing because "narratives that confine themselves to a chronological clinical account of illness do not get published (outside of medical discourse)" (Couser 14). Couser discusses how life writing and illness narratives are connected:

Although it may seem counterintuitive, narratives of somatic dysfunction tend to become life writing to the degree that the writer identifies the self with the body. Thus, pure illness narrative tends to disengage the body from the self in the way that medical discourse often tends to do. Full life-writing is facilitated, authorized, or even required when one assumes that what happens to one's body happens to one's life. (14)

The illness narrative is thus an important new form of life writing. Couser then continues to explore the dynamics of those who are ill or have a disability with those who are in charge of representing them – risking mis-representation when someone is not able to present a self-representation (14). A reason why some people experiencing illnesses or disability may want to create their own illness narratives, according to Couser, is both to reflect on their own experience but also to share their experience with others going through the same or similar things (15). The importance and differentiating factor of illness narratives, in comparison to other types of narratives, is that everyone will at some point in their lives be ill, and as such, everyone could or will identify with an illness narrative (16). Couser explains that “[o]ne of the most fundamental functions of illness narrative [...] is to validate the experience of illness [...]” (293). By narrating and sharing the experience of disability, people are able to connect and discover how their illness can function in their life other than disabling. For those who read these texts who are not disabled, it is less clear-cut what the effects are to them. People could be picking up these books to self-educate, better understand those around them but also simply to enjoy a well-written text (293). Altogether it is thus important for illness narratives to gain their place in literature as this presents more opportunities for self-representation of disability and illness. When there are more accurate self-representations, it also becomes easier to identify the existing misrepresentations and create more positive literary representations, and, in turn, a more positive societal view of people with disabilities.

Following Garland-Thompson's and Felman's reasoning discussed earlier in this chapter, literature and art can be considered the place where madness can speak. Literature and art provide a space where representations can be introduced to society and influence the way any topic is viewed culturally and as part of society. Thus, literature and art allow for the creation of dialogue and create potential acceptance of previously unspoken or unwanted structures. In representing madness in literature, disciplines and society are pushed to expand their boundaries of their ideas of normality and create space for more than one idea of normal. The combination of mad studies and illness narrative will guide me for the next two chapters in this thesis. Hall's exploration of literary disability studies and its aim to both dispel inaccurate representations and provide more accurate representations, will guide my analysis of how Plath and Kaysen portray their disability. Although Hall's text focuses mainly on physical disability, her approach is still very useful to this thesis as it makes an excellent connection between disability studies and literary studies. Additionally, as mad studies stem from disability studies, connections can thus still be drawn from her text for the purpose of this thesis. Next, I will examine how both texts, and their protagonists, function within their label of madness and explore how this impacts the portrayal of both the protagonists and of mental health within the text. Then I will discuss the importance of self-representation within these texts, to understand whether they fulfill the function of providing an accurate portrayal of people with disabilities, and thus whether they contribute to a more positive understanding of people with disabilities from a societal standpoint. Lastly, by exploring specific themes and motifs within both texts; the motif of the bell jar and glass imagery, the prison and safety imagery, and the water and rebirth imagery, I will aim to showcase how the authors use representational strategies to represent their experience of being individuals with mental illnesses.

Chapter 3: *The Bell Jar* by Sylvia Plath

I saw myself sitting in the crotch of this fig tree, starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest, and, as I sat there, unable to decide, the figs began to wrinkle and go black, and one by one, they plopped to the ground at my feet. (77)

Sylvia Plath's *The Bell Jar* begins with Esther Greenwood, the protagonist, in New York during her internship at a magazine. Together with eleven other young women who are her fellow interns at the magazine, she stays at a hotel and attends various events which are organized by the magazine. Here the first symptoms of a depressive episode manifest themselves as she becomes aware that her feelings deviate from what is considered normal; rather than being happy with her circumstances and enjoying the opportunity, she feels numb and indifferent. After experiencing an attempt at sexual assault, she returns to her mother in Boston where she reflects on her time with boyfriend Buddy Willard, a medical student who she has conflicting feelings about after discovering he had a sexual affair. During her stay with her mother, Esther finds out that her application to attend a summer program for creative writing was rejected, which is when her mental illness progresses to a severe depressive episode. She then meets with Dr. Gordon to get treatment for her depression and to recover, but instead he performs a series of unsuccessful electroshock treatments which causes her to feel worse and she becomes suicidal. After the attempt to take her own life she is brought to hospital where she meets Dr. Nolan at a private psychiatric hospital. Esther meets a high school friend in this hospital, Joan. Joan leaves the institute first and Esther visits her when she gets privileges to leave the hospital.

On one of these visits Esther meets a man and Joan helps her to the ER after Esther hemorrhages from a non-consensual sexual encounter with him. Shortly after this incident, they both return to the hospital. Joan commits suicide while Esther's mental state improves. The novel ends with Esther's final interview in the hospital prior to her release and she hopes to be returning to college. Esther is frequently misunderstood by her family, friends and society, as they don't comprehend why she would be depressed or want to commit suicide; her life seems to be in order from an outsider's perspective. Through illustrating the experiences of Esther in the novel, and with the help of some key themes, motifs, and strategies, Plath represents and expresses her own mental illness. The novel is written in chronological order with occasional flashbacks to help the reader understand important aspects of Esther's life. The novel starts with her internship at the magazine in New York, therefore, any events that occurred before that summer are shown through the use of flashbacks.

The novel opens with a striking statement: "It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York. I'm stupid about executions. The idea of being electrocuted made me sick [...]" (1). This quote presents a foreshadowing of her own electroshock therapy she would receive while in hospital later in her life. By setting the tone in this manner, Plath prepares the readers for both her own electroshock treatment and the destructive impact this would have on her and on patients more generally. Besides such ominous foreshadowing or flashback techniques, another striking stylistic choice that contributes to the representation of madness in the novel is the repetition of words. Consider, for example, one of the more famous quotes from the novel: "I took a deep breath and listened to the old brag of my heart. I am, I am, I am" (243). It represents her heartbeat but is also a reassurance that she is alive, offering a calming gesture to both herself and her reader.

Plath's ability to describe Esther's mental pain takes on extraordinary forms and images, as can be seen in the opening quote of this chapter. As discussed in the previous chapter, Felman explains how an author's ability to showcase and explain their pain or experience largely has to do with the way in which they are able to use language. As seen from Plath's oeuvre in her short lifespan, she had a special ability to work with the English language and is therefore better equipped to formulate her experience with mental illness than someone who is not a writer or artist. This is one of the reasons Plath's book was chosen as one of the main texts for this thesis. "Now that it's become socially acceptable to talk about such things [mental illness], it's easy to forget that reading *The Bell Jar* brought us an understanding of the experience that made such openness possible" (foreword by Frances McCullough, xv). This quote presents another reason this work was chosen: at the time it was groundbreaking for a text such as *The Bell Jar* to be published, giving voice to mental illness, and for an individual to express their experience with mental illness.

The imagery of glass is the most striking representational device used in the novel to demonstrate madness. Primarily, this shows how Esther's mental illness entraps her and how she experiences it. Secondly, it links directly to the title of the novel and is the most important image portrayed in the novel: the bell jar. By showing how it feels to be inside the bell jar, the narrator shows how it makes her feel that there is a world she is not a part of, the world everyone else is living in without her. The way the bell jar acts as a restrictive mechanism that her brain, or illness, created can be seen in the following quote, when she describes its lifting: "All the heat and fear had purged itself. I felt surprisingly at peace. The bell jar hung, suspended, a few feet above my head. I was open to the circulating air." (215) This quote also functions to show the impact of the 'self-imprisonment' the bell jar had on her before it lifted. The imagery of the bell jar as being lifted, but not gone entirely, thus portrays her experience to function better with her mental illness, by showing the impact the lifting of the bell jar has on her well-being

and experience of the world. Moreover, the imagery of glass is used more generally throughout the text, without mentioning the bell jar specifically: “My hand advanced a few inches, then retreated and fell limp. I forced it toward the receiver again, but again it stopped short, as if it had collided with a pane of glass” (118). This type of imagery showcases times when Esther feels imprisoned in her own mind or body due to the mental state she is in. The glass imagery appears at strategic points throughout the novel. The bell jar is invoked whenever Esther’s mental health declines or she feels entrapped by the pressures that are put on her through society’s expectations. This recurs throughout the novel from her time at her internship in New York to the ending of the novel when she uses the bell jar to describe her recovery. Additionally, there is a recurring feature of glass imagery in the form of windows. Throughout the novel individuals are found looking through windows as they reflect, whenever a character stands by a window this is mentioned, and when there are no windows in a room or corridor this is emphasized to illustrate the sense of imprisonment further.

As discussed in the second chapter, Goodley focuses on the idea that people’s disabilities are not created by their impairment but by society’s reaction to their impairment (272). In Plath’s text this can be seen as well. First, by the fact that Esther is hospitalized when she is deemed incapable of functioning on her own. The story is set in a time where there were fewer options for recovery or coping for people with mental illnesses. In contemporary times an individual with mental illness would have more options for treatment, for example medications which are better developed now than they were at the time of the novel and during Plath’s lifetime, and there are different forms of psychotherapy which are more widely available. At the time of the novel, this was less developed, resulting in the grouping together of many people with vastly different conditions in clinics and hospitals. Here they would receive drugs to calm them down, essentially numbing and silencing them, and oftentimes these drugs were not designed or prescribed for recovery but for sedation. When Esther walks

through Doctor Gordon's private hospital, she describes her first impression of the other patients. She is put in this hospital because her doctor thinks she is not recovering enough (in his opinion) and deems she needs electroshock therapy. As she enters the hospital she says: "Then I realized that none of the people were moving." (141). This immobilization will have been the result of drugs and it is important to note the way these people were all put away and drugged in order to separate them from general society. After her suicide attempt Esther says "The more hopeless you were, the further away they hid you" (160). In today's society, hospitalizing people with mental illness will more likely happen on a voluntary basis and it is still a treatment option, but less so than at the time the novel is set. Largely, this is due to the increased understanding of the different diagnoses of mental illnesses, and the greater knowledge of coping strategies and treatment options – people are more often helped with the aim of re-entering society, rather than being and staying locked away so that the majority of the society does not get confronted by these individuals. Esther is made to undergo electroshock therapy, a common treatment of many mental illnesses at the time, as it was believed that people would be less likely to suffer from a manic episode, or would be less hysterical, when in truth it numbed the patient or damaged their brain. When Esther is prescribed to receive more of these electroshock treatments, Doctor Gordon tries to make Esther's mother feel better by saying "A few more shock treatments, Mrs. Greenwood, [...] and I think you'll notice a wonderful improvement." (145). The question here is to whose benefit the improvement will be. If this is done to show that the electroshock treatments work and take away the patient's symptoms, this could be beneficial to the doctor and the hospital. However, as we now know, this treatment using drugs and shocks does not help the symptoms but instead it results in the numbing and dulling of the patients making them passive and docile. Rather than improving their state of being or treating the actual mental illness, the drugs and shocks can contribute to the worsening of the mental illness, as can be seen when Esther is treated with electroshock by

Dr. Gordon and she becomes more agitated and depressed from the malfunctioning of the treatment. Additionally, it can be argued that this causes a vicious circle when the patients are numbed by the ‘treatment’, as it contributes to the continued depressed state of the individual. Returning to Foucault and Felman’s discussion of the importance of giving madness a voice, this is precisely what Plath is able to present. Plath shows that while society, drugs and shock therapy aim to silence her and others with mental illnesses, she is not willing to be silenced and writes a book in which she is able to speak up about her madness.

One of the other important themes in *The Bell Jar* is fertility and (re)birth. Much of this visualization happens with the imagery of children and plants. “The thought that I might kill myself formed in my mind coolly as a tree or a flower” (97). The positive imagery of nature of a tree or flower that is combined with the envisioning of suicide, illustrates how it was not a problematic feeling in the deeply negative state of her mental illness, where people without mental illness would be frightened by this notion. “People and trees receded on either hand like the dark sides of a tunnel as I hurtled on to the still, bright point at the end of it, the pebble at the bottom of the well, the white sweet baby cradled in its mother’s belly” (97). The tunnel she envisions is similar to her idea of the bell jar, as discussed in the beginning of this chapter. The explicit mention of a “sweet baby cradled in its mother’s belly” is important as Esther’s mother is a significant factor in how her treatment unfolds and her admission to the hospital, or asylum as she herself calls it. The imagery of the baby in her mother’s belly indicates that Esther understands and sees this connection between her mother and herself as a baby. Esther’s mother, Mrs. Greenwood, seems to be very well put together, she is the epitome of what was expected of women at the time – she taught shorthand as she found it essential for women to know a practical skill to be hired as a secretary, valued chastity, which is portrayed when she sends Esther an article on the importance of virginity, and tries to teach Esther the significant value of her domestic duties. Mrs. Greenwood pays for Esther’s time in the hospital but also

shows that she does not want to associate her daughter with madness. This relationship between Esther and Mrs. Greenwood appears to be inspired by the relationship between Sylvia Plath and her mother, Aurelia Plath, who had a similar impact on Sylvia's life, one of the clearest examples being the influence Aurelia had in delaying the publication of *The Bell Jar* in the United States after Sylvia had passed away.

An important turning point in Esther's relationship with Buddy happens in the novel when they witness the birth of a baby when she visits him in medical school. "You oughtn't to see this, [...] you'll never want to have a baby if you do. They oughtn't to let women watch. It'll be the end of the human race" (65). When she is told this, she reflects on the idea that women are presented an idyllic view of childbirth but that the reality is hidden from women until they personally go through giving birth. Not being honest about the effects on the body of a woman² after giving birth, reveals another form of silencing women to make their own decisions or providing women with access to all the information relevant to them. "To the person in the bell jar, blank and stopped as a dead baby, the world itself is a bad dream" (237). This quote compares the person in the bell jar to a dead (possibly stillborn) baby. She implies that being in the bell jar is as if being dead, there's no future and no prospects. In the context of birth, the recurring image of a hot bathtub in the novel is significant as well:

There must be quite a few things a hot bath won't cure, but I don't know many of them. Whenever I'm sad I'm going to die or so nervous I can't sleep, or in love with somebody I won't be seeing in a week, I slump down just so far and then I say: I'll go take a hot bath [...] I never feel so much myself as when I'm in a hot bath. (19, 20)

A few sentences later she describes more clearly how being in a hot bath makes her feel as if back in the womb: "The longer I lay there in the clear hot water the purer I felt, and when I

² An individual with a (working) uterus, in the context of the novel the binary genders are assumed and as such that is why the term woman is used in this thesis.

stepped out at last and wrapped myself in one of the big, soft white hotel bath towels I felt pure and sweet as a new baby” (20). When newborns bathe in hot water they enjoy it as it resembles the warmth and wetness of their mother’s womb. Her experience of this being a safe place later in her life represents her desire for a safe haven similarly to what she knew as an unborn child. Although these quotes of a hot bath are from early in the novel, her desire for and memory of hot baths recur throughout the novel. Baths and bell jars are two of the main motifs Plath uses to illustrate feeling both safe and trapped, both objects in which one can sit or be in.

Experiencing depression oneself is often the only way any individual will be able to understand what it is like to be depressed. Oftentimes depression can be completely misunderstood by others, which generally makes it even more difficult for people to seek and ask for help or address their mental illness. This fear of being dismissed or misunderstood is illustrated very well by Plath in the following quote:

[I]f my Class Dean had known how scared and depressed I was, and how I seriously contemplated desperate remedies such as getting a doctor’s certificate that I am unfit to study chemistry, the formulas made me dizzy and so on, I’m sure she wouldn’t have listened to me for a minute, but would have made me take the course regardless. (36)

By showcasing the negative headspace and intensity of how a depression feels, Plath uses daily mundane tasks and events to explain the way in which depression limits an individual’s experience of everyday life. In the above quote she also demonstrates very clearly how society thought about depression at the time. A relatively simple task of applying to a class in university, results in an unreasonable amount of stress and anxiety and she gets physically unwell just thinking about the content of these courses: “If I had to strain my brain with any more of that stuff I would go mad” (35). Later she describes another element to express how a depression can feel, that even the action of getting out of bed can be too much to fathom in this state: “I decided not to go down to the cafeteria for breakfast. It would only mean getting

dressed, and what was the point of getting dressed if you were staying in bed for the morning?” (53). Plath educates the readers who do not have experiences with mental illnesses by illustrating the incapability of doing mundane tasks. Another moment in the book where she expresses this type of frustration with daily life is later in the novel: “It seemed silly to me to wash one day when I would only have to wash again the next. It made me tired just to think of it. I wanted to do everything once and for all and be through with it” (128). Once again, this demonstrates the importance of self-representation, as someone who does not have this understanding of being depressed or mentally ill can never truly know what it is like to go through such an experience.

The positioning of madness and individuals with mental illness in society at the time of both the novel and Plath’s life was not positive. Oftentimes people were labeled as mad when they were mentally unstable or had a mental illness. By putting this stamp of madness on a person, their experience of life changes significantly and the way they are able to heal is also impacted. In the novel, the narrator states: “[...] when people found out my mind had gone, as they would have to, sooner or later, in spite of my mother’s guarded tongue, they would persuade her to put me into an asylum where I could be cured. Only my case was incurable.” (159). This relates to the quote mentioned earlier in this chapter from page 160 of the novel, where she states that the madder a person was deemed by society the further away they would put them. The quote also indicates that her mother has not been truthful to their community regarding how Esther is doing: “my mother’s guarded tongue” is trying to protect their image as to have this ‘damaged’ by Esther’s mental instability is deemed problematic. In a conversation in which Esther leaves the hospital, her mother says: ““We’ll take up where we left off, Esther,” she had said, with her sweet, martyr’s smile. “We’ll act as if all this were a bad dream”” (237). To label Esther’s experience with mental illness as a bad dream is not only problematic for the way society sees mental illness but also for Esther’s mental state and

recovery in itself. It diminishes the significance of her mental illness and undermines the fact that this is not simply a bad dream, this is Esther's reality. It illustrates how Esther's relationship to her family, her mother in this case, continues to be questionable beyond the expectations of womanhood she was expected to hold up but extends to the treatment of her mental illness as a secret that needs to be locked away, left behind and silenced. Being mentally ill is also often juxtaposed with being physically ill and the significant difference between how individuals are perceived by society when they are mentally ill in comparison to being physically ill.

I wanted to tell her that if only something were wrong with my body it would be fine, I would rather have anything wrong with my body than something wrong with my head, but the idea seemed so involved and wearisome that I didn't say anything. I only burrowed down further in the bed. (182)

This quote illustrates how Esther herself would be more understanding of her situation if she had a physical ailment instead of a mental one. Moreover, it shows that she is aware of society's treatment of her which would also be different if it was something physical and visible. "What was there about us, in Belsize, so different from the girls playing bridge and gossiping and studying in the college to which I would return? Those girls, too, sat under bell jars of a sort" (238). Here, Plath attempts to acknowledge this differentiation between the patients at the hospital with the individuals who might not be in the hospital but are nonetheless also enclosed in a certain oppressive bubble that they may be very unhappy in. The bell jar is thus broadened to include other women, perhaps the bell jar is not only used to explain mental illness but Plath also uses it more broadly to illustrate the restrictions suffered by women, and with that the restrictions she herself suffered as a woman as well.

"But I wasn't sure. I wasn't sure at all. How did I know that someday - at college, in Europe, somewhere anywhere - the bell jar with its stifling distortions, wouldn't descend again"

(241). Earlier Esther showed that she had serious difficulty with the prospect of repeating mundane tasks every day, perhaps not knowing that recovering from mental illness is an ever-ongoing, everyday task in itself. In today's society the concept of recovery from mental illness has become more well-known as the dialogue surrounding mental illness has improved, leading to an overall greater understanding from a more informed society. The novel ends with Esther starting her last interview before leaving the hospital. At the end of the novel, her high school acquaintance and fellow patient Joan has committed suicide and Esther attends her funeral. Esther herself has improved and is about to be dismissed from the hospital. Although they were friends, Joan's death initially doesn't seem to startle Esther as much as might be expected, perhaps due to her own understanding of feeling the desire to die prior to her recovery. Plath's own mental illness can be read throughout these parts of the novel as she herself would succumb to her mental illness shortly after the publication of the novel; *The Bell Jar* was published in January of 1963, Sylvia Plath committed suicide a month later in February of that same year. Plath had been able to escape her bell jar before, but it returned and seemed inescapable. With her death the novel became even more meaningful, while writing her story was her way of escaping from her past, she could not escape the bell jar any longer.

Chapter 4: *Girl, Interrupted* by Susanna Kaysen

The only odd thing was that suddenly I was a vegetarian. I associated meat with suicide because of passing out at the meat counter. But I knew there was more to it. The meat was bruised, bleeding, and imprisoned in a tight wrapping. And, though I had a six-month respite from thinking about it, so was I. (38)

In this analysis of *Girl, Interrupted*, it will become apparent that there are many similarities and overlapping themes between this text and *The Bell Jar*. *Girl, Interrupted* is written in the form of a memoir and showcases Kaysen's experience of being hospitalized at McLean Hospital, a psychiatric hospital in Massachusetts, in April 1967 aged eighteen years old. Kaysen visited a doctor prior to her hospitalization since she was said to have attempted to commit suicide by overdosing on painkillers, she denied this at the time. According to her memoir, during the consultation she had with this doctor, whom she had never seen prior to this visit, she did not discuss her suicide attempt but they conversed for twenty minutes about her personal life after which he decided she should be hospitalized. Before Kaysen can object, the doctor has put her in a taxi on her way to the hospital. In her memoir, Kaysen illustrates both her own experiences in the hospital as well as that of the other patients by addressing the stories she was told or observed. During her stay Kaysen recounts and reflects on her own experiences in life and begins to question her own memory of her hospitalization, which leads her to challenge her own sanity and how mental illnesses generally develop. While Kaysen is still in hospital she searches for a job as part of her recovery in order to re-enter society and discovers the difficulties created by societal prejudices for those who recovered from a mental illness. Near the end of the memoir, Kaysen has been out of the hospital for a few years and she encounters two of her former fellow patients, provoking her to once again reflect on the

concept of normalcy created and held by society. The memoir ends with Kaysen in a museum, reflecting on a painting she had previously liked and looked at before her hospital experience and now again for the second time. This painting entitled *Girl Interrupted at Her Music*, clarifies the title of her memoir. The change that took place in her interpretation of the painting showcases the changes that occurred in her own life and mental illness. This will be further reflected upon at the end of this chapter. *Girl, Interrupted* is written as a memoir and uses many flashbacks to illustrate the experiences of both the author and her fellow patients in the hospital. As such it does not follow a chronological structure but concludes at the end of her hospitalization with a reflection on her time there a few years after being released. The supposedly chronological narrative is shattered and interrupted by the medical discourse throughout the novel. The text is visually invaded by scans of her medical records to help illustrate the way she was dealt with, the misconstruction of what she was told and what was written in her medical records, and to illustrate the language that is used in these reports. This demonstrates how the institutional, medical and diagnostic language is used to describe her mental illness and shows the reader how this is radically different to her own descriptions and language. This stylistic choice and the short chapters creates a diary-like reading experience and allows Kaysen to move on from a topic without expanding on it instantly or at length. In order to explain mental illness she often uses words such as crazy, mad or insane: "Insanity comes in two basic varieties: slow and fast. I'm not talking about onset or duration. I mean the quality of the insanity, the day-to-day business of being nuts" (75). This type of language is somewhat damaging to the positive change in understanding of mental illness in society, but it simultaneously impacts the reader by creating an intensity surrounding the language of mental illness. This language is also representative of how society viewed individuals with mental illness. Because the text is autobiographical, she may have made the decision to write using the language she felt others put onto her and by doing so making the discourse her own by taking

control of the words used to describe her by society. Even in today's society people still use terms such as the nuthouse when referring to a hospital for patients with mental illnesses, even though the knowledge of the general public has significantly improved. "An observer can't tell if a person is silent and still because inner life has stalled or because inner life is transfixedly busy" (77). Hereby, Kaysen adds to the positive changes by articulating these kinds of sentiments throughout her novel in order to provide explanations and representations of this experience and state of mind. Perhaps it is not a fair assumption that people with mental illnesses should advocate for society's better understanding of their experience. However, people who have both the language, cognitive ability and the state of mind to put their reality into words are the only people who can add to this conversation and can thus speak about the experience accurately and contribute to the change that both the literary field and society need.

In *Girl, Interrupted*, Kaysen shows how she and the other patients were treated through the use of medication and electroshock therapy.

The only power they had was the power to dope us up. Thorazine, Stelazine, Mellaril, Librium, Valium: the therapist's friends. [...] Once we were on it, it was hard to get off. A bit like heroin, except it was the staff who got addicted to our taking it. "You're doing so well," the resident would say. That was because those things knocked the heart out of us. (87)

Where Plath described that the patients she observed were not moving, Kaysen explains how drugging the patients happened for the benefit of others rather than for the recovery or treatment of the patients themselves. There were more, now outdated, ways of treating the mental illness of the patients in the hospital: "We watched Cynthia come back crying from electroshock once a week. We watched Polly shiver after being wrapped in ice-cold sheets. One of the worst things we watched was Lisa coming out of seclusion two days later" (21). At the time, the doctors and nurses were likely under the impression that they were helping the patients, but

due to the lack of understanding of mental illness, the therapy methods were ineffective for the treatment of the illnesses. They may have been effective to eliminate (some of) the symptoms of the patients but as Kaysen states this was likely because ‘those things knocked the heart out of us’. This correlates to the attempt at silencing people with mental illness and Kaysen refusing to be silenced quite literally: by writing a book about her mental illness.

Society had a significant role in constructing Kaysen’s mental illness in the short time it took for her to be put away in a hospital. “An hour and a half is the most I’ll grant him. We can’t both be right. Does it matter which of us is right?” (71) Who is right matters in this case because the doctor she met for the first time does not discuss the choices she has regarding her treatment options, rather he quickly decides to ship her off to McLean Hospital, by default contributing to her label of mental illness. If society at large had had a better understanding of mental illness, her path to recovery through hospitalization might have been very different altogether. Although Kaysen denied it at the time, she was said to have tried to commit suicide by overdosing on pills. Kaysen also reflects on the way the patriarchal society played a role in constructing her mental illness. She explains that she did not always simply accept the way ‘things just are’: “‘Typists are not permitted to smoke.’ I looked around the room. All typists were women, all supervisors were men. All supervisors were smoking; all typists were not” (131). Continuing, she explains how she responded to these types of rules: “[...] I was the one person who had trouble with the rules. Everybody else accepted them. Was this a mark of my madness? All weekend I thought about it. Was I crazy or right? In 1967, this was a hard question to answer. Even twenty-five years later, it’s a hard question to answer” (132). It is very interesting that she uses the words ‘madness’ and ‘crazy’, as in this case their use are not signs of feminist language but instead she relates her rebellion to societies rules as a sign of her mental illness. At the time this would have seemed more logical to her than being aware that she had a feminist outlook on life. “‘The disorder is more commonly diagnosed in women.’

Note the construction of that sentence. They did not write, ‘The disorder is more common in women.’ It would still be suspect, but they didn’t even bother trying to cover their tracks” (157). Here, Kaysen demonstrates how language can impact a field and influence the way in which society contributes to the construction of (female) mental illness and vice versa.

Just like Plath, Kaysen uses glass imagery to illustrate the feeling of imprisonment or entrapment. “Every window on Alcatraz has a view of San Francisco” (6). By using the prison Alcatraz as a comparison to her experience in the hospital she creates a very clear feeling of imprisonment, resulting in a successful tool to impact her reader. By doing so she provides vivid imagery to the reader who is unaware of the effects of hospitalization. “He drifted toward the window again and looked out” (26). Kaysen receives a visitor while she is in the hospital, who reflects on her entrapment, which is what the quote portrays through the visualization of the window, which similarly to Plath’s text uses glass imagery. This glass imagery is used as a recurring motif throughout the memoir at times of reflection or as showcasing entrapment, as if perhaps being separated from the outside world through a glass window provides a layer of protection from society in order to reflect on one’s true inner being. The glass imagery is used closely with prison imagery in the memoir, by exemplifying the imagery of being inside versus outside, which Kaysen also does using the idea of a parallel world: “Another odd feature of the parallel universe is that although it is invisible from this side, once you are in it you can easily see the world you came from” (6). Someone who is mentally ill can be painfully aware that their experience and perception of the world is not that same as for others. On the contrary, those without mental illness will find it is near to impossible to understand there is this skewed version of the world for others. The parallel world also belongs to the prison-context, being kept away from society creates a parallel world for those who are imprisoned together. “[I]t is easy to slip into a parallel universe. There are so many of them: worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this

world and resemble it, but are not in it” (5). Kaysen illustrates how there is a world outside her mental illness she is not a part of, just as Plath did through the use of the bell jar. Kaysen does so more explicitly, by describing the hospital as a prison, and comparing it to Alcatraz, a high security prison. Consequently, she is able to set a certain tone for her reader to understand what happens in both her and other people’s minds who suffer from mental illness. Her roommate in the hospital, who was a junior in college and as such of a similar age as Kaysen herself, describes to her that: “[s]he was in a theater watching a movie when a tidal wave of blackness broke over her head. The entire world was obliterated - for a few minutes. She knew she had gone crazy” (5). The illustration of something being over her head and suffocating her, in this case using water imagery, to describe the darkness of her mental illness being suspended over her. Kaysen’s roommate uses a different image of being under water to illustrate the same, or at least similar, experience of emotion and depression as Plath does using the bell jar to describe this feeling of suffocation.

Being in the hospital the patients experience many things that individuals outside are not confronted with, such as their friends and fellow patients being fed drugs to diminish and silence their personality, made to undergo electroshock therapy or spend time in a seclusion room. In *The Bell Jar*, beside the use of the bell jar, Plath also shows the parallel between two worlds existing simultaneously, most explicitly in relation to the institutionalization she experienced by being in the hospital. “At first I wondered why the room felt so safe. Then I realized it was because there were no windows” (Plath, 127). By not being exposed to the world outside the hospital, due to the lack of glass - in the form of windows - Kaysen shows she feels safer, perhaps to show how the knowledge that there is a world outside in itself can be a stressor.

For many of us, the hospital was as much a refuge as it was a prison. Though we were cut off from the world and all the trouble we enjoyed stirring up out there, we were also

cut off from the demands and expectations that had driven us crazy. What could be expected of us now that we were stowed away in a loony bin. (94)

Locking away those with mental illnesses has long been a way to silence and ignore individuals with mental illness. “We were safe in our expensive, well-appointed hospital, locked up with our rages and rebellions.” (93) With the two previous quotes in mind it is important to reflect on Esther Greenwood’s experience as well, given that she was a patient at the same hospital although it is not focused on as much in Plath’s novel. Despite the fourteen-year difference between their hospitalizations, the two women experienced many similar treatments and prejudices from both staff and society.

Furthermore, the prison imagery continues through the illustration of the psychological entrapment. This is emphasized through the use of a recollection of a physical entrapment of fellow patients who were sent to the seclusion room:

The real purpose of the seclusion room, though, was to quarantine people who’d gone bananas. As a group we maintained a certain level of noisiness and misery. Anyone who sustained a higher level for more than a few hours was put in seclusion. Otherwise, the staff reasoned, we would all turn up the volume on our nuttiness, and the staff would lose control. There were no objective criteria for deciding to put someone into seclusion. It was relative, like the grading curve in high school. Seclusion worked. After a day or a night in there with nothing to do, most people calmed down. If they didn’t, they went to maximum security. (47)

The entrapment or ‘time away’ in the seclusion room is more useful to the staff of the hospital than to the patients themselves and attempts to silence them further, as demonstrated in the above quote. If patients returned from the seclusion room calmer and with less of their previous symptoms it was oftentimes more due to the fact that they could not cope with this lack of stimulus. Similarly to the drugs and electroshock therapy, the methods of treatment were

severely problematic. “One of the worst things we watched was Lisa coming out of seclusion two days later” (21) - by first illustrating Lisa’s energetic nature prior to having been in the seclusion room, Kaysen is able to show what kind of impact this entrapment can have on an individual without having spent time in the seclusion room herself. She is able to draw on her fellow patients’ experience to showcase the types of treatments they went through and the lack of understanding at the time.

After Kaysen’s first suicide attempt, where she tried to overdose on aspirin, her stomach is pumped. In the memoir she explains that: “I felt good, I wasn’t dead, yet something was dead. Perhaps I’d managed my peculiar objective in partial suicide. I was lighter, airier than I’d been in years” (38). Kaysen and other mentally ill patients, according to her and Plath’s texts, have a different association with death than people who have not had to contemplate this theme.

The only odd thing was that suddenly I was a vegetarian. I associated meat with suicide because of passing out at the meat counter. But I knew there was more to it. The meat was bruised, bleeding, and imprisoned in a tight wrapping. And, though I had a six-month respite from thinking about it, so was I. (38)

By comparing her own attempt to die with the death of the animals to supply the meat at the meat counter she passed out at, she emphasizes the feeling of already being partially near death. She feels even six months later that she was also ‘bruised, bleeding, and imprisoned in a tight wrapping’. Again, similar to Plath, she not only addresses the way that she experiences death and dying, but also makes connections to (re) birthing and the womb. ““There are tunnels under this entire hospital. Everything is connected by tunnels. You could get in them and go anywhere. It’s warm and cozy and quiet.’ ‘A womb,’ said Melvin” (121). Though, Kaysen counters this imagery because to her: ““It’s the opposite of a womb,’ I said. ‘A womb doesn’t go anywhere.’ [...] ‘The hospital is the womb, see. You can’t go anywhere, and it’s noisy, and

you're stuck. The tunnels are like a hospital without the bother'" (122). By using this comparison to represent her feelings towards the hospital, she establishes that she feels protected in the hospital similarly to being in the womb. However, earlier in the text she says that she experiences herself to be "Naked, we needed protection, and the hospital protected us. Of course, the hospital had stripped us naked in the first place [...]" (94). This imagery of life and death through the feeling of protection in a womb prompts the question whether the proximity to death, for example by (attempted) suicide, leads to an individual needing to feel the safety and protection such as they knew in the womb. Whether through a hot bath or a hospital, the womb is an illustration of a safe haven. Despite the fact that they are unable to get out of the womb, or perhaps because of this fact, it leads to a feeling of protection from the outside. To see people who have experienced near death or have felt the desire to die, crave the safety of a mother's womb is a very strong image that both Kaysen and Plath have used in their texts to put the experience of madness into words.

Language is a complex tool that limits or strengthens the way an individual is capable of putting their experiences into words but simultaneously it is a tool that can limit, or strengthen, the position of others in society. "They had a special language: *regression, acting out, hostility, withdrawal, indulging in behavior*. This last phrase could be attached to any activity and make it sound suspicious [...]" (84). This 'special language' was reserved for the staff to display how the patients were acting, when the patients themselves would have a different way of explaining this same behavior. For example as a setback, expressing frustration or emotion, being unable to contain their emotions, needing some time alone or taking the time to process their emotions and be kind to themselves. The knowledge that is required to express this type of sympathy or take this different approach to mental illness can in itself create a better understanding for the mentally ill individuals themselves. It can help them to understand what they are experiencing and that there are ways to deal with their own situation. At the same

time this different kind of approach is more common in medical professionals at present than it was during the time that Kaysen was in hospital. By approaching patients with mental illness in the way that the language indicates in the book, there is already a judgement placed upon them as if the individual has committed a crime by being mentally ill. Consequently, this leads the medical professionals to approach their patients as if they were imprisoned rather than hospitalized. This lack of knowledge is shown in the way that Kaysen compares her diagnosis to that of the other patients:

[...], I had a character disorder. Sometimes they called it a personality disorder. When I got my diagnosis it didn't seem serious, but after a while it sounded more ominous than other people's. I imagined my character as a plate or shirt that had been manufactured incorrectly and was therefore useless. (59)

Her diagnosis was never properly explained to her, and as such it is logical that she does not have access to this knowledge herself. Additionally, while in the hospital she does not have the opportunity to conduct research on her illness and therefore she is dependent on the staff to understand her illness and its treatment options. Although the text is capable of making the reader feel the frustration and negative atmosphere present in a mental hospital, the text also highlights the problems displayed in society's perception of mental illness and how this contributes to mental illness in itself.

Kaysen was in the hospital in 1967 at age 18 after which *Girl, Interrupted* was published in 1993. Sylvia Plath's *The Bell Jar* was first published in 1971 and she was in the same hospital as Susanna Kaysen but in 1953 at the age of 20. Shockingly, there are many similarities between their experiences in this hospital and so nothing really changed in the medical and psychiatric discourse in the 15 years between their hospitalizations. Kaysen reflects on the type of impact having been hospitalized at a well-known hospital has on both her and the other patients' lives:

In Massachusetts, 115 Mill Street is a famous address. Applying for a job, leasing an apartment, getting a driver's license: all problematic. The driver's license application even asked, Have you ever been hospitalized for mental illness? Oh no, I just loved Belmont so much I decided to move to 115 Mill Street. (123)

Furthermore, she explains that when people heard this address, when they had to state their address for crucial integration tasks, they were automatically dismissed as being mad and as such to be avoided. Because of this lack of knowledge in society it was deemed necessary to evade these individuals because society was under the impression that mental illnesses were contagious. Esther also experiences this when moving about in the world during and after her hospitalization. On re-entering the world outside the hospital Kaysen writes: "Some of us could, some of us couldn't. In the world's terms, though, all of us were tainted" (124). Kaysen also illustrates clearly how the societal impression of people with mental illnesses influences even those who suffer from mental illness themselves: "I began to feel revulsion too. Insane people: I had a good nose for them and I didn't want to have anything to do with them. I still don't. I can't come up with reassuring answers to the terrible questions they raise" (125). This can largely be attributed to her growing up in that same society that she is trying to re-enter, as such she will have been raised with and influenced by the same judgements and prejudices that she is now experiencing projected onto herself. Kaysen and Plath's experiences are separated by several years. In this time, society could have been expected to have undergone growth in its understanding of mental illness but as evidenced in Kaysen's memoir there was still a large lack thereof. There was clearly no interest in understanding mental illness and accounts of people with mental illnesses were rare or not taken seriously. The importance of self-representation was thus still very relevant in Kaysen's time of being ill and while voicing her experience in her writing. As shown in this chapter, Kaysen's experience of mental illness holds several overlapping themes and facts to that of Sylvia Plath. The most apparent overlap

is that both authors were hospitalized in the same hospital, McLean Hospital. In fact, Susanna Kaysen reflects on Sylvia Plath's story and work, which she was clearly familiar with, to illustrate and express her own experience with both the hospital and being a woman with a mental illness. "Did the hospital specialize in poets and singers, or was it that poets and singers specialized in madness?" (48), Kaysen follows with: "Sylvia Plath had come and gone. What was it about meter and cadence and rhythm that makes their makers mad?" (48). Kaysen uses this quote to include herself in the tradition of Plath, thus establishing herself as a poet or writer, and as 'mad'. By using the word mad in this quote it follows to question whether this provides the opportunity for a positive change or influence in the societal understanding of mental illness, or whether this is counterproductive. As discussed in the previous chapter, hot baths are important to Plath's character Esther Greenwood and one of the representational strategies to illustrate the feelings of madness Plath used in her text. In *Girl, Interrupted* Kaysen states: "If I do something out of the ordinary - take two baths in one day, for example - I say to myself: Are you crazy?" (159). This quote signifies a clear overlap or inspiration between the two texts. Her questioning if taking these baths makes her crazy could also be an indicator towards Plath's own mental illness, as Plath also linked her hot baths to her mental wellbeing. Kaysen additionally makes another explicit comment related to Plath and her mental illness which has been speculated by many to have been schizophrenia: "And what about schizophrenia - that would send a chill up your spine. After all, that's real insanity. People don't "recover" from schizophrenia. You'd have to wonder how much of what I'm telling you is true and how much imagined" (151). With this last comment she contributes to a stereotype of schizophrenia and of mental illness. Although it could be argued that this use of language was a form of commentary on the view of society, it seems unlikely in coherence with the other occurrences of problematic language in the text.

Everyone experiences life differently, whether suffering from a mental illness or not. Kaysen is able to explain to the reader what being mentally ill can do to an individual. “Mental illness seems to be a communication problem between interpreters one and two” (139), the interpreters being two parts of the mind itself which she explains as well: “[t]he point is, the brain talks to itself, and by talking to itself changes its perceptions. To make a new version of the not-entirely-false model, imagine the first interpreter as a foreign correspondent, reporting from the world” (138). This explanation is a great use of her ability with language to contribute to the representation and provide an explanation in layman’s terms that make the experience more common to everybody. She continues by explaining how one’s own mind can betray them further, aside from the misinterpreting stimuli that enters the senses: “That’s because it’s hard to counteract the validity of sensory impressions. We are designed to believe in them” (140). Therefore it is a combination of sensory input and how the brain is programmed by societal standards and understanding that create our prejudice or positive understanding of mental illness. Hence, Kaysen is able to use these representational strategies to contribute to the change of how mental illness is perceived in society but she does have some problematic language choices which impacts the effect her text and experience could have had. Towards the end of the memoir, Kaysen visits a museum where she looks at a painting entitled *Girl Interrupted at Her Music*. She recognizes the painting from her first encounter with it years before and reflects on how she reacted to this painting the first time:

It’s the painting from whose frame a girl looks out, ignoring her beefy music teacher, whose proprietary hand rests on her chair. [...] I looked into her brown eyes and I recoiled. She was warning me of something – she looked up from her work to warn me. [...] I didn’t listen to her. I went out to dinner with my English teacher, and he kissed me, and I went back to Cambridge [...] and, eventually, I went crazy. (166)

Just like in Plath's text, Kaysen experiences sexual assault. Although at the time she found it thrilling this encounter with her teacher happened to her and she didn't identify it as sexual assault at the time, through this quote we see that this potentially severely impacted her mental illness. Both Esther and Susanna's cases of sexual assault are mentioned somewhat in passing in the two texts which could be a reflection of the way sexual assault was brushed aside as untrue at the time, those who report sexual assault are (still) often not believed. Kaysen's second encounter with the painting happens a few years after her stay at the hospital. It allows for to contemplate on how she feels in relation to the girl in the painting, a girl interrupted in her life, and she is able to reflect about her own experience of entrapment through studying this painting:

She had changed a lot in sixteen years. She was no longer urgent. In fact, she was sad. She was young and distracted, and her teacher was bearing down on her, trying to get her to pay attention. But she was looking out, looking for someone who would see her. This time I read the title of the painting: *Girl Interrupted at Her Music*. Interrupted at her music: as my life had been, interrupted in the music of being seventeen, [...]. What life can recover from that? I had something to tell her now. "I see you," I said. (167)

The choice of the title of the novel shows that the interruption in her life's trajectory was highly influential to her story as well as that of the girl in the painting. This interruption is a recurring motif throughout the memoir: she is interrupted in her life, the text is interrupted by the intrusion of her medical documents, the order of the text is interrupted with flashbacks and stories of her fellow patients. Even in the choice for the title of the novel she interrupts the title of the painting by not using the painting's full title. Kaysen's mental illness was possibly the most important interruption she encountered, having her life's path interrupted by her hospitalization and forever impacted by the stigma put upon this type of interruption by society.

Chapter 5: Conclusion

The two texts chosen for this thesis had a significant overlap, but more importantly also a difference in the strategies used in the texts. This is, most importantly, was found in the form and style of the texts. Kaysen used medical documents to show the contrast between the medical language used and her own translation of her experiences. She actively claimed language that was often used against her, such as the words nuthouse and crazy. Plath also reclaims this type of language but in a more subtle way, using imagery to illustrate this type of reclaiming rather than expressing this directly – for example in her most frequently used glass imagery of the bell jar. She uses the bell jar as a motif whenever Esther is in a turmoil or her mental health declines. By showcasing this type of imagery, she reclaims the narrative by creating her own explanation of this type of episode rather than having outsiders create a narration for her experiences first. Kaysen also provides an explicit explanation of the medication and treatment, she and the other patients underwent in the hospital. Esther underwent electroshock therapy herself while Susanna does not but narrates her observations of her fellow patients who go through this treatment. Both Plath and Kaysen show how society impacted the descent into madness of their protagonist and use several overlapping motifs and strategies throughout their texts to show this.

In this thesis two novels, *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen, were used to analyze how two women write about their experiences with mental illness. First this thesis aimed to provide an overview of the academic background against which the two texts would be discussed, from both disability studies and mad studies, as well as autobiography studies and illness narrative. From here, the following chapters explored the two texts, first the third chapter focused on *The Bell Jar* and the fourth chapter discussed *Girl, Interrupted* and began the comparison to Plath's text within the chapter. In this final chapter I

would like to draw some comparative conclusions and elaborate on the connection between the theoretical discussion and the analysis chapters. Finally, these findings will be used to discuss and answer the thesis question “How do Sylvia Plath and Susanna Kaysen use representational strategies to represent their experience of mental illness?”.

First, disability studies was introduced and analyzed. Alice Hall’s *Literature and Disability* and her definition of literary disability studies was one of the main pillars that guided this thesis and the analysis of Plath and Kaysen’s texts. Hall’s definition of literary disability theory focuses on how disability functions in literary theory while critically examining how disabilities are portrayed in literary works both historically and in contemporary times. In the analysis of Plath’s and Kaysen’s texts this was brought to bear on two canonical texts. As both texts are still popular in contemporary times, it is important to critically examine how both authors portray illness in their text. Both Plath and Kaysen do this by presenting their own experiences to provide a representational text for other individuals with similar experiences, while also contributing to the field by creating texts to allow society to grow and gain a greater understanding of disability. Next, Bérubé’s article, *Disability and Narrative*, exposed the importance of critically reading narratives for the implications and impact they have in the way people with disabilities are represented in them. Goodley further explored the aspects that disability studies missed in their analysis and created the field of critical disability studies. This field essentially continues literary disability studies in that it focuses on how the available representation heavily influences society. Both Bérubé and Goodley’s approaches were used throughout both analytical chapters to explore the ways in which both texts contributed to and had an impact on society’s understanding of mental illness. Barker and Murray, similarly to another point of Bérubé’s argument, discuss that disability is often used as a means to function as metaphors for evil or, on the contrary, heroism. Highlighting the importance of accurate representation, they show that these inaccurate portrayals of disability contribute to the

misunderstanding and lack of knowledge of disability within society. Again, both texts are part of the canon of disability and mental illness within the literary field and as such they are part of the representation of both disability and mental illness. The protagonists in both texts are not used as a metaphor for evil or heroism but to show how society perceives them and people like them to be evil or to be locked away from society, both having been put away at McLean Hospital and suffering the consequences of trying to reintegrate with society.

Secondly, mad studies was introduced as a subfield of disability studies to focus more specifically on mental illness and cognitive disabilities. Here, LeFrançois et al. examine the interdisciplinary function of mad studies and how it built upon other previously existing fields. Beresford and Russo then continue this discussion and, connecting back to Goodley, focus on the idea that people's disability is created by society's reaction to them rather than their disability itself. They also discuss how the field should do more than criticize, and provide more tools to connect theory to practice. Esther and Susanna, in the two texts, can be seen to descend further into madness due to society's reaction to their mental state. At the start of *Girl, Interrupted* Susanna gets sent to the psychiatric hospital after a very brief conversation, although it may have been beneficial for her in the end to be admitted there, it can be questioned whether the stigma that this put upon her may have been more damaging to her quality of life than her own mental illness. In *The Bell Jar*, Esther experiences stigma from many angles, her family and community as well as society to whom she cannot be honest about her mental state. Although both texts do not explicitly provide criticism for the field, they can both be read with Beresford and Russo in mind: they not only provide a criticism for the lack of understanding within the field but they provide a way of reading which allows readers or academics to study the text and better understand individuals with mental illness or disability. Finally, Felman discusses the negative side of madness becoming a more mainstream topic as this makes it easier for stereotypes and misconceptions to form. Felman also focuses on the importance of

language and its interpretation to study madness. Throughout both analysis chapters the importance of language and literary devices as tools to portray madness has been shown. Plath and Kaysen both use formal and linguistic strategies, as well as particular motifs and imagery. glass imagery, prison and safety imagery, and water and rebirth imagery. throughout their texts in order to provide an artistic yet accurate representation. Although Kaysen uses certain terms such as a crazy, mad and nuthouse, which at first sight may be deemed to contribute to a negative stereotype or misconception, she can also be seen to reclaim these words as her own rather than have them be used against her. As discussed in the introduction, this thesis used texts written in English by native English-speaking authors, whereas my understanding of their use of language comes with English being my second language and approaching them from my own cultural background. My interpretation of the texts is thus impacted by my own understanding of the language and approach to the culture within which these texts have been written. Nevertheless, as something shown by the scholars quoted in this thesis, any reader in any language will interpret a text in their own manner following from their own experiences and their background. Therefore, it is important to be mindful of one's personal background in creating an interpretation of texts such as in this thesis.

Next, autobiography theory was introduced due to the (semi-)autobiographical nature of Plath and Kaysen's texts. Smith and Watson introduced the idea of storytelling to allow for an individual to claim their own story before someone else tells it. They also focus on the importance of the impact society has on an individual. As such, they show that an individual cannot be seen separately from their surroundings. This theory was a guiding factor in both analytical chapters in which the individual experiences are consistently studied along the impact of their surroundings. Both Plath and Kaysen were able to claim their story first rather than have someone else tell them. Although Plath's text is semi-autobiographical, anyone studying both the author and the text is aware of the overlap between Esther and Sylvia and it

can thus be argued that Plath took the discourse into her own hands to narrate her own life story. By doing so, both authors are able to explain what the madness did to them and how they experienced this, without having an outsider claiming to understand this or trying to illustrate this in their place. Next, Couser continued this discussion through his introduction of illness narrative, a form of life writing, and the importance of self-representation in order to prevent mis-representation. Both Kaysen and Plath are able to perform this self-representation in their texts, and are able to both reflect on their own experience but also share their experience with others who are going or have gone through similar experiences. Couser explains the importance of illness narratives to more people than disability narratives for example, everyone will at some point in their lives be exposed to illness and as such everyone will be able to relate to an illness narrative eventually. Although Kaysen and Plath's experience of being hospitalized for mental illness will not be relatable to every individual, their ability to create an accurate self-representation contributes to the positive change in the discourse of mental illness and creates a space for individuals with mental illness to recognize themselves within literature.

Further research on the topic of women and madness, mad studies or disability studies, could be conducted in various ways. There are many other novels that could be read with the same theoretical framework as presented in this thesis, for example: *Prozac Nation* by Elizabeth Wurtel and *The Glass Castle* by Jeannette Walls. This could also be done with other non-autobiographical texts such as *Everything Here is Beautiful* by Mira Lee, *Alias Grace* by Margaret Atwood. Some of these texts have been made into films and tv series which could open up other interesting avenues for research on the artistic representation of mental illness. This is merely a limited selection of by now classic novels on the topic at hand and, depending on the approach taken by the research, other variables could impact the selection of texts to be studied. Furthermore, research could be done using other aspects of the theory or delving into other theoretical frameworks altogether.

There are several reasons why it matters that we read literature about madness today. Adding personal experiences of mental illness to the field of literature and literary studies is important to increase representation of under-represented lives and to provide a space for recognition for those suffering from mental illness and to identify with characters in literature in a constructive manner. It also serves to further society's understanding of mental illness. By increasing representation and recognition, mad studies provide a space for literature to be studied anew with this knowledge in order to set right certain misrepresentations that were formed throughout literature's history. This is part of the reason this topic was chosen for this thesis: literature has an important role to play. In a time where mental illness has become a topic in public and popular discourse, it is important to identify the ways in which literature both positively and negatively impacts this discourse, and possibly correct or identify those texts that hold a negative influence. The topic is now at least being discussed, although quite general, but we are for the first time listening to these illness narratives. As mentioned in the introduction, mental illness narratives have become part of the mainstream contemporary literary field, where texts discussing topics of mental health are found on both general bestseller lists as well as the specific health lists for both online and offline popular book retailers. There is however still more to do and gain by continuing this type of research. In doing so, these texts will continue to be part of a mainstream conversation, while the illnesses and the individuals struggling with them, can be recognized as a normal part of our society as well.

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