“Challenging Borders: Susanna Kaysen’s *Girl, Interrupted* as a Subversive Disability Memoir”

Pascale Antolin

Electronic version

URL: <https://journals.openedition.org/ejas/16051>

DOI: 10.4000/ejas.16051

ISSN: 1991-9336

Publisher

European Association for American Studies

Electronic reference

Pascale Antolin, ““Challenging Borders: Susanna Kaysen’s *Girl, Interrupted* as a Subversive Disability Memoir”, *European journal of American studies* [Online], 15-2 | 2020, Online since 30 June 2020, connection on 08 July 2021. URL: <http://journals.openedition.org/ejas/16051> ; DOI: <https://doi.org/10.4000/ejas.16051>

This text was automatically generated on 8 July 2021.

Creative Commons License

"Challenging Borders: Susanna Kaysen's *Girl, Interrupted* as a Subversive Disability Memoir"

Pascale Antolin

"Insofar as the essence of madness is silence,
narrative offers an antidote" (Susko 105)

- 1 In *Seuils* (1987), a study of paratexts and textual thresholds, Gérard Genette mentions four different functions of book titles, with "description"—the more or less ambiguous content suggestion—playing the leading role (88-89). At first sight, the puzzling title of Susanna Kaysen's memoir, *Girl, Interrupted* (1993), hardly exemplifies the descriptive function mentioned by Genette. Only in the last eponymous section of the narrative does Kaysen reveal if not the meaning, at least the origin, of this title: it was borrowed from Dutch painter Johannes Vermeer's painting, *Girl Interrupted at Her Music* (1658-1659). However, she covered her tracks by cutting out the context ("at her music") and introducing an anomalous comma between the two words so that, at first reading, the title barely makes sense. The comma breaks and blurs the syntagma as it represents a dividing line or border threatening syntax and meaning. Yet, after reading the memoir, the readers can infer that this title is also descriptive in its own fashion: it "captures [Kaysen's] sense of the cost in arrested identity" (Eakin 120) and gives them to apprehend the violence she experienced as her life was interrupted¹ at seventeen: "Interrupted at her music: as my life had been, interrupted in the music of being seventeen" (Kaysen 167). In the memoir, she relates her twenty-month experience as a patient in McLean psychiatric hospital near Boston, MA, between April 1967 and January 1969—twenty-four years or so after her institutionalization—when she was diagnosed with Borderline Personality Disorder (or BPD). Published in 1993, the book belongs to the memoir boom from the 1990s to the early 2000s in the United States and the United Kingdom. A "blockbuster memoir" (Rak 9), *Girl, Interrupted* was even made into a film by James Mangold in 1999, starring Winona Ryder and Angelina Jolie.
- 2 As for the term "borderline," it has a long history. It was first used in 1938 by American psychiatrist and psychoanalyst Adolph Stern to define "a large group of patients [who]

fit frankly neither into the psychotic nor into the psychoneurotic group" (54). Stern further added: "[These] patients in the borderline group belong to a large extent to the narcissistic neuroses or characters....[They] constitute a large indefinite group between the psychoses and the transference neuroses, partaking of the characteristics of both but showing frank tendencies in the direction of the psychotic" (55). For Stern, BPD referred to a borderland or no-man's-land between categories. It was only in 1980 that the borderline diagnosis acquired an official definition when it first appeared in the third edition of the *Diagnostic and Statistical Manual of Mental Disorder*, or DSM-III (American Psychiatric Association [APA] 1980, revised in 1987).² Focusing on observable behaviors, and not psychodynamic processes, the borderline diagnosis went as follows:

a pervasive pattern of instability of self-image, interpersonal relationship, and mood, beginning in early adulthood and present in a variety of contexts. A marked and persistent identity disturbance is almost invariably present. This is often pervasive and is manifested by uncertainty about several life issues, such as self-image, sexual orientation, long-term goals or career choices, types of friends or lovers to have, or which values to adopt. The person often experiences this instability of self-image as chronic feelings of emptiness or boredom. (346)

- 3 Further attempts at codification were pursued in the DSM-IV (1994); however, the DSM-5 (2013) eventually defined nine specific criteria to diagnose BPD—but only five of them are necessary to be diagnosed—fear of abandonment; unstable relationships; unclear or shifting self-image; impulsive, self-destructive behaviors; self-harm; extreme emotional swings; chronic feelings of emptiness; explosive anger; feeling suspicious or out of touch with reality.

- 4 In *Women and Borderline Personality Disorder* (2001), Janet Wirth-Cauchon underlines "the shifting meanings of the borderline diagnosis" (37):

The depictions and definitions of the borderline disorder refer less to a real underlying mental illness—an identifiable personality disorder—than to changes in psychiatric discourse itself. Further, the borderline category is ambiguous and contradictory, frequently applied to the patient who is socially deviant or marginal. The effect of labeling a patient borderline is to produce a new subject of psychiatry—the unstable inhabitant of the borderland between sanity and madness. (Wirth-Cauchon 38)

- 5 The major defining characteristic of borderline personality disorder today is instability,³ which applies both to the patient's personality (or behavior) and to the status of the concept. As Janice Cauwells writes in *Imbroglia: Rising to the Challenges of Borderline Personality Disorder* (1992), the borderline personality disorder "not only causes instability but also symbolizes it" (82). Kaysen stresses this semantic ambiguity on many occasions—including the title of her memoir—especially in the opening section entitled "Toward a topography of the parallel universe," where she uses "a set of spatial metaphors to depict the blurred border between sanity and madness" (Wirth-Cauchon 146). Kaysen, however, does not merely employ spatial metaphors in the incipit of her book, but she uses them repeatedly—even when she discusses "[her] Diagnosis," for instance, in the eponymous section, she speaks of "a way station between neurosis and psychosis" (Kaysen 151). In fact, she appears to be constantly concerned with space and borders, either metaphoric or not.

- 6 Autobiography specialist Leah White thus writes that "Kaysen provides her readers with an exploration of a life placed along the socially constructed *borderlands* of illness and sanity," and further down she calls Kaysen's memoir "an act of discursive resistance" (White 5, my emphasis). White borrows this notion of autobiographical

resistance from another autobiography specialist, Sidonie Smith, as Smith's 1993 book *Subjectivity, Identity and the Body* is extensively quoted by White in her article. Smith writes that "autobiographical writing has played and continues to play a role in emancipatory politics. Autobiographical practices become occasions for restaging subjectivity, and autobiographical strategies become occasions for the staging of resistance" (156-17).⁴ Resistance is particularly displayed in what she labels "autobiographical manifesto[es]," that is, women's autobiographical texts that are "purposeful, bold, contentious" (157). But Kaysen's is no ordinary memoir—she writes about her personal experience of mental illness and institutionalization. White thus contends that Kaysen's narrative—like Kate Millett's *The Loony-Bin Trip* (1990) and Kay Redfield Jamison's *An Unquiet Mind: A Memoir of Moods and Madness* (1995)—is an "autobiographical manifesto"⁵ in so far as not only does it "articulate personal struggles" with mental illness, but it also "make[s] political statements calling for changes in how society perceives the mentally ill" (White 12). From this point of view, Kaysen's memoir certainly illustrates key theoretical ideas that were fashionable in the 1990s. However, it remains unusually topical and, on several accounts, even prefigures the testimonial trend represented by #MeToo—a "reckoning with misogyny and the institutions that enable it" and "a vivid example of the autobiographical first-person interrupting dynamics of erasure and silencing" (Gilmore 162).

- 7 The major strategy used by Kaysen to implement her "resistance," or fighting spirit, consists in emphasizing borders—whether topographic, mimetic or generic—in order to transgress them all the better. It is as if the adjective "borderline" defined in the Merriam-Webster dictionary as "being in an intermediate position or state; not fully classifiable as one thing or its opposite" and referring—metaphorically—to Kaysen's mental condition, were turned into a powerful means of subversion throughout the narrative. In his book, *Techniques of Subversion in Modern Literature* (1991), Keith Booker explains that "transgressive literature works [...] by gradually chipping away at certain modes of thinking that contribute to the perpetuation of oppressive political structures" (4). Especially, Booker writes later in the book that "transgression requires boundaries"⁶ (104). As Kaysen transgresses borders, she destabilizes hierarchies and questions authority—whether medical, social or literary. Hence, *Girl, Interrupted* can be interpreted as a subversive memoir, exploring and challenging borders, not only the border between sanity and madness but also the boundaries of the disability memoir genre.
- 8 In *The Wounded Storyteller* (1995), Arthur Frank defines three major types of disability narratives:⁷ the "restitution narrative," the "chaos narrative" and the "quest narrative" (75-136). However, Kaysen's transcends them all: it does not tell how she recovered her health, or about her suffering or any spiritual journey she experienced. First, the memoir was written when Kaysen hired a lawyer and managed to have access to her case folder (Kaysen 150). Especially, she does not seek recovery but denies her disability. In other words, she does not speak "for" herself, nor does she speak "about" BPD: she speaks against it or, more specifically, against her diagnosis. Her narrative does not even belong in the subgenre "memoir of well-being" brought forward by Tanja Reiffenrath in her eponymous book (2016). Reiffenrath writes that "well-being memoirists [...] reconsider and disable the biomedical cure" (13). If Kaysen disables her institutionalization, it is only because she denies ever being a borderliner. And both the singularity and special artfulness of her narrative powerfully illustrate her approach.

- 9 My contention, therefore, is that Kaysen's book cannot be examined as merely a disability memoir within the memoir boom. It affords continued and concentrated examination but requires further tools, like critical discourse analysis (CDA): "CDA is fundamentally invested in the relationship between language and social context, and uses micro-analysis of discourse features (such as word choices, grammatical patterns, and images) to investigate larger dynamics of power," disability studies scholar Margaret Price writes. And further down Price adds: "CDA and DS [Disability Studies] can complement each other's methodological strengths and needs [...] We need methods which are not merely *multidisciplinary* but *interdisciplinary*—that is, methods which not only draw from various disciplines but integrate those disciplines' similarities and differences to form hybrid kinds of research [...]" (15). As it involves close reading of the narrative and micro-analysis of its strategies, only CDA can show to what extent Kaysen subverts the disability memoir as genre. Following Price's suggestion, therefore, I shall focus on topographic then mimetic and generic borders in order to eventually examine Kaysen's subversive strategies.

Topographic borders

- 10 While Kaysen's one hundred and sixty-nine-page memoir consists of thirty-four short sections,⁸ each with a specific title, ten of these titles refer to space or space metaphors. ⁹ Especially, the book begins *in medias res* with a first section describing "the world of the insane" as "a parallel universe" in which "it is easy to slip" (Kaysen 5). This abrupt incipit dramatizes both Kaysen's hasty institutionalization and her subsequent puzzlement at suddenly finding herself in a mental hospital. However, Kaysen also underlines that there are many parallel worlds, each gathering marginal people, i.e. those situated on the margin or border of society: "[the] worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this world and resemble it, but are not in it" (Kaysen 5). This evocation is strangely reminiscent of Michel Foucault's concept of "heterotopias," which he defines as follows in his essay "Other Spaces: Utopias and Heterotopias:"¹⁰
- real places—places that do exist and that are formed in the very founding of society—which are something like counter-sites, a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously *represented, contested and inverted*. Places of this kind are outside of all places, even though it may be possible to indicate their location in reality. [...] these places are absolutely different from all the sites that they reflect and speak about [...]. (Foucault, my emphasis)
- 11 Kaysen's description of the mental hospital as a heterotopic site in the opening section of the memoir appears to be programmatic: it allows her to expose her strategy throughout the book. She uses McLean as a reflection of the real world that can thus be "represented, contested and inverted" (Foucault). In other words, she first emphasizes the boundary between the two worlds in order to question it so much the better.
- 12 After defining heterotopias, Foucault enumerates a series of principles, or characteristics, of these places. The third principle, for instance, specifies that "the heterotopia is capable of juxtaposing in a single real place several spaces, several sites that are in themselves incompatible" (Foucault). This remark perfectly fits Kaysen's description of the mental hospital, and of her own ward in particular: "a long, long hallway: too long. Seven or eight double rooms on one side, the nursing station

centered on the other, flanked by the conference room and hydrotherapy tub room. Lunatics to the left, staff to the right. The toilets and shower rooms were also to the right, as though the staff claimed oversight of our most private acts" (Kaysen 45). While the beginning of the passage could very well refer to a prison ward—even if the rooms would rather be called cells—the quasi absence of verbs highlights the rigid layout of the ward and the imprisonment of the patients, which is further confirmed by the concluding adverbial clause. The evocation of the seclusion room—the last room of the ward and seemingly a hospital version of solitary confinement—significantly concludes or rather culminates the ward description: "[It] was the size of an average suburban bathroom. Its only window was the chicken-wire-enforced one in the door that allowed people to look in and see what you were up to....The real purpose of the seclusion room ...was to quarantine people who'd gone bananas" (Kaysen 46, 47). However, Kaysen also adds: "you could pop into the seclusion room, shut the door and yell for a while. When you were done you could open the door and leave" (Kaysen 46). In other words, the seclusion room turns out to be completely ambivalent: it is both the hospital version of a high security prison cell, where the worst patients are confined to for a while, and an occasional refuge for the patients who need to let off steam.

- 13 According to Foucault's sixth principle, "heterotopias always presuppose a system of opening and closing that both isolates them and makes them penetrable. In general, the heterotopic site is not freely accessible like a public place. Either the entry is compulsory, as in the case of entering a barracks or a prison, or else the individual has to submit to rites and purifications" (Foucault). In the evocation of the seclusion room as on many occasions when she describes McLean, Kaysen emphasizes the heavy security system turning doors and windows into barriers between the mental patients and the rest of the world. She thus describes the entrance to her ward as follows: "two *locked* doors with a five-foot space between them where you had to stand while the nurse *relocked* the first door and *unlocked* the second" (Kaysen 45, my emphasis). This description is all the more abrupt since it consists of a nearly three-line sentence without any main verb, but with a dramatic polyptoton¹¹ underlining security and imprisonment again. Kaysen, therefore, uses language mimetically—the security system is not just represented for the reader to imagine, but the passage becomes representation for the reader to experience. The same strategy is used in the description of the windows: "To open a window, a staff person had to unlock the security screen, which was a thick impregnable mesh on a steel frame, then lift the heavy unbreakable-glass-paned window, then shut and relock the security screen. This took about three minutes, and it was hard work. It was the sort of thing aides did" (Kaysen 81). Here, the ternary rhythm ("unlock," "lift," "shut and relock") and the qualifiers—a relative clause and several adjectives, including a long compound adjective with the negative prefix "un"—create the sense of an impassable obstacle. Yet, the last sentence challenges the beginning—no matter how heavy the security system, the windows could be and were opened, albeit only on demand.
- 14 It is Kaysen's discovery of the hospital tunnels in section twenty-six, however, that mostly challenges the ward description since she has suddenly access to a completely different space "down a second flight of stairs" (Kaysen 120)—that is, with hardly any barrier or security measure, by contrast. The incompatibility of the tunnels with the ward is underlined by a series of pleasant characteristics: a "wonderful" smell of laundry, a higher temperature, a "quavery yellow light...long yellow-tiled walls and barrel-vaulted ceilings...forks and twists and roads not taken, whose yellow openings

beckoned like shiny open mouths" (Kaysen 120). Not only does the description suggest an enjoyable space, by contrast—even the image of the mouth, "shiny" and "open," is positive, not to mention the intertextual allusion to Robert Frost's famous "The Road Not Taken," as if the patients were free to choose which way to go like the narrator of the poem—but borders there seem to be abolished: "And there they were, always hot and clean and yellow and full of promise....And everything interconnected, everything going on its own private pathway to wherever it went" (Kaysen 121). Kaysen dramatizes the sense of openness and freedom she experiences there: both the polysyndeton and the anaphoric "and" emphasize connection and, thereby, freedom, as confirmed by the final zeugma. Like the seclusion room, the hospital turns out to be highly ambivalent:¹² "For many of us, the hospital was as much a refuge as it was a prison....In a strange way we were free" (Kaysen 94). It even becomes a metaphoric "womb" (Kaysen 122). This recurrent use of ambivalence allows Kaysen to question traditional logic, as it is represented by such conventional binaries as either/or and, especially, sane/insane. The seclusion room and the hospital are both negative *and* positive as well. To a certain extent, they are characterized by or afflicted with the same instability as the BPD patient. Similarly, ambivalence is to be found in Kaysen's approach to representation and genre in the memoir.

- 15 As far as representation is concerned, for instance, the chronology of the whole—from institutionalization to liberation—contrasts all the more with the absence of chronology in the sections since the chronology of the whole relies on the intrusion into the narrative of alien medical documents, turning the memoir into a textual collage.

Mimetic and generic borders

- 16 The fourth principle of Foucault's "Other Spaces: Utopias and Heterotopias," focuses on time. "Heterotopias," he writes, "are most often linked to slices in time—which is to say that they open onto what might be termed, for the sake of symmetry, heterochronies. The heterotopia begins to function at full capacity when men arrive at a sort of absolute break with their traditional time" (Foucault). Kaysen's institutionalization represents such a break, and in her opening section she writes: "In the parallel universe the laws of physics are suspended....Time, too, is different. It may run in circles, flow backward, skip about from now to then. The very arrangement of the molecules is fluid" (Kaysen 6). This early statement is both programmatic and metatextual: while it describes Kaysen's perception of time in McLean—which is highly suggestive of Helen Samuel's definition of "crip time"¹³—it also prefigures the representation of time in her narrative: the strict chronology of the whole, between institutionalization and discharge, contrasts with the absence of chronology inside the book, from one section to another. "Rather than a continuous chronological account of an eighteen-month episode in her life, [the memoir] is a collage of [...] different kinds of texts" (Couser "Crossing the Borderline") and different times as well.
- 17 Disability studies scholar Thomas Couser's reference to "different kinds of texts" is essential to the analysis of time in Kaysen's memoir since the textual collage is inseparable from a chronological collage as well. The chronology of the whole relies on the presence in the book of "a dozen pages that literally reproduce documents from [Kaysen's] McLean dossier, slightly redacted" (Couser "Crossing the Borderline"). The

memoir thus opens with the first page of Kaysen's case folder bearing the admission date April 27, 1967 (3), and ends with her discharge permission dated January 3, 1969 (169). These documents emphasize the sense of a break in Kaysen's life, and her "heterochrony," to take up Foucault's word, lies within these strict chronological borders. However, several other miscellaneous documents from Kaysen's case record are also interspersed throughout the memoir—an "Inquiry concerning admission" (11), an "Inter office memorandum" (13), progress notes (43, 63, 69, 105, 145), a letter to a telephone company dated September 4, 1968 to support Kaysen's demand for a telephone (127) and a letter to the Office of the Registry dated July 10, 1973, probably to support a later demand for a car registration (129). While the repeated, albeit irregular, intrusions of these alien texts work as reminders of the chronological authority of the real world, the later letter also challenges this chronology. Especially, these intrusive documents "shatter the border between the private and the public realms....It is one thing to share [one's] story publicly, it is another to offer the world physical documentation of very personal experiences" (White 9). Not only does Kaysen expose borders—between the medical discourse of the case folder and her own narrative, between the personal and the public realms—but she also undermines them since the extracts from the case folder are part and parcel of the memoir.

- 18 While most of these documents bear specific referential dates, Kaysen's own narrative, by contrast, is characterized by chronological fluidity and freedom: "the order of the vignette-like chapters has no discernible relation to the passage of time" (Couser, *Memoir* 66). In the opening lines of section seventeen, for instance, Kaysen refers to the beginning of the antagonism between Lisa and Lisa Cody; but the story of the two girls was actually related in the previous section. It does not mean that Kaysen excluded time from her narrative—she did not, as proved by the numerous references throughout the book. She emphasizes both singulative time ("one morning in May" [24], "we had a good summer" [24], "one day" [25, 29, 58, etc.], "one November morning" [31], etc.) and iterative time ("Daisy was a seasonal event. She came before Thanksgiving and stayed through Christmas every year. Some years she came for her birthday in May as well" [31], etc.), thus adding to the sense of chronological confusion. No matter how numerous, these references are hardly significant since they do not allow the reader to clearly identify the dates, let alone reconstruct the chronology; instead, they create a proliferation of signifiers without any clear signified, only producing ambiguity and instability. This instability can be evidenced, for instance, by the oxymoronic incipit of section thirteen: "It was a spring day, the sort that gives people hope: all soft winds and delicate smells of warm earth. Suicide weather. Daisy had killed herself the week before" (Kaysen 52). Kaysen first creates pleasant expectations, and then brutally breaks the spell, as expressed by the short verbless sentence at the heart of the passage ("Suicide weather"). Once again, she suggests a different logic specific to mental patients—for them spring can mean death—and, thereby, challenges the official logic and its authority.
- 19 In addition to the documents from her case folder, Kaysen's memoir consists of two other kinds of texts, also introducing two different time-levels: "narrative chapters, which are generally vignettes of life in the institution; these often focus on other patients, either individually or as a group, rather than on Kaysen" and "non-narrative chapters, [that is,] brief discursive essays on topics like definitions and diagnoses of mental illness" (Couser "Crossing the Borderline"). While the narrative sections represent the period when Kaysen was a patient in McLean, the others refer to the later

period when she was writing the book. But their arrangement in the memoir baffles both chronological continuity and thematic logic. Section three, "Etiology," is a good example as it comes after a document from Kaysen's case record and before the section entitled "Fire" devoted to Polly, another patient. Especially, section three consists of a multiple choice question test beginning with "This person is (pick one)" (Kaysen 15), followed by ten incongruous items.¹⁴ While Kaysen creates serious expectations in the reader by borrowing from the scientific vocabulary of medical doctors in the title ("Etiology"), she also defies them both by introducing a multiple choice question test, and by juxtaposing colloquial answers borrowed from sundry, more or less reliable, epistemological fields: religion, witchery, psychoanalysis, sociology, etc. In other words, she creates a clash of discourses generating what Booker would call "a polyphonic force that powerfully calls into question all systems of authority" (Booker 35).

- 20 In section thirty, "Mind vs. Brain," Kaysen goes a step further in her use of polyphony—defined by Mikhail Bakhtin as "a plurality of independent and unmerged voices" (*Dostoevsky* 6)—since she crosses generic borders and introduces a dramatic exchange in her narrative. While "Interpreter One" can represent the analysts "writing about a country they call Mind," "Interpreter Two" can stand for the neuroscientists "reporting from a country they call Brain" (143)—and once again a spatial metaphor is used. "This juxtaposition of [two] voices allows for a...dialogue that highlights the differences among [expert] groups and...calls into question the assumption that would hold [one] group to be ascendant over [the other]" (Booker 34).¹⁵ Kaysen, therefore, exposes the limits of conventional mental treatments and questions the reliability of so-called mental health experts. The dramatic dialogue can also be interpreted as a metatextual representation of the whole book since, according to Wirth-Cauchon, "Kaysen's memoir is...not only an account of her stay in the hospital, but also a dialogue with the psychiatric frameworks of meaning that have defined her as borderline" (Wirth-Cauchon 145)—hence the presence of extracts from her case folder and of a passage from the DSM III (1987) describing Borderline Personality Disorder (Kaysen 147-149, 150-159). By resorting to polyphony, Kaysen puts the authoritative medical voice and her own narrative voice on an equal footing and gives them "equal rights" (*Dostoevsky* 6), thus subverting the traditional authority of the medical establishment and the no less traditional doctor-patient—and mental patient at that—hierarchy. The choice of polyphony—juxtaposing the doctors' voices and the disabled patient's voice—also results in a challenge of the disability memoir, which is usually concerned with the patient's voice only.
- 21 Wirth-Cauchon is right, therefore; Kaysen's memoir is more than an account of her stay in McLean. Kaysen relates her experience there, no doubt, and the narrative and chronological fragmentation she uses can be considered a strategy of mimetic representation. Like the title of the book, this pervasive fragmentation suggests, even dramatizes, the violence and "claustrophobia of incarceration" (Cheever) she experienced as an institutionalized patient. It can also be interpreted as a representation of the splitting of selfhood characteristic of borderline patients: "a fractured but not disassembled psyche" (Kaysen 151)—since the memoir is fractured but not disassembled either. Wirth-Cauchon explains that "the borderline patient's instability is described as arising from a self that is split or fragmented between a false, surface self or 'mask'; and an inner realm of either emptiness...or repressed or buried parts of the self that do not or cannot find expression in the patient's outward

behavior" (118). However, Kaysen's evocation of the "Checks"—the title of section fourteen—that all patients were submitted to in McLean shows the limits of this interpretation: "Five-minute checks. Fifteen-minute checks. Half-hour checks. Some nurses said, 'Checks,' when they opened the door. *Click*, turn the knob, *swish*, open the door, 'Checks,' *swish*, pull the door shut, *click*, turn the knob....It never stopped, even at night...." (Kaysen 54, 55). Both the broken syntax—the juxtaposition of short verbless sentences—and the incongruous onomatopoeic chiasmus create the sense not just of a claustrophobic but also of an absurd universe that could drive crazy even the healthiest person.

- 22 Kaysen's memoir, therefore, goes far beyond the mere representation of her experience or condition. While she constantly exposes topographic, mimetic and generic borders, as if to give her readers to see the exclusion experienced by BPD and mental illness patients in general, she also transgresses them—both in the etymological sense of the word, *trans-gradi* means to go beyond, and in a more general sense that is close to Booker's: "I employ a very general notion of transgression as the disruption of hierarchies, taxonomies or limiting systems of all kinds" (Booker 12). However, the description and abjection—in the etymological sense of the word, *ab-jacere*, *abjectus*, to throw away—of Alice, the girl in the maximum-security ward, also discloses the limits of Kaysen's transgressive approach.

Kaysen's strategies of subversion

- 23 Booker's exploration of the dynamics of transgression and of subversive literature relies on two major notions: carnival, as put forth by Bakhtin, and abjection, as put forth by Julia Kristeva (Booker 5). Booker explains that they "represent two different (potentially transgressive) reminders of the aspects of life that dominant culture seeks to repress....In either case the reminders...tend to deconstruct all systems of social hierarchy" (14). In *Rabelais and His World* (1984), Bakhtin defines carnival as a "temporary liberation from the prevailing truth and from the established order; it marked the suspension of all hierarchical rank, privileges, norms and prohibitions. Carnival was the feast of time, the feast of becoming, change and renewal. It was hostile to all that was immortalized and completed" (*Rabelais* 10). The notion of carnival, however, is used metaphorically by Booker and in a more general sense than Bakhtin's (Booker 13), a sense that is closer to the view expressed by Peter Stallybrass and Allon White in *Politics and Poetics of Transgression* (1986)—that is, "as an analytic category [that] can only be fruitful if it is displaced into the broader concept of symbolic inversion and transgression" (Stallybrass and White 15). As for abjection, Kristeva writes in *The Powers of Horror* (1982) that it represents the darker aspect of human life that "cannot be assimilated...is radically excluded and draws me toward the place where meaning collapses" (Kristeva 1, 2). On the next page, she is even more specific:

refuse and corpses *show me* what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being. My body extricates itself, as being alive, from that border. Such wastes drop so that I can live...dung signifies the other side of the border, the place where I am not and which permits me to be. (Kristeva 3)

- 24 When Kristeva discusses the social implications of abjection, she relates it to the "demarcating imperative" (Kristeva 68), that is, "the process through which societies

base their identities on systems and hierarchies, particularly on the attempt to separate the 'clean' from the 'filthy' and thus to suppress abject images, which are associated with the latter" (Booker 136). Abjection is at the heart of all social systems, and the narratives that explore it have a subversive potential in so far as they "lay bare, under the cunning, orderly surface of civilizations, the nurturing horror that they attend to pushing aside by purifying, systematizing and thinking" (Kristeva 210).

Abjection

- 25 Abjection is at the heart of Kaysen's book since it is represented by the heterotopic mental hospital where mental patients are carefully "excluded," as Kristeva would say, from the rest of society. Section twelve, "The Prelude to Ice Cream," provides a good example. When some patients are taken to the nearby ice cream parlor "for a special treat," Kaysen writes, "the group had an atomic structure: a nucleus of nuts surrounded by darting, nervous nurse-electrons charged with our protection. *Or with protecting the residents of Belmont from us....*the arrangement of atoms in our molecule was more complex than it appeared to the engineers' wives sipping coffee at the counter and graciously pretending not to look at us" (Kaysen 48-50, my emphasis). Once again ambivalence is emphasized since, as Michael Susko explains, "the concept of a 'diseased mind' carries connotations that are doubly negative. Not only does it evoke disability, but it arouses fear—and implies that a person is not responsible for his or her mind, or is difficult, unpredictable, and potentially violent" (89). However, Kaysen mocks this traditional reaction by introducing an incongruous metaphor borrowed from physics, which turns out to rely on a double pun with a definite boundary-crossing potential. She plays both on the double meaning of "atomic"—as if the patients were like a nuclear bomb ready to explode and create havoc at any minute—and on the etymology of "nucleus," from the Latin *nux* or nut. The puns generate a proliferation in meaning that "calls into question the ostensibly well-ordered system of rules and conventions that define our use of language" (Booker 29). In the field of language, therefore, the pun is like the mental patient in the social arena, a potential threat to order and conventions.
- 26 To illustrate how abjection works and also escape from it, Kaysen also introduces what she calls "another world" (Kaysen 47) inside the mental hospital, where more drastic security measures are implemented and the patients' mental conditions are far more serious, and scary. Thus, she concludes the first evocation of her hospital ward as follows: "Our double-locked doors, our steel-mesh window screens, our kitchen stocked with plastic knives and locked unless a nurse was with us, our bathroom doors that didn't lock: All this was medium security. Maximum security was *another world*" (47, my emphasis). The minute description of maximum security only comes later when Kaysen evokes a visit to Alice, a patient from her ward who has recently been transferred there. Not only are the rooms called "cells" with merely "bare mattresses" in them, and the patients either "lying" or "curled up against a wall," but Alice has smeared herself and her walls with feces—so that Kaysen only wants "to get out of [t]here" (Kaysen 113-114); or, as Kristeva would say, Kaysen can think of nothing but to "extricate [her]self" in order to survive. Especially, her description of the maximum-security ward in McLean illustrates Booker's statement that "the repression of abjection is related to the oppression of marginal groups" (Booker 132). Kaysen here draws a line

between herself and the patients there. In other words, she creates a boundary among mental patients and, thereby, an even more marginal group than the one she was assigned, in order to resist abjection.

- 27 The passage strikingly questions the limits of Kaysen's subversion since here she returns to convention or compliance, and "the binary between Subject and Other" (Caminero-Santangelo 13): these madwomen have to remain in the attic. Following Susan Gilbert and Sandra Gubar's feminist reading of Bertha Rochester in *Jane Eyre*, these other patients could be considered "double[s]" of Kaysen, "an image of her own anxiety and rage" against "patriarchal structures": "female authors dramatize their own self-division, their desire both to accept the strictures of patriarchal society and to reject them" (Gilbert and Gubar 78). Commenting on Gilbert and Gubar's analysis, Marta Caminero-Santangelo writes that "to achieve happiness, Jane must learn to separate herself in all ways from Bertha, to stifle and finally kill the Bertha in her" (4). Following this approach, Kaysen must separate herself from Alice and kill the Alice in her in order to become "what [she is] supposed to be" (Gilbert and Gubar 78). But Caminero-Santangelo actually dismisses the idea that madness is an appropriate metaphor for feminist protest: "the symbolic resolution of the madwoman as an alternative to patriarchy ultimately traps the woman in silence....The mad (non)subject [is located] outside any sphere where power can be exerted" (4). It is true that Kaysen's Alice, like all the patients in the maximum-security ward, has lost articulateness—as suggested by Kaysen's description: "lying on their mattresses" or "curled up against a wall" (113). Subsequently, Alice stands for utter powerlessness—she is marginalized among the marginalized. By contrast, Kaysen remains a rhetorically enabled subject throughout, even despite, her institutionalization—in other words, she clings to her "rhetoricability," as disability studies scholar Catherine Prendergast would say (56)—and later becomes the writer she had always meant to be. Language, therefore, represents her most powerful, and probably her only, tool to save herself, and reclaim personal and social empowerment—hence her extensive use in the memoir of the second symbolic strategy of subversion mentioned by Booker, that is, carnival.

Carnival

- 28 When it comes to Kaysen's memoir, carnival has to be understood in the broadest sense of the word. In section twenty-two, "Nineteen Sixty-Eight," for instance, the demonstrations in America at the time literally suggest to Kaysen some kind of carnival. The American demonstrators falling to the ground night after night on television, she writes, "were doing the kinds of things we had fantasies of doing: taking over universities and abolishing classes; making houses out of cardboard boxes and putting them in people's way; sticking their tongues out at policemen" (Kaysen 92). Thereby, Kaysen likens mental patients with social protesters and political activists, that is, oppressed citizens asking for freedom and justice.
- 29 In an earlier section, she even goes further: "In our parallel world, things happened that had not yet happened in the world we'd come from. When they finally happened outside, we found them familiar because versions of them had been performed in front of us" (Kaysen 28). The passage is actually an allusion to Georgina's boyfriend, Brad—both mental patients—who kept saying that his father was a spy and a friend of two impressive men named Liddy and Hunt—hence a nurse writes in his chart: "Patient

continues fantasy that father is CIA operative with dangerous friends" (Kaysen 30). Years later, Bernard Barker (Brad's father), E. Howard Hunt and G. Gordon Liddy surfaced in the press in connection with the break-in at Democratic Party headquarters at the Watergate Hotel. Kaysen, however, draws an unexpected conclusion from this episode as if she were drawing inspiration from Plato's *Phaedra*: mental patients have a sort of foreknowledge of events. Rejecting the notion that madness is always disastrous, the Greek philosopher shows it can also be benevolent, particularly when it involves the gift of divination (Laxenaire 252-256). In other words, Kaysen suggests an inversion of the conventional value system that sees mental patients as merely defective.

- 30 The carnival strategy also allows her to introduce what anthropologist Barbara Babcock calls "symbolic inversion" in *The Reversible World* (1978): "'Symbolic inversion' may be broadly defined as any act of expressive behavior which inverts, contradicts, abrogates, or in some fashion presents an alternative to commonly held cultural codes, values and norms be they linguistic, literary or artistic, religious, social and political" (Babcock 14).¹⁶ A good example of this strategy is to be found in the opening lines of section seventeen, "Checkmates": "We were sitting in front of the nursing station having a smoke. We liked sitting there. We could keep an eye on the nurses that way" (Kaysen 65).
- 31 Throughout the memoir, symbolic inversion especially relies on the recurrent use of grotesque images—that is, images based on laughter, exaggeration and degradation (*Rabelais* 19)—a major characteristic of carnival. In the opening lines of section twelve, "The prelude to Ice Cream," for instance, Kaysen situates the hospital "on a hill outside of town" but immediately adds a comparison playing down this separateness: "the way hospitals are in movies about the insane" (Kaysen 48). The image introduces movie fiction and, thereby, fictionalizes the geographic separateness she has just mentioned. In the same section, she even compares the mental hospital with the John Birch Society:¹⁷ "The John Birch Society lay as far to the east of Belmont as the hospital lay to the west. We saw the two institutions as variations of each other; doubtless the Birchers did not see it this way. But between us we had Belmont surrounded" (49). The right-wing organization is turned into a mirror image of the mental hospital—equally full of lunatics.
- 32 Later in the section, Kaysen evokes the nurses accompanying the patients to the ice-cream parlor: "Then there were one-to-ones: a nurse and patient bound together like Siamese twins. Some patients were on one-to-ones even on the ward, which was like having a page or valet" (Kaysen 49). The first comparison introduces some incongruous resemblance, or equality, between nurse and patient ("like Siamese twins") and the second, going a step further, reverses the traditional hierarchy so that the nurses are turned into the patients' servants. As Bakhtin would say, Kaysen's "inventive freedom permit[s] the combination of a variety of different elements and their rapprochement, [it] liberate[s] from the prevailing point of view of the world, from conventions and established truths, from clichés, from all that is humdrum and universally accepted" (*Rabelais* 34).
- 33 The most striking passage, as far as grotesque images are concerned, is no doubt the section entitled "Keepers"—a derogatory word normally used for animals or buildings—that she uses to describe and debase the medical personnel, thus lowering their social status as the patients' are lowered: Dr Wick looked like "the ghost of a horse. When she talked, she sounded somewhat like a horse as well" and "her colonial English accent

gave her sentences a neighing cadence" (Kaysen 84). Mrs McWeeney, one of the night staff, was "pig-eyed"—a "symbolically base and abject animal" (Stallybrass and White 5)—and had "grey hair pressed into waves that grasped her scalp like a migraine" (Kaysen 88). Not only does the nurse's carefully pressed hair turn into an ugly scalp but the incongruous image also turns her into another mere sufferer. As for the student nurses, they were a "migratory...flock" (Kaysen 90). Throughout the section, animal images prevail—the keepers are, ironically, the animals—thereby, Kaysen straddles another fundamental boundary: the distinction between humans and animals. Nevertheless, the comparisons and metaphors used for the medical staff are noticeably more derogatory than those used for the student nurses: the young patients can easily identify with the students since they do not stand so much for authority as for "normality" (Kaysen 91): "...when we looked at the student nurses, we saw alternate versions of ourselves. They were living out lives we might have been living, if we hadn't been occupied with being mental patients" (Kaysen 90-91). Here, Kaysen even challenges the traditional notion of the patient as victim; in other words, her laughter is "universal in scope; it is directed at all and everyone" (*Rabelais* 11) including herself. *The New York Times* reviewer Susan Cheever is undoubtedly right when she writes that "Ms. Kaysen [...] lets the line between sanity and craziness become so blurred in *Girl, Interrupted* that often the patients at McLean seem rational and the nurses and authorities crazy" (Cheever). Cheever also calls the book a "triumphantly funny story" but this statement needs clarifying, if not qualifying.

- 34 It is true that Kaysen is generally funny, no doubt because, as Sigmund Freud explains in his 1927 essay on "Humor," a landmark contribution to the conception of laughter as a healing strategy: "the essence of humor is that one spares oneself the affects to which the situation would naturally give rise and dismisses the possibility of such expressions of emotion with a jest." Humor, therefore, "has something liberating about it," it is "the ego's assertion of its own invulnerability" and "a means to ward off possible suffering" (Freud 162, 164). Kaysen uses humor in her memoir to counterbalance the vulnerability she experienced as a mental patient—"by its very nature, mental illness makes one's sense of self vulnerable to attack" (White 7)—and, instead, asserts her own narrative power. However, her humor is always tinged with irony, which involves "interpretation" (Jankelevitch 60). In other words, irony is not meant to represent mimetically but, on the contrary, to challenge conventional representation (Hamon 60-61). For instance, in section fifteen entitled "Sharps," Kaysen writes: "We ate with plastic. It was a perpetual picnic, our hospital" (56). By means of humorous irony—or ironic humor—she subverts both the laws of descriptive language and the readers' expectations.

From irony and elision to "counter-diagnosis"

- 35 Kaysen's irony is no longer humorous in section twenty-one, however, when she evokes the ward names: "The wards had boarding-school names like East House and South Belknap" (84). The irony of the passage is somehow clarified towards the end of the book when Kaysen writes: "The price of several of those college educations I didn't want was spent on my hospitalization" (95). In fact, humor tends to disappear whenever she is personally involved: in that case, she relies on irony or/and ellipsis. For instance, as Couser writes, "Kaysen goes out of her way to *elide* both the run-up and

the follow-up to her hospitalization" (*Memoir* 66). Irony is perceptible in particular when she relates her meeting with the doctor that sent her to McLean, an episode she significantly returns to several times in the memoir (sections two, ten, eighteen), each version only degrading the doctor and his diagnosis. The passage from section ten is a telling example:

He looks again at the name jotted on the notepad in front of him. Didn't he meet her parents at a party two years ago? Harvard faculty—or was it MIT? Her boots are worn down but her coat is a good one. It's a mean world out there [...]. He can't in good conscience send her back into it, to become flotsam on the subsocietal tide that washes up now and then in his office, depositing others like her. A form of preventive medicine. (Kaysen 40)

- 36 While a medical diagnosis is supposed to represent "the voice of medicine or science" and "institutional authority" (Treichler 65), Kaysen by contrast uses the stream of consciousness technique—that is, an introspective narrative mode—with the doctor as focal character so that he can somehow express his approach to Kaysen's case and prove his incompetence himself. As a medical expert, he is assumed to "possess 'right sense and sanity' and have the expertise to identify those outside such boundaries" (Susko 92). But here, ironically, his diagnosis relies on doubts—interrogative clauses—and all but scientific reasons: the girl's parents, her ambivalent clothes, his own conscience, and a concern with prevention. The word "medicine" only comes at the very end of the sentence as some kind of cover-up.

- 37 Throughout the passage, especially, Kaysen remains at a distance significantly abandoning the first-person narrative and her own viewpoint. But the allusion to MIT betrays the real reason for her institutionalization—though she is always allusive about it. She was probably sent to McLean by her parents, her father in particular—Kaysen was the daughter of economist Carl Kaysen, a professor at MIT and former advisor to President John F. Kennedy—as retribution because she did not want to go to college. The same reason is suggested again in section twenty-three, "Bare Bones," and again she stands at a distance:

If our families stopped paying, we stopped staying and were put naked in a world we didn't know how to live in anymore....
Our families. The prevailing wisdom was that they were the reason we were in there, yet they were utterly absent from our hospital lives....
Lunatics are similar to designated hitters. 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. (Kaysen 95)

- 38 Right from the beginning, Kaysen has given up the conventional first-person singular—used in the previous sentence—and turned to the first-person plural, which allows her "to form coalitions across space and time" (Price 22). She does not merely speak for herself but also for all the other girls who were institutionalized with her. As White writes: "Positioning herself¹⁸ as part of a group allows her to serve more accurately as an advocate for that community" (10). Eventually, she speaks in the third person plural in the last paragraph, even as she introduces an ironic comparison. Here, irony goes hand in hand with generalization, and once again it allows Kaysen to disappear. "It is important to cultivate detachment" (Kaysen 36), she writes in section nine, and this is exactly what she does throughout the book. She hardly talks about herself, her childhood or her family life. As far as she is concerned, the reader is confronted with a sort of jigsaw puzzle that can hardly be completed. In other words, she also subverts

the genre of memoir writing. While Philippe Lejeune reads first/third person alternation as "the impossibility of expressing identity" (Lejeune 39), Price argues:

in autobiographies of psychosocial¹⁹ disability, such alternations may in fact be direct expressions of identity. In other words, when the so-called rational world does not truthfully reflect one's experience, autobiography may be used not just "to play" with the autobiographical pact, but to rewrite its terms altogether. The use of third-person pronouns in these narratives refuses coherence, truth, and resolution, but instead of causing communication to "vanish," these counter-diagnostic refusals construct a different kind of meaning. (Price 23-24)

- 39 Kaysen's book, therefore, stands in sharp contrast with Jane Wanklin's BPD narrative, *A Chronicle of My Life with Borderline Personality Disorder* (1997), a detailed chronological account of Wanklin's family, friends, symptoms and psychiatric hospitalizations. Wirth-Cauchon thus writes that "the narrative structure of Wanklin's autobiography resembles that of the case history in its search for origins" (Wirth-Cauchon 152). But Kaysen never admits to suffering from BPD, she questions the diagnosis because it turned her into a mental patient and stole nearly two years from her life. In doing so, she exhibits the dangers of the "caseness approach" that prevails in psychiatry: it considers the mental illness as "independent of the environment" and the patient as merely "a series of medical facts" (Susko 89). Except that in her case, they were no medical facts, precisely, only social facts:

My ambition was to negate. The world, whether dense or hollow, provoked only my negations. When I was supposed to be awake, I was asleep, when I was supposed to speak, I was silent, when a pleasure offered itself to me, I avoided it. My hunger, my thirst, my loneliness and boredom and fear were all weapons aimed at my enemy, the world. They didn't matter a whit to the world, of course, and they tormented me, but I got a gruesome satisfaction from my sufferings. They proved my existence. All my integrity seemed to lie in saying NO." (Kaysen 42)

- 40 To a certain extent, therefore, Kaysen's memoir exhibits the same "contrariety" (Kaysen 42) that led to her BPD diagnosis and institutionalization. At first sight, section thirty-two "My Diagnosis," one of the last sections in the memoir, may be the passage where she seemingly lowers her guard to talk about herself and her symptoms. However, in the extract, she also quotes from and comments on the description of BPD given in the DSM-III-R—and already cited in the previous section. Thereby, she juxtaposes the authoritative voice of psychiatrists with her own voice, thus producing another polyphonic and highly subversive passage, another departure from the conventions of disability memoirs as well: she "rewrite[s] its terms altogether" (Price 24). Not only does her diagnosis turn into "an annotated diagnosis" (Kaysen 150), but she "establishe[s her] own explanations" (Susko 96). While the "caseness approach engenders a certain story and meaning, [...] it is essentially the same story for *everyone* who is so labeled" (Susko 96). Kaysen, therefore, literally appropriates the BPD diagnosis—it is part of the memoir not just in one, but in two sections—and makes it her own in order to contest it all the better. Here again, she resorts to irony and to what Philippe Hamon calls the "im-pertinence" (60, my translation) of ironic discourse—it is not pertinent to the matter at hand, precisely. Referring to "self-mutilating behavior," for instance, Kaysen writes: "I was like an anchorite with a hair shirt" (153). Interestingly, "impertinent" is also the adjective used by Treichler to refer to the first-person narrator, another so-called mad woman, in Gilman's "The Yellow Wallpaper." For Treichler, this voice is "impertinent" because it clashes with the "powerful, 'ancestral,' dominant" (Treichler 64) mode of discourse of patriarchal language.²⁰

Similarly, Kaysen's voice clashes with the no less powerful or dominant discourse of the medical establishment.

- 41 Kaysen's challenge of her BPD diagnosis, therefore, suggests a strategy Price calls "counter-diagnosis": "In counter-diagnosis, the autobiographical narrator uses language [...] to subvert the diagnostic urge to 'explain' a disabled mind. [...] The counter-diagnosis story does not merely parallel or replace the conventional diagnostic story; it ruins it altogether" (Price 17). And not only does Kaysen subvert her diagnosis, but she also questions her recovery: "Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between sane and insane?" (Kaysen 154). On that occasion, she returns to the programmatic image of the border as she does at the very end of the section: "It's a common phrase, I know. But it means something particular to me...the shimmering ever-shifting borderline that like all boundaries beckons and asks to be crossed" (Kaysen 159). Here Kaysen comes full circle and confirms her strategy throughout the book—showing this "ever-shifting borderline" and constantly crossing boundaries both literally and figuratively. In other words, she confirms the transgressive dimension of her memoir.
- 42 Kaysen's *Girl, Interrupted*, therefore, is more challenging than first meets the reader's eye—even if her baffling title sends a powerful signal and paves the way for the iconoclastic narrative that follows. It is indeed iconoclastic in the etymological sense of the word—from *eikon/eikonos* "image" and *klastes* "breaker"—in so far as it breaks both social and literary conventions. For Couser, the memoir
resists [Kaysen's] conscription into the role of a compliant mental patient, grateful for her restored sanity....Kaysen *undermines and subverts* the validity of her diagnosis and the authority of the medical discourse to which she was subjected as a patient. Here, as narrator, she assumes control of her story, which was denied her as a patient, when her chart was composed by others. (*Memoir* 67, my emphasis)
- 43 The verbs "undermine" and "subvert" in Couser's quotation are no doubt the key to understanding the book. Kaysen's subversive strategy consists in taking over her diagnosis, i.e. Borderline Personality Disorder, or more specifically the metaphoric adjective in this diagnosis—a metaphor, like any image, introduces semantic ambiguity—and turn it into a powerful means of transgression and subversion, even a "counter-diagnosis."
- 44 Emphasizing and crossing boundaries—be they topographic or mimetic, semantic or generic, as Kaysen does throughout the book—can neither change the past nor erase the long months she spent in McLean. However, this strategy of systematic subversion and border-crossing allows Kaysen to question preconceived ideas and common, often false, opinions about madness, particularly women's madness, and mental patients. She can thus turn her personal experience of suffering into an indictment of the traditional assumptions about what constitutes mental illness and mental health (Couser, *Memoir* 67). In other words, her memoir is not just personal but it is political as well. Systematic border-crossing, ultimately, allows Kaysen to break another major boundary: the generic framework of the disability memoir. While polyphony, in particular, challenges the voice of the memoirist, elision questions the very purpose of memoir writing. Since Kaysen seemingly considers she did not suffer from BPD and was unfairly institutionalized, she could not write a recovery memoir about her experience or a

traditional disability memoir about a disability that, she thought, had never existed. No wonder that the book should "purposefully disrupt readerly expectations about illness narratives" (Cousin, *Memoir* 67). While she contested her diagnosis as gender-biased, she also called into question the conventional illness narrative. And this is no doubt the specificity, and major quality, of Kaysen's *Girl, Interrupted*.

- 45 Kaysen's subversion, however, significantly stops at one point, when she is confronted with more seriously ill mental patients—like her friend, Alice. As she is confined to silence, the (young) madwoman is not subversive, she is simply powerless. Kaysen, therefore, somehow seems to stand up against the traditional feminist metaphor of the madwoman as "the element of subversion and resistance in women's writing." By contrast, Kaysen seems to be "vitally aware of the importance for women of making themselves heard within society, not just 'outside' it in some state of pure rejection" (Caminero-Santangelo 1, 2)—where they are actually unable to do so. Kaysen wrote her memoir twenty-four years or so after her institutionalization, thus proving that the vulnerable adolescent she was at the time is long gone and has now become a self-empowered woman and narrator, and a recognized writer as well. Her painful experience of social exclusion is turned into a narrative of self-empowerment and a powerful means of social and cultural integration, sending a strong message to all women—mentally ill or not—that still resonates with today's readers.

BIBLIOGRAPHY

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorder (Third Edition Revised)*. Washington: American Psychiatric Association, 1987.

Babcock, Barbara A, ed. *The Reversible World: Symbolic Inversion in Art and Society*. Ithaca: Cornell UP, 1978.

Bakhtin, Mikhail. *Rabelais and His World*. Trans. Hélène Iswolsky. Bloomington: Indiana UP, 1984.

-----, *Problems of Dostoevsky's Poetics*. Trans. Caryl Emerson. Minneapolis: University of Minnesota Press, 1984. Web. 26 May, 2020. https://monoskop.org/images/1/1d/Bakhtin_Mikhail_Problems_of_Dostoevskys_Poetics_1984.pdf

Bakhtin_Mikhail_Problems_of_Dostoevskys_Poetics_1984.pdf

Booker, M. Keith. *Techniques of Subversion in Modern Literature. Transgression, Abjection and the Carnavalesque*. Gainesville: University of Florida Press, 1991.

Caminero-Santangelo, Marta. *The Madwoman Can't Speak. Or Why Insanity Is Not Subversive*. Ithaca: Cornell UP, 1998.

Cauwells, Janice M. *Imbroglia. Rising to the Challenges of the Borderline Personality Disorder*. New York: Norton, 1992.

Cheever, Susan. "A Designated Crazy." *New York Times Book Review*. 20 June, 1993. Web. 26 May, 2020. <http://www.nytimes.com/1993/06/20/books/a-designated-crazy.html?pagewanted=all>

Couser, G. Thomas. "Crossing the Borderline (Personality): Madness Interrogated in *Girl, Interrupted*." Conference given at the 1999 ALA Symposium in Cancun. Unpublished.

- , *Recovering Bodies. Illness, Disability and Life Writing*. Madison: The University of Wisconsin Press, 1997.
- , *Memoir. An Introduction*. Oxford: Oxford UP, 2012.
- Eakin, Paul John. "Breaking Rules: The Consequence of Self-Narration." *Biography: An Interdisciplinary Quarterly* 24, 1 (Winter 2001): 113-127.
- Freud, Sigmund. "Humor" (1927). Trad. Joan Riviere. Web. 23 May 2020. <https://fr.scribd.com/doc/34515345/Sigmund-Freud-Humor-1927>
- Foucault, Michel. "Des espaces autres. Hétérotopias". *Architecture, Mouvement, Continuité* 5 (1984) : 46-49. "Of Other Spaces, Heterotopias." Trans. Jay Miskowiec. Web. 26 May, 2020. <https://foucault.info/doc/documents/heterotopia/foucault-heterotopia-en-html>
- , "Preface." *Les Mots et les Choses*. Paris: Gallimard Tel, 1966. 7-16.
- Frank, Arthur W. *The Wounded Storyteller. Body, Illness and Ethics*. Chicago: The University of Chicago Press, 1995.
- Frost, Robert. "The Road not Taken." Web 26 May, 2020. <https://www.poetryfoundation.org/poems/44272/the-road-not-taken>
- Genette, Gérard. *Seuils*. Paris: Seuil, 1987.
- Gilbert, Sandra M. and Susan Gubar. *The Madwoman in the Attic. The Woman Writer and the Nineteenth-Century Literary Imagination*. 1979. New Haven: Yale UP, 2000.
- Gilmore, Leigh. "#MeToo and the Memoir Boom: The Year in the US." *Biography: An Interdisciplinary Quarterly* 42, 1 (2019): 162-167.
- Hamon, Philippe. *L'Ironie littéraire. Essais sur les formes de l'écriture oblique*. Paris: Hachette Supérieur, 1996.
- Jankélévitch, Vladimir. *L'Ironie*. Paris: Flammarion "Champs Essais," 1964.
- Kaysen, Susanna. *Girl, Interrupted*. New York: Vintage, 1993.
- Kristeva, Julia. *Powers of Horror. An Essay on Abjection*. Trans. Leon S. Roudiez. New York: Columbia UP, 1982.
- Laxenaire, Michel. "Quand Platon faisait l'éloge de la folie." *Annales médico-psychologiques, Revue psychiatrique* 171, 4 (May 2013): 252-256.
- Lejeune, Philippe. "Autobiography in the Third Person." *New Literary History* 9, 1 (1977): 27-50.
- Merriam Webster Dictionary*. Web 26 May, 2020. <https://www.merriam-webster.com/dictionary/borderline>
- Prendergast, Catherine. "On the Rhetorics of Mental Disability." *Embodied Rhetorics: Disability in Language and Culture*. Eds. James C. Wilson and Cynthia Lewiecki-Wilson. Carbondale: Southern Illinois UP, 2001. 45-60.
- Smith, Sidonie. *Subjectivity, Identity and the Body. Women's Autobiographical Practices in the Twentieth Century*. Bloomington: Indiana UP, 1993.
- Racelle-Latin, Danielle. "Lisibilité et idéologie." *Littérature* 12 (1973): 86-92.
- Rak, Julie. *Boom! Manufacturing Memoir for the Popular Market*. Waterloo: Wilfried Laurier UP, 2013.
- Reiffenrath, Tanja. *Memoirs of Well-Being: Rewriting Discourses of Illness and Disability*. Bielefeld: Transcript Verlag, 2016.

Samuel, Ellen. "Six Ways of Looking at Crip Time." *Disability Studies Quarterly* 37, 3 (2017). Web. 27 May, 2020. <https://dsq-sds.org/article/view/5824/4684>

Stallybrass, Peter and Allon White. *The Politics and Poetics of Transgression*. Ithaca: Cornell UP, 1986.

Stern, Adolph. "Psychoanalytic Investigation of and Therapy in the Borderline Personality Disorder" (1938). *Essential Papers on Borderline Disorder. One Hundred Years at the Border*. Ed. Michael H. Stone. New York: New York UP, 1986. 54-73.

Susko, Michael A. "Caseness and Narrative: Contrasting Approaches to People Who Are Psychiatrically Labeled." *Journal of Mind and Behavior* (Winter and Spring 1994): 87-112.

Treichler, Paula A. "Escaping the Sentence: Diagnosis and Discourse in 'The Yellow Wallpaper.'" *Tulsa Studies in Women's Literature* 3.1/2 (Spring-Autumn 1984): 61- 77.

White, Leah. "Narratives of Mental Illness: the 'Autobiographical Manifestos' of Kate Millett, Susanna Kaysen and Kay Redfield Jamison." *Women & Language* 31.1 (Spring 2008): 4-12.

Wirth-Cauchon, Janet. *Women and Borderline Personality Disorder. Symptoms and Stories*. New Brunswick: Rutgers, 2001.

NOTES

1. In *The Wounded Storyteller* (1995), Arthur Frank writes: "The anything-but-tidy conventions of postmodern memoir—its lack of linearity and competing voices—fit experiences that are *interrupted*....these stories are not only about *interruption*; they are themselves *interrupted* stories" (70-71, my emphasis).

2. This particular version of the DSM is also the version that is quoted from by Kaysen in *Girl, Interrupted* (147-149).

3. The National Institute of Mental Health defines Borderline Personality Disorder as "a serious mental disorder marked by a pattern of ongoing *instability* in moods, behavior, self-image and functioning" (my emphasis). Web. 25 May 2020. https://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml#part_145392

4. In her 2019 article, "#MeToo and the Memoir Boom: The Year in the US," Leigh Gilmore shows how pertinent Smith's point has remained: "life writing has proven to be an especially compelling form of testimonial empowerment for those who are marginalized" (162).

5. White examines the six "constituent aspects" (Smith 157) of autobiographical manifesto as they are defined by Smith—"to appropriate/to contest sovereignty" (Smith 157); "to bring to light, to make manifest" (158) the experiences of those situated on the margin of society; "to announce publicly" (159) so as to call into question the dichotomy of the private and public spheres; "to perform publicly" in order "to display a new kind of subject" (160); "to speak as one of a group, to speak for a group" (161); "to speak to the future" so as "to actively position the subject in a potentially liberated future" (162-163)—and shows their relevance to Kaysen's memoir.

6. For the sake of consistency, I will use Booker's definitions of subversion and transgression throughout. I am aware, however, that not every critic will agree on his approach. For instance, Belgium scholar Danielle Racelle-Latin in an article entitled "Lisibilité et idéologie" ("Legibility and Ideology," my translation), in which she studies French writer Louis-Ferdinand Céline's novels, distinguishes between literary transgression and subversion. She contends that Céline's subversive texts are legible while his transgressive texts are not (87).

7. They were taken up again by T. Couser in *Recovering Bodies* (11-12).
8. Some scholars like Thomas Couser call them chapters but I will rather use the word "sections" considering how short most of them are—often less than two pages long.
9. Section one: "Towards a Topography of the Parallel Universe;" section two: "The Taxi;" section eight: "If You Lived Here, You'd Be Home Now;" section ten: "Elementary Topography;" section eleven: "Applied Topography;" section twenty-seven: "Stigmatography;" section twenty-eight: "New Frontiers in Dental Health;" section twenty-nine: "Topography of the Future;" section 30: "Mind vs. Brain;" section 33: "Farther on, Down the Road, You Will Accompany Me."
10. "Of Other Spaces: Heterotopias" was the basis of a lecture given by Foucault in March 1967. But the publication of the text was only authorized by Foucault in 1984.
11. A polyptoton is a stylistic scheme in which words derived from the same root are repeated.
12. Interestingly, this notion of ambivalence is also one interpretation for Frost's poem, in the line "had worn them really about the same."
13. "Disability and illness have the power to extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings" (Samuel).
14. This multiple-choice question test is highly reminiscent of Jose Luis Borges's "Chinese Encyclopedia" mentioned by Michel Foucault in the Preface to *Les Mots et les choses* (7). It lacks some common, congruous textual space.
15. Booker's quotation actually goes as follows: "This juxtaposition of various voices allows for a polyphonic dialogue that highlights the differences among social groups and generally calls into question the assumption that would hold certain groups to be ascendant over others" (34).
16. This symbolic inversion also plays a key role in Bakhtin's conception of carnival. In *Rabelais and his World*, he thus writes: "We find here a characteristic logic, the particular logic of the 'inside out' (*à l'envers*), of the 'turnabout,' of a continual shifting from top to bottom, from front to rear [...] comic crownings and uncrownings" (11).
17. The John Birch Society is a right-wing organization founded in 1958.
18. "Herself" here does not refer specifically to Kaysen. It refers to any memoirist like her.
19. In a footnote, Price accounts for her terminology because, she explains, "words (names, labels, diagnoses) are of life-and-death importance to people with disabilities." She uses "psychosocial" like Deborah Marks in *Disability Studies Quarterly* since, she writes, "I believe the term *psychosocial* usefully describes the spectrum of disabilities; however, I am not completely sold on it, and consider this problem of terminology—like so many others in DS—open to further debate" (Price 12-13).
20. For a detailed analysis of the gender question in Kaysen's memoir, see American scholar Elizabeth Marshall's 2006 article, "Borderline Girlhoods: Mental Illness, Adolescence and Femininity in *Girl, Interrupted*." Web. 27 May, 2020. <https://muse.jhu.edu/article/192840/pdf>

ABSTRACTS

This article analyses Susanna Kaysen's *Girl, Interrupted* as a subversive memoir and "counter-diagnosis," relying on disability studies, women studies and critical discourse analysis. Taking advantage of the metaphoric adjective "borderline" in her diagnosis of "Borderline Personality Disorder" (BPD), Kaysen constantly emphasizes borders and boundaries—whether topographic, mimetic or generic—in order to cross and transgress them all the better. To achieve her goal, she relies on two major strategies of subversion, that is, abjection and carnival—including humor, irony, "symbolic inversion" and grotesque images. Thereby, Kaysen questions not only her own diagnosis and preconceived ideas about madness—women's madness in particular—and mental patients, but she also challenges her recovery and the conventional genre of the disability memoir.

INDEX

Keywords: abjection, Borderline Personality Disorder, carnival, counter-diagnosis, disability memoir, heterotopia, Kaysen, subversion, transgression