

**Visiting the Unsafe: The Bibliotherapeutic Potential of  
Literature About Mental Illness**

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## **Declaration**

I declare that this thesis is all my own work and that I have not obtained a degree at this university, or elsewhere, on the basis of this work.

You think your pains and your heartbreaks are unprecedented in the history of the world, but then you read.

~ James Baldwin, 31<sup>st</sup> May 1964, *New York Times*

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## Abstract

Bibliotherapy – broadly defined as the use of reading material to promote personal development and emotional growth – is centered around the notion that literature can have a positive influence on the lives of readers. Although some bibliotherapists argue against the use of potentially distressing texts in bibliotherapy, there is evidence to suggest that literature which directly confronts mental health issues can have a cathartic or therapeutic effect on readers by allowing them to “visit the unsafe”. This thesis therefore explores fictional and (semi)autobiographical texts about mental illness through a bibliotherapeutic lens, positing the idea that reading about mentally ill protagonists could facilitate bibliotherapeutic dialogue. In order to explore this hypothesis, I align the three core stages of bibliotherapy as identified by Caroline Shrodes – identification, catharsis, and insight – with three strands of literary criticism, which are applied to the following texts: Sylvia Plath’s *The Bell Jar* (1963), Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1962), Shirley Jackson’s *Hangsaman* (1951), and Susanna Kaysen’s *Girl, Interrupted* (1993).

Firstly, this thesis explores how each of the core texts depict mentally ill protagonists who are stigmatised and marginalised as a direct result of their mental illness, which, I argue, could facilitate identification among readers experiencing mental health issues. Next, I examine the literary techniques which elucidate the protagonists’ inner experience of their mental illness and which contribute towards the formation of a consistent stylistic pattern known as mind style. I argue that analysis of mind style could assist the reader with attaining insight during bibliotherapy and could, moreover, help therapists and readers to collaborate in forming a shared language which communicates difficult feelings. Finally, I enquire into the ways in which mentally ill protagonists seek catharsis and recovery by analysing episodes of laughter, self-harm, suicidality, and storytelling within the texts. The thesis concludes that the core texts have therapeutic potential and communicate realities pertaining to lived experiences of mental illness.

## Introduction

There is considerable evidence to suggest that literature has the potential to provide healing or comfort to those who read and engage with it. This theory is not new - in ancient Greece, library doorways were apparently inscribed with the words “Place of healing for the soul” (Cather 7), and the early Chinese novel was regarded as a palliative for emotional distress (Schonebaum 190). In the twenty-first century, readers turn to books for a variety of reasons: to obtain comfort, recognition, information, perspective-creation, and escapism (Pettersson 127). However, the act of reading has also been regarded as a dangerous activity, fraught with the potential to cause distress and encourage corruption. In the eighteenth century, a pervading “fear of fiction” reflected the notion that reading novels could erode morality on a mass scale by appealing to readers’ baser passions (Furedi 531). Two centuries later, Mark Chapman carried a copy of J. D. Salinger’s *Catcher in the Rye* when he assassinated John Lennon, leading to speculation over the power of the novel to influence acts of extreme violence (Stashower 373). Currently, the unresolved debate over providing “trigger warnings” for texts containing material which readers may find distressing signifies that literature is still viewed as potentially damaging or dangerous.<sup>1</sup> Keen, whose work explores the interactions between fiction and readers’ empathy, maintains that “the content of stories is not a neutral matter” (*Empathy* 25), a statement which imbues the novel with a distinct and even dangerous potential to influence the lives, beliefs and actions of readers.

Bibliotherapy, in contrast, is centered around the notion that literature can affect positive change in the lives of readers. It is broadly defined by Riordan and Wilson as “the guided reading

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<sup>1</sup> For arguments in favour of trigger warnings, see: Manne, Kate. “Why I Use Trigger Warnings.” *The New York Times*, 19 September 2015, [www.nytimes.com/2015/09/20/opinion/sunday/why-i-use-trigger-warnings.html](http://www.nytimes.com/2015/09/20/opinion/sunday/why-i-use-trigger-warnings.html); Laguardia, Francesca, et al. “Trigger Warnings: From Panic to Data.” *Journal of Legal Education*, vol. 66, no. 4, 2017, pp. 882–903, [www.jstor.org/stable/26453524](http://www.jstor.org/stable/26453524). For evidence against the use of trigger warnings, see: Khalid, Amna, and Jeffrey Aaron Snyder. “The Data is in – Trigger Warnings Don’t Work.” *The Chronicle of Higher Education*, 15 September 2021, [www.chronicle.com/article/the-data-is-in-trigger-warnings-dont-work](http://www.chronicle.com/article/the-data-is-in-trigger-warnings-dont-work); Jones, Payton. J. et al. “Helping or Harming? The Effect of Trigger Warnings on Individuals With Trauma Histories.” *Clinical Psychological Science*, vol. 8, no. 5, 2020, pp. 905–917.

of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (506). By engaging with a written text, the reader may recognise, identify, and eventually resolve emotions or behaviours which have caused them distress (Hynes 11). The definition of bibliotherapy is expansive, as it includes the use of fiction, nonfiction, poetry, and self-help books (Cather 12). It may be performed under the guidance of a therapist, or an individual may be encouraged to read independently (Tribe 2). As there is considerable evidence in favour of utilising fictional texts in bibliotherapy,<sup>2</sup> this study attempts to unite bibliotherapeutic principles with literary criticism in order to gain a deeper understanding of what an informed reading and bibliotherapeutic appreciation of fictional texts which deal specifically with mental illness can offer readers. This aim aligns with Felski's *Uses of Literature* (2008) – her self-titled “delinquent manifesto” (135) which draws attention to “ordinary motives for reading – such as the desire for knowledge or the longing for escape – that are either overlooked or undervalued in literary scholarship” (14). While Felski's work does not engage in detail with the healing capacities of literature, it convincingly validates my central hypothesis that literary criticism is valuable not only as an exercise in analytical or theoretical thinking, but as a path to understanding the real and potentially transformative impact of fiction on the lives of readers. In a passage about the experience of identification while reading, Felski writes:

I feel myself addressed, summoned, called to account: I cannot help seeing traces of myself in the pages I am reading. Indisputably, something has changed; my perspective has shifted; I see something that I did not see before. (23).

Similarly, Camden's *Cambridge Companion to Literature and Psychoanalysis* (2022) explores how literary knowledge can enhance psychoanalytic processes and offer healing to individuals and

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<sup>2</sup> See, for example: Tribe, Kelsey V. et al. “It just gives people hope”: A qualitative inquiry into the lived experience of the Harry Potter world in mental health recovery.” *The Arts in Psychotherapy*, vol. 74, 2021, pp. 1-10; Pettersson, Cecilia. “Psychological well-being, improved self-confidence, and social capacity: bibliotherapy from a user perspective.” *Journal of Poetry Therapy*, vol. 31, no. 2, 2018, pp. 124-134; Heath, Melissa Allen, et al. “Bibliotherapy: A resource to facilitate emotional healing and growth.” *School Psychology International*, vol. 26, no. 5, 2005, pp. 563-580.

societies (4), further demonstrating the potential to explore literature and bibliotherapy simultaneously.<sup>3</sup>

Using popular texts from the mid-to-late twentieth century which are already established as insightful and valuable critiques of the experience of being mentally ill in a society which attempts to categorise and confine mental illness, this study explores why and how reading literature about mental illness may be useful by applying bibliotherapeutic principles to the texts. Thus, the thesis is not a study of creative bibliotherapy per se, but it uses the key assumptions relating to bibliotherapy to provide evidence for the power of literature to assist with mental illness, while expanding its increasingly narrow definition currently being employed by bibliotherapists. This introductory chapter will outline sources of contention in the bibliotherapeutic field and highlight the under-explored links between reading for healing and literary criticism in order to lay the foundation for a textual exploration using this lens.

This research explores fictional and (semi)autobiographical North American texts from the mid-to-late twentieth century which depict protagonists who display symptoms of mental illness: Sylvia Plath's *The Bell Jar* (1963), Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), Shirley Jackson's *Hangsaman* (1951), and Susanna Kaysen's *Girl, Interrupted* (1993). These texts have been extensively read and studied in the years since their release and have inspired a wealth of literary criticism which can aid the bibliotherapist in considering their stories from a variety of angles. Enquiring deeply into what these texts can tell us about mental illness may allow therapists and readers to examine the validity and efficacy of the social structures which are in place to deal with mental illness. This form of analysis also enables self-exploration, questioning, and vocalisation of complex emotional states on behalf of the reader. The literary criticism in the

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<sup>3</sup> Several other forms of creative therapy, including drama therapy, art therapy, and video-game therapy, have explored this relationship between artistic expression and psychiatric care. The following works may be of interest: Feniger-Schaal, Rinat, and Hod Orkibi. "Integrative systematic review of drama therapy intervention research." *Psychology of Aesthetics, Creativity, and the Arts*, vol. 14, no. 1, 2020, pp. 68-80; Selikowitz, Anne. "Therapeutic frames—exploring the relationship between psychiatry and visual art." *Australasian Psychiatry*, vol. 28, no. 6, 2020, pp. 653-655; Wilks, Christine, et al. "Developing a choice-based digital fiction for body image bibliotherapy." *Frontiers in Communication*, vol. 6, 2022, pp. 1-10.

following chapters, which is interwoven with bibliotherapeutic theory, attempts to provide a flexible template with which to analyse other texts. As there are varying schools of thought on what makes a fictional text appropriate for use in bibliotherapy, this research sheds light on the issue using a detailed literary analysis which considers linguistic richness and realism as facilitators of healing.

### **Bibliotherapy: Applications and context**

Samuel Crothers is credited with coining the term “bibliotherapy” in 1916, and the practice went on to be extensively discussed in literary and medical circles in the twentieth century, as Pehrsson and McMillen outline (3). In the very early years of its development, bibliotherapy was generally used in psychiatric institutions – Charles Dickens described witnessing the practice during his tour of American insane asylums in 1842 (McCulliss 24). Jack and Ronan trace the rise of the therapeutic use of books in North America following World War I (166), and the subsequent broadening of the bibliotherapy field to encompass the use of therapeutic reading in psychological, educational, counselling, and social work settings in the 1950s and 1960s (170). In the early 1970s, Arlene McCarthy Hynes, patients’ librarian at St Elizabeth’s Hospital in Washington, D.C., emerged as a pioneer in the field, creating a “Bibliotherapy Round Table” which promoted academic discussion of bibliotherapy, and eventually founding the National Federation for Biblio/Poetry Therapy, which deals with credentialing (McCulliss 25, 26). In 1986, Hynes wrote *Bibliotherapy – The Interactive Process: A Handbook*, a highly important piece of work which shall be discussed in more detail later in this chapter. In recent years, bibliotherapy has generally been understood to encompass two broad categories: clinical bibliotherapy, which is used with clients who are experiencing emotional or behavioural issues and may be suffering from mental illness, and developmental bibliotherapy, which is used with “healthy individuals seeking to maintain emotional and mental well-being or

self-actualisation” (McCulliss 31).<sup>4</sup> Developmental bibliotherapy is often practiced by librarians, teachers, and even booksellers as they promote the search for meaning and healing through reading (Canty 37), whereas clinical bibliotherapy more often requires a mental health professional (Neville 232). However, Béres reminds practitioners that clinical and developmental bibliotherapy may overlap as the needs of readers change and they transition between different emotional states or roles in the community (“Reading for Life” 82). Canty identifies another distinguishing characteristic between different types of bibliotherapy, noting that both imaginative and “didactic” (i.e., self-help) literature can be used with readers to assist with the management of negative emotions (34).

Pardeck’s influential work divides the practice of bibliotherapy into four crucial stages: “identification” of a problem or difficulty in the client’s life which may be linked to their mental illness, “selection” of a relevant text which may aid with the problem or mental illness, “presentation” of the reading itself, and “follow-up”, wherein the client is questioned about their engagement with the reading and the improvement (or lack thereof) in their symptoms of distress (422). Pardeck stresses that bibliotherapy for adults should always involve discussion or counselling (423) and argues that reading itself should never be regarded as a sufficient therapeutic intervention (427). Pehrsson and Bruneau advocate four similar steps:

1. Readers experience a connection with the material which results in recognition.
2. Readers explore issues and personal feelings evoked by the material.
3. Readers move deeper towards understanding, considering insights gathered through inner and outer dialogue.
4. Reader integrates insights learned and applies learning. (249).

Therapeutic opinion differs on the most effective method of selecting reading material for bibliotherapy, and there are varying schools of thought on what makes a text suitable for an

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<sup>4</sup> Jack and Ronan identify a third type of bibliotherapy used in hospitals or clinics – “institutional” – but this may sufficiently be grouped within the “clinical” category (170).

individual experiencing emotional distress. Pardeck advocates selecting texts based on a “preliminary exploration” of the problems that clients are experiencing, stating that the fictional story must mirror the client’s predicament or emotional state in some way (422). However, Pardeck warns that the texts “should not give a false sense of hope” and must provide “correct information about a presenting problem” (422). The downfall of this prescriptive approach may arise when a therapist attempts to ascertain the ‘correct’ level of hope which a text should offer – how much is too much? Detrixhe labels such stipulations “didactic”, stating that “matching the story to the clients’ life risks oversimplifying the process and reducing the range of discussion” as it could promote overidentification with the characters in the text (66). Keen also warns against making “fictional characters stand for real people”, as this approach can limit reading by grounding it in the literal (*Empathy* 21).

Similarly, some practitioners believe that books should be selected based on aesthetic merit or emotive potential, rather than their direct relevance to the client’s situation.<sup>5</sup> Davis’ investigation into the U.K.’s Get Into Reading (GIR) scheme, which commenced in 2001, found that “if the connection with a book comes as a surprise... there may be a more dynamically creative result” (714). The GIR scheme aimed to present readers with the opportunity to *discover* a relation to the book using their own interpretative methods, eschewing targeted self-help books in favour of fictional texts (Davis 714), which supports the focus on literary analysis in this thesis. A Liverpool-based reading study conducted with depressed individuals in 2010 selected texts “based on the seriousness and quality of the literature”, as well as their potential to be read aloud and their relevance to the tastes and interests of the reading group (Ellis 71). This study, which aimed to investigate the benefits of group reading and discussion for sufferers of depression, conducted two separate weekly reading groups which consisted of four to eight adult

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<sup>5</sup> See Burns, Stephanie T. “Utilising Fictional Stories When Counseling Adults.” *Journal of Creativity in Mental Health*, vol. 3, no. 4, 2008, p. 446; Hynes, Arleen McCarty. *Bibliotherapy : The Interactive Process a Handbook*, Taylor & Francis, 2019, p.127; Vare, Jonatha W., and Terry L. Norton. “Bibliotherapy for Gay and Lesbian Youth: Overcoming the Structure of Silence.” *The Clearing House*, vol. 77, no. 5, 2004, p.191.

participants who had previously been diagnosed with depression (Billington et al. 5). The members of the group took turns reading aloud from poetic and fictional texts in their recorded sessions, discussing them under the guidance of the group facilitator (Billington et al. 5). Crucially, the study found that participants became “more confident [and] more willing to talk” over the course of the twelve-month study, as the routine and the other participants became more familiar to them (Billington et al. 6). Linguistic analysis found that participants showed a “clear increase in reflective mirroring [of speech] ... as well as greater co-operation and confidence” (Billington et al. 7). Other benefits included increased confidence and decreased social isolation, increased mental well-being (manifesting in improved concentration and interest in new learning), increased self-awareness, and increased articulation of profound issues (Billington et al. 7). Similarly, individuals who took part in Pehrsson and McMillen’s bibliotherapy program reported increased self-awareness, clarified values and identity, increased empathy, and experienced the reduction of “negative emotions” (6). While opinions vary on the suitability of specific literary materials for use in bibliotherapy, certain practitioners have formulated criteria for the selection of texts, such as the Bibliotherapy Evaluation Tool (BET), developed by Pehrsson and McMillen in 2005 (10). The BET assists with book selection by providing a 15-question self-quiz which incorporates selection criteria gathered from academic study and clinical practice (McCulliss 27).

Bibliotherapy schemes have been introduced across Europe and the United States. Ireland’s first bibliotherapeutic initiative took place in 2007, when the HSE piloted a Book Prescription Scheme which encouraged GPs to prescribe self-help books from a pre-approved list to people experiencing mild to moderate symptoms of mental illness (Neville 227). The majority of participants in the scheme suffered from depression or anxiety (McKenna et al. 500). Excellent feedback was received from participants at the end of the treatment, and there were “low relapse rates [and] high adherence rates” among those prescribed both fiction and self-help books (McKenna et al. 499). Several “healthy reading” schemes were subsequently introduced in

Clare, Mayo, Meath, and Kilkenny (Neville 228), and the Library Council of Ireland launched a “Power of Words” program in 2009, which emphasised the healing potential of reading (Hutchinson 99). At the time of writing this thesis, University College Cork, Dublin City University, and University College Dublin all offer a catalogue of self-help books which can be found in their respective libraries for students who may be experiencing mental health difficulties (“Bibliotherapy Collection: Shelf-Help”, “LiveWise Book Therapy”, “Health and Wellbeing Collection”). However, “healthy reading” schemes have been criticised for their lack of follow-up counselling, with Neville emphatically stating that these schemes do not fall under the bibliotherapeutic umbrella (232). Hutchinson outlines several more problems with the schemes, citing a “distinct lack of Irish research” into the application of bibliotherapy (96), the limited opportunity for anonymous participation in an Irish context (98), and a lack of promotion from the HSE (99) as responsible for their lack of popularity. Crucially, Irish librarians who assisted with the Book Prescription scheme described the experience as “a formalisation of what library staff have been doing for years”, despite their lack of official training in assisting patrons with psychological difficulties (Hutchinson 100).

According to Hutchinson, despite the success of several reading schemes in the U.K.,<sup>6</sup> these schemes also suffer from a lack of standardised practice, because “each authority is offering the service in a different manner with some staff unclear if what they are offering is technically bibliotherapy” (101). In fact, there is considerable contention regarding the definition of bibliotherapy itself, with Jack and Ronan arguing that the broadening definition “has caused considerable confusion within the field” (162), allowing bibliotherapy to become “a somewhat miscellaneous collection of techniques and practices in which literature is used in some way” (172). Hynes’ bibliotherapy handbook attempts to narrow the definition, and states that “bibliotherapy should not be considered as an umbrella term for all activities in which books are

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<sup>6</sup> For example, Liverpool’s “Get into Reading” scheme, Calderdale and Kirklees’ “Reading and You” (RAYS) scheme, East Ayrshire’s “Read Yourself Well” program, and Cardiff’s “Books on Prescription” scheme (Cather 21, 25).

used for self-improvement” (10). Instead, Hynes distinguishes between “reading bibliotherapy”, which sees an individual read a book recommended to them based on its therapeutic potential (10), and “interactive bibliotherapy”, which involves guided discussion of the reader’s response to the material (11).

One clear advantage of bibliotherapy is that it can be used in a variety of social settings and can address a range of social and emotional issues. Judit Béres, Doctor of Psychology at the University of Pécs, Hungary, works to facilitate bibliotherapy programs within her community, and founded the university’s biblio/poetry therapy postgraduate course at the University. The course runs for four semesters and qualifies individuals to practice bibliotherapy in a range of settings. Béres believes that:

Reading and writing can help us to express difficult emotional experiences when turning the emotional content into language... to give structure to something unstructured (and many times unconscious) that helps us to get more control over it. (“Reading for Life” 78).

Béres also facilitates group bibliotherapy with women in crisis, which encourages participants to view themselves as “active, autonomous agents” in their own lives, and supports the formation of community ties within the group (“Bibliotherapy for Women” 112). Wojciechowska’s “Pandemic(s), Crisis, and Bibliotherapy” demonstrates a similar emphasis on community support, describing a project which encouraged individuals to read and write creatively in order to cope with the isolation imposed upon them by the Covid-19 pandemic (57). This project found evidence to suggest that reading can promote greater resilience to a crisis, as works of literature aid “the processes of self-identification while also offering consolation to the reader” (Wojciechowska 64).

Bibliotherapeutic principles also inspire informal practices – for example, the School of Life (a London-based organisation which seeks to improve participants’ emotional intelligence and relationships) offers tailored reading prescriptions to members based on an exploration of their issues (Canty 38). Ella Berthoud and Susan Elderkin are (non-credentialed) bibliotherapists at the School of Life, and in 2013 they co-authored *The Novel Cure: From Abandonment to*

*Zestlessness: 751 Books to Cure What Ails You*, which presents a list of novels intended to assist the reader with both physical and emotional pain. Although the work has been framed as “more bibliophilia than bibliotherapy, an exuberant pageant of literary fiction and a celebration of the possibilities of the novel” (Francis), *The Novel Cure* nevertheless provides a striking example of fiction being regarded as ‘treatment’, however facetiously. Canty points to another playful example – a participatory experience called “The Emergency Poet”, set inside a 1970s ambulance which tours Britain and offers a free private “poetry health consultation” which results in the prescription of a “poem-cetamol” for one’s poetic ailments (39). Marco Dalla Valle’s “Biblioterapia Italiana” website offers bibliotherapy courses for those who wish to experience developmental bibliotherapy and for those who desire to train as a bibliotherapist. Dalla Valle offers a variety of courses, from “Tolkien’s Hidden Universes” to “Learning from Aunt Jane”, which analyses the works of Jane Austen with the goal of promoting self-reflection and renewal. In the description of this course, Austen is portrayed as an inspirational figure whose writing encourages readers to achieve their full potential by providing “a balm for the soul” (“Biblioterapia Italiana”). These examples of the presence of practical (and, in the case of the “Emergency Poet”, whimsical) bibliotherapy in the community demonstrate applications of the widely held belief that reading literature can enrich lives and help to address mental health issues.

The vast majority of studies testify in favour of the efficacy of bibliotherapy and proclaim that reading fiction and/or self-help books significantly decreases symptoms of emotional distress in readers when accompanied by therapy or group discussion.<sup>7</sup> However, further research is needed to establish “why, how, to what extent, with whom, (and) compared to what else” (Davis 715). Gregory et al.’s meta-analysis of cognitive bibliotherapy for depression found that bibliotherapy compares favourably with studies of psychotherapy, but argued that a larger

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<sup>7</sup> For example, see: Brewster L., McNicol S. “Bibliotherapy in practice: a person-centred approach to using books for mental health and dementia in the community”. *Medical Humanities*, vol. 47, no. 4, 2021, pp. 1-10; Czernianin, Wiktor, et al. “Bibliotherapy: a review and perspective from Poland.” *Journal of Poetry Therapy*, vol. 32, no. 2, 2019, pp. 78-94; Latchem, Julie M., and Janette Greenhalgh. “The role of reading on the health and well-being of people with neurological conditions: A systematic review.” *Aging & mental health*, vol. 18, no. 6, 2014, pp. 731-744.

sample size is needed to strengthen this claim (278). Pehrsson and McMillen emphasise the low cost and accessibility of bibliotherapy and state that it is already widely used by school counsellors, although they note that there are a limited number of empirical studies into the practice (8, 9). A study by Floyd et al. which measured the continued effects of bibliotherapy two years after treatment found that participants experienced “a significant improvement” in their symptoms of mental distress (284). There was no significant difference between bibliotherapy or psychotherapy in the two-year follow-up (Floyd et al. 286), which implies that bibliotherapy may prove a useful tool for those who cannot access psychotherapy.<sup>8</sup> The advantages of bibliotherapy are that it is “immediate, inexpensive, and noninvasive”, and it works best for those with mild to moderate depression or anxiety (Gregory et.al 278). Creative bibliotherapy does not have to provide readers with a direct solution to their problems – Dowrick found that even the simple acknowledgement of suffering could provide “the first tentative steps towards hope” for those experiencing emotional distress (22). Davis’ study reports similar findings, stating that reading poetry with depressed individuals does not “change nor expunge” their emotional experiences, but it does offer “recognition, solidarity, and perhaps a safe harbor” (714). In addition, reading with a therapist can build confidence and rapport, as Pardeck maintains: “books are useful not only for helping [to] identify emotions which may be troubling, but for helping practitioners establish trust” (426). Bibliotherapy can aid practitioners in developing a “shared language” with their clients, in which metaphors and images which communicate mental illness can be mutually understood (Charteris-Black 201). In McCann’s clinical study, outlined in his article “Reading Shakespeare’s *Hamlet* with Psychiatry Inpatients”, it was found that patients strongly identified with “weight” words which were used as descriptors within the play, such as “light” and “heavy” (79). Explorations of metaphor in therapy contribute towards increasing empathy, decreasing stigma, and facilitating a greater understanding of emotions and traumatic events (Tay 372).

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<sup>8</sup> It should be noted that this study defined bibliotherapy as “the reading of a self-help book for treatment” and did not include fictional texts in the definition (Floyd et al. 282).

Interestingly, Hungarian-American psychiatrist Thomas Szaz believed that mental illness itself is metaphorical because the mind is not a part of the body and cannot be diseased in the same way (Nasser 745). Arguably, the subjective nature of metaphor and language could therefore prove an asset when attempting to treat mental illness, which is subjective in itself, as it is dependent on cultural interpretations and interpersonal relationships for its definition (Choudhry et al. 2808).

As previously mentioned, bibliotherapists can exist within several different fields and lines of work – teachers, librarians, social workers, and counsellors can all practice bibliotherapy (Heath 566). Clearly, there is significant difficulty regarding the standardisation of qualifications across such a broad variety of fields, but training programs in bibliotherapy began as early as the 1920s and have flourished ever since (McCulliss 32). The International Federation for Biblio/Poetry Therapy currently offers three recognised qualifications for aspiring bibliotherapists: Certified Poetry Therapist (CPT), Registered Poetry Therapist (RPT), or Certified Applied Poetry Facilitator (CAPF) (“International Federation For Biblio/Poetry Therapy”). Hynes’ bibliotherapeutic handbook expounds upon the role of the bibliotherapist in detail, and the handbook itself is described as a suitable training method (132), with each chapter ending in practical exercises for the benefit of the aspiring bibliotherapist who wishes to facilitate clinical group bibliotherapy. Hynes frames the role of the bibliotherapist as that of “empathetic, respect[ful], and genuine” facilitator (118), emphasising the patient-led nature of the treatment. Lists of potential warm-ups to the reading sessions are provided, and the bibliotherapist is then instructed to read the week’s material aloud to the group (Hynes 153). After reading, the bibliotherapist should designate a period of silence so that “the impact of the piece can sink in” which eventually leads to “an open-ended remark” which begins the discussion (Hynes 151). Throughout the work, Hynes provides examples of directive questions which can prompt readers to reflect and engage therapeutically with the text, such as “Can you tell me exactly what it was you liked [about the text]?” and “Is there one line that seems particularly true or special to you?” (50), emphasising the need to focus on “the personal feeling-response and not on the

meaning of the material itself” (160). Burns supports this approach, stating that “stories lose their power when they are intellectualised over time” - although no explicit evidence for this statement is provided in Burns’ article (449). However, this thesis argues that “intellectualising” stories – in other words, using literary theories and criticism to gain a better understanding of them – does not in fact cause literature to lose its therapeutic power, but can actually enrich a reader’s experience of texts which tackle difficult themes. This argument will be expanded upon later in the chapter.

### **Bibliotherapy: Points of contention**

There are potential drawbacks to bibliotherapy, and as with any scheme of treatment, it may not prove efficacious for every individual. If the therapist does not have a literary background or an interest in literature, the use of fictional texts is impractical, and the same applies to clients with a low literacy level or a distaste for reading (Martin “Appendix A” 163), although Glavin and Montgomery point out that audiobooks or mobile applications could help to mitigate this difficulty (102). Warner’s rather scathing article, entitled “The Myth of Bibliotherapy”, takes issue with the arguably custodial nature of bibliotherapy, stating: “Much of what passes for treatment seems to be old-fashioned moralising in modern garb” (107). Detrixhe identifies another risk, stating that therapists must be wary of “infantilising clients and minimising their problems” by encouraging too close an identification with the fictional characters within a text (63). Neville’s report on the introduction of self-help bibliotherapy to Irish health centers and libraries offers several valid criticisms of the treatment method, terming bibliotherapy “an individualist and populist response” which allows governmental systems to avoid making the necessary structural change to mental health services (223). According to Neville, book prescription schemes, such as the one piloted in Dublin in 2007, “accentuate rather than alleviate... class inequalities” because they favour educated, literate individuals (224). Furthermore, Neville believes that bibliotherapy places the burden of care “on the shoulders of

the mental health sufferer” and is “an elaborate and demanding strategy” which should not be offered as a replacement for talk therapy (231). While I agree with Neville’s skepticism regarding therapy which does not involve a trained professional and places total responsibility on the individual, her criticisms of book prescription schemes and other forms of bibliotherapy arguably misses a crucial point: while interim interventions should not be necessary, waiting lists for mental health services mean individuals are in danger of experiencing further deterioration of their mental health before they are able to access help (Martin “Appendix A” 165). Clearly, cheap, effective interim interventions should not be dismissed so quickly.

The key concept behind bibliotherapy is neatly encapsulated by McCann, who states that: “Reading with a patient about something they can’t cope with in the physical world might somehow help them to acclimatise”, as reading enables the patient to “visit the unsafe” (81). “Visiting the unsafe” - for example, reading a piece of fiction which describes a traumatic incident which is similar to a trauma experienced by the reader - for a structured and brief period of time under the guidance of a therapist can facilitate discussion and exploration of the trauma from a distanced perspective (Barbosa et al. 737). It can also foster empathy for oneself and for others, as studies have shown that when symptoms of mental illness are discussed with sufferers, they become normalised, and self-stigma decreases as a result (Vogel 48). While the notion of “visiting the unsafe” has proved contentious in bibliotherapeutic circles, as this section will demonstrate, this thesis argues in favour of literature’s potential to inform, comfort, and extend recognition to those who suffer from mental illness. If, as Oatley and Mar argue, fiction is a form of simulation which allows readers to “experiment in a controlled and safe manner with intentions, emotions, and emotion-evoking situations that would be impossible and often highly undesirable in the real world” (183), then visiting the unsafe can prove highly productive. Furthermore, by recognising an element of their own lives in a fictional retelling readers may become empowered to discover something new, for, as Felski maintains, “what the mirror shows us is not always what we hoped or expected to see” (133).

Despite the widely held notion that literature is a valid source of comfort and healing, some bibliotherapists fear that encouraging the use of literature which “visits the unsafe” may prove too unsettling, destabilising and destructive to individuals with mental illness (Burns 447, Hynes 70). In an article which examines how (and if) the arts should be taught in schools via an investigation into the views of Plato, Aristotle, Rousseau and Tolstoy, Tate poses several intriguing questions:

Is art dangerous in appealing to emotion rather than to reason? Is art an illusion that can shield us from reality rather than illuminating it? Should art aim at beauty? Is there something psychologically and ethically worrying about the pity and “enjoyable suffering” some art works induce? (Tate 25).

Tate is highly reluctant to endorse Plato’s view that uncensored access to art is inherently harmful, and does not conclude that art is, in fact, “dangerous” (25). However, a number of bibliotherapists, psychologists and psychiatrists express a sense of fear or unease that exposure to distressing literary texts may do more harm than good. Burns is particularly wary of stories which conclude unhappily or tragically, believing they would “likely be overwhelming... for grieving or suicidal clients, or for victims of trauma” (447). She advocates a form of therapeutic ghost writing in which the bibliotherapist creates a “new, positive ending to the story”, or even changes “the sex of characters, plot, settings, culture, or dialogue in a fictional story to more appropriately match the client’s metaphor, culture, or emotional state” (Burns 447). However, this approach tampers with the artistic integrity of the text and is also distinctly flavoured with paternalism, making the reductive assumption that a reader can only relate to or benefit from a text which describes a culture, setting, or gender which matches their own. Contrastingly, Troscianko states:

Emotionally difficult experiences of reading books without happy endings may function as a kind of literary exposure therapy. Such experience may help make long-term healing possible through the short-term discomfort of confronting unpleasant realities and one’s own ingrained responses to them, and then gradually changing those patterns of interpretive response through sustained engagement with characters who may or may not have all the answers. (206).

However, Troscianko’s research into the use of bibliotherapy among individuals with eating disorders finds evidence to suggest that reading about a fictional character with an eating disorder is relatively likely to trigger relapse into disordered behaviours, although reading about

unrelated topics has the potential to elevate mood and self-esteem (207). This directly contradicts my hypothesis, which advocates the use of fiction about mental illness in bibliotherapy.

However, Burkle et al. have argued that eating disorders are a notoriously “competitive” form of mental illness (853) which may require different bibliotherapeutic approaches than those discussed in this thesis.<sup>9</sup> Not every reader will feel emotionally or intellectually ready to tackle books which contain potentially upsetting themes or depictions of mental illness, but, if we are to accept the premise that reading and thinking about literature may be beneficial, it is worth exploring the therapeutic potential of these books.

Oatley, who writes extensively about the link between literature and emotions, views reading as an immersive experience in which the reader enters “the world created by the artist, as Alice enters the world through the looking glass” (Oatley “A Taxonomy” 54). Oatley believes that readers can experience emotions in three ways while reading fiction: by sympathising, recalling memories, and identifying with the characters (“A Taxonomy” 61). His work frames reading as a kind of gentle exposure therapy in which a reader “relives” an emotion in the present as it is mediated by what was felt in the past (“A Taxonomy” 63). This deep level of immersion and emotional connection with a text allows readers to examine their own emotional disturbances through the medium of fiction. In Oatley and Mar’s article: “The function of fiction is the abstraction and simulation of social experience”, fiction is depicted as a “simulation” (173) which “enable[s] the understanding of minds that would otherwise be opaque, and... aid[s] the comprehension of social complexes” (175). Fiction therefore has direct relevance to the real world, as it involves simulating real world conditions, emotions, and experiences. The work of Tribe et al., which enquired into the role of reading Harry Potter books in six women’s recovery from mental health challenges, found that readers derived a sense of “comfort” from the series (5) which was increased when they took part in the writing of fanfiction and joined the

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<sup>9</sup> Burkle notes that it is relatively common for sufferers of eating disorders to “compete” with each other to develop increasingly severe symptoms (853).

discussion communities related to the franchise (6).<sup>10</sup> The vivid world of Harry Potter and his friends arguably facilitated the “emotional transportation” which is highlighted by Bal and Veltkamp as being a crucial component in the increase of empathetic skills through reading fiction (5).

Reading fiction can promote empathy in a number of surprising ways. In 2008, Laffer conducted a study which aimed to understand why and how readers “talk about characters as if they were real” (1), a phenomenon which is believed to facilitate empathy and to decrease the stigmatisation of individuals who are perceived as “Other” (3). While observing discussions which took place during a series of book club meetings, Laffer noted that readers “assign[ed] praise or blame as if the character were a non-present community member” rather than a fictional being (8). Keen offers further comment on this manner of reader response theory, stating that “ordinary readers do things to and with characters that evade description by narrative theory when they respond to characters as persons” (“Readers’ Temperaments” 299). Thus, it is possible to argue that reading fiction could enrich an individual’s capacity to form relationships. Mar believes that this enrichment could occur due to the “fundamentally social” nature of narratives, which promote “an understanding of people, and how their goals, beliefs and emotions interact with their behaviours” (696). Literature can also improve emotional understanding – Cohen found that readers frequently simulate thoughts and feelings which align with narrative events rather than simply observing characters’ experiences (252). Therefore, while this thesis’ focus on “visiting the unsafe” may be regarded warily by many bibliotherapists, psychologists, and counselors, there is ample evidence to demonstrate that literature about mental illness has the potential to inform, comfort, and extend recognition to individuals who are experiencing emotional distress.

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<sup>10</sup> This implies that discussion is an important component of bibliotherapy, which aligns with Hynes’ argument (11, 18).

## **Bibliotherapy: How Can we “Visit the Unsafe” Safely?**

During the course of this research I performed a semi-structured interview with Elaine Martin, a Senior Psychologist in the HSE, in order to learn more about Ireland’s first bibliotherapy scheme which she piloted in 2007.<sup>11</sup> Martin believes that interim interventions play a crucial part in halting the downward trajectory which is all too frequently associated with untreated mental illness, and her aim in setting up the initial scheme was to empower individuals to improve their own chances of recovery, for: “There’s a lot people can do with good, solid, sound information” (“Appendix A” 166). Martin and her colleagues selected self-help books for the shortlist of “prescriptions” based on the following criteria:

- The book must be written from an evidence-based perspective by a clinician held in high esteem who deals with mental illness as a part of their occupation.
- The book must not provide a mere “description” of the illness, as at least half of the book must be devoted to therapeutic solutions. (“Appendix A” 166).

These criteria excluded the possibility of using fictional or autobiographical texts in the schemes. However, Martin sees the potential for such works to be effectively utilised in bibliotherapy, despite her feeling that many therapists would be “far less comfortable” prescribing works of fiction (“Appendix A” 167). She states that a therapist who has a sophisticated understanding of literature and a client who enjoys reading may very well engage in bibliotherapy using novels and autobiographies which facilitate “witnessing the journey of another” (“Appendix A” 167). While Martin has not personally prescribed fiction, she recognises that it has the potential to be beneficial, as fiction does not pathologise mental health issues but instead views them as an integral part of the human condition (Appendix A, 168). In addition, talking about a character’s

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<sup>11</sup> It is important to note that Hynes would not classify this scheme as bibliotherapy, as it entailed “book prescription” without counselling, rather than discussion of a piece of literature with a trained facilitator (11).

experience can be very useful in clarifying the dilemma or mental illness being faced, but she cautions that this is “delicate territory”, as it requires a therapist who is deeply in tune with both the client and the literature (“Appendix A” 169). Martin firmly maintains that effective bibliotherapy requires “the right time, the right client, and the right method” (“Appendix A” 170). In the interest of full disclosure, I must point out that both Elaine Martin and interviewee Professor Mary Cannon (Professor of Psychiatric Epidemiology and Youth Mental Health in the Department of Psychiatry at the Royal College of Surgeons, Dublin) felt that they would discourage the use of highly emotive texts such as *The Bell Jar* and *One Flew Over the Cuckoo’s Nest* in a bibliotherapeutic context due to their potentially harmful depictions of suicidal feelings and critical attitudes towards psychiatric treatments (“Appendix A” 169, 170). I will, however, offer a counterargument to their valid concerns later in this section.

Hynes’ handbook offers further cautions against the methods I employ in my research. Hynes advises on the selection of bibliotherapeutic texts by outlining a sliding scale of thematic dimensions which positions “Powerful, Comprehensible, [and] Positive” themes as desirable, “Ambiguous” themes as less desirable, and “Personalised, Trite, Obscure [and] Negative” themes as undesirable (65). While I do not take issue with Hynes’ stipulation that bibliotherapeutic literature should, for instance, have an overall positive impact on the reader, it is difficult to envision a literary text which does not contain an element of negativity or ambiguity – but how much is too much? With regard to stylistic dimensions (which are regarded by Hynes as markedly less important than thematic dimensions), texts should be “compelling” and “succinct”, should contain “striking imagery”, and should be written using “clear, simple” vocabulary (65). Again, these stipulations are somewhat exclusionary and rather vague, leaving little room for artistic appreciation or interpretation of longer texts. Hynes believes that “intellectualising” about the meaning of the material diffuses its therapeutic impact (68) and maintains that the bibliotherapeutic focus “is always on the personal feeling-response and not on the meaning of the material itself” (160). While a focus on feeling-response should always be

maintained during bibliotherapy, this analysis explores the potential of literary criticism to encourage (rather than, as Hynes rather pessimistically believes, to block) this feeling-response by building upon the “shared language” (Charteris-Black 201) and the feelings of recognition and catharsis which the reader may experience. However, Hynes does note that judgements about texts are subjective, and states that complex material has in fact prompted several productive discussions among bibliotherapeutic groups (76). Burns takes an arguably stronger stance against using literary interpretation in bibliotherapy, stating that “The counselor’s interpretation destroys the story’s enchantment for the client as well as the client’s potential to master their own problem(s)” (441).

Hynes repeatedly emphasises the danger attending the discussion of literary materials which deal with severely distressing themes, warning: “As real as anger, envy, despair, and suicidal impulses may be, they are also fundamentally destructive” (70). Works with “unhealthy” messages can, according to Hynes, “stir up powerful, threatening emotions that the facilitator will have difficulty dealing with” - although Hynes does concur that a “skilled and empathetic” facilitator may successfully use such material one-on-one, rather than in a group setting (70). Hynes states that it is “virtually never appropriate for a bibliotherapist to take on such devastating problems as suicide, chronic depression, self-hate, or serious delusions within the developmental bibliotherapy group setting”, referring again to the “destructive” nature of such issues and stating that these belong outside the realm of bibliotherapy (133). While Hynes is entirely correct in stating that these matters require great delicacy and caution when tackled in bibliotherapy, I am wary of the assumption that all individuals experiencing mental illness or emotional distress need to be shielded from difficult material. Such shielding appears redundant and somewhat patronising, as the individual is likely to have ample experience with such themes and issues in their own lives. As Warner states, “Books can provide pleasure and emotional release, bring about insights, and foster new understandings, but they are not a bad influence if they stir up violent feelings” (110). Moreover, Glavin and Montgomery’s meta-analysis of

bibliotherapy as a treatment for post-traumatic stress disorder found that literature can provide an exposure mechanism which promotes “dispassionate, but therapeutic, exposure” to distressing scenes (98). However, educational barriers may discourage a bibliotherapist from promoting or employing facets of literary criticism in therapy – Hynes points out that, if a reader cannot understand the material, his or her self-esteem may be negatively impacted (74). Therefore, it is crucial that both bibliotherapist and reader demonstrate an ability to engage creatively and analytically with literature before attempting to use this method.

Why, then, in the face of many convincing cautions from bibliotherapists, is it advisable to explore the use of fiction about mental illness through the lens of bibliotherapy? Why not continue to use non-fiction and self-help books (or, as Hynes would advise, “positive” and unambiguous works of fiction and poetry) rather than embarking upon an uncertain and potentially even dangerous journey into literary works which contain portrayals of mental illness? Shrodes definitively states that “Fiction is better than non-fiction because it is more than conceptualisation; it is a direct experience” (77) - and while this research does not strive to prove that the use of fiction in bibliotherapy is necessarily *better*, it places an emphasis on literature’s real potential to affect change in the reader’s life. As Caher maintains, fiction “permits the reader, paradoxically, both an illusion of psychic distance and immediacy of experience” (44) which cannot be achieved by the reading of self-help books. (Semi)autobiographical accounts of mental illness, such as *The Bell Jar* or *Girl, Interrupted*, may help to counter feelings of isolation among readers, and are also valuable because they identify issues which the mentally ill protagonist, rather than the therapist or psychiatric professional, consider important (Sommer 198). Moreover, Oatley stresses the importance of “understanding art as involving creativity in the domain of emotion” (“A Taxonomy” 60), a statement which implies that creative processes, such as reader-response theory and other forms of literary criticism, can increase emotional understanding.

Although this research does not advise individuals experiencing severe mental health issues to engage in bibliotherapy alone without the guidance of a therapist, it is certainly possible for readers to therapeutically benefit from their own personal, solitary reading. Schwering et al.'s investigation into the relationship between fiction reading and emotion recognition showed individuals videos of actors and asked them to identify the emotions being portrayed (181). Interestingly, individuals who reported frequently reading fiction were more likely to correctly identify complex emotions during the study, which appears to support the notion that fiction reading can and does assist with the recognition – and perhaps the understanding – of emotional states (Schwering 182). A study by Gernsbacher et al. achieved a similar result: individuals were asked to read short passages which described a situation which led readers to think of an emotion, followed by a target sentence which either correctly or incorrectly identified the emotion (273). Individuals read the sentences which incorrectly identified the emotion more slowly (Gernsbacher et al. 273), which confirmed the study's hypothesis that "readers activate knowledge about emotions during narrative comprehension" (274). Oatley's extensive research into empathy and identification with fiction has repeatedly demonstrated that:

...when story structure, discourse structure, and associative structure occur in special configurations, meetings of literature can occur at the right aesthetic distance, so that we experience important emotions (our own, not those of the characters). On such occasions, as well as experiencing intimate and specific emotions we can think about them, perhaps even understand them for the first time ("Meetings" 452).

Therefore, there is strong evidence in favour of using works of fiction and (semi)autobiography in bibliotherapy.

The use of texts which deal specifically with mental illness, however, arguably requires further justification. Oatley states that "emotion memories are not just recalled: they are re-lived" and argues: "In art an emotion in the present is mediated by reliving an emotion from the past" ("A Taxonomy" 63). Barbosa et al. place further emphasis on the need to reflect upon "problematic experiences" through a distancing medium (737), which, I argue, can be facilitated through close reading and discussion of the texts dealt with in this thesis. While it may prove effective to use material which explores these feelings in a more general, sanitised way, it is

possible to expand conceptions of texts which are suitable for bibliotherapy and to consider the role of literary criticism in bibliotherapy. Mar and Oatley's framing of fictional texts as simulations of real-world experiences highlights the human need for immersion in stories which enhance readers' understanding of "minds that would otherwise be opaque" (175). Mar and Oatley demonstrate that a text which depicts an experience which is relevant to the reader is more likely to induce immersion (178), which allows the reader to "explore complex and often extreme emotions in a safe and controlled manner" (184). Therefore, relevance to the reader's personal situation is a key factor in creating an aesthetically distanced state which facilitates productive discussion of mental illness. Clearly, then, issues such as suicidal ideation, despair and grief can (and perhaps should) be productively tackled in a bibliotherapeutic context. If, as Oatley argues, the role of a fiction writer is to "draw attention to things" ("Why Fiction" 105), then we should not avoid fiction or autobiography which draws attention to "things" which are unpleasant or difficult. Furthermore, Oatley demonstrates that personal insights "are more likely to occur when the reader is moved emotionally by what he or she is reading and when the accompanying context helps the understanding of the resulting emotions" ("Why Fiction" 115), which validates the inclusion of emotive, potentially distressing texts in bibliotherapy. To put this differently, Bonnycastle states: "we connect most deeply with stories which embody our deepest concerns" (11). Caroline Shrodes, whose work has been greatly influential in the development of bibliotherapy, outlines the "dual role" of a reader who identifies with fictional characters, stating:

As participant in the action of the novel he will express latent affect when feelings of sympathy or hostility are evoked; as spectator he will critically appraise the character's fantasies, anxieties, or fears. This simultaneous involvement and detachment, characteristic of vicarious experience, serves as a catalyst to extend the range of his consciousness and to set his energy free. (312).

Identification and insight, then, are crucial in activating the "critical appraisal" which can lead to real change in the reader's life, and it may therefore be beneficial to utilise material which is directly relevant to the reader's own emotions or mental illness(es). As Meinhold states, the

process of healing can be painful, but it is often necessary to (re)confront the source of one's pain in a therapeutic context in order to facilitate catharsis (93, 99).

Finally, it is necessary to offer a counter-argument to Hynes' belief that "intellectualising" about a text (in other words, offering any form of detailed literary criticism) is a barrier to achieving personal insight during bibliotherapy. Firstly, Ellis reminds us that it is crucial to "engage in discussion and thinking which call[s] on the 'whole' person rather than just the 'depressed' part" (72). Literary criticism allows the reader to become involved in something outside of themselves, and, as Shrodes reminds us, "the patient who might be unable to talk directly about his own feelings and experience may reveal them indirectly when talking about fictional characters" (315). Furthermore, identifying the literary process of defamiliarisation can perform an important function, as it brings "particular phrases and images into the foreground so that we may experience them freshly" (Mar and Oatley 176). If a reader has become drearily accustomed to certain feelings or aspects of their lives, the presentation of these feelings or aspects in a new way can lead to re-recognition and evaluation, which may in its turn lead to real change. Cultivating Oatley's interpretation of aesthetic distance, which he refers to as an "objective, outer attitude" ("A Taxonomy" 55) is a crucial step in integration and insight during bibliotherapy, and this sense of aesthetic distance can be heightened when authors effectively "make the habitual strange", enabling the world to be "seen afresh" (58). Thus, fictional texts which explore the lives of mentally ill protagonists can, I argue, be productively read and discussed in a bibliotherapeutic context.

### **Textual Justification**

This thesis analyses North American novels and (semi)autobiographical texts from the latter half of the twentieth century which depict the lives of mentally ill protagonists. There are a multitude of novels from a myriad of genres which could feasibly be used in order to demonstrate the importance of paying attention to literary portrayals of mental illness within

bibliotherapeutic circles. I have selected these particular texts firstly because they emerged at what can be viewed as a turning point in psychiatric history. Hirshbein's *American Melancholy: Constructions of Depression in the Twentieth Century* (2009) identifies the 1930s as a time of increased institutionalisation, and notes that electroconvulsive therapy (ECT) was popularised during this period (24). By the 1950s, psychiatry as we recognise it today was beginning to materialise, with the release of the first edition of the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM)* in 1952, which is still, as Menzies states, "the go-to definer of mental pathology" today (4). At the same time, however, the antipsychiatry movement emerged in Britain and North America, which produced a number of exposés on psychiatric institutions in an effort to draw attention to the plight of mentally ill individuals (Miyatsu 52). Bolaki argues that, from the 1950s onwards, there has been an increased interest in "representations of illness, pain and suffering by people who experience illness first-hand or those who are close to them" (*Narratives* 4). Miyatsu comments that "asylum novels" became particularly popular in tandem with the growth of the anti-psychiatry movement, as they sympathetically depicted "ostracised characters [who] are thrown into community with other isolated and stigmatised figures... as a result of their community's inability to incorporate their mental difference or suffering" (52). Two of these asylum novels, Sylvia Plath's *The Bell Jar* and Ken Kesey's *One Flew Over the Cuckoo's Nest*, are analysed in this thesis.

When mentioning the anti-psychiatry movement, however briefly, it is necessary to touch on Foucault's *History of Madness*, which was first published as *Folie et Dérailson: Histoire de la Folie à l'âge Classique* in 1961. In this enduringly (in)famous treatise Foucault traced the origins of madness and the exclusion of the mentally ill from society back to the Enlightenment (Nasser 745) and argued that madness was first socially constructed as an illness of the mind in the nineteenth century (Gutting 50, 53). Although Foucault himself was qualified to become an academic or practicing psychologist, he ultimately denounced the field (Whitebook 316), claiming that nineteenth-century psychiatry was little more than a pseudo-science with aims that

were “moral rather than medical” as they equated bourgeois respectability with mental health and wellbeing (320). Foucault has since been accused of presenting a rather hopeless picture of social interactions with mental illness – Barham states that, in *History of Madness*:

The re-entry of the lunatic into rationality is made to appear as a form of capture, a matter of what was put there or instilled, rather than the rediscovery of what was already there to be found. (47).

In other words, Foucault criticises the institutionalisation and medicalisation of the mentally ill, but refuses to present an alternative, apparently implying that there is no solution to be found.

Barham further remarks that Foucault’s desire to “retain the purity and integrity of madness” actually re-enforces the stigmatisation and marginalisation of mentally ill individuals, because it excludes them from rationality and thus from the discourse surrounding their care (48).

Whitebook accuses Foucault of idealising mental illness without attempting to fully understand it, pointing out that:

Although Foucault asks the psychiatrist-therapist to interrogate his or her own position and reason, he is not willing to insist that the mad also call their discourse into question. (329).

R.D. Laing, who is broadly considered the father of anti-psychiatry despite never directly identifying with the term, has also been accused of idealising madness (Whitebook 329). Laing challenged traditional psychiatry in the 1960s by encouraging psychiatrists to search for the causes of mental illness in the individual’s environment rather than within the individual himself (Caminero-Santangelo 82). In the 1970s, psychologist David L. Rosenham produced a number of articles exposing the arbitrary and fallible nature of psychiatric institutions – for the purpose of one such article, he informed a research hospital that over the next three months he would send them several mentally-well patients who had been instructed to feign symptoms of mental illness. The hospital subsequently recorded 193 incoming patients as feigning their symptoms, when in reality Rosenham had not sent any mentally well individuals at all (Rondinone 185). This anecdote not only testifies to the growing anti-psychiatric sentiment at this time, but also demonstrates the lack of understanding and validation frequently faced by those who sought treatment for mental illness in the late twentieth century.

Nasser's article, "The Rise and Fall of Anti-Psychiatry", provides a brief outline of the anti-psychiatry movement, and concludes that its greatest impact was a transferred focus from institutions to an attempt to provide care in the community (746). Despite the fact that support for anti-psychiatry has significantly lessened in the twenty-first century (Nasser 746), psychiatric diagnoses and their criteria are still proving controversial today. In 2016, the re-drafting of the *DSM* saw campaigners and psychiatrists call for the removal of certain criteria and the inclusion of others – for example, some wished the definition of Asperger's to be narrowed due to perceived over-diagnosis, while others feared that narrowed criteria would restrict insurance coverage (Ninnis 118). The impact of financial concerns on diagnostic criteria highlights the interconnectedness of psychiatry and capitalism, a theme which emerges, indirectly or otherwise, in all four of the works discussed in this thesis.

A wave of North American literature responded to the anti-psychiatry movement, even if it did not explicitly proclaim allegiance to it. Rondinone's *Nightmare Factories: The Asylum in the American Imagination* (2019) traces the influence of the psychiatric institution on books and films produced in the latter half of the twentieth century, demonstrating the significant impact of the "asylum" on the American imagination, culture, and psyche. Rondinone emphasises the largely negative portrayal of asylums in literature, and states that its image "evokes stigma, terror, and abandonment" (279). Similarly, Harpin's *Madness, Art, and Society Beyond Illness* (2018) interrogates the ways in which artists have depicted psychiatric spaces, arguing that a critical look at these portrayals can facilitate humane reform (46). Literary portrayals of psychiatric spaces have evoked a wide range of feminist criticism, such as Chesler's *Women and Madness* (1972), which frames the psychiatric institution as "a warning specter" which seeks to label uncompliant women as mentally ill in order to enforce patriarchal control (74). Menzies believes Chesler's treatise to be the most influential anti-psychiatric work of this period, as it persuaded many feminist critics that "the very constitution of sanity and "mental illness" in late 20<sup>th</sup>-century society was anchored in the bedrock of male normativity" (Menzies 6). Colmenero-

Chilberg argues that even today, madness is “woman-identified”, as women are more likely than men to be diagnosed with a serious mental illness, except in the cases of schizophrenia, autism, and ADHD (92).

While Chesler calls into question the classification of certain behaviours in women as ‘mental illness’, other feminist scholars have gone a step further and framed mental illness (and the portrayal of mental illness in literature by female authors) as a subversive and empowering protest against patriarchal norms.<sup>12</sup> This theory has famously been criticised by Caminero-Santangelo in *The Madwoman Can't Speak: Why Insanity is Not Subversive* (1998), which argues that madness is “hopelessly disempowering” because it “traps the woman in silence” (125). Caminero-Santangelo’s work investigates North American women’s writing in the latter half of the 20<sup>th</sup> century because a focus on the criticism of madness in women’s literature began to emerge around this time (4). Ultimately, she concludes that while madness can be read as a rejection of social codes, it highlights the need to challenge, rather than simply to subvert, these social codes (180). Her views are supported by Miyatsu, whose analysis of *The Bell Jar* deliberately deviates from “popular feminist portrayals of female madness as rebellion”, and instead emphasises the severe mental and emotional pain the protagonist experiences (55). However, Carpintero argues that Caminero-Santangelo is “somewhat missing the point of postmodern feminist critiques of rationality”, as she does not consider the patriarchal origins of the concept of rationality itself (210). Carpintero reminds us that, while feminist criticism should avoid romanticising mental illness, it must recognise the ability of the mentally ill to be political agents and spokespeople as opposed to “silent” beings trapped in their madness (211). This thesis aligns

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<sup>12</sup> See, for example, Rowe, Desireé D., and Karma R. Chávez. “Valerie Solanas and the queer performativity of madness.” *Cultural Studies/Critical Methodologies*, vol. 11, no. 3, 2011, pp. 274-284; Özdemir, Erinç. “Power, Madness, And Gender Identity In Margaret Atwood’s *Surfacing*: A Feminist Reading”. *English Studies*, vol. 84, no. 1, 2003, pp. 57-79, Zeeshan, Sahar. “Madness as Insurrection: Decolonizing the Doubly Colonized Female Self in Jean Rhys’s *Wide Sargasso Sea*.” *NUML Journal of Critical Inquiry*, vol. 20, no. 1, 2022, pp. 61-72.

with Carpintero's viewpoint due to its inclusion of texts written by authors who experienced mental illness and/or spent time within a psychiatric institution. While I recognise that sufferers of mental illness are frequently disempowered due to cultural and psychiatric responses which alternately seek to label, intern, and 'cure' them, I also wish to emphasise the disempowering nature of mental illness itself. The Western response to mental illness can and should be criticised without ignoring or downplaying the influence of what is frequently experienced as debilitating emotional, mental, and spiritual pain.<sup>13</sup> This thesis does not support the idealisation of mental illness as an empowering form of protest, but it does draw attention to the empowerment which can be found in allowing mentally ill individuals to amplify their own voices and to criticise or reject the social norms and psychiatric practices which may have increased their pain, rather than mitigated it.

The notion of centering mentally ill voices necessarily leads to an exploration of Mad Studies, which emerged in 2008 as a branch of Disability Studies and is comprised of scholars and activists who offer critiques of psychiatry (Brewer 12). This psychiatric criticism varies in severity – not all scholars of Mad Studies share Menzies' opinion that psychiatric diagnoses reduce individuals to “a jumble of diagnostic prognostications based on subjective opinions masquerading as science” (2), but most concur that psychiatry too frequently alienates, oppresses and condemns those who are regarded as 'mad'. While the critical movement did not take shape until the 2000s, Menzies points out that the 'mad movement' itself began in the sixties and seventies, when grassroots organisations began to campaign for the liberation of mentally ill individuals in what was later termed the consumer/survivor/ex-patient (c/s/x) movement in North America (6). The term 'c/s/x' draws attention to the variety of voices within the mad community, and the various possible ways of identifying as an individual who has experienced psychiatric services in some form. The question of identification continues to provoke debate –

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<sup>13</sup> See, for example, Esther's utter despair at no longer being able to carry out everyday tasks in *The Bell Jar*, or Natalie's catastrophic identity crisis in *Hangsaman*.

while some disability advocates have endorsed the use of “person-first” language (i.e., describing an individual as ‘a person with mental illness’ rather than ‘a mentally-ill person’) in order to respectfully distinguish between an individual and their condition, Aubrecht argues that this well-intentioned move may very well have an alienating effect on an individual’s relationship to their disability (4). Indeed, even the term “mental illness” itself has been found to be problematic. Brewer maintains that word choice is “hotly contested” within the field of Mad Studies (16), and she provides the example of a colleague who found that being labeled “mentally ill” perpetuated an idealisation of mental “wellness” which was incompatible with her need for long-term therapy (21). Aubrecht, who encourages mad scholars to “come out” as mad within their own scholarship, found that:

My being named mentally ill led me to view myself as a problem, my histories and experiences as deficient, defective, and the products of an unfortunate chain of events, and my perceptions as delusional. (1).

Therefore, mad scholars advocate the use of the term ‘madness’ to describe their experiences with navigating what psychiatry continues to label ‘mental illness’, as they seek to reclaim a term which has been frequently used to dehumanise and insult them. Packer distinguishes between the terms when she states that ‘mental illness’ denotes a pathological disorder while ‘madness’ is a sociological construct which is used to identify behaviour which does not align with social norms (xx). Menzies rejects the idea that the reclamation of the word ‘mad’ somehow glorifies or idealises madness itself, stating:

To work with and within the language of madness is by no means to deny the psychic, spiritual, and material pains and privations endured by countless people with histories of encounters with the psy disciplines. To the contrary, it is to acknowledge and validate these experiences as being authentically human, while at the same time rejecting clinical labels that pathologise and degrade; challenging the reductionistic assumptions and effects of the medical model; locating psychiatry and its human subjects within wider historical, institutional, and cultural contexts; and advancing the position that mental health research, writing, and advocacy are primarily about opposing oppression and promoting human justice. (10).

Holladay also argues in favour of the term ‘madness’ by praising “the breadth and flexibility of its meaning”, believing that it avoids reducing individuals to a set of criteria and forms a broad umbrella term which aims to listen and uplift, rather than to categorise and diagnose (199).

If, as Menzies states, Mad Studies is defined as “a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being” (13), then this thesis is indirectly aligned with Mad Studies. However, I generally employ the term ‘mental illness’ rather than ‘madness’ throughout this work. I have chosen to use this term because it is more widely recognisable in social and psy circles as denoting a state of emotional turbulence or instability, and aligns more readily with bibliotherapeutic studies which seek to reduce this instability in individuals who are attending therapy. Moreover, several of the protagonists within the texts analysed throughout this thesis have been explicitly diagnosed with ‘mental illnesses’ by other characters, and I wish to explore what these labels imply and to demonstrate the ways in which the characters are impacted by their diagnoses. I do not attempt to diagnose the protagonists with specific mental illnesses myself and do not comment at length on the accuracy of the diagnoses which they receive at the hands of psychiatric professionals, as I wish to avoid what Emmons terms the “medicalisation of human emotions” (4). Instead, I attempt to recognise and explore the emotional suffering experienced by the protagonists and to engage with this suffering in a manner which provides potential material for the bibliotherapist tackling the topic of mental illness with a reader who is seeking to understand, give voice to, and alleviate their psychic pain. The term ‘mental illness’, and the description of an individual as ‘mentally ill’, is not unproblematic, but it best fits the purpose of this interdisciplinary study. While I retain a close focus on literary scholarship and interpretation throughout this thesis, I wish to demonstrate literature’s relevance to psy fields and the necessity of paying close attention to mad stories and voices when attempting to assist with healing.<sup>14</sup> The emphasis on bibliotherapy throughout this thesis enables this process of listening and empowering, by navigating the borders between psy-fields, literature, and Mad Studies in a manner which facilitates a collaborative effort towards emotional understanding and

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<sup>14</sup> For example, Moniz et al. demonstrate the value of using narrative accounts written by patients and their caregivers in a medical context in order to promote “empathy, communication, collaboration and professionalism” among physicians (28).

the alleviation of painful emotions without unduly condemning or glorifying the notion of being 'mentally ill' or 'mad'. As previously mentioned, the majority of the authors analysed in this thesis wrote from a position of mad understanding, with Plath and Kaysen in particular positioning themselves or their literary alter-egos as survivors of institutionalisation. Unlike Kesey's *One Flew Over the Cuckoo's Nest*, Plath's and Kaysen's works do not portray any striking instances of institutional neglect or abuse, but rather demonstrate the inherently dehumanising and abusive nature of psychiatric spaces which are functioning as they are intended to do.

Caminero-Santangelo believes that:

The civil rights of the mentally ill require, more than any other civil rights movement, representation of those who cannot speak for themselves by those who remember what such speechlessness was like. (24).

While I would hesitate to categorise any mentally ill individual as "speechless", I recognise that psy fields frequently silence or undermine the voices of those who use their services and this thesis is an attempt to amplify mad voices and to interrogate the imagery, metaphors, and other stylistic tools which may prove useful in a bibliotherapeutic setting. Recognising the paternalistic and arguably capitalistic nature of the terms 'patient' or 'client' which are frequently used in bibliotherapy studies, I instead employ the word 'reader' to refer to the individual who uses bibliotherapy to gain insight into their own emotional state. By centering mad voices, this thesis aims to promote a form of care which centers the mentally ill or mad individual and provides them with potential tools with which to explore or express their experience.

As outlined above, the four texts analysed in this thesis span a noteworthy time period in psychiatric and literary history, as each of them depict a protagonist who experiences mental illness in the counterculture era. Mettler demonstrates that North American counterculture changed social perceptions of mental illness in certain literary circles, as the potential for mentally ill individuals to provide "new insights" and to subvert the pervasive emphasis on conformity in middle class society began to be explored (172, 182). However, Mettler argues that this changing perception was problematised by its lack of real concern for mad people whose difficulties were effectively used as metaphors with which to express social critique (184).

Perhaps the growing use of madness as a metaphor partially explains the widespread framing of psychiatric professionals as unsympathetic and even malevolent jailers in asylum narratives and other North American explorations of mental illness (Dempsey 516). Dempsey argues that villainous psychiatrists are little more than literary plot devices with which to probe and undermine various facets of authoritarianism, and questions whether novelists genuinely wish to see their protagonists healed (517). However, the following chapters in this thesis present evidence of a literal (and not simply symbolic) protest against psychiatric stigma in all four texts, and demonstrate the possibility of veering away from a traditional allegorical reading of, for example, *One Flew Over the Cuckoo's Nest*.<sup>15</sup> Moreover, Moraski outlines another potential reason for the proliferation of asylum narratives in the 1950s and 1960s, convincingly arguing that Plath's motivation for writing *The Bell Jar* stemmed from a desire to produce a novel which would appeal to the mass market, as well as protest psychiatric malpractice (79). Moraski also positions *The Bell Jar* as a forerunner for Ken Kesey's *One Flew Over the Cuckoo's Nest* and Joanne Greenberg's *I Never Promised You a Rose Garden*, stating that all of these texts emerged just as the antipsychiatry movement began to gain traction, which helped to ensure their popularity (98).

Admittedly, it may appear incongruous to examine texts which express strong anti-psychiatric sentiment in a therapeutic setting, as such literature may increase fears and anxieties surrounding therapeutic intervention. For example, Kellner notes the ways in which *The Bell Jar* and *One Flew Over the Cuckoo's Nest* contributed to "exaggerated fears" of ECT (220), despite the fact that ECT assists Esther with her recovery at the end of *The Bell Jar* (221). However, Kellner maintains the importance of making it clear to readers that unmodified ECT has been "considered an archaic medical practice in the United States and much of the Western world" for over forty years (222). I would argue that the vast majority of readers are aware that psychiatric

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<sup>15</sup> For an example of an allegorical reading of Kesey's novel, see: Mettler, Meghan Warner. "'If I Could Drive You Out of Your Mind': Anti-Rationalism and the Celebration of Madness in 1960s Counterculture." *Journal of Literary & Cultural Disability Studies*, vol. 9, no. 2, 2015, pp. 171-187.

and psychological treatments have changed drastically since the 1950s and 1960s, and will not turn to literature which was written over sixty years ago for a literal and current depiction of psychiatric intervention. Moreover, negative (or, at least, not entirely positive) portrayals of psychiatric professionals may actually be useful for readers who have ever felt misunderstood or stigmatised by counsellors, doctors, and psychiatrists. As Bischoff outlines, the trust between patients and those responsible for their treatment is a crucial factor in literary stories of mental illness and recovery throughout the 20<sup>th</sup> century (7), and the enduring popularity of these works may imply that it is still an important concern today.

The historical and geographical setting of the four works analysed in this thesis is necessarily limited in several ways. Firstly, I am aware of the narrow demographic of mentally ill protagonists. Out of the four texts, only *One Flew Over the Cuckoo's Nest* portrays a main character who is not white, young, female, or middle class, and Chief is not necessarily an accurate or unproblematic depiction of a Native American man experiencing mental illness in a psychiatric institution. Chief is silent throughout much of the narrative and is frequently overshadowed – and eventually ‘saved’ – by the novel’s white anti-hero, McMurphy. While I briefly touch on the implications of Chief’s heritage when considering his experience of marginalisation and stigmatisation in chapter two, further work needs to be done on the treatment of non-white individuals experiencing mental health difficulties.<sup>16</sup> Bischoff argues that racism and discrimination (which greatly limits the availability of mental health treatment in Black communities) as well as cultural and social stigma has meant that it is only in the past couple of decades that we have witnessed an increase in scholarship and literary works which discuss mental illness in non-white communities (1). Due to my focus on works depicting the fifties and sixties this study was unfortunately limited in this regard.

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<sup>16</sup> As Linton and Walcott outline, Black people in the UK are four times more likely to be detained under the Mental Health Act than white people. Their work, *The Colour of Madness: Mental Health and Race in Technicolour* presents a collection of writings about mental illness from non-white individuals in order to centre their voices and emphasise the need for a reformation of mental health care.

Moreover, it is also important to note the difficulties which may arise when we attempt to examine North American literature in an Irish or European context. Clearly, there are differences with regard to social and medical approaches to mental illness during the time period depicted in the texts and now. However, it is not my intention to perform a detailed study of how mental illness was treated in the North American fifties and sixties, which is why I deliberately avoid discussing the use of treatments such as ECT and lobotomy in great detail. Although I analyse the feelings of identification which may arise when an individual reads, for example, about a mentally ill protagonist who experiences marginalisation from their community as a result of their mental health difficulties, I do not necessarily envision the reader feeling a *literal* recognition in that their experiences exactly mirror those they witness on the page. Rather, I hope that in identifying stigmatisation in a literary sense the reader may become empowered to identify stigmatisation in their own social, historical and cultural context. As Bruns states, recalling past distress does not require an individual to re-experience the exact situation which upset them – instead, they re-experience the emotion they felt while performing an activity they can control, such as reading a work of fiction (25). Thus, my main concern is with the language which is used in the texts to communicate emotion and the way in which this language might evoke recognition. The majority of the texts examined in this thesis are widely known and read throughout the world, so their therapeutic potential is not necessarily confined to an American context. In fact, the differences in culture, history and society may actually enhance aesthetic distance, allowing the reader to “visit the unsafe” (McCann 81) from a removed perspective as they read and consider issues closely related to, yet also significantly different from, their own experiences.<sup>17</sup>

## Layout

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<sup>17</sup> Meinhold notes the importance of genre when considering aesthetic distance, providing the example of a violent scene which would be age-restricted in an action film, but considered perfectly suitable for children when depicted in a cartoon (106).

The three overarching research questions which are investigated within this research mirror the three stages of bibliotherapy as identified by Shrodes: “identification, including projection and introjection, catharsis, and insight” (314). The first phase, “identification”, is tackled within the first section of each chapter, which analyses literary portrayals of mental illness, including the stigmatisation and social marginalisation of mentally ill protagonists. This investigation is intended to outline potential parallels between fiction and real-life experience, and can assist the reader by providing “recognition, solidarity, and perhaps a safe harbour” from their mental illness (Davis 714). Harpin’s crucial reminder that “Art does not have all the answers. But, vitally, nor does psychiatry” (72) stresses that literary works have the potential to grant valuable insight into the world of mental illness and institutionalisation, and can affect real change in the lives of those who experience mental illness. In addition to providing readers with insight and recognition, literature has the potential to heighten their capacity for empathy, as numerous studies have demonstrated<sup>18</sup> – including Richmond’s work with adolescents which showed an increase in empathy and understanding of individuals with depression after a class discussion of Jay Asher’s *13 Reasons Why* (24). This increase in empathy assists the reader with understanding and empathising with mentally ill individuals, and may decrease the level of self-stigma which they feel as a result of suffering from mental illness (Hecht et al. 13). Keen’s extensive work on fiction and empathy outlines the tentative link between empathy and altruistic response, and argues that literature provides a “safe zone” for readers to feel empathy without being called into taking direct action to assist marginalized groups (*Empathy* 4, 65). However, altruistic responses such as charitable donations or political actions exist outside the realm of bibliotherapy, which focuses on the recognition and understanding of emotions, and is enhanced

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<sup>18</sup> See Schwering, Steven C., et al. “Exploring the relationship between fiction reading and emotion recognition.” *Affective Science*, vol. 2, no. 2, 2021, pp. 178-186; Laffer, Alexander. “When readers talk about characters as if they were real, how do they talk about them? Empathy and gossip in reading group discourse.” *Poetics*, vol. 85, 2019, pp. 1-21; Bal, P. Matthijs, and Martijn Veltkamp. “How does fiction reading influence empathy? An experimental investigation on the role of emotional transportation.” *PloS one*, vol. 8, no. 1, 2013, pp. 1-12; Maja, et al. “Reading other minds: Effects of literature on empathy.” *Scientific study of literature*, vol. 3, no. 1, 2013, pp. 28-47; Keen, Suzanne. “A Theory of Narrative Empathy.” *Narrative*, vol. 14, no. 3, 2006, pp. 207–36.

by a capacity to empathise with the struggles of others. Djikic et al. found an increase in levels of self-reported cognitive empathy after individuals read a short story, and discovered a higher level of empathy among frequent fiction readers than among readers of non-fiction (28). Interestingly, the quality of the literature and its relevance to the reader is extremely important in forming empathic response. Bal and Veltkamp's reading study demonstrated that fiction reading causes empathic skills to increase over time but *only if* the reader is "emotionally transported" into the story - if they are not transported, then empathic response actually decreases (5).

The second phase of bibliotherapy, "catharsis", is addressed through an exploration of literary depictions of characters who undergo cathartic experiences. Hirshbein laments the fact that in the twenty-first century, "feelings have become things that need to be managed instead of experienced" (133). Catharsis affords an experience (or perhaps a re-living) of emotions which can expand the individual's understanding of their origins and assist them with finding a resolution (Shrodes 316). Moreover, witnessing a character resolve their problems can release emotional tension in an individual experiencing similar problems (Heath 567). McCann's concept of "visiting the unsafe" (81) is particularly important here, as the novels and autobiographies discussed herein delve into complex and often distressing topics such as suicidality, self-harm, and institutional abuse – but I argue that these topics are dealt with by the selected authors in a manner which has the potential to benefit the reader who has experienced similar situations. The theory of "aesthetic distance" as endorsed by Scheff (1979) is introduced via two crucial literary techniques: defamiliarisation and humour, which allow the reader to explore difficult topics while retaining a sense of emotional distance. In other words, they are empowered to take an observer's stance along with the therapist which enables them to examine their feelings without becoming overly distressed, granting them a level of agency. Oatley and Kerr strongly endorse Scheff's theory of aesthetic distance, pointing out that literature can be extremely beneficial in awakening old distress in a vicarious manner which proves less upsetting to the reader because they can project their feelings onto a literary character (663). Moreover, Glass maintains that

aesthetic distance, or “the point at which the client can have access to his feelings and also maintain an observer stance”, is the goal for a traumatised individual when discussing their trauma (58). Thus, an exploration of the ways in which these texts can aid aesthetic distance, along with an analysis of literary portrayals of catharsis, can assist the reader with emotional understanding as he or she “visits the unsafe” from a safe distance.

Finally, the third phase of bibliotherapy, “insight” - which, as Detrixhe outlines, should accompany “integration” of learning (59) - is tackled within each chapter’s criticism of narrative voice, metaphor and mind style within the texts. These sections outline literary devices which have the potential to aid in the building of a “shared language” (Charteris-Black 203) between therapist and reader, and to further empower the reader to express complex emotions. As Oatley and Kerr state, “the analysis of emotions that are difficult to understand is central to psychoanalysis” (“Depression and Reading” 658), and this research supports the idea that bibliotherapy can help to build a creative path towards this emotional analysis. Emmons’ work on portrayals of depression in literature and media emphasises the importance of paying close attention to the language used in discussions and descriptions of mental illness, which further supports the notion that literary criticism, reader-response theory and close readings can offer readers the opportunity to explore their own experiences. Emmons argues that “the structures of language fundamentally *shape*, rather than merely reflect, cultural assumptions [about mental illness]” (5), a statement which reinforces the argument that paying close attention to the language used in mental illness literature is highly beneficial when attempting to understand (and, arguably, to treat) mental illness itself. Just as Charteris-Black believes that “analysis of language may provide insight into a possible therapeutic role for metaphor” (202), Emmons argues that “metaphors deliver messages” about mental illness, transfer experiences, and promote empathy (94). However, Emmons warns that “the figurative language surrounding depression invites identification with the illness,” because readers who do not suffer from mental illness may relate to metaphors which denote sadness or grief (95), and states that “metaphors for depression run

the risk of ultimately collapsing into themselves, reinforcing illness identities that fundamentally define individuals” (107). Thus, there are dangers attendant on the definition of mental illness through literary structures such as metaphor, but, as Oatley states, metaphors can “draw attention to some facet of experience and carry it over to something new or to something difficult to understand” (“Why Fiction” 106). Alvarado notes that the use of metaphors in therapy can build intimacy, assist with symbolising and expressing emotions, uncover unconscious assumptions, and promote cognitive reframing (52), demonstrating that metaphors have already proved widely useful in a therapeutic context. If this is the case, then there is surely no reason to argue that we cannot examine literary metaphors in bibliotherapy, despite Hynes’ caution against “intellectualising” reading material (68).

Each chapter in this thesis opens with a brief introduction to the novel under discussion, with reference to critical reviews released shortly after its publication which demonstrate the cultural impact of the novel and justify its selection. This is followed by a literary investigation into the stigma, marginalisation, and frequent institutional abuse faced by the mentally ill characters within the text. The research posits the notion that paying close attention to literary portrayals of stigma extends solidarity and recognition to sufferers of mental illness (Davis 714), as well as offering a critical reflection on Western society’s often inadequate and fraught response to mental illness. Next, each chapter examines the specific metaphors, phrases, and images which contribute to the formation of a unique mind style within the text and which can potentially facilitate the “development of a shared language” between therapist and client (Charteris-Black 203). Finally, each chapter concludes with an investigation into cathartic demonstrations within the novels and speculates as to the use of such demonstrations in evoking cathartic response within the reader, which Scheff maintains is “a necessary condition for therapeutic change” (13). The use of these critical approaches is justified in further detail in the methodology chapter.

Thus, each chapter is divided into three sections, and comparisons between texts will be drawn across the sections. It should be noted that literary criticism, rather than bibliotherapeutic practice, is the main focus of the four chapters. Although I attempt to emphasise the four texts' therapeutic potential, I do not explicitly refer to bibliotherapy throughout my literary analysis as I wish to avoid an overly prescriptive or medicalised approach to the texts. Instead, I examine the language and literary techniques used to convey the experience of mental illness, and trace the protagonists' journeys from emotional distress and alienation to catharsis and recovery. This line of enquiry facilitates an exploration of what literature can communicate about mental illness, and how this might promote recognition and understanding among readers. Chapter one investigates the portrayal of severe depression and suicidality in Sylvia Plath's *The Bell Jar*, paying close attention to Plath's use of defamiliarisation and wry humour when depicting her protagonist's breakdown. In chapter two, I present an analysis of Chief Bromden's experience of institutionalisation in Ken Kesey's *One Flew over the Cuckoo's Nest*, and argue that the novel communicates valuable insights about the experience of mental illness despite pervasive critical interpretation of the novel as a social, rather than a psychiatric, critique. In chapter three, I demonstrate that mental illness in Shirley Jackson's *Hangsaman* is depicted as a trauma response to the barriers faced by her protagonist in a highly patriarchal society which denies women true catharsis. Finally, I analyse the implications of diagnosis in Susanna Kaysen's *Girl, Interrupted* to demonstrate how autobiographical writing can speak about and against psychiatric practice while also conveying the depth of mental illness. In my conclusion, I bring together the strands of literary criticism which are woven throughout the main chapters and emphasise their real-life implications, noting the alignment between the protagonists' experiences and the experiences of real mentally ill individuals. I do this in order to emphasise the possibility of applying recognition obtained from literary works about mental illness to mental illness itself. Furthermore, I outline the potential to use these texts in bibliotherapeutic and educational settings and refer to an appendix where I speculate on potential discussion questions which could be used among third-

level students. As Jack and Ronan argue, “bibliotherapy is used by accident or intention, with people of all ages, with people in institutions as well as outpatients and with healthy people who wish to share literature as a means of personal growth and development” (172). I hope that this thesis sheds further light on the therapeutic potential of reading.

## Methodology

### Research questions

This thesis explores the possibility of using fictional and (semi)autobiographical literary texts about mental illness in bibliotherapy. Though some bibliotherapists<sup>19</sup> argue against the use of literary criticism in therapy, believing that it obscures focus on emotional states, other bibliotherapists and literary scholars<sup>20</sup> promote a deep connection with literature as an avenue towards healing. This research adopts an Aristotelian viewpoint (Tate 28) which recognises literature's potential to assist with recognition, empathy, and healing, examining texts about mental illness – the majority of which have been written by authors who publicly experienced mental illness themselves – through a bibliotherapeutic lens. The thesis explores the potential of these texts to be productively explored in bibliotherapy, and investigates the language used to convey experiences of mental illness, psychiatric spaces, and the stigma of being labelled 'mentally ill'. The literary analysis in the following chapters investigates three core sets of research questions which, as the introduction has demonstrated, align with the three stages of bibliotherapy: identification, insight, and catharsis (Shrodes 314).

- **Identification:** How are the protagonists' experiences of mental illness conveyed in the core texts? What social, emotional, and cultural barriers do these protagonists face as a result of their mental illnesses and how can these portrayals of marginalisation offer "recognition, solidarity, and perhaps a safe harbour" (Davis 714) to readers with similar experiences?

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<sup>19</sup> See, for example, Hynes, Arleen McCarty. *Bibliotherapy : The Interactive Process a Handbook*, Taylor & Francis, 2019, p.70; Burns, Stephanie T. "Utilizing Fictional Stories When Counseling Adults." *Journal of Creativity in Mental Health*, vol. 3, no. 4, 2008, pp. 447-448.

<sup>20</sup> See Pettersson, Cecilia. "Women's experience of reading fiction while on sick leave." *LIR Journal*, vol. 6, 2016, pp. 48-59; Djikic, Maja, et al. "On being moved by art: How reading fiction transforms the self." *Creativity research journal*, vol. 21, no. 1, 2009, pp. 24-29; Alvarado, Victor I., and Lionel J. Cavazos. "Allegories and symbols in counseling." *Journal of Creativity in Mental Health*, vol. 2, no. 3, 2008, pp. 51-59.

- **Insight:** How do metaphor and imagery contribute towards the creation of a compelling mind style which conveys the experience of mental illness and could potentially facilitate the creation of a “shared language” (Charteris-Black 203) which enhances our understanding of mental illness?
- **Catharsis:** How is catharsis portrayed in these texts, and how might these portrayals allow the reader to “visit the unsafe” (McCann 81)? How are cathartic depictions of crying, laughing, writing, storytelling, suicide and self-harm situated in regard to texts about mental illness?

These research questions will be applied to each of the core texts in turn, forming a template which could potentially be used to facilitate bibliotherapy sessions and aid readers in using these texts to gain emotional insight and healing.

## **Theoretical Framework**

This thesis utilises a mixed methodology which first employs new historicism to contextualise the core texts historically, socially, and culturally, demonstrating the 21<sup>st</sup>-century reader’s position of aesthetic distance. A general awareness of historicity is used to facilitate close reading, which aims to identify the literary and rhetorical techniques which convey meaning to the reader (Culler 22). Close reading methods are particularly applicable to my study of mind style, wherein I attempt to identify the literary techniques which communicate the protagonist’s cognitive state as being one of mental or emotional disturbance. The thesis also displays elements of reader-response criticism, which, as Bonnycastle outlines, aligns with bibliotherapy because it centres the role of the reader in creating meaning (1). However, bibliotherapy diverges from reader-response theory in that it is primarily concerned with feelings and with facilitating a sense of change, growth or learning within the reader (Bonnycastle 2). Following the bibliotherapeutic emphasis on feeling and growth, I posit that paying close attention to literary

representations of stigma, mind style, and catharsis in texts about mental illness could potentially enable the reader to extract meaningful information which may lead to emotional healing and an improved understanding and/or vocalisation of mental illness. The thesis therefore explores the potential of the core texts to act in a positive way for readers, making the personal relationship readers have with texts explicit in order to outline a possible new approach to bibliotherapy. Due to my focus on the core texts' potential to evoke a feeling-response, it is arguable whether I utilise some aspects of affect theory. However, a study of affect emphasises unconscious and pre-discursive responses to texts, whereas an analysis of emotion refers to “the way we experience, narrate, and perform what we feel” (Trigg 7).<sup>21</sup>

In the introduction, I outline the concept of bibliotherapy and the potential for exploring a new approach to this therapeutic method. I then proceed to analyse the four core texts using a therapeutic lens, before drawing practical conclusions as to the potential uses of these texts in literary, educational, and therapeutic contexts. As far as I could ascertain in the course of my research, the unification of these particular strands of literary criticism with bibliotherapeutic principles is a unique method of analysis in both the literary and the bibliotherapeutic field.

### **i: Mind Style**

In order to ascertain how a literary text conveys a unique sense of the protagonist's experience with mental illness (thus assisting with both the “identification” and “insight” stage of bibliotherapy) it is useful to investigate mind style – a term coined by Roger Fowler to describe “any distinctive linguistic representation of an individual mental self” (Semino “Mind Style” 2). Elena Semino's extensive studies on mind style (2021, 2020, 2017, 2014, 2007, 1996) expand

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<sup>21</sup> For further information on affect theory, the following sources may be of interest: Figlerowicz, Marta. “Affect Theory Dossier: An Introduction.” *Qui Parle*, vol. 20, no. 2, 2012, pp. 3–18; Massumi, Brian. *Parables of the Virtual*. Duke University Press, 2002.

upon the concept, arguing that mind style complements rather than is synonymous with ideological point of view, because it reflects stylistic choices which illuminate a character's worldview ("Cognitive Stylistic Approach" 95). Semino believes that mind style is best approached via an analysis of linguistic patterns and theories of cognition, and places a particular stress on the importance of linguistic originality ("Pragmatic Failure" 154). However, the mind style of a text which is used in bibliotherapy should not be so obscure as to elude comprehension, for, as Keen states, excessive defamiliarisation may 'throw up obstacles to empathising' (*Empathy* 88). Boase-Beier concurs with Semino's emphasis on linguistic originality but takes issue with Semino and Fowler's definition of mind style as denoting a "mental self", as this phrase suggests permanency but may in fact prove transitory or elusive (253). Instead, Boase-Beier defines mind style as "the linguistic style that reflects a cognitive state" - a style which is characterised by "distinctive and striking textual patterns" (254) and must be reconstructed by the reader, who applies their own world view or state of mind to the text (255). My work on mind style adheres to Boase-Beier's emphasis on reader-response, rather than focusing on a detailed analysis of linguistic and semantic structure as endorsed by Fowler (29). While Fowler's analyses of texts and sentences is extremely useful in breaking down the components of mind style (5), in a bibliotherapeutic study the reader's emotional response must be central to the analysis.

Semino and Swindlehurst emphasise the role of metaphor in mind style, stating that it can perform a gap-filling function when meaning is obscured or made ambiguous ("Metaphor" 147). They argue that metaphorical patterns reflect widely accepted conceptual connections ("Metaphor" 147), which implies that literary metaphors can inform and shape cultural understanding (and even experience of) mental illness. As Emmons proclaims, "metaphors deliver messages" about experiences which elude description in literal terms and can prove an effective method of promoting communication and empathy among communities (94). Charteris-Black's investigation into the role of metaphor in the portrayal of individual

experiences of depression aimed to gain insight into “a possible therapeutic role for metaphor” (202), and ultimately aimed to promote “the development of a shared language” which would enable therapist and client to communicate more effectively (203). The study maintained that therapists should not attempt to change or correct the metaphors used by clients, but should instead engage with them through strategic “priming and repetition” (215). Clark argues that the repetition of metaphors in social contexts implies that “the stories one tells are never entirely one’s own” (4), which is a testament to collective, communal experience and can extend greater solidarity and recognition to those experiencing mental illness. The literary analysis in the following chapters therefore examines mind style (which I ultimately define as a unique pattern of language which denotes a particular cognitive state) and metaphorical patterns which are used to convey the experience of mental illness and can assist with the “identification and insight” stage of bibliotherapy. Several critics have performed detailed analyses of the mind style of certain texts, such as Gregoriou’s (2021) review of criminal mind style in Thomas Harris’ *Silence of the Lambs*, McIntyre’s (2005) analysis of ‘deviant’ mind style in Alan Bennet’s *Lady in the Van*, and Semino’s (2014) investigation into autistic mind styles. However, there have been limited studies on the role of mind style in the portrayal of mentally ill and/or disabled selves, and this research demonstrates the fruitfulness of analysing this topic in a bibliotherapeutic context.

## **ii: Catharsis and Aesthetic Distance**

Thomas J. Scheff’s *Catharsis in Healing, Ritual and Drama* (1979), investigates the advantages of undergoing cathartic experiences during talk therapy. During his extensive experience as a therapist, Scheff observed that those who “cry, laugh, [and] shiver” during therapy make better progress than those who do not (48), and he therefore believes that catharsis is “a necessary condition for therapeutic change” (13). The book defines catharsis as an “emotional process” such as crying, laughing, or shaking, and explores the potential of culture, ritual, and

performance to awaken catharsis in an individual (Scheff 13). Scheff argues that catharsis theory may explain why people enjoy media which portrays fear and grief as well as pleasure (13), and seek out potentially dangerous or terrifying experiences, such as rollercoasters (66). Scheff believes that these activities “are arranged to represent distress and safety equally” and thus present a valuable opportunity for catharsis (66). Throughout his work, Scheff advocates for a therapeutic approach which aims to awaken emotional distress in the individual from a “safe distance” during therapy (13), which aligns with McCann’s belief in the benefits of “visit[ing] the unsafe” (81). Distancing involves “the mixing of positive and negative emotions” which is often achieved through humour (Scheff 139). Scheff maintains:

Since laughter is the least negatively sanctioned of the forms of catharsis and, therefore, the least deeply repressed, it is the form of discharge that is obtained first and most easily. (133).

Scheff’s observational studies of group humour support the theory that laughter reduces tension in participants (201) and aligns with Francis’ (1994) work on humour as an effective method of emotion management. This research therefore pays close attention to humorous depictions in the core texts, as well as investigating the role of laughter in dispelling tension among characters and among readers, which can be conducive to the creation of aesthetic distance.

Scheff’s theory of catharsis is not without its critics. Newman claims that the book itself is “over distanced” due to its “superficial” treatment of the subject matter (639), and laments the lack of attention given to religion, faith healing, and the importance of mass behaviour (640). Perinbanayagam maintains that Scheff ignores the performative nature of catharsis, but acknowledges that the work is “an important, insightful, and pioneering contribution” to the therapeutic field (1456). As the work was published over forty years ago, it should also be acknowledged that further research is needed to bring the theory into a modern context, particularly with regard to the role of the internet, social media and technology in promoting (or posing a barrier to) aesthetic distance and catharsis. However, the theory is still extremely

relevant to the practice of bibliotherapy, and several critics and therapists have since endorsed Scheff's promotion of aesthetic distance. Oatley and Kerr's study into depression and reading fiction presents Scheff's findings as evidence to support their approach to resolving trauma through reading (663). The study encouraged small research groups to read a short story by Alice Monroe and note the sentences which awakened emotion (marked 'E') and memories (marked 'M') (Oatley and Kerr 664). Researchers used three versions of the story with three different groups: the original story, an "over distanced" version which attempted to "tell-not-show", and an "under distanced" version which attempted to "show not tell" and depicted vivid emotional scenes (Oatley and Kerr 664). The original story received the highest number of "E" notations from participants (Oatley and Kerr 665), implying that a delicate balance must be achieved between immersion and aesthetic distance. Cupchik performed a similar study by examining emotional responses to a selection of short stories by James Joyce (again citing Scheff in his analysis) in an attempt to determine the appropriate level of aesthetic distance for an emotive text (364). Glass' analysis of the ways in which drama therapy can prepare adult victims of trauma for exposure therapy states that aesthetic distance should be "the goal for the client... in speaking of or remembering the trauma" (58). Barbosa et al. support this view, advocating a therapeutic process by which clients initially immerse themselves in their trauma, relating the experience from a first-person perspective, and later analyse the experience from a distanced, third person perspective (737). Barbosa et al.'s study demonstrated that excessive immersion "may promote rumination, excessive emotional arousal, and emotional dysregulation" (740), whereas distanced verbal accounts of trauma "focus less on the concrete details of the experience and more on explaining and exploring it, in way of insight or closure" (738).

Therefore, this thesis argues that exploring literary representations of catharsis can potentially assist with the "catharsis" stage of bibliotherapy, as well as promoting "insight" into mental illness (Shrodes 314). Throughout the various texts which are analysed in the following chapters, episodes of cathartic laughing, crying, shaking, shouting, writing, and self-harm can be

clearly identified in connection with portrayals of mental illness, and are often (except in the case of self-harm)<sup>22</sup> explicitly portrayed as avenues of healing. These cathartic portrayals perform three functions which have the potential to inform bibliotherapeutic practice: firstly, they demonstrate the importance of such processes to the reader and, directly or indirectly, advocate for their healing potential. Secondly, humorous cathartic episodes within the texts provide relief from moments of tension and thus promote aesthetic distance, thereby allowing the reader to “visit the unsafe” without becoming unduly distressed (McCann 81). Thirdly, if the texts themselves evoke an emotional response, whether this response takes the form of crying or laughter, the reader undergoes a cathartic process which can be recreated or further explored in therapy.

## **Research Method**

This research began with a period of investigation into case studies surrounding bibliotherapy and its impact on sufferers of mental illness. While “Book Prescription” schemes and other programs which involve the solitary reading of self-help books are often placed under the bibliotherapy umbrella (Neville 232), this research deals with creative bibliotherapy which promotes the discussion of fiction, poetry, and autobiographical material. Evidence suggests that the reading of self-help books has proven a rewarding and successful treatment for many individuals (Riordan 506), but its inclusion would broaden the scope of this research to an impractical degree and would detract focus from literary criticism. During the preliminary research phase, several studies which called for a more stringent definition of bibliotherapy which could result in a standardised form of practice, were noted (Jack & Ronan 172, Riordan & Wilson 507, Hutchinson 101). Therefore, this research aims to contribute towards resolving

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<sup>22</sup> Semenza et al. note that cathartic release may be obtained from self-harming behaviours (104). However, I interpret self-harm and suicidality within the texts as denoting the protagonists’ need or search for catharsis, rather than as productively cathartic acts.

these concerns with the definition and parameters of bibliotherapy, by using literary criticism to demonstrate the effectiveness of discussing novels and autobiographies, which depict mentally ill protagonists, with mentally ill readers. I hypothesize that the core texts which are explored in this thesis contain culturally, historically, and emotionally relevant material which can aid in understanding the lived experience of mentally ill individuals and can contribute towards emotional healing via an in-depth understanding of mind style, catharsis, and aesthetic distance.

In order to further expand my knowledge of bibliotherapy and the potential uses of reading to safeguard mental health, I obtained ethical approval from the University of Galway and conducted semi-structured interviews with two leading mental health practitioners: Elaine Martin (Senior Psychologist, HSE) and Professor Mary Cannon (Professor of Psychiatric Epidemiology and Youth Mental Health, Royal College of Surgeons Dublin). I wished to speak with Irish experts due to the lack of published data on bibliotherapy in Ireland, despite the existence of several bibliotherapy (or bibliotherapy-adjacent) schemes. Martin and Cannon expressed concerns about using potentially upsetting texts such as *The Bell Jar* with patients who are experiencing symptoms of mental illness (“Appendix A” 169, 170), and I recorded these concerns explicitly in my introduction. Although Martin expanded on the potential benefits of creative bibliotherapy in great detail, I was careful to also record her concerns in accordance with ethical practice which dictates that researchers do not allow their own biases to determine the interpretation or presentation of data (Creswell 195). In summation, performing this field research in tandem with desk research gave both contrast and credibility to my study, grounding me in the use of bibliotherapy in Ireland and informing me of current experts’ viewpoints regarding the use of fiction in the mental health field.

After conducting the interviews, I formed a research design which united bibliotherapeutic practice with literary criticism. I identified three aspects of the chosen texts which map onto the three stages of bibliotherapy as defined by Shrodes (312), providing a

potential template with which to analyse other works of literature in the future. As outlined in the introduction, the first stage, identification, feeds into an analysis of the experience of mentally ill characters in the texts and the ways in which their identities are questioned, marginalised and dismissed. The second bibliotherapeutic stage, catharsis, led to an investigation into literary portrayals of catharsis and the effects of catharsis upon mentally ill characters. Initially, I examined only laughing and crying as cathartic forms, but my analysis soon expanded to include energetic physical acts such as breaking items, shouting, and self-harm; and I also considered the act of writing itself as an ultimately cathartic medium. These examinations of catharsis have been greatly informed by what Arieti terms Freud's "remarkable contributions to the understanding of wit" (46), which aids in the process of creating aesthetic distance from which the reader can "visit the unsafe" without becoming unduly distressed (McCann 81). Finally, the "insight" phase of bibliotherapy is tackled with an analysis of the literary devices, including narrative voice, metaphor, and mind style, which communicate the lived experience of mentally ill characters to the reader. A close reading of the chosen texts resulted in the identification of several overlapping literary techniques which could be discussed in bibliotherapy as an avenue towards "creating a shared language" which conveys the experience of mental illness (Charteris-Black 203). These three phases of literary analysis were then combined to form overarching thesis statements which argue for the validity of the chosen texts as therapeutic options.

### **Ethical Considerations**

In order to ensure ethical practice, I established the following guidelines:

- 1) Ensure that all sources are clearly and accurately cited.
- 2) Pay close attention to the arguments presented in secondary sources, to avoid misrepresentation of the authors' views.

- 3) Ensure that any cited bibliotherapeutic case studies do not include information which could be used to identify the participants.
- 4) Fully acknowledge any funding sources provided and detail their role (if any) in the design of the study, the analysis of the material, and the writing process.
- 5) Fully acknowledge technical help provided by supervisors and institutional department heads.
- 6) Ensure that a variety of databases are used in order to avoid bias, e.g., Google Scholar, JSTOR, ProQuest, James Hardiman Library database.

As previously mentioned, before conducting the interviews with Elaine Martin and Prof. Mary Cannon, I applied for ethical approval from the University of Galway Ethics Committee. In my proposal, I outlined the theoretical background of my research, as well as explaining the parameters of the interviews in question. The process of recruiting participants via email was outlined, and consent forms and participant information sheets were attached to the proposal (see Appendix B). The ethical proposal demonstrated that interviewees participated voluntarily, were made aware of the minor potential for harm attached to the interview (i.e., the discussion of sensitive topics), and gave their informed consent before the interview. The participants of my study were asked if they desired anonymity, but both declined, as the interviews were not of a confidential nature and pertained to publicly accessible research. After submitting my proposal, I obtained ethical clearance from the Committee.

## **Evaluation**

The use of fictional texts in bibliotherapy is a relatively contentious topic, as therapists have expressed major reservations about utilising texts with distressing themes (Hynes 70, 133), texts with unhappy endings (Bruns 447), texts which directly address the reader's own mental illness (Troscianko 207), and works of considerable length (Hynes 75) or difficulty (Hynes 65). However, scholars who investigate the value of fictional texts in the lives of readers have found that novels and poems – even those which deal with difficult or distressing themes - can increase

empathy (Maja et al. 28), improve the recognition and identification of emotional states (Schwering 179), provide a valuable avenue of escapism (Kelsey et al. 5), and facilitate a greater understanding of social processes (Latchem & Greenhalgh 739). This thesis makes use of these arguments in order to posit the idea that literary works which deal with mental illness, institutionalisation, and suicidality can in fact provide valuable insight, recognition and perhaps even healing for mentally ill individuals. Moreover, it argues that the potential for using these works in bibliotherapy deserves further scrutiny. In order to demonstrate this potential, this thesis emphasises the role of literary criticism in unearthing what these texts may tell us about the lived experience of mental illness, catharsis and the path to healing.

This thesis proposes that texts which specifically deal with mental illness can be used to benefit readers in a therapeutic context. In the following chapters, I argue that the exclusion of potentially distressing works (such as those analysed in this thesis) from the bibliotherapeutic library limits readers, confining them to texts which are perhaps less relevant to their personal or emotional circumstances, and denying them the opportunity to awaken old distress from a “safe distance” (Heath 564). Furthermore, the limitations imposed on literary criticism within bibliotherapy (Burns 448, Hynes 66) ignore the potential meaning which can be extracted from a text using methods and theories obtained from literary criticism. This research aims to demonstrate that unifying strands of literary criticism with the stages of bibliotherapy can help therapists and readers to find meaning in these important texts without becoming unduly distressed by the discussion of difficult themes.

Undoubtedly, the proposal to examine texts which centre mentally ill protagonists in a bibliotherapeutic context needs to be trialled in a real-life study. However, while such a possibility is beyond the scope of this research project, it is hoped that this thesis will benefit the field of bibliotherapy in a practical manner in the near future, as I outline in my conclusion. In addition, my thesis analyses four well known and widely read texts through a new lens, which

highlights the benefits of examining *how* the experience of mental illness is conveyed in literature, and *what* this can communicate about mental illness itself.

## Chapter One: “From another, distanced mind”: *The Bell Jar* and Suicidality

Sylvia Plath’s only novel, *The Bell Jar*, was first published in Britain in 1963 under the pseudonym Victoria Lucas. As the novel was released just one month before her suicide, critics have overwhelmingly noted the alignment between Plath’s own life and the life of her heroine, Esther, referring to the novel as “fiction that cannot escape being read in part as autobiography” (Moss), “recorded rather than imagined” and “a journal done up as a novel” (Maloff). It is certainly difficult to ignore the overlap between Esther’s experience of mental illness and Plath’s own, particularly as the protagonist’s breakdown follows a recognisable trajectory of anhedonia and depersonalisation leading to eventual suicidality. However, regarding Plath’s novel as mainly an autobiographical exercise can lead critics and readers to overlook the skilful literary techniques used by Plath to convey suicidality, several of which shall be explored in this chapter.

*The Bell Jar* was not published in the United States until 1971, when it achieved popularity and critical acclaim, prompting reflections upon the 1950s in North America which were, according to Scholes, “bounded by the Cold War on one side and the sexual war on the other”. Esther’s experience of severe mental illness is positioned within a clearly defined cultural and historical moment, as the novel opens with the execution of the Rosenbergs, an arguably pivotal event in the era of McCarthyism (Lanser 41). The novel also offers commentary on the ambivalent place of women in the 1950s by emphasising the contradictory messages young women received about their role in society (Smith 4). Thus, Plath portrays Esther’s complex emotional turmoil as being inextricable from the wider social and political situation.

Reviews from the time of the book’s release are generally positive, although many express reservations regarding the quality of the novel in comparison to Plath’s poems. Hardwick reflected on the “terrible” themes of the novel and its resulting “brutality”, likening it to “the smash of a fist” which depicts “a scenario of disintegration, anger, and a perverse love of the horrible”. Maloff disagreed, stating that the book contains “a jaunty temperateness of tone”

which is at times “tolerably harrowing”, and generally “slight, charming, and sometimes funny”. Scholes united these reflections on the contrasting brutality and humour of the novel, terming it: “as clear and readable as it is witty and disturbing” and recognizing it as “a fine novel... bitter and remorseless”. Moss regarded it as “a frightening book” and stated that when reading it, “we are up against the raw experience of nightmare, not the analysis or understanding of it”.

However, these reviews also expressed negative criticism, with Hardwick stating:

The novel is not equal to the poems, but it is free of gross defects and embarrassments. The ultimate effort was not made, perhaps, but it is limited more in its intentions than in the rendering.

Moss believed the novel lacked “the coruscating magnificence of the late poems” and rather scathingly commented that “something girlish in its manner betrays the hand of the amateur novelist”. Maloff regarded the novel in a similar light, stating, “on balance, *The Bell Jar*, good as it is, must be counted as part of Sylvia Plath’s juvenilia”. One particularly negative review viewed Esther’s “self-involvement” as a hindrance to the plot and described the text as: “[Plath’s] early and unsatisfactory novel which never gets below the surface of its real materials” (Pratt 87). Despite these criticisms, several of which display potentially sexist undertones, the novel has retained its popularity and, it can be argued, much of its cultural relevance well into the twenty-first century. As Wall states, “Plath’s Esther Greenwood has been viewed as one of the archetypal depressive figures in the American and wider Western consciousness” (1).

Several critics have likened *The Bell Jar* to Salinger’s *Catcher in the Rye*, with Maloff asserting that “the hand of Salinger lay heavy on [Plath]”.<sup>23</sup> This comparison implies that Plath’s novel was regarded as a darkly humorous coming of age story, which doled out harsh reflections on the ‘phoniness’ of society, as did Salinger’s work, and may help to explain why so much criticism of *The Bell Jar* is performed through a sociological, rather than a psychological, lens.

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<sup>23</sup> See also: Pratt, Linda Ray. “The Spirit of Blackness Is in Us . . .” *Prairie Schooner*, vol. 47, no. 1, 1973, pp. 87–90; Lawrence, Erica. “Salvation and Rebirth in *The Catcher in the Rye* and *The Bell Jar*.” *The Oswald Review: An International Journal of Undergraduate Research and Criticism in the Discipline of English*, vol. 1, no. 10, 1999, pp. 50-63.

Although Esther is of course a product of her society, whose thoughts cannot be taken in isolation from her surroundings, this chapter places particular focus on the manifestation of her depressive symptoms and the literary techniques which convey them to the reader, which may prove useful in a bibliotherapeutic context. Firstly, the chapter reflects on Esther's stigmatisation at the hands of her family, friends, and the psychiatric community, and the impact this stigmatisation has on her sense of self. An analysis of the novel's mind style then follows, which centres Esther's metaphorical conceptualisation of abstract ideas as physical objects, and her experience of a split self. Finally, the chapter will examine aesthetic distance in *The Bell Jar* by exploring the novel's use of wry humour as a means of expressing anger within the text.

### **1.1: "Who would marry me now?": Stigma and Marginalisation in *The Bell Jar***

Although Esther is never explicitly diagnosed with a mental illness in the novel, Perloff asserts that she has frequently been referred to as a "schizophrenic", particularly in the years following the book's release (511).<sup>24</sup> Perloff justifies this diagnosis by pointing out Esther's split between her inner and outer self, but stresses that the novel's focus "is not on mental illness per se, but on the relationship of Esther's private psychosis to her larger social situation" (511). Without minimising the novel's clear focus on the inner experience of mental illness itself, it is true that the text points towards an understanding that the stigma directed towards mentally ill individuals originates from damaging capitalist and patriarchal social standards. One can credibly read the text as arguing that a significant proportion of a mentally ill person's suffering stems from the misunderstandings of the outer world, rather than the neuroses of the inner world. This section will therefore demonstrate the presence of a cycle of stigma, wherein Esther experiences discrimination from family, friends, and psychiatric professionals, and she internalises these

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<sup>24</sup> De Villiers notes that the typically feminine diagnosis of hysteria declined after World War I, when mentally ill women were increasingly labelled as schizophrenic (3).

attitudes as self-stigma, which inevitably results in her directing stigma towards others whom she perceives as exhibiting abnormal behaviour.

Marcarian and Wilkinson have noted that Esther's experiences align with symptoms of depression (15). As Brown clarifies, depression did not appear as a standalone disorder until the third edition of the *DSM*, which was published in 1952 (210), and we can therefore infer that Esther is stigmatised not only as a result of her inability to conform to social codes but also due to the rudimentary understanding of mental illness in the 1950s.<sup>25</sup> The result is Esther's temporary but severe alienation from the community and the self, as she learns of the incompatibility of mental illness and social respectability. Furthermore, it is crucial to note that depression was increasingly feminised in the 1950s, as the population of North American psychiatric hospitals began to shift from older men to younger women (Hirshbein 11). This change resulted in a vast number of medical trials which tested treatments for depression on female subjects only, in stark contrast to the majority of medical trials which rarely used women. Thus, a conception of depression as "a disease of women" became firmly entrenched by the 1970s (Hirshbein 16). This gendered definition of the illness has arguably impacted contemporary definitions of what it means to be depressed. Emmons' *Black Dogs and Blue Words: Depression and Gender in the Age of Self Care* (2010) draws attention to the erroneous assumption that female depression is emotional and male depression is physical, centring on symptoms of fatigue, irritability, lack of sleep, and loss of interest in pleasurable activities (32). She strongly disagrees with this portrayal, and posits that:

Women's identities are already at risk for depression; to qualify as ill, [depression]... must be qualified by an intensifier. For men... to be depressed at all risks feminisation and is therefore already distressing enough to count as illness. (Emmons 79).

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<sup>25</sup> See: Hirshbein, Laura D. "Science, Gender, and the Emergence of Depression in American Psychiatry, 1952-1980." *Journal of the History of Medicine and Allied Sciences*, vol. 61, no. 2, 2006, pp. 187-216; Phelan, Jo C., et al. "Public Conceptions of Mental Illness in 1950 and 1996: What Is Mental Illness and Is It to Be Feared?" *Journal of Health and Social Behavior*, vol. 41, no. 2, 2000, pp. 188-207.

The cultural conception of depression as peculiarly feminine is reflected in *The Bell Jar*, in which the archetypal male Buddy experiences an illness of the body – tuberculosis - while Esther endures an illness of the mind. The disadvantages of being disabled as a man are accounted for by a loss of physical agency, whereas female disabilities are categorised by feelings of shame and culpability (Boyer 206). Emmons suggests that even today, depressed individuals are expected to be ashamed of their deteriorating ability to fulfil social expectations, and she provides extensive evidence to suggest that this societal shaming is particularly directed towards depressed mothers (65, 125). Nevertheless, while acknowledging *The Bell Jar*'s feminist critique of the social pressures which are placed on women, Miyatsu cautions against viewing the novel through the feminist lens which regards “female madness as rebellion” (55), maintaining that “madness... [is not] a temporary stop before a feminist awakening” (54). It is, Miyatsu argues, simply a reaction to oppressive patriarchal structures.

Feminism was not endorsed in mainstream American culture in the 1950s (Dunkle 57). However, the novel contains a strong undercurrent of feminist rage at the social constructs which confine Esther to a limiting gender role, leading Horner to comment that *The Bell Jar* is “an angrier novel than it has been characterised to be” (52). While Esther views the idea of marriage and child-rearing suspiciously and even with dread, referring to the notion of “a baby hanging over my head like a big stick, to keep me in line”, she recognises that it is an increasingly serious issue to be denied the option to marry at all (Plath 243). At the end of the novel, she views herself, quite legitimately, as tainted by her stay in the psychiatric hospital, stating despairingly: “And of course I didn't know who would marry me now that I'd been where I had been. I didn't know at all” (Plath 254). Esther therefore feels forced to choose between two equally unappealing and problematic options – conforming to a limiting gender role or enduring social ostracisation. She views her procurement of contraception as being granted her freedom both bodily and psychologically, but her forays into sexual expression result in assault, pain, and haemorrhage, implying that the patriarchal system denies women agency even while it appears to

grant it, and frequently leaves them vulnerable to physical, mental, and sexual abuse. Esther is keenly aware that feminine ailments are viewed as distasteful and finds it difficult to get medical assistance when she haemorrhages after sex because the doctor she phones “hung up the minute Joan mentioned it was about a period” (Plath 245). Interestingly, a male reviewer of *The Bell Jar* referred to Esther’s haemorrhage as “the book’s funniest, most charming scene”, a comment which is surely somewhat misplaced, as it is difficult to locate the “charm” in this traumatic experience (Maloff). In total contrast, a female reviewer found the scene “memorably grotesque and somehow bleakly suitable” (Hardwick). By drawing a clear link between physical and mental ailments which are associated with women, Plath emphasises the stigma faced by women who seek medical and psychiatric treatment.

Throughout the novel, Esther is stigmatised by those who profess to understand her, which has a severely detrimental impact on her sense of self and causes her to regard mental illness as a source of shame. Her mother, her psychiatrist, and her friends collectively persevere in a belief that Esther’s severe mental illness is a result of a weak will, and that she can simply “decide to be all right again” (Plath 154). Rather than seeking to truly understand her suffering, these characters strive to categorise it – not in medical terms, but in terms of alienation and otherness. Harpin offers a credible explanation for this form of othering when she states:

While it is often suggested that madness is stigmatized because of its alarming unknowability, I would counter that it is in fact precisely its familiarity and affective proximity that feels fearful and dangerous. (78).

Therefore, if we accept this proposition, we may conclude that Esther’s inept support network cannot develop a thorough understanding of her precarious mental state because it is simply too painful, and too *knowable*, to confront.<sup>26</sup>

In particular, Esther’s mother appears to shrink from enquiring too deeply into her daughter’s feelings and exhibits fear and denial at any manifestation of depressive symptoms.

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<sup>26</sup> The ‘knowability’ of madness reflects on the lack of a clear binary between mad and sane, something which is discussed in further detail in chapters two and four of this thesis.

Despite her position as matriarch of the family, she is a conspicuously under-developed character, appearing in the narrative only in relation to Esther's grievances about the stigma she faces. She is not even named, a narrative choice which highlights both her self-effacement as a mother and Esther's own self-absorption. She is, in many ways, the cloyingly sweet, unwitting villain of the tale, embodying the conservative archetype of the woman Esther would least like to resemble. She cares for Esther, but refuses to enter her inner world. She does not hide her aversion to Esther's struggles and is openly ashamed of her daughter's mental illness, expressing relief when Esther wishes to forgo treatment: "I knew my baby wasn't like that... Like those awful people. Those awful dead people at that hospital" (Plath 154). Here, Esther's mother vehemently 'others' the mentally ill, claiming "her baby" as her own, while rejecting "those awful dead people" who have had the misfortune to be ostracised from the neurotypical world of the living. Critics have noted the similarities between Esther's mother and Plath's own mother Aurelia, who vainly pleaded with Plath's publisher not to release *The Bell Jar* in the United States (Dunkle 63). Perloff surmises that this mirroring of mothers is evidence of the fact that, like Esther's mother, Aurelia Plath "could only regard her daughter's mental illness as an insult to herself" (512). Later, during an extensive stay at a psychiatric institution, Esther compares her visiting mother's face to "a pale, reproachful moon" (Plath 250) and notes bitterly that her mother had "decided to forgive" her for her mental illness: "A daughter in an asylum! I had done that to her" (250). Esther believes that her mother values respectability over mental health, perhaps because she believes that depression is a result of choice. For Esther's mother, depression is something her daughter has "done" to her, implying that she has a higher level of autonomy than she really does. In fact, there are many things Esther cannot "do" - sleeping and writing being the most prominent examples - but her mother appears to disbelieve that these activities are beyond Esther's ability. She is obsessed with maintaining a respectable image within what Miyatsu terms a "productivity-focused community" which leaves no room for mental anguish (56).

When Esther first visits Dr Gordon, who will later recommend her placement in a psychiatric hospital, she is frustrated by his blatantly commodifying attitude towards her. Dr Gordon views Esther as a source of income, and he nonchalantly “twiddle[s] a silver pencil” as he listens to her list of symptoms (Plath 135). Opening the appointment with the words, “Your mother tells me you are upset”, he patronises and infantilises Esther by implying that her severe insomnia and suicidal impulses are nothing more than a temporary mood disturbance (Plath 135). He also inadvertently removes Esther’s autonomy by denying her right to tell her own story, focusing instead on what her mother has previously told him. This scene clearly demonstrates that the stigma Esther faces from the community nourishes the stigma she applies to herself. Her growing certainty that others cannot or will not understand her begins to be turned inward, until she is wary of her own thoughts and feelings. When Dr Gordon enquires: “Suppose you try and tell me what you think is wrong”, Esther is wary: “I turned the words over suspiciously... What did I *think* was wrong? That made it sound as if nothing was *really* wrong, I only *thought* it was wrong” [italics in original] (Plath 137). Of course, Esther’s suspicion is initially directed towards the doctor rather than herself, but it is interesting to note the italics pattern:

*Think* ----- *really* ----- *thought*

Here, Esther thinks, then considers whether her thoughts are counteracted or reinforced by reality, and this feeds back into her negative thought patterns which add to her self-suspicion and self-stigma. The evident tension between thought and reality which is displayed in this paragraph highlights the battle faced by sufferers of mental illness, who are frequently told that they cannot trust their own reality. This was particularly true in the 1950s, when interviews conducted with over 3,000 Americans found a strong tendency to equate all mental disorders with psychosis (Phelan et al. 189).

Esther endures stigmatisation from the community and from herself, which prompts her to direct stigma towards other mentally ill individuals in an attempt to distance herself from

them. She inwardly disassociates herself from the hospital she visits with her mother, because she believes it “must be chock-full of crazy people” (Plath 148). In a society which punishes deviance, this is a simple act of self-preservation. Just over a page later, she goes even further in dehumanising the patients she sees: “The figures around me weren’t people, but shop dummies, painted to resemble people and propped up in attitudes counterfeiting life” (Plath 149, 150). This detached and deathlike view of the patients as “dummies” points to Esther’s desperate urge to separate herself from what she views as real madness while she is still able to do so. Later, the very reverse is true: Esther begins to view herself as *sicker* than the other patients, and wonders bitterly how they can occupy themselves with games of badminton and golf, because: “They mustn’t be really sick at all, to do that” (Plath 199). It is therefore possible to view this transference – of blame, of suspicion, and of stigma – as a by-product of the social marginalisation Esther endures. Esther finds her marginalisation almost unbearable, and longs for physical pain which would legitimise her suffering in the eyes of the community, stating: “I would rather have anything wrong with my body than something wrong with my head” (Plath 193).

Esther frequently views her treatment in the asylum in terms of crime and punishment, which interestingly ties into Foucaultian conceptions of power and the institution.<sup>27</sup> After her harrowing experience of shock therapy, she wonders “what terrible thing it was that I had done” (Plath 152). Her crime is, of course, deviating from the path of what is considered appropriate and rational behaviour, and her punishment is to be “locked up” (Plath 143). The term “locked up” reflects Esther’s ‘imprisoned’ viewpoint as both a metaphorical bell jar dweller and a literal inmate of the asylum. On some level, she understands that this imprisonment arises out of society’s need to maintain respectability norms, and the inability of the general populace to confront a madness with which they feel an all too powerful kinship. Esther maintains that: “The

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<sup>27</sup> See Bevir, Mark. “Foucault, Power, and Institutions”. *Political Studies*, vol. 27, no. 1, 1999, p. 352.

more hopeless you were, the further away they hid you”, and she alternately resists and succumbs to being hidden as she undergoes various therapies (Plath 169). Miyatsu’s analysis of mentally ill communities within *The Bell Jar* criticises the “constant focus on rewarding the appearance of wellness” within the asylum, which results in fragmenting subversive community structures which would likely prove deeply useful to the patients (64). Thus, the self-stigma and community stigma which are so palpable in *The Bell Jar* contribute to our understanding of the detrimental effect which capitalist and patriarchal social standards have on the mentally ill population. Noting the cycle of stigma which is perpetuated throughout the novel assists with developing a keener understanding of Esther’s predicament: she is isolated from society, and her attempt to isolate or distance herself from her peers only reinforces this isolation.

## **1.2: “One wrist, then the other wrist”: Suicidal Mind Style in *The Bell Jar***

When describing Esther’s descent into mental instability Plath does not simply depict things *as they are*, but rather writes through her protagonist’s skewed grasp on reality in order to portray things *as they appear* to the mind of a severely mentally ill individual. This is not to suggest that Esther is necessarily an unreliable narrator or that her perceptions are inaccurate, as her observations remain detailed and seemingly astute throughout the novel. However, her suicidality undoubtedly distorts her sense of self and her view of life. Plath’s narration of events as they appear to the suicidal protagonist contributes to the creation of a compelling mind style which subtly influences the reader’s perception and understanding of depression and suicidality. Semino states that texts with a distinctive mind style employ “peculiarities of communication” which are idiosyncratic to a particular text and reveal (or lead a reader to interpret) certain aspects of the protagonist’s cognition (“Mind Style” 11). These “peculiarities of communication” frequently involve underlexicalisation, which refers to the lack of specific schema identifying an object or a series of events (Semino “Mind Style” 6). Instead, the first-person narrator may

employ “generic terms... or circumlocutions” which effectively defamiliarise the narration and provide a fresh outlook on what may otherwise be a familiar or even mundane subject (Semino “Mind Style” 6). The reader is then forced to examine *why* they are being presented with an “opaque” rather than a specific description, which leads them to form a judgement on the state of mind of the narrator – for example, that they are mentally ill, or cognitively impaired, or a child (Semino “Mind Style” 6). Russian formalist Victor Schlovsky claimed that the primary function of art itself is defamiliarisation, which Gunn interprets as “refraining from calling the object by its name” (30). Defamiliarisation contributes towards a freshness of vision which can facilitate a better understanding of everyday life and encourages the reader to draw their own conclusions about what is occurring in the narrative. Therefore, underlexicalisation and defamiliarisation are inextricably linked in literary theory and provide a firm basis for examining mind style, for, as Semino states, they contribute towards “a potentially poetic sense of the freshness of reality when observed through a mind who lacks our normal categories and rationality” (“Mind Style” 2). Miall and Kuiken make a compelling, though indirect, argument in favour of studying mind style in order to gain a greater emotional understanding:

Briefly stated, we propose that the novelty of an unusual linguistic variation is defamiliarising, defamiliarisation evokes feelings, and feelings guide ‘refamiliarising’ interpretative efforts. There seems little doubt that foregrounding, by creating complexity of various kinds, requires cognitive work on the part of the reader; but it is our suggestion that this work is initiated and in part directed by feeling. (392).

This section will therefore engage with *The Bell Jar’s* portrayal of suicidal mind style in order, firstly, to understand Esther’s inner experience of mental illness, and also to posit the idea that the “cognitive work” required of the reader to “refamiliarise” and interpret the narrative is a valuable emotional exercise (Miall and Kuiken 392). The defamiliarisation evident in Esther’s narrative helps to demonstrate how a depressed individual might progress towards suicidality, which could extend recognition to individuals with similar experiences, as well as enlightening individuals who have never dealt with suicidal ideation. Accordingly, this section focuses on the protagonist’s metaphorical visualisation of abstract concepts as physical objects, as well as the

defamiliarising effect of wry humor and Esther's repeated (and frequently underlexicalised) experience of a split-self, in order to shed light on Plath's creation of a suicidal mind style.

Firstly, however, it is necessary to outline Esther's journey towards suicidality and to explore the various emotional and environmental factors which impact her mental illness. Marcarian and Wilkinson trace Esther's symptoms in their interesting micro-article for *British Journal of Psychiatry*, concluding that her experiences mirror the depressive diagnostic criteria used by doctors. They note that while in New York, Esther enters "a cycle of sadness" which detracts from her motivation, and further worsens her mood (Marcarian and Wilkinson 15). She displays a "lack of connectedness" with others, which has been identified as a significant risk factor for a suicide attempt (15). Esther's "low level sadness and anhedonia" deteriorate into a "severe depressive episode", following two significant life events (sexual assault and rejection from the writing course) as well as several "pre-disposing factors" such as the loss of a parent at a young age (Marcarian and Wilkinson 15). The resulting breakdown and suicide attempt are depicted using language which will, according to Marcarian and Wilkinson, "be recognised by those who have been affected and enlighten those who have not" (15). Hunt and Carter's article "Seeing through *The Bell Jar*: Investigating linguistic patterns of psychiatric disorder" analyses the novel using corpus stylistics in order to ascertain "how Esther's fictional state of mind is manifest in the verbal content of the novel itself" (29). While the term "mind style" is not mentioned, the study furthers our understanding of how the novel's mind style is composed. The purpose of the investigation is to reflect upon the "nuanced textual features" of Esther's narrative, as these may well bear similarities to the narratives of depressed individuals in real life (Hunt & Carter 38). The analysis identifies links between words – for example, noting that the word "face" or "faces" is often followed by the word "floated" (Hunt & Carter 33), which is interpreted as being "consistent with Esther's perception of other people as disconnected facades" (34). The article also notes the frequency of phrases such as: "*I didn't know* (28 times), [and] *I don't know* (18

times)” (Hunt & Carter 35). This repetition can be interpreted as a reflection on Esther’s loss of autonomy and her disintegrating sense of self.<sup>28</sup>

Esther’s gradual breakdown begins with intense emotional experiences which she is unable to explain. While being photographed for the magazine at which she is interning, Esther feels a sudden, inexplicable urge to weep: “I didn’t know why I was going to cry, but I knew that if anybody spoke to me or looked at me too closely the tears would fly out of my eyes and the sobs would fly out of my throat and I’d cry for a week” (Plath 106). Later, she notes an increasing feeling of stagnation and inability to act: “It was becoming more and more difficult for me to decide to do anything in those last days” (Plath 109). As time passes, she finds it difficult to get out of bed because she has “nothing to look forward to” and she can no longer perform tasks which were once easy and pleasurable (Plath 123). Losing the ability to write is perhaps the most distressing depressive symptom which Esther suffers at this point, as writing is a crucial component of her identity. She is unable to continue with her novel or to form letters accurately on the page, as her “hand made big, jerky letters like those of a child” (Plath 137). Kirkus and Shehi Herr note that Plath demonstrates the disabling nature of mental illness by portraying a deterioration in Esther’s ability to control her body as her mental state declines (20).

When describing her symptoms to Dr Gordon, Esther struggles to express herself using the eloquent, emotional language which she deploys so successfully in her first-person narrative. Instead, she speaks in short sentences and sticks to detailing what she cannot *do*, rather than what she can or cannot *feel*. Charteris-Black endorses the notion that modern views on depression arise “from western individualism in which value is placed on individuals in control of their environment” (201), and Esther is clearly deeply concerned by her lack of control and her inability to be productive. She states: “I can’t sleep. I can’t read” and finds it difficult to

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<sup>28</sup> The studies referenced in this paragraph were published in *The British Journal of Psychiatry* and *Journal of Medical Humanities* respectively, demonstrating an interesting use of literary texts about mental illness in medical and psychiatric circles.

speak because “the zombie rose up in my throat and choked me off” (Plath 133). It is crucial to note that Esther does not say: “It *felt* as though *a* zombie rose up in my throat”, but rather: “the zombie rose up...”. The lack of a prefacing explanation of the zombie metaphor establishes Esther as being unapologetic about her mental illness and promotes an immediacy which the sentence would not otherwise achieve. The reader can instantly recognise the metaphor as denoting extreme despair, detachment, and even horror. Esther later extends the zombie metaphor by stating that “anyone with half an eye would see I didn’t have a brain in my head” (Plath 164). She is completely detached, and views herself as being literally unable to think.

This extreme detachment soon leads to a morbid preoccupation with death. Esther begins to wonder at the activity of those around her, stating: “everything people did seemed so silly, because they only died in the end” (Plath 136). She knows that death is inevitable, and her inability to forget this fact destroys the meaning she once found in life. Consequently, she undertakes numerous suicide attempts, some half-hearted, and some less so. Esther describes one such effort – during which she tries to strangle herself with the belt from her mother’s dressing-gown - with her characteristic detachment and humour:

After a discouraging time of walking about with the silk cord dangling from my neck like a yellow cat’s tail and finding no place to fasten it, I sat on the edge of my mother’s bed and tried pulling the cord tight. (Plath 168).

Krafft views this “toying” with hanging as evoking: “emotions of the slapstick comedian” (295), and Maloff similarly terms Esther’s “gestures towards suicide” as: “amusing... [but] frightening” and “theatrically staged”. This “toying” with suicide must be taken seriously, however – it is commonly associated with individuals who eventually progress onto more dangerous suicidal acts, as it allows the sufferer to become accustomed to pain and thoughts of death which reduce their fear of attempting suicide (May et al. 950). What is interesting here is not so much the notion of suicide as a performance, but Esther’s retrospective lens which allows her to see the inherently illogical and impractical nature of her suicide attempts even as she recalls the intense

mental distress which provoked them. She has successfully distanced herself from the suicidal Esther, depicting her efforts to kill herself with what appears to be a level of amusement, and certainly detachment. This defamiliarises suicide (which is usually portrayed as a serious and permanent act) by depicting it instead as an inconvenient and lengthy process which does not always end in death. Moreover, the use of the dressing-gown cord, the reference to her mother's bed, and the simile of a cat's tail firmly embed the scene within a deceptively reassuring atmosphere of domesticity which provides a stark contrast to the suicidal feelings Esther is experiencing. The humor of the scene arises from the fact that pulling a silk cord with one's own hand is of course an impossible method of completing suicide, but it also reveals a subtle message: to the suicidal individual, even innocuous household items are viewed through the lens of self-harm.<sup>29</sup> Thus, the habitual is "made strange" (Gunn 25) and the reader discovers more about Esther's suicidal mindset.

With laboured precision, Esther describes the claustrophobia she feels at the prospect of spending a summer in the suburbs after she is rejected from the writing course:

The grey, padded roof closed over my head like the roof of a prison van, and the white, shining, identical clapboard houses with their interstices of well-groomed green proceeded past, one bar after another in a large but escape-proof cage. (Plath 120).

Esther frequently includes colours and sounds in her descriptions of mental anguish, as though the outside world is impinging vividly and yet detachedly onto her disturbed consciousness. In this instance, the colours grey, white, and green are mentioned, colours which foreshadow the psychiatric hospital Esther is soon to enter. However, instead of a "padded" room in a ward, Esther envisions herself within a "padded... prison van", which links back to the notion that her institutionalisation is a punishment for the crime of mental deviance. Dunkle points out the significance of Esther's breakdown coming to a climax in suburbia, "where, in the 1950s, many

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<sup>29</sup> In his memoir *Darkness Visible: A Memoir of Madness*, William Styron recalls: "... many of the artifacts of my house had become potential devices for my own destruction... The kitchen knives in their drawers had but one purpose for me" (52, 53).

American women became isolated as housewives and mothers” (71). While Esther is not yet a housewife or a mother, she is painfully aware of the expectation that she will one day become one, and perhaps the time spent with her mother in stultifying suburbia reminds her of the fate which awaits her.

Esther’s breakdown in her family home is arguably one of the most dreadfully horrifying sections of the novel, as she edges closer towards suicide with each page. Her every sense is alive and irritated by stimuli, despite her overwhelming numbness, and she details her experiences in excruciating detail:

The soprano scream of carriage wheels punished my ears. Sun, seeping through the blinds, filled the bedroom with sulphurous light. (Plath 120, 121).

Both sound and light “punish” her senses, and she is keenly aware of “the buzz of the orange squeezer” the “clink” of the dishes, the “broom-broom” of her mother’s car and the “crunch” it makes on the gravel (Plath 121). The close attention which is paid to each source of sound and light results in a sense of defamiliarised or dazed monotony, which negates the need for Esther to specifically describe how she is feeling. Her desperation to “shut out the light” reflects her deeply depressed mindset, and shows both a literal inability to tolerate daily life and a metaphorical pushing away of all means of salvation and healing (Plath 123).

Semino demonstrates that metaphorical patterns are highly important in the creation of mind style, as they can be used “to convey the narrator’s idiosyncratic view of the world” (“Metaphor” 143). Arguably, metaphors promote defamiliarisation, as they are frequently used to bring a fresh perspective to an everyday object or event. As Smith states, “a metaphor is essentially a word picture that says, try seeing it *like* this” (356), which implies that metaphorical patterns can indicate the way in which the protagonist sees or processes the world around them. Emmons believes that the “often metaphorical” and “figurative” language which depressed people use to describe their experiences “fundamentally *shape*[s], rather than merely reflect[s],

cultural assumptions” (5). If we are to accept this view, our cultural understanding and perhaps even our cultural experience of depression can be directly influenced by the language used in pivotal mental illness texts such as *The Bell Jar*. The metaphorical patterns present in the novel assist the reader with an understanding of Esther’s cognitive processes and demonstrate her efforts to simplify abstract concepts during a suicidal episode. Emmons writes that certain metaphorical phrases which are frequently used to depict depression, such as feelings of “darkness” or “heaviness”, enter the lexicon so firmly that they sometimes “cease to be recognised as metaphorical at all” (96). She points out that in order to comprehend what is meant when an individual describes “feeling down”, we must rely on “the conceptual equation DOWN IS BAD” (Emmons 97). But what happens when an author or mentally ill individual uses an unfamiliar metaphor to describe their experiences? Using the image of the bell jar as a metaphor for depression, for example, is unique to Plath’s text. Reinforcing notions of imprisonment and claustrophobia, the bell jar serves as another reminder that depression frequently aligns with severe mental detachment, which is comparable to watching the world through a wall of glass. Esther reflects on her conviction that wherever she goes, she will be “sitting under the same glass bell jar, stewing in [her] own sour air” (Plath 196). Despite her outward circumstances, the bell jar forms an inescapable “glass prison” which stifles and dulls all experience (Smith 357). Esther continues to refer to the bell jar to describe the ebb and flow of depressive episodes – after shock therapy, the bell jar hangs “suspended” over her head, leaving her “open to the circulating air” (227), and after her recovery she is wary of the bell jar’s looming presence: “How did I know that someday – at college, in Europe, somewhere, anywhere – the bell jar, with its stifling distortions, wouldn’t descend again?” (Plath 254). Thus, the metaphor is extremely useful in denoting both the stifling feeling of imprisonment within one’s own mind, and the fear that depression or mental illness may return after a period of wellness. De Villiers also notes the alignment between the metaphorical bell jar and Esther’s literal exposure to the male gaze in patriarchal society, which is a contributing factor to her mental instability (8, 9). The

metaphor therefore has multiple applications or meanings when analysed in a therapeutic context.

Esther repeatedly visualises time as a set of physical objects as though trying to anchor the metaphysical in the ordinary world. As Wall states, she displays a “hyperconsciousness of time and the threat it poses to [her] formation of [a] coherent self” (7). Esther envisions the years of her life as a string of telephone poles “threaded together by wires”, and states despairingly: “try as I would, I couldn’t see a single pole beyond the nineteenth” (Plath 129). Later, she sees “the days of the year stretching ahead like a series of bright, white boxes, and separating one box from another was sleep, like a black shade” (Plath 135). This impresses her with the futility of keeping up appearances, for: “It seemed silly to wash one day when I would only have to wash again the next” (Plath 135). Esther also famously views life as “a green fig-tree,” where each fig represents “a wonderful future”, leaving her unable to choose between them before they “plopped to the ground” (Plath 80).<sup>30</sup> She is therefore capable of recognising potential happiness but feels incapable of attaining it, and expresses this lack of hope using a fable-like metaphor which would not appear amiss in a children’s storybook. By simplifying the idea of time, Esther demonstrates her difficulty in coming to terms with the concepts of life, death, and aging, due to her suicidal mindset. She not only sees life as unendurable but regards it as an option rather than an inescapable fact – after all, it is entirely possible to reject all the figs that the fig tree produces. The telephone poles, white boxes, and ripe figs which represent life to Esther convey her horror of time and her need to designate a physical form to the years and days in order to cope with her existential angst. Emmons discusses the usefulness of similar “journey metaphors” which are frequently used in therapeutic contexts, and posits that they may encourage depressed individuals to “consider multiple options” for treatment (121).

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<sup>30</sup> Lanser notes that, when teaching an undergraduate course on *The Bell Jar* in the 1970s, many of her female students regarded Esther’s fig tree as “a powerful symbol for their own dilemmas”, which she interprets as a reflection on the social expectations which were still confining women twenty years after Esther was institutionalised (42).

While the bell jar effectively communicates the suicidal individual's experience of being detached from the outside world, Esther's repeated experience of a split self demonstrates the alienation and detachment it is possible to feel from one's own body. The split-self pattern forms an integral component of Esther's mind style, as it further emphasises her inability to cope with what, to a mentally well person, are normal aspects of reality. In the midst of her depressive episode, Esther sees a world where "everything looked bright and extremely tiny" (Plath 145), and she reports feeling alienated from her "old self" (163). Here, using a relatively common phrase, Esther indicates that she is already beginning to divide herself up into parts rather than viewing herself as a stable whole. She does not even recognise her own voice when she speaks – she calls the college Admissions Office and "listen[s] to the zombie voice leave a message" (Plath 125). This phrase is somewhat underlexicalised, although the reader can easily surmise the fact that the "zombie voice" is, in fact, Esther's own.

As she considers her plans for the novel she never writes, Esther envisions herself as though she exists outside of her physical body:

From another, distanced mind, I saw myself sitting on the breezeway, surrounded by two white clapboard walls, a mock orange bush and a clump of birches and a box hedge, small as a doll in a doll's house. A feeling of tenderness filled my heart. My heroine would be myself, only in disguise. She would be called Elaine. Elaine. I counted the letters on my fingers. There were six letters in Esther, too. It seemed a lucky thing. (Plath 126).

Here, Esther views herself from an unspecified "distanced mind", but her original self is still firmly planted in the domestic environment, demonstrating her ability to understand what is literally occurring despite her detachment from her surroundings. However, her likening of herself to "a doll in a doll's house" indicates her reluctance to accept reality – instead, she chooses to simplify and minimise her environment, reverting again to childlike reference points which mirror the metaphorical patterns identified earlier. As Schneeberger maintains, "locating an authentic self... proves a persistent problem for Esther" (558). Just as the days of the year must be conceptualised as a "series of bright, white boxes" (Plath 135), Esther's adult life must be minimised and scaled down to the perspective of a doll before it can be processed. This

paragraph also contains a rare element of self-compassion, as Esther feels “tenderness” at the notion of positioning herself as the heroine of her novel. Of course, it must be noted that there are also six letters in “Sylvia”, which adds further credence to the generally accepted theory that *The Bell Jar* is highly autobiographical. This wry method of placing the novel Esther attempts to write about her alter-ego “Elaine” within the novel Plath writes about *her* alter-ego “Esther” furthers the idea that mental illness may occasion a splitting of the self, and deepens our understanding of Esther’s (and, potentially, Plath’s) eerie sense of detachment. Later, Esther creates a “body double” in her mind’s eye as she sits motionless over her novel: “in my mind, the barefoot doll in her mother’s old yellow nightgown sat and stared into space as well” (Plath 127). Esther is no longer a human being; she describes herself as a “doll” (Plath 127) or a “shop-dummy” (149) who only appears to imitate life, rather than to live it.<sup>31</sup>

This detachment from reality and from her sense of self is reinforced after her final suicide attempt, when Esther’s physical appearance undergoes a grotesque transformation which reflects her tortured mental state. Recovering from her overdose in hospital, she is unable to recognise her own face in the mirror, saying: “It wasn’t a mirror at all, but a picture” (Plath 185). This sentence cannot quite be described as underlexicalised – a truly underlexicalised phrase would omit any reference to a mirror – but it does place further emphasis on Esther’s childish inability to accept reality. Esther continues:

The most startling thing about the face was its supernatural conglomeration of bright colors.  
I smiled.  
The mouth in the mirror cracked into a grin.  
A minute after the crash another nurse ran in. She took one look at the broken mirror, and at me, standing over the blind, white pieces, and hustled the young nurse out of the room. (Plath 185).

Here, the reader once again witnesses the close attention Esther pays to colours, as she notes the “purple” bruises “shading to green... and then to a sallow yellow” and the “rose-coloured sore” at her mouth (Plath 185). The observant reader will also notice an inconsistency – while initially

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<sup>31</sup> For further reference to split-self metaphors within the novel, see: De Villiers, Stephanie. “Metaphors of madness: Sylvia Plath’s rejection of patriarchal language in *The Bell Jar*.” *English Studies in Africa*, vol. 62, no. 2, 2019, pp. 1-11.

maintaining that she is not holding a mirror, but a “picture”, Esther later indicates her own awareness of the mirror, demonstrating a clear consciousness of reality even as she attempts to deny it. Of course, the belief in the “picture” is merely an effort to deny the notion that “the face” and “the mouth” which so horrify Esther are in fact her own – a denial which is not entirely successful, as indicated by Esther’s anguished smashing of the mirror. This action is underlexicalised, as the reader is left to infer that “the crash” was caused by Esther herself – in fact, “the crash” is not even narrated, as the reader is only privy to what occurs a minute later. The use of underlexicalisation serves to illustrate Esther’s detachment from reality, as she appears unable to link cause and effect, or to fully realise the gravity of her own actions – something which also applies to her suicide attempts.

One of the most famous lines in the novel depicts Esther proclaiming her own life and identity while suffering from a mental illness which threatens to destroy this life and identity. While on the beach with some friends, she briefly attempts to drown herself, but she is thwarted by her body’s ability to float. In other words, her body forces her to continue with a survival which her mind can no longer endure. Esther states:

I thought I would swim out until I was too tired to swim back. As I paddled on, my heartbeat boomed like a dull motor in my ears.  
I am I am I am. (Plath 167).

Here, the line break serves to draw the reader’s attention to the “I am” chant, which can be read as a firm assertion of Esther’s identity, albeit a “dull” one. The lack of commas in the sentence serves to increase the “dullness” - it is a low and joyless drone, but it persists, nevertheless. The following sentence is somewhat disjointed and forms a stark juxtaposition to this assertion of her existence: “That morning I had tried to hang myself” (Plath 167). This shift in time gives the sentence an apparent irrelevance to the topic at hand, although it clearly demonstrates Esther’s persistent death wish and her total preoccupation with suicidality. Appearing directly after the “I am” refrain, the revelation that Esther has attempted to hang herself presents her determination to assert and maintain her identity as being in direct competition with her desire for annihilation.

Boyer states that Esther's "thinking becomes fragmented and her writing is disjointed" at this point in the text (214), and this growing underlexicalisation develops Esther's suicidal mind style by emphasising her unstable identity and her weakening grasp on reality. It is interesting to compare the initial "I am" declaration with the use of the same phrase at her friend Joan's funeral, which takes place at the end of the novel. Esther states: "I took a deep breath and listened to the old brag of my heart. I am, I am, I am" (Plath 256). This time, the assertion of Esther's existence is no longer "dull" but "bragging", imbuing the line with a sense of triumph. Although Joan has lost her battle with suicidality, Esther has not, and the commas which are now included in the "I am" refrain serve to solemnify and uplift the phrase. It is evident that, at this point, Esther's confidence and eloquence are returning.

The "distinctive and striking textual patterns" identified by Boase-Beier (254) as being a core component of mind style are evident throughout *The Bell Jar*, and encompass a wider range of literary techniques than can be analysed here. Using underlexicalisation, incongruous humor, and simplistic metaphorical patterns, Plath effectively defamiliarises Esther's world in order to emphasise the alienating, distressing, and all-consuming nature of suicidality. Interestingly, Scholes argues that Plath's main literary technique is that of defamiliarisation, stating: "True realism defamiliarizes our world so that it emerges from the dust of habitual acceptance and becomes visible once again". By paying close attention to the literary techniques which are used to convey suicidality in *The Bell Jar*, readers may deepen their understanding of the novel, and, arguably, of suicidal feeling itself.

### **1.3: "Visiting the Unsafe" in *The Bell Jar***

When examining the therapeutic potential of *The Bell Jar*, it is crucial to also consider the potentially upsetting nature of its vivid depictions of suicidal ideation and suicide attempts.

Bibliotherapists must exercise caution when recommending or reading texts, and no single text is

always suitable for every individual (Hynes 70). As Burns states, violent depictions in fiction have the capacity “both to sting and to soothe... [to] reawaken a terror or ease it” and must therefore be treated carefully (29). However, there is a lack of evidence to suggest that reading about self-harm and suicide leads to further engagement in these behaviours (Heney 43) – in fact, directly acknowledging the topic of suicide may actually reduce suicidal ideation (Dazzi et al. 3362). In a UK-based focus group which discussed depictions of self-harm in literature, one participant reported feeling recognised and reassured when she read about Esther’s suicidal ideation:

My response to that was oh this is somebody with the same experience, the same worldview, being separated from everything that's going on around one. I found it, I found that a comforting book to read. So that was quite, quite positive I think. [...] To see that other people have the same sort of experiences is actually really useful. (Heney 83).

This section posits that *The Bell Jar* contains an interesting and potentially helpful balance of immersion and distancing in its portrayal of suicidal ideation and behaviour (Barbosa et al. 737), as its depictions of traumatic experiences are frequently interspersed with detachment and humour which provides a measure of aesthetic distance. Esther’s breakdown has been regarded as “generally muted” (Maloff) rather than horrifyingly immediate, and this “muting” could make the novel easier to read and process. According to Scholes, the text balances “tiny verbal witticisms that bite” with “images that are deeply troubling”, and it is precisely this balancing act which creates the necessary aesthetic distance. Therefore, the book arguably meets Pehrsson’s therapeutic criteria for fiction, providing “a safe space for readers to experience painful emotions” (249). This section will accordingly outline the novel’s portrayal of suicidal ideation and its promotion of aesthetic distance through the use of humour.

Esther’s mental detachment from her surroundings is depicted with what Hardwick terms: “peculiar remoteness”. She watches the individuals around her with an idleness which borders on callousness and considers suicide in a similarly detached manner: “It would take two motions. One wrist, then the other wrist... Then I would step into the tub and lie down” (Plath 156). Here, Smith’s recognition of the potential empathy holds to “have a powerfully

disorienting effect for the empathiser” (301) is extremely relevant, as we witness an entirely romanticised conception of suicide. Esther’s focus on the “two motions”, rather than the gory aftermath of these motions, demonstrates that she is totally removed from the reality of suicide and is caught up in a daydream wherein she can simply “lie down” and end her mental suffering (Plath 156). Of course, Plath is relying on the reader’s ability to recognise that the sense of peace which permeates this scene is, in fact, false, or at least deeply problematic. Esther’s actual attempt to complete suicide using the method outlined above is thwarted by her inability to harm the “white and defenceless” skin of her wrist (Plath 156). She had previously thought that suicide “would be easy”, but the reality is very different, and far more terrifying, as Esther finds herself “paralysed and too stupid” to execute her plan (Plath 156). Therefore, while the suicidal imagery used in this scene is deeply disturbing, Plath effectively demonstrates that suicidal ideation is far removed from the reality of completing suicide.

Esther views suicide as a logistical problem which needs to be solved, and she becomes obsessed with considering various methods of ending her life. She even goes so far as to ask her date Cal how he would choose to kill himself. Her reaction to his wish to “do it with a gun” is one of disappointment and contains a sly dig at machismo behaviour: “It was just like a man to do it with a gun” (Plath 165). However, Esther also expresses a very palpable, though covert, wish to live. She briefly considers entering the Catholic Church, despite being aware that Catholicism views suicide as “an awful sin”, hoping that: “they might have a good way to persuade me out of it” (Plath 174). Esther clearly wishes to be saved from her suicidal impulses, which further emphasises the deceptive nature of her suicidal daydreams.

The language and imagery which depict Esther’s final suicide attempt is almost idyllic in tone. She describes the aftermath of swallowing a bottle of tablets in terms of relief, stating:

The silence drew off, baring the pebbles and shells and all the tatty wreckage of my life. Then, at the rim of vision, it gathered itself, and in one sweeping tide, rushed me to sleep. (Plath 179).

These sentences could lead some to justifiably comment that Plath is depicting suicide as a peaceful and valid option, which could prove very harmful to a suicidal individual. However, Esther's "rushing to sleep" is juxtaposed with the horror and pain which Esther experiences upon waking in hospital. Unable to see, a "cheery" nurse tells her: "There are lots of blind people in the world. You'll marry a nice blind man one day" (Plath 181). At this point in the novel, Esther's suicidality is unresolved, but Brown posits that the reader should not be overly concerned with "solving" the problem of Esther's recovery. Rather, we should move "towards considering [the problem] with greater patience and imagination" (Brown 218), which could facilitate a deeper understanding of the difficulties faced by those experiencing the disorienting effects of suicidal ideation. It is also important to note that Esther does eventually recover and re-join society after receiving treatment, which points towards the possibility of achieving release from the bell jar.

It may seem incongruous to examine the novel's use of humour directly after performing an analysis of its darkest scenes. However, humour and suicidality are inextricably linked throughout the novel. As Seacrest states, despite its serious subject matter *The Bell Jar* is "thoroughly saturated with humour" (61), much of which revolves around sexuality, gender, and food, as if Plath is attempting to emphasise the ways in which physicality preoccupies her protagonist even as she nurtures a death wish. While the novel's wry humor and depictions of bawdy scenes serve one of humour's primary functions, to relieve tension and provide the reader with some respite from intense emotional experiences (Francis 148), it also furthers the process of defamiliarisation. Plath, through the perspective of her protagonist Esther, frequently depicts disturbing or grotesque occurrences in a detached, humorous manner which not only prevents the narrative from becoming maudlin, but also brings a freshness of vision which encourages the reader to examine suicidality and society from a new standpoint. In an analysis of the use of humour in the depiction of stigmatised illnesses in Singaporean theatre, Hyder makes the following pertinent observation:

... the seriousness of stigma can be altered by the stigmatised individual themselves, which occurs when they direct the feeling of nonseriousness to the structures and labels that attempt to maintain their disempowered position. By directing humour at the stigma or the systems that uphold the stigma's powerful discrediting function, the stigmatised individual repositions the stigma from a serious world to a non-serious world. As a result, the discrediting effect that was intended to accompany stigma would, by extension, also become non-serious. This effect is achieved through the technique of defamiliarisation... Since meaning is ascribed onto a stigmatising label and eventually onto a stigmatised person, the technique of defamiliarisation can serve to once again detach the discriminatory meaning from the label or the person. (5).

Thus, defamiliarisation achieved through humour can result in the de-stigmatisation of marginalised identities, as well as providing a means of catharsis and emotional venting.

Throughout the novel, Esther attacks the social constraints which promote her marginalisation using wry humour, thereby achieving distance from society and suicidality.

Although Esther can no longer find fulfillment in everyday life, her desires for food and sex are still strong, and she comically asserts that she “love[s] food more than just about anything else” (Plath 25). Her extraordinary appetite is depicted in humorous yet sympathetic terms at the ladies' lunch she attends in New York. Esther is candid about her need to consume as much of the food as possible, and she describes “eye[ing] the position of the bowls of caviar” before the meal begins, calculating that her neighbor Betsy “would be too nice to ask me to share it with her if I just kept it out of the way at my elbow by my bread-and-butter plate” (Plath 27). This sentence is interesting for several reasons. Firstly, the lack of commas imbues the line with a sense of haste, which convincingly reflects Esther's intense need to satiate her hunger and is highly reminiscent of a child's style of self-expression. In addition, Esther provides the reader with rather more information than is necessary – where many narrators would only identify the potential positioning of the caviar once, Esther does it three times: “out of the way”, “at my elbow”, and “by my bread-and-butter plate” - again reflecting on her childish mindset and also emphasising her ability to make rapid calculations to ensure her needs are met. In an article examining autistic mind styles, Semino identifies instances where protagonists' answers are alternately “insufficiently informative” and “unnecessarily detailed” as evidence of the characters' inability to accurately assess the expectations of others (“Pragmatic Failure” 146). In Esther's

case, at the ladies' lunch she is not so much unable as totally unwilling to consider either the impact of her behavior on other people or the amount of information it is necessary to provide. In addition to hoarding the caviar, she proceeds to eat with her fingers, showing a total disregard for table manners which alerts the reader to her growing self-absorption. The immature behaviors which Esther displays here reflect her cognitive state: she is self-absorbed, somewhat calculating, and is arguably reverting to, or remaining in, a childlike mentality which demonstrates a disregard for social mores. However, it is also possible to view this scene as evidence of Esther's desire to free herself from gendered social expectations (i.e., that one should behave in a 'ladylike' manner) – Krafft argues that Esther's uncouth activities are used "to chip away at social constraints... revealing the absurdity of social containment" (293). In any case, the scene provides evidence of Esther's unusual behaviour and lack of regard for her interpersonal relationships in a humorous manner, furthering the reader's understanding of her mental state without utilising distressing imagery.

Esther's frenzied consumption of caviar and chicken later ends in severe food poisoning, where she vomits with a colleague and finds that: "There is nothing like puking with somebody to make you into old friends" (Plath 45). This introduces the notions of illogicality and juxtaposition, which form the basis of incongruity theory (the idea that humor arises from presenting a relationship between two apparently contradictory states) (Frances 150). Esther's intense hunger represents her desperation to hold on to life, but her experience of food poisoning demonstrates her rejection of life despite her biological drive to survive. It also confronts the reader with a striking incongruity – a suicidal protagonist who is obsessed with food. Perloff points out that the plot of the novel moves from physical sickness (food poisoning) to mental illness (Esther's breakdown) and back to physical sickness (Esther's haemorrhage), presenting a clear relationship between mental and physical distress (520).

Esther's adolescent obsession with sex is introduced extremely early in the novel. While in New York, Esther feels mildly frustrated that she cannot satisfactorily imagine the sexual

habits of her boss, because she “always had a terribly hard time trying to imagine people in bed together” (Plath 6). Esther sees the world as being “divided into people who had slept with people and people who hadn’t”, and wryly states that at this point in her life, “purity was the great issue” (Plath 85). Her awareness of the societal obsession with female “purity” reflects on the sexually repressive atmosphere of the fifties, when a woman was expected to remain a virgin until marriage, but a man was not, as evidenced by Buddy’s pride at having had a sexual relationship with a waitress prior to meeting Esther. Esther herself does not consider her virginity as a source of pride or virtue; rather, she feels hampered by it and wishes to experience sex. Her first experience with Buddy, however, is disappointingly clinical: he undresses for her, and Esther “sees” him with a mounting distaste:

[He] then took off his under-pants that were made of something like nylon fishnet.

‘They’re cool,’ he explained, ‘and my mother says they wash easily.’

Then he just stood there in front of me and I kept on staring at him. The only thing I could think of was turkey neck and turkey gizzards and I felt very depressed. (Plath 71).

This episode is arguably one of the funniest in the novel, as Esther experiences a thwarted initiation into the world of sex which, according to Seacrest, “establishes a tone of disappointment that colours Esther’s views on sex and sexuality” (61). Again, Esther’s detachment makes for hilarious reading, allowing for a potentially cathartic experience on behalf of the reader. It should be noted that the above quote is one of the rare instances where the word “depressed” is explicitly used in the novel, despite the lengthy depictions of Esther’s depressive symptoms. This is a seemingly inopportune moment to use the word, but it captures Esther’s feeling of despair and disappointment stemming from an experience which has not lived up to her expectations. Esther also experiences laughter at inopportune moments herself - when Buddy proposes to her, for instance, she has “an awful impulse to laugh” (Plath 97). Krafft asserts that laughter demonstrates anger in the novel (296), and also provides “some temporary relief from the constraints of the feminine mystique” (302). Laughing at her plight and at times

traumatic interactions with Buddy helps Esther to gain a level of control over her narrative and over the destabilising impact of this unequal relationship (Hyder 6).

While Buddy's pomposity makes him a clearly unlikeable and at times ludicrous character, the laughter (and the anger) which Esther displays towards him could be viewed as a manifestation of her rage against patriarchal society. Scholes argues that "the hostility between men and women" constitutes a strong theme in the text, and Pratt somewhat obtusely enquires "why [does Esther] hate men?" (88). After all, Boyer points out that "the female body is inebriated, poisoned, broken, assaulted, depressed, shocked, overdosed and bled" within the novel, and the agents of this suffering are generally male (200). It should not, therefore, prove a difficult task to justify Esther's troubled feelings towards men. In fact, De Villiers goes so far as to argue that Esther's madness arises as a direct result of patriarchal oppression which denies women creative opportunities (2). But rather than simply presenting Esther's rage towards Buddy as a justifiable response to male entitlement and patriarchy, Plath encourages the reader to laugh along with Esther at Buddy's "turkey gizzards" and Esther's subsequent feeling of "depression" (71). Horner argues that this satirical technique is characteristic of women's writing, which often engages in "deflating male pretensions with humour; subverting female stereotypes; and refusing to provide the closure of a traditional happy ending" (53).

The ending of the novel is certainly ambiguous. The final chapter presents the reader with a series of vignettes which are united by the theme of leave-taking – Esther parts with her asylum friend Valerie, ends her brief affair with Irwin, and attends Joan's funeral. While she hopes to avoid being institutionalised again, Esther "[isn't] sure at all" that she is really cured (Plath 230). This uncertainty regarding her future is echoed by Buddy, who visits Esther before her release and cruelly reflects on her reduced marriageability as a result of her stay at the asylum. Esther interprets his ominous remark, "I wonder who you'll marry now" as being said in revenge for her insistence that she dig his car out of the snow (Plath 230). Esther's acknowledgement that Buddy should not exert himself until he has fully recovered from tuberculosis, and her

symbolic display of physical strength and agency when shovelling snow, result in Buddy's perceived emasculation and he retaliates by taunting Esther. Although Esther shares Buddy's concerns that she is now unmarriageable, she does not respond to this anxiety by falling back into a passive feminine role. Instead, she phones Irwin and demands that he pay the bill for her hospital stay after her haemorrhage, then informs him that he will never see her again (Plath 231). While she momentarily worries that he will refuse to pay the bill, she reminds herself that "he's a mathematics professor – he won't want to leave any loose ends" (Plath 231). Here, Esther dismisses Irwin with a humorous remark and subsequently feels "perfectly free" from him, again demonstrating the cathartic nature of humour in the novel (Plath 232).

Esther's ambivalent relationship to marriage is re-emphasised at Joan's funeral, where Esther witnesses the coffin descending into the grave and imagines: "that shadow would marry this shadow" (Plath 232). The only marriage Joan can now experience is in the merging of the shadows in her grave, but Esther's future is still undetermined. As she awaits her final interview with the team of doctors who must sign off on her release, Esther expresses being "scared to death" because "all I could see were question marks" (Plath 233). She again muses on marriage, looking down at her clothes and reciting "Something old, something new... But I wasn't getting married" (ellipses in original) (Plath 233). Instead, Esther feels as though she is being reborn, and longs for a ritual which would clarify her status as one who has been "patched, re-treaded, and approved for the road" (Plath 233). Clearly, Esther believes that there are insufficient directions and social markers for women who choose to stray from traditional paths. However, Esther's reference to her baby in the opening of the novel implies that she eventually chooses marriage and motherhood (although, of course, the presence of the novel itself implies that she also succeeds in writing her own story). While Smith argues that it is possible to interpret Esther's marriage as evidence that she ultimately conforms to gendered social expectations (20), it is interesting to note the context of the reference – Esther states that she previously hid all evidence of her emotionally traumatic internship with the ladies' magazine, but "later, when [she]

was all right again”, she brings out some of her old trinkets for the baby to play with (Plath 3). This retrospective assurance, given before Esther’s breakdown is ever explored, that she eventually recovers, creates aesthetic distance and allows the text to acknowledge the possibility of recovery without obscuring the deliberate ambiguity of its ending. By interpreting the final scene of the novel as a pivotal moment of rebirth rather than finality (Coyle 173), the reader can hold space for Esther’s anxieties while simultaneously celebrating her freedom from the constraints of the bell jar and acknowledging the multiplicity of the choices which await her.

#### **1.4: Conclusion**

The novel concludes on a relatively hopeful note: Esther recovers from her breakdown, and is discharged from the psychiatric facility, feeling as though she is guided “by a magical thread” (Plath 258). She has been considerably helped by Doctor Nolan, and by the shock therapies she has received under Nolan’s care. Scholes remarks on the cyclical nature of the novel, which begins with Esther’s eerie fear of electrocution and ends with her recovery, stating: “that same electrical power which destroys the Rosenbergs restores Esther to life”. Thus, *The Bell Jar* ultimately ends in recovery despite its unwavering portrayal of severe mental anguish and suicidal ideation. It sympathetically depicts the negative impact of stigmatising mental illness by demonstrating Esther’s alienation from the community and from her own sense of self when she is institutionalised. The development of a compelling suicidal mind style within the novel, using defamiliarisation, underlexicalisation, and metaphorical representations of abstract concepts as physical objects, demonstrates Plath’s ability to put the apparently incommunicable into words. Despite the novel’s bleak focus, this chapter has presented the benefits of using *The Bell Jar* in a bibliotherapeutic setting by arguing that the recognition it extends, and the aesthetic distance it employs through the use of humour, allows the reader to “visit the unsafe” (McCann 81). Not only does the novel promote empathy and awareness for individuals with mental illness, it also

deploys striking and unusual language which could potentially assist mentally ill individuals with expressing their own experiences.

## Chapter Two: “Who’s the bull goose looney here?”: Mad Community and Mad Pride in *One Flew over the Cuckoo’s Nest*

Ken Kesey’s *One Flew Over the Cuckoo’s Nest*<sup>32</sup> was first published in 1962, at the beginning of the counterculture movement in North America. Mettler points out that counterculture led to changed attitudes towards mental illness, which began to be regarded as an absurdist form of protest which encouraged individuals to reject conventional thinking (172). The novel therefore embodies the pervasive anti-authoritarian ideology of the 1960s and 1970s, as well as aligning with the antipsychiatry movement (O’ Hara 69). In the years following the novel’s release, *Cuckoo’s Nest* received many positive reviews and was eventually converted into a film in 1975 which achieved critical and commercial success (McCreadie 125). Sassoon regarded the plot of the novel as “at once horrific and humorous”, with “a vision that is truly authoritative and original” (120), and Waldmeir stated that the novel has “few wasted moments or scenes; it has no wasted characters” (196). However, early reviewers also expressed some criticism, with Morse terming it “a bad novel... saved by one character” (297) - of course referring to McMurphy, the novel’s controversial hero. The novel has since occasioned a critical debate over whether it should be read as a literal critique of psychiatry or an allegorical criticism of American society (Lambe 306). Critics and readers have also debated the virtues of McMurphy, with Madden observing that judgements are divided into two camps, one which downplays his racism, sexism and paternalism, and the other which “attacks Kesey for glorifying a despicable individual” (203). The novel, and later, the film, caused criticism of and from within the psychiatric community, due to the horrifying portrayal of institutional abuse and use of electroshock therapy and lobotomy as punishment (Lambe 307). Some argue that the novel has greatly damaged the reputation of psychiatry and has done little to ameliorate the marginalisation of the mentally ill.<sup>33</sup>

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<sup>32</sup> Hereafter abbreviated as *Cuckoo’s Nest*.

<sup>33</sup> See, for example, my interview with Professor Mary Cannon (Appendix A), and Boschini, Deborah J., and Norman L. Keltner. “*One Flew Over the Cuckoo’s Nest*.” *Perspectives in Psychiatric Care*, vol. 45, no. 1, 2009, pp. 75-79.

For example, Domino's sociological study which questioned college students on their attitudes to psychiatry and mental illness before and after a showing of the film *Cuckoo's Nest* reported less positive attitudes after the showing (181).

However, the novel has a highly significant legacy, and has become famous for its anti-psychiatry, anti-capitalist, and non-conformist message. As Chesler observes, "the state hospital, much like the poor workhouse of old, functions as a warning spectre" (74) in the novel, alerting the reader to the consequences of subscribing to a capitalist, normative social ideology which rejects unproductive or abnormal individuals. It undoubtedly also criticises the stultifying, disempowering nature of psychiatric institutions, inspired as it is by Kesey's time working as an orderly in a state hospital. In spite of this, Mettler is firmly in favour of a purely allegorical reading, stating that Kesey employs "madness as a tool to make a broader social critique" (173) and arguing that the novel doesn't "address the reality of patients' experiences in a mental hospital" (185). Géfin maintains that the novel must be read as "an allegorical satire" (97), and Baurecht also endorses a mythical or allegorical reading, arguing that *Cuckoo's Nest* is "a distinctly American novel because it is clear that no other culture could have produced it" (82). Despite the novel's obvious emphasis on the plight of the mentally ill in society, critical evidence points overwhelmingly towards accepting, at least in part, an allegorical reading of the text, as the novel positions anti-authoritarian and anti-psychiatry ideology in a positive light (O' Hara 69).

This does not negate the value of studying the novel's portrayal of mental illness, however. Chief's marginalised status and the stigma he receives as a result of his mental illness, and McMurphy's reframing of madness as a source of pride and power could offer recognition and insight to a reader who has experienced mental illness. The first section of this chapter therefore explores the stigmatisation of the hospital inmates, and also questions the stigmatisation of psychiatry itself within the novel. Next, an exploration of Chief's remarkably unique mind style follows, which traces his use of metaphors and his blending of past, present, reality, and hallucination in order to convey his mentally distressed state. Finally, this chapter

analyses the various methods of catharsis portrayed in the novel, which emphasise the value of community and direct the men towards sources of healing.

## **2.1: “Not, you know, crazy like the movies paint crazy people”: Stigma and Marginalisation in *Cuckoo’s Nest***

Chief Bromden’s marginalisation is complex, as a variety of factors contribute to his ostracisation from the men on the ward and from society in general. He is Native American, he is mentally ill, and he is allegedly deaf and non-verbal, which means the other patients dismiss him as “just a bi-big deaf Indian” (Kesey 24). However, Chief also occupies a symbolic status as ‘other’, as his narrative is interspersed with his memories of a freer, outdoor life near “the big Columbia River” which subverts the capitalistic and formulaic society represented by the Combine (Kesey 11). He is thus an oppressed individual and a symbol of everything the Combine hopes to circumvent. However, Chief is eventually integrated into the hospital community due to the efforts of McMurphy, who enacts a highly gendered battle against the head nurse in order to free the men from the supposedly matriarchal and emasculating rules of the ward. The novel offers a direct and perhaps overly severe critique of psychiatry and psychiatric institutions, and its argument that psychiatric intervention emasculates male sufferers of mental illness is definitively sexist. Despite this, *Cuckoo’s Nest* contains a valuable portrayal of a marginalised group who eventually manage to form a subversive mad community which enables them to find consolation and healing, and to defy the stigma they face as a result of their mental illnesses.

Critics have frequently referred to Chief as schizophrenic, which is reminiscent of Esther’s diagnosis upon release of *The Bell Jar*, but his delusions and hallucinations mean that he arguably fits the criteria for this diagnosis more closely than Esther. Zubizarreta refers to Chief’s “foggy paranoia and schizophrenic dementia” (62), Safer discusses the novel’s “schizophrenic” narrator (133), and Baurecht devotes an entire article to “schizophrenic episode” within the text

(84). However, Chief's experience of the "fog" which numbs his senses and fills him with hopelessness also aligns him with depressive symptoms (Kesey 13), which means Emmons' statement that "depression often silences its sufferers" can arguably be applied to Chief as he navigates his way through a world which seeks to eradicate his voice (13). Alternatively, readers may simply define Chief as "mad", which has a myriad of attendant implications and, according to Mettler, positions Chief as "the ultimate non-conformist" (173). As a mentally ill, potentially queer Native American,<sup>34</sup> Chief is doubly or trebly marginalised. This grants him a symbolic status which highlights the ways in which society treats any form of deviance from the accepted codes of behaviour. It also, of course, affords him a unique access into the workings of the psychiatric hospital, and allows him to evade attention directed towards him. Chief himself frames his "caginess" as an advantage, stating: "If my being half Indian ever helped me in any way in this dirty life, it helped me being cagey, helped me all these years" (Kesey 9).

Within the hospital, there are divisions between the patients which delineate different degrees of mental illness or madness.<sup>35</sup> Chief outlines these divisions and subdivisions in the opening pages, which emphasises their importance – clearly, in order to understand life within the hospital, the reader must first comprehend the categories the men fall into. Chief explains that the "Acutes" are termed thus because "the doctors figure them still sick enough to be fixed", whereas the "Chronics" across the room are "the culls of the Combine's product" and are divided into "Walkers like me... and Wheelers and Vegetables" (Kesey 17). The positioning of the narrator as a hopeless Chronic, who views himself as a machine "with flaws inside that can't be repaired", suggests that Kesey wishes the reader to pay attention to the degrees of marginalisation within the hospital (Kesey 17). While McMurphy is often regarded as the main character or even the protagonist of the tale, Kesey warned against forgetting that "it's the Indian's story" (qtd. Madden 205), a statement which indicates that Kesey does not simply wish

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<sup>34</sup> Chief arguably exhibits attraction towards McMurphy at certain points in the text. For example, he desires to "touch" McMurphy "because he's who he is" (Kesey 173).

<sup>35</sup> This chapter shall frequently refer to mental illness as 'madness', due to McMurphy's integral use of the phrase.

to draw attention to the marginalised plights of characters like Harding and Billy Bibbit who still have a strong grasp on reality, but also wishes the reader to empathetically confront the reality of individuals like Chief who suffer from delusions and hallucinations. In addition, Chief's perceptive and compelling narration casts doubt on the validity of his "Chronic" status, which satirises the divisions of madness upheld by the hospital and destabilises the boundary between mad and sane. It soon becomes clear that the characters in *Cuckoo's Nest* are both madder and saner than they initially appear.

The text therefore highlights the lack of a solid sane/mad binary which comfortably divides socially acceptable individuals from social rejects. McMurphy is forced to challenge his own stigmatising views on the division between sane and mad when he discovers that the majority of Acutes are not involuntarily committed but are free to leave the hospital at any time. This contradicts his conviction that the hospital is a prison or a house of punishment and allows him to voice his growing understanding that the Acutes who soon become his friends are "not exactly the everyday man on the street, but [they]'re not *nuts*" (Kesey 150). If the men are not "nuts" they should be free to leave the hospital, but they choose to stay, proving – at least in McMurphy's eyes – that they are, in fact, "nuts", an inherent contradiction which foreshadows the novel's emphasis on the absurdity of social containment. As Mettler states, *Cuckoo's Nest* presents the view that "it is the larger society's attitude towards physical difference that truly disables people" (173), implying that madness can therefore be viewed as a response to an unjustly demanding and exclusionary society. Chief believes the insanity of the Acutes has been "born in, or beat in" (Kesey 17), suggesting that while some individuals are *born* mentally ill, others *become* mentally ill because of adverse life experiences or oppression. Baurecht endorses this view of mental illness as a response to society when he argues: "Bromden's bizarre behaviour is a survival strategy that, like all behaviour labelled *schizophrenia*, is invented in order to endure an intolerable situation" (86). This is a strong claim, one which definitively labels madness as a deliberate and perhaps even calculated act of self-preservation. While Chief does

deceive the staff into believing that he is deaf and mute for his own advantage, it is not possible to ascertain whether his mental illness has arisen solely as a result of his marginalised position in society. However, Chief's symbolic status and hatred of the vicious Combine suggests that his mental illness is, at the very least, exacerbated by the maltreatment and marginalisation which arises from occupying the role of 'Other'.

Harpin's *Madness, Art, and Society Beyond Illness* (2018) refers to the "quivering thresholds of normalcy" and argues that the concept of normality itself is inherently problematic, a sentiment which is palpable throughout Kesey's work (45). Nurse Ratched – whom Chief refers to as "Big Nurse" – acts as the oppressive enforcer of routine and order in the ward, using "subtle and coercive means" to achieve her aims (Abootalebi 370). Chief believes her to possess a totalitarian, almost mystical power over the patients, and he reports feeling as though he is unable to move freely because "the Big Nurse put a thousand pounds down me and I can't budge out of the chair" (Kesey 14). Nurse Ratched is a notably sinister character, but her actions are not those of an uncomplicated villain but rather denote an arguably misguided authority figure. In Chief's eyes, she is the representative of the Combine, but the discerning reader may wonder how the Combine has treated Nurse Ratched before her arrival at the hospital. Her undeniable lack of real empathy towards the men is reflected in the lack of empathy the men show towards her and to women in general – is she so intent on gaining power precisely because society has disempowered her? If we believe Chief's madness is a result of his marginalisation, then we must remain open to the possibility that Nurse Ratched's sadism has also arisen from marginalisation. In a world where women are valued only for their ability to please (or at the very least facilitate) men in the manner of the breezy sex-worker Candy or the quietly nurturing Japanese nurse, Nurse Ratched's quest for power can be interpreted as an act of rebellion, perhaps even an act of madness. This interpretation reinforces the notion that there is no clear division between madness and sanity within the text.

Several critics have taken issue with the novel's blatant misogyny, and have advocated for a more compassionate interpretation of Kesey's formidable nurse (Géfin 96, Lambe 298, McMahan 25). After all, the male patients appear to despise Nurse Ratched for her very womanhood, describing her as a "ball cutter" (Kesey 53), and resenting her for making them "victims of a matriarchy" (54). Indeed, the men are portrayed as being "victims of a matriarchy" in more ways than one, as seen when Harding is emasculated by his promiscuous wife and Billy is coddled by his overbearing mother. McMahan points out that "the ward is littered with casualties of 'momism'" (26), a statement which credibly implies that the novel blames women for making men mad, and for keeping them in a state of madness. This makes an interesting contrast to *The Bell Jar*, which depicts women's marginalisation at the hands of men as a factor in their madness and depression. If the free, autonomous, powerful madness which McMurphy endorses is sourced from his stereotypically masculine energy, then it follows that the men are directly oppressed by the orderly, authoritative, feminine energy with which Nurse Ratched governs the ward. Vitkus represents this gendered polarity as a "natural maleness" which is opposed by "a domineering, emasculating representation of the feminine" (66).

Nurse Ratched's efforts to undermine and emasculate McMurphy commence almost immediately upon his arrival. The following speech reduces McMurphy to a rebel without a cause, and contains an interesting insight into Nurse Ratched's past:

"He is what we call a 'manipulator', Miss Flinn, a man who will use everyone and everything to his own ends... [He desires] the *disruption* of the ward for the sake of disruption. There are such people in our society... With the present permissive philosophy in mental hospitals, it's easy for them to get away with it." (Kesey 26).

Nurse Ratched's scorn towards the "permissive philosophy" of 1950s hospitals suggests that she has come from an older, more punitive psychiatric era which was even more concerned with quashing "disruption" than the current regime (Kesey 26). Considering the over-regulated nature of her current ward, this nostalgic longing for the stricter rules of the past makes Nurse Ratched an increasingly unsympathetic character, but it helps to explain her frustration at McMurphy's antics. In addition, it must be pointed out that in the novel's opening chapters, McMurphy *does*

appear to desire “disruption for the sake of disruption” and poses a legitimate threat to the order of the ward (Kesey 26). Interestingly, Nurse Ratched’s attempts to humiliate and subdue McMurphy leads her to describe him as “simply a man and no more”, which, by placing maleness in an inferior light, clearly aligns with the men’s feelings of being “victims of a matriarchy” (Kesey 123). Despite her near mythical villainous status, psychiatric nurse Boschini is of the opinion that Nurse Ratched “does more things right than she does wrong”, as she maintains her composure in the face of aggression and has a necessary respect for rules and routines (76). It is certainly true that Nurse Ratched discharges her duties conscientiously and does not overstep psychiatric guidelines at the beginning of the novel, although her later use of lobotomy as both threat and punishment undoubtedly violates psychiatric principles. While it is difficult to read *Cuckoo’s Nest* without hating Nurse Ratched, perhaps Kesey intends the reader to re-direct this hatred towards oppressive structures – both social and psychiatric – rather than the nurse herself.

Nurse Ratched is a complex character, for, as Géfin states, she “becomes both victimiser and victim” at different points in the narrative (97). While the criticism of her lack of stereotypical femininity and the sexualisation of her appearance is certainly problematic in a modern context, Nurse Ratched represents society as she attempts to cure or normalise the men. Her emphasis on rules and regulations is frequently depicted as both cruel and ludicrous, reflecting the punitive and confining social rules of the outside world which are arguably as insane as the inmates of the hospital. As Vitkus points out, the ward routine represents “a grotesque and exaggerated version of everyday life under American capitalism” (72). This statement links with Waldmeir’s belief that Nurse Ratched loses her own normality once she enters the ward, for: “all of her normal actions and beliefs become nonsense” (199). The ludicrous portrayal of Nurse Ratched has the further effect of making her appear, at times, as mad as the patients around her, for the rules she imposes possess an artificiality which place them firmly in the realm of the nonsensical. As Harding points out, the men cannot listen to the

radio but must instead listen to a recording because “the world news might not be therapeutic” (Kesey 66).<sup>36</sup> They are not even permitted to brush their teeth without permission, for, as one of the orderlies enquires, “What you s’pose it’d be like if *evabbody* was to brush their teeth whenever they took a notion to brush?” (Kesey 77). McMurphy’s humorous rejoinder: “Teeth bein’ brushed at six-thirty, six-twenty - who can tell? Maybe even six o’ clock” intentionally highlights the senseless and unnecessary nature of the rules imposed upon the men (Kesey 77). Rules without purpose are seemingly imposed for their own sake, not for the benefit of the patients. As Harpin states, the novel “expose[s] the fragility of the treatment regime” (84) - and also emphasises its cruelty.

As seen in the examples above, the men are patronised to a tragic degree, which destroys their self-confidence and maintains their status as “rabbits” (Kesey 55). They are frequently medicated and sedated by force, and as Harpin maintains, “the hinterlands of the body become sites of contest” throughout the book (87). When Mr. Taber enquires as to whether his new dose is “one of those funny pills that makes me something I’m not”, the nurse refuses to inform him of the purpose of the medication and coos at him instead: “It’s just medication, Mr Taber, good for you. Down it goes, now” (Kesey 31). When he refuses, Nurse Ratched steps in, and states: “If Mr Taber chooses to act like a child, he may have to be treated as such” (Kesey 32). Of course, it is clear to the reader that Mr. Taber has been treated like a child since the beginning of the encounter, but Nurse Ratched frames his behaviour as incurring this patronisation rather than being caused by it. The refused medication is later administered to Mr. Taber via anal syringe, which clearly alludes to his sexual passivity and emasculation. An unquestioning obedience is demanded from the patients, allowing them no control over their own treatment.

The men are degraded and humiliated in a myriad of ways throughout the novel, such as when Nurse Ratched deliberately and repeatedly calls McMurphy “McMurry” (Kesey 40). Worse

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<sup>36</sup> It is interesting to note the parallels between this example of censorship and the notion that books with distressing themes are destructive or unhelpful to individuals with mental illness.

still, the ever-present threat of ECT looms over their heads. Chief Bromden views ECT as “filthy” and “brain-murdering”, alleging that Acutes can be transformed into Chronics if too many treatments are inflicted upon them (Kesey 18). Nurse Ratched undoubtedly uses ECT as a form of punishment, as she clearly explains to McMurphy that his treatments will be stopped once he admits his wrongdoing in an incident with Washington in the shower (Kesey 227). As Lambe states, the novel cemented (or at least contributed to perpetuating) the belief that “psychiatric hospitals were fundamentally backwards” and their treatments punitive and ultimately damaging (318). Harpin furthers this statement by describing the problematic legacy of *Cuckoo’s Nest*, which she believes contributed to “the popularisation of a perception of ECT and lobotomy as brutal” (85). Reviewing the film version of *Cuckoo’s Nest*, psychiatric nurse Keltner concurs that it “captured the patronizing aspects of psychiatry that did occur” during the 1950s, but maintains that it is “an insult to the psychiatric care of that day” to imply that ECT and lobotomy were ever used as punishment in psychiatric facilities (78). Furthermore, Keltner argues that *Cuckoo’s Nest* is “dismissive of the serious and chronic nature of severe mental illness”, as it implies that the patients merely need to “loosen up” (79). This criticism of the novel and its horrific, albeit potentially exaggerated, portrayal of psychiatric treatment raises the question as to whether it is a helpful novel in de-stigmatising mental illness. It is possible to argue that the novel could horrify a reader to the extent that they are wary of seeking psychological or psychiatric assistance for their mental health issues, but the majority of readers are surely aware that *Cuckoo’s Nest* depicts psychiatric systems and practises which were in place over seventy years ago, and is therefore unlikely to reflect on the current state of psychiatric care. However, the sense of oppression, futility, and humiliation which Chief experiences as a result of his mental illness and his marginalised position in society may still provide “recognition, solidarity, and perhaps a safe harbour” (Davis 714) to readers who experience symptoms of mental illness and/or identify as occupying a space on the consumer/survivor/ex-patient spectrum. Moreover, McMurphy’s reframing of madness as a source of pride rather than shame,

and his emphasis on forming joyfully subversive mad communities, may help to address feelings of self-stigma among readers.

The psychiatric ward, then, is “a factory for the Combine”, which aims to regulate and, where possible, eradicate madness until the sufferer can once again become a productive member of society (Kesey 36). Ironically, the therapeutic policies of the ward place an outward focus on enabling the men to “learn to get along in a group” while they covertly nurture division and create distrust between them (Kesey 43). Before McMurphy’s arrival, the men are incapable of true loyalty to one another, for as Fick states: “the hospital is devoted to destroying personal integrity by defining the individual as common property” (22). This disloyalty is particularly evident during McMurphy’s first therapy session, where the patients openly criticise Harding’s fear of his wife and indirectly allude to his attraction to other men (Kesey 49). McMurphy wryly defends Harding from the sudden vitriol of the group, asking: “Is this the usual *pro*-cedure for these Group Ther’py shin-digs? Bunch of chickens at a peckin’ party?” (Kesey 49). However, Harding appears to resent McMurphy’s intervention and becomes defensive, lashing back at him with a diagnosis: “Psychopath with definite sadistic tendencies, probably motivated by an unreasoning egomania” (Kesey 50). Thus, the patients employ the clinical, alienating language of psychiatry to attack one another and to shield themselves from criticism. Chief claims that the hospital is “a little world Inside that is a made-to-scale prototype of the big world Outside that you will one day be taking your place in” (Kesey 43). If this is the case, then the division fostered between the men, which prohibits them from forming any meaningful alliances or communities before the arrival of McMurphy, mirrors the ‘divide and conquer’ rhetoric which has characterised many political regimes and can therefore be understood as a critical reflection on the outside world. However, McMurphy’s refusal to subscribe to this rhetoric empowers the men to ignore social codes and to – at least momentarily – create their own subversive, mad community.

McMurphy offers an alternative view of madness which alternately ignores and revels in the stigma placed upon it by the outside world. Initially, he simply views madness as a pathway to easier treatment within the justice system, and openly states that “If it gets me outta those damned pea fields I’ll be whatever their little heart desires, be it psychopath or mad dog or werewolf” (Kesey 16). Of course, indefinite committal eventually proves to be a far darker fate than four months of labour in the pea fields, but at the opening of the text McMurphy rejoices in the relative comfort his apparently feigned madness has won him. He therefore presents the men with an empowering conception of madness – it is not a source of shame, but a weapon to be used against society in order to forward one’s individual aims. By wittily announcing that “a psychopath’s a guy [who] fights too much and fucks too much”, McMurphy simplifies - and arguably de-stigmatises – madness by defining a mad person as someone who is simply “too much” for society (Kesey 16). Of course, the notion of “fighting” and “fucking” to excess heightens McMurphy’s masculinity in the eyes of the other men, who have collectively lost the ability to perform either of these activities. Madness therefore gradually becomes a source of masculine pride, as the men veer away from the shameful, oppressive definition of madness under McMurphy’s guidance. Upon entering the ward, he boldly enquires: “Which one of you claims to be the craziest? Who’s the bull goose looney here?” (Kesey 20). McMurphy then announces his goal of becoming the “bull goose looney”, implying that madness is a desirable trait and even a potential source of competition between the men (Kesey 20). By asking who is “the craziest”, he is not mocking the men, but rather poking fun at the establishment which upholds an unstable binary between sane and mad. Fick’s statement that McMurphy teaches the other patients to “have confidence in the self one chooses to invent” (22) is particularly apt here, as McMurphy encourages the men to embrace a definition of madness which promotes individuality and non-conformism. Of course, McMurphy will later succumb to collectivism, and will conform to the desires of the other men on the ward, for, as Waldmeir maintains,

McMurphy is an anti-hero who “expands himself, through a gradual shift in his concern for himself to those around him” (203).

McMurphy’s efforts to redefine madness initially encounter resistance from the other patients, who continue to stigmatise themselves. Harding explains to McMurphy that the men on the ward are “rabbits” who are unable to function in the outside world (Kesey 55). Harding’s unflattering definition of madness is rooted in extreme fear and shame, and positions the inmates of the ward as small, faltering, and powerless animals (although it should be noted that rabbits have the capacity to wreak havoc on a landscape in large numbers – again, the novel stresses that there is power in the collective). McMurphy subsequently becomes obsessed with empowering the men to redefine their madness, indirectly aligning himself with the antipsychiatry movement of the 1960s which questioned medicalisation, institutionalisation, and even the very notion of abnormality or madness itself (Rutten et al. 641). During the infamous fishing trip, McMurphy defends the men from the mockery of the workers they encounter at the service station by depicting the men as “madder” than they really are, inventing crazed and violent crimes which terrify the workers into submission (Kesey 182). This allows the “rabbits” to view themselves – albeit briefly – as lions, and Harding consequently experiences an epiphany:

“Never before did I realize that mental illness could have the aspect of power, *power*. Think of it: perhaps the more insane a man is, the more powerful he could become. Hitler an example.” (Kesey 185).

Harding’s dawning realisation that there is power and strength to be found in madness is humorously tempered by his reference to Hitler, which aligns madness with evil deviance rather than a brave subversion of oppressive social structures. But this alignment with villainous madness signifies that Harding is gradually losing interest in what other people think of him, instead focusing on himself and his own autonomy. With this statement, he wryly puts forth the notion that if one is regarded as an object of fear or danger, one might as well *become* fearful and dangerous. This idea is not carried much further in Harding’s trajectory, but it is worth noting

the potential consequences of ostracising members of the community because of their perceived difference.

Kesey's portrayal of the psychiatric hospital as a restrictive and oppressive microcosm of society which aims to enforce normality and punish deviance through a process of emasculation aligns the book with the antipsychiatry movement (Miyatsu 52). It highlights the humiliation felt by institutionalised individuals as their autonomy is stripped away from them and emphasises the danger of denying the mentally ill a voice, or a choice with regard to their treatment. Moreover, the ridiculous rules imposed by Nurse Ratched imply that even powerful, successful individuals can exhibit signs of madness or irrationality. McMurphy's efforts to create a subversive mad community which defies the notion that mental illness is a source of shame allows the male patients to critically reflect on their own self-stigma and to protest the stigma inflicted upon them by others.

## **2.2: Shifting Between Simile, Metaphor, and the Literal**

Chief Bromden's narrative contains clear examples of "peculiarities of communication" which lend themselves to an analysis of mind style (Semino "Mind Style" 11). There are currently two notable examples of mind style analyses which examine *Cuckoo's Nest* directly. The first, an article by Semino and Swindlehurst (1996), examines the role of metaphor in the creation of mind style in the text, and the second, a study by Dorst (2019), outlines the difficulties of translating mind style into a foreign language via an examination of machinery and ice metaphors within the novel. Semino and Swindlehurst argue that Kesey develops and builds upon a "small number of conventional metaphors" within his work, which are "characteristic and deviant, [but] remain accessible and comprehensible" (148). They outline the literary techniques Kesey employs to develop the mind style of Chief Bromden, namely: linguistic deviation and deliberate grammatical errors (Semino and Swindlehurst 151), underlexicalisation when describing people and overlexicalisation when referring to machines (151), Chief's positioning of metaphor as fact

(152, 159), and the use of combined metaphors (161). Crucially, Semino and Swindlehurst note that Chief's narrative gradually moves away from a "mechanistic worldview", transitioning from an average of seven machinery metaphors per ten pages in the first half of the novel, to just two per ten pages in the second half (163). This quantitative analysis traces Chief's journey towards finding freedom from the Combine. Dorst's study of the text focuses on the juxtaposition of ice metaphors with heat metaphors, building on Semino and Swindlehurst's observation that Chief's ability to distinguish between metaphor and reality decreases when he is distressed (879). Dorst also develops Semino and Swindlehurst's analysis by alluding to the novel's process of defamiliarisation which "foregrounds Bromden's mentally ill and unstable view of the world" (881). However, these studies do not address the significance of textual style changes and Chief's frequent and almost imperceptible shifts between simile, metaphor, and the literal. This section will posit that textual style changes and metaphorical shifting elucidate Chief's mental oscillation between reality, paranoia, and delusion, in a manner which does not invalidate his experience as a marginalised individual or cause the reader to become suspicious of his story.

The eerie opening lines of the novel immediately establish Chief's overwhelming sense of paranoia, but the reader is as yet unable to ascertain the legitimacy of his fears. He warns:

They're out there. Black boys in white suits up before me to commit sex acts in the hall and get it mopped up before I can catch them. (Kesey 9).

The prompt reference to an unidentified "they" establishes Chief as a paranoid individual, an impression which is reinforced when he refers to his belief in the hospital's "special sensitive equipment" which detects fear (Kesey 9). Chief's narrative unreliability is therefore established almost immediately, or at the very least, the reader receives the impression of "a mind that works oddly" (Semino and Swindlehurst 150). The fact that Chief is telling his story retrospectively is not immediately made clear, due to the consistent use of the present tense which is carried throughout his narration. Consequently, Zubizarreta questions "the reality of [Chief's] supposed escape" at the end of the novel, arguing that the use of present tense suggests that Chief is still trapped on the ward (65). However, Vitkus believes that the use of the present tense does not

bely Chief's narration of his escape but instead signifies the enduring power of the Combine (86). Chief's translation of "his past madness into his present narrative", according to Vitkus, "offers an alternative, critical perspective on the way that American society functions" (68).

Chief himself expresses concern that he will "finally tell" his story only to be disbelieved (Kesey 12), as he worries that the reader will think his story is "too horrible to have really happened" (13). Clearly, Chief is painfully aware of the marginalised position of mentally ill voices and the possibility that his open admission of madness may discredit his tale. However, these questions of truth and narrative unreliability are cleverly answered by Chief's famous statement: "But it's the truth even if it didn't happen" (Kesey 13). By maintaining a belief in his "truth" despite his mental illness which encourages others to doubt his perceptions, Chief asks the reader to suspend disbelief during certain stages of his narrative and to fully empathise with the horror of his time spent on the ward. Chief openly demonstrates that he has an ambiguous relationship with the truth, as he occasionally revises or retracts his statements and seems unsure of his own motivations. For example, when he unexpectedly raises his hand to vote in favour of watching the World Series, he initially blames McMurphy, and then claims that "wires" are controlling his arm (Kesey 113). Finally, he admits: "That's not the truth. I lifted it myself" (Kesey 113). Not only is Chief uncertain of what constitutes literal reality, he is also afraid to claim his autonomy (and his truth) even when telling his own story. While we must assume that at least some incidents narrated by Chief literally occur, he makes it clear that the meaning of his tale is more important than the literal "truth", and his reliance on metaphor therefore reflects the novel's allegorical status. Madden believes that Chief "distort[s] facts" as a result of both his insanity and his humanity (210), a statement which implies Chief's contradictions are not important because of what they conceal, but because of what they convey.

Interestingly, Chief's story is interspersed with hallucinations and vivid flashbacks which, as previously stated, are narrated in the present tense. The layered narrative makes no definite distinction between past and present, which means that 'reality' (i.e., whatever is currently and

literally happening in the narrative) is frequently difficult to identify. The reader is therefore given several tasks: to identify the literal and current; to ascertain truth; and to separate Chief's paranoid 'madness' from his sanity. Of course, these tasks are impossible to perform, for the novel makes no such binary distinction between real and unreal, or mad and sane, as the previous section has outlined. Rutten identifies a host of "exaggerated binary oppositions" which are presented within the novel, such as "society vs psychiatry; open vs closed; individual vs group" (638) and "Ratched vs McMurphy; nurse vs patient; sane vs mad; power vs oppression" (639). These binary divisions are never satisfactorily resolved, as neither the Combine nor the patients are ever truly defeated, and it can therefore be argued that the novel identifies and exaggerates these binaries precisely because it wishes to highlight their fallibility.

When examining Chief's hallucinations, we must return to the manifesto: "it's the truth even if it didn't happen", for the horror and pain experienced by Chief during these hallucinations are undoubtedly real even if the events he describes are not (Kesey 13). Chief depicts the torture of the "paralysed" sleep he endures as a result of his sleeping pills, which he believes he is given each night because: "at the old place I took to waking up at night and catching them performing all kinds of horrible crimes on the patients sleeping around me" (Kesey 70). His depiction of the stifling effect of sleeping pills is compelling, but the "horrible crimes" he has witnessed appear more likely to have resulted from paranoia or hallucination (Kesey 70). However, it is also possible that Chief is a literal witness to the abuse of patients, which reflects on the vulnerable position of the mentally ill whose allegations are less likely to be taken seriously.<sup>37</sup> The staff treat the patients cruelly on many occasions, and while they may not commit "crimes" in the literal sense of the word, they certainly perform horrible acts of dehumanisation. Therefore, Chief's ambiguous blending of truth and untruth encourages the reader to confront the vulnerability of his existence on the fringes of society. After complaining

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<sup>37</sup> See, for example, Goodman, Lisa A., et al. "Reliability of reports of violent victimisation and posttraumatic stress disorder among men and women with serious mental illness." *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, vol. 12, no. 4, 1999, pp. 587-599.

about the sleeping pills, Chief goes on to describe what may be either a dream or a hallucination – he consistently refuses to distinguish between the two and depicts dreams and hallucinations as literal facts:

The furnace whoops a ball of fire and I hear the popping of a million tubes like walking through a field of seed pods. This sound mixes with the whirr and clang of the rest of the machines. (Kesey 72).

Although Chief confines himself to the use of the present tense, he is, like Esther in *The Bell Jar*, deeply preoccupied with the passage of time, which he believes to be dependent on the whim of Nurse Ratched:

The Big Nurse is able to set the wall clock at whatever speed she wants just by turning one of those dials in the steel door; she takes a notion to hurry things up, she turns the speed up, and those hands whip around that disc like spokes in a wheel. The scene in the picture-screen windows goes through rapid changes of light to show morning, noon, and night – throb off and on furiously with day and dark, and everybody is driven like mad to keep up with the passing of fake time; awful scramble of shaves and breakfasts and appointments and lunches and medications and ten minutes of night so you barely get your eyes closed before the dorm light's screaming at you to get up and start the scramble again, go like sonofabitch this way, going through the full schedule of a day maybe twenty times an hour, till the Big Nurse sees everybody is right up to the breaking point, and she slacks off on the throttle, eases off the pace on that clock-dial, like some kid... got bored with all that silly scampering and insect squeak of talk and turned it back to normal. (Kesey 64).

When Nurse Ratched “takes a notion”, she can control the pace of time itself, and thus Chief believes she has total control over his perceptions and memories (Kesey 64). Sim defines paranoia as “the threat of total engulfment with somebody else’s system” (qtd. Abootalebi 368), which infers that Chief’s paranoia is maintained by the consistent erosion of his autonomy within the institution. The above passage is remarkable for its mounting rhythm, expressed via the “and... and... and” sequence which emphasises Chief’s rising panic as he attempts to convey how little control he has over the passing of his days. Like a well-oiled machine, the ward prioritises speed and efficiency over emotion, and does not care that the inmates are living in an “awful scramble” which threatens to bring them to “breaking point” (Kesey 64). There is no time to process or heal emotional pain in a world concerned only with capitalistic notions of productivity. The result is total defamiliarisation, signposted by phrases such as “fake time” and “insect squeak of talk” (Kesey 64). It is interesting to note that Chief’s references to “shaves and breakfasts and appointments and lunches and medications” could easily refer to the life of a working, ‘sane’ man outside the ward, who is overcome with stress at his busy schedule (Kesey

64). This again blurs the binary distinction between ‘outside’ and ‘inside’, and definitively positions the ward as a microcosm of American society.

The most notable stylistic change in Chief’s narrative occurs during shock therapy, which he undergoes towards the end of the novel. At this point, there is no discernible difference between hallucination, memory and reality, as Chief experiences extreme defamiliarisation from his surroundings. Chief appears to be able to hear staff members speaking, but he stops using speech marks, so the reader is unsure of what constitutes speech and what constitutes narrative:

Corrosion. Battery acid. The technician turns to me.  
Watch that other moose. I know him. Hold him!  
It’s not a will-power thing any more.  
Hold him! Damn. No more of these boys without Seconal.  
The clamps bite my wrists and ankles.  
The graphite salve has iron fillings in it, temples scratching.  
He said something when he winked. Told me something...  
The machine hunches on me.  
AIR RAID. (Kesey 223).

Here, Chief can only refer to McMurphy as “he”, and his underlexicalisation of the scene signifies his deteriorating ability to tell his story as he confronts one of his most traumatic experiences. He is completely powerless, and the line: “it’s not a will-power thing any more” signifies his inability to resist the Combine, as it takes control over his mind with its cruel electronic zaps. The frequent line breaks and short, under-lexicalised sentences (“...temples scratching”) suggest a reversion to a childlike state, which is furthered by his later references to childhood memories, wherein Chief begs his mother to let him “go see Grandma” (Kesey 225). He also berates the nurse: “Damn it, nurse, don’t stand in my way Way WAY!” (Kesey 225). The unorthodox capitalisation gives the impression of great noise – although Chief is presumably unable to speak during ECT, he experiences sound, anger and fear throughout this mind invasion.

Chief’s narrative shifts between simile, metaphor, and literal fact are subtle and almost imperceptible at times - a literary technique which reflects his paranoid mind style. The shifting narrative also demonstrates the structures which encourage the mentally ill to question their own sense of reality, although Chief has commendably resolved this dilemma with his mantra: “it’s

the truth even if it didn't happen" (Kesey 13). It is difficult to ascertain whether Chief intends his metaphors to be taken as such, or if he is personally unable to distinguish between metaphor, simile and reality. At times his mind style is simplistic and even grammatically incorrect, such as when he describes moving through the fog: "A chair and me float past each other" (Kesey 106). However, a paragraph later he uses what appears to be a sophisticated and well-articulated metaphor, depicting: "old Colonel Matterson, reading from the wrinkled scripture of that long yellow hand" (106). Later still, Chief frames the Colonel's writings on his hand as literal – when the Colonel begins ranting about America, Chief states: "It's true. It's all wrote down on that yellow hand" (106). Thus, Chief shifts between metaphorical and literal depictions of his surroundings. Morse questions the verisimilitude of Chief's mind style due to this contrast between passages with grammatical errors and other passages which are more complex, stating: "[Chief's] point of view on conformity is unexceptionable and well stated, but it is impossible to believe that he could state it so well or conceive it so clearly" (297-298). The doubt which is cast on Chief's capabilities to tell his own story in an eloquent fashion – presumably due to his lack of education and his mental illness – reflects the doubt cast on the stories of other marginalised individuals. In another example, Chief describes the terrors of ECT:

The men [stand] in a line like zombies among shiny copper wires and tubes pulsing light... The table shaped like a cross, with the shadows of a thousand murdered men printed on it. (Kesey 104).

The likening of the men to zombies is reminiscent of Esther's zombie metaphor in *The Bell Jar*, although here Chief uses simile instead of metaphor – the men are "like zombies" and the table is "like a cross" (Kesey 104). However, it is important to note that the men are not murdered literally but metaphorically, as they are robbed of their identity, their autonomy, and potentially even their ability to think, but are still living beings. Thus, Chief 'buries' the murder metaphor under two similes, almost as though he is attempting to persuade the reader to interpret the metaphor as fact. Chief's narrative unreliability is demonstrated through his mind style, which uses textual changes and metaphorical shifting in order to illustrate his struggles with mental illness. However, Chief's assertion that "it's the truth even if it didn't happen" (Kesey 13)

demands that his experience is not discredited as a result of his delusions or hallucinations, but instead is used to illustrate the importance, and the contextual “truth”, of marginalised stories.

### **2.3: Cathartic Demonstrations in *Cuckoo's Nest***

*Cuckoo's Nest* presents a host of characters who have been institutionalised due to their inability to express emotions or desires within the confines of what is considered appropriate social behaviour. If we are to credit Scheff's statement that catharsis is “a necessary condition for therapeutic change” (13), then the men on the ward must allow themselves to release their feelings before they can reclaim the autonomy and agency that has been stripped from them. Scheff states that laughter “is the form of discharge that is obtained first and most easily” when seeking a catharsis (133), and the novel arguably endorses this viewpoint by positioning laughter as the first indicator of recovery from mental illness. McMurphy champions laughter as a weapon against the stifling social and psychiatric codes which continue to oppress the men, and encourages the ward to laugh at the staff, at the rules of the hospital, and at themselves, in order to achieve catharsis. Reeves positions McMurphy as a Fool who endorses what she terms “the Laughter of Revelation”, encouraging others to transcend the institution and “escape” the misery of conformity through laughter (46). As Harpin states, the novel certainly contains “strong comic registers” which highlight the absurdity of the institution and those who uphold its rules (79). However, McMurphy's revelatory laughter is problematised by its alignment with misogyny – in stark contrast to *The Bell Jar*, the emphasis is placed on masculine rebellion rather than feminine rebellion, and instead of laughing at patriarchal structures, the characters direct their derision towards women. This form of humour is arguably beneficial for the men because it promotes a sense of community, which can, according to Hyder, facilitate the discussion and processing of serious topics (4). The patients also, at McMurphy's behest, use their laughter to express raucous masculinity, as well as using energetic physical acts, betting, and violence as weapons of resistance against Nurse Ratched. Sex, drunkenness and murder are other forms of catharsis

which are glorified as masculine outlets and are viewed as signs of recovery from mental illness. The gendered nature of catharsis in the novel is therefore made explicit, with a loss of autonomy being directly linked to a loss of masculinity which must be reclaimed by actions which could be regarded as destructive. However, these actions combat the restrictive social codes which have interned the men and emphasise the need to create communities which allow mentally ill individuals to experience catharsis.

The male patients have become wholly unaccustomed to laughing and are shocked when McMurphy disturbs the stifling tranquillity of the ward soon after his arrival by letting out “the first laugh [Chief has] heard in years” (Kesey 15). Chief describes McMurphy’s laugh as being “free and loud”, and he states wonderingly that it “sounds real”, although it is apparently unconnected with current events, for as far as Chief is concerned “there’s nothing funny going on” (Kesey 15). Thus, as Tanner argues, McMurphy is represented as “a kind of profane saviour preaching the gospel of laughter” (125). This “gospel” promotes an attitude of wry detachment from the Combine, and it is also used to denote knowledge and truth, such as when McMurphy laughs at Chief because “he wasn’t fooled for one minute by my deaf-and-dumb act” (Kesey 23). McMurphy encourages the men to utilise laughter as a harmless bonding activity, denoting inclusion and togetherness. However, Chief recognises the potential for laughter to be used for exclusion and alienation, as is made clear when he criticises the Public Relations man for his obnoxious laugh, which grates on his nerves: “He squeals and rolls his eyes and spews stuff from his flask he’s laughing so hard” (Kesey 74). Chief complains that the Public Relations man “don’t ever let us in on” what he is laughing at (Kesey 34). Evidently, in order for laughter to be truly cathartic it must be exercised in a group and should unite those who are laughing against whatever (or whoever) is being laughed at.

The power of McMurphy’s promotion of laughter should not be underestimated, as it is responsible for breaking Chief’s long silence and eventually leads him to rediscover his self-expression. In spite of his desire to evade the notice of the Combine, Chief unexpectedly laughs

when McMurphy teases him about the chewing gum stuck under his bed, although he acknowledges that “it sounded more like crying than laughing” and he feels afraid that once he has started laughing, he will “not be able to stop” (Kesey 169). Chief’s inability to laugh freely signifies his emasculation, and his crying sounds align him with weakness and femininity.

However, McMurphy demonstrates the ways in which laughter can be used as a weapon against authority, as laughing at the nonsensical nature of the rules imposed by the staff “aggravates them no end” (Kesey 95). Reeves states that McMurphy’s laughter is therefore “just as much a protective strategy as is Bromden’s fog, but it is a strategy that is open and empowering” (75). Moreover, McMurphy regards laughter as a sign of recovery from mental illness, as he believes that “you can’t really be strong until you can see the funny side to things” (Kesey 186).

Tanner refers to the men’s fishing trip as a “Pentecost” of laughter (135), as McMurphy laughs abundantly at the pitiful sight of the men attempting to bring up the fish. Interestingly, water is strongly associated with catharsis in the novel, and this is made particularly evident when McMurphy spreads “his laugh out across the water” as though he is performing a form of baptism (Kesey 194). Slowly, the men begin to join in with his laughter, and Chief describes how the laughter “pumped itself full, swelling the men bigger and bigger” (Kesey 195). As Semino and Swindlehurst point out, size in the novel correlates with “positive human qualities” such as power and masculinity (158), and the sexual undertones running through this depiction of the sudden metaphorical growth of the men reinforce this sense of recovered masculinity. When the other patients learn to laugh again under McMurphy’s tutelage, they demonstrate their growing freedom from psychiatric constraints and begin to recover their sense of autonomy and masculinity.

Laughter is indubitably a strong source of masculine catharsis in the novel, but what does McMurphy encourage the men to laugh *at*? He pokes fun at authority, which of course originates with Nurse Ratched, and in doing so he utilises humour which aligns with “incongruity theory” - the belief that the majority of humorous remarks allude to the relationship between two

seemingly different or contradictory states (Francis 150). In this instance, incongruity arises from the presence of a woman in authority, and McMurphy uses laughter to bond the (male) group of patients and to exclude the (female) nurses. As Mettler points out, 1960s counterculture embraced “absurdity as the most complete form of protest” (172), and McMurphy’s crude and at times juvenile jibes and witticisms become a powerful method of protesting the Combine. The novel is littered with references to Nurse Ratched’s “big, womanly breasts”, which are viewed as a “mistake” and a source of shame to Nurse Ratched, who attempts to flatten her breasts – and, Kesey seemingly implies, her femininity – to retain her power (Kesey 11). McMurphy persistently encourages the men to laugh at anatomical absurdities and crudely depicts Nurse Ratched as a “ball-cutter” (Kesey 52). When McMurphy asks Nurse Ratched whether she wears “a B cup... or a C cup, or any ol’ cup at all?” he deliberately draws attention to her anatomy in order to undermine her, apparently reminding Nurse Ratched of the unsavoury and inescapable fact of her womanhood through weaponised sexist humour (Kesey 161). However, Nurse Ratched turns this weapon back upon the men by hinting at the insecurities which may underly their obsession with female bodies, although she does so via the alienating language of psychiatry rather than utilising the crude humour of the patients. During Group Therapy, she speaks in humiliating detail about Harding’s feelings of sexual inadequacy which are brought to the fore when men admire his wife:

“At the close of Friday’s meeting... we were discussing Mr Harding’s problem... concerning his young wife. He had stated that his wife was extremely well endowed in the bosom and that this made him uneasy because she drew stares from men on the street.” (Kesey 38).

This ludicrous and overtly emasculating speech reframes female breasts as a source of shame to men rather than to women, in a subversion of the men’s sexist preoccupation with female anatomy. Nurse Ratched also commands attention due to her breasts, and due to her precise speeches which frequently include ellipses, giving the impression of a woman who speaks slowly and deliberately, relishing her authority. Thus, she uses the men’s own weapons of speech and

laughter against them, showing herself to be keenly aware of the gendered and sexual nature of the fight for dominance which characterises the novel.

Despite his endorsement of laughter, McMurphy argues: “man has but *one* truly effective weapon against the juggernaut of modern matriarchy, but it certainly is not laughter” (Kesey 60). This loaded statement positions the phallus as a literal and metaphorical weapon, and hints at McMurphy’s desire to sexually violate women in order to ensure their subordination. McMurphy foreshadows his approaching sexual assault of Nurse Ratched with this speech, in which he violently tears her uniform and exposes her breasts to the ward. With this action, he symbolically strips her of her power, for her expression of terror “forever ruin[s] any other look she might ever try to use again” (Kesey 250). Following the misogynistic implications of this scene, Pashaee questions the validity of McMurphy’s anti-establishment stance by pointing out that he “holds no grudges” against the male doctor or the patriarchal, capitalist system which he exploits so adroitly by winning money from the men on the ward (212). She enquires whether McMurphy would have “fought with the same rage, at the expense of his own life, had the tyrannical Miss Ratched been a tyrannical Mr. Ratched” (210).

While laughter is the first and arguably the most significant form of catharsis depicted in the novel, the men also use violent physical outbursts to express their feelings of frustration, emasculation and distress. As McMurphy approaches the nurses’ station after Nurse Ratched has threatened to remove the men’s access to the tub room, the entire ward watches his movements, apprehending a violent outburst of some kind. When he finally smashes his fist through the glass, Chief depicts the scene in a calm, almost jubilant tone, stating: “the glass came apart like water splashing” and noting: “the ringing that was in my head had stopped” (Kesey 155). McMurphy’s violent outburst has therefore allowed Chief to experience a vicarious form of catharsis, as he feels empowered by witnessing his hero’s subversive act. However, these explosive demonstrations of physical energy often prove relatively anticlimactic and futile, such as when McMurphy attempts to lift the control panel in front of the men. He fails to do so but

appears undaunted, stating: “I tried, though” - again foreshadowing his eventual physical defeat at the hands of the Combine, but his symbolic success (Kesey 101). Clearly, the value of an action is found in the acting, not in the result.

McMurphy’s illicit party on the ward allows the men to achieve a form of drunken catharsis. Chief states: “I was drunk, actually drunk, glowing and grinning and staggering drunk for the first time since the army” (Kesey 239), emphasising his sense that he has reclaimed his own masculinity by aligning intoxication with combat. Chief feels vibrant and empowered while drunk, and he begins to feel that: “Maybe the Combine wasn’t all-powerful” (Kesey 239). During this scene, McMurphy engineers Billy’s first sexual experience by setting him up with Candy, thus empowering Billy to reclaim his masculinity - although this form of sexual catharsis later leads to Billy’s suicide, as he cannot bear the thought of his mother discovering his liaison with a sex worker. Zubizarreta somewhat reductively refers to this episode as Billy’s “promiscuous frolic with a squiggling tart” (63), apparently overlooking the significance of the fact that Candy is little more than a plot device or a vessel with which Billy attempts to carve out a sense of autonomy and masculinity. The drunken party culminates in hangovers and the men’s inevitable discovery by Nurse Ratched, who is justly incensed. Fick aptly points out that “the centrality of process rather than goal can be seen in the relative weakness of the fishing expedition and the final party” (20). Again, McMurphy’s mantra “I tried, though” is brought to the fore, and in many ways his efforts are successful despite the anti-climactic nature of these events, as he demonstrates the need for catharsis and the effectiveness of a variety of cathartic methods (Kesey 101).

The novel’s most significant depiction of a violent outburst occurs when McMurphy attacks Nurse Ratched, ripping “her uniform all the way down the front” and exposing her to the ward (Kesey 250). Interestingly, McMurphy’s transition from the utilisation of sexist humour to the enactment of sexual violence is corroborated by modern sociological studies which have convincingly linked exposure to sexist humour with an increase in rape proclivity (Thomae 250).

However, the act itself is interpreted by Chief not as a violent and condemnable sexual assault on Nurse Ratched but as a “hard duty that finally just had to be done” (Kesey 250), although this framing of the incident has left critics largely unconvinced, with Vitkus terming McMurphy’s actions “rape” (82). As McMurphy is being restrained and led away, he realises his defeat, and lets out a cry which Chief describes as:

A sound of cornered-animal fear and hate and surrender and defiance, that if you ever trailed coon or cougar or lynx is like the last sound the treed and shot and falling animal makes as the dogs get him, when he finally doesn’t care any more about anything but himself and his dying. (Kesey 250).

This animalistic cry haunts Chief, partially because it reveals McMurphy’s regret at sacrificing himself for the men of the ward. At the final moment, McMurphy is unable to think collectively, and once again becomes a wounded animal who “doesn’t care any more about anything but himself and his dying” (Kesey 250). Reeves frames this moment as an indication that McMurphy’s mental health and sense of clarity has deteriorated, stating: “McMurphy’s laugh, the thing that represented his sanity, has become merely an animal cry that denies even humanity” (78). McMurphy’s transition from laughter to “an animal cry” signifies that he has been – momentarily at least – reclaimed by the oppressive and dehumanising Combine, but it also depicts an attempt to discharge his deep sense of pain and fear towards the novel’s conclusion.

The men’s collective hatred for Nurse Ratched has culminated in McMurphy’s catastrophic act of rebellion. She is the archetype of all that the men hate most about women, because she strives to suppress masculinity and cathartic outburst. However, the men do not hate *all* women. Conventionally attractive women, such as sex-worker Candy or the Japanese nurse, who are physically small, youthful and submissive, bring pleasure to the patients because they do not threaten their sense of masculinity. The Japanese nurse is described as being “about as big as the small end of nothing whittled to a fine point” and kindly gives Chief a piece of gum to chew before he undergoes ECT (Kesey 218). She participates in upholding the novel’s misogyny by denigrating Nurse Ratched and delights the men by proclaiming: “I sometimes think all single nurses should be fired after they reach thirty-five” (Kesey 219). Thus, the

Japanese nurse partakes in the misogynistic humour endorsed by McMurphy, thereby allying herself with patriarchal forces. Sex-worker Candy occupies a similar position as unobtrusive female ally, expressing her femininity, sexuality, and fragility in an entirely non-threatening manner. Géfin regards Candy as Nurse Ratched's "counter image", as she exemplifies traits which Nurse Ratched has repressed in order to gain power (100). When the men first meet Candy, they are overcome with the pleasure of seeing "a female who wasn't dressed white from head to foot like she'd been dipped in frost" (Kesey 179). They admire Candy's youthful appearance, and Chief wonderingly explains that "When she blushed she didn't look more than sixteen or seventeen, I swear she didn't" (Kesey 180) - an ominous statement which may well remind the reader of McMurphy's statutory rape charge. McMahan believes that Kesey's positioning of Candy as the 'true' representation of femininity in direct contrast with Nurse Ratched means he is suggesting that "women should emulate the attitude of the happy hookers" (27). This may be a strong claim, but it is certainly true that the novel expresses a palpable resentment against women like Nurse Ratched who do not subscribe to gender norms.

Ultimately, as Harpin states, McMurphy is lobotomised not for his own benefit but "for behaviour that is difficult to manage" (89). McMurphy's lobotomy after his attack on Nurse Ratched leaves him a shell of his old self, to the extent that the men attempt to deny the fact that the drooling figure is really him. Chief subsequently decides to enact a mercy killing, in a final attempt to subvert the machinations of the Combine. The killing itself is almost entirely depersonalised, as Chief persistently refers to McMurphy as "it", and states: "The big, hard body had a tough grip on life. It fought a long time against having it taken away, flailing and thrashing around so much" (Kesey 253). It is important to note the lack of a first-person pronoun in this sentence, which indicates Chief's need to distance himself from the event. However, the killing can be viewed as another form of catharsis, as McMurphy is freed from his own failing body and from the grip of the Combine. Chesler comments on the cultural interpretation of killing as a masculine act, stating:

Men commit actions; women commit gestures... “Manfully” men kill themselves, or others – *physically*. Women *attempt* to kill themselves physically far more often than men do, and fail at it more often. (86).

In killing his hero, Chief violently releases his feelings of admiration and envy, and becomes an autonomous individual who can fight the Combine on his own terms. Interestingly, Vitkus frames this killing as “another rape”, as it allows Chief to express his masculine power and strength (85). Vitkus also views the lobotomy as a crucifixion, in keeping with McMurphy’s Christ-like status (78). Safer endorses this view, stating that McMurphy represents Christ because he offers the men a chance at rebirth (134). While McMurphy is murdered – metaphorically by Nurse Ratched and the Combine, and literally by Chief – he has not lost his battle with authority. As Waldmeir states, “he does win; with the sacrifice of his manhood he buys back the manhood of most of the other inmates” (202). His actions on the ward eventually lead several men, including Harding, to discharge themselves, and his lobotomy indirectly causes Chief’s escape. Thus, his efforts are a symbolic success, as he convinces the men of the importance of catharsis on the road to recovery.

Following the murder, Chief breaks out of the ward by smashing a window and running into the night. Again, the smashing of glass is likened to water, as: “The glass splashed out in the moon, like a bright cold water baptising the sleeping earth” (Kesey 254). This baptism or ritual marks a clear turning point in Chief’s life. Chief does not sneak through an unlocked door or slide out of a window – he smashes his way out of the grasp of the Combine in a violently cathartic act. Madden argues that the novel itself does not advocate for the power of the collective despite McMurphy’s emphasis on building a laughing community (206). Rather, Madden believes that the novel frames McMurphy’s efforts on behalf of the mentally ill community as a failure, while advocating Chief’s emergence as an autonomous individual. According to Madden, Kesey attempts to persuade the reader to “look after his own individuality” rather than to succumb to group pressure and to sacrifice oneself (210). Thus, Chief’s smothering of McMurphy is “not a mercy killing... or an act of love” but rather an act

which rejects group structure and defines Chief as an individual (Madden 213). However, this viewpoint completely overlooks the symbolic significance of the novel and its reliance on metaphor. By killing McMurphy, Chief is in fact bettering the collective by not allowing McMurphy to continue to exist as a warning spectre to the rest of the ward. He is symbolically destroying the Combine's power and proving that the real essence of McMurphy has already been immortalised in Chief's tale. His final cathartic outburst is, fittingly, to run (Kesey 256).

#### **2.4: Conclusion**

According to Harpin, *Cuckoo's Nest* is problematic "from its gender politics to its pantomimic portraits of mad 'tics' [but it] helps to deconstruct the comfortable authority of psychiatric practises" (90). By disrupting Nurse Ratched's oppressive rule with his laughter and with other cathartic, masculine acts, McMurphy demonstrates that the evil of the Combine can be resisted, and madness can be redefined in a manner which empowers the mentally ill. Fick maintains that "McMurphy has not only made Bromden big again, he has shown him how to tell a story" (29), which testifies to the novel's emphasis on listening to the individual stories of marginalised individuals. Kaiser notes Chief's transition from run-on monologue to the presentation of "a coherent psychological account of events and relationships" which include reasonable plans for the future (195, 196). Clearly, Chief has found strength and empowerment, and has improved his ability to communicate, through telling his story. While Kesey's creation of a convincing mind style effectively conveys the horrors of living with mental illness in a society which marginalises the 'Other', the end of the novel sees Chief reach catharsis and therefore centres recovery despite its damning portrayal of psychiatric practise. For these reasons, *Cuckoo's Nest* could potentially assist readers with gaining recognition and insight into mental illness.

### Chapter Three: “Nothing that I remember happened”: Trauma, Repression and Blocked

#### Catharsis in *Hangsaman*

Despite her famous – or infamous – reputation as the author of “The Lottery”, Shirley Jackson’s novels have lamentably been neglected by scholarship, leading Hague to comment that “history has not been kind to Shirley Jackson” (73).<sup>38</sup> Anderson and Kroger acknowledge that Jackson’s work is often relegated to the fringes of literary studies, but they argue that her work had a significant influence on the literature of her contemporary moment and provided inspiration for authors such as Stephen King (15). Ruth Franklin’s biography of Jackson, *A Rather Haunted Life*, was published in 2016, and in 2020 a feature film about the life of the author was released, both of which have directed increased critical attention towards Jackson’s works in recent years (Behrens 2). A collection of Jackson’s short stories and essays, entitled *Let Me Tell You*, was also published in 2016 (Speller 835). Thus, Shirley Jackson’s explorations of madness, hauntings, and other Gothic themes have experienced a resurgence, and are currently reaching a new generation of readers.

*Hangsaman* was published in 1951 and received a mixed critical reception (Behrens 2). According to Antoszek, the novel was widely termed “a psychological horror novel” (“Politics of Affect” 857), and critics appear to have been largely unimpressed when presented with the perturbing tale of seventeen-year-old Natalie Waite, who embarks on her first year at a women’s college and experiences an identity crisis which threatens to undermine her sanity. Nolan remarked that the novel would “alternately confuse and exasperate” its readers due to its shifting point of view and lamented the novel’s lack of clarity (239). Perhaps this criticism stemmed from the difficulty which arises when one attempts to categorise the novel into a particular genre – as Baker points out, *Hangsaman* incorporates elements of “the campus novel and school story, the detective novel, the trauma text, and the ghost story, and has many scenes that simply defy

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<sup>38</sup> Hague points out that, despite producing a broad range of novels and short stories, Jackson is mainly remembered for “The Lottery” and *The Haunting of Hill House* (73).

categorisation” (15). Swados disliked the novel’s portrayal of Natalie’s father, terming him “a pampered literary monster who is neither quite a genuine figure nor quite a genuine caricature”, and criticised Jackson’s prose as “heavily portentous” (468). Heilman found the criticisms of the women’s college “petulant and pert-missish” but praised Jackson’s “keen eye” for social cruelties and her “skillful” use of narrative devices (304). In the early reviews, critics generally advocated a literal reading of Tony, Natalie’s eerie and occasionally threatening friend, with Swados terming her “a homosexual fellow-student who tries to involve [Natalie] in an affair” (468). However, modern scholarship tends to interpret Tony allegorically. For example, Behrens reads Tony as a fragment of Natalie’s identity, using Jackson’s first draft of the novel, in which Tony is a male demon, as evidence for this interpretation (2, 6). Rubenstein agrees, maintaining that Natalie “fantasises a secret female companion named Tony, who may be understood as her braver, more self-sufficient alter-ego” (313). Regardless of her potential reality or unreality, Tony brings the underlying queerness of the novel to the surface, by demonstrating the possibility of living a life which does not conform to the heteronormative social standards of 1950s North America. Moreover, as this chapter will argue, she presents Natalie with an opportunity to re-enact, and thereby confront, her past trauma.

Jackson’s work lends itself particularly well to a literary analysis of madness or mental illness, for, as Hague states, her novels “graphically depict the fragility of the physical and psychological worlds her characters inhabit” (90). However, Young notes that Jackson’s madwomen “fail to qualify as the truth-tellers of repressed societies”, and states that they do not align with “the Laingian ‘sane in an insane world’ madmen of Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1962) or Joseph Heller’s *Catch 22* (1961)” (40). Rather, they tend to experience mental illness as ultimately isolating and destabilising, leaving them unable to communicate their inner worlds or offer subversive depictions of ‘truth’. Jackson’s work can therefore be seen as exemplifying Caminero-Santangelo’s theory that female madness is “hopelessly disempowering” because it “traps the woman in silence” (125). Caminero-Santangelo argues:

Certainly, madness can be legitimately read as a “rejection” of the social order. But when the social order leaves no alternative but madness, the next logical step is to assert that the social order must be changed. (180).

The notion that female madness reflects an urgent need to challenge the social order is pervasive throughout *Hangsaman*, as the protagonist’s rape, as well as her complex relationships with the influential male figures in her life, emblemise her fate as a young woman in a world dominated by patriarchal forces. However, Vinci posits that Jackson’s work invites readers to explore and empathise with the realities of traumatised (rather than simply mad) subjects, as her protagonists are widely subjected to abuse and experience difficulties with assimilating this abuse into their self-narration (54). While Vinci chooses to analyse Jackson’s *The Haunting of Hill House* (1959) to demonstrate her trauma hypothesis, *Hangsaman* also contains narratives of trauma and repression which could prove useful in a bibliotherapeutic context. The novel is characterised by a consistent emphasis on anxiety, denial, and disorientation, which reflects Natalie’s inability to understand her own life after her sexual assault (Baker 15). In order to obtain respite from the patriarchal structures which deny her agency in the physical world, Natalie immerses herself in fantasy and becomes significantly isolated as a result – but she eventually realises that her powerful imagination must be tamed and controlled before she can achieve true catharsis. This chapter will therefore analyse the novel’s insightful exploration of sexual trauma, mental illness, and the search for identity, as Natalie attempts to subvert the patriarchal order and to achieve freedom.

### **3.1: “Is he going to touch me?”: *Hangsaman*’s Predatory Figures**

Bonikowski argues that Jackson’s female protagonists are forced to choose between two equally unappealing options – they must either remain in a state of passivity and subservience under patriarchy or be exposed to madness (69). However, I would argue that Natalie’s madness or mental illness arises not because she consciously rejects the idea of subservience, but because the subservient feminine role she is expected to perform becomes wholly unbearable after her

sexual assault. Natalie's most important personal relationships – with her father, her English teacher, and her mysterious friend Tony – all demand that she occupy a passive role which limits her opportunities for self-expression and growth. After her sexual assault, the demands of these relationships erode her sense of identity even further. When Natalie eventually garners the strength to reject subservience and passivity, it is only then that she can attain clarity and form a coherent sense of self which is separate from her mental illness. Thus, a rejection of subservience does not lead to madness, as Bonikowski claims, but to freedom.<sup>39</sup> Natalie's core relationships therefore intertwine with her traumatic experience of sexual assault, demonstrating the vulnerable and marginalised position occupied by abuse victims.

Natalie's sexual assault, which is perpetrated by her father's friend during a family cocktail party, plays a crucial role in the deterioration of her mental health. The narrative does not dwell on the details of the assault itself, instead focusing on Natalie's resulting unhappiness, suicidality, and shame - feelings which may well be recognised by readers who have experienced sexual assault.<sup>40</sup> The brief depiction of the rape is laden with symbolic significance, juxtaposing Natalie's naïve fantasies of "knights in armor" appearing from the forest in the garden with her molestation under the trees (Jackson 41). Natalie is led away from the gathering by a male guest, who is simply referred to as "the man" or, alternatively, "the strange man" (40) - his ominous lack of a name pointing darkly towards the notion that *any* strange man could pose a potential threat. As Natalie and the unnamed man walk together into the forest, Natalie begins to sense danger: "Oh my dear God sweet Christ, Natalie thought, so sickened she nearly said it aloud, is he going to *touch* me?" (Jackson 42). The following sentence depicts Natalie waking the next

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<sup>39</sup> Bonikowski examines the trope of the demon lover in Jackson's work, maintaining that "women in these stories are offered an impossible choice: either to conform to a passive position within rigidly defined gender roles or be abjected into a permanent state of anxiety, insecurity, and even madness outside of the Symbolic order" (69).

<sup>40</sup> See Bhuptani, Prachi H., and Terri L. Messman-Moore. "Blame and shame in sexual assault." *Handbook of sexual assault and sexual assault prevention*. Springer, Cham, 2019, pp. 309-322; Ullman, Sarah E., and Leanne R. Brecklin. "Sexual assault history and suicidal behavior in a national sample of women." *Suicide and Life-Threatening Behavior*, vol. 32, no. 2, 2002, pp. 117-130.

morning “to bright sun and clear air”, but her distress is palpable as she attempts to deny the memory of what has occurred the night before (Jackson 42). She repeats to herself: “I will not think about it, it doesn’t matter... I don’t remember, nothing happened, nothing that I remember happened” (Jackson 42). Unable to bring herself to speak of the incident to anyone, she feels suicidal: “I wish I were dead, Natalie thought concretely” (Jackson 45). The adverbial choice in this line is interesting, for it implies certainty, unlike Natalie’s contradictory thoughts and feelings surrounding her assault. This pattern of denial and repression, which leads to increased suicidality and despair, will be further explored later in the chapter.

Natalie hides the assault from her father, despite their apparently close relationship. This relationship forms an integral component of Natalie’s identity and self-development, although her interactions with her father often appear strained and fraught with distrust. Interestingly, Ingram argues that Arnold Waite is a satirical representation of Jackson’s husband, Stanley Hyman, a literary critic who had his own complicated, and arguably abusive, relationship with his wife (“Folk Narrative” 71). Natalie attends a daily appointment with her father in his study, where he criticises her writing in pompous tones, resists any interruption, and affects to know Natalie better than she knows herself, stating: “I gave you this [assignment] on purpose to try you out, and you did exactly as I expected” (Jackson 12). Arnold Waite appears almost belligerently unsurprised by Natalie throughout the text, as he maintains the notion that she does “exactly as expected” in the face of her rather erratic behaviour. However, his all-knowing, all-perceiving stance is unconvincing, as he is unable to truly penetrate Natalie’s inner world and does not even notice the bruises on her face after she has been raped, demonstrating his lack of real understanding and care for his daughter (Jackson 43, 44). Nevertheless, he consistently expects Natalie to succumb to his influence and to adopt his opinions as her own. Behrens notes that all Arnold Waite’s pet names for Natalie begin with “the first-person possessive pronoun” (3), which denotes his controlling attitude towards her, and in his letters to Natalie while she is at college, he jokingly refers to her as a princess whom he wishes to rescue. She replies in the same

strain, enquiring: “It was not you, then, caroling lustily under my window these three nights past?” - a somewhat disturbing exchange which paints the father as a substitute for a romantic partner (Jackson 137). Arnold Waite is entirely open about his wish to mould Natalie according to his own desires, and his letters to her clearly express his desire for a God-like control over every aspect of her life. He writes:

My plans for you never did include a broad education; an extremely narrow one, rather – one half, from the college, in people and surroundings; the other half, from me, in information. My ambitions for you are slowly being realised, and, even though you are unhappy, console yourself with the thought that it was part of my plan for you to be unhappy for a while. (Jackson 116, 117).

Becoming jealous of Natalie’s growing fascination with her English teacher, he later cautions her:

Do not under any circumstances allow Arthur Langdon to convert you to any philosophical viewpoint until you have first consulted me... If you abandon me, you lose yourself. (Jackson 117).

Natalie has been nurtured for a life of utter dependence upon her father, and so her attempts to carve out a life for herself are met with resistance and latent hostility. Arnold Waite – knowingly or unknowingly – reinforces Natalie’s growing concerns over her own identity and place in the world by warning her that she will “lose herself” if she attempts to attain freedom from his controlling influence. He endeavours to discourage her from forming a romantic attachment to another man, and his fear of being usurped in Natalie’s affections causes him to embark upon an incestuous power struggle which causes Natalie much confusion. The egotistical maneuverings of Arnold Waite therefore demonstrate the alienating and marginalising effect of being nurtured for a life of subservience and dependence on men.

Although Freud is not explicitly mentioned in the novel, Arnold Waite displays an interest in Freudian theories and conducts several attempts to psychoanalyse Natalie. His attitude towards her mental illness is dismissive at worst and openly aggressive at best, which has led Caminero-Santangelo to comment that Jackson portrays psychiatry as “a discourse violently wielded... against the threat of a potentially uncontrollable feminine self” (115). The morning before his cocktail party, Arnold Waite explains: “It is natural for girls to hate their fathers at some point in their growth. Now I submit that at this time of your life you are growing to hate

me” (Jackson 13). Natalie denies this, but it is clear from her imaginary exchange with a police detective that there is truth to her father’s statement. As Mr. Waite expounds upon “a basic sex antagonism, combined with filial resentment,” the detective demands that Natalie confess to the murder of her lover in an oedipal allegorical moment (Jackson 14). Later, at the cocktail party, she tells herself: “I like a man with nice hands,” and immediately begins to wonder “what her father’s hands were like” (Jackson 39). Looking towards him, she realises she is unable to see his hands because “one was in his pocket reaching for a pencil, the other lost around the waist of the pretty girl” (Jackson 39). This inability to see her father’s hands possibly signifies a growing dissonance between Natalie’s idealisation of her father as an intelligent, caring figure and his actual existence as a philandering egoist, but the moment itself is almost overbearingly laden with Freudian connotations. Clearly, Natalie’s identity (and perhaps her sexuality) is inextricably linked with her father at this point in the text, as she cannot envision “a man with nice hands” without thinking of Arnold.

Jackson’s interest in Freudian theory is also evident in *The Bird’s Nest* (1954), a novel which portrays twenty-three-year-old Elizabeth Richmond’s experience with a form of multiple personality disorder. Evans describes the novel as “a fictionalised enactment of Freud’s theories of female development during the “golden age” of psychoanalysis in America” (26). However, Elizabeth’s psychiatrist, Doctor Ryan, is vehemently opposed to Freudian ideology, stating that he is “not one of... your head doctors with their dreams and their Freuds” (Jackson 37), and he makes it clear to Elizabeth’s aunt Morgen that there will be “No *couch* or anything” when he analyses Elizabeth (35). Aunt Morgen’s jovial response is to call Doctor Ryan “a dirty old man”, which implies that Freudian analysis is viewed as crudely sexual and improper by the characters in the novel (Jackson 35). While *The Bird’s Nest* is loosely based upon a Freudian case study and portrays “the incestuous mother and daughter relationship as imagined by Freud” (Evans 30), the novel’s disdain of the sexual basis of Freud’s theories promotes criticism of the patriarchal

foundations of psychoanalysis, as does Mr. Waite's cruel psychiatric detachment and invasive inquiries in *Hangsaman*.

When Natalie eventually visits her family after spending several weeks away at college, her father enquires into her personal life and her mental health with characteristic pomposity. She answers honestly: "I'm doing very badly" (Jackson 158). Arnold Waite delivers a patronising response: "I can still remember the almost irresistible impulses towards melodrama which strike one at your age... I should hate to deprive you prematurely of the suicidal frame of mind" [ellipses added] (159). He appears totally unconcerned when presented with Natalie's suicidal impulses and openly mocks her feelings, perhaps relishing the fact that her separation from him has made her unhappy. Parks depicts these paternal interactions as "intrusive assaults" on Natalie, stating that her "only outlet has been her rich imagination and fantasy life" which she uses to escape her father (19). These "intrusive assaults" ape psychiatric or therapeutic language but are extremely damaging to Natalie's mental state. The reader can sense Natalie's growing distress when she says: "You're trying to make me say that I want to kill myself," and her father replies: "You need hardly say anything quite so meaningless" (Jackson 160). Natalie's severe isolation, her delusions, and her increasing morbidity all indicate an extremely dangerous mental state, but she is dismissed by the two most important male figures in her life: her father, and later, Arthur Langdon. However, Natalie's fellow students clearly recognise her mental illness, but they are disgusted rather than concerned, with one acquaintance of Natalie's telling her: "*They say you're crazy. You sit here in your room all day and all night and never go out and they say you're crazy... They say you're spooky*" (emphasis in original) (Jackson 68). In the eyes of her colleagues, Natalie is "spooky", not ill, but at the very least she is recognisably suffering, demonstrating that other women are perhaps more finely attuned to the proximity of mental illness, although they are unwilling to sympathise or be tainted by a close association with such a stigmatised condition. Even Natalie herself 'others' individuals who do not conform to social norms, as she regards her friend Elizabeth's drunken belligerence as the behaviour of a

“madwoman” (Jackson 92). Thus, the novel portrays rigid societal expectations as being severely damaging to the community as a whole and mentally ill or substance-abusing individuals in particular. Anderson and Kroger note that Jackson’s protagonists “often feel as if they are on the fringes of society” as they have trouble conforming to social codes (13). However, in an article exploring the parallels between *Hangsamán* and *The Bell Jar*,<sup>41</sup> Ooms argues that Natalie *deliberately* cultivates social isolation in order to avoid the demands of the feminine mystique (150).

Alternatively, Natalie may feel alienated from the other students due to her experience of sexual assault, and she is certainly unable to partake in their adolescent banter about sexual matters.

When a senior student requires Natalie to state whether she is a virgin during a juvenile hazing, she refuses to answer and, when asked to tell a dirty joke, she reacts with distress (Jackson 62).

Clearly, her trauma has had a detrimental impact on her ability to form relationships with others and to partake in normal interactions with her peers.

When considering the factors which isolate Natalie from the other students, it is also important to acknowledge her queerness. Natalie is extremely discomfited by her own underlying attraction towards women, which becomes clear when she escorts a drunken Elizabeth Langdon home and imagines herself in the place of Elizabeth’s husband, Arthur:

“And suppose she were one of my students and I wanted badly to marry her, and suppose we were walking in the darkness just like this and I thought *now, no*, and suppose just the touch of her shoulder under my arm, so strong and firm across the weak flesh, suppose just that touch and that feeling, and suppose in the darkness she turned slightly toward me so that...” [ellipses in original] (Jackson 134).

Natalie appears equally tantalised and horrified in this extract, although it is unclear whether she is perturbed by the presence of sexual feelings in themselves or by the notion of these feelings being directed towards a woman. She cannot quite bring herself to vocalise her feelings of desire and couches them with the euphemistic “suppose just that touch and that feeling”, demonstrating her awareness that such transgressive yearning cannot be realised and must remain in the suppositional domain. Because of their emphasis on subversion and eroticism,

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<sup>41</sup> Ooms notes the overlap between the protagonists’ demographics – Natalie and Esther are both young, white, middle-class college girls frustrated by gendered expectations and their poor mental health (149).

Gothic texts are often regarded as ‘queer’, or, at least, as lending themselves to queer investigation (Rigby 46, Palmer 10), but Westengard points out that such texts generally serve to reinforce the heteronormative patriarchal order due to their linking of queerness and monstrosity (261). However, Natalie’s palpable unease regarding her latent attraction to Elizabeth demonstrates a dawning self-suspicion and reveals another facet of her identity confusion. Therefore, it is entirely possible that Natalie may experience difficulty with maintaining relationships with the other students because of her madness *and* her queerness, which make her conscious of her layered status as ‘Other’.

Arthur Langdon, who teaches English at the college, appears throughout the narrative as a symbolic double of Natalie’s father, acting the part of the intellectual, empathetic ladies’ man in order to hide his own weakness and foolishness. Dobson argues that the two men evidently mirror each other because their names are linked: Arthur Langdon’s first name and Arnold Waite’s surname combine to form Arthur Waite, the creator of the Rider-Waite tarot card system which is used by Natalie and Tony (152). This link belies the apparently subversive and feminine nature of the tarot, and symbolises Tony’s latent desire for control over Natalie. Arthur, Natalie explains in a letter to her father, is “the most popular person on campus” and runs an annual beauty contest at the Senior Dance (Jackson 64). The notion of a male professor running a beauty contest for his female students will likely appear startlingly inappropriate to a modern reader, although Arthur’s flirtations with his students may have appeared less remarkable to a 1950s audience. However, Jackson appears to intentionally portray Arthur’s behaviour as inappropriate and exploitative despite the generally tolerant social attitude towards teacher-student relationships or flirtations at the time (Speller 848). When Natalie visits Arthur in his office, they discuss Natalie’s fear of dying, as she opens up to him – albeit performatively – about her suicidality, stating: “I always think I’ll kill myself before it *can* happen” (Jackson 102). Arthur is as unconcerned by Natalie’s suicidal feelings as her father is, and even appears enamoured by this remark, replying: “You have a very original mind, Natalie” (Jackson 102).

Like Natalie's father, Arthur observes women with callous detachment, and subsequently dehumanises them. Speller, who dedicates an entire article to an examination of predatory student-teacher relationships in Jackson's fiction, posits *Hangsaman* as "Jackson's most methodical investigation of sexual violence in all of her work" (844), and convincingly argues that in Jackson's novels, "student-teacher liaisons do not appear as innocent, consensual indiscretions, but are absolutely framed as a nuanced and often ignored form of sexual assault" (848). Thus, Arthur's behaviour is another example of patriarchal predation, which initiates with Natalie's father and is reinforced by her assault in the woods. Arthur's obvious attempts to groom Natalie are symptomatic of the hypocritical college system which upholds patriarchal ideology despite its espousal of progressive ideals, as it ironically eliminates "men from the student body and women from the faculty" (Jackson 48). Moreover, Natalie's disclosure of her suicidality to Arthur results in a fetishisation of female suffering as he displays an entirely inadequate response to her mental health crisis.

Natalie's subservient relationships with older men emphasise her dependent and vulnerable position. Her friendship with Tony, however, presents her with an opportunity to nurture independence and to cultivate a sense of autonomy which eventually assists her in recovery, despite the fact that the girls' relationship is not as innocent or egalitarian as it initially appears. Natalie and Tony become extremely close over the course of their ill-fated friendship, to the extent that the other students suspect them of having an affair and laugh at them suggestively when they visit each other's rooms (Jackson 177). The two girls deliberately isolate themselves, relishing "the feeling of being together without fear" (Jackson 180), and they use the tarot as an intricate game with which to interpret the world around them, leading Parks to comment that they are "like two Alices in a Wonderland of their own making" (20). It is certainly possible that they engage in some sort of romantic liaison, as they sleep in the same bed (Jackson 178), read erotic lesbian stories together (179), and wash each other (180) – but it seems unlikely that their union is explicitly sexual in Natalie's mind due to her horror when Tony apparently attempts to

seduce her in the woods. As the two girls wander into the forest at the edge of town after a fraught bus journey during which Natalie almost succumbs to panic, Natalie reflects that “A tree is not a human thing” (Jackson 208). The emphasis on the threatening presence of trees links the scene to Natalie’s assault in the woods at the beginning of the novel. Soon, Tony’s behaviour begins to instill fear in Natalie, as she makes cryptic, ominous statements such as: “It won’t take long. What are you afraid of?” (Jackson 213). It is relatively unclear at this point whether Tony wishes to kill Natalie or seduce her, but Natalie’s horror at the situation reveals that she is equally unable to face either possibility:

“I thought it was a game,” Natalie said.

“Keep thinking of it as a game,” Tony said, and put out her cigarette carefully. With Tony’s hands on her face, on her back, holding her, Natalie shuddered. *One is one and all alone and evermore will be so*; “I will *not*,” said Natalie, and ripped herself away. She *wants* me, Natalie thought with incredulity, and said again, aloud, “I will *not*.” (Jackson 213).

Natalie’s realisation that Tony “wants” her occasions a sudden toppling of Tony’s influence, as Natalie cannot bear to be regarded in a sexual light after her assault. She rejects Tony accordingly, telling her that she is “not afraid”, and leaves the forest with the knowledge that she will “never see Tony any more” because she had “defeated her own enemy... and she would never be required to fight again” (Jackson 215). Tony’s mystical vanquishing is probably the main event which has prompted critics to interpret her as “a manifestation of schizophrenic psychosis” or an allegorical figure (Ingram “Folk Narrative” 70). However, Ingram points out the ambiguity here, arguing that Tony may be literally real because Elizabeth Langdon sees her with Natalie at one point in the text (75). Dobson’s interpretation of Tony as an individual with an overwhelming desire “to be an authoritative figure, another version of Natalie’s father or Arthur Langdon” (154) aligns her with the controlling patriarchal forces which Natalie is desperate to escape. Tony’s masculine name further emphasises her desire to exert a form of patriarchal control over Natalie, despite her apparent endorsement of feminine solidarity and subversion. This is precisely what horrifies Natalie about Tony’s desire for her – it is masculine and controlling in nature, demanding total possession of its object. Tony’s evident disregard for

Natalie's fear and discomfort (as well as her choice of location for her seduction) aligns her with the rapist at the cocktail party, but Natalie's adamant declaration that she "will *not*" demonstrates a growing ability to vocalise her wishes and desires. The novel is therefore framed by two episodes which mirror each other – at the beginning of the novel, Natalie is sexually assaulted in a forest, and at the end of the novel she is almost sexually assaulted again in another forest, demonstrating that, despite her move from childhood home to adult world, Natalie is still falling victim to predatory characters. However, Tony's ominous advances provide Natalie with an opportunity to assert herself and reclaim her sense of autonomy and identity. Natalie's feeling that she "would never be required to fight again" indicates that she has found at least some measure of closure and healing from her sexual trauma (Jackson 125). Therefore, while the novel depicts Natalie as being marginalised and isolated due to her abusive relationships, her mental illness, and her queerness, it also demonstrates the potential to locate healing through the rejection of a subservient role.

### **3.2: "A mind like mine": Mind Style in *Hangsaman***

Nolan's criticism that *Hangsaman* "lacks a consistent point of view" (239) is accurate, although the novel's shifting viewpoint is not necessarily a narrative weakness, particularly for readers who are interested in mind style. *Hangsaman* transitions between third-person limited point of view and first-person accounts which appear in the form of Natalie's thoughts and diary entries, which in turn contain second-person narratives addressed to Natalie's alternate self. This shifting perspective can be disconcerting, and it emphasises Natalie's unstable sense of identity as she navigates feelings of isolation and distress following her sexual assault. Like Chief in *Cuckoo's Nest*, Natalie appears to be unable to distinguish between fantasy, hallucination, and reality, but her immersion in imaginary worlds appears to be more of a conscious choice than it is for Chief. In order to escape memories of her abuse, Natalie refuses to remember her rape and instead focuses on her imaginary world – but the dangerous consequences of this decision are made

apparent by the sinister looming of other unnamed characters and events who refuse to be ignored. As Wilson states, the unnamed figures in the novel contain “a key to the mysteries of the self” (22). By utilising a shifting narrative viewpoint and conveying a Gothicised sense of unease and anxiety through the depiction of hallucinations, the novel emphasises the impact of sexual trauma and the importance of acknowledging the effects of violence.<sup>42</sup> Antoszek argues that Jackson claims “madness as a shield against the debilitating patterns of proper femininity imposed by patriarchal culture” (“Discourse of Melancholia” 81), but this “shield” is rather flimsy, and does not protect Natalie from the world. Until she can confront her trauma, Natalie is doomed to a life fraught with anxiety and confusion, which is made apparent through the “peculiarities of communication” which convey her mind style (Semino “Mind Style” 11). Berger maintains that trauma (such as sexual assault) is “unrepresentable”, and often demands a unique use of vocabulary and syntax due to its destabilising effect on normal language (573). Analysing mind style in the text could therefore assist with understanding the impact of trauma on an individual’s mental state.

From the very beginning of the novel, Natalie’s mind is the central focus of the narrative, and the reader learns that she lives “in an odd corner of sound and sight past the daily voices of her father and mother and their incomprehensible actions” (Jackson 3). Natalie takes part in imaginary conversations with a host of characters who may be hallucinated or deliberately imagined, if such a term can be used to describe beings who apparently make their way through Natalie’s imagination with a will of their own. At this point in the novel, Natalie enjoys her fantasies and appears to gain comfort and respite from them. She delights in listening to “the secret voice that followed her” and listens avidly to the police detective who questions her about her murdered lover (Jackson 5). The detective speaks “sharply, incisively, through the gentle movement of her mother’s voice” (Jackson 5), and the image of one sound striking through

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<sup>42</sup> For further exploration of Jackson’s utilisation of Gothic themes, see Parks, John G. “Chambers of Yearning: Shirley Jackson’s Use of the Gothic.” *Twentieth Century Literature*, vol. 30, no. 1, 1984, pp. 15–29.

another creates the impression of aural confusion, although Natalie does not appear to be distressed. Natalie is “fascinated” by the police detective (Jackson 5), and by extension she is fascinated by her own mind, which later feeds into her God-complex and delusions of grandeur. Wilson argues that Jackson depicts characters who diffuse the “ineffable horrors of the everyday world” through dreams (116), and while the detective cannot be precisely categorised as a dream, he serves an important function by providing a distraction from the unpleasant bickering between Natalie’s parents.

While Natalie takes great delight in her imaginary world at the beginning of the novel, her fantasies often contain an element of threat which foreshadows her breakdown and hints at the danger of relying too heavily upon one’s inner world. As Natalie stands next to her mother waiting for their guests to arrive, she feels like an imposter who is “pretending to be a young girl standing in the doorway of her own house” and she accordingly tries to “look as much as possible as though she were seventeen, innocent, protected by her parents, beloved, sheltered here in this house” (Jackson 30). Of course, Natalie *is* a seventeen-year-old girl standing in the doorway of her house, but she does not *feel* innocent, protected by her parents, beloved or sheltered. One could perhaps argue that this feeling of unbelonging simply signifies Natalie’s normal adolescent desire to escape the control of her parents, but the underlying anxiety evident in this paragraph soon becomes more pronounced. At college, Natalie experiences increasing paranoia, wondering if she is being watched and identified “by some extraordinary characteristic which Natalie did not know or had forgotten or had convinced herself that no one saw” (Jackson 53). As Behrens states, Natalie’s identity unravels whenever she finds herself in an uncontrollable environment (4), and Antoszek argues that this anxiety and instability reflects the fear of nuclear war which pervaded in the fifties (“The Politics of Affect” 851). Natalie’s sense of paranoia even causes her to question her own memories and actions. When the students report missing items and believe a thief to be in their midst, Natalie wonders if she “*had* stolen anything” (Jackson 99). In fact, the identity of the thief is never made entirely clear – it is hinted

that the thief could indeed be Natalie, but the reader's suspicion is also directed towards Tony. The possibility that Natalie could be a kleptomaniac unbeknownst to herself emphasises her growing instability and validates her sense of paranoia.

As Savoy states, Jackson's narrative eye is "finely attuned to the *potential* of the normative household to unravel towards something *other*" (829). Jackson's preoccupation with uncanny houses and rooms is clearly present in *Hangsaman*, although this aspect of the work has frequently been overlooked by critics. To Natalie, rooms are apparently sentient beings which establish themselves when entered, but are free to change shape when uninhabited. Her own room at college generally appears reassuringly familiar, but the corridor outside represents a state of chaos:

Once the door was opened the world outside it slowly established itself, small section after small section – as though, in fact, it had not been prepared tonight for Natalie to open her door again, and had been caught completely unaware, and was putting a bold face on things and getting everything back together as quickly as possible. (Jackson 66).

In this extract, the corridor apologetically "puts a bold face on things" and reassembles itself into its proper form, attempting to rid itself of a liminality which arguably befits its status as a room between (or leading to) other rooms. Later, Natalie is perturbed by her own room's disinterest in her and thinks that "she might as well have walked into limbo, or into a well of fire, for all the room cared" (Jackson 96). This shifting relationship to domestic space reflects her growing feeling of inferiority as she feels ignored and neglected by the other students. In turn, she begins to nurture a sense of injustice which fuels her desire to become all-knowing and all-controlling, respected and revered, and she promises herself that one day, "they *will* be afraid of you" (Jackson 71). Thus, Natalie's attitude towards rooms is an important indicator of her state of mind and subtly depicts her shifting, unstable identity. Hague comments that Jackson frequently emphasises living spaces which "simultaneously incarcerate their victims and expose them to violation" (85), a statement which can arguably also apply to Jackson's depictions of the female

mind. In *Hangsaman*, the mind is very much a “living space” which can spiral out of control in a similar manner to the chaotic corridor of Natalie’s imagination.<sup>43</sup>

The contrast between portrayals of the mind as a source of safety and escapism, and as a source of horror and danger, is persistent throughout the work. As previously outlined, Natalie adores her own mind and relishes the distraction it provides, asking: “Can you imagine having a mind like mine and losing it when you die?” (Jackson 102). The phrase “losing it” holds a double meaning – if Natalie’s worst fear regarding death is the loss of her mind, then what she really fears is insanity, rather than death itself. This fear appears to contradict Natalie’s enjoyment of madness and her imaginary realms, but it signifies her innate awareness of the dangers attending an unfettered access to unreality. Clearly, Natalie recognises the need to control the parameters of her madness rather than allowing it to control her, as this is the only way she can retain her sense of self. She then proceeds to wonder whether she possesses “*the original mind*” (Jackson 102), which clearly indicates delusions of grandeur and an apparently sincere belief that she is in complete control of those around her:

She stopped for a minute, surveying her country with interest and with tolerance; she was infinitely tall and these tiny buildings – although scaled to exact measurements: a tenth of an inch, perhaps, to a foot – had been set up with her own hands, furnished, and peopled with the small moveable dolls she had herself created, planning with care and perhaps not entirely wisely the numbers of their arms and legs and the location on their heads. (Jackson 173).

If the people surrounding Natalie are mere “dolls”, then her lack of empathy and disregard for their feelings ceases to matter, and in this way her God-complex enacts a self-justification by framing Natalie as all-important, a vengeful yet blameless deity. She clearly nourishes a bitter desire for revenge upon the college students, whom she blames for her feelings of confusion and insignificance, and she fantasises about eating the room “in one mouthful, chewing ruthlessly on the boards and the small sweet bones” (Jackson 174). Behrens argues that Natalie’s “struggle with her own reality includes seeing herself as both creator and destroyer of other people’s

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<sup>43</sup> For further exploration of Shirley Jackson’s evocation of Gothic domestic space, see Downey, Dara. “Not a Refuge Yet: Shirley Jackson’s Domestic Hauntings.” *A Companion to American Gothic*, edited by Charles L. Crow, Wiley Blackwell, 2013, pp. 290-302.

realities” (2), a statement which again emphasises Natalie’s shifting or splintering identity. Her mind style is characterised by confusion and delusion, and she appears to regard hallucinations as reality.

As Natalie settles in at college, she is somewhat distressed by her inability to make friends with the other students, but otherwise appears to be functioning reasonably well, completing assignments and paying visits to Elizabeth Langdon, the wife of her English teacher. However, the reader’s first insight into Natalie’s journal at this time paints a very different image, depicting a mind which is clearly losing its grasp on reality:

Dearest dearest darling most important dearest darling Natalie – this is me talking, your own priceless own Natalie, and I just wanted to tell you one single small thing: you *are* the best, and they *will* know it someday, and someday no one will ever dare laugh again when you are near and no one will dare even *speak* to you without bowing first. Somewhere there is something waiting for you, and you can smile a little perhaps now when you are so unhappy, because how well we both know that you will be happy very very very very soon... Someday, someone, somewhere. Natalie, please (Jackson 71).

In her journal, Natalie splits into two distinct selves – Natalie the writer, and Natalie the reader, and her mind style is established as childlike, delusional, and almost frantic. She expresses a touching tenderness towards herself, addressing herself as “dearest darling” and complimenting her own sense of superiority, which she feels sure will eventually be recognised by those around her.<sup>44</sup> The frequent use of repetitive clauses establishes a chant-like rhythm to the journal entry, which could be an attempt to hold on to a semblance of sanity and reinforces her pleading in the final sentence. The absence of a full stop after the phrase “Natalie, please” is ominous, reflecting an untethered mind and an unfinished thought. It appears that Natalie is cosseting and comforting herself in order to stop her passive suicidality from turning into an active death wish. Hague’s observation that the majority of Jackson’s characters confront “an inner emptiness that often results in mental illness” is particularly apt here (74), as Natalie’s loss of identity results in a split self, which subsequently accelerates her descent into madness. Similarly, in *The Bird’s Nest*, Elizabeth writes notes to herself while in dissociative episodes which are reminiscent of Natalie’s

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<sup>44</sup> It is interesting to note the self-compassion which Esther feels during her own self split in *The Bell Jar*: “A feeling of tenderness filled my heart. My heroine would be myself, only in disguise” (Plath 126).

journal entries in tone, although they are increasingly disjointed, repetitive, and lacking in punctuation. The first note Elizabeth finds is extremely ominous:

your fools paradise is gone now for good watch out for me lizzie watch out for me and dont do anything bad because i am going to catch you and you will be sorry and dont think i wont know lizzie because I do – dirty thoughts lizzie dirty lizzie. (Jackson 12).

Here, Jackson again employs the interesting notion of a writer-reader self-split in order to reflect the complexities of retaining a sense of identity while in the midst of mental illness.

Behrens analyses the importance of naming and the unnamed in the novel, arguing that the variations on Natalie's name which appear throughout the work suggest "an identity that is split into multiples" (2). Behrens interprets Tony as a gender-ambiguous version of Natalie, whom Natalie ultimately rejects in favour of her female self (2), and portrays the vast number of unnamed characters who permeate the narrative – the rapist, the unidentified thief, the sleepwalker, and the threatening senior students - as symbols of Natalie's repression and her fragmenting identity (4). What Behrens does not discuss, however, is the synonymy of naming and confronting – if Natalie does not name, she cannot confront, and by refusing to confront her trauma she grants a psychological power to the pieces of her past which she desires to forget, even as she appears to *disempower* these events by robbing them of their rightful names. This emphasis on the unnamed not only impacts Natalie's sense of self, but also worsens her mental illness by removing the possibility of a catharsis which would arise if Natalie were able to discuss (or even simply name) these characters and these events. The terror surrounding the unnamed, and the protagonist's growing conviction that *something* is happening which could be *anything* at all, is a cornerstone of the Gothic tradition, which relies on uncertainty to increase excitement and fear (Lydenberg 97).

In her diary, Natalie addresses herself on the topic of her sexual assault:

Perhaps, you thought, Natalie is frightened and perhaps she even thinks sometimes about a certain long ago bad thing that she promised me never to think about again... I don't think about it at all, ever, because both of us know that it never happened, did it? (Jackson 105).

This passage is remarkable because the incident to which Natalie is referring is made entirely clear without reference to any words or schematic associations which link her present distress to

her rape in the woods, adding to aesthetic distance in the text. Jackson has created an automatic association in the reader's mind by positing the rape as a pivotal moment in Natalie's life, relying upon the emotion evoked by the event (in both Natalie's mind and the reader's) to prompt memories of the event itself. The oxymoronic sentence: "I don't think about it at all, ever, because both of us know that it never happened, did it?" is an oblique reversal of Chief Bromden's mantra "it's the truth even if it didn't happen" - here, the rape is not the truth even if it *did* happen. Natalie rejects (or attempts to reject) the event from her understanding of the truth, and her mental deterioration arguably stems from this denial.

The prospect of being "someone else" alternately delights and scares Natalie, whose desire to escape her unsatisfactory life leads her to fantasise about the prospect of other identities (Jackson 149). However, these fantasies do not offer Natalie the unmixed delight of pure escapism - they both "trouble" and "comfort" her (Jackson 149), reflecting the unstable and easily toppled refuge which Natalie seeks in madness. She reflects that she may be "alive and sound - living in this caught second of life only in the musing mind of some salesgirl or waitress or prostitute or some drab creature", a state of being which would imply that she is "not at all real" (Jackson 150). This passage strikes a discordant note, for Natalie worries over being "alive and sound" and "not at all real" simultaneously, making a false connection between the two states of being or unbeing. It is difficult to ascertain which state Natalie fears most - reality or unreality, and she mentally oscillates between the two, blurring their binary oppositions. Her thought patterns consistently reinforce her lack of a coherent sense of self, and she finds herself writing her name "crazily on everything" (Jackson 150). A normal action - that of writing one's name - becomes "crazy" through repetition and, one must assume, through the thought process which accompanies it, as Natalie desperately tries to retain her sense of identity. This literal and metaphorical identity claiming aligns with Freud's theory that a traumatic event can be forgotten but can manifest in compulsive and repetitive behaviours (Berger 570), which validates the argument that Natalie's mental illness stems from her trauma. The novel's shifting point of view

and portrayal of fantasy as fact therefore presents the reader with a mind style which reflects Natalie's traumatised cognitive state.

### **3.3: "Hands over your mouth when you laugh": Barriers to Catharsis in *Hangsaman***

Cathartic demonstrations in *Hangsaman* are not so frequent, nor so dramatic and overtly physical, as those depicted in *The Bell Jar* or *Cuckoo's Nest*. Natalie does not cry, shout, or self-harm - in fact, she rarely speaks to those around her, depending on her own thoughts for company. Even her communications with Tony could be viewed as damagingly insular regardless of whether Tony is real in a literal sense, because the two friends appear to operate with one mind until the pivotal scene in the woods. Natalie is therefore isolated within her own mind, and this isolation is portrayed as being a danger to her identity despite its apparent reinforcement of her self-image as a thinker and a writer. Her most important source of catharsis or discharge of feeling is found in writing, but her writer's mind (which encourages her to view everything through the lens of storytelling rather than the lens of reality) actually appears to bar her from achieving catharsis. In fact, writing frequently serves to defamiliarise Natalie's world and emphasises her writer-reader split self until her surroundings appear unreal and absurd. However, as this section will demonstrate, it is not so much the act of writing itself which is uncondusive to catharsis, but rather Natalie's performativity and self-consciousness. Her position as a young and talented female in a patriarchal society means she is detachedly observed and even fetishised by male authority figures and feels the pressure to perform to them, using writing or artistic talent to gain recognition. Only when Natalie lets go of this pressure can she truly achieve cathartic release.

As Savoy states, Jackson's Gothic "depends on a mode of irrational excess by which perception *dislocates* the ordinary, seeing it finally as the portal to a world that is the ordinary's perverse double, bent on the undoing of all that is coherent and reassuring" (833, 834). By emphasising the absurd and uncanny nature of Natalie's world, Jackson posits the idea that

“ordinary” society is in fact far more sinister than the reader may have been led to believe. Accordingly, the novel positions laughter as a subversive act which is used to destabilise social conventions and to hint at the underlying threats which surround Natalie as she learns to navigate adulthood. While the novel initially presents laughter as a weapon used by men to humiliate women, it also demonstrates the subversive power of laughter between women who reject and destabilise social codes. However, as will be explored in this section, laughter cannot lead Natalie to a true cathartic release because of her aforementioned performativity – instead, laughter helps to showcase Natalie’s *blocked* catharses and to highlight the importance of emotional release.

As previously discussed, Natalie’s relationship with her father is strongly characterised by the power imbalance which positions Arnold Waite as the observer and Natalie as the observed. Natalie is frequently unsure whether her father is joking or serious, because “it was a point of conduct with him not to laugh at his own jokes”, and her fear of laughing at an inopportune moment reflects the lack of real harmony between them (Jackson 8). It also demonstrates her status within the patriarchal family dynamic – she is timid, uncertain, and afraid to displease. However, Natalie hears “a sound of distant laughter” in her mind when her father speaks, which hints at her rebellious longing for freedom and foreshadows her later merriment at the expense of patriarchal influences (Jackson 4). Later in the conversation, Arnold makes a derogatory remark about his wife, and “this time Natalie laughed with certainty” (Jackson 10), demonstrating that laughing at Natalie’s mother is a regular occurrence. Here and elsewhere throughout the novel, laughter is used to denote power and exclusion of individuals who are not ‘in on the joke’.

Although Natalie is unable to laugh freely in her father’s presence, and by extension is certainly unable to laugh directly *at* him at the beginning of the novel, the reader is occasionally encouraged to laugh at the content of his conversation. While hosting his party guests in the

garden, Arnold Waite embarks on an impromptu lecture about “the sacredness of human droppings”, stating:

“Let me illustrate from my personal life. When Natalie was a baby and used to play on the lawn, her mother ignored the droppings of the dog and cat... But when small Natalie fouled the grass, her mother carefully and laboriously cleaned it up with a paper towel-” (Jackson 33).

Here Arnold again encourages his audience to laugh at his wife’s expense, but there is something so inherently ludicrous about his choice of subject matter and his pompous delivery that the reader is very likely to laugh *at him* for remarking upon such a topic at all. It is also crucial to note that Arnold degrades the two most important women in his life in this anecdote by aligning them both with excrement, and by positioning himself as the intelligent observer of the ridiculous decisions made by women. The story is therefore far more loaded and sinister than its casual delivery suggests, and perfectly encapsulates Park’s commendation of Jackson’s “ability to find pity and terror in the ludicrous and the ludicrous in terror” (22).

The weaponisation of laughter as a sign of disrespect continues to emerge throughout the text, as the novel sees a transition from patriarchal laughter directed at women to subversive, feminine and occasionally obscene laughter after Natalie escapes her father’s influence and becomes involved with Tony. When Natalie is woken at night by the unidentified student who may or may not be Tony, and who may or may not be real, she is shown the piles of missing items which have been stolen from the other girls in her dormitory. The unidentified student cautions Natalie to “hold your hands over your mouth when you laugh”, an apparently casual injunction which introduces the theme of blocked catharsis and depicts laughter as a sign of gleeful disrespect and subversion (Jackson 141). The girls can direct scorn at the rules of college life in secret, but they are unable to express this rebellion openly and must – symbolically as well as literally – “hold [their] hands over [their] mouths”. Later, when Tony and Natalie prepare themselves to run away from the college, they are repeatedly overcome with childish merriment which they struggle to suppress:

They did not speak much, but moved as though speech were not necessary: first Tony, rolling out of bed, turned a somersault on the floor and rose laughing silently, then Natalie, stretching and turning to the

window to see the rising sun, bent and touched her toes without bending her knees. Together, warning one another not to laugh, they went down the hall full of the sounds of sleep from rooms on either side, into the showers, where they bathed together, washing one another's backs and trying to splash without sound... Natalie laughed helplessly and silently as Tony slipped out the door in a battered blue bathrobe. (Jackson 180).

In this scene, both girls are depicted as laughing “silently” in order to evade detection, and they even warn each other not to laugh at all, although they are evidently unsuccessful. The necessity for quietness is so great that they attempt to “splash without sound” while washing, indicating that even their most routine actions are subject to scrutiny and must be performed secretly. The implication of secrecy and the emphasis on evading notice lends itself to a queer reading, as the girls’ desire to be “silent” appears to indicate a knowledge that their relationship somehow poses a threat to the social order and their place within it. Palmer notes that the topic of secrets plays a core role in discussions of the Gothicised uncanny as well as representing a key theme in queer texts (23).<sup>45</sup> Natalie and Tony’s secret laughter solidifies their bond as queer outliers who wish to subvert – and escape – social norms. However, the repressed sound in this scene also indicates that the girls are stifled by patriarchal and heteronormative structures which bar them from achieving true cathartic release.

The following passage outlines another function of laughter, as Natalie is brought out of her confusing reverie in Arthur Langdon’s office and back into the present:

Natalie heard the back of her mind gibbering obscenities, and thought for a mad moment that she might be saying them aloud and not realising; perhaps, she thought, I am undressing, or in the bathroom, or looking at myself in the mirror, and only pretending that I am here alone with Arthur Langdon; perhaps I am here with Arthur Langdon and pretending that I am dressing and talking really to myself; perhaps I will say something frightful and never really know whether I have really said it or not, because of course he would pretend I never said it but he would always remember – a thousand years from now, Arthur Langdon telling Elizabeth about the girl (Natalie? Helen? Joan?) who had said the shocking thing to him, and Natalie laughed suddenly, bringing herself immediately back to the present in Arthur Langdon’s office, where she certainly *was* at the moment, and he was saying curiously, “What were you thinking about?” “I was thinking about when I would be dead,” Natalie said. (Jackson 101).

In this extract, Natalie splits herself into parts just as Esther envisions her body double in *The Bell Jar*, but these alternate selves are not clearly defined. Instead, they siphon out from one

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<sup>45</sup> Madden’s thesis, “The horror of personality : exploring the gothicisation of mental illness in American fiction of the long 1950s” explores the ways in which American fiction portrays mental illness itself as uncanny, by denoting mentally ill individuals as ‘other’ while emphasising the terrifying notion that they may well look the same as everyone else.

another, signaling eternal possibility and confusion. Bonikowski notes that Jackson convincingly documents anxiety in a manner which may cause the reader to experience anxiety as well (67), which is particularly evident in this scene, as the fear that one may do or say something entirely inappropriate or embarrassing is surely familiar to many readers. Natalie constantly wonders how she is being perceived by Arthur, which causes a kind of panic at the notion that she will break the boundaries of propriety and “say something frightful”, and she then imagines him telling a witty story at her expense in later years (a scenario which may remind the reader of Arnold Waite’s open mockery of his wife). This thought causes a burst of inopportune and therefore subversive laughter, which responds to the notion of misogynistic laughter, jolting Natalie into reality and apparently providing a cathartic outburst. However, Natalie then proceeds to lie to Arthur about what she is thinking, perhaps because her deteriorating grasp on reality is too confusing to be explained, or perhaps because she wishes to impress him with her morbidity, revealing that her catharses are consistently blocked or incomplete due to her need to perform.

Wilson comments on the tendency of Jackson’s female protagonists to “rehearse, reinforce, and question their identities by retelling stories about their lives” (28). Natalie’s obsessive retelling – and restructuring – of her life story is a consistent theme throughout the novel, and while this action appears to grant her a level of autonomy, it is frequently shown to erode her sense of self. Natalie is often frustrated by what Antoszek terms the “tension... between the unrepresentable and the need to represent” (“The Politics of Affect” 852), as she feels constrained by her inability to articulate her thoughts accurately. Natalie finds “the gap between the poetry she wrote and the poetry she contained” to be “unsolvable”, implying that creative writing (which is frequently regarded as a cathartic act) does not in fact provide Natalie with the catharsis she so desperately needs, but instead frustrates her with its limitations (Jackson 23). She presents Arthur Langdon with this problem, asking him: “But why is it so important, this creating?” (Jackson 103). Arthur dismisses the question as “metaphysical nonsense” (Jackson

103), but Natalie later answers the question herself in her diary, reporting that her need to communicate through writing stems from a desire for self-annihilation:

I think if I could tell someone everything, every single thing, inside my head, then *I* would be gone, not existing any more, and I would sink away into that lovely nothing-space where you don't have to worry any more and no one ever hears you or cares. (Jackson 106).

The belief that one's thoughts and feelings are the essence of oneself, and that it is possible to expel these thoughts and feelings and cease to exist, arguably contributes to Natalie's blocked catharsis, as her self-preserving instincts forbid her from engaging in such a destructive method of communication. Despite her preoccupation with death, Natalie is clearly interested in life, as she is consistently delighted by her own thoughts and amazed at her own propensity for feeling.

However, she is frequently frustrated by her lack of cathartic capacity which is linked to her self-conscious status as writer or performer. When the mysterious naked figure leads her out of her room in the middle of the night, Natalie wishes to scream but finds that "screaming was not something the Natalies might do unprepared" (Jackson 139). Natalie is simply too self-conscious to engage in activities which would grant her cathartic release, and her self-consciousness is fed by her obsessive need to write or tell stories about her life. Dobson maintains that "everyone in the novel demands that Natalie produce narratives" (149), but I would argue that the character with the most pressing desire to produce narratives is Natalie herself. While following the naked figure, Natalie detaches herself from the situation by making a mental note of the experience, ruminating: "Of course I am dreaming, of course, of course; how profoundly interested I am in all this" (Jackson 149). This "profound interest" - in other words, Natalie's constant need to convert her feelings into stories - thwarts her capacity to experience pure feeling. While returning to college by bus after a brief visit home, Natalie feels the urge to sing, but is only able to do so "soundlessly" because she is too preoccupied with the possibility of being observed (Jackson 166). She tells herself the following story:

And when I first saw Natalie Waite, the most incredible personality of our time, the unbelievably talented, vivid, almost girlish creature - when I first saw her, she was sitting in a bus, exactly as you or I might be. (Jackson 166).

It is unclear whether Natalie is engaged in yet another mental self-split here, or whether she is simply imagining herself from the perspective of an outside observer. However, her fantasy certainly centers on the notion of being watched. Her father's positioning of himself as the detached, ironic and superior observer of female behaviour has clearly had a profound effect on Natalie's self-image. His demand that Natalie "produce narratives" (Dobson 149) while allowing him to observe and critique them has directly caused her self-consciousness and her inability to engage in catharsis, which has catastrophic consequences on her mental wellbeing.

The solution to this problem of blocked catharsis is hinted at towards the end of the novel, when Natalie is rescued from the woods by a married couple after her final encounter with Tony and then briefly considers throwing herself off the town bridge. Looking towards the "reassuring bulk of the college buildings" after abruptly deciding against suicide, Natalie reminds herself that she is "alone, and grown-up, and powerful" in an apparently contradictory statement which demonstrates that she obtains reassurance from the community while celebrating her own self-sufficiency (Jackson 218). However, this sentence could be interpreted as Natalie's final release from social expectations and concern for the opinions of others, as she makes peace with her social situation by discarding feelings of inferiority, shame, unbelonging, and the need to perform. As Anderson and Kroger note, the theme of a marginalised individual finding belonging in an alternative community which falls outside the confines of normal society persists throughout Jackson's work (13). Alternatively, Ooms argues that Natalie simply "chooses loneliness", as she finds isolation preferable to a life lived within the confines of societal expectations (170). When Natalie arrives at her pivotal realisation - that she is capable of forming a coherent identity and being self-sufficient – she smiles, an action which is often a precursor to laughter (Jackson 218). This strongly implies that Natalie will eventually achieve catharsis and will successfully deal with the trauma and identity fragmentation which she has experienced. Thus, the novel highlights the importance of catharsis despite the fact that laughter and writing are temporarily unable to provide Natalie with cathartic release.

### 3.4: Conclusion

The ending of the novel appears hopeful: Tony's sinister influence is vanquished, and Natalie returns to college on her own terms. Baker states that the novel's conclusion "can be seen not as resolution, but as a way of embracing rupture", as Natalie rejects the social script and accepts her own identity as outsider (17). This ambiguous yet encouraging conclusion implies that Natalie has discovered – or will soon discover – an alternative to being controlled by patriarchal forces which grants her respite from her mental illness, but distances her from the community. As Behrens maintains, Natalie's split self "finally resolves into one Natalie, who can this time back away from the woods, the trees, the gallows and the hangman" (7). Jackson's use of a paranoid mind style which depicts Natalie's identity confusion and isolation, and her presentation of performativity as a barrier to self-actualisation, combine to demonstrate the importance of questioning social norms which perpetuate cycles of emotional distress. While Natalie has experienced severe trauma from both male and male-coded figures in her life which has directly affected her ability to experience catharsis, she is ultimately freed from societal expectations and placed upon the path to self-discovery.

#### Chapter Four: Psychiatric Ambiguity in *Girl, Interrupted*

Susanna Kaysen's *Girl, Interrupted* was published in 1993, and details her memories of eighteen months spent in McLean psychiatric hospital in the 1960s. Plath was inspired by her time at McLean to produce her novel about the gendered experience of psychiatric facilities and treatments, and Kaysen emerges from the same hospital with a memoir which expounds upon the links between femininity, sexuality, mental illness, and power.<sup>46</sup> The book received an abundance of praise from critics and reviewers upon its release, with Pingel praising the memoir for its "sensitive" writing style and the "valuable information" it provides about mental illness (55). It remained on the New York Times bestseller list for seven years, and in 1999, the book was made into a Hollywood film starring Winona Ryder (Marshall 117, 126). Paperback copies of the memoir were reissued to coincide with the film's release (Geller 536).

The non-linear and often contradictory narrative style of the work is regarded by Marlan as an indicator of "countless possible stories" which could be told by Kaysen herself and by the other figures she encounters (100). Throughout the narrative, Kaysen asks the reader to consider questions which she ultimately refuses to answer. Instead, she posits the idea that her suicide attempt was simply metaphorical, that her diagnosis of borderline personality disorder (BPD) is at once true and not quite true, and that she was a teenager who desperately needed psychiatric assistance but was at the same time deeply wounded by the assistance she received. BPD is a notoriously stigmatising diagnosis which is often applied to individuals who display emotional volatility, impulsive and self-destructive behavior, turbulent interpersonal relationships, and identity issues (Gunderson et al. 1). The diagnosis is controversial for several reasons. Firstly, 75 percent of individuals with BPD are female, making it a gendered diagnosis (Shaw and Proctor 484). Moreover, BPD is frequently diagnosed in women who display fraught relationships and destructive behaviours after experiencing childhood sexual abuse. Papps notes that it has

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<sup>46</sup> Yoo goes so far as to argue that *The Bell Jar* is the "originary text" of *Girl, Interrupted* (196).

accordingly met with criticism from feminists who view the diagnosis as “pathologising the ways in which women respond to gendered abuse” (3). Critics of the disorder have argued that BPD is not a real illness (Nehls 100) and that many individuals with BPD should in fact be diagnosed with a trauma disorder such as PTSD or C-PTSD (MacIntosh 227). To complicate the issue further, the meaning of BPD and its application is notably ambiguous, as it encompasses a range of definitions. Wirth-Cauchon notes that the predominance of the diagnosis in women is its only consistency – in other respects, BPD constitutes “multiple and shifting “truths”” (5). Braamhorst et al. found that when presented with ambiguous case studies of individuals who partially, but not entirely, meet the criteria for BPD, practitioners were more likely to award a BPD diagnosis to females (804). Not only is the diagnosis difficult to concretely define and diagnose, it also exhibits ambiguous manifestations among its sufferers in a variety of ways. Dinsdale and Crespi note the prevalence of the “borderline empathy paradox”, wherein individuals with BPD display enhanced and reduced levels of empathic skill at varying times (172). BPD individuals display a similar ability to recognise emotions compared to non-BPD individuals, except when facial expressions are ambiguous (Kaiser et al. 671) which implies that sufferers of BPD are, ironically, less able to cope with ambiguity.

However, it is not my intention to debate the validity of Kaysen’s diagnosis in this chapter. Rather, I intend to outline how the ambiguity of BPD manifests and is mirrored in *Girl, Interrupted* in order to demonstrate the importance of considering BPD not only as an ambiguous diagnosis but as an ambiguous *experience* which can lead to the deconstruction of binary definitions of mental illness. With great skill, Kaysen has produced an autobiographical work which demonstrates the fragility of psychiatric systems and the individual’s psyche simultaneously, by asking provocative questions which refuse – and perhaps do not need – to be answered. Kaysen’s work contextualises and expands upon a diagnosis which has been criticised for ignoring or obstructing the role of context in an individual’s thought patterns and behaviour (Shaw and Proctor 487). In her own words, Kaysen’s BPD diagnosis is “accurate but it isn’t

profound” (150), and she therefore uses her memoir to add profundity and context to her diagnostic experience. In this respect, Kaysen’s memoir arguably aligns with neuroqueer theory, which Johnson defines as “maintaining looseness between people and their psychiatric labels” through an “anti-identitarian stance and generally cheeky orientation to psychiatric authority” (642). Reading a neuroqueer text could help readers – particularly neurodiverse readers or readers who have received a specific diagnosis – to explore the labels attached to their identities in a productive and self-compassionate manner. This chapter will therefore investigate the powerful ambiguity of Kaysen’s memoir and its portrayal of mental illness, while also addressing her autobiographical mind style and depictions of Kaysen’s destructive attempts at catharsis on her journey towards recovery.

#### **4.1: “Lunatics to the left”: Stigmatised Patients in *Girl, Interrupted***

The first and arguably most important question which the memoir poses is whether madness, as we understand it, exists, and if it does exist, how do individuals exhibit madness and how should it be dealt with? As Marlan argues, Kaysen is not particularly concerned with establishing “who” is mad, but instead focuses on questioning the parameters of psychiatric authority (101). Of course, Kaysen is operating within a psychiatric framework which prefers medicalised terms such as “mentally ill” or, in Kaysen’s own case, “personality pattern disturbance, mixed type” (Kaysen 3) to the looser and arguably less stigmatising label of “mad”. Kaysen appears to oscillate between regarding mental illness as society’s oppressive umbrella term for deviant or unusual behaviour and recognising her own serious struggles with mental health which clearly merited intervention. As Dow Addams states,

[Kaysen] wants to give her readers evidence to support a philosophical argument that all of us exhibit aspects of borderline personality disorder, that all of her actions could be as easily applied to numerous teenage girls, and that living on a psychiatric ward was one of the reasons for her suspect behaviour. She seeks to demonstrate that the records used to keep her in the McLean hospital were petty, bureaucratic, ambiguous and punitive. But she also wants to show that she had severe enough behaviour to justify our reading her autobiography, rather than dismissing her as merely a troubled teenager with parents wealthy enough to pay for an especially expensive treatment. (128).

Kaysen's memoir therefore presents harsh criticism of psychiatric methods while also attempting to demonstrate her own need for psychiatric intervention. As a result, the work blurs the binary between sane and mad, reality and unreality, inside and outside, and even good and bad methods of dealing with these dichotomies. The opening sentence of the memoir emphasises the unstable division between sanity and insanity, establishing mental illness (or "craziness") as an ever-present threat to even the most balanced of individuals:

People ask, How did you get in there? What they really want to know is if they are likely to end up in there as well. I can't answer the real question. All I can tell them is, It's easy. And it is easy to slip into a parallel universe. (Kaysen 5).

By depicting the psychiatric hospital as a "parallel universe" (a literary technique which Kaysen repeatedly employs throughout the narrative), Kaysen highlights the uncanny nature of institutions which seek to separate the mentally ill from society, while also attempting to rehabilitate them in order to send them safely back into it. Ironically, Kaysen later comments that acting in a normal, "sane" manner tends to unsettle individuals who know her history and causes them to express disbelief that she has "spent nearly two years in a loony bin" (125). Kaysen interprets this confusion as a selfish concern for the sanity of the individual: "If you're crazy, then I'm crazy, and I'm not, so the whole thing must have been a mistake" (125). Geller states that Kaysen's use of "derogatory language" to describe mental illness is problematic because the narrative voice is ambiguous – the reader is unsure whether this language should be attributed to Kaysen as a teenager in the 1960s, or Kaysen as an adult author in the 1990s (537).

Regardless, Kaysen's use of words such as "crazy" and "lunatic" to describe people suffering from mental illness could provide the reader with a valuable opportunity to enquire more closely into their own perceptions of mental illness and to dissect the prejudice which may have taken root. Kaysen's memoir consistently offers the reminder that the world of insanity is far closer than many realise, for "every window on Alcatraz has a view of San Francisco" (Kaysen 6).

Kaysen continues to question the nature of mental illness (as a category and as an experience) in the chapter entitled "Etiology", which presents an itemised list of potential

alternative identities for an individual who has been diagnosed as “mentally ill”. The list provides possible explanations for mental illness, encouraging the reader to decide whether the individual is “bad, and must be isolated and punished”, “a victim of society’s low tolerance for deviant behaviour” or “sane in an insane world?” (Kaysen 15). By framing the world as insane and the mentally ill individual as subversively discerning, Kaysen posits mental illness as a rational response to the oppressive and restrictive expectations of society. The chapter also offers the following list of treatment options to be pursued if the individual is to be regarded as genuinely and simply “ill”, in a vicious jab at the oppressive and frequently ineffective methods employed by the psychiatric profession throughout history:

- a) purging and leeches, b) removing the uterus if the person has one, c) electric shock to the brain, d) cold sheets wrapped tight around the body, e) Thorazine or Stelazine. (Kaysen 15).

In keeping with her ambivalent narrative style, Kaysen offers no answers to the questions posed in the chapter. However, the chapter appears to imply that, while there are certain forms of mental and emotional distress which merit intervention, the psychiatric field has so far produced unsatisfactory remedies which have done little to dispel the specter of madness itself. One may well pause to wonder whether we will one day regard pharmaceutical treatments such as “Thorazine or Stelazine” with the same disdain with which we now view treatment with leeches. By placing such a wide variety of psychiatric treatments in the same list, the text refuses to distinguish between them and appears to suggest that they are all equally harmful, useless, and punitive.

Antolin depicts Kaysen’s “recurrent use of ambivalence” as a tool which encourages the reader to “question traditional logic, as it is represented by such conventional binaries as either/or and, especially, sane/insane” (6). However, Kaysen’s narrative goes beyond the interrogation of binary distinctions by encouraging the reader to interpret the narration itself as inherently unreliable. For example, early in the memoir Kaysen reflects upon the stigma of being admitted to a psychiatric hospital and mourns the limits her internment places on her personal

relationships. She asks the seemingly rhetorical question: “How could a person who was locked up have a boyfriend?” (Kaysen 25). The phrasing of this question implies that maintaining a romantic relationship under these circumstances would be almost impossible, but in a later chapter Kaysen details the arrangements which were put in place to allow her to continue a relationship with a man she met at the cinema, crediting his eventual marriage proposal as the reason for her discharge (133). The earlier question is not, therefore, rhetorical at all, but Kaysen withholds the true nature of the question and encourages the reader to believe that she is cruelly isolated from the outside world during her time in McLean. Kaysen’s narrative unreliability is a conscious choice, a reflection on the existence of multiple truths and on the destabilising nature of her BPD diagnosis. Dow Adams argues that Kaysen’s diagnosis is simultaneously “reveal[ed] and conceal[ed]” throughout the narrative, in keeping with her ambiguous narrative style which raises questions and refuses to explicitly answer them (121).

While certain efforts are made to allow the patients to retain contact with the outside world, the hospital attempts to distinguish between the “sane” outer society and the “insane” interior of the psychiatric ward, however arbitrary this distinction may be. Kaysen describes the layout of the ward which places “Lunatics to the left, staff to the right”, although the positioning of the bathrooms to the right along with the staff emphasises the lack of privacy the “lunatics” are afforded (Kaysen 45). She also notes that the patients frequently sit outside the nurses’ station, in order to “keep an eye on the nurses” - an ironic statement which emphasises the atmosphere of observation and suspicion within the hospital (Kaysen 65). This role reversal and inherent suspicion of psychiatric authority is also apparent in Kaysen’s discussion of medication, which the patients fear because of its addictive nature – although, Kaysen hurries to inform us, “it was the staff who got addicted to our taking it” (87). While the patients are not explicitly forced to take medication, it is often administered in a coercive manner in order to induce calm and co-operation, and thus the staff are portrayed as having an unhealthy need for the medicine because it facilitates control.

White describes the novel as “an exploration of a life placed among the socially constructed borderlands of illness and sanity” (5), and the legitimacy of these “socially constructed borderlands” is further called into question when Kaysen frames the young student nurses as “proxies” for the girls on the ward, because “they were living out lives we might have been living, if we hadn’t been occupied with being mental patients” (91). The patients feel protective of the student nurses and even subdue their outbursts and unusual behaviours while they are present, further narrowing the gulf between inside and outside, mad and sane. As Chouinard states, *Girl, Interrupted* implies that “to be a woman with mental illness is to be not all that different from those without” (797), because female identities are already at increased risk of being viewed with suspicion and pathologised (Emmons 79). Furthermore, critics of BPD argue that:

The language used in the DSM to describe BPD is the language of excess: ‘frantic’, ‘disproportionate’, ‘intense’, ‘impulsive’, ‘chaotic’ and ‘highly’. These intensifiers imply that a particular level of emotion, of sexuality, of relationality is appropriate; that moderation is sanity and excess is madness. A diagnosis of BPD, then, functions to discipline women who are appetitive in any way. (Papps 6-7).

Kaysen is intensely aware of the gendered implications of her diagnosis and points out that several of the self-damaging behaviours listed as potential indicators of BPD are more commonly associated with women than with men, which further reflects on the socially constructed nature of mental illness itself (158). In addition, the identification the patients feel with the young student nurses potentially arises from a knowledge that there really is not such a clear distinction between sanity and insanity – perhaps their only problem is the “excessive” nature of their reactions to life and to social expectations.

Kaysen comments on the hereditary and environmental factors which influence mental illness when she writes: “Often an entire family is crazy, but since an entire family can’t go into the hospital, one person is designated as crazy and goes inside” (95). Thus, the female patients also view *themselves* as “proxies” for their dysfunctional families, as they exemplify abnormality in a manner which leaves the rest of society free to ignore similar abnormalities in its midst. White

argues that Kaysen's memoir "break[s] the silence and shatter[s] the border between the private and public realms" by disregarding the potential stigmatisation which could arise from telling a story of mental illness and institutionalisation (9). Clearly, Kaysen believes that society should confront mental illness directly by listening to the stories of mentally ill individuals, rather than interning them, and should question social codes surrounding what is considered normal, 'sane' behaviour. All individuals – nurses, patients, and outsiders – play social roles which are heavily influenced by society's views on abnormality and deviance. For the most part, Kaysen appears to reject the behavioural and emotional criteria for existing on the outside world, regarding it as overly prescriptive and narrow, but she is not above categorising her fellow patients in terms of "mad" and "madder". For example, upon visiting her friend Alice on the maximum-security ward and witnessing her smear feces onto the wall of her room, Kaysen exclaims: "Oh, God. Could that happen to us?" (115). Fearing the deterioration of her own ability to think and behave 'normally', she expresses distaste, horror and pity towards her old friend who is unable to control her madness within acceptable parameters – acceptable, that is, according to the laws of the minimum-security ward. Alice exists as a looming warning of the potential to slide further away from hope of rejoining society, and although Kaysen appears to protest against maintaining the categories of 'sane' and 'mad', she cannot confront Alice without fear. Perhaps her underlying fear of madness is what prompts her to declare that she does not want "a crazy boyfriend" when the option of forming a relationship with one of the male patients is presented to her (Kaysen 67). Clearly, Kaysen cannot consistently argue in favour of a world where the categories of mentally ill and mentally well do not exist, because she herself fears those who are considered more mentally ill than she is.

Despite Kaysen's personal reluctance to be associated with the "crazier" individuals in McLean, she reflects with considerable bitterness on the stigma faced by the patients as a result of their diagnoses, placing a particular emphasis on the ways in which the mentally ill are marginalised by the very individuals who ostensibly advocate for their care (White 8). At one

point, Kaysen deliberately places her face close to a nurse in order to antagonise her, with the knowledge that the nurses don't like "touching" the patients (Kaysen 23). She describes the respect the patients have for the head nurse, Valerie, who they trust because "she wasn't afraid" of them (Kaysen 83), indicating that the patients generally regard themselves as objects of fear. When the patients venture out on a trip to the local ice cream parlour, they are painfully aware that they are regarded as "lunatics" and therefore behave accordingly, "muttering, snarling, crying" (51). This implies that the behaviour of the young women is, at least to some extent, incurred by the preconceptions and prejudices surrounding mental illness which are held by outsiders – although Kaysen notes that they also behave this way on the ward, which seems to negate the idea that their behaviour is a deliberate performance of insanity. Marshall interprets the novel as "a cultural intervention that challenges the notion that mental illness is rooted solely in the individual" (118), and Kaysen's memoir consistently emphasises the view that the categorisation of certain individuals as mentally ill is deeply entangled with social and cultural ideologies, without ever endorsing the notion that mental illness itself does not exist. Kaysen states that many of the patients consider the hospital a "refuge" as well as a "prison", regarding their division from society as a fair price to pay for escaping "the demands and expectations that had driven us crazy" (Kaysen 94). Thus, society is held responsible for diagnosing mental illness, and it is also considered to be the cause of mental illness itself. Kaysen, who regards herself as "unfit for the educational and social systems" (155), frames incarceration as a form of protest against the demands of society, stating: "It was a very big No – the biggest No this side of suicide" (42), leading Yoo to comment that she views madness as her only path to freedom (205). While Kaysen expresses anger at her internment, she is also grateful for the opportunity to relinquish the pressures which come with occupying a 'normal' position in middle-class society, and to reject the social frameworks which have – according to Kaysen – unfairly categorised and diagnosed her. She therefore utilises madness as a subversive form of protest, but eventually discovers that this protest embodies Caminero-Santangelo's conception of a "hopelessly

disempowering solution” (125). Ironically, once the patients begin to recover their ability to assume normal social responsibilities and form healthy relationships, the opportunity to rejoin society is frequently denied them due to their tainted status as occupants of McLean. For example, several patients struggle to find a job using the hospital address (Kaysen 123). In order to subvert this stigma, and to open an interesting question about artists and mental illness, Kaysen reminds us that McLean “was famous and had housed many great poets and singers” including Sylvia Plath and Ray Charles (48), indirectly aligning herself with mentally ill individuals of considerable artistic talent. She then goes on to ask:

Did the hospital specialize in poets and singers, or was it that poets and singers specialised in madness?... What is it about meter and cadence and rhythm that makes their makers mad? (Kaysen 48).

As usual, Kaysen offers no explicit answers to these questions, but the ironic linking of correlation and causation subverts the idea that to produce great art one must suffer, instead positioning mental suffering as a direct result of engaging in artistic endeavors.

The memoir is heavily populated with vivid female characters, and Bridgford argues that it places “more of an emphasis on female illness in general than on one illness in particular” (79). However, the social structure within the facility is dominated by shadowy male figures who diagnose the patients under their care with peremptory certainty, for: “the doctors were men; the nurses and aides were women”, although, demonstrating her perpetual unwillingness to make a definitive statement, Kaysen mentions that there is one male aide and one female doctor on the ward (Kaysen 84). There are, therefore, exceptions to the patriarchal rule, and furthermore, the female characters are far more strongly characterised than the male, prompting Marshall to comment that Kaysen has entered “an all-female world, where the parameters of appropriate gendered behavior expand” (121). The reader is afforded very little information about the doctor who admitted Kaysen to McLean, but Kaysen recalls his “large stout fingers” which pinch her elbow as he leads her to the taxi which will take her to the hospital (8). As Longhurst states, “the conceited, aloof and domineering older male forces the tired, silent, reluctantly acquiescing young woman to be institutionalised” (41) in a manner which echoes Esther’s experience in Dr

Gordon's office in *The Bell Jar*. Later, Kaysen meets McLean psychiatrist Dr Wick, who informs her: "It has been decided that you were compulsively promiscuous" (85). The sentence is oddly constructed - the phrase "It has been decided" removes the doctor's personal responsibility and leaves Kaysen no agency in deciding on the legitimacy of the label herself. Dr Wick then proceeds to discuss Kaysen's affair with (or, perhaps, her abuse at the hands of) her English teacher, placing implicit blame upon Kaysen rather than the male authority figure who abused his position of power over the teenager. Kaysen comments upon the ways in which her alleged "promiscuity" fed into her BPD diagnosis, pointing out that a teenage boy would be far less likely than a girl to be awarded a "promiscuous" status, as the descriptor is "in the eye of the beholder" (149). This point supports Couser's argument that "One of the strengths of the book is its persistent interrogation of medical discourse in order to undermine its definition of her" (8).

Expanding on the themes of sexuality and gender, and their intersections with psychiatric power structures, Kaysen repeatedly emphasises the patients' preoccupation with their appearance, and demonstrates that they regard beauty as a valuable social currency which will enhance their chances of living a normal life in the outside world. Introducing Polly, a patient who set herself on fire prior to her admission to the ward and has suffered extensive burns, Kaysen wonders: "Who would kiss a person like that, a person with no skin?" (18). Polly's loss of external beauty is portrayed as the most serious result of her tragic suicide attempt, although Polly does not initially appear to share this view, as she presents an outwardly cheerful affect while the other patients suffer from depression and anxiety. Kaysen remarks that Polly does not fully comprehend the gravity of her situation until a year after the incident, when she reaches the age of eighteen, at which point she becomes inconsolable and repeatedly screams "My face!" (18). Thus, Polly's entry into adulthood is characterised by a new-found conviction that appearance occupies a central role in determining a woman's self-worth. Polly is now enshrined within a prison of her own making, for, as Kaysen remarks "We might get out sometime, but she

was locked up forever in that body” (19).<sup>47</sup> Schmidt notes the parallels between Kaysen’s description of life on the ward and Foucault’s description of the prison, as the staff enforce a rigid level of observation which evokes the idea of the Panopticon (16). Kaysen writes that the patients are forbidden to use razors unless a nurse is observing them, with the result that “We had a lot of hairy legs on our ward. Early feminists” (57). The perceived indignity of having hairy legs is regarded as being preferable to the indignity of shaving while under observation. The patients are constantly watched, subject to “checks” every five, fifteen or thirty minutes which even continue throughout the night (Kaysen 54). Antolin states that these invasive (but arguably necessary) “checks” create the sense of “a claustrophobic... [and] an absurd universe that could drive crazy even the healthiest person” (9), which again raises questions about the inherent nature of mental illness – is it located within the person, or within the untenable social structures containing that person? Kaysen’s memoir consistently interrogates this uncertainty, never reaching a definite conclusion but ultimately offering a persuasive argument that something about the way in which we categorise, confine, diagnose and medicate the mentally ill is dehumanising.

#### **4.2: “Do You Believe Him or Me?”: Mind Style in *Girl, Interrupted***

The scholar or critic who attempts to analyse mind style in *Girl, Interrupted* runs into a certain difficulty – Kaysen intersperses her narrative with various documents which have been obtained from her medical records, providing “a visual – and startling – reminder of the book’s basis in reality” (Bridgford 76). As Longhurst observes, “With its episodic structure and interspersed photocopies, *Girl, Interrupted* is a memoir that insistently interrupts itself” (42). The first page of the text, for instance, presents Kaysen’s “Case Record Folder” which details the reasons for her admission to McLean Hospital in psychiatric jargon. According to the Case

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<sup>47</sup> Interestingly, neuroqueer feminist scholar Merri Lisa Johnson notes the prevalence of metaphorical representations of individuals with BPD as “the psychological equivalent of third-degree burn victims with no emotional skin” (639).

Record, Kaysen displays a “psychoneurotic depressive reaction”, “personality pattern disturbance, mixed type” and “Undifferentiated Schizophrenia” (Kaysen 3). It is certainly difficult, if not impossible, to apply the theory of mind style to (auto)biographical primary sources such as this because, although they present a narrative of sorts, they are not the result of stylistic choice on the result of the author and do not reveal elements of the author’s cognitive state through literary expression. However, Kaysen’s *response* to these medical notes certainly reveals a great deal about her own mental state, as she frequently attempts to refute, expand upon, and even defend herself against the documents. Therefore, this section examines Kaysen’s presentation of her medical notes in conjunction with her autobiographical mind style because of the notes’ significant impact on her ability to process and understand her mental illness. This section argues that Kaysen’s autobiographical mind style is characterised by a defensive tone which posits her diagnosis as a charge to argue against, but not necessarily refute, illustrating what Lee terms her “somewhat contentious relationship with the reader” (200). In emphasising the ambiguity which permeates the narrative, Kaysen’s mind style could potentially assist readers with developing their understanding of what it means to be diagnosed with BPD.

Kaysen’s admission notes are provided in the book’s early pages, and these forms are filled out in looping handwriting which becomes almost illegible at times. However, it is possible to decipher the reasons for admitting Kaysen to McLean – a medical professional describes her as “profoundly depressed – suicidal” with an “increasing patternless [sic] of life” and labels her “promiscuous” (Kaysen 11). The author of these notes also expresses concern that Kaysen “might kill self or get pregnant” - Couser points out that these are unironically presented as “equivalent dangers” (7). The following document is typewritten by the doctor who initially recommended Kaysen’s admission at MacLean. He states that his evaluation “extended over three hours”, and he made his decision based on “the chaotic unplanned life of the patient”, her “suicidal attempts” and her alleged “immersion in fantasy, progressive withdrawal and isolation” (Kaysen 13). The name of the doctor himself, as well as the name of Kaysen’s therapist, is

omitted. Longhurst states that these photocopies of Kaysen's medical records allow the text to reflect on "the authority of the psychiatric institution versus that of the individual" (40), and it is certainly true that Kaysen responds to the records almost in the light of a defendant, arguing against some charges, and admitting others. Caminero-Santangelo goes further, stating that "part of [Kaysen's] political project is to insist on the authority of the personal and subjective, even while at times strategically employing institutionally and socially sanctioned criteria of objectivity to make us, as readers, listen to her voice" (28). In a chapter entitled "Do You Believe Him or Me?", Kaysen directly refutes her doctor's claim that he evaluated her for three hours, claiming that he recommended she be institutionalised after speaking to her for just twenty minutes. Kaysen admits that the case records appear at first glance to legitimise the doctor's version of events, stating:

But now you believe him.  
Don't be so quick. I have more evidence. (Kaysen 72).

Here we see a five-word sentence followed by two four-word sentences – an abrupt passage rendered increasingly striking because it directly addresses the reader. Kaysen 'breaks the fourth wall' in this way several times in the memoir, as she challenges readers to consider her story and its legitimacy, asking them to definitively make up their minds regarding the truth of what happened to her. Smith and Watson demonstrate that this challenge is a core component of autobiographical writing and remembering, which always intersects with acts of "assertion, justification, judgement, conviction, and interrogation" (7). Kaysen frequently justifies her own interpretation of events using short, staccato sentences which are almost plaintive at times. The title of this chapter, "Do You Believe Him or Me?" is deliberately oversimplified, for Kaysen cunningly goes on to demonstrate, in the chapter and throughout her work, that the truth is slippery, difficult to quantify, and almost entirely subjective. The difficulty in identifying objective truth not only applies to the mentally ill, who may experience distortions of perception as part of their mental illness (or whose versions of truth may be dismissed or ignored), but also to those who hold psychiatric or medical authority. This subjectivity can be seen in Kaysen's

admission report, which was filled out by two different nurses upon her arrival at the hospital. The first nurse reports that Kaysen “appeared scared and shy, talked appropriately did cry once during brief encounter... seemed relaxed No outward sign of excess nervousness”, whereas the second describes Kaysen as a “Very depressed, desperate young lady” who “cries easily altho [sic] tries very hard to maintain composure” (Kaysen 69). The first nurse views Kaysen as “scared and shy” but notes that she “talked appropriately” - presumably meaning that she has retained her grasp of social codes and displays an awareness of reality – whereas the second nurse goes further, portraying her as “very depressed” and “desperate”. While the initial nurse concedes that Kaysen “cried once”, the second notes that she “cries easily”, two not wholly incompatible remarks, but ones which certainly have different emphases. If Kaysen only cried once, how can the second nurse ascertain that she “cries easily”? The layers of truth, perception and alternate perspectives which we can see even within the ostensibly objective medical notes position Kaysen’s shifting presentation of truth and her narrative unreliability as entirely reasonable, if not inevitable.

After admitting the apparent legitimacy of her doctor’s claim that he interviewed her for three hours, Kaysen then performs a complex analysis of her movements on the day of her admission which demonstrates that her own story about the duration of the interview is in fact more reasonable, ending her defense with the words: “Now you believe me” (Kaysen 72). As Dow Addams points out, precisely identifying the length of the interview is arguably less important than “the author’s single-minded concentration on the details of the time... [and] her difficulties with measuring time’s duration, her inability to judge the flow of time” (132). It is also crucial to note Kaysen’s passionate defense of her own interpretation of what happened to her as she speaks in defiance of medical records and psychiatric authority. The implication, of course, is that her doctor did not spend enough time evaluating her to justify her admission to McLean – but even this simple claim demands a scrupulous attention to small details and a gathering of ‘proof’ in order to be believable, demonstrating the difficulties mentally ill individuals often

experience with regard to being heard and believed. As Boyd states, Kaysen's memoir presents "a small voice straining to be heard over a very large, powerful adversary" (354).

This difficulty is arguably increased when a mentally ill individual is, like Kaysen, diagnosed with BPD, a diagnosis which Baker regards as "one of the most potentially derogatory" in the *DSM* (22). Many of the medical documents which explain and justify Kaysen's diagnosis contain serious assassinations of her character and identity, labelling her symptoms of mental illness in condemnatory terms. She is apparently in possession of a "passive aggressive personality" and professionals are wary of expressing hope that she will make a full recovery (Kaysen 145). While they acknowledge that her depression and suicidality will in all probability be cured by her hospital stay, they state that a full recovery is unlikely due to "the chronicity of the illness and the basic deficiencies involved in personality structuring" (Kaysen 145). Rather than having a mental illness which can be explained with reference to brain scans or serotonin deficiencies, Kaysen's very personality – the core of her identity – is found to be "deficient". She may, the document goes on to state, "learn to make more wise choices for herself within the boundaries of her personality so that she is able to achieve a satisfactory dependent relationship" (Kaysen 145). The only hope for Kaysen is to remain "dependent" on the psychiatric structures which are currently constraining her, because "the boundaries of her personality" cannot, according to this report, allow her to live a functional and independent life. Kaysen laments the fact that she was not diagnosed with a mental illness which has a proven biological component, such as bipolar disorder, for then she would be "blameless" (151). The experience of BPD is often complicated by pervasive social stigma, and studies demonstrate that even psychiatric nurses tend to treat patients with BPD more negatively than those with other diagnoses (Lego 211), which implies that Kaysen's feelings of being "blamed" for her mental illness are not unfounded.

The chapter following the statement of diagnosis details the symptoms and general definition of BPD and is taken from the third edition of the *DSM*, published in 1987 (so,

approximately twenty years after Kaysen was diagnosed). Kaysen then responds to her diagnosis in the next chapter, which opens with the semi-ironic sentence: “So these were the charges against me” (Kaysen 150). The comparison of her diagnosis to a criminal charge is reinforced by the necessity of obtaining a lawyer to assist her with accessing her medical records twenty-five years later – clearly, Kaysen has gone to considerable trouble and expense to access this part of her life story. Antolin’s claim that Kaysen “denies her disability” by “speak[ing] against her diagnosis” and the medical reports which justify it is surely too simplistic (3), for Kaysen does not attempt to deny the accuracy of her diagnosis. However, she does feel that the diagnosis “isn’t profound” (150), as its generalising nature reduces her to a list of symptoms rather than assisting with an understanding of her individual needs and experiences. Kaysen explains that she does not wish to refute or deny her diagnosis, because this would in fact reinforce it – as she has been labelled “defensive” and “resistant” (150), she is caught in a double-bind where her challenges to psychiatric authority will not be taken at face value but will be added to her list of symptoms. Instead of denying her diagnosis, she instead attempts to qualify and annotate it, providing “the particulars” (150) which reinforce the importance of paying attention to the individual *stories* of the mentally ill rather than reducing them to a set of diagnostic criteria (Yamashita and Nakajima 611). Kaysen also offers commentary on the field of psychiatry and the changing parameters of what is considered mental illness. She points out the fact that homosexuality was once listed in the *DSM* as a form of mental disturbance, and its eventual removal meant that several of her friends “got out of the book and I didn’t. Maybe in another twenty-five years I won’t be in there either” (Kaysen 151). This demonstrates that psychiatrists and psychiatric discourse are not ultimate authorities but rather fallible methods of categorising individuals which can justifiably be challenged.

In disputing certain aspects of her diagnosis, Kaysen disagrees with the claim that she had an unstable sense of identity, believing instead that the adults around her had an unstable *image* of her identity because she did not conform to their expectations of what a middle-class

teenager should be (155). In this way, Kaysen continues to subvert the idea that mental illness is a purely individual matter (Marshall 118), and points out the role that social codes and other people's perceptions play in the labelling of the individual as mentally ill. She also makes an important point about the subjectivity and overt sexism of certain diagnostic criteria, asking "How many girls do you think a seventeen-year-old boy would have to screw to earn the label "compulsively promiscuous"?" (Kaysen 158). She seems to believe that her behaviour did not warrant the label of promiscuity, or, rather, that such a label is so utterly at the mercy of cultural perceptions that it is rendered useless. The strongly negative judgement of Kaysen's sexual activity (and the concern that she might "kill self or get pregnant") is, according to Kaysen herself, an overreaction. However, certain aspects of her diagnosis are portrayed as "an understatement", with Kaysen's "complete desolation" being framed in her diagnostic report as mere "emptiness and boredom" (157). While never contradicting the notion that she finds her diagnosis woefully inadequate, Kaysen simultaneously argues that her diagnosis goes too far, and not far enough: she takes issue with certain condemnatory language, but asserts that the depth of her emotions expanded further and deeper than a set of psychiatric criteria can encompass. As Longhurst states, Kaysen's mental illness is portrayed with "continuous ambiguity and uncertainty" throughout the book, allowing Kaysen to offer an "antagonistic... counter diagnosis" which challenges psychiatric authority and positions Kaysen as somewhere between a sane individual who is violated by psychiatric intervention and a mentally unwell narrator in need of help (42). In keeping with the psychiatric over-simplification of mental illness, Kaysen's final release document offers this evaluation of her current mental state: "Recovered" (169) - but it is important to remember that this, too, is highly subjective, as Kaysen herself states ironically that her misery has merely been "transformed into common unhappiness, so by Freud's definition I have achieved mental health" (154). In addition, Cowser points out:

...having challenged the authority of medical discourse at her admission, she cannot consistently endorse it at her discharge--despite the powerful temptation to declare herself "cured." (9).

Therefore, Kaysen avoids commenting directly on her “recovery” or lack thereof, just as she neither outright denies nor accepts her BPD diagnosis. Instead, she reiterates the need to pay close attention to individual stories and experiences of mental illness rather than placing undue emphasis on psychiatric labels.

The study of autobiographical mind style certainly differs from the analysis of mind style in works of fiction, for the obvious reason that the author is a ‘real’ person and not a character. However, autobiographical selves are almost as constructed and characterised as fictional characters (Smith & Watson 15), and it would certainly be naïve to assume that when reading an autobiographical text, we are directly accessing the author’s most authentic self. Rather, we read about experiences and emotions through the viewpoint of the author, who has positioned a narrative construction of him or herself at the center of the work. In *Girl, Interrupted* Kaysen communicates with the reader directly, frequently addressing a ‘you’ who must decide what aspects of her story, if any, are to be believed. Thus, the depictions of mental illness in the novel have a more overtly self-conscious tone than those in the fictional works previously discussed, as Kaysen attempts to directly *tell* the reader about her experiences with mental illness rather than to *show* them (although she also presents certain episodes which abide by the show-not-tell maxim). As Yoo states, Kaysen does not attempt to relive (or encourage the reader to imagine) her original experience, but instead interprets her original experience through unique lenses (201). Because we know that the authorial Kaysen is a real person who experienced institutionalisation, we are less likely to forget the fact that the protagonist version of Kaysen is reminiscing, and telling her story from a future, adult perspective. Longhurst comments on the difficulty of “producing ‘coherent’ narrative while experiencing emotional and psychological distress” (38), and perhaps Kaysen’s position of hindsight assists her in her re-telling. However, as Smith and Watson point out, the existence of two narrative “I”s (the recovered Kaysen and the mentally ill Kaysen described in the medical notes) allows Kaysen to “uncannily exist in both worlds simultaneously”, which further emphasises her ‘borderline’ status (146).

Kaysen's overt 'telling' about mental illness is particularly notable in the chapter entitled "Velocity vs Viscosity", which splits insanity into "two basic varieties... slow and fast" (Kaysen 75). Kaysen wishes to grant the reader a thorough understanding of "the day-to-day business of being nuts" (75), a humorous phrase which brings the frequently dramatic or abstract notion of insanity into the realm of mundanity. The following descriptions of "slow and fast" experiences of mental illness firmly re-establish the notion that mental illness is, above all else, extremely monotonous – when experiencing viscosity, Kaysen recalls:

Experience is thick. Perceptions are thickened and dulled. Time is slow. (75).

The notion that time can slow down or speed up is also present in *Cuckoo's Nest*, and is perhaps an understandable reaction to the repetitive routine of many institutions. In contrast to viscosity, Kaysen's experience of velocity is overwhelming, as she is subject to "a plethora of perceptions" and an "unceasing awareness" of simple bodily processes (75). She writes:

Digestion could kill you! What I mean is the unceasing awareness of the process of digestion could exhaust you to death. (75).

Here, we see Kaysen's consistent impulse to clarify her meaning to the reader – she makes an alarming yet apparently absurd statement ("Digestion could kill you!") and follows it up with a clarification that she is not speaking literally, that it is in fact *thinking*, rather than digestion, that is so dangerous when it runs along these lines. Even a simple thought can occasion "a bombardment of images" and unpleasant imagery, such as becoming uncomfortably aware of one's own tongue: "It's a vast foreign object in your mouth" (Kaysen 76). Kaysen's own body has now become alien and unfamiliar, and she has split herself into different identities, as one part of her consciousness asks another part to clarify its meaning - "are you really tired, exactly?" - and commands it to stay on track: "Go back to sleepiness" (76). Therefore, clarification and establishing meaning greatly inform Kaysen's narrative style - not only does she demonstrate her preoccupation with convincing the reader of the truth of her experience, she also portrays her efforts to convince *herself*.

While alternately experiencing velocity and viscosity, Kaysen does not appear irrational or to have an unstable grasp on reality. Rather, she is caught in a cycle of excessive rumination which makes reality seem overly complex, distressing, and at times, terrifying. However, Kaysen believes that mental illness almost always involves delusion of some sort, or at least an inability to reconcile thought with fact, which frequently results in a self-split. In a chapter entitled “Mind vs Brain”, Kaysen attempts to define what it means to be “crazy” and outlines the possible chemical and environmental causes of mental illness (140). Kaysen refutes the notion that any individual contains one coherent mental identity, instead maintaining that “the brain talks to itself” because “there is thought, and then there is thinking about thought” (138). She imagines two interpreters inside a mentally ill individual’s brain quarrelling about the nature of an object, with the first identifying the object as a tiger and the other, presumably ‘sane’ interpreter identifying it as a bureau (Kaysen 139). She then expands on the notion that our senses can deceive us, asking the reader to imagine they are on a stationary train while watching another train move, and experiencing the false sensation of moving along with it. Surprisingly, considering the book’s emphasis on subjectivity and the blurring of binary distinctions, Kaysen does not at this point conclude that the truth is subjective or that the delusions of a mentally ill individual are as valid as the perceptions of a mentally well person – in fact, she maintains that she has been subject to “thoughts [that] have no meaning”, or “idiot mantras” such as “I’m no good, I’m the Angel of Death” (78). Instead, she drily points out: “You can’t call a piece of fruit an apple when you want to eat it and a dandelion when you don’t want to eat it” (Kaysen 142). In other words, there *is* an objective reality, which perhaps explains Kaysen’s single-minded pursuit of the truth throughout her memoir, although she allows room for different versions or viewpoints.

In a 1994 interview with Alex Johnson, Kaysen commented: “The general readership in this country has lost faith in the metaphor. Metaphor as a way of apprehending reality doesn’t carry any weight” (105). Her autobiographical mind style is populated with metaphors, perhaps

in an effort to reinstate their significance and usefulness in embodying otherwise incommunicable concepts. As Antolin points out, Kaysen's BPD diagnosis itself includes a "metaphoric adjective" in its title, which, like all metaphors, introduces "semantic ambiguity" (16). To be classified as 'borderline' entails straddling the boundaries between one thing and another, and is arguably an apt metaphor for Kaysen's experience inside McLean and her unstable relations with the outside world. Kaysen advocates for the use of the metaphor in real life – not just in literature – when she denies the notion that she was a danger to herself after her suicide attempt, remarking: "The fifty aspirin – but I've explained them. They were metaphorical" (39). The aspirin that Kaysen swallowed in an attempt to poison herself is thus portrayed as a symbolic rejection of society's expectations rather than a means of escaping life itself. Of course, this metaphor is somewhat tongue-in-cheek, because it is almost certain that Kaysen did at one point intend to literally kill herself – she even announces this desire to her boyfriend on the phone before taking the tablets. However, Kaysen has since realised that she did not, in fact, wish to die but rather to change her reality and reject social pressures. When suicide becomes impractical, Kaysen frames incarceration in McLean as being "too good to resist" (42). Kaysen therefore literally takes the aspirin, while retrospectively and metaphorically imbuing the act with the symbolic rejection of societal expectations. Her autobiographical mind style frequently addresses the reader in the manner of judge or jury, as she justifies her own actions and demonstrates the importance of understanding the reasoning behind her demonstrations of mentally ill behaviour.

#### **4.3: "Interrupted at her music": Catharsis in *Girl, Interrupted***

In McLean, open and free acts of cathartic expression are blocked and curtailed by the psychiatric power of the ward, which attempts to ape the norms of the outside world and to train the patients to act in an acceptable manner, with certain caveats. Kaysen highlights the ironic and absurd nature of these social and psychiatric expectations when she states: "Yelling in the TV

room or the hall was “acting out” and was not a good idea. But yelling in the seclusion room was fine” (46). Thus, the hospital allows for the process of “acting out” within strictly defined parameters, thereby indirectly acknowledging the necessity for catharsis. However, the outside world is shown to be in total chaos at this time in history, which provides a striking contrast to the order which is imposed – or at least advocated – by the psychiatric professionals. The year 1968 is widely acknowledged to be a pivotal and eventful year in American history, and Kaysen relates watching news stories of protests, assassinations, and the Vietnam War from within the artificial, ‘safe’ microcosm of the hospital. According to Kaysen, this vicarious participation in revolutionary ideals calms the patients and causes a decline in their more overt symptoms of mental illness, demonstrating that participation in or affiliation with wider society has a beneficial impact on mentally ill individuals. As Kaysen states, “We didn’t “act out”; it was all acted out for us” (93). The riots and wars which are taking place in the outside world ironically mirror, at least to some extent, the turbulent emotions of the patients on the ward who have been interned for expressing these emotions in socially unacceptable ways. Curnutt comments on the change in adolescent and young adult fiction from the sixties to the nineties, demonstrating that earlier novels such as *The Bell Jar* caution against “the stifling conformity, empty materialism, and false piety of the bourgeois home” (94), whereas more contemporary novels express an “overt nostalgia” for adult authority (101). However, in the chapter entitled “Nineteen Sixty-Eight”, Kaysen portrays the vicarious relief felt by the other patients when they see their revolutionary ideals played out by others – demonstrating that she in fact relishes chaos, viewing it as a rational response to the world’s systems and demands. Kaysen’s emotional turmoil results in a deep need for catharsis, which she frequently finds in acts of violence – whether these are enacted for her by revolutionaries outside the ward, or enacted *by* her upon herself. These acts of violence are often described in vivid detail, but are not glorified, as they are ultimately found to be destructive and are eventually discarded in favour of catharsis through artistic expression. This section will demonstrate Kaysen’s transition from destructive acts of catharsis, such as suicide attempts and

self-harm, to the catharsis she finds in literary endeavours which allow her to voice her pain without using physical violence.

Kaysen first describes her experience with suicidality in the chapter entitled “My Suicide” (36) - a title which positions her suicide as a real event, despite the fact that any individual who completes suicide is obviously not in the position to write a memoir of their experience. However, it later becomes clear that Kaysen’s suicide is not literal, although it does involve a very real attempt to take her own life, but is rather a metaphor for the eradication of her own wish to die. While the chapter demonstrates how one might become desensitised to the idea of suicide and presents some aspects of suicide in an appealing manner, this is tempered with frequent use of repulsive imagery which emphasises the less palatable consequences of making an attempt on one’s own life. Disturbingly, Kaysen appears to instruct the reader on how they might go about completing suicide, as she states:

It’s important to cultivate detachment... If there’s a knife, you must imagine the knife piercing your skin. If there’s a train coming, you must imagine your torso flattened under its wheels. (36).

Readers with a vivid imagination may very well find themselves involuntarily imagining these things as they read the lines, and it appears almost cruel of Kaysen to encourage the visualisation of these images as she deliberately instructs the reader on how to achieve the “proper distance” necessary to enter a state of mind which is conducive to making a suicide attempt (36). Kaysen uses her imagination as a numbing agent and attempts to normalise suicidal impulses to herself and, by extension, to the reader. However, a reader who is already experiencing intrusive thoughts or ideas of suicide may find recognition in this frank portrayal of suicidal ideation. In fact, Cao-Silveira et al. found that reading first-person narratives about working through suicidal thoughts actually reduced suicidality in readers (626). Despite presenting her constant rumination on suicide as a deliberate desensitisation strategy, Kaysen goes on to depict her involuntary fixation on the subject, as she considers killing herself after every minor inconvenience or negative feeling (37). However, she clarifies that she does not really wish to die at all, but rather to “kill the part [of herself] that wanted to kill herself” (37). This paradoxical sentence refers to a

split-self idea which is strongly reminiscent of Esther's experience in *The Bell Jar* – Kaysen wishes to eradicate the mentally ill, suicidal part of herself, which implies that she also recognises another, healthy self who is perfectly capable of living a fulfilling life. Unfortunately, the biological merging of these selves means that killing the mentally ill Kaysen will also kill the parts of Kaysen which she considers mentally well. She realises the enormity of this fact only after she has taken an overdose of aspirin, when she is “gripped with humiliation and regret” (37).

The last thing Kaysen sees before collapsing unconscious after her suicide attempt is “the bloody chops and steaks straining against their plastic wrapping”, an intentionally repulsive image which she later likens to her own physical self, trapped in its prison of mental instability (38). When she regains consciousness, she finds herself in hospital getting her stomach pumped, which she compares to “being choked to death” as she experiences the sensation of “tissue collapsing and touching itself in a way that it shouldn't” (38). Kaysen initially believes this to be “a good deterrent” against attempting another overdose, but in reality, she is only dissuaded from using the same suicide method twice, and wryly wonders what method she will employ “next time” (38). However, she subsequently wonders if she still wishes to kill herself at all, as she experiences a temporary lifted mood after her attempt which she refers to as a “respite” (Kaysen 38). Kaysen's experience of a shift in mood aligns with psychological studies which have noted an alleviation in emotional distress in patients who are hospitalised after a suicide attempt (Walker et al 145), leading Jallade to conjecture that a suicide attempt may be a cathartic experience which allows an individual to release some of their distress via “emotional venting” (289). Walker et al conjecture that this alleviation in distress may arise as a result of the interpersonal support from family and hospital staff which is received after a suicide attempt (151), but Kaysen does not refer to such resources in the chapter depicting her suicide event and certainly does not attribute the improvement of her symptoms to any outside assistance at this point. Instead, she implies that she has metaphorically succeeded in killing a part of herself, stating: “I wasn't dead, yet something was dead” (Kaysen 38). While this increased mental clarity

and “airiness” may on the surface present suicide (or a dangerous suicide attempt) as an attractive option, the very fact that Kaysen kills the part of herself that wishes to die with her attempted overdose demonstrates how deeply distressing and unpleasant suicide is. Baker states that, for Kaysen, “the suicidal gesture becomes a form of localised suicide and is, paradoxically, a remedy for the suicidal impulse” (25). Her suicide attempt is not an uncomplicated catharsis of feeling through a violent act, but rather a first-hand experience of the extreme horror attendant on self-violence.

In fact, Kaysen admits to finding the thought of suicide more comforting and appealing than the literal act. Thinking of suicide eventually forms a substitute for attempting it, as Kaysen states: “I’d think about it... and then I’d feel better” (158). The mere thought of suicide acts on Kaysen like a “purgative or a cathartic” (158), which implies that thinking about it is enough, perhaps because the idea presents a comforting, but illusory escape route should life prove to be unbearable, but also because the notion of acting on these feelings has become repellant after Kaysen’s grueling experience. However, Kaysen complicates this apparent rejection of the desire to literally commit suicide (rather than simply eradicating the suicidal part of herself) when she implies that, for her fellow patient Daisy, suicide was in fact the best option because she “wasn’t going to change” (158). According to the other patients on the ward, Daisy suffers ongoing sexual abuse at the hands of her father and is subsequently trapped in a cycle of bingeing and purging. Kaysen appears equally repulsed and fascinated by Daisy’s disordered behaviour and notes that Daisy’s father brings her an entire roast chicken twice a week, establishing his complicity in Daisy’s mental illness and eating disorder. Daisy’s father is apparently “in love with Daisy” and eventually buys her a new apartment for which she departs, before tragically killing herself on her birthday (Kaysen 32). Just as Polly becomes distraught by her scars on her eighteenth birthday, the passage of time highlights to Daisy the intolerable demands of womanhood and she refuses to participate. Her eating disorder is a preliminary means of rejecting female sexuality – in making herself smell of “chicken and shit” Daisy deliberately

induces repulsion in those around her in an attempt to prevent herself from appearing sexually attractive to others (although this attempt is unsuccessful, as Kaysen notices that “Daisy was sexy”) (32). Kaysen portrays Daisy’s suicide as being preferable to sitting “in her eat-in kitchen with her chicken and her anger for another fifty years” (158), which, while it appears to encourage suicide in certain extreme cases, may also be another metaphor for the rejection of intolerable living conditions. As Bridgford states, Daisy “is swallowed by a patriarchal view of her” and must therefore end her life (82). Rather than advocating suicide, Kaysen is simply stating her opinion that death is preferable to a continued endurance of sexual abuse and mental anguish, which reiterates the point that outer circumstances must be changed before the inner life can improve.

When describing her experiences with self-harm, Kaysen consistently utilises repulsive imagery which alerts the reader to the distressing nature of destructive, self-harming cathartic acts. She recalls banging her wrists against the metal arms of her chair as she did her homework, portraying the act as “slow, steady, [and] mindless” and stating that it constituted a “cumulative injury, so each bang was tolerable” (Kaysen 152). She also scratches her face and rubs soap into the cuts, although the visible nature of this form of self-harm eventually dissuades her (Kaysen 153). As she self-harms, Kaysen repeats the words “You are in pain” (153) to counteract her emotional numbness, implying that she at once feels too much and too little. Clearly, self-harm provides Kaysen with a method of catharsis in as much as it forms a physical representation and reminder (to others and to herself) of her emotional pain and distress. However, the text does not suggest that self-harm is a valid or constructive form of catharsis, and Kaysen makes this clear when she describes the occasionally involuntary episodes of depersonalisation which she experiences on the ward. While sitting with some of the other patients Kaysen becomes fixated with the notion that her hand is not her own, but belongs to a monkey, and subsequently begins biting her hand to check that she has human bones. The episode is, of course, distressing to

Kaysen, but it is arguably amusing to read, as Kaysen bites her hand until she draws blood and attracts the attention of the other patients:

“What the fuck are you doing?” Georgina asked.  
“I’m trying to get to the bottom of this,” I said.  
“Bottom of what?” Georgina looked angry.  
“My hand,” I said, waving it around. A dribble of blood went down my wrist. (103).

Here, the reader can safely assume that Kaysen’s retort regarding “get[ting] to the bottom” of her own hand was not intended to be ironic or humorous at the time (if, of course, we are to believe that this is literally what she said). It is really an exhibition of madness, which is often characterised by extreme literality – Silvano Arieti, in an article exploring unconscious wit among psychiatric patients written in 1950, states that “The way of thinking to which the ordinary person occasionally regresses when he wants to be witty is a usual way of thinking for these patients” (56). Kaysen’s inability to understand the metaphorical nature of the phrase “getting to the bottom of it” mirrors her temporary obsession with viewing her own bones as proof that she is a living human being, as her grasp on reality recedes. However, Georgina’s “anger” during Kaysen’s dissociative episode is interesting – clearly, she is ‘sane’ enough to understand that cathartic acts of self-harm are fundamentally destructive and should be discouraged, as can be seen by her intervention, which consists of fetching the nurse who subsequently administers Kaysen with a sedative. Longhurst comments that “This episode provides a stark contrast with the controlled, cynical narrative voice to which the reader has become accustomed” (42), as Kaysen discards her detached, retrospective narrative in favour of immediacy which renders her emotional distress palpable. The chapter describing this event is followed by a medical document entitled “Progress Note”, which labels the episode as a bout of “depersonalisation” and states that the cause is “still not clear” (Kaysen 105). This medical note demonstrates, to a certain extent, the veracity of Kaysen’s narration in the previous chapter, showing that her feeling that she “wasn’t a real person” truly did occasion some sort of outburst, although the document does not mention Kaysen biting into her hand (105). Longhurst comments that illness narratives “counter the depersonalisation and objectification of the

medical chart” (39), which reinforces the idea that Kaysen’s feelings of unreality throughout this episode, which center around the notion that she is not actually human, are in fact reinforced by the medical notes which dehumanise her, by referring to her as “the patient” (Kaysen 105) and omitting important parts of her story. Kaysen is therefore mad and sane simultaneously, as her acts of self-violence demonstrate the legitimacy of her beliefs and doubts regarding her personhood. However, while Kaysen’s self-harm is rationalised and explained, it is not glorified, as it is portrayed as being deeply distressing, at times necessitating medical intervention in the form of stomach-pumping or pharmaceutical drugs.

Clearly, cathartic acts of self-harm are unsustainable and destructive coping mechanisms, and Kaysen eventually discards them in favour of artistic expression which grants her a voice and an emotional outlet without posing a threat to her well-being. In writing her memoir and speaking about (and against) her experience of institutionalisation and diagnosis, Kaysen arguably releases at least part of her anger and hurt through a cathartic, creative act. As Antolin states, language represents Kaysen’s “[most powerful] tool to save herself, and reclaim personal and social empowerment” (11). Upon her discharge from McLean, Kaysen appears to achieve a relatively fulfilled and functional life – she marries, albeit unsuccessfully, and eventually makes a life out of “boyfriends and literature” (155). She is therefore unconventional in comparison with her peers, but apparently successful, and avoids being institutionalised again. The portrayal of artistic expression as cathartic is reiterated at the end of the memoir, when the meaning behind the title of the text is made clear. Kaysen describes a visit to the Frick gallery in New York, which she embarked upon with her English teacher before she was institutionalised. Marshall suggests that, despite the lack of explicit correlation drawn between Kaysen’s breakdown and her affair with her English teacher, its positioning in the narrative suggests a link between these occurrences (124). As Kaysen views a painting entitled “*Girl Interrupted at her Music*” (167), she muses on the parallels between herself and the painted piano player, who appears to be dominated by her “beefy music teacher” as he lays a “proprietary hand” on the back of her chair

(165). Kaysen experiences a sense of foreboding and believes the girl in the painting is warning her of something, but she refuses to heed this warning. Instead, Kaysen writes:

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 failed biology, though I did graduate, and, eventually, I went crazy. (166).

Sixteen years after her hospitalisation, Kaysen visits the painting for a second time, and experiences a wave of emotion as she realises its symbolic significance. The girl in the painting is like Kaysen not only because of her potentially exploitative relationship with her teacher, but because she is: "Interrupted at her music: as my life had been, interrupted in the music of being seventeen" (167). Thus, the painting symbolises Kaysen's frustration at being institutionalised at a pivotal point during her adolescence, and allows her to release her feelings through crying as she wonders: "What life can recover from that?" (167). Eakin writes that the title of Kaysen's memoir "captures her sense of the cost in arrested identity... [suggesting] the disciplinary potential confronting those who fail to display an appropriately normal model of narrative identity" (120). However, despite the implication that Kaysen has been irrevocably wounded by her mental breakdown, the ending of the memoir is encouraging to the extent that it positions art, and artistic expression, as constructive means of catharsis which offers solace, and presents the possibility of creating an outward representation of inner pain which, unlike self-harm, does not jeopardise the individual's safety. As Bridgford states, the painting allows Kaysen to see and acknowledge her younger self, and to consider her experience on the ward through "the golden light of art, which makes everything beautiful" (90). Kaysen's catharsis in front of the painting is depicted in the final written chapter of the text and is followed by the form which records her discharge from McLean and describes her as "Recovered" (168). By Kaysen's own admission, her adolescent sadness has been mitigated but not entirely dispelled, owing to the passage of time and, arguably, the process of asserting her own voice using written narrative. In her interview with Alex Johnson, Kaysen states that *Girl, Interrupted* frames "witness as writer" (107), thus demonstrating the power of creative expression as it grants the individual autonomy in the telling of their own story.

#### 4.4: Conclusion

According to Merrigan, the strong identification many young female readers felt with Kaysen's experiences after reading her memoir perturbed Kaysen herself, who, when she was informed that some readers felt as though she had written the book 'for' them, inwardly responded: "I didn't. I don't know you. I wasn't trying to reach you". Thus, the memoir was not intended to provide a collective voice for disempowered sufferers of mental illness, but rather to draw attention to the importance of listening to *individual* stories rather than relying exclusively upon diagnostic criteria. Dow Addams argues that Kaysen's memoir skillfully navigates the unstable boundary between relying on documentation from a psychiatric institution and demonstrating the "suspect" nature of psychiatric institutions themselves (128). Her memories of her time in McLean provide a prime example of what Smith and Watson term the autobiographical process of "writing back" (235) in order to gain agency after having her autonomy stripped away. According to Kaysen, her memoir was inspired by "rage and a desire to dissect this world" (Merrigan). *Girl, Interrupted* gives voice to Kaysen's rage and confronts the reader with a multitude of questions about mental illness, personhood, and emotional pain. In keeping with the ambiguity of her BPD diagnosis, Kaysen refrains from answering these questions.

## Conclusion

The central argument of this thesis is that fictional and (semi)autobiographical texts about mental illness have the potential to improve readers' understanding of difficult emotional experiences and to facilitate discussions which could lead to an improvement in overall mental health. As Linton and Walcott state, "There is no single story of mental health" (7), and this thesis therefore emphasised the importance of listening to individual stories by analysing a variety of creative texts. The thesis also outlined a unique template with which to examine literary texts about mental illness, mapping the three stages of bibliotherapy – identification, insight, and catharsis (Shrodes 314) – onto three avenues of literary criticism: exploring the marginalisation faced by mentally ill protagonists, the mind style protagonists display which communicate their experience of mental illness, and protagonists' search for catharsis. This methodology provides a fresh approach to analysing widely read texts about mental illness and facilitates a deeper understanding of the literary techniques used by authors to portray experiences of mental illness. The thesis is not intended to be a practical investigation into the efficacy or applications of creative bibliotherapy, but it is rather an exploration of the potential to utilise literary criticism to enhance understanding of mental illness in an educational and perhaps therapeutic context, and to broaden the definition of bibliotherapy. This chapter will reiterate the three core questions underpinning this research and will attempt to demonstrate the ways in which the previous chapters have explored these questions, before outlining the potential for further research and collaboration in this area. Widening the focus from literary criticism, the conclusion will point to psychological and sociological studies which present compelling evidence for using 'stories' of mental illness to gain awareness and to enrich therapeutic approaches.

### 1. Protagonists' experiences of stigma and marginalisation

Firstly, each chapter analysed the protagonists' experiences of mental illness within the core texts, and enquired into the social, cultural, and interpersonal marginalisation they face as a result of their respective mental illnesses. The key hypothesis underscoring this line of enquiry was that sensitively drawn portrayals of marginalisation may extend "recognition, solidarity, and perhaps a safe harbour" (Davis 714) to readers contending with similar issues, which would assist with the "identification" phase of bibliotherapy (Shrodes 314). In all four of the texts analysed in this thesis, the mentally ill protagonists endure various types of discrimination and stigma as a result of their conditions, and experience overt feelings of being marginalised and alienated from their communities. Mentally ill characters are often stigmatised by characters who are deemed (or who deem themselves) mentally healthy – consider, for example, the student in *Hangsaman* who informs Natalie that the other girls say she is "crazy" (Jackson 68), or the local people who apparently regard Kaysen and her friends as "lunatics" in *Girl, Interrupted* (Kaysen 51). According to Erdner et al., these fictional portrayals of stigma unfortunately align with the lived experiences of mentally ill individuals in modern society, who frequently view themselves as somehow different to other people and often perceive themselves to be part of vulnerable and marginalised groups (380). However, Da Cunha Koch et al. write that art or fiction which tackles themes of mental illness can increase empathy and reduce stigmatisation, by normalising mental illness for individuals who experience it, and humanising it for individuals who do not (4). Literary portrayals of stigmatised and marginalised protagonists may therefore provide valuable opportunities to address the various ways in which readers stigmatise, or feel stigmatised by, mental illness. As Felski states, recognition in literature does not merely refer to an acknowledgement of sameness, but to the process of learning, for: "it denotes not just the previously known, but the becoming known" (25).

The stigmatisation or negative judgement of individuals who experience mental illness appears to be particularly damaging when it comes from psychiatric professionals – in all three of the texts where protagonists receive psychiatric treatment, the professionals are painted in

unflattering lights as a result of their lack of understanding and empathy. Dr Gordon in *The Bell Jar*, Nurse Ratched in *Cuckoo's Nest*, and the unnamed doctor who recommends Kaysen's institutionalisation in *Girl, Interrupted* all display markedly negative attitudes towards mental illness, and openly express these attitudes to protagonists using patronising and even dehumanising language. While these negative portrayals of psychiatric staff may appear to perpetuate discouraging stereotypes in the context of bibliotherapy, they arguably align with the lived experience of many mentally ill individuals who have engaged with psychiatric and medical services. Thornicroft et al. found that medical students were frequently unsympathetic towards individuals with certain diagnoses, such as personality or eating disorders, and that individuals who availed of mental health services felt patronised, excluded from treatment decisions, and under threat of coercive treatment (117, 118). Individuals who require treatment for self-harm injuries frequently perceive negative or critical attitudes from staff in emergency departments (Artis and Smith 259). Tyerman et al.'s systematic review of patients' experiences noted that physicians are more likely to ignore or undertreat physical symptoms when they arise in a mentally ill patient, despite the fact that individuals living with mental illness are at significantly greater risk of developing chronic physical conditions (162). Furthermore, Gaillard et al. found that individuals with mental illnesses often reported feeling as though their diagnoses created "a totalising frame of reference that created the potential for abundant misconceptions and misinterpretations" between themselves and their care providers, resulting in an overall lack of trust (195). Therefore, examining negative literary portrayals of psychiatric and medical treatment may in fact prove cathartic for individuals with similar experiences, allowing them to discuss incidents where they felt misunderstood or stigmatised by professionals.<sup>48</sup> It may also be helpful to consider the ways in which institutionalised characters within the texts view their treatment as

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<sup>48</sup> It is, however, important to note that there are also positive portrayals of psychiatric professionals within the texts – Dr Nolan in *The Bell Jar*, and Nurse Valerie in *Girl, Interrupted* are portrayed as supportive and empathetic towards the protagonists. Other texts about mental illness, such as Joanne Greenberg's *I Never Promised You a Rose Garden* (1964), contain similarly favourable portrayals of professionals.

punishment, which aligns with Foucault's conception of the institution as ultimately inhumane and punitive (Bevir 352). Consider, for example, Esther's harrowing experience of ECT which causes her to wonder "what terrible thing it was that I had done" (Plath 152). The bibliotherapist should, where possible, avoid becoming defensive of psy spaces, and should instead offer the reader the opportunity to examine any feelings of shame, social rejection, or notions of being 'punished'. It is quite possible that an individual who has an interest in reading and/or literary analysis will enjoy bibliotherapy sessions rather than feeling as though it is a treatment or punishment designed to correct something within them which is 'wrong'. For example, Pettersson's interviews with the participants of a Swedish bibliotherapy group found that their mood lifted after the reading sessions, and they experienced an increase in energy which made it easier for them to complete their daily tasks (131). Analysing literary texts may empower the individual to feel as though they have collaborated in their treatment plan in a meaningful way, which is conducive to overall feelings of respect and trust between care provider and patient (Gaillard 196).<sup>49</sup>

Overall, the texts demonstrate that stigmatisation and marginalisation have an overwhelmingly negative impact on mentally ill individuals, and significantly obstruct their recovery and ability to take part in their communities. However, these works also demonstrate that forming meaningful connection and community among mentally ill individuals is made possible when those individuals reject the social codes which stigmatise them and critically examine the shame they feel due to their mental illness. For example, McMurphy's expressed desire to become the "bull goose looney" or craziest member of the ward (Kesey 20), and his redefinition of madness as a source of pride, freedom, and even excitement, eventually leads

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<sup>49</sup> It might also be beneficial for psychiatrists and other mental health professionals to read fiction with the aim of gaining a better understanding of the experience of mental illness, as Beveridge outlines (386). For further insight into the benefits of encouraging mental health practitioners to read literature about mental illness, see Crawford, Paul, and Charley Baker. "Literature and madness: fiction for students and professionals." *Journal of Medical Humanities*, vol. 30, 2009, pp. 237-251.

Chief to seek independence and to leave the ward on his own terms. Chief's empowerment and recovery as a result of being included in friendship and community events, such as the party and the fishing trip, is genuinely plausible, as evidence suggests that participating in communal activities such as recreation programs promotes recovery from mental illness by contributing to a feeling of social inclusion (Litwiller et al. 2). A close reading of these literary portrayals of stigma could encourage readers to identify the impact of stigma on their own lives, and to enquire how others stigmatise them, how they stigmatise others, and whether they experience self-stigma. It could also lead to an interesting dialogue between the bibliotherapist and the reader about the ways in which the reader has felt stigmatised within psychiatric spaces, which could enable the bibliotherapist to gain a deeper understanding of what the reader has experienced and what they would like to avoid during reading therapy.

The core texts also demonstrate that the stigma surrounding mental illness is often inherently gendered, which affects both men and women adversely. The notion that different genders have different experiences of mental illness is reflected by the statistic that women are diagnosed with depression twice as often as men are, but men are more likely to kill themselves (Charteris-Black 201). In the core texts, social expectations regarding gender feed into characters' experiences of mental illness and stigma in significant ways. Consider, for example, how Esther simultaneously dreads motherhood, which she comically imagines as "a baby hanging over my head like a big stick, to keep me in line" (Plath 243) and worries that she will be unable to find anyone willing to marry her after her stay in the psychiatric facility (Plath 254). Her mental illness has, at least in her own mind, made her undesirable as a mother and partner. In *Girl, Interrupted*, Kayser's sexual activity is interpreted as a symptom of her BPD diagnosis, and her male psychiatrist pompously informs her: "It has been decided that you were compulsively promiscuous" (85). Contrastingly, the men in *Cuckoo's Nest* regard their lack of sexual prowess as a symptom of their mental illness, as they find psychiatric treatment emasculating and frame Nurse Ratched as a "ball cutter" for robbing them of their ability to maintain healthy

relationships with women (Kesey 53). In *Hangsaman*, Natalie does not undergo psychiatric treatment, but she does endure sexual abuse and grooming from male authority figures, which directly feeds into her need to isolate herself in delusion and fantasy in order to escape her trauma. The core texts' portrayals of gender as an important factor in the experience of mental illness is supported by Emmons, whose work investigates the stories, metaphors, and genres through which the experience of depression is communicated, and examines the "gendered illness identities" which emerge from this analysis (5). In the context of bibliotherapy, an examination of this interplay between gender and mental illness could facilitate a dialogue about gender identity, or feelings of not living up to a prescribed 'role'. Future work could look more closely at the feminist issues I touch on in this thesis, although there already exists a significant body of scholarship which conducts a feminist analysis of the portrayal of women's mental illness in the core texts.<sup>50</sup>

## 2. Mind style and narrative voice

After tackling portrayals of marginalisation, this thesis investigated mind style and narrative voice within each of the core texts, examining the literary techniques which help to elucidate protagonists' inner (rather than outer or socio-cultural) experience of mental illness. This exploration of mind style was intended to assist with the "insight" phase of bibliotherapy, wherein readers are encouraged to explore their feelings of emotional distress or difficulty (Shrodes 314). Using metaphors such as the bell jar to understand, for example, severe depersonalisation and depression, could facilitate the creation of what Charteris-Black terms "a

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<sup>50</sup> See, for example: Caminero-Santangelo, Marta. *The Madwoman Can't Speak. Or Why Insanity Is Not Subversive*. Ithaca: Cornell, 1998; Miyatsu, Rose. "'Hundreds of People Like Me': A Search for a Mad Community in 'The Bell Jar.'" *Literatures of Madness*. Palgrave Macmillan, 2018, pp. 51-69; Chouinard, Vera. "Placing the 'mad woman': troubling cultural representations of being a woman with mental illness in *Girl, Interrupted*." *Social & Cultural Geography*, vol. 10, no. 7, 2009, pp. 791-804; Marshall, Elizabeth. "Borderline girlhoods: Mental illness, adolescence, and femininity in *Girl, Interrupted*." *The Lion and the Unicorn*, vol. 30, no. 1, 2006, pp. 117-133; Young, Brigit. "The Empty Vessel: A Dissection of the Worth of Madness and its Cure in Shirley Jackson's *The Bird's Nest*." *Modern Language Studies*, vol. 46, no. 2, 2017, pp. 38-51.

shared language” (203) between therapist and reader by providing a means of explaining and exploring feelings which are difficult to communicate. By focusing on linguistic originality in the core texts (Semino 154) and reflecting upon the ways in which narrative style communicates the protagonists’ states of cognition (Boase-Beier 254), this thesis has attempted to deconstruct the literary techniques which assist with portraying the wide-ranging experience of mental illness. Surprisingly, scholarship has largely neglected the study of mind style in works about mental illness.<sup>51</sup> I hypothesise that this area of investigation is a valuable component of Mad Studies and the medical humanities field and should be further explored by both literary critics and those working in psychiatric and psychological disciplines. Literary analysis has already proved useful in psychiatric spaces – for example, Semino et al.’s analysis of narrative among individuals who experience auditory hallucination used characterisation frameworks from cognitive stylistics in order to investigate personification in first-person accounts of voice hearing (355). They found that using literary linguistics in this way added nuance to practitioners’ understanding of voice-hearing and helped to identify what aspects of voice-hearing are seen as valuable and/or distressing by individuals who experience it (361).

Interestingly, mind style has never been examined in the context of bibliotherapy. Perhaps this is due to the relative complexity of the theory of mind style and Burns’ argument that “stories lose their power when they are intellectualised over time” (449). However, as I argue in the introduction, avoiding literary criticism and avenues of literary analysis in bibliotherapy is reductive and negates centuries of literary criticism which has only added to readers’ understanding of texts and, arguably, enriched the teaching of famous literary texts in schools, universities, and communities. Of course, not every reader will be willing or able to engage with complex forms of literary analysis, but the theory of mind style is easily simplified and broken

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<sup>51</sup> However, Demjén and Semino have performed an analysis of schizophrenic mind style in Patrick Cockburn’s autobiography *Henry’s Demons* in order to demonstrate how stylistics can enrich understanding and diagnostic criteria (333).

down into composites (for example, if one were to examine mind style in *The Bell Jar*, the reader could be encouraged to explore the numerous metaphors which permeate the narrative, as well as Esther's use of dry humour when depicting distressing scenes). A detailed understanding of mind style itself is not necessary for the reader to engage with the methods of communicating the experience of mental illness which are utilised in the text (although it may be a useful aid for the bibliotherapist). Moreover, analysing mind and narrative style within semi-autobiographical texts about mental illness is helpful for practitioners, as Demjén and Semino have shown (333).

Throughout my analysis of mind style within the core texts, I have identified several literary techniques which, I argue, contribute to creating convincing portrayals of the cognitive process of a mentally ill protagonist. However, I do not claim that these literary techniques are the only techniques which help to shape mind style in the core texts, or indeed the most important ones. Other scholars may very possibly identify other literary techniques throughout their study of mind style, and in doing so may identify further avenues of discussion. In *The Bell Jar*, I argue that Plath underlexicalises certain experiences, such as Esther's shattering of a mirror after she is hospitalised, in order to defamiliarise ordinary events so that the reader can recognize the emotional turbulence and despair which might cause a mentally ill person's everyday life to become unbearable. Plath also uses metaphors for life, such as her famous fig tree, in order to convey her narrator's "idiosyncratic view of the world" (Semino "Metaphor" 143). In *Cuckoo's Nest*, Chief narrates his experience of institutionalisation using textual style changes and subtle shifts between simile, metaphor, and the literal, reflecting on his own narrative unreliability as well as the imprecise nature of madness for those who experience it. His metaphors frequently convey a sense of being oppressed or overpowered by social structures – for example, the Combine represents an ambiguous social force which exerts totalitarian control over its citizens through the use of sinister machines (Kesey 11). In *Hangsaman*, Natalie addresses herself from the perspective of an observer or, alternately, from another version of her precarious "self", and, at least in her journal, reverts to a childish narrative style after her sexual assault. Finally, in *Girl*,

*Interrupted*, Kaysen takes a defensive stance to argue that her diagnosis is unfairly stigmatising and, moreover, too shallow to encompass the range of emotional distress which she experienced as an adolescent. She posits the notion that literal acts, such as taking an overdose of aspirin, can be imbued with metaphorical meaning – rather than literally wanting to die, she wishes to kill the suicidal part of herself (Kaysen 39). This emphasis on metaphorical meaning reflects on the complex array of motivations which may lead an individual to attempt suicide (May et al. “Motivations” 171) and could help individuals to approach discussion of their own (or their loved one’s) suicidality with a greater degree of empathy.

In addition, all three of the female protagonists within the core texts experience an identity split – a surprising recurring metaphor which emerged after drafting the thesis. The split-self metaphor arguably reflects on what Emmons terms “depression’s definitional imprecision for women, namely, a strong suspicion of the self and its experiences” (92). Esther watches herself “from another, distanced mind” (Plath 126), Natalie constructs narratives about herself as though she is an outside observer (Jackson 166), and Kaysen’s autobiographical narrative voice positions her as “two I’s”: the mentally ill adolescent and the recovered adult (Smith and Watson 146). While Chief does not appear to encounter depersonalisation and identity confusion in quite the same way as the female protagonists, his lateral shift from simile, metaphor, and the literal, and his recurrent use of the present tense to narrate events which occur at varying times to the main narrative, indicate a sense of precarity and a lack of a coherent sense of self. The notion of a body double, or an observational self who remains separate to the mentally ill self, is famously described by William Styron in his memoir *Darkness Visible* as “the sense of being accompanied by a second self – a wraithlike observer who, not sharing the dementia of his double, is able to watch with dispassionate curiosity as his companion struggles against the oncoming disaster, or decides to embrace it” (64). Literary emphasis on the split self draws attention to the fragmentary and destabilising influence of mental illness. Perhaps the split-self metaphor could be helpful in therapy, as it may be beneficial to acknowledge the existence of a mentally healthy self who exists

separately to and in spite of the individual's mental illness. In a study of first-person accounts from the *Schizophrenia Bulletin*, Wisdom et al. found that individuals frequently described their sense of a real, authentic self which was separate from the alternate self present during episodes of mental illness (491). This metaphorical splitting of selves allowed individuals to retain a sense of hope and confidence in their authentic identity (Wisdom et al. 491). However, this idea of separating or dividing the self may perpetuate the stigmatising notion that identifying as mentally ill is something to be avoided or a source of shame. Aubrecht warns that people-first language (which is intended to separate the individual from their illness or disability and reinforce the notion that there are a myriad of other contributors to their identity) is "potentially alienating" (4), and it is therefore important to consider the benefits and drawbacks of using the split-self metaphor in therapy. Ultimately, the reader or individual undergoing therapy must decide whether or not a metaphor is helpful to them (Tay 381). This is one of the core strengths of bibliotherapy – the reader has agency and can reject or accept different methods of expressing their experiences.

Charteris-Black's notion of developing a "shared language" between therapist and client has greatly informed my exploration of metaphor's role in creating the mind style of a mentally ill protagonist. Sana Loue, a therapist who works extensively with metaphor and creative approaches to therapy, has found that metaphor "creates the opportunity for the client as artist with palette in hand to paint a picture of himself or herself" (xii). Furthermore, metaphors allow the individual to consider issues relating to their personal lives and emotions without having to take a clear stance or perspective on them from the outset (Loue 133). Rasmussen writes that clients with experience of trauma often utilise figurative language in order to express the "richness and complexity" of their emotions (356), and he has found that metaphors promote empathy by "bridg[ing] the worlds between what is known and unknown, verbal and nonverbal, real and unreal, fact and fiction" (357). Metaphors can also make therapy appear less intimidating to the individual seeking help (Tay 373, Loue 5), and can externalise emotions in a healthy way

while reducing feelings of self-stigma. Emmons provides the example of using the phrase “black dog” as a metaphor for depression, which suggests it is “merely a *visitor* rather than an identity” (106). However, Tay cautions that in some cases metaphor may promote delusional thinking, particularly among individuals who are unable to distinguish reality from unreality (381), and Rasmussen warns that metaphors may become “lost in translation” or misunderstood (371). Despite this danger, Loue has found that metaphors are helpful even when working with individuals who are prone to hallucinations or psychosis, despite the skepticism she has encountered from other mental health professionals about using this therapeutic method (148). Ultimately, metaphors help to provide “a space for self-care as opposed to self-doctoring” (Emmons 102), which aligns with the emphasis this thesis places on the importance of facilitating collaborative approaches to mental health treatment and paying close attention to the *experiences*, rather than merely recording the symptoms, of mentally ill individuals.

### **3. Catharsis**

Finally, each chapter explored literary depictions of crying, laughing, writing, storytelling, and self-harming, and asked how these actions were portrayed as being cathartic for mentally ill individuals – “catharsis” being the last remaining stage in bibliotherapy (Shrodes 314). According to Schaper, Aristotle’s endorsement of catharsis when viewing Greek tragedy is generally interpreted as having both medical and religious connotations, as harmful or distressing emotions are sublimated or “cured”, and the mind achieves a state of exaltation (132). However, Schaper argues in favour of an aesthetic interpretation of catharsis which derives true pleasure from art, and the emphasis placed on catharsis within this thesis includes aesthetic enjoyment as a potential source of healing (132). Hynes notes that catharsis in the context of bibliotherapy has both a literary and a psychological meaning, denoting “a profound experience of recognition” on behalf of the reader (47). Therefore, it was argued that the aesthetically distanced nature of the

texts could facilitate a kind of literary exposure therapy wherein the reader is empowered to “visit the unsafe” and thereby achieve a catharsis of their own (McCann 81).

The humorous nature of the texts analysed in this thesis provides a distancing medium and an opportunity for the reader to release the tension which is built up during the depiction and discussion of distressing themes. However, it is also crucial to note that laughter is framed in each of the texts as an important means of uniting mentally ill characters and destabilising the oppressive social structures which have harmed them. When Esther laughs at Buddy and his disastrous attempt to seduce her, and relishes the illogicality of bingeing and vomiting at the ladies’ lunch (which, as I outline in chapter two, symbolically aligns with simultaneously wishing to die and wishing to survive) she rejects social constraints and pushes back against patriarchal codes of appropriate female behaviour, thereby paving the way for a catharsis. McMurphy’s endorsement of a “gospel of laughter” (Tanner 125) which promotes and indicates recovery is problematised by its alignment with misogyny, but it demonstrates the distance and even the rationality which it is possible to achieve when one can openly mock what are perceived as *irrational* conventions. Moreover, *Cuckoo’s Nest* promotes laughter as a tonic or restorative, for McMurphy and Chief both believe that “you can’t really be strong until you can see the funny side to things” (Kesey 186). In contrast, laughter is suppressed rather than freely endorsed in *Hangsaman*, but I argue that it nevertheless indicates a gleeful subversion of heteronormativity, patriarchy, and sanity, as Natalie and Tony retreat into their private world of the tarot in order to escape the conventional college life which seems to hold no place for their unconventional selves. They laugh at inopportune moments, or imagine themselves doing so, and thereby express their disdain for society. Laughter did not emerge as an important theme in *Girl, Interrupted*, but Kesey’s dry tone consistently mocks and ridicules psychiatric convention in order to call its authority into question, which aligns the text with the three previous works, as all four protagonists retain an awareness of the inherent humour of their situation. Taken as a group, it is surely possible to argue that these texts frame laughter or humour as an empowering indicator of

‘distance’ which destabilises social conventions that may stigmatise mentally ill individuals, and allows them to, at least momentarily, escape their pain and sense of unbelonging. So, the texts not only promote aesthetic distance due to their humorous nature, but also depict characters obtaining distance from their emotions in a healthy way which often facilitates bonding with other mentally ill individuals. Streat’s analysis of a collection of studies into the benefits of laughter found that laughter relieves stress, provides a range of physiological benefits, and also promotes feelings of being uplifted and fulfilled (966), which implies that the promotion of laughter within the texts is not merely superficial but has the potential to affect discernible change.

In two of the core texts (*The Bell Jar* and *Girl, Interrupted*) protagonists engage in activities that could be classified as deliberate self-harm (DSH), including suicide attempts. In *Hangsaman*, Natalie experiences suicidal feelings and briefly considers acting upon them towards the end of the text. Despite the potentially ‘triggering’ or disturbing nature of these descriptions, Baker states that listening to stories about experience with self-harm “can help us to begin to put ourselves in another person’s shoes, to counteract the alienating effect of DSH” which individuals experience (23). Heney makes another strong case in favour of sensitive literary descriptions of self-harm, basing her argument on the testimony of a focus group comprised of readers who experienced feelings of recognition and solidarity when reading about, for example, Esther’s suicide attempts in *The Bell Jar* (83). Heney points out the lack of clear evidence to support the view that reading about acts of self-harm will encourage readers to engage in similar behaviour (43), and states:

The figure of the self-harming subject is presented as a failed reader, one who over-identifies with visual and media representations, one who cannot maintain the appropriate boundary between themselves and what they see or read, one who over-empathises, is over-emotional; the gendered nature of such a figure becomes quickly apparent. (81).

The concept of the “failed reader” is particularly interesting with regard to what should and should not be addressed in bibliotherapy. If, as Hynes argues, we avoid “fundamentally

destructive” feelings such as suicidality and the urge to self-harm (70), we perpetuate a culture of silence around these issues and risk patronising readers by making the assumption that they are unable to discern the difference between reading and doing. Furthermore, Baker argues that stories which depict DSH are valuable because they shed light on “the distress behind acts that appear incomprehensible”, leading to enhanced understanding and empathy for individuals who engage in self-harm (26). Despite the concern expressed among psychiatric professionals and researchers that discussing suicide with vulnerable individuals may increase the likelihood that they will engage in a suicide attempt,<sup>52</sup> there is in fact evidence to suggest that talking about suicide reduces suicidal ideation and promotes overall mental health (Dazzi et al. 3362, Blades 8). This idea promotes the healing potential of bibliotherapy.

The core texts also frame writing, storytelling, and creative expression as desirable methods of communicating mental illness and posit these mediums as being cathartic. In *The Bell Jar*, Esther attempts to write a novel about her alter-ego but eventually is forced to cease her efforts when her depression becomes too intense to allow her to create and she physically loses the ability to write (Plath 137). This is framed as the most distressing depressive symptom Esther suffers, as her status as aspiring writer is a core part of her identity, and although this part of the narrative is not dwelt on in detail, it must be assumed that Esther overcomes this struggle as she writes her first-person narrative for the reader to peruse. Similarly, at the start of *Cuckoo's Nest*, Chief expresses relief at the prospect of “finally telling about all this”, and states: “I been silent so long now it's gonna roar out of me like floodwaters”, which aligns with the previously discussed link between water and catharsis in the novel (Kesey 12). In *Hangsaman*, Natalie compulsively “produces narratives” (Dobson 149), writing for her father and for herself in her own diary, which is the first clue the reader is granted into her real state of mind. Finally, Kaysen titles her memoir after Vermeer's painting “Girl Interrupted at her Music” and describes her

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<sup>52</sup> See, for example, Bajaj, Priya, et al. “Screening for Suicidal Thoughts in Primary Care: The Views of Patients and General Practitioners.” *Mental Health Family Medicine*, vol. 5, 2008, pp. 229–235.

emotional release after viewing the painting in a scene which frames art and storytelling as constructive, cathartic mediums (167). This emphasis on storytelling appears to validate the core hypothesis of this thesis – the notion that using literature about mental illness to assist readers with their own mental health struggles is worth exploring in more detail than it has hitherto been granted.

As Longhurst states, illness narratives “counter the depersonalisation and objectification of the medical chart” (39). Mentally ill individuals who become patients or who identify as occupying a space on the consumer/survivor/ex-patient spectrum often encounter the dehumanising experience of having their stories reduced to a list of symptoms or statistics, placing their sense of individuality at risk. Discussion of these literary portrayals of catharsis could facilitate discussion of the reader’s own emotional states and could, in keeping with my interpretation of artistic engagement as ultimately cathartic, empower them to express themselves in literary endeavours which depict their own experience with mental illness, such as journaling, which has been found to increase resilience in a crisis (Wojciechowska 57). Shrodes argues that catharsis becomes possible when readers identify with fictional characters because the reader assumes the dual role of participant and spectator, which promotes “simultaneous involvement and detachment, characteristic of vicarious experience, serv[ing] as a catalyst to extend the range of his consciousness and to set his energy free” (312).

### **Conclusions and suggestions for future work**

Challenging the contention that using distressing or potentially “triggering” texts in bibliotherapy may be harmful, this thesis has demonstrated the inherent value of literary texts about mental illness for those who wish to gain insight into the issue. Despite the often-held assumption that the arts and medicine are separate fields of study, they frequently overlap, as Bolaki demonstrates by pointing out “the sheer quantity of [artistic] projects that treat illness,

health and broadly-conceived medical topics” (12). Therefore, it can be useful to consider stories of mental illness – whether fictional or autobiographical – when attempting to gain insight into the issue. Not only do these works demonstrate the considerable difficulties faced by individuals with mental illness, they also present potential avenues of healing in the form of cathartic episodes of laughter, artistic creation, and the formation of mad community. Excluding these texts from the bibliotherapeutic library upon the basis that they tackle difficult themes would limit readers by discouraging them from examining feelings such as suicidal ideation and the urge to self-harm. The notion that reading about such topics is somehow dangerous, and may in fact encourage readers to participate further in these thoughts and behaviours, frames readers with experience of mental illness as “failed readers” – a patronising and reductive assumption which undermines the readers’ ability to separate fiction and reality (Heney 81). Wolframe argues that the greatest barrier to developing empowering mad communities arises when mad people are subjectified as vulnerable, or as “incapable of speaking in our own best interests, risky, at risk, and liable to be “triggered”” (42). The limitations placed upon literary analysis within the context of bibliotherapy also ignores those who benefit from this method of processing their own feelings by projecting them onto a protagonist (Shrodes 315). Moreover, when considering the importance of aesthetic distance, it is crucial to remember that the act of literary criticism itself provides a measure of ‘distance’, which may allow readers to address distressing themes without risking their mental health unduly.

The ideas and theories explored in this thesis may be particularly interesting or applicable to readers who are interested in literary criticism *and* experience mental health difficulties of some kind. For example, as the highest proportion of students attending counselling in the University of Galway in 2019 studied arts and humanities (Kenny), one could easily hypothesise that this intersection of interest and experience is not uncommon. The strands of literary criticism which form the bibliotherapeutic template within this thesis could therefore be used in an undergraduate course which seeks to educate students on the portrayal of mental illness in a

range of literary texts, while also outlining bibliotherapeutic principles which promote an enhanced understanding of mental illness itself. In order to demonstrate the way in which texts such as those analysed in this thesis might facilitate an exploration of themes of mental illness in an educational setting, I have compiled a list of potential discussion questions (see Appendix C). As I am not a qualified professional in the field of mental health, I do not necessarily advocate the use of these questions in a therapeutic context, although future work could interrogate this possibility. However, exploring the therapeutic potential of texts in an educational context could prove beneficial in several ways. Discussing topics such as marginalised identities, emotional distress and mental illness in educational environments contributes to the reduction of stigma around these issues (Stuart et al. 276) and provides a framework with which students can consider a wide range of questions relating to, for example, Mad Studies, psychiatric history, emotion recognition, and bibliotherapeutic principles. By speaking about characters' feelings, students may also enhance their ability to process or gain insight into their own feelings from a distanced perspective (Mar and Oatley 184). This is not to suggest that educators should attempt to engage in therapeutic practices with unwitting students – on the contrary, students should be made aware of the course content and objectives in advance, particularly if the material involves sensitive topics (Mendoza 100). However, literature which contains potentially distressing material is frequently studied in the classroom and many educators may find themselves navigating a kind of indirect bibliotherapy as complex or emotive topics arise. Sidhar and Vaughn point out that teachers may use bibliotherapeutic principles without even being aware of it, providing the example of a primary-school teacher using a storybook to assist with the integration of a student with behavioural issues (76).<sup>53</sup> Moreover, texts which contain portrayals of mental illness, including those considered in this thesis, are already widely studied and discussed in both second and third level institutions (Keefe 11), meaning an enhanced

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<sup>53</sup> Sidhar and Vaughn advocate using questions such as “Why do you think [the student in the story] acted in this way? How do you think [the student] felt? Does that mean [the student] is bad?”. These questions place the focus on the character rather than the reader, aligning with my focus on aesthetic distance (76).

understanding of mental illness and bibliotherapeutic principles among educators could help to increase the productivity and sensitivity of these discussions. As Keefe states, educators are not expected to act as therapists, but they should nevertheless avoid ignoring themes of mental health issues raised in the classroom when considering texts such as *The Bell Jar* or *Cuckoo's Nest* as avoidance only perpetuates stigma further (38). This thesis and the discussion questions in the appendix can therefore help to make an already pervasive aspect of classroom discussions explicit.

When considering the type of questions I would pose to a class of third-level students analysing texts about mental illness (potentially through a bibliotherapeutic perspective), I deliberately maintained a focus on the protagonists and the literary techniques which promote an understanding of their mental states, rather than the reader's personal response. While I believe that open-ended questions used in many bibliotherapy sessions, such as "Is there anyone who would like to share a reaction to this [piece of literature]?" could provide useful openings to a classroom discussion (Hynes 161), a more specific, theory-driven set of questions is required to shape course material for university students. However, the list of discussion questions presented in Appendix C is not intended to be exhaustive or to form a comprehensive lesson plan – rather, the aim is to provide a broad idea of what could potentially be considered, discussed, and researched in third-level classrooms to aid with an understanding of literature about mental illness or mental illness in general. For this reason, some questions point towards the consideration of literary and political theories which may not have been discussed extensively in the thesis, such as Marxism or Crip theory. My personal professional experience teaching English literature to a range of undergraduate students has provided me with some knowledge of the type of questions which are likely to stimulate students' interest and provoke an engaging discussion, although of course questions should be adapted to the needs of the group and the requirements of the course. Contextualisation and the definition of terms relating to bibliotherapy should also be considered, perhaps using resources presented in the bibliography.

The format of the questions aligns with the template outlined and justified in the methodology of the thesis, with each text being considered under three headings: Stigma and Marginalisation, Mind Style and Narrative Voice, and Catharsis. While some lines of questioning may overlap, the queries which arise from each text are different due to the variety of themes and issues raised by the texts. In order to anchor these questions firmly in an educational context I have suggested literary theories which could be considered alongside the questions themselves, although the theoretical implications of the works discussed are not necessarily constrained to literature. The texts encompass a range of interdisciplinary concerns, and the discussion questions could therefore be adapted for use in a module in, for example, the field of medical humanities, nursing, psychology, or social work (Crawford and Baker 238).

As Lehman and Scharer outline, group discussions play a key role in literary understanding and appreciation (27), and the material within this thesis therefore has both an educational and a therapeutic benefit. While I am aware that a focus on educational circles excludes those whose literacy levels or even lack of interest poses a barrier, it is certainly possible to simplify literary analysis and/or use shorter extracts instead of full texts for those less accustomed to reading or analysing literature. Moreover, it is equally possible that engagement with literature in a bibliotherapeutic context could enhance literacy ability and concentration, as Walwyn and Rowley have found (303).

Of course, practical application of this research is needed to test the theories I have presented here in a therapeutic, as well as an educational, context. This was regrettably beyond the scope of this research project, but it may be a possible in the future to utilise this thesis as a template or brief with which to create a bibliotherapy toolkit in partnership with a mental health practitioner. This toolkit could be used in community settings as an adjunct to “Healthy Reading” or “Book Prescription” schemes currently being offered in Ireland (Neville 231), or it could be implemented in third-level counselling and chaplaincy programmes such as the “Shelf Help” programme currently offered in University College Cork (“Bibliotherapy Collection: Shelf-

Help”). In order to trial the toolkit, I would seek volunteers who have an interest in literature and have also experienced mental health issues at some point in their lives. These volunteers would be asked to read sections of selected texts and then meet regularly with a bibliotherapist in order to discuss potential feelings of identification, insight, and catharsis. The bibliotherapist would necessarily be a trained facilitator who exemplifies Hynes’ criteria: a non-judgemental individual (162) who is able to demonstrate empathy, respect, and genuineness (118) and is capable of encouraging dialogue with the use of both nondirective and directive remarks (161). Together, the reader and bibliotherapist could work through the toolkit and comment on which questions or activities promote recognition and help the reader to voice complex emotions. I would envision this discussion taking place one-on-one, rather than in a group, due to Heney’s cautions that group dynamics may be difficult to navigate sensitively due to the potentially broad range of experience of mental illness (53). In fact, Heney’s “care-full” approach to interviews with individuals who have experience with self-harm might prove an apt model for the toolkit trial, as it emphasises a mutually beneficial approach to research methods and is ever-mindful of the participants’ needs (52). In order to ascertain whether participants actually benefited from working with the bibliotherapist and the toolkit (and to identify *how* they might have benefited) the study could utilise a before-and-after questionnaire such as the one employed by Pettersson (126), although other methods may also be considered.<sup>54</sup> I believe there is significant potential for postdoctoral research and collaboration in this area. As it is, however, this thesis reignites the conversation about bibliotherapy in a new and important way by asking what literature can communicate about mental illness. I hope it will provoke further debate in the field and that it has the potential to challenge existing paradigms of mental health support and bibliotherapeutic practice.

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<sup>54</sup> Pettersson’s questionnaire is particularly interesting because it contextualises participants’ responses in light of their reading habits outside of the study (126).

Finally, I wish to state my motivation for engaging in this research, in alignment with O’Toole’s argument that disclosing one’s own proximity to disability or mental illness within one’s scholarship is a crucial step towards de-stigmatisation and assists readers with interpretation and critical framing. I wished to contribute to the field of mental health and humanities after experiencing the need for “interim intervention” at first hand due to long waiting lists for counselling (Martin “Appendix A” 206). As an undergraduate student I was prescribed SSRIs to treat my depression and anxiety, and attended several courses of counselling which were helpful but, due to the lack of adequate resources and my own financial constraints at the time, unfortunately limited. I have also assisted with the support of a close family member through their hospitalisation and institutionalisation as a result of a mental health issue, meaning that my relative and I fall somewhere on the consumer/survivor/ex-patient spectrum (Menzie’s 6). Although I recognise my privilege in being able to avail of mental health services and medication in any capacity, I have personally witnessed the rather alienating effects of an underfunded mental health system and the frequently debilitating isolation of experiencing feelings and thoughts which are labelled unacceptable, unhealthy, or mad. In order to find the recognition I needed to counteract my own feelings of isolation, I turned to texts like the ones analysed in this thesis, wherein a protagonist experiences mental and emotional turbulence but eventually succeeds in forming meaningful connections with other individuals and re-engaging with life itself. These stories enabled me to “make sense out of the senseless” when medicalised explanations for my feelings failed to resonate with me (Bal and Veltkamp 2). While I certainly do not intend to use my own personal experience to suggest that art is ultimately more helpful in treating mental health issues than psychiatric or psychological intervention, I believe that paying attention to the *stories* of mentally ill individuals is at least equally as important as recording their symptoms and diagnoses. Billington writes that “literature widens and enriches the human norm, accepting and allowing for troubles, traumas, and inadequacies as part of a continuum of existence, related not to a pathological “case” but to the whole spectrum of normative human

being” (179). Using literature to enrich our perceptions of life, emotions, and relationships makes it possible to reframe our ideas of what constitutes illness and health, and to broaden our understanding of experiences which align with or diverge from our own. I therefore hope that my research reflects on the need to amplify mad voices and find alternative, holistic approaches towards mental health care.

## Appendix A: Semi-structured Interviews<sup>55</sup>

### A.1: Semi-structured interview with Elaine Martin, Principal Psychologist Specialist at the Meath Primary Care Centre (26<sup>th</sup> April 2021).

#### 1. Can you tell me about your experience with the bibliotherapy scheme in Ireland?

- Ireland's first bibliotherapy scheme began in 2007 when Martin was working in primary care. Approximately 95% of the appointments she facilitated required her to deal with common mental health problems such as depression and anxiety, with 5% requiring more specialised care – potential hospitalisation, etc.
- Psychology a “thin resource” and expensive, with frequent reports calling for more accessibility as in 2007 it didn't meet the requirements of a nation. Elaine therefore wished to create options for “psychological therapy by other means.” At the time, books were more accessible than the internet. Martin was keenly aware of the shortfalls of psychology and was looking for something to fill the gap.
- There is strong evidence to prove bibliotherapy is effective for individuals with mild to moderate mental health issues – the question is how, and for whom.
- Bibliotherapy requires a “mind shift”, as many individuals expect a therapeutic alliance between them and their therapist. However, treatments can be taught via book.

#### 2. The shortlist of books you produced for the bibliotherapy scheme was vigorously peer reviewed. Can you tell me about this process, and about the selection method? What makes a book suitable for bibliotherapeutic use?

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<sup>55</sup> Quotation marks indicate direct quotes from interviewees.

- “The good, the bad, and the ugly of self-help books” - self-help books are plentiful and there are many bestsellers written by self-appointed gurus (for example, *The Secret*). These are not the books used for the short/long list.
- Necessary criteria: Must be written from an evidence-based perspective. Must be written by a clinician held in high esteem, who deals with the illness in question in their day job. Must provide more than a “description” of the illness (e.g., autobiography), and at least half the book must be devoted to therapeutic solutions.

**3. Do you think bibliotherapy is a ‘stand in’ treatment or an ‘interim intervention’ (i.e., to be used when psychological intervention is not immediately available) or do you think it is important in its own right?**

- Initially, bibliotherapy was employed as mainly an interim intervention, but it has since become an intervention in its own right. Martin noted that clinicians were often skeptical and could be slow to recognise the value of the scheme, perhaps due to a biased opinion of interventions that did not center a clinician, and perhaps due to being uninformed about the efficacy of bibliotherapy (there was ample evidence, but it may not have been widely known).
- However, Martin wanted to stop the downward trajectory which is all too often associated with untreated mental illness. Giving the patient the tools to understand their condition is crucial to treatment.
- “There’s a lot people can do with good, solid, sound information.”

**4. Your research<sup>56</sup> suggests that bibliotherapy is most effective in determined and driven individuals. Do you think there is a way to promote bibliotherapeutic success in less confident individuals?**

- Those with an internal locus of control and a strong sense of agency will “grab it by the horns.” These types of individuals may feel undermined by other types of intervention. Alternately, highly dependent people may also struggle with talk therapy because putting it into practice requires independent action. Martin notes that people’s sense of agency is relatively fixed, but supplying good information about the problem helps everybody and book therapy is as effective as talk therapy.
- “Those that want it will”: The most effective way to gauge if someone is a good candidate for bibliotherapy is to ask. Willingness is key – if an individual is interested, they are a good fit. However, literacy ability can exclude some individuals.

**5. Do you feel that care providers would be comfortable using fictional texts in bibliotherapy? Do you think prescribing fictional texts in conjunction with talk therapy would be as successful as the non-fiction programme?**

- Martin feels that many clinicians would be “far less comfortable” prescribing fiction, but her supervisor frequently did so as he was well-read and appreciated the power of literature. Prescribing fiction requires a sophisticated understanding of literature on behalf of the clinician, and a client who likes to read. Many clinicians might not have this understanding.
- Using fictional texts in bibliotherapy provides a different function: speaks to “witnessing the journey of another”. Meaning is crucial to our existence as humans because “We are narrative human beings – meaning is core”.

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<sup>56</sup> See McKenna, Grainne, David Hevey, and Elaine Martin. “Patients' and providers' perspectives on bibliotherapy in primary care.” *Clinical psychology & psychotherapy*, vol. 17, no. 6, 2010, pp. 497-509.

- Subjectivity a barrier – a novel which has a certain meaning to you might not mean the same to another.
- When a student of Martin’s did a survey on the bibliotherapeutic texts recommended by clinicians, very few were evidence based or found on the shortlist. Most were “inspirational” as therapists tend to be familiar with this genre, and there are many big sellers. Martin does not view these texts as necessarily poor choices but maintains that they are not evidence-based.
- Teenagers are recommended fictional texts slightly more, but it tends to be “self-help dressed up as a story”, e.g. *Mr. God, This is Anna*. Didactic, rather than pure fiction.
- Fiction is not a comfort zone for clinicians, as there is less evidence to show its effectiveness. Martin has not personally prescribed fiction.
- She recognises that one potential benefit of using fiction is that it doesn’t pathologise mental health issues – views them as an integral part of the human condition. It normalises the affliction and helps readers to feel less alone.

**6. My thesis examines the importance of developing a ‘shared language’ between patient and care provider via analysing the images, metaphors and similes frequently used to describe depression. Do you think the lack of a ‘shared language’ can create communication barriers in therapy, and do you think bibliotherapy can assist with this?**

- Therapeutic alliance is a key concept – there must be a bond between therapist and client, and a shared idea of the task ahead. Arriving at the shared goal may be difficult – for example, a client may have a very medicalised view of depression and a therapist may not. Symptoms frequently speak to a bigger story, but some individuals do not understand this and wish to be medicated immediately, etc.

- If therapy is to work, the therapist must understand the client's experience.

Flexibility is key, and so is understanding the “shared idea”. Therapists must therefore listen closely to metaphors. The “black dog” metaphor, for example, is very popular – it is “illuminating, simple, and externalises depression”. Some metaphors are very attractive because they provide manageable ways of thinking about the problem, and they separate the self from the mental illness.

**7. What are your opinions on giving ‘trigger warnings’ for potentially upsetting fictional texts? Do you think there would be risk attached to prescribing a fictional text which is ‘too knowable’ to a patient?**

- Martin is not familiar with the trigger warning discourse, but she is aware of the potential for harm. At the beginning of the scheme, it was considered that bibliotherapy could prove harmful if used improperly, clients self-diagnosing incorrectly, etc. Also, certain self-help books, for example those for eating disorders, provide a list of symptoms which may be used as an “instruction manual” by sufferers.
- Trigger warnings are not part of the culture of self-help books but the foreword might provide numbers to call in case of emergency, etc.
- Books about very sensitive subjects, e.g. child sexual abuse, should be used as an adjunct to therapy.
- Martin doesn't believe in “mollycoddling” with regard to trigger warnings: people have the agency to put down a book if it is upsetting them. However, she would never prescribe *The Bell Jar* or *Cuckoo's Nest*.
- It can be easier for a client to speak about a third party rather than themselves. Talking about a character's experience can be very useful but this is “delicate territory”, as it requires a therapist who is deeply in tune with both the client and the literature itself. The passage, poem or novel should be skillfully used to clarify the

dilemma being faced. It requires “the right time, the right client, and the right method.”

- Can be used in instances where the client is reading a certain text which the therapist is also familiar with. Inter-subjectivity must be considered.

**A.2: Semi-structured interview with Professor Mary Cannon, Professor of Psychiatric Epidemiology and Youth Mental Health in the Department of Psychiatry at the Royal College of Surgeons Dublin (17<sup>th</sup> May 2021).**

**1. Do you have any insights on bibliotherapy – have you ever used it or seen it used? How and to what result?**

- Cannon is interested in bibliotherapy but has reservations about my choice of texts. She believes that *Cuckoo's Nest* has damaged the reputation of psychiatry by perpetuating harmful stereotypes.

**2. My thesis examines the importance of developing a ‘shared language’ between patient and care provider through analysing the images, metaphors and similes frequently used to describe depression. Do you think the lack of a ‘shared language’ can create communication barriers in therapy, and do you think bibliotherapy can assist with this?**

- Cannon remarks on the difficulty of selecting suitable terminology to describe psychosis – stigma may be associated with the terms “hallucinations” or “delusions”. States that the phrase “hearing voices” is generally understood.
- “Hearing voices” may have different connotations in different cultures – may be comforting to some individuals and may be considered normal in cultures where there is a strong belief in the paranormal.

**3. When patients describe a psychotic experience, are there any recurring motifs, images, metaphors or expressions which you have identified?**

- Cannon regards psychosis as intrinsically “un-understandable” as an individual experiencing psychosis exists in their own version of reality. There is not a great deal of literature about this, but she recommends *Henry’s Demons: Living with Schizophrenia, a Father and Son’s Story* by Patrick Cockburn.
- Cannon is particularly interested in young people who have experienced psychosis.

Cannon recommended that I examine the impact my selected texts had on psychiatry/psychiatric stigma since their publication rather than focusing on bibliotherapy, as she did not believe my texts were suitable for use in a therapeutic context. She believed that more contemporary literature would be suitable for bibliotherapy.

## Appendix B: Participant Information Sheet and Consent Forms

### Participant Information Sheet

Combating the Stigmatisation of Depression through Explorations of Mental Illness Fiction and Memoir<sup>57</sup>

*You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. This Participant Information Sheet will tell you about the purpose, risks and benefits of this research study. If you agree to take part, you will be asked to sign a Consent Form. If there is anything that you are not clear about, the Principal Investigator will be happy to explain it to you. Please take as much time as you need to read this sheet and consider your participation.*

#### 1 – Purpose of the Study

The purpose of this study is to analyse the potential of bibliotherapy to successfully treat and de-stigmatised depression. You have been asked to take part in this study due to your extensive research and experience in this field.

#### 2 – Taking Part

Taking part in this study is entirely voluntary. If you agree to take part, you may choose whether you would like to be interviewed over email or over a Microsoft Teams / Zoom meeting. We will then arrange a time to conduct a meeting. Before the meeting, you will receive a list of questions pertaining to your work in the field of mental health. You may choose which questions, if any, you would like to answer. The interview will take between 20 – 30 minutes to complete, depending on your time constraints. **Your permission will be sought to allow an audio recording of the interview.** Alternatively, if you decide to be interviewed via email, you may answer the questions by typing them at your leisure.

Taking part in this study gives you an opportunity to discuss your research and experience with a student who is new to the field. You will be fully credited in the resulting thesis, unless you request anonymity. There are no foreseeable risks attached to taking part. You may change your mind and withdraw from the interview at any time.

The material obtained from the interview will be used in the thesis: “Combating the Stigmatisation of Depression through Explorations of Mental Illness Fiction and Memoir”, which will be completed by 2024. Those who wish to do so may request a copy of this thesis upon its completion.

If you have any further questions, please do not hesitate to contact the Primary Investigator, Fionnula Simpson, at [f.simpson1@nuigalway.ie](mailto:f.simpson1@nuigalway.ie)

If you have any concerns about this study and wish to contact someone independent and in confidence, you may contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of the Vice President for Research, NUI Galway, [ethics@nuigalway.ie](mailto:ethics@nuigalway.ie)

#### 3 – Confidentiality

If you desire anonymity, all information that is collected about your research and opinions during the course of the research will be kept strictly confidential and will not be shared with anyone else. Alternatively, if you agree to be credited in the resulting thesis, your name, works and contribution to the study will be presented in full.

The information collected in this research study will be stored in a way that protects your identity. The recordings will be transcribed for analysis. The original recordings will be stored securely for one year, after which they will be destroyed.

#### 4 – Summary

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<sup>57</sup> The working title refers to an earlier version of this project.

If any aspect of your potential involvement in this study remains unclear, please do not hesitate to contact the Primary Investigator, Fionnula Simpson, at [f.simpson1@nuigalway.ie](mailto:f.simpson1@nuigalway.ie). You are entirely free to refuse to take part in this interview, or to withdraw consent at any time without incurring any disadvantage.

**Thank you for your time and consideration.**

## Participant Consent Form

**DESCRIPTION:** You are invited to participate in a research study on the use of literature and bibliotherapy in treating depression. You will be asked in detail about your research and experience in the field, and your contribution will be incorporated into a resulting thesis. You will be provided with a list of questions prior to the interview. You may decide whether you would like to answer these questions via an email, or if you would like to meet with the Primary Investigator via Microsoft Teams or Zoom. Should you choose an online meeting, your permission will be sought to make an audio recording. This recording will be securely stored, transcribed, and then destroyed.

**TIME INVOLVEMENT:** Your participation will take approximately 20 – 30 minutes, depending on the level of detail you wish to provide in your answers.

**RISKS AND BENEFITS:** The risks associated with this study are extremely minimal. The benefits which may reasonably be expected to result from this study are the further dissemination of your research. Your decision whether or not to participate in this study will not affect you in any way.

**PARTICIPANT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer specific questions. The results of this research study may be presented at professional meetings or published in literary and / or sociological journals. If requested, your individual privacy will be maintained in all published and written data resulting from the study. With your permission, your identity will be made known in written materials resulting from the study. Your private information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

### CONTACT INFORMATION:

**Questions:** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Primary Investigator: Fionnula Simpson, at [f.simpson1@nuigalway.ie](mailto:f.simpson1@nuigalway.ie)

**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of the Vice President for Research, NUI Galway, [ethics@nuigalway.ie](mailto:ethics@nuigalway.ie)

Indicate **Yes** or **No**:

I give consent to be audiotaped during this study.<sup>58</sup>  
 Yes  No

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<sup>58</sup> I ultimately decided against recording my interviewees due to the sensitive nature of the subject matter and the relatively informal, unstructured nature of the interviews.

I give consent for audio tapes resulting from this study to be transcribed, and for relevant material to be used for the proposed thesis:

Yes  No

I wish to answer the questions via email instead of during an online meeting.

Yes  No

I give consent for my identity to be revealed in written materials resulting from this study:

Yes  No

**The extra copy of this signed and dated consent form is for you to keep.**

SIGNATURE  DATE  
23/04/2021  
Print name

## Appendix C: Discussion Questions for Educational Settings

### Discussion Questions for *The Bell Jar*

#### Stigma and Marginalisation:

- Can you identify the ways in which Esther is stigmatised by family, friends, psychiatric professionals, and perhaps even by herself? Why is she stigmatised? How does this stigma marginalise or alienate her? What social factors are at play? Consider the positioning of the novel's events during a culturally pivotal moment – the execution of the Rosenbergs, the rise of the anti-psychiatry movement, gendered expectations in the 1950s, etc. [**new historicism, Mad Studies, feminism**]
- Discuss the implications of Esther's statement: "the more hopeless you were, the further away they hid you" (Plath 169) in relation to mad studies and/or disability studies. Consider the various ways in which disabilities can be 'hidden'. [**Mad Studies, Disability Studies**]
- Consider the impact of Esther's emotional distress or mental illness on her physical body. How does the novel position the link between the mind and the body? [**Disability Studies**]
- What are the implications of Dr Gordon's request: "Suppose you try and tell me what you think is wrong" (Plath 137)? Why is Esther "suspicious" of this question? Does this question place the onus of responsibility on the mentally ill person to form a coherent and palatable narrative of their experience, or could the question be seen as empowering? Why does Dr Gordon's language matter? [**Mad Studies, Mad Pride**]

#### Mind Style and Narrative Voice:

- What "peculiarities of communication" can you identify in the text (Semino "Mind Style" 11)? How do these "peculiarities" inform our understanding of Esther's cognitive state? [**new criticism**]

- Consider scholarly articles which compile a list of Esther's symptoms in order to diagnose her (such as Marcarian and Wilkinson's "Sylvia Plath's bell jar of depression: Descent and recovery"). Why is the diagnosis of literary characters potentially difficult/helpful/unhelpful/stigmatising/reductive? **[Mad Studies, new historicism, intertextuality]**
- How does Plath use defamiliarisation to convey extreme emotional detachment, distress, and suicidality in the text? What are the implications of underlexicalising certain scenes (e.g., Esther's smashing of the mirror)? What might such examples of underlexicalisation convey? If these passages were not underlexicalised, would they convey the same thing/have the same effect? Why/why not? **[close reading]**
- Are Esther's suicide attempts depicted in a humorous way? If so, how, and what effect might this have on the reader? **[humour theory, reader response theory]**
- Perform a close reading of the beginning of Esther's breakdown in suburbia (Plath 120-123). Consider: imagery, metaphor, defamiliarisation, underlexicalisation, etc. **[close reading]**
- Identify the recurring metaphors in the text and discuss their potential interpretations. Compare your interpretations of, for example, Esther's split-self or bell jar metaphors with other students. In what way(s) do your interpretations differ/align? What does this tell us about the nature of metaphor and its uses in facilitating communication and insight? **[close reading, reader response theory]**
- Can you find other literary examples of the split-self metaphor being used to denote depersonalisation/depression/a loss of identity? Compare these examples. **[intertextuality]**
- Consider Esther's statement: "I took a deep breath and listened to the old brag of my heart. I am, I am, I am" (Plath 256). What could this proclamation of her identity

convey and what is the effect of the repeated use of this phrase? How and why might it evoke a feeling-response in the reader? **[close reading, reader response theory]**

### **Catharsis:**

- What are the benefits and drawbacks of discussing suicidality and suicidal imagery in texts like *The Bell Jar*? How can we mitigate some of these drawbacks in order to facilitate “visiting the unsafe”? (This question provides a good opportunity to alert students to the mental health resources available to them – student counselling services, chaplaincy, etc.).
- Consider Keen’s statement that “the content of stories is not a neutral matter” in the light of graphic portrayals of suicidality in the text (*Empathy* 25). What social/cultural/emotional impact does such imagery have on readers, particularly regarding widely read or consumed texts? (It might be possible to bring in other portrayals of suicidal imagery here, such as the highly controversial Netflix series *Thirteen Reasons Why*). **[intertextuality]**
- Consider the use of humour in the text and its potentially cathartic nature. Does it facilitate catharsis for Esther, and, by extension, could it facilitate catharsis for the reader also? How/why? **[reader response theory]**
- Does the novel as a whole provide readers with an opportunity to “visit the unsafe”? Why/why not? **[reader response theory]**

### **Discussion Questions for *One Flew over the Cuckoo’s Nest***

#### **Stigma and Marginalisation:**

- Consider Chief’s layered status as a marginalised individual. How does mental illness interact with the other facets of his identity, and how does this interaction facilitate social stigma? **[Crip theory, Mad Studies, critical race theory]**

- Investigate the novel's deconstruction of the binary between mad and sane. How does the novel frame madness (is it admirable/subversive/revolutionary/a reactionary response to an unfair society) and sanity? How does McMurphy's endorsement of being the "bull goose looney" (Kesey 20) link to modern conceptions of Mad Pride? **[new historicism, Mad Studies]**
- The novel portrays psychiatry as a cruel, punitive, and oppressive force. What evidence can you find for the impact of this portrayal on popular conceptions of mental illness and its treatment? How has the social attitude towards psychiatric treatment changed/remained the same since the 1960s? What does this tell us about the cultural influence of texts like *Cuckoo's Nest*? **[new historicism, intertextuality]**
- Consider the importance of gender within the text and the ways in which the men feel emasculated by their treatment. Is it possible to position this perceived emasculation in a modern context in light of men's mental health campaigns? **[feminism, masculinity studies, queer theory, new historicism]**

#### **Mind Style:**

- What "peculiarities of communication" can you identify in the text (Semino "Mind Style" 11)? How do these "peculiarities" inform our understanding of Chief's cognitive state? **[close reading]**
- Examine Chief's narrative unreliability in light of his statement: "it's the truth even if it didn't happen" (Kesey 13). What "truths" are illuminated through Chief's narration? Consider, for example, how an allegorical reading would evoke social critique. **[close reading, new historicism]**
- Perform a close reading of Chief's description of undergoing ECT (Kesey 223). Identify the literary techniques which contribute towards a feeling of panic/anxiety/paranoia/loss of self (metaphor, rhythm, punctuation, capitalisation, underlexicalisation, defamiliarisation etc.). **[close reading, reader response theory]**

- Consider Chief's shifts between metaphor, simile, and literal depictions. How does this shift encourage the reader to deconstruct binary distinctions between truth and untruth? What might this shift imply for individuals seeking to understand or communicate the experience of psychosis, hallucination, or voice hearing? **[close reading, Mad Studies]**

### Catharsis

- The novel emphasises the importance of forming meaningful relationships within a community in order to recover from mental illness. How does the novel conceptualise 'community' and its importance to non-conforming/neurodivergent/queer individuals? **[Crip theory, Disability Studies, queer theory, Marxism]**
- Consider the novel's framing of laughter as a restorative using Scheff's theory of catharsis and aesthetic distance. How does laughter enable the men to achieve 'distance' from their issues? **[close reading, humour theory]**
- Consider the novel's framing of laughter as a form of protest in the context of 1960s counterculture and absurdism. What are the men protesting, and how do they use laughter to destabilise social hierarchies in a manner which aligns with non-conformism/anti-establishment ideals? **[new historicism]**
- Fick's interpretation of the novel as emphasising "the centrality of process rather than goal" (20) has interesting implications when considering the concept of catharsis (in both an Aristotelian and a therapeutic sense). Discuss. **[close reading]**
- Analyse the importance of physicality in the novel and consider the implications with regard to disability and masculinity. **[Disability Studies, masculinity theory]**

### Discussion Questions for *Hangsaman*

#### Stigma and Marginalisation

- Bonikowski's statement that Jackson's protagonists are forced to choose between subservience and madness implies that madness is a choice (69). How does this statement distinguish between mental illness and madness, despite the overlap between these terms? **[Mad Studies]**
- How does Natalie's father respond to Natalie's disclosure of her mental health struggles? How does his response hinder Natalie in her search for healing and how does it contribute to Natalie's marginalisation and sense of isolation? **[close reading]**
- How does Natalie's gender interact with her experience of mental illness? Is gender discrimination addressed or simply displayed in the novel? **[feminism]**
- Consider Natalie's reaction to her sexual assault and her experiences with grooming. Is it possible to interpret the text as a narrative of trauma and what might this interpretation tell us about the link between trauma and mental illness/madness? **[feminism, trauma narratives]**
- What scenes in the text lend themselves to a queer reading? What do they tell us about queerness and/or madness in the 1950s? **[queer theory, new historicism, Gothic Studies]**

### **Mind Style**

- What "peculiarities of communication" can you identify in the text (Semino "Mind Style" 11)? How do these "peculiarities" inform our understanding of Natalie's cognitive state? **[close reading]**
- Does Natalie have control over her imaginary world or is she involuntarily experiencing psychosis? For example, is the police detective/Tony/the sleepwalker portrayed as a hallucination or a figment of Natalie's imagination and what difference do these alternative readings make to interpretations of the text as a whole? **[close reading, Mad Studies]**

- Identify the literary techniques which are used to convey Natalie's feelings of anxiety, fear and paranoia. **[close reading, reader-response theory, Gothic Studies]**
- The novel transitions between third-person limited point of view, first-person accounts of Natalie's thoughts and diary entries, and second-person narratives addressed to Natalie's alternate self. What is the significance of this shifting perspective and what insight does it grant into Natalie's mental state? **[close reading]**
- Perform a close reading of one of Natalie's diary entries, addressing the literary techniques which help to create a compelling mind style. **[close reading]**
- Compare Jackson's use of the split-self metaphor to Plath's. What are the similarities and differences between Natalie's experience and Esther's, and what does this tell us about literary portrayals of mental illness in the fifties and sixties/the role of metaphor in mind style? **[close reading, new historicism, intertextuality]**

### **Catharsis**

- What patterns emerge when we trace laughter throughout the novel? How is laughter portrayed and when is it suppressed? What does this suppression signify in relation to Natalie's recovery? **[humour theory, close reading]**
- Natalie asks Arthur Langdon: "But why is it so important, this creating?" (Jackson 103). Consider the answers to this question which are implied within the text and in regard to catharsis more broadly. Consuming creative media in the form of reading or viewing drama is often framed as cathartic, but what about the act of creating itself? **[intertextuality]**
- What kind of narratives does Natalie produce (Dobson 149) about herself/her mental illness/her society? How and why does she produce these particular narratives? **[close reading]**

- Baker states that the novel's conclusion "can be seen not as resolution, but as a way of embracing rupture" (17). Consider what is ruptured, rather than resolved, at the end of the novel. **[reader response theory, close reading]**

## Discussion Questions for *Girl, Interrupted*

### Stigma and Marginalisation

- How does Kaysen position the psychiatric ward as a "parallel universe" (5)? Why might she have chosen to do this? **[Mad Studies, Disability Studies]**
- Can you identify the ways in which Kaysen is stigmatised by family, friends, and psychiatric professionals? Why is she stigmatised? How does this stigma marginalise or alienate her? Does Kaysen ever direct stigma towards others? **[close reading]**
- Geller argues that Kaysen uses "derogatory language" to describe mental illness (537). What examples can you find of this language and why do you think this language was used? What effect might this language have on the reader? **[Disability Studies, Mad Studies, affect theory, reader response theory]**
- How does Kaysen use ambivalence to question traditional logic and binaries (Antolin 6)? How effectively is ambivalence used/what are the limitations of this narrative structure? **[narratology, close reading]**
- What are the gendered implications of Kaysen's BPD diagnosis and how does Kaysen respond to these implications? Are there any contemporary studies which attest to the contentious nature of BPD and the stigma which is often attached to the diagnosis? How might Kaysen's work be used to complement or contrast with these studies? **[feminism, new historicism]**
- How does Kaysen frame her mental illness/madness as a form of protest? Is this framing convincing? **[Mad Studies]**

### Mind Style and Narrative Voice

- What narrative techniques does Kaysen use to dispute or complicate her diagnosis? Why might she have chosen to utilise these particular techniques? **[close reading]**
- Analyse the effect of interspersing autobiographical writing with medical documents from the author’s own life. How does this narrative structure challenge or reinforce conventions relating to life writing and memoir? How does it challenge the reader? **[autobiographical studies, reader response theory]**
- What “peculiarities of communication” can you identify in the text (Semino “Mind Style” 11)? How do these “peculiarities” inform our understanding of Kaysen’s cognitive state, both at the time of her institutionalisation and at the time of writing? **[close reading]**
- What adjectives and diagnostic criteria are used to describe Kaysen in the medical notes, and how does Kaysen respond to these descriptors in a manner which validates and/or challenges their validity? Can this tell us anything useful about the importance of using first-person narrative accounts to inform psychiatric/therapeutic care? **[Mad Studies, Disability Studies]**
- Perform a close reading of Kaysen’s account of her own internal experience of mental illness in the chapters entitled “Velocity vs Viscosity” (75) and “Mind vs Brain” (140). **[close reading]**
- How does Kaysen emphasise the instability of various kinds of ‘borders’ in her memoir? Does this offer any clarity on her own ‘borderline’ status? **[Mad Studies, close reading]**

### **Catharsis**

- Consider the ways in which Kaysen’s institutionalisation both limited and presented her with opportunities for catharsis. **[close reading]**

- How might Kaysen’s memoir present readers with the opportunity to discuss and consider matters relating to suicide and DSH from an aesthetically distanced perspective? What challenges are involved when discussing and/or reading these depictions? Consider Heney’s concept of “the failed reader” here (81). **[aesthetic distance]**
- How does Kaysen’s memoir illuminate the potential motivations behind DSH? What literary techniques are used to portray DSH and what are the effects of these techniques? **[close reading, Mad Studies]**
- What is the significance of the title of the memoir? Consider this question in relation to the memoir’s portrayal of catharsis. **[close reading]**

## Bibliography

### Primary Sources:

Jackson, Shirley. *Hangsaman*. Penguin Modern Classics, 2013.

Kaysen, Susanna. *Girl, Interrupted*. Virago, 1993.

Kesey, Ken. *One Flew Over the Cuckoo's Nest*. Pan Books Limited, 1973.

Plath, Sylvia. *The Bell Jar*. Faber, 1966.

### Secondary Sources:

Abootalebi, Hassan. "Paranoia and its ensuing effects in Ken Kesey's *One Flew over the Cuckoo's Nest*." *Neobelicon*, vol. 45, no. 1, 2018, pp. 367-377, DOI: 10.1007/s11059-017-0392-y.

Adams, Susan J., and Nancy L. Pitre. "Who uses bibliotherapy and why? A survey from an underserved area." *The Canadian Journal of Psychiatry*, vol. 45, no. 7, 2000, pp. 645-649, DOI: 10.1177/070674370004500707.

Alvarado, Victor I., and Lionel J. Cavazos. "Allegories and symbols in counseling." *Journal of Creativity in Mental Health*, vol. 2, no. 3, 2008, pp. 51-59, DOI: 10.1300/J456v02n03\_05.

Anderson, Melanie, and Lisa Kroger. *Shirley Jackson, Influences and Confluences*. Routledge, 2016.

Antolin, Pascale. "Challenging Borders: Susanna Kaysen's *Girl, Interrupted* as a Subversive Disability Memoir." *European journal of American studies*, vol. 15, no. 2, 2020, pp/ 1-21, DOI: 10.4000/ejas.16051.

Antoszek, Patrycja. "Haunting Feelings: Shirley Jackson and the Politics of Affect." *Women's Studies*, vol. 49, no. 8, 2020, pp. 850-867, DOI: 10.1080/00497878.2020.1814292.

Antoszek, Patrycja. "Shirley Jackson's Affective Gothicism: The Discourse of Melancholia in *The Bird's Nest*." *Caietele Echinoc*, vol. 35, 2018, pp. 69-86.

- Arieti, Silvano. "New Views on the Psychology and Psychopathology of Wit and of the Comic". *Psychiatry*, vol. 13, no. 1, 1950, pp. 43-62, DOI: 10.1080/00332747.1950.11022763.
- Armstrong, Isobel. "Textual harassment: the ideology of close reading, or how close is close?" *Textual Practice*, vol. 9, no. 3, 1995, pp. 401-420, DOI: 10.1080/09502369508582228.
- Artis, Laura D., and Joanne R. Smith. "Emergency Department Staff Attitudes Toward People Who Self-Harm: Exploring the Influences of Norms and Identity". *Advanced Emergency Nursing Journal*, vol. 35, no. 3, 2013, pp. 259-269, DOI: 10.1097/TME.0b013e31829d202b.
- Aubrecht, Katie. "Disability Studies and the Language of Mental Illness." *Review of Disability Studies*, vol. 8, no. 2, 2012, pp. 1-15, hdl.handle.net/10125/58522.
- Bajaj, Priya, et al. "Screening for Suicidal Thoughts in Primary Care: The Views of Patients and General Practitioners." *Mental Health Family Medicine*, vol. 5, 2008, pp. 229–235.
- Baker, Charley, et al. "On The Borderline? Borderline Personality Disorder and Deliberate Self Harm in Literature." *Social Alternatives*, vol. 27, no. 4, 2008, pp. 22-27. scholarly-journals/on-borderline-personality-disorder-deliberate/docview/213966671/se-2.
- Baker, Timothy C. "'Not at all afraid': Queer Temporality and the School Detective Story." *Crime Fiction Studies*, vol. 2, no. 2, 2021, pp. 137-153, Baker\_et\_al\_CFS\_NotAtAllAfraidQueer\_AAM.pdf;jsessionid=8EAE9270ABB88907BF F38E840DBF1B39 (abdn.ac.uk).
- Bal, P. Matthijs, and Martijn Veltkamp. "How does fiction reading influence empathy? An experimental investigation on the role of emotional transportation." *PloS one*, vol. 8, no. 1, 2013, pp. 1-12, DOI: 10.1371/journal.pone.0055341.
- Barbosa, Eunice, et al. "How and when immersion and distancing are useful in emotion focused therapy for depression." *Psychotherapy Research*, vol. 29, no. 6, 2019, pp. 737-751, DOI: 10.1080/10503307.2017.1411626.

- Baurecht, William C. "Separation, Initiation, and Return: Schizophrenic Episode in *One Flew Over the Cuckoo's Nest*." *Bloom's Modern Critical Interpretations*, vol. 23, no. 3, 1982, pp. 81-90.
- Becker, Katja, et al. "Parasuicide online: Can suicide websites trigger suicidal behaviour in predisposed adolescents?." *Nordic journal of psychiatry*, vol. 58, no. 2, 2004, pp. 111-114, DOI: 10.1080/08039480410005602.
- Behrens, Susan J. "The Essential Self of Natalie Waite in *Hangsaman* by Shirley Jackson." *Names*, vol. 69, no. 1, 2021, pp. 1-9.
- Beilke, Debra. "The Language of Madness: Representing Bipolar Disorder in Kay Redfield Jamison's *An Unquiet Mind* and Kate Millett's *The Loony-Bin 'Trip*." *Depression and narrative: Telling the Dark*, edited by Hilary Clark, State University of New York Press, 2008, pp. 29-40.
- Béres, Judit. "Bibliotherapy and Creative Writing." *Horizontok II. A pedagógusképzés reformjának folytatása*, 2015, pp. 189-194.
- Béres, Judit. "Bibliotherapy for women from a lifelong learning perspective." *Some Issues in Pedagogy and Methodology*, 2019, pp. 111-120, DOI: 10.18427/iri-2016-0071.
- Béres, Judit. "Reading for life: Biblio/Poetry therapy with different target groups." *Book power in communication, sociology and technology*, edited by Tereza Khecyoyan et al., Language Arts and Disciplines, 2018, pp. 74-84.
- Berger, James. "Trauma and Literary Theory." *Contemporary Literature*, vol. 38, no. 3, 1997, pp. 569-82, DOI: 10.2307/1208980.
- Bernaerts, Lars. "Interactions in *Cuckoo's Nest*: Elements of a Narrative Speech-Act Analysis." *Narrative*, vol. 18, no. 3, 2010, pp. 276-299, JSTOR, [www.jstor.org/stable/40856414](http://www.jstor.org/stable/40856414).
- Berthoud, Ella, and Susan Elderkin. *The Novel Cure: From Abandonment to Zestlessness : 751 Books to Cure What Ails You*, Penguin, 2013.

- Besbes, Mongia. “Overcoming the trauma through the psychedelic in *One Flew over the Cuckoo’s Nest*.” *Journal of Advances in Humanities and Social Sciences*, vol. 2, no. 3, 2016, pp. 156-167, 10.20474/jahss-2.3.4.
- Beveridge, Allan. “Should Psychiatrists Read Fiction?” *British Journal of Psychiatry*, vol. 182, 2003, pp. 385–387.
- Bevir, Mark. “Foucault and critique: Deploying agency against autonomy.” *Political Theory*, vol. 27, no. 1, 1999, pp. 65-84, pdf/10.1177/0090591799027001004.
- Bhuptani, Prachi H., and Terri L. Messman-Moore. “Blame and shame in sexual assault.” *Handbook of sexual assault and sexual assault prevention*, Springer, 2019, pp. 309-322, DOI: 10.1037/tra0001132.
- “Biblioterapia Italiana”. *Biblioterapia Italiana*, 2022, www.biblioterapiaitaliana.com.
- “Bibliotherapy Collection: Shelf-Help”. *University College Cork Library*, 2023. libguides.ucc.ie/bibliotherapy.
- Billington, Josie, et al. “An investigation into the therapeutic benefits of reading in relation to depression and well-being.” *Liverpool: The Reader Organization, Liverpool Health Inequalities Research Centre*, Academia, 2010, pp. 1-100.
- Billington, Josie, ed. *Reading and Mental Health*. Springer Nature, 2019.
- Billington, Josie. “The Uses of Literature and Psychoanalysis in Contemporary Reading Groups”. *The Cambridge Companion to Literature and Psychoanalysis*, edited by Vera J. Camden, Cambridge University Press, 2021, pp. 168-185.
- Bischof, Roman. “Doctor–Patient–Nurse: Negotiations of Trust and Authority in 20th Century US Mental Illness Narratives.” GKAT Online Conference, October 2020, University of Heidelberg. Unpublished conference paper. boris.unibe.ch/id/eprint/149694.
- Blades, Caroline A. et al. “The Benefits and Risks of Asking Research Participants about Suicide: A Meta-Analysis of the Impact of Exposure to Suicide-Related Content.” *Clinical Psychology Review*, vol. 64, 2018, pp. 1–12.

- Blair, L. *The Fairy Tale Therapist*. Diss. Bath Spa University, 2022.
- Bluck, Susan, and Tilmann Habermas. "Extending the study of autobiographical memory: Thinking back about life across the life span." *Review of General Psychology*, vol. 5, no. 2, 2001, pp. 135-147, DOI: 10.1037/1089-2680.5.2.1.
- Blum, Linda M., and Nena F. Stracuzzi. "Gender in the Prozac nation: Popular discourse and productive femininity." *Gender & Society*, vol. 18, no. 3, 2004, pp. 269-286, DOI: 10.1177/0891243204263.
- Blum, Linda M. "Mother-blame in the Prozac nation: Raising kids with invisible disabilities." *Gender & society*, vol. 21, no. 2, 2007, pp. 202-226, DOI: 10.1177/089124320629.
- Boase-Beier, Jean. "Mind Style Translated." *Style*, vol. 37, no. 3, Penn State University Press, 2003, pp. 253-65, [www.jstor.org/stable/10.5325/style.37.3.253](http://www.jstor.org/stable/10.5325/style.37.3.253).
- Bolaki, Stella. *Illness as Many Narratives: Arts, Medicine and Culture*. Edinburgh University Press, 2016.
- Bolaki, Stella. "The Material Power of Artists' Books: How Books Can Speak About Illness and Care." *Prescriptions: Artists' Books on Wellbeing and Medicine*, edited by Stella Bolaki and Egidija Čiricaitė, Natrix Press, 2016, pp. 4-9.
- Bonikowski, Wyatt. "'Only one antagonist': The Demon Lover and the Feminine Experience in the Work of Shirley Jackson." *Gothic Studies*, vol. 15, no. 2, 2013, pp. 66-88, DOI: 10.7227/GS.15.2.5.
- Bonnycastle, Stephen. "Bibliotherapy in Action: a Reader's Developing Responses to Two Stories about Obsessional Love." *Textual Studies in Canada*, 2001, pp. 1-13, [web-p-eb.scohost-com.nuigalway.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=0&sid=c8eb3b4d-6e90-4826-9652-a8fa43fce060%40redis](http://web-p-eb.scohost.com.nuigalway.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=0&sid=c8eb3b4d-6e90-4826-9652-a8fa43fce060%40redis).
- Boschini, Deborah J., and Norman L. Keltner. "One Flew Over the Cuckoo's Nest." *Perspectives in Psychiatric Care*, vol. 45, no. 1, 2009, pp. 75-79.

- Boyd, J. Wesley. "An Unquiet Mind: A Memoir of Moods and Madness/Girl, Interrupted/Abduction: Human Encounters with Aliens/Seeing the Crab: A Memoir of Dying/An Anthropologist on Mars: Seven Paradoxical Tales/Welcome to My Country/Darkness Visible: A Memoir of Madness." *Psychiatry*, vol. 60, no. 4, 1997, p. 347, [www.proquest.com/scholarly-journals/unquiet-mind-memoir-moods-madness-girl/docview/220698038/se-2](http://www.proquest.com/scholarly-journals/unquiet-mind-memoir-moods-madness-girl/docview/220698038/se-2).
- Boyer, Marilyn. "The disabled female body as a metaphor for language in Sylvia Plath's *The Bell Jar*." *Women's Studies*, vol. 33, no. 2, 2004, pp. 199-223, DOI: 10.1080/00497870490272812.
- Braamhorst, Wouter, et al. "Sex bias in classifying borderline and narcissistic personality disorder." *The Journal of nervous and mental disease*, vol. 203, no. 10, 2015, pp. 804-808, DOI: 10.1097/NMD.0000000000000371.
- Brauner, David. "'Why is this girl telling us all this stuff?': Authenticity and the confessional impulse in Elizabeth Wurtzel's *Prozac Nation*." *Comparative American Studies, An International Journal*, vol. 18, no. 2, 2021, pp. 192-205, DOI: 10.1080/14775700.2021.1982327.
- Brewer, Elizabeth. "Coming out Mad, Coming out Disabled." *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, Palgrave Macmillan, 2018, pp. 11-30.
- Brewster, Liz. "More Benefit from a Well Stocked Library Than a Well-Stocked Pharmacy." *Plotting the Reading Experience: Theory/Practice/Politics*, edited by Paulette M. Rothbauer et al., Wilfrid Laurier University Press, 2016.
- Brewster L, McNicol S. "Bibliotherapy in practice: a person-centred approach to using books for mental health and dementia in the community". *Medical Humanities*, vol. 47, no. 4, 2021, pp. 1-10, DOI: 10.1136/medhum-2020-011898.

- Brown, Sarah. "Post-Pharma Pedagogies: An Intertextual Feminist Approach to Teaching Depression in *The Bell Jar*." *Women's Studies*, vol. 48, no. 3, 2019, pp. 207-222, DOI: 10.1080/00497878.2019.1593836.
- Bruneau, Laura, and Dale-Elizabeth Pehrsson. "Read two books and call me next week: maximizing the book selection process in therapeutic reading." *Journal of Poetry Therapy*, vol. 30, no. 4, 2017, pp. 248-261, DOI: 10.1080/08893675.2017.1364507.
- Bruns, Cristina Vischer. "Stinging or Soothing: Trigger Warnings, Fanfiction, and Reading Violent Texts." *The Journal of Aesthetic Education*, vol. 55, no. 3, 2021, pp. 15–32, muse.jhu.edu/article/803320.
- Bryant, Marsha. "Plath, domesticity, and the art of advertising." *College Literature*, vol. 29, no. 3, 2002, pp. 17-34, www.jstor.org/stable/25112656.
- Burkle, Michelle A., et al. "Forms of competitive attitude and achievement orientation in relation to disordered eating." *Sex roles*, vol. 40, no. 11, 1999, pp. 853-870, DOI: 10.1023/A:1018873005147.
- Burns, Stephanie T. "Utilizing Fictional Stories When Counseling Adults." *Journal of Creativity in Mental Health*, vol. 3, no. 4, 2008, pp. 441-54, DOI: 10.1080/15401380802530609.
- Cacchioli, Serena. "The healing power of books: The Novel Cure as a culturally tailored literary experiment." *Reading Today*, 2018, pp. 145-156.
- Calman, Kenneth. "A study of storytelling, humour and learning in medicine." *Clinical Medicine*, vol. 1, no. 3, 2001, pp. 227-229, DOI: 10.7861/clinmedicine.1-3-227.
- Camden, Vera J., ed. *The Cambridge Companion to Literature and Psychoanalysis*. Cambridge University Press, 2021.
- Caminero-Santangelo, Marta. *The Madwoman Can't Speak. Or Why Insanity Is Not Subversive*. Ithaca: Cornell, 1998.

- Caminero-Santangelo, Marta. "The Madwoman Can't Speak: Postwar Culture, Feminist Criticism, and Welty's 'June Recital.'" *Tulsa Studies in Women's Literature*, vol. 15, no. 1, University of Tulsa, 1996, pp. 123–46, DOI: doi.org/10.2307/463977.
- Canty, Nick. "Bibliotherapy: Its processes and benefits and application in clinical and developmental settings." *Logos*, vol. 28, no. 3, 2017, pp. 32-40, DOI: 10.1163/1878-4712-11112133.
- Cao-Silveira, Vy Bao, et al. "Digital bibliotherapy as a scalable intervention for suicidal thoughts: A randomized controlled trial." *Journal of Consulting and Clinical Psychology*, vol. 90, no. 8, 2022, pp. 626-637, DOI: 10.1037/ccp0000752.
- Carpintero Torres-Quevedo, Maria Elena. "Reading *Prozac Nation* as a Post-Humanist Resistance to the Recovery Narrative." *Comparative American Studies: An International Journal*, vol. 18, no. 2, 2021, pp. 206-220, DOI: 10.1080/14775700.2021.1991747.
- Cather, Christine. "To every reader her book: creating bibliotherapy for women." Diss. University of Strathclyde, 2007.
- Charteris-Black, Jonathan. "Shattering the bell jar: Metaphor, gender, and depression." *Metaphor and Symbol*, vol. 27, no. 3, 2012, pp. 199-216, DOI: 10.1080/10926488.2012.665796.
- Chesler, Phyllis. *Women and madness*. Chicago Review Press, 2018.
- Choudhry, Fahad Riaz, et al. "Beliefs and perception about mental health issues: a meta-synthesis." *Neuropsychiatric disease and treatment*, vol.12, 2016, pp. 2807-2818, DOI: 10.2147/NDT.S111543.
- Chouinard, Vera. "Placing the 'mad woman': troubling cultural representations of being a woman with mental illness in *Girl, Interrupted*." *Social & Cultural Geography*, vol. 10, no. 7, 2009, pp. 791-804, DOI: 10.1080/14649360903205108.
- Clark, Hilary, ed. *Depression and narrative: Telling the Dark*. State University of New York Press, 2008.

- Cohen, Jonathan. "Defining identification: A theoretical look at the identification of audiences with media characters." *Mass communication & society*, vol. 4, no. 3, 2001, pp. 245-264, DOI: [https://doi.org/10.1207/S15327825MCS0403\\_01](https://doi.org/10.1207/S15327825MCS0403_01).
- Colmenero-Chilberg, Laura E. "Women's Agency as Madness: "The Yellow Wallpaper" to Penny Dreadful." *Mental Illness in Popular Culture*, edited by Sharon Packer, ABC-CLIO, LLC, 2017, pp. 89-98.
- Corrigan, Patrick W., and Katherine Nieweglowski. "How does familiarity impact the stigma of mental illness?." *Clinical Psychology Review*, vol. 70, 2019, pp. 40-50, DOI: 10.1016/j.cpr.2019.02.001.
- Couser, Thomas G. "Crossing the Borderline (Personality): Madness Interrogated in *Girl, Interrupted*." American Autobiography Conference, 1999, Cancun, Mexico.
- Coyle, Susan. "Images of madness and retrieval: An exploration of metaphor in *The Bell Jar*." *Studies in American Fiction*, vol. 12, no. 2, 1984, pp. 161-174, DOI: 10.1353/saf.1984.0027.
- Crawford, Paul, and Charley Baker. "Literature and madness: fiction for students and professionals." *Journal of Medical Humanities*, vol. 30, 2009, pp. 237-251, DOI: 10.1007/s10912-009-9089-1.
- Crossley, Nick. "RD Laing and the British anti-psychiatry movement: a socio-historical analysis." *Social science & medicine*, vol. 47, no. 7, 1998, pp. 877-889, DOI: 10.1016/S0277-9536(98)00147-6.
- Culler, Jonathan. "The closeness of close reading." *ADE Bulletin*, vol. 149, 2010, pp. 20-25, [www.maps.mla.org/content/download/7902/file/ade.149.20.pdf](http://www.maps.mla.org/content/download/7902/file/ade.149.20.pdf).
- Cupchik, Gerald C. et al. "Emotional effects of reading excerpts from short stories by James Joyce." *Poetics*, vol. 25, no. 6, 1998, pp. 363-377, DOI: 10.1016/S0304-422X(98)90007-9.

- Curnutt, Kirk. "Teenage wasteland: coming-of-age novels in the 1980s and 1990s." *Critique: Studies in Contemporary Fiction*, vol. 43, no. 1, 2001, pp. 93-111, DOI: 10.1080/00111610109602174.
- Czernianin, Wiktor, et al. "Bibliotherapy: a review and perspective from Poland." *Journal of Poetry Therapy*, vol. 32, no. 2, 2019, pp. 78-94, DOI: 10.1080/08893675.2019.1583413.
- Da Cunha Koch, Catarina, et al. "Representations of hallucinations and dissociation in young adult literature: Using literature to challenge stigma about psychosis". *Irish Journal of Psychological Medicine*, 2022, pp. 1-7, DOI: 10.1017/ipm.2022.43
- Davis, Jane. "Enjoying and enduring: groups reading aloud for wellbeing." *The Lancet*, vol. 373, no. 9665, 2009, pp. 714-715, DOI: 10.1016/S0140-6736(09)60426-8.
- Dazzi, T., et al. "Does Asking about Suicide and Related Behaviours Induce Suicidal Ideation? What Is the Evidence?" *Psychological Medicine*, vol. 44, no. 16, 2014, pp. 3361–3363, DOI: 10.1017/S0033291714001299.
- Demjén, Zsófia, and Elena Semino. "Stylistics: Mind style in an autobiographical account of schizophrenia." *Analysing Health Communication*, edited by G. Brookes, Palgrave Macmillan, 2021, pp. 333-356, DOI: 10.1007/978-3-030-68184-5\_13.
- Demjén Zsófia., and Elena Semino. *The Routledge Handbook of Metaphor and Language*. Routledge, 2017.
- Detrixhe, Jonathan J. "Souls in jeopardy: Questions and innovations for bibliotherapy with fiction." *The Journal of Humanistic Counseling, Education and Development*, vol. 49, no. 1, 2010, pp. 58-72, DOI: 10.1002/j.2161-1939.2010.tb00087.x.
- De Villiers, Stephanie. "Metaphors of madness: Sylvia Plath's rejection of patriarchal language in *The Bell Jar*." *English Studies in Africa*, vol. 62, no. 2, 2019, pp. 1-11, DOI: 10.1080/00138398.2019.1685200.
- Dempsey, David. "Shrinks and the Shrunken in Modern Fiction: The Psychotherapist as Villain." *The Antioch Review*, vol. 46, no. 4, 1988, pp. 514–21, doi.org/10.2307/4611965.

- Dinsdale, Natalie, and Bernard J. Crespi. "The borderline empathy paradox: evidence and conceptual models for empathic enhancements in borderline personality disorder." *Journal of personality disorders*, vol. 27, no. 2, 2013, pp. 172-195, DOI: 10.1521/pedi\_2012\_26\_071.
- Djickic, Maja, et al. "Reading other minds: Effects of literature on empathy." *Scientific study of literature*, vol. 3, no. 1, 2013, pp. 28-47, DOI: 10.1075/ssol.3.1.06dji.
- Djickic, Maja, and Keith Oatley. "The art in fiction: From indirect communication to changes of the self." *Psychology of Aesthetics, Creativity, and the Arts*, vol. 8, no. 4, 2014, pp. 498-505, DOI: 10.1037/a0037999.
- Djickic, Maja, et al. "On being moved by art: How reading fiction transforms the self." *Creativity research journal*, vol. 21, no. 1, 2009, pp. 24-29, DOI: 10.1080/10400410802633392.
- Dobson, James E. "Knowing and narration: Shirley Jackson and the campus novel." *Shirley Jackson, Influences and Confluences*, edited by Melanie R. Anderson and Lisa Kroger, Routledge, 2016, pp. 123-141.
- Domino, George. "Impact of the film, "One Flew Over the Cuckoo's Nest" on attitudes towards mental illness." *Psychological Reports*, vol. 53, no. 1, 1983, pp. 179-182, DOI: 10.2466/pr0.1983.53.1.
- Donaldson, Elizabeth J. (ed). *Literatures of Madness: Disability Studies and Mental Health*. Palgrave Macmillan, 2018.
- Dorst, Aletta G. "Translating metaphorical mind style: machinery and ice metaphors in Ken Kesey's *One Flew over the Cuckoo's Nest*." *Perspectives*, vol. 27, no. 6, 2019, pp. 875-889, DOI: 10.1080/0907676X.2018.1556707.
- Douglas, Kate, and Kylie Cardell. "Reading during coronavirus: books can be triggering, but difficult texts teach us resilience, too." *The Conversation*, 2020, pdf.

- Dow Adams, Timothy. "Borderline Personality: Autobiography and Documentary in Susanna Kaysen's *Girl, Interrupted*". *Life Writing*, vol. 2, no. 2, 2005, pp. 119-137, DOI: 10.1080/10408340308518292.
- Dowbnia, Renée. "Consuming Appetites: Food, Sex, and Freedom in Sylvia Plath's *The Bell Jar*." *Women's Studies*, vol. 43, no. 5, 2014, pp. 567-588, DOI: 10.1080/00497878.2014.914392.
- Downey, Dara. "Not a Refuge Yet: Shirley Jackson's Domestic Hauntings." *A Companion to American Gothic*, edited by Charles L. Crow, Wiley Blackwell, 2013, pp. 290-302, DOI: 10.1002/9781118608395.ch23.
- Dowrick, Christopher. "Comfort in a Whirlwind: Literature and Distress in General Practice." *Reading and Mental Health*, edited by Josie Billington, Palgrave Macmillan, 2019, pp. 15-30, DOI: 10.1007/978-3-030-21762-4\_2.
- Dunkle, Iris Jamahl. "Sylvia Plath's *The Bell Jar*: Understanding Cultural and Historical Context in an Iconic Text." *CRITICAL INSIGHTS*, pp. 60-74, [pvld.org/sites/default/files/BELL%20JAR%20-%20Understanding%20Culture%20References%20\(1\).pdf](http://pvld.org/sites/default/files/BELL%20JAR%20-%20Understanding%20Culture%20References%20(1).pdf).
- Eakin, Paul J. "Breaking Rules: The Consequences of Self Narration." *Biography*, vol. 24, no. 1, University of Hawaii Press, 2001, pp. 113-27, [www.jstor.org/stable/23540312](http://www.jstor.org/stable/23540312).
- Egner, Justine E. "'The disability rights community was never mine': Neuroqueer disidentification." *Gender & Society*, vol. 33, no. 1, 2019, pp. 123-147, [journals.sagepub.com/doi/pdf/10.1177/0891243218803284](http://journals.sagepub.com/doi/pdf/10.1177/0891243218803284).
- Eisenhauer, Jennifer. "A Visual Culture of Stigma: Critically Examining Representations of Mental Illness." *Art Education*, vol. 61, no. 5, National Art Education Association, 2008, pp. 13-18, [www.jstor.org/stable/20694752](http://www.jstor.org/stable/20694752).
- Ellis, Clare et. Al. "Reading for Depression/Mental Health." *Reading and Mental Health*, edited by Josie Billington, Springer Nature, 2019, pp. 71-84.

- Emmons, Kimberly. *Black Dogs and Blue Words: Depression and Gender in the Age of Self-Care*. Rutgers University Press, 2010.
- Emmons, Kimberly. "Narrating the Emotional Woman: Uptake and Gender in Discourses on Depression." *Depression and narrative: Telling the Dark*, edited by Hilary Clark, State University of New York Press, 2008, pp. 111-126.
- England, Suzanne E., et al. "Storying Sadness: Representations of Depression in the Writings of Sylvia Plath, Louise Glück and Tracy Thompson." *Depression and Narrative: Telling the Dark*, edited by Hilary Clark, SUNY Press, 2008, pp. 83-95.
- Erdner, Anette, et al. "Social and existential alienation experienced by people with long-term mental illness." *Scandinavian Journal of Caring Sciences*, vol. 19, no. 4, 2005, pp. 373-380, DOI: 10.1111/j.1471-6712.2005.00364.x.
- Evans, Lynne A. "A "brutal, unprincipled, drunken, vice-ridden beast": Maternity in Shirley Jackson's *The Bird's Nest*." *ESC: English Studies in Canada*, vol. 44, no. 1, 2017, pp. 25-47, DOI: 10.1353/esc.2017.0042.
- Felski, Rita. *Uses of Literature*. Blackwell Publishing, 2008.
- Feniger-Schaal, Rinat, and Hod Orkibi. "Integrative systematic review of drama therapy intervention research." *Psychology of Aesthetics, Creativity, and the Arts*, vol. 14, no. 1, 2020, pp. 68-80, DOI: 10.1037/aca0000257.
- Fick, Thomas H. "The hipster, the hero, and the psychic frontier in *One Flew Over the Cuckoo's Nest*." *Rocky Mountain Review*, vol. 43, no. 1, 1989, pp. 19-34, DOI: 10.1353/rmr.1989.000.
- Figlerowicz, Marta. "Affect Theory Dossier: An Introduction." *Qui Parle*, vol. 20, no. 2, 2012, pp. 3-18, DOI: 10.5250/quiparle.20.2.00032.
- Floyd, Mark, et al. "Two-year follow-up of bibliotherapy and individual cognitive therapy for depressed older adults." *Behavior Modification*, vol. 30, no. 3, 2006, pp. 281-294, DOI: 10.1177/0145445503261176.

- Foley, Andrew. "Allegories of freedom: individual liberty and social conformity in Ken Kesey's *One Flew Over the Cuckoo's Nest*." *Journal of Literary Studies*, vol. 17, no. 1\_2, 2001, pp. 31-57, [hdl.handle.net/10520/EJC62327/](http://hdl.handle.net/10520/EJC62327/).
- Fowler, Roger. *Linguistics and the Novel*. 1977. Routledge, 2003.
- Francis, Gavin. "The Novel Cure By Susan Elderkin And Ella Berthoud – Review." *The Guardian*, 18 Sept 2013, [www.theguardian.com/books/2013/sep/18/novel-cure-elderkin-berthoud-review](http://www.theguardian.com/books/2013/sep/18/novel-cure-elderkin-berthoud-review). Accessed 12 Oct 2022.
- Francis, Linda E. "Laughter, the Best Mediation: Humor as Emotion Management in Interaction." *Symbolic Interaction*, vol. 17, no. 2, 1994, pp. 147–63, DOI: 10.1525/si.1994.17.2.147.
- Furedi, Frank. "Moral panic and reading: Early elite anxieties about the media effect." *Cultural Sociology*, vol. 10, no. 4, 2016, pp. 523-537, DOI: 10.1177/1749975515626953.
- Gaillard Laura M. et al. "Mental Health Patients' Experiences of Being Misunderstood". *Journal of the American Psychiatric Nurses Association*, vol. 15, no. 3, 2009, pp. 191-199, DOI:10.1177/1078390309336932.
- Gallop, Jane. "The Historicization of Literary Studies and the Fate of Close Reading." *Profession*, 2007, pp. 181–86, [www.jstor.org/stable/25595865](http://www.jstor.org/stable/25595865).
- Gangi, Cynthia Elizabeth, et al. "Hide or seek? The effect of causal and treatability information on stigma and willingness to seek psychological help." *Journal of Social and Clinical Psychology*, vol. 35, no. 6, 2016, pp. 510-524, DOI: 10.1521/jscp.2016.35.6.510.
- Géfin, Laszlo K. "The Breasts of Big Nurse: Satire versus Narrative in Kesey's *One Flew over the Cuckoo's Nest*." *Modern Language Studies*, vol. 22, no. 1, 1992, pp. 96-101, DOI: 10.2307/3195003.
- Geller, Jeffrey L. "Girl, Interrupted: The Book and the Film." *Psychiatric Services*, vol. 51, no. 4, 2000, pp. 536-537, DOI: 10.1176/appi.ps.51.4.536.

- Gernsbacher, Morton A. et al. "How automatically do readers infer fictional characters' emotional states?." *Scientific studies of reading*, vol. 2, no. 3, 1998, pp. 271-300, DOI: 10.1207/s1532799xssr0203\_5.
- Glass, Judith. "Working toward aesthetic distance: Drama therapy for adult victims of trauma." *Expressive and creative arts methods for trauma survivors*, edited by Lois Carey, Jessica Kingsley Publishers, 2006, pp. 57-71.
- Glavin, Calla E. Y., and Paul Montgomery. "Creative bibliotherapy for post-traumatic stress disorder (PTSD): a systematic review." *Journal of Poetry Therapy*, vol. 30, no. 2, 2017, pp. 95-107, DOI: 10.1080/08893675.2017.1266190.
- Goodman, Lisa A., et al. "Reliability of reports of violent victimization and posttraumatic stress disorder among men and women with serious mental illness." *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, vol. 12, no. 4, 1999, pp. 587-599, DOI: <https://doi.org/10.1023/A:1024708916143>.
- Gorman, Rachel, and Brenda A. LeFrançois. "Mad studies." *Routledge International Handbook of Critical Mental Health*, Routledge, 2017, pp. 107-114.
- Grant, J. Busby, et al. "Predictors of personal, perceived and self-stigma towards anxiety and depression." *Epidemiology and psychiatric sciences*, vol. 25, no. 3, 2015, pp. 247-254, DOI: 10.1017/S2045796015000220.
- Gregory, Robert J., et al. "Cognitive Bibliotherapy for Depression: A Meta-Analysis." *Professional Psychology: Research and Practice*, vol. 35, no. 3, 2004, pp. 275-280, DOI: 10.1037/0735-7028.35.3.275.
- Gunderson, John G., et al. "Borderline personality disorder." *Nature Reviews Disease Primers*, vol. 4, no. 1, 2018, pp. 1-20, DOI: 10.1038/nrdp.2018.29.
- Gunn, Daniel P. "Making Art Strange: A Commentary on Defamiliarization." *The Georgia Review*, vol. 38, no. 1, 1984, pp. 25-33, [www.jstor.org/stable/41398624](http://www.jstor.org/stable/41398624).

- Gutting, Gary, Editor. *The Cambridge Companion to Foucault*. 2<sup>nd</sup> edition. Cambridge University Press, 2003.
- Hague, Angela. "“A faithful anatomy of our times”: Reassessing Shirley Jackson.” *Frontiers: A Journal of Women Studies*, vol. 26, no. 2, 2005, pp. 73-96, [www.jstor.org/stable/4137397](http://www.jstor.org/stable/4137397).
- Hardwick, Elizabeth. “On Sylvia Plath.” *The New York Review of Books*, August 12 1971, pp. 4-6, [www.nybooks.com/articles/1971/08/12/on-sylvia-plath/](http://www.nybooks.com/articles/1971/08/12/on-sylvia-plath/).
- Harpin, Anna. *Madness, Art, and Society: Beyond Illness*. Routledge, 2018.
- “Health and Wellbeing Collection”. *University College Dublin Library*, 2023. [libguides.ucd.ie/healthandwellbeing](http://libguides.ucd.ie/healthandwellbeing).
- Heath, Melissa Allen, et al. “Bibliotherapy: A resource to facilitate emotional healing and growth.” *School Psychology International*, vol. 26, no. 5, 2005, pp. 563-580, DOI: 10.1177/0143034305060792.
- Hecht, Marlene, et al. “Stopping the Stigma. How Empathy and Reflectiveness Can Help Reduce Mental Health Stigma.” *Media Psychology*, vol. 25, no. 3, 2022, pp. 367-386, DOI: 10.1080/15213269.2021.1963991.
- Heilman, Robert B. “Schools for Girls.” *The Sewanee Review*, vol. 60, no. 2, 1952, pp. 299-309, [www.jstor.org/stable/27538141](http://www.jstor.org/stable/27538141).
- Heney, Veronica. “Our stories, our selves: Fictional representations of self-harm.” *ETHOS*. University of Exeter, 2022. [HeneyV.pdf \(exeter.ac.uk\)](http://exeter.ac.uk).
- Hirshbein, Laura D. *American Melancholy: Constructions of Depression in the Twentieth Century*. Rutgers University Press, 2009.
- Hirshbein, Laura D. “Science, gender, and the emergence of depression in American psychiatry, 1952–1980.” *Journal of the history of medicine and allied sciences*, vol. 61, no. 2, 2006, 187-216, DOI: 10.1093/jhmas/jrj037.

- Holladay, Drew. "Mental disability and Social Value in Michelle Cliff's *Abeng*." *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, Palgrave Macmillan, 2018, pp. 199-214.
- Horner, Kim. "Exploring Satire in *The Bell Jar*." *Plath Profiles: An Interdisciplinary Journal for Sylvia Plath Studies*, vol. 14, no. 1, 2022, pp. 52-57.
- Hovey, Richard Bruce, et al. "Cathartic poetry: healing through narrative." *The Permanente Journal*, vol. 22, no. 3, 2018, pp. 1-4, DOI: 10.7812/TPP/17-196.
- Hunt, Daniel, and Ronald Carter. "Seeing through the bell jar: Investigating linguistic patterns of psychological disorder." *Journal of Medical Humanities*, vol. 33, no. 1, 2012, pp. 27-39, DOI: 10.1007/s10912-011-9163-3.
- Hunter, Kathryn M., et al. "The study of literature in medical education." *Academic Medicine*, vol. 70, no. 9, 1995, pp. 787-794, DOI: 10.1097/00001888-199509000-00014.
- Hutchinson, Emma. "Bibliotherapy Programmes in Dublin Public Libraries: A Case-Study of Dublin City, Fingal and South Dublin Public Library Services." *Qualitative and Quantitative Methods in Libraries (QQML) Special Issue Social Justice*, 2014, pp. 95-103, [qqml.net/papers/Special\\_Issue\\_2014\\_Social\\_Justice\\_Social\\_Inclusion/QQML\\_Journal\\_2014\\_SpecialIssue\\_95-103\\_Hutchinson.pdf](http://qqml.net/papers/Special_Issue_2014_Social_Justice_Social_Inclusion/QQML_Journal_2014_SpecialIssue_95-103_Hutchinson.pdf).
- Hyder, Sophia. "'Why They Laugh At Us?': The functions and ethics of humour in Singaporean theatrical depictions of stigmatised illness." *Medical Humanities*, 2022, DOI: 10.1136/medhum-2022-012451.
- Hynes, Arleen McCarty. *Bibliotherapy: The Interactive Process, a Handbook*, Taylor & Francis, 2019, *ProQuest Ebook Central*, [ebookcentral.proquest.com/lib/nuig/detail.action?docID=5830920](http://ebookcentral.proquest.com/lib/nuig/detail.action?docID=5830920).
- Ingram, Richard A. "Doing mad studies: Making (non) sense together." *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice* vol. 5, no. 3, 2016, pp. 11-17, 1680-Ingram-layout2-pgs (mun.ca).

- Ingram, Shelley. "Speaking of magic: Folk narrative in *Hangsaman* and *We Have Always Lived in the Castle*." *Shirley Jackson, Influences and Confluences*, edited by Melanie R. Anderson and Lisa Kroger, Routledge, 2016, pp. 54-75.
- "International Federation For Biblio Poetry Therapy." *International Federation For Biblio Poetry Therapy*, 2022, ifbpt.org/.
- Jack, Sarah J., and Kevin R. Ronan. "Bibliotherapy: Practice and research." *School Psychology International*, vol. 29, no. 2, 2008, pp. 161-182, journals.sagepub.com/doi/pdf/10.1177/0143034308090058.
- Jallade, C. et al. "Clinical Evolution After Self-Induced Or Accidental Traumatism: A Controlled Study Of The Extent And The Specificity Of Suicidal Catharsis." *Journal Of Affective Disorders*, vol 85, no. 3, 2005, pp. 283-292, DOI: 10.1016/j.jad.2004.11.002.
- Jalongo, Mary Renck. "Bibliotherapy: Literature to Promote Socioemotional Growth." *The Reading Teacher*, vol. 36, no. 8, 1983, pp. 796–803, www.jstor.org/stable/20198329.
- Johnson, Alex, and Susanna Kaysen. "A Conversation with Susanna Kaysen." *Agni*, vol. 40, 1994, pp. 99–107, www.jstor.org/stable/23007305.
- Johnson, Merri Lisa. "Neuroqueer feminism: Turning with tenderness toward borderline personality disorder." *Signs: Journal of Women in Culture and Society*, vol. 46, no. 3, 2021, pp. 635-662.
- Jones, Anne Hudson. "Literature and medicine: Narratives of mental illness." *The Lancet*, vol. 350, no. 9074, 1997, pp. 359-361, DOI: 10.1016/S0140-6736(97)07123-7.
- Jones, Anne Hudson. "Voices From the Darkness: Narratives of Mental Illness Review of *Darkness Visible: A Memoir of Madness* by William Styron; *Undercurrents: A Therapist's Reckoning with her own Depression* by Martha Manning; *Girl, Interrupted* by Susanna Kaysen; *Prozac Nation: Young and Depressed in America* by Elizabeth Wurtzel; *A Brilliant Madness: Living with Manic-Depressive Illness* by Patty Duke and Gloria Hochman; *The Loony-Bin Trip*

- by Kate Millett; *When the Music's Over: My Journey into Schizophrenia* by Ross David." *Medical Humanities Review*, vol. 9, no. 1, 1995, pp. 9-24, [hdl.handle.net/10822/882828](https://hdl.handle.net/10822/882828).
- Jones, Payton. J. et al. "Helping or Harming? The Effect of Trigger Warnings on Individuals With Trauma Histories." *Clinical Psychological Science*, vol. 8, no. 5, 2020, pp. 905–917, DOI: [10.1177/2167702620921341](https://doi.org/10.1177/2167702620921341).
- Jun, Luo, and Li Gui Jun. "Unravelling the Distorted Foucauldian Panopticism Epitomized in the Suicidal Tortures of Esther Greenwood in *The Bell Jar*." *Education, Language and Sociology Research*, vol. 3, no. 4, 2022, pp. 58-100.
- Kaiser, Deborah, et al. "Biased attention to facial expressions of ambiguous emotions in borderline personality disorder: an eye-tracking study." *Journal of personality disorders*, vol. 33, no. 5, 2019, pp. 671-88, DOI: [10.1521/pedi\\_2019\\_33\\_363](https://doi.org/10.1521/pedi_2019_33_363).
- Kaiser, Wilson. "Disability and Native American Counterculture in *One Flew Over the Cuckoo's Nest* and *House Made of Dawn*." *Journal of Literary & Cultural Disability Studies*, vol. 9 no. 2, 2015, p. 189-205, [muse.jhu.edu/article/585871](https://muse.jhu.edu/article/585871).
- Keefe, Margaret. "It's Kind of a Curious Incident in the Bell Jar: Using Literature and Discussion to Advocate for Mental Health Education in the High School English Classroom." Bridgewater State University, 2018. Undergraduate thesis. [vc.bridgew.edu/cgi/viewcontent.cgi?article=1418&context=honors\\_proj](https://vc.bridgew.edu/cgi/viewcontent.cgi?article=1418&context=honors_proj).
- Keen, Suzanne. *Empathy and the Novel*. Oxford University Press on Demand, 2007.
- Keen, Suzanne. "A Theory of Narrative Empathy." *Narrative*, vol. 14, no. 3, 2006, pp. 207–36, [www.jstor.org/stable/20107388](https://www.jstor.org/stable/20107388).
- Keen, Suzanne. "Readers' Temperaments and Fictional Character." *New Literary History*, vol. 42, no. 2, 2011, pp. 295–314, [www.jstor.org/stable/23012545](https://www.jstor.org/stable/23012545).
- Kellner, Charles H. "Electroconvulsive Therapy (ECT) in Literature: Sylvia Plath's *The Bell Jar*." *Progress in Brain Research*, vol. 206, 2013, pp. 219-228, DOI: [10.1016/B978-0-444-63364-4.00029-6](https://doi.org/10.1016/B978-0-444-63364-4.00029-6).

- Kenny, Áine. "Majority of those attending student counselling are female and in the college of Arts." *Student Independent News*, 29 January 2019, [sin.ie/2019/01/29/majority-of-those-attending-student-counselling-are-female-and-in-the-college-of-arts/](http://sin.ie/2019/01/29/majority-of-those-attending-student-counselling-are-female-and-in-the-college-of-arts/). Accessed 1 March 2023.
- Khalid, Amna, and Jeffrey Aaron Snyder. "The Data is in – Trigger Warnings Don't Work." *The Chronicle of Higher Education*, 15 September 2021, [www.chronicle.com/article/the-data-is-in-trigger-warnings-dont-work](http://www.chronicle.com/article/the-data-is-in-trigger-warnings-dont-work). Accessed 1 March 2023.
- King, Robert, et al. "Creative writing in recovery from severe mental illness." *International Journal of Mental Health Nursing*, vol. 22, no. 5, 2013, pp. 444-452, DOI: 10.1111/j.1447-0349.2012.00891.x.
- Kirkus, Shae, and Monika Shehi Herr. "Femininity as Disability in Sylvia Plath's *The Bell Jar*." *University of South Carolina Upstate Student Research Journal*, vol. 15, no. 1, 2022, pp. 18-21.
- Koopman, Eva Maria. "Predictors of insight and catharsis among readers who use literature as a coping strategy." *Scientific Study of Literature*, vol. 1, no. 2, 2011, pp. 241-259, DOI: 10.1075/ssol.1.2.04koo.
- Krafft, Andrea. "Funny and Tender and Not a Desperate Woman": Sylvia Plath's *The Bell Jar*, Betty Friedan's *The Feminine Mystique*, and Therapeutic Laughter." *Plath Profiles: An Interdisciplinary Journal for Sylvia Plath Studies*, vol. 6, 2013, pp. 287-306, [scholarworks.iu.edu/journals/index.php/plath/article/view/4295/3929](http://scholarworks.iu.edu/journals/index.php/plath/article/view/4295/3929).
- Kroska, Amy, and Sarah K. Harkness. "Coping with the Stigma of Mental Illness: Empirically-Grounded Hypotheses from Computer Simulations." *Social Forces*, vol. 89, no. 4, 2011, pp. 1315–39, [www.jstor.org/stable/41290131](http://www.jstor.org/stable/41290131).
- Laffer, Alexander. "When readers talk about characters as if they were real, how do they talk about them? Empathy and gossip in reading group discourse." *Poetics*, vol. 85, 2019, pp. 1-21, DOI: 10.1016/j.poetic.2020.101503.

- Laguardia, Francesca, et al. "Trigger Warnings: From Panic to Data." *Journal of Legal Education*, vol. 66, no. 4, 2017, pp. 882–903, [www.jstor.org/stable/26453524](http://www.jstor.org/stable/26453524).
- Lambe, Jennifer. "Memory Politics: Psychiatric Critique, Cultural Protest, and *One Flew Over the Cuckoo's Nest*." *Literature and medicine*, vol. 37, no. 2, 2019, pp. 298-324, DOI: 10.1353/lm.2019.0014.
- Lanser, Susan Sniader. "Beyond *The Bell Jar*: Women Students of the 1970s." *The Radical Teacher*, no. 6, 1977, pp. 41–44, [www.jstor.org/stable/20709092](http://www.jstor.org/stable/20709092).
- Latchem, Julie M., and Janette Greenhalgh. "The role of reading on the health and well-being of people with neurological conditions: A systematic review." *Aging & mental health*, vol. 18, no. 6, 2014, pp. 731-744, DOI: 10.1080/13607863.2013.875125.
- Lawrence, Erica. "Salvation and Rebirth in *The Catcher in the Rye* and *The Bell Jar*." *The Oswald Review: An International Journal of Undergraduate Research and Criticism in the Discipline of English*, vol. 1, no. 10, 1999, pp. 50-63.
- Leach, Caroline, and Stuart Murray. "Disability and Gender in Ken Kesey's *One Flew Over the Cuckoo's Nest*." *Disability Studies Quarterly*, vol. 28, no. 4, 2008, DOI: 10.18061/dsq.v28i4.149.
- Lee, Chun-Yang, et al. "Influence of humor expression on suicidal ideation among adolescents: Mediating effects of depressive emotion and positive emotion." *BMC psychiatry*, vol. 20, no. 1, 2020, pp. 1-12, DOI: 10.1186/s12888-020-02814-7.
- Lee, Jessica N. "Narratives in *The Snake Pit*, *I Never Promised You a Rose Garden*, and *Girl, Interrupted*." *Mental Illness in Popular Culture*, edited by Sharon Packer, ABC-CLIO, LLC, 2017, pp. 193-204.
- Lego, Suzanne. "*Girl, Interrupted*: Kaysen, Susanna." Review. *Archives of Psychiatric Nursing*, vol. 8, no. 3, 1994, pp. 210-12, DOI: 10.1016/0883-9417(94)90057-4.

- Lehman, Barbara A., and Patricia L. Scharer. "Reading alone, talking together: The role of discussion in developing literary awareness." *The Reading Teacher*, vol. 50, no. 1, 1996, pp. 26-35, [www.jstor.org/stable/20201704](http://www.jstor.org/stable/20201704).
- Lerer, Seth. "'Thy Life to Mend, This Book Attend': Reading and Healing in the Arc of Children's Literature." *New Literary History*, vol. 37, no. 3, 2006, pp. 631-42, [www.jstor.org/stable/20057965](http://www.jstor.org/stable/20057965).
- Linton, Samara, and Rianna Walcott. *The Colour of Madness: Mental Health and Race in Technicolour*. Pan MacMillan, 2022.
- Litwiller, Fenton, et al. "The benefits of recreation for the recovery and social inclusion of individuals with mental illness: An integrative review." *Leisure Sciences*, vol. 39, no. 1, 2017, pp. 1-19, DOI: 10.1080/01490400.2015.1120168.
- "LiveWise Book Therapy". *Dublin City University Counselling and Personal Development Service*, 2023. [www.dcu.ie/counselling/live-wise-book-therapy](http://www.dcu.ie/counselling/live-wise-book-therapy).
- Longhurst, Katrina. "Counterdiagnosis and the Critical Medical Humanities: Reading Susanna Kaysen's *Girl, Interrupted* and Lauren Slater's *Lying: A Metaphorical Memoir*." *Medical Humanities*, vol. 47, no. 1, 2021, pp. 38-46, DOI: 10.1136/medhum-2018-011543.
- Lootens, Tricia. "'Whose Hand Was I Holding?': Familial and Sexual Politics in Shirley Jackson's *The Haunting of Hill House*." *Shirley Jackson: Essays on the Literary Legacy*, edited by Bernice M. Murphy, McFarland and Company, 2005, pp. 150-168.
- Loue, Sana. *The Transformative Power of Metaphor in Therapy*. Springer Pub. Co., 2008.
- Lydenberg, Robin. "Gothic Architecture and Fiction: A Survey of Critical Responses." *The Centennial Review*, vol. 22, no. 1, 1978, pp. 95-109. [www.jstor.org/stable/23738420](http://www.jstor.org/stable/23738420).
- MacIntosh, Heather B., et al. "Borderline personality disorder: Disorder of trauma or personality, a review of the empirical literature." *Canadian Psychology/Psychologie Canadienne*, vol. 56, no. 2, 2015, p. 227-241, DOI: 10.1037/cap0000028.

- Madden, Fred. "Sanity and responsibility: Big Chief as narrator and executioner." *Modern fiction studies*, vol. 32, no. 2, 1986, pp. 203-217, [www.jstor.org/stable/26281743](http://www.jstor.org/stable/26281743).
- Madden, Victoria Margaret. "The horror of personality : exploring the gothicisation of mental illness in American fiction of the long 1950s." University of Edinburgh, 2020. PhD Thesis. DOI: 10.7488/era/132.
- Major, Brenda, and Laurie T. O' Brien. "The social psychology of stigma." *Annual Review of Psychology*, vol. 56, 2005, pp. 393-421, DOI: 10.1146/annurev.psych.56.091103.070137.
- Maloff, Saul. "Waiting for the Voice to Crack." *New Republic*, 8 May 1971, pp. 33-35.
- Manne, Kate. "Why I Use Trigger Warnings." *The New York Times*, 19 September 2015, [www.nytimes.com/2015/09/20/opinion/sunday/why-i-use-trigger-warnings.html](http://www.nytimes.com/2015/09/20/opinion/sunday/why-i-use-trigger-warnings.html). Accessed 1 March 2023.
- Mar, Raymond A., et al. "Emotion and narrative fiction: Interactive influences before, during, and after reading." *Cognition & emotion*, vol. 25, no. 5, 2011, pp. 818-833, DOI: 10.1080/02699931.2010.515151.
- Mar, Raymond A., et al. "Bookworms versus nerds: Exposure to fiction versus non-fiction, divergent associations with social ability, and the simulation of fictional social worlds." *Journal of research in personality*, vol. 40, no. 5, 2006, pp. 694-712, DOI: 10.1016/j.jrp.2005.08.002.
- Mar, Raymond A., and Keith Oatley. "The function of fiction is the abstraction and simulation of social experience." *Perspectives on psychological science*, vol. 3, no. 3, 2008, pp. 173-192, [journals.sagepub.com/doi/pdf/10.1111/j.1745-6924.2008.00073.x](http://journals.sagepub.com/doi/pdf/10.1111/j.1745-6924.2008.00073.x).
- Marcarian, Hannah, and Paul O. Wilkinson. "Sylvia Plath's bell jar of depression: Descent and recovery." *The British Journal of Psychiatry*, vol. 210, no. 1, 2017, pp. 15-15, DOI: 10.1192/bjp.bp.116.189068.
- Marlan, Dawn. "Kaysen, "Girl, Interrupted (Book Review)." *Chicago Review*, vol. 42, no. 1, 1996, p. 86, DOI: 10.2307/25306033.

- Marshall, Elizabeth. "Borderline girlhoods: Mental illness, adolescence, and femininity in *Girl, Interrupted*." *The Lion and the Unicorn*, vol. 30, no. 1, 2006, pp. 117-133, DOI: 10.1353/uni.2006.0009.
- Massumi, Brian. *Parables of the Virtual*. Duke University Press, 2002.
- May, Alexis M. et al. "Predicting future suicide attempts among depressed suicide ideators: a 10-year longitudinal study." *Journal of psychiatric research*, vol. 46, no. 7, 2012, pp. 946-952, DOI: 10.1016/j.jpsychires.2012.04.009.
- May, Alexis M., et al. "Motivations for suicide: Converging evidence from clinical and community samples." *Journal of psychiatric research*, vol. 123, 2020, pp. 171-177, DOI: 10.1016/j.jpsychires.2020.02.010.
- McCreadie, Marsha. "One Flew Over the Cuckoo's Nest: Some Reasons for One Happy Adaptation." *Literature/Film Quarterly*, vol. 5, no. 2, 1977, pp. 125-131, [www.proquest.com/scholarly-journals/one-flew-over-cuckoos-nest-some-reasons-happy/docview/226986624/se-2](http://www.proquest.com/scholarly-journals/one-flew-over-cuckoos-nest-some-reasons-happy/docview/226986624/se-2).
- McCulliss, Debbie. "Bibliotherapy: Historical and research perspectives." *Journal of Poetry Therapy*, vol. 25, no. 1, 2012, pp. 23-38, DOI: 10.1080/08893675.2012.654944.
- McIntyre, Dan. "Logic, reality and mind style in Alan Bennett's *The Lady in the Van*." *De Gruyter Mouton*, vol. 31, no. 1, 2005, pp. 21-40, DOI: 10.1515/jlse.2005.34.1.21.
- McMahan, Elizabeth E. "The Big Nurse as Ratchet: Sexism in Kesey's *Cuckoo's Nest*." *CEA Critic*, vol. 37, no. 4, 1975, pp. 25-27, [www.jstor.org/stable/44376830](http://www.jstor.org/stable/44376830).
- McKenna, Grainne, et al. "Patients' and providers' perspectives on bibliotherapy in primary care." *Clinical psychology & psychotherapy*, vol. 17, no. 6, 2010, pp. 497-509, DOI: 10.1002/cpp.679.
- Meinhold, Roman. "Pain and Catharsis in Art, Ritual and Therapy." *Cultural Ontology of the Self in Pain*, edited by Silby K. George and P.G. Jung. Springer, 2015, pp. 93-109.

- Meloy, Michael. "Fixing men: castration, impotence, and masculinity in Ken Kesey's *One Flew Over the Cuckoo's Nest*." *The Journal of Men's Studies*, vol. 17, no. 1, 2009, pp. 3-14, DOI: 10.3149/jms.1701.3.
- Mendoza, Kirsten N. "Sexual Violence, Trigger Warnings, and the Early Modern Classroom." *Teaching Social Justice Through Shakespeare: Why Renaissance Literature Matters Now*, edited by Hillary Eklund and Wendy Beth Hyman, Edinburgh University Press, 2019, pp. 97–105, [www.jstor.org/stable/10.3366/j.ctvrs912p.13](http://www.jstor.org/stable/10.3366/j.ctvrs912p.13).
- Menzies, Robert, et al. "Introducing mad studies." *Mad matters: A critical reader in Canadian Mad Studies*, 2013, pp. 1-22, [d1wqtxts1xzle7.cloudfront.net/31471868/Introducing\\_Mad\\_Studies-libre.pdf](https://d1wqtxts1xzle7.cloudfront.net/31471868/Introducing_Mad_Studies-libre.pdf).
- Merrigan, Tara. "Girl, Interrupted, Twenty-Five Years Later." *The Paris Review*, 27 June 2018, [www.theparisreview.org/blog/2018/06/27/girl-interrupted-twenty-five-years-later/](http://www.theparisreview.org/blog/2018/06/27/girl-interrupted-twenty-five-years-later/).
- Mettler, Meghan Warner. "'If I Could Drive You Out of Your Mind': Anti-Rationalism and the Celebration of Madness in 1960s Counterculture." *Journal of Literary & Cultural Disability Studies*, vol. 9, no. 2, 2015, pp. 171-187, [muse.jhu.edu/article/585870](http://muse.jhu.edu/article/585870).
- Miall, David S., and Don Kuiken. "A feeling for fiction: Becoming what we behold." *Poetics*, vol. 30, no. 4, 2002, pp. 221-241, DOI: 10.1016/S0304-422X(02)00011-6.
- Miall, David S., and Don Kuiken. "Foregrounding, defamiliarization, and affect: Response to literary stories." *Poetics*, vol. 22, no. 5, 1994, pp. 389-407, DOI: 10.1016/0304-422X(94)00011-5.
- Milton, John. "The art of medicine." *The Lancet*, vol. 387, 2016, pp. 742-743, [static1.squarespace.com/static/5ebbbb948bf7835fcbe67b02/t/5ebbf72d724b855efa3b6a29/1589376815341/books\\_do\\_furnish\\_a\\_mind-\\_the\\_art\\_and\\_science\\_of\\_bibliotherapy\\_-\\_piis0140-67361600337-8.pdf.pdf](https://static1.squarespace.com/static/5ebbbb948bf7835fcbe67b02/t/5ebbf72d724b855efa3b6a29/1589376815341/books_do_furnish_a_mind-_the_art_and_science_of_bibliotherapy_-_piis0140-67361600337-8.pdf.pdf).

- Miyatsu, Rose. ““Hundreds of People Like Me”: A Search for a Mad Community in *The Bell Jar*.” *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, Palgrave Macmillan, 2018, pp. 51-69, DOI: 10.1007/978-3-319-92666-7\_4.
- Monaghan, Alison Sagara. “Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky’s *The Perks of Being a Wallflower*.” *Enthymema*, vol. 16, 2016, pp. 32-42, core.ac.uk/download/pdf/296275798.pdf.
- Moniz, Tracy, et al. “Bringing narratives from physicians, patients and caregivers together: a scoping review of published research.” *Medical Humanities*, vol. 47, no. 1, 2021, pp. 27-37, DOI: 10.1136/medhum-2017-011424.
- Moraski, Brittney. “The missing sequel: Sylvia Plath and psychiatry.” *Plath Profiles: An Interdisciplinary Journal for Sylvia Plath Studies*, vol. 2, 2009, pp. 78-102, scholarworks.iu.edu/journals/index.php/plath/article/view/4727/4362.
- Morse, J. Mitchell. “Fiction Chronicle.” *The Hudson Review*, vol. 15, no. 2, 1962, pp. 291–303. DOI: 10.2307/3848556.
- Moss, Howard. “Dying: an introduction.” *The New Yorker*, 3 July 1971, pp. 73-75.
- Mustafa, Jamil. “Obsessional Neurosis, the Paranoid-Schizoid Position, and the Bourgeois Family in Shirley Jackson’s *We Have Always Lived in the Castle*.” *American Imago*, vol. 78, no. 1, 2021, pp. 131-154, DOI: 10.1353/aim.2021.0004.
- Nasser, Mervat. “The rise and fall of anti-psychiatry.” *Psychiatric Bulletin*, vol. 19, no. 12, 1995, pp. 743-746, DOI: 10.1192/pb.19.12.743.
- Nehls, Nadine. “Borderline Personality Disorder: Gender Stereotypes, Stigma, and Limited System of Care.” *Issues in Mental Health Nursing*, vol. 19, no. 2, 1998, pp. 97-112, DOI: 10.1080/016128498249105.
- Newman, Graeme. “Catharsis in Healing, Ritual, and Drama.” Review of *Catharsis in Healing, Ritual, and Drama* by Thomas J. Scheff, vol. 60, no. 2, 1981, pp. 639-641, DOI: 10.2307/2578477.

- Neville, Patricia. "The Reading Cure?: Bibliotherapy, Healthy Reading Schemes and the Treatment of Mental Illness in Ireland." *International Review of Modern Sociology*, vol. 36, no. 2, International Journals, 2010, pp. 221–44, [www.jstor.org/stable/41421390](http://www.jstor.org/stable/41421390).
- Ninnis, Drew. "Foucault and the Madness of Classifying Our Madness." *Foucault Studies*, vol. 21, 2016, pp. 117-137, DOI: 10.22439/fs.v0i0.5016.
- Nolan Miller. "Mr. Jones and Others." *The Antioch Review*, vol. 11, no. 2, 1951, pp. 237–241, DOI: 10.2307/4609491.
- Oatley, Keith. "A taxonomy of the emotions of literary response and a theory of identification in fictional narrative." *Poetics*, vol. 23, no. 1-2, 1995, pp. 53-74, DOI: 10.1016/0304-422X(94)P4296-S.
- Oatley, Keith. "Meetings of minds: Dialogue, sympathy, and identification, in reading fiction." *Poetics*, vol. 26, no. 5-6, 1999, pp. 439-454, DOI: 10.1016/S0304-422X(99)00011-X.
- Oatley, Keith. "Why fiction may be twice as true as fact: Fiction as cognitive and emotional simulation." *Review of general psychology*, vol. 3, no. 2, 1999, pp. 101-117, DOI: 10.1037/1089-2680.3.2.101.
- Oatley, Keith, and Alison Kerr. "Memories prompted by emotions—emotions attached to memories: Studies of depression and of reading fiction." *Journal of the American Academy of Psychoanalysis*, vol. 27, no. 4, 1999, pp. 657-669, DOI: 10.1521/jaap.1.1999.27.4.657.
- O'Connor, Karen, et al. "Mental Health Impacts of COVID-19 in Ireland and the Need for a Secondary Care Mental Health Service Response." *Irish Journal of Psychological Medicine*, vol. 38, no. 2, 2021, pp. 99–107, DOI: 10.1017/ipm.2020.64.
- O' Hara, Mark. "McMurphy the Trickster, Foucault, and *One Flew Over the Cuckoo's Nest*." *Mental Illness in Popular Culture*, edited by Sharon Packer, ABC-CLIO, LLC, 2017, pp. 65-76.
- Ooms, Julie. "'What Obligation Do I Have Toward Her?': College Girl Friendships and Self-Actualization in *Hangsaman* and *The Bell Jar*." *Navigating Women's Friendships in American*

- Literature and Culture*, edited by Kristi Branham and Kelly L. Reames, Palgrave Macmillan, 2022, pp. 149-171.
- O' Toole, Corbett. "Disclosing our relationships to disabilities: An invitation for disability studies scholars." *Disability Studies Quarterly*, vol. 33, no. 2, 2013, DOI: 10.18061/dsq.v33i2.3708.
- Özdemir, Erinc. "Power, Madness, And Gender Identity In Margaret Atwood's Surfacing: A Feminist Reading". *English Studies*, vol. 84, no. 1, 2003, pp. 57-79, DOI: 10.1076/enst.84.1.57.13562.
- Packer, Sharon. *Mental Illness in Popular Culture*. ABC-CLIO, LLC, 2017.
- Palmer, Paulina. *The Queer Uncanny: New Perspectives on the Gothic*. University of Wales Press, 2012.
- Papps, Fiona Ann. "“That thing at the core of me that I'm always trying to control’: Madness as Discipline of Feminine Appetites in Memoirs of Borderline Personality Disorder.” 2016\_MAD9\_Paper\_PAPPS\_v.6-libre.pdf (d1wqtxts1xzle7.cloudfront.net).
- Pardeck, John T. "Using literature to help adolescents cope with problems." *Adolescence*, vol. 29, no. 114, 1994, pp. 421-427, [www.proquest.com/scholarly-journals/using-literature-help-adolescents-cope-with/docview/195935879/se-2](http://www.proquest.com/scholarly-journals/using-literature-help-adolescents-cope-with/docview/195935879/se-2).
- Parks, John G. "Chambers of Yearning: Shirley Jackson's Use of the Gothic." *Twentieth Century Literature*, vol. 30, no. 1, 1984, pp. 15–29, DOI: 10.2307/441187.
- Pascal, Richard. "Shirley Jackson's Merricat story: Conjugal narcissism in *We Have Always Lived in the Castle*." *Shirley Jackson and domesticity: Beyond the haunted house*, edited by Jill E. Anderson and Melanie R. Anderson, Bloomsbury Academic, 2020, pp. 169-188.
- Pashaee, Roshanak. "One Flew Over the Cuckoo's Nest: A Chink in McMurphy's armor." *International Journal for Literary Studies*, vol. 46, no. 1, 2011, pp. 209-213, DOI: 10.1515/arca.2011.013.
- Pehrsson, Dale, and Paula S. McMillen. "A bibliotherapy evaluation tool: Grounding counselors in the therapeutic use of literature." *The Arts in Psychotherapy*, vol. 32, no. 1, 2005, pp. 47-59, DOI: 10.1016/j.aip.2004.11.001.

- Percesepe, Gary. "Book Reviews -- *Girl, Interrupted* by Susanna Kaysen." *Antioch Review*, vol. 52, no. 1, 1994, p.175.
- Perinbanayagam, R. S. "Catharsis in Healing, Ritual, and Drama." Review of *Catharsis in Healing, Ritual, and Drama* by Thomas J. Scheff, *American Journal of Sociology*, vol. 87, no. 6, 1982, pp. 1454–56, [Jww.jstor.org/stable/2779395](http://www.jstor.org/stable/2779395).
- Perloff, Marjorie G.. "“A Ritual for Being Born Twice”: Sylvia Plath's *The Bell Jar*." *Contemporary Literature*, vol. 13, no. 4, 1972, pp. 507-522, DOI: 10.2307/1207445.
- Pettersson, Cecilia. "Psychological well-being, improved self-confidence, and social capacity: bibliotherapy from a user perspective." *Journal of Poetry Therapy*, vol. 31, no. 2, 2018, pp. 124-134, DOI: 10.1080/08893675.2018.1448955.
- Pettersson, Cecilia. "Women’s experience of reading fiction while on sick leave." *LIR Journal*, vol. 6, 2016, pp. 48-59, [ojs.ub.gu.se/index.php/LIRJ/article/view/3572/2982](http://ojs.ub.gu.se/index.php/LIRJ/article/view/3572/2982).
- Phelan, Jo C., et al. "Public conceptions of mental illness in 1950 and 1996: What is mental illness and is it to be feared?" *Journal of Health and Social behavior*, vol. 41, no. 2, 2000, pp.188-207, DOI: 10.2307/2676305.
- Phillips, David P. "The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect." *American sociological review*, vol. 39, no. 4, 1974, pp. 340-354, DOI: 10.2307/2094294.
- Pingel, Carol Jean. "Health -- *Girl, Interrupted* by Susanna Kaysen." *The Book Report*, vol. 12, no. 4, 1994, p.55.
- Pratt, Linda Ray. "“The Spirit of Blackness Is in Us . . .”" *Prairie Schooner*, vol. 47, no. 1, 1973, pp. 87–90, [www.jstor.org/stable/40628516](http://www.jstor.org/stable/40628516).
- Rasmussen, Brian. "Poetic truths and clinical reality: Client experience of the use of metaphor by therapists." *Smith College Studies in Social Work*, vol. 70, no. 2, 2000, pp. 355-373. DOI: 10.1080/00377310009517597.

- Reeves, Kate. "Laughter and Madness in Post-War American Fiction." University of Warwick, 2000. PhD thesis.  
[http://wrap.warwick.ac.uk/4521/1/WRAP\\_THESIS\\_Reeves\\_2000.pdf](http://wrap.warwick.ac.uk/4521/1/WRAP_THESIS_Reeves_2000.pdf).
- Richmond, Kia Jane. "Using literature to confront the stigma of mental illness, teach empathy, and break stereotypes." *Language Arts Journal of Michigan*, vol. 30, no. 1, 2014, pp. 19-25, scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=2038&context=lajm.
- Rigby, Mair. "Uncanny recognition: queer theory's debt to the Gothic." *Gothic Studies*, vol. 11, no. 1, 2009, pp. 46-57, DOI: 10.7227/GS.11.1.6.
- Riordan, Richard J., and Linda S. Wilson. "Bibliotherapy: Does it work?" *Journal of Counseling & Development*, vol. 67, no. 9, 1989, pp. 506-508, DOI: 10.1002/j.1556-6676.1989.tb02131.x.
- Roeloffs, C., et al. "Perceived stigma among depressed primary care patients: predictors and utilization of services." *Gen Hosp Psychiatry*, vol. 25, 2003, pp. 311-315.
- Rondinone, Troy. *Nightmare Factories: The Asylum in the American Imagination*. JHU Press, 2019.
- Rowe, Desireé D., and Karma R. Chávez. "Valerie Solanas and the queer performativity of madness." *Cultural Studies/Critical Methodologies*, vol. 11, no. 3, 2011, pp. 274-284, DOI: 10.1177/1532708611409544.
- Rubenstein, Roberta. "House Mothers and Haunted Daughters: Shirley Jackson and Female Gothic." *Tulsa Studies in Women's Literature*, vol. 15, no. 2, 1996, pp. 309-331, DOI: 10.2307/464139.
- Rutten, Kris, et al. "The rhetoric of disability: A dramatisic-narrative analysis of *One Flew over the Cuckoo's Nest*." *Critical Arts*, vol. 26, no. 5, 2012, pp. 631-647, DOI: 10.1080/02560046.2012.744720.
- Safer, Elaine B. "'It's the Truth Even If It Didn't Happen': Ken Kesey's *One Flew Over the Cuckoo's Nest*." *Literature/Film Quarterly*, vol. 5, no. 2, 1977, pp. 132-141, [www.jstor.org/stable/43796071](http://www.jstor.org/stable/43796071).

- Sanson, Mevagh, et al. "Trigger warnings are trivially helpful at reducing negative affect, intrusive thoughts, and avoidance." *Clinical Psychological Science*, vol. 7, no. 4, 2019, pp. 778–793, DOI: 10.1177/2167702619827018.
- Sassoon, R. L. "Review of *One Flew Over the Cuckoo's Nest*." *Northwest Review*, vol. 6, 1963, pp. 116-120.
- Savoy, Eric. "Between as if and is: On Shirley Jackson." *Women's Studies*, vol. 46, no. 8, 2017, pp. 827-844, DOI: 10.1080/00497878.2017.1392797.
- Schaper, Eva. "Aristotle's Catharsis and Aesthetic Pleasure." *The Philosophical Quarterly (1950-)*, vol. 18, no. 71, 1968, pp. 131–43, DOI: 10.2307/2217511.
- Scheff, Thomas. "Three scandals in psychology: The need for a new approach." *Review of General Psychology*, vol. 19, no. 2, 2015, pp. 203-205, DOI: 10.1037/gpr0000047.
- Scheff, Thomas. "Toward a concept of stigma." *International Journal of Social Psychiatry*, vol. 60, no. 7, 2014, pp. 724-725, DOI: 10.1177/0020764014547311.
- Scheff, Thomas J. *Catharsis in Healing, Ritual, and Drama*. University of California Press, 1979.
- Schmidt, Ramona. "The Medical Gaze in Psychiatric Treatment: Women Doctors and Nurses in Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*." *Current Objectives of Postgraduate American Studies*, vol. 17, no. 2, 2017, pp. 1-22, copas.uni-regensburg.de/index.php/copas/article/view/265/403.
- Schneeberger, Aaron. "Sylvia Plath's *The Bell Jar* as Neoliberal Bildungsroman." *Modern Fiction Studies*, vol. 67, no. 3, 2021, pp. 542–567, www.proquest.com/scholarly-journals/sylvia-plath-s-i-bell-jar-as-neoliberal/docview/2578188849/se-2.
- Scholes, Robert. "Esther came back like a retreaded tire." *The New York Times on the Web*, 11 April 1971, www.nytimes.com/books/98/03/01/home/plath-bell.html?\_r=1.
- Schomerus, Georg, Herbert Matschinger, and Matthias C. Angermeyer. "Attitudes that determine willingness to seek psychiatric help for depression: a representative population

- survey applying the Theory of Planned Behaviour.” *Psychological medicine*, vol. 39, no. 11, 2009, pp. 1855-1865, DOI: 10.1017/S0033291709005832.
- Schonebaum, Andrew. “For the relief of melancholy: The early Chinese novel as antidepressant.” *Depression and Narrative: Telling the Dark*, edited by Hilary Clark, SUNY Press, 2008, pp. 179-194.
- Schwering, Steven C., et al. “Exploring the relationship between fiction reading and emotion recognition.” *Affective Science*, vol. 2, no. 2, 2021, pp. 178-186, DOI: 10.1007/s42761-021-00034-0.
- Secreast, Donnie. “Stones, Turkey Necks, and Gizzards: Grotesque Humor and Metaphors of Masculinity in Sylvia Plath's *The Bell Jar*.” *Studies in the Novel*, vol. 52, no. 1, 2020, pp. 60-74, DOI: 10.1353/sdn.2020.0009.
- Selikowitz, Anne. “Therapeutic frames—exploring the relationship between psychiatry and visual art.” *Australasian Psychiatry*, vol. 28, no. 6, 2020, pp. 653-655, DOI: [i.org/10.1177/1039856220936149](https://doi.org/10.1177/1039856220936149).
- Seltzer, Leon F. “Milo's ‘Culpable Innocence’: Absurdity as Moral Insanity in *Catch-22*.” *Papers on Language and Literature*, vol. 15, no. 3, 1979, p. 290.
- Semenza, Daniel C., et al. “Sleep duration, depressive symptoms, and digital self-harm among adolescents.” *Child and adolescent mental health*, vol. 27, no. 2, 2022, pp. 103-110, DOI: 10.1111/camh.12457.
- Semino, Elena. “A cognitive stylistic approach to mind style in narrative fiction.” *The Language and Literature Reader*, edited by Ronald Carter and Peter Stockwell. Routledge, 2020, pp. 268-277.
- Semino, Elena, and Kate Swindlehurst. “Metaphor and Mind Style in Ken Kesey's *One Flew Over the Cuckoo's Nest*.” *Style*, vol. 30, no. 1, 1996, pp. 143-166, [www.jstor.org/stable/42946325](http://www.jstor.org/stable/42946325).
- Semino, Elena. “Mind style 25 years on.” *Style*, vol. 41, no. 2, 2007, pp. 153-173.

- Semino, Elena. "Pragmatic failure, mind style and characterisation in fiction about autism." *Language and Literature*, vol. 23, no. 2, 2014, pp. 141-158, DOI: 10.1177/0963947014526312.
- Semino, Elena, and Zsófia Demjén, eds. *The Routledge Handbook of Metaphor and Language*. Routledge, 2017.
- Semino, Elena, et al. "Person-ness of voices in lived experience accounts of psychosis: combining literary linguistics and clinical psychology". *Medical Humanities*, vol. 47, no. 32, 2021, pp. 354-364, DOI: 10.1136/medhum-2020-011940.
- Shaw, Clare, and Gillian Proctor. "Women at the margins: A critique of the diagnosis of borderline personality disorder." *Feminism & Psychology*, vol. 15, no. 4, 2005, pp. 483-490, DOI: 10.1177/0959-353505057620.
- Shereff, Denise, et al. "Every reader her book: Creation of a therapeutic library at a women's residential treatment facility." *Journal of Hospital Librarianship*, vol. 17, no. 1, 2017, pp. 42-52, DOI: 10.1080/15323269.2017.1259444.
- Shrodes, Caroline. "Bibliotherapy: An Application of Psychoanalytic Theory." *American Imago*, vol. 17, no. 3, 1960, pp. 311-19, [www.jstor.org/stable/26301742](http://www.jstor.org/stable/26301742).
- Silvia, Paul J. and James C. Kaufman. "Creativity and Mental Illness". *The Cambridge Handbook of Creativity*, edited by James C. Kaufman and Robert J. Sternberg, Cambridge University Press, 2010, pp. 381-394.
- Smith, Barbara Hernstein. "What Was "Close Reading"?" *The Minnesota Review*, no. 87, 2016, pp. 57-75, [muse.jhu.edu/article/633173](http://muse.jhu.edu/article/633173).
- Smith, Caroline J. "'The Feeding of Young Women': Sylvia Plath's *The Bell Jar*, Mademoiselle Magazine, and the Domestic Ideal." *College Literature*, vol. 37, no. 4, 2010, pp. 1-22, [www.jstor.org/stable/27917762](http://www.jstor.org/stable/27917762).

- Smith, Martin. "Metaphors for mental distress as an aid to empathy: Looking through *The Bell Jar*." *Journal of Social Work Practice*, vol. 26, no. 3, 2012, pp. 355-366, DOI: 10.1080/02650533.2011.637158.
- Smith, Sidonie, and Julia Watson. *Reading Autobiography: A Guide for Interpreting Life Narratives*. University of Minnesota Press, 2010.
- Sommer, Robert. "The use of autobiography in psychotherapy." *Journal of clinical psychology*, vol. 59, no. 2, 2003, pp. 197-205, DOI: 10.1002/jclp.10146.
- Speller, Brittany. "'I Mean, It's Not Anything Serious, Ever, Is It?': Predatory Teacher-Student Relationships in Shirley Jackson's *Let Me Tell You* and *Hangsaman*." *Women's Studies*, vol. 49, no. 8, 2020, pp. 835-849, DOI: 10.1080/00497878.2020.1822841.
- Sridhar, Dheepa, and Sharon Vaughn. "Bibliotherapy for all: Enhancing reading comprehension, self-concept, and behavior." *Teaching Exceptional Children*, vol. 33, no. 2, 2000, pp. 74-82, DOI: 10.1177/004005990003300210.
- Stack, Steven. "Media coverage as a risk factor in suicide." *Journal of Epidemiology and Community Health*, vol. 57, 2003, pp. 238-240, DOI: 10.1136/jech.57.4.238.
- Stashower, Daniel M. "On First Looking into Chapman's Holden: Speculations on a Murder." *The American Scholar*, vol. 52, no. 3, 1983, pp. 373-77, [www.jstor.org/stable/41210957](http://www.jstor.org/stable/41210957).
- Stewart, Genéa, et al. "Predicting mental health help seeking orientations among diverse undergraduates: An ordinal logistic regression analysis." *Journal of affective disorders*, vol. 257, 2019, pp. 271-280, DOI: 10.1016/j.jad.2019.07.058.
- Still, Arthur., and Irving, Velody. *Rewriting the History of Madness Studies in Foucault's Histoire De La Folie*. Routledge, 1992.
- Stone, Kara. "Naturally Crazy: Agency and Affect in *One Flew Over The Cuckoo's Nest* and *Girl, Interrupted*." *Health Tomorrow: Interdisciplinarity and Internationality*, vol. 2, no. 1, 2014, pp. 1-19, admin,+Kara+Stone\_Final+Version (1).pdf.

- Strean, William B. "Laughter prescription." *Canadian Family Physician*, vol. 55, no. 10, 2009, pp. 965-967, [www.cfp.ca/content/cfp/55/10/965.full.pdf](http://www.cfp.ca/content/cfp/55/10/965.full.pdf).
- Svenaesus, Fredrik. "Freud's philosophy of the uncanny." *The Scandinavian Psychoanalytic Review*, vol. 22, no. 2, 1999, pp. 239-254, DOI: 10.1080/01062301.1999.10592708.
- Swados, Harvey. "Fiction of Three Countries." *The Hudson Review*, vol. 4, no. 3, 1951, pp. 467–470, DOI: 10.2307/3847110.
- Tanner, Stephen L. "Salvation through Laughter: Ken Kesey & the Cuckoo's Nest." *Southwest Review*, vol. 58, no. 2, 1973, pp. 125-137, [www.jstor.org/stable/43468486](http://www.jstor.org/stable/43468486).
- Tate, Nicholas. "The case against the arts from Plato to Tolstoy and its implications for why and how the arts should be taught in schools." *Educational Review*, vol. 68, no. 1, 2016, pp. 24-39, DOI: 10.1080/00131911.2015.1044500.
- Tay, Dennis. "Using Metaphor in Healthcare: Mental Health." *The Routledge handbook of metaphor and language*, edited by Elena Semino and Zsófia Demjén, Routledge, 2017, pp. 371-381.
- Thomae, Manuela, and G. Tendayi Viki. "Why did the woman cross the road? The effect of sexist humor on men's rape proclivity." *Journal of Social, Evolutionary, and Cultural Psychology*, vol. 7, no. 3, 2013, pp. 250-269, DOI: 10.1037/h0099198.
- Thorncroft, Graham et al. "Discrimination in health care against people with mental illness". *International Review of Psychiatry*, vol. 19, no. 2, 2007, pp. 113-122, DOI: 10.1080/09540260701278937.
- Tribe, Kelsey V. et al. "It just gives people hope": A qualitative inquiry into the lived experience of the Harry Potter world in mental health recovery." *The Arts in Psychotherapy*, vol. 74, 2021, pp. 1-10, DOI: 10.1016/j.aip.2021.101802.
- Trigg, Stephanie. "Introduction: Emotional Histories — Beyond the Personalization of the Past and the Abstraction of Affect Theory." *Exemplaria*, vol. 26, no. 1, 2014, pp. 3-15, DOI: 10.1179/1041257313Z.00000000043.

- Troschianko, Emily T. "Fiction-reading for good or ill: eating disorders, interpretation and the case for creative bibliotherapy research." *Medical Humanities*, vol. 44, no. 3, 2018, pp. 201-211, [mh.bmj.com/content/44/3/201.citation-tools](https://mh.bmj.com/content/44/3/201.citation-tools).
- Tsank, Stephanie. "The Bell Jar: A Psychological Case Study." *Plath Profiles: An Interdisciplinary Journal for Sylvia Plath Studies*, vol. 3, 2010, pp. 166-177, [scholarworks.iu.edu/journals/index.php/plath/article/view/4714](https://scholarworks.iu.edu/journals/index.php/plath/article/view/4714).
- Tyerman, Jane, et al. "How stigma and discrimination influences nursing care of persons diagnosed with mental illness: A systematic review." *Issues in mental health nursing*, vol. 42, no. 2, 2021, pp. 153-163, DOI: 10.1080/01612840.2020.1789788.
- Ullman, Sarah E., and Leanne R. Brecklin. "Sexual assault history and suicidal behavior in a national sample of women." *Suicide and Life-Threatening Behavior*, vol. 32, no. 2, 2002, pp. 117-130.
- Vare, Jonatha W., and Terry L. Norton. "Bibliotherapy for Gay and Lesbian Youth: Overcoming the Structure of Silence." *The Clearing House*, vol. 77, no. 5, 2004, pp. 190-94, [www.jstor.org/stable/30189896](https://www.jstor.org/stable/30189896).
- Vickers, Neil. "Illness narratives." *A History of English Autobiography*, edited by Adam Smith. Cambridge University Press, 2016, pp. 388-401.
- Vijayakumar, Lakshmi. "Suicide in women." *Indian Journal of Psychiatry* vol. 57, no. 2, 2015, pp. 233-238, DOI: 10.4103/0019-5545.161484.
- Vinci, Tony M. "Shirley Jackson's Posthumanist Ghosts: Revisiting Spectrality and Trauma in *The Haunting of Hill House*." *Arizona Quarterly: A Journal of American Literature, Culture, and Theory*, vol. 75 no. 4, 2019, pp. 53-75, DOI: 10.1353/arq.2019.0020.
- Vitkus, Daniel J., and دانيال فينكس. "Madness and Misogyny in Ken Kesey's *One Flew over the Cuckoo's Nest* / الوقواق عش فوق الطير كيسي كن رواية في المرأة ونبذ الجنون." *Alif: Journal of Comparative Poetics*, vol. 14, 1994, pp. 64-90, DOI: 10.2307/521766.

- Vogel, David L, et al. "Perceived Public Stigma and the Willingness to Seek Counseling." *Journal of Counseling Psychology*, vol. 54, no. 1, 2007, pp. 40-50, DOI: 10.1037/0022-0167.54.1.40.
- Waldmeir, Joseph J. "Two novelists of the absurd: Heller and Kesey." *Wisconsin Studies in Contemporary Literature*, vol. 5, no. 3, 1964, pp. 192-204, DOI: 10.2307/1207357.
- Wall, Natalie. "Barriers to the Self: Productivity and the Depressed Woman in *The Bell Jar* and *Prozac Nation*." *Forum*, no. 28, 2019, pp. 1-17, DOI: 10.2218/forum.28.3048.
- Walker, Rheeda L., et al. "The course of post-crisis suicidal symptoms: How and for whom is suicide "cathartic"?" *Suicide and Life-Threatening Behavior*, vol. 31, no. 2, 2001, pp. 144-152, [guilfordjournals.com/doi/epdf/10.1521/suli.31.2.144.21514](http://guilfordjournals.com/doi/epdf/10.1521/suli.31.2.144.21514).
- Walwyn, Olivia and Jennifer Rowley. "The value of therapeutic reading groups organized by public libraries." *Library & Information Science Research*, vol. 33, no. 4, 2011, pp. 302-312, DOI: 10.1016/j.lisr.2011.02.005.
- Ware, Elaine. "The vanishing American: Identity crisis in Ken Kesey's *One Flew Over the Cuckoo's Nest*." *Melus*, vol. 13, no. 3/4, 1986, pp. 95-101, DOI: 10.2307/467185.
- Warner, L. "The Myth of Bibliotherapy." *School Library Journal*, vol. 27, no. 2, 1980, pp. 107-111, [eric.ed.gov/?id=EJ234667](http://eric.ed.gov/?id=EJ234667).
- Westengard, Laura. "Queer Gothic Literature and Culture." *Twentieth Century Gothic*, edited by Sorchá Ní Fhlainn and Bernice M. Murphy, Edinburgh University Press, 2022, pp. 259-272, DOI: 10.1515/9781474490146-fm.
- White, Leah. "Narratives of mental illness: The 'autobiographical manifestos' of Kate Millett, Susanna Kaysen, and Kay Redfield Jamison." *Women and Language*, vol. 31, no. 1, 2008, pp. 4-12.
- Wilks, Christine, et al. "Developing a choice-based digital fiction for body image bibliotherapy." *Frontiers in Communication*, vol. 6, 2022, pp. 1-10, DOI: 10.3389/fcomm.2021.786465.

- Wilson, Jennifer Preston, and Michael T. Wilson. ““We only know names, so far”: Samuel Richardson, Shirley Jackson, and exploration of the precarious self.” *Shirley Jackson, Influences and Confluences*, edited by Melanie R. Anderson and Lisa Kroger, Routledge, 2016, pp. 7-24.
- Wilson, Michael T. ““Absolute Reality” and the Role of the Ineffable in Shirley Jackson's *The Haunting of Hill House*.” *The Journal of Popular Culture*, vol. 48, no. 1, 2015, pp. 114-123, DOI: 10.1111/jpcu.12237.
- Wirth-Cauchon, Janet. *Women and borderline personality disorder: Symptoms and stories*. Rutgers University Press, 2001.
- Wisdom, Jennifer P., et al. ““Stealing me from myself”: Identity and recovery in personal accounts of mental illness.” *Australian & New Zealand Journal of Psychiatry*, vol. 42, no. 6, 2008, pp. 489-495, journals.sagepub.com/doi/pdf/10.1080/00048670802050579.
- Wojciechowska, Sylwia Janina. “Pandemic(s), Crisis, and Bibliotherapy.” *Multidisciplinary Journal of School Education*, vol. 11, no. 21, 2022, pp. 51-69, DOI: 10.35765/mjse.2022.1121.03.
- Wolframe, PhebeAnn M. “Going barefoot: Mad affiliation, identity politics, and eros.” *Literatures of Madness: Disability Studies and Mental Health*, edited by Elizabeth J. Donaldson, Palgrave Macmillan, 2018, pp. 31-50.
- Yamashita, Ayako, and Takako Nakajima. “Nursing Students’ Use of Recovery Stories of People with Mental Illness in Their Experiences: A Qualitative Study.” *Nursing Reports*, vol. 12, no. 3, 2022, pp. 610-619, DOI: 10.3390/nursrep12030060.
- Yoo, Hyun-Joo. “Depathologising the Traumatized Self in Susanna Kaysen's *Girl, Interrupted*.” *International Research in Children's Literature*, vol. 12, no. 2, 2019, pp. 195-207, DOI: 10.3366/ircl.2019.0310.
- Young, Brigit. “The Empty Vessel: A dissection of the worth of madness and its cure in Shirley Jackson’s *The Bird’s Nest*.” *Modern Language Studies* vol. 46, no. 2, 2017, pp. 38–51.

Zeeshan, Sahar. "Madness as Insurrection: Decolonizing the Doubly Colonized Female Self in Jean Rhys's *Wide Sargasso Sea*." *NUML Journal of Critical Inquiry*, vol. 20, no. 1, 2022, pp. 61-72.

Zubizarreta, John. "The Disparity of Point of View in *One Flew Over the Cuckoo's Nest*." *Literature/Film Quarterly*, vol. 22, no. 1, 1994, pp. 62-69, [www.proquest.com/scholarly-journals/disparity-point-view-one-flew-over-cuckoos-nest/docview/226981628/se-2](http://www.proquest.com/scholarly-journals/disparity-point-view-one-flew-over-cuckoos-nest/docview/226981628/se-2).