STORYING ILLNESS: WOMEN'S MEMOIRS AS MENTAL HEALTH ADVOCACY AND MEDICAL CRITIQUE

by

GRACE BLAKELY HUFF

(Under the Direction of Rebecca Hallman Martini)

ABSTRACT

This thesis argues that memoirs are sources of mental health advocacy and criticism of the medical-industrial complex, emerging from the memoirist storying their lived experience of mental illness and struggling to attain effective treatment. Using Susanna Kaysen's 1993 *Girl, Interrupted* and Bassey Ikpi's 2019 *I'm Telling The Truth, But I'm Lying* as primary sources, I explore how the construction of their narrators enables their simultaneous advocacy and critique. The positionality of the narrative voice in these memoirs reveals how these authors shape their message of activism/advocacy. This voice shows up in varied stylistic modes through subject/perspective shifts in their narration that positions both narrator and reader in differing proximities to the traumatic episodes recollected. These narrative constructions enable each author to reclaim authority over their experiences with mental illness within a system that sought to silence them. Kaysen and Ikpi are then advocates for themselves and others, speaking out against the medicalization of suffering. By tracing this dynamic I argue that memoirs are invaluable sites for analysis in the field of the rhetoric of health and medicine.

INDEX WORDS: Mental Health Advocacy, Mental Illness, Memoir, Medicalization, Rhetoric of Health and Medicine

STORYING ILLNESS: WOMEN'S MEMOIRS AS MENTAL HEALTH ADVOCACY AND MEDICAL CRITIQUE

by

GRACE BLAKELY HUFF

B.S., The University of West Georgia, 2022

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

ATHENS, GEORGIA

2025

STORYING ILLNESS: WOMEN'S MEMOIRS AS MENTAL HEALTH ADVOCACY AND MEDICAL CRITIQUE

by

GRACE BLAKELY HUFF

Major Professor:	Rebecca Hallman Martini
Committee:	Barbara McCaskill
	David Diamond

Electronic Version Approved:

Ron Walcott
Vice Provost for Graduate Education and Dean of the Graduate School
The University of Georgia
May 2025

ACKNOWLEDGEMENTS

I've been fortunate to have a wide support system through this journey which I am immensely grateful for. There would be no project, though, were it not for Becky Hallman Martini, who has gotten me through each step of this process and read every iteration of this project. This thesis grew out of my curiosity about bodymind and Becky and I have brainstormed a dissertation's worth of ideas since last summer. Our generative discussions along with her invaluable feedback led me to this final product. I cannot thank you enough, Becky, for being a supporter of both my writing and my mental wellbeing through this process. I would also like to thank my committee, Dr. McCaskill for your enthusiasm for my ideas and your belief in my potential as a scholar and Dr. Diamond for your support and willingness to help me through the last leg of this project. I am grateful to share this work with each of you.

My family and friends have been my cheerleaders through this process, letting me call to work through an idea, helping me work past mental blocks, and believing in me when I didn't. Thank you Mom. Thank you Dad. For everything. Words don't suffice. Thank you Grandma, my most enthusiastic reader. Thank you to the rest of my wonderful grandparents, who are in my corner cheering me on through every stage of life. Shout out to my pookies for keeping life light and fun; you've kept me sane through this. I love each of you.

Finally, I want to thank the wonderful women who have sat with me on long nights writing, workshopped drafts when needed, and helped me have breakthroughs. Thank you to Liz Wayson, Lily Wilson, and Emily Jacquez. This project wouldn't be what it is without your support and brilliant minds. To my cohort of two, Jessica and Annabelle, we made it!

TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS……iv

CHAPTER

1 A CASE FOR MEMOIRS IN THE RHETORIC OF HEALTH AND MEDICINE…....1

Introduction……..1

"Useful, But For Whom?": Diagnosis and the DSM……...4

Complications with Cure and The Medical-Industrial Complex…….8

Storying Mental Illness……..11

(Re)Constructing Self: Narrative Performativity and Authenticity in Memoir….13

Centralizing Memoirs in the Rhetoric of Health and Medicine…….17

2 MENTALLY ILL IN A MAD WORLD: ANALYZING THE ROLES OF SUSANNA KAYSEN'S NARRATOR IN *GIRL, INTERRUPTED*…….21

Opening……..21

A Study of Her Own: Susanna Kaysen's Purpose for Writing *Girl, Interrupted*..22

Researcher, Observer, Survivor: Kaysen's Narrator……..25

Measuring Madness: Keepers and Companions within McLean……..28

"My self-image was not unstable": Mentally Ill in a Mad World…….31

Conceptualizing Madness: Kaysen as Theorist and Advocate……..37

Deconstructing Diagnosis; Reclaiming Authority…….42

"What life can recover from that?": The Scar of the "Mad" Label……...46

3 RESHAPING REALITY: NARRATIVE CONTROL AS SURVIVAL IN BASSEY IKPI'S *I'M TELLING THE TRUTH, BUT I'M LYING*……51

Opening……..51

"Lying is how I survive this": Ikpi's Narrative Framing……...54

"What It Feels Like": Style as Mental Health Advocacy……..58

"I'm there but I'm not": Silenced Through Medicalization……..65

"Kind of Like an Ellipses": The Reality of Living With Mental Illness……...71

4 MEMOIR AS MENTAL HEALTH ADVOCACY……77

Works Cited……...83

CHAPTER 1

A CASE FOR MEMOIRS IN THE RHETORIC OF HEALTH AND MEDICINE

> "Of course I was sad and puzzled. I was eighteen, it was spring, and I was behind bars."
>
> — Susanna Kaysen, *Girl, Interrupted* (117)

> "This is the kind of place that will steal your spark, and that scares me more than the thing that brought me here. There must be something here that makes everyone who has passed through give up a part of themselves."
>
> — Bassey Ikpi*, I'm Telling the Truth but I'm Lying* (197)

As young women trying to carve a place in the world for themselves, Susanna Kaysen and Bassey Ikpi were hospitalized for mental distress, episodes they expound on as both (re)formative and traumatic in their memoirs, *Girl, Interrupted* (1993) and *I'm Telling the Truth but I'm Lying* (2019), respectively. Kaysen's hospitalization occupied the first year and a half of adulthood; she was committed to an inpatient institution in 1967 at just eighteen years old under the false pretense that she would be in residence for only a week. Though the specifics are hazy, the records Kaysen attained decades later confirm that it took less than an hour for a doctor who she had never previously met to send her to McLean, declaring little else than that she was in "need of a rest" (Kaysen 7). For Ikpi, hospitalization was a week-long intervention for her "passive suicidality," meaning she essentially lost the will to live (Ikpi with Scott). Her admittance follows a sequence of essays narrating her mental decline as she was cyclically

experiencing episodes of depression and hypomania. Despite the difference in their circumstances, while hospitalized, both women found that they were deprived of their voices to authorize their lived experiences. Instead of being listened to as individuals who were suffering, their narration suggests they were case studies that medical experts — all of whom were male — sought to verify a label of.

Understanding women's madness is not linear nor simple, it's multidimensional and operates at both the social and individual levels. Former psychologist and lecturer Jane Ussher pursues an answer to whether women's madness is the result of misogynistic constructions or legitimate mental illness in her 1991 book *Women's Madness: Misogyny or Mental Illness?*. Do women go mad because, across cultures and time, they must always exist within the constraints of a patriarchal society, or do misogynists decry women who transgress these normative confines as mad? To explore this, Ussher compiles a dense cross-cultural history of women's madness ranging from barbarous rituals of mutilation of the female body to contemporary psychiatric interventions alongside discourse that deconstructs these practices and treatments. She distills the criticisms against then-contemporary psychopolitics, challenges the critics for merely deconstructing and reducing women's madness, and explores a multitude of sociopolitical factors as routes to madness before determining that women's madness is "both" and "neither" mental illness nor misogyny (306). Women's lives are individually unique and complex. Instead of determining a singular explanation and course of treatment for "madness", the woman's voice as an authority over her experiences is what we must listen to: "Each professional, each critic can offer something, but women must make the decisions themselves. Since women are the best judges of their own needs, we must listen" (Ussher 307). As such, this thesis turns to the voices

of women who story their experiences of mental illness to do what Ussher urges feminists, healthcare workers, and academics alike to do: listen to women.

While hospitalized, Kaysen and Ikpi describe the ways in which they were *not* heard. Kaysen's therapist would suggest how she should feel according to her file rather than granting her agency over her experience. For example, she would sit in a silence that was comfortable for her but her therapist would assert what was happening within her: "My head was empty and I liked it that way. Then he began to tell me what I might be thinking. 'You seem sad today,' he'd say, or 'Today, you seem puzzled about something'" (Kaysen 116). She was not *asked* how she was feeling. Instead, the medical authority determines how she must feel, leaving no room for her voice. Similarly, the doctor treating Ikpi while hospitalized ignored her protests about an ineffective medicine to treat her symptoms: "He sighs and tells me that this treatment has worked on countless others like me. I tell him that I am not countless others and he doesn't know what I'm like…I want someone who understands my body and my reactions. I want someone who will listen to me" (Ikpi 212). Rather than receiving the treatment she clearly yearns for, the doctor "writes furiously in the books" before leaving Ikpi alone questioning if the isolation is "a punishment or a reward" (213). As Kaysen is provided with no room to speak, when Ikpi tries to speak she goes ignored; both women silenced.

As such, the act of writing their respective memoirs is an act of reclaiming their voice as an authority over their lived experiences. Through constructing their narrative voices, Ikpi and Kaysen show the rhetorical power possible through memoir for both authors and readers alike. Examining their narrative voice reveals how their memoirs criticize medical and psychiatric dominion over their experiences as suffering women. This also informs their non-linear storytelling that resists a conclusive end note. To better understand the rhetorical power possible

for these memoirists and their readers alike, this project examines the narrators constructed by each author, criticism of medical dominion over their voices, and resistance to closure on these experiences. In doing so, this project centralizes the voices and lived experiences of two dynamic women whose memoirs allow them to advocate for the mental well-being and treatment of others while reclaiming authority over experiences that silenced them.

"Useful, But For Whom[1]?": Diagnosis and the DSM

Women who narrate their experiences of mental illness often work against a system that speaks on them. Understanding this system is essential to hearing what criticism they offer through their memoirs. At the center of the psychiatric diagnostic system is the *Diagnostic Statistic Manual*, or DSM, currently on its revised fifth edition. Originally created in 1952, the DSM provides a baseline for clinically understanding a series of conditions that have been categorized as a designated diagnosis. Though the advent of the DSM is well-meaning, many who have received diagnoses according to its terms have spoken out about the harm, both psychological and external, that their diagnoses led to.

Essentially, the DSM articulates how the medical system views — judges — mental illnesses. Rhetorician Patty A. Kelly investigates the discourse surrounding the third edition of the DSM, determining that the "common language" this document presents is not, in fact, atheoretical as claimed to be and created a "handbook of usage" for American Psychiatrists to communicate with their patients (244). Importantly, "common language" refers to the new system for classification introduced in the DSM-III: "Clinicians and research investigators must have a common language with which to communicate about the disorders for which they have professional responsibility" (Spitzer qtd 221 Kelly). Kelly focuses her study on the third edition

[1] This quote comes from Eli Clare's *Brilliant Imperfection*: "Diagnosis is useful, but for whom and to what ends?" (48).

of the DSM because the APA revised the second edition with the "hope that a common language" could be developed; the third edition is the "arrival" of this common language (234). While the DSM is currently in its fifth edition, the core function of the manual as a way to maintain a common language among practitioners remains.

The intent behind the DSM's "common language," as well as its very existence, is highly disputed because the DSM has become an undeniably social and often political document: "Diagnoses themselves emerge from social contexts. Before a condition can become a disease, it must be *perceived* to be undesirable and it must be visible" (Jutel xiii, emphasis mine). Where Kelly examines the rhetorical discourse surrounding the DSM, Annemarie Jutel conducts a sociological assessment of diagnosis as a complex system with varied implications in her book *Putting a Name To It: Diagnosis in Contemporary Society*. Jutel explains that a diagnosis of any kind "frames reality in significant ways" for the diagnosed and leads to a more complex reality: "Receiving a diagnosis is like being handed a road map in the middle of a forest. It shows the way — but not necessarily the way out" (Jutel 1). Because diagnosis is a term that applies to such a vast array of conditions, it is necessary to differentiate between "illness" and "disease" as these imply different outcomes, explanations of what is going on in one's bodymind, and paths for treatment. While both "disease" and "illness" are framed by cultural context, "illness problems are those that result from undesirable changes in social or personal function" whereas disease is a "biological or psychophysiological dysfunction" (Jutel 64). Following Jutel's differentiation between "disease" and "illness", diagnoses of mental illness are undergirded by an understanding that they emerge from social problems which places the onus of the illness onto the sufferer who "finds little favor" from the psychiatric diagnosis (Jutel 35). As such, a

systematic language presented as a mode for treatment and presumably eventual "cure" becomes moralizing, "bring[ing] with it stigma and shame" (Jutel 36).

Although the rhetorical discourse surrounding the DSM and diagnosis is primarily critical there is undeniable merit to the diagnostic system for *some* — never for everyone it claims to aid. Disability activist Eli Clare articulates the duality of diagnosis as a system that benefits some but not all: "It allows for violence in the name of care and creates access to medical technology, human services, and essential care. It sets in motion social control and guides treatment that provides comfort. It takes away self-determination and saves lives" (Clare 48). As Clare and numerous other scholars and researchers point out, diagnosis *is* useful and *can* lead to life-saving interventions. Clare urges consideration of the function of diagnosis, most critically, "for whom" is it useful and "to what ends" (48). With diagnosis comes access to therapies and medications that are not otherwise covered by insurance in some cases. Yet, it can simultaneously lead to stigma, forms of violence, and greater distress. The "passive reidentification" of a diagnosis "determines what happens next" to the patient "as the condition finds its expression in words that have meaning beyond the individual's perception" (Jutel 140). Moreover, diagnoses are synonymous with disorders rather than a neutral/positive acceptance, creating an inevitably negative self-perception and stigma for those diagnosed (Clare 43).

Despite its usefulness in some instances, there is an overwhelming body of rhetorical and sociological scholarship that seriously problematizes the DSM, and rightfully so when the roots of "mental illness" are taken into account. The DSM is a social document that moralizes many symptoms it lists, especially with disproportioned gender biases against females. This is because diagnosis and the advent of mental illness emerges, in part, from social control enforced by the elite patriarchy. Evidence that the DSM is a social document rather than a purely scientific one is

most frequently presented through the citation of "homosexuality" once being located in the manual: "The DSM's treatment of homosexuality is a poignant example both of how the DSM is an arbiter of diagnosis and of how controversy and political pressure shape its context" (Jutel 33). As such, Jutel urges the need to turn a critical eye on diagnoses to carefully consider the social contexts from which they emerge:

> Diagnosis provides a cultural expression of *what a given society is prepared to accept as normal* and what it feels should be treated… While witchcraft, drapetomania, and homosexuality bear no relation to medicine's twenty-first-century sensitivity, the knowing chuckle is misplaced. It's *not* the technological advancement of medicine that stops us labeling what we don't like or understand as disease. It's that we can't easily step out of our current vantage point to see the cultural content that historical distance provides (Jutel 3, emphasis mine).

Homosexuality's placement within and later removal from the DSM reiterates that the manual is not based in infallible science. Given the cultural moment, the "scientific" backing of since revoked diagnoses like "homosexuality" are in fact dictated by social normativity rather than valid empirical data. It is not possible for any diagnosis to exist outside of coinciding social and cultural values.

Equally important to understand about diagnosis is that the conceptualization of "madness as mental illness" was cemented in Western culture by the "gentleman doctors" of the Victorian era (Ussher 64). Ussher traces the history of women's madness, finding that there is an irrefutable link between the "witch" of the Middle Ages and the Victorian madwoman: "The label may have changed, the treatment may appear more humane, but the process is the same…The madwoman, like the witch, no longer has an identity as an individual, an

autonomous subject, she has disappeared under the enveloping label attached to her" (Ussher 61). The process Ussher refers to is systemic oppression of women by the patriarchy to maintain women's status as Other. This oppression is enforced through misogynistic institutions, such as the witch trials or "the cult of female invalidism" of the 19th century (61). Ussher critiques diagnosis as a concept by exposing the brutal history that resulted in medical misogyny which still bears consequence today, even if it presents more subtly than female hysteria. For Ussher, the act of labeling individuals — precisely what a diagnosis does — negates their "individual identity" and autonomy. While these labels have evolved, their dehumanizing effects have arguably not which is the crux of Clare's argument in his hybrid autoethnographic/historical study of disability and cure in Western society.

Complications with Cure and The Medical-Industrial Complex

In *Brilliant Imperfection: Grappling with Cure*, Eli Clare imbues autobiographical anecdotes with unflinchingly honest historical accounts that contextualize his traumatic experience and treatment with his diagnoses beginning in the 1960s. Clare is a trans-identifying disability activist who is diagnosed at an early age with cerebral palsy and deemed "mentally retarded[2]" after IQ testing (39). His personal account alongside case studies of inhumane treatment of disabled peoples through history bolster his critiques of not only diagnosis and the DSM but the complex social system of "cure" and "disability" located within "the medical-industrial complex." Key to understanding Clare's project in *Brilliant Imperfection* is defining what "cure" means as it is the throughline that links his multi-level critique of the medical system at large.

[2] I quote Clare's diagnosis directly because part of his argument is that this particular label has seen many names in a short span of time: "Not many years before, they would have declared me a *low grade moron* or a *high grade imbecile,* but by the 1960s the words have changed, even as the laws and institutions have not" (Clare 39).

For Clare, "cure" — like diagnosis — is a slippery social system equally rife with positive outcomes and negative consequences. While he acknowledges that cure is achievable and even lifesaving in the case of some conditions and diagnoses, he wrestles with the false promise that cure is an "overcoming" of a diagnosed condition when the reality for the majority of disabled people is that their conditions are nearly impossible to entirely "overcome" (Clare 8). Moreover, Rhetorician Allison Hitt posits that the message to overcome is saturated with "stories, beliefs, and practices that insist that individuals must struggle and overcome perceived or assumed limitations based on disabilities (primarily coming from abled-bodied perspectives)" (Angelsey 8). Importantly, Clare is referring to disabilities classified as physical and mental both. While labels are messy, rhetorician Catherine Prendergast makes a case for mental illness as disability in her widely cited 2003 chapter "On the Rhetorics of Mental Disability." Embedded within cure — a return to normalcy in a bodily system — is "defect" which Clare asserts underlies the notion of "disability," both of which only exist to leverage ableism and control over an identified Other (23). As he bluntly puts it, "without *disorder*, white Western medical diagnosis might not even exist" (Clare 43). This system of diagnosis is an integral piece of "the medical-industrial complex" which is the web of institutions at the heart of the many problematic processes and treatments he identifies. The medical-industrial complex refers to an "intricate jumble" that helps conceptualize the many forces, systems, frameworks, and roles at play:

> Economic interests crisscross with scientific frameworks. Public and private institutions interlock. Governmental regulations sit next to cultural understandings. [It] is sustained by the labor of many people, ranging from doctors to nursing home administrators, nursing aides to psychiatrists, physical therapists to researchers, scientists to marketing

> directors…It diagnoses, treats, and manages the human life cycle as a series of medical events: birth, puberty, pregnancy, menopause, aging, and death, each with its own medicine. (69)

The field of medicine then becomes a cog in a vastly complex machine, a mere piece of the total medical-industrial complex as Clare describes it. What Clare points to as a reduction of human life is what Jutel defines as medicalization: "[This] is the process by which aspects of human existence are assigned to the realm of medicine, to be defined and managed by medicine's authority" (Jutel 9). Clare's project emphasizes that specifically for disabled people the medical-industrial complex functions as a dehumanizing and silencing force.

Clare's criticism aligns with Prendergast's notion of "rhetorical disability" (Prendergast 202). Prendergast conflates mental disability — a term that refers to disruptive mental illnesses — with "rhetorical disability," asserting that someone who is mentally ill loses their voice through discredit and stigma: "If people think you're crazy, they don't listen to you" (203). In other words, those who are deemed mentally ill struggle to find a rhetorical audience who will actually receive their accounts as valid. As such, Clare's project is in part to re-people the historical narrative surrounding mental illness and disability in order to critique the state of the current systems and counter this loss of "rhetoricity." An extension of humanizing the narratives of mental illness and reclaiming a rhetorical power has taken place in the genre of memoir.

Intertwined throughout Clare's critique is the term "body-mind" which serves as a method of resistance to the medicalization he identifies within the medical-industrial complex. Clare deploys body-mind anytime he references himself or any other disabled person, with the term appearing a total of 249 times throughout his 187-page-long book[3]. It is apparent that body-

[3] This count excludes the appearance of "body-mind" in chapter titles and subtitles.

mind is vital to his project by its sheer volume of appearances, serving as a constant reminder of the "inextricable relationships between our bodies and minds" with the hyphen representing how the ideologies undergirding the medical-industrial complex treat people as though the two are distinct (Clare xvi). Body-mind also recenters the human being amidst a hyper-medical experience wherein "lives [are] reduced to casefiles" which "transforms our three-dimensional body-minds into two-dimensional" data (Clare 112, 41).

Bodymind, sometimes written with a hyphen or slash between body and mind, was posited as a fused term in contemporary rhetorical studies by Margaret Price. Price "picked up" body-mind (with a hyphen) from Babette Rothschild's *The Body Remembers* which posits a "bridge" between body-oriented and verbal psychotherapy practices to conceptualize a more complete understanding of trauma (Price 270; Rothschild 11). Price justifies her removal of the hyphen in *Mad at School,* asserting that bodymind "can be usefully applied to persons with mental disabilities of all kinds, for…our problems are in no sense 'all in our minds'" (240). In doing so, Price expands bodymind beyond trauma theory and therapeutic practice into a larger scope that applies to any disabling experience. As such, bodymind is a term that I borrow to refer at times to the mental illness and suffering Kaysen and Ikpi describe; their distress manifests within their bodyminds, significantly impacting their whole person.

Storying Mental Illness

Critical consideration of the context from which a diagnosis originates is essential when we realize that for better or worse, a diagnosis determines a narrative in a patient's life, one in which the "story is relinquished to the doctor[s]" (Jutel 66). The loss of narrative control through diagnosis is further compounded when we consider Prendergast's thesis that the mentally ill individual exists in what Fred Reynolds terms a "rhetorical black hole" (Reynolds 10). In

response to this loss of personal agency through a diagnostic label, people began writing narratives to expose, respond to, and validate their mental experiences and subsequent social and medical treatment, giving rise to the subgenre of what Katie Rose Pryal coins "the mood memoir."

A closer examination of how Pryal defines this subgenre reveals its limitations, though the premise of a subgenre that is built around writing about and through experiences with mental illness is an important project. Immediately, there is an issue with the label "mood memoir" which Pryal selected because her study is limited to authors diagnosed with what the DSM labels "mood disorders[4]". In classifying a genre around the same stringent parameters as that of the DSM, the label "mood memoir" reifies psychiatric authority over a group trying to write itself out from under its definitive power. For Pryal, the "mood memoir" "can be read as narrative-based responses to rhetorical exclusion suffered by the psychiatrically disabled" which ultimately serve a "rhetorical purpose [to] constitute mental illness" to "lay populations" (480-1). The "mood memoir" provides a generic mode for messages about mental illness to reach wider, non-academic audiences. While Pryal's thesis that "narratology and genre theory are useful tools [to] examine the rhetoric of psychiatric disability" is sound, her assertion of the mood memoir genre is too prescriptive, therefore limiting its use as a framework.

In her definition of the genre, there are certain conventions, a specific purpose for writing, and a sequence of events that take place in these memoirs; all of which are negated in the present study of Kaysen and Ikpi's memoirs. She frames the "mood memoir" as having a "different purpose than the typical disability memoir" in that these writers "tend to embrace

[4] Mood disorders are those which include "depression and bipolar disorder and all subcategories of these diagnoses" (Pryal 481). This limitation excluded Susanna Kaysen's *Girl, Interrupted* from this study, an exclusion which Pryal notes herself.

[their] illness as not just a disability, but also a gift, building an ethos based on links between mood disorders and creativity" (482). She also asserts that mood memoirists "often echo the descriptions that doctors provide in patient files" to establish their ethos and "a way to speak back to experts" creating a counter-narrative (483). She then puts forth a sequence of events that take place to define the subgenre: "Mood memoirs often include an early denial of the illness and then an awakening, followed by the confession of the illness to others and the seeking of treatment, and treatment failures followed by a final success" (Pryal 490). Such generic prescriptions for these memoirs are ultimately reductive.

As this project will demonstrate, Ikpi and Kaysen alike do not see their mental illness as a gift, refuse use of the medicalized language that seeks to describe them, and do not adhere to the linear narrative that dictates the movement of the "mood memoir." Most problematic, and least applicable for Kaysen and Ikpi, is the notion of "success" in treatment which echoes a rhetoric of overcoming that scholars like Clare and Hitt would protest. However, Pryal is right that narratology and genre theory are useful tools for understanding the rhetorical power of such memoirs.

(Re)Constructing Self: Narrative Performativity and Authenticity in Memoir

Turning to autobiography experts Sidonie Smith's & Julia Watson's conceptualization of "narrative performativity", we can discern a methodology for understanding *how* Ikpi and Kaysen narrate their respective experiences (Smith & Watson 262). In this theory, the identity of the author and the memoir narrator bleed together during the act of autobiographical writing, becoming a vehicle for reinvention:

> After all, the narrator is both the same and not the same as the autobiographer, and the narrator is both the same and not the same as the subject of narration. Moreover, there are many stories to be told and many different and divergent storytelling occasions that call for and forth contextually-marked and sometimes radically divergent narratives of identity. In each instance, then, narrative performativity constitutes interiority. That is, the interiority or self that is said to be prior to the autobiographical expression or reflection is an effect of autobiographical storytelling (262).

In essence, a new character in the narrator of the memoir is created who simultaneously *is* the memoirist as they lived an experience and is a construction shaped through storying memories that are inherently "fragmentary [in] nature" (262). This is due to the theory that "self is not a documentary repository of all experiential history" but rather an identity that emerges "from the loss to consciousness of fragments of experiential history" (262). Thus, the contingency of memory partially unsettles the myth that the memoirist who narrates mental illness is an unreliable narrator; according to Smith and Watson, any life writer inhabits the position of unreliable narrator. However, the factor of stigma as a "rhetorically disabling" force is why narrators like Ikpi and Kaysen "invite us to suspect her honesty as a narrator in order to reinforce her authenticity and sincerity" (Buss 41).

Helen Buss explains the apparent paradox of authenticity emerging from "de-authorizing" narrative voice in memoirs that story mental illness through a case study of three memoirs by the same author, Lauren Slater (41). Slater informs her reader up front that "[she] exaggerates" in her aptly titled memoir *Lying: A Metaphorical Memoir*, which destabilizes clarity around when she is "merely exaggerating" or when she is lying (Buss 41). Buss asserts

Slater chooses this intentional de-authorization of narrative voice because she has "suffered from several psychiatric complaints" and because Slater is also a psychologist, understands that stigma undermines her authority; admitting this creates authenticity for the reader. Ikpi de-authorizes her narrative voice in a similar means by titling her memoir "I'm Telling the Truth, But I'm Lying" and overtly framing herself as a liar, confessing: "It's difficult to distinguish which lies…I told to close the gaps in my brain and which were told to me to silence my questions" (Ikpi 51). Ikpi lies to herself and has been lied to, creating fissures in her memory and apparent inaccuracies. Kaysen's tact is different. She doesn't originally de-authorize her narrative voice, but she suggests its unreliability in a new foreword written for the thirtieth-anniversary edition of *Girl, Interrupted*, stating plainly, "I left a lot out" (xi). By telling their readers details, time, and events have either been excluded or are inaccurate to past reality, Kaysen and Ikpi establish their authenticity, more accurately depicting accounts of mental illness.

Following the thread of Smith and Watson's narrative performativity, the narrative voice Kaysen and Ikpi create becomes a reinvention of their selves who endured the traumatic periods taken up in their memoirs. This narrative transformation aligns with the cultural shift Helen Buss asserts has emerged from a desire for narratives that express "the human subject as survivor" rather than as cured (Buss 42). According to Buss, an essential trope in this "survivor's authorization" is "reinventions in serial form" (42). Through the memoir genre, an author has the ability to create a parallel experience between continual reconfigurations for their survival to the "series of autobiographical performances" created through their writing (42). Essentially, the necessary adjustments a memoirist must make in order to acclimate to life with a mental illness can most accurately be conveyed through akin reinventions allotted by the memoir genre.

Important to this reinvention is resistance to closure because, as Ikpi states, “I and other people who experience this can’t just close the book and come back to it later” (Ikpi for Haller). For these memoirists, the trauma of the events within their stories does not cease to exist because the narrative of the book reaches an end. Hillary Clark suggests that “hedg[ing] on closure” is a trauma response related to mental distress that culminates in hospitalization: “[E]ach presents her time in a psychiatric hospital as an inevitable consequence of the way her illness and her life were developing, yet also as a major disruption in her life—a traumatic hole she fell into, whose meaning she cannot completely discern” (Clark 46). This “traumatic hole” can also include episodes of severe distress that arise with symptoms of mental illness. The act of storying this trauma helps memoirists reclaim authority over this lost time.

Despite the evident value of life writing as a means to understand and reconcile mental illness, little work has been done in the field of the rhetoric of health and medicine focalizing memoirs as the primary data object. In the *Rhetoric of Health and Medicine* journal, which claims to be a “dwelling place for work in the area”, there is a notable lack of attention to memoir (Molloy et al. iv). The journal was established in only 2018 and of the existing issues, one is a special edition featuring mental health as the primary topic. In this special issue, published in 2020, one article features an archival project on women-written memoirs accounting the horrors of nineteenth-century insane asylums. While this is a fascinating and vital project engaging with early memoirs, it is the only one thus far published in the journal, and in no way is a contemporary memoir engaged. Yet, the journal — and by extension the field — acknowledge that “narrative potentially provide[s] valuable evidence” (Scott et al. 279). There is room for contemporary memoirs in the field and it is important to center first-hand accounts of narratives by women from a range of eras and intersectional positionalities. Stories of mental illness are

important for writers and readers alike as mental health advocacy, a project more urgent than ever as one in five adults in the U.S. experience mental illness each year (NAMI).

Centralizing Memoirs in the Rhetoric of Health and Medicine

To further explore how women's memoirs about mental illness both criticize the medical-industrial complex and humanize experiences of mental illness, this project investigates the writing of two women narrating their experiences decades apart from vastly different positionalities yet in reminiscent ways. Kaysen's positionality is that of the prototypical white "mad woman" from an affluent family, a character synonymous with the insane asylum of history. As such, her memoir fits into the canon of antipsychiatry and mental health discourse. Ikpi's *I'm Telling the Truth, But I'm Lying* comes twenty-six years after *Girl, Interrupted* was first published. Ikpi, whose identity exists at the intersections of Nigerian, American Immigrant, and Black female prior to her diagnosis of bipolar II, which further marginalizes her, offers representation of Black mental health within this discourse. The tension between lived mental illness and social influences upon madness that Ussher posits is depicted in Kaysen's and Ikpi's narratives through notions of normalcy and diagnostic treatment that are informed by their unique positionalities.

Kaysen has seen mass media popularity with *Girl, Interrupted*, a raw account depicted through vignettes that create a picture of her institutionalized at eighteen years old at the infamous McLean Hospital[5]. Having since been shut down, McLean was a stereotypical insane asylum, or "loony bin" as Kaysen frequently calls it, where she would unwittingly reside from April 27, 1967, to October 4, 1968. Patients were subject to "treatments" such as electro-

[5] In addition to Kaysen, McLean also housed famous patients such as Sylvia Plath and John Forbes Nash (the man who inspired *A Beautiful Mind)* while it was operating (Coleborn).

convulsive therapy, hydrotherapy, and forced isolation, to name examples Kaysen recalls. Through her memoir, Kaysen exposes the realities of this kind of institution, a place that "stripped [them] down to the bare bones of [them]selves" and "was as much a refuge as it was a prison" (94). She creates vivid portraits of the girls she shared her time with at McLean and recalls both the monotony of their day-to-day in the ward and the traumatic episodes she witnessed. Kaysen does not expound on her life prior to or following McLean, beyond brief peripheral mentions. The subject of her narrative is squarely within the time frame of her institutionalization — the time that interrupted her life.

In contrast, Bassey Ikpi recounts snapshots of her life from childhood to adulthood as a series of essays in *I'm Telling the Truth but I'm Lying*, many of which are concerned primarily with her declining mental health. As such, *I'm Telling* doesn't tell a centralized narrative — Ikpi is always the subject of the narrative and she takes her reader into snippets of memory recollected across her life. The beginning essays are set in Nigeria, presented as fragments of what Ikpi recalls, mostly in relation to family members. The bulk of the essays are set in Ikpi's young adulthood in Brooklyn, primarily when she was touring with *Def Jam Poetry* as a performer. Key to Ikpi's memoir is that it is missing chunks of time and there is not a consistent sense of temporality. Because Ikpi is the focal subject in this memoir, a central theme emerges through her troubled interiority as her mental distress escalates throughout a period in her 20s. The culmination of these episodes of mental illness is Ikpi's hospitalization, after which her narrative contains only three more essays before ending.

Though a *New York Times Best Seller, I'm Telling* has not so far seen the same critical engagement that *Girl, Interrupted* has. While a factor in this is simply time since publication, this is also a reflection of the lack of rhetorical engagement with memoirs as a genre and a lack of

engagement with BIPOC accounts of mental illness. As such, comparing these narratives from the differing positionalities of each author is essential so as to best listen to them. Kaysen is writing to expose institutionalization for maltreatment and sexism while Ikpi writes her story to counter the lack of representation of black women suffering from mental illness. Thus, *Girl, Interrupted* and *I'm Telling* can be understood as the product and emblem of mental health advocacy for different ages. *Girl, Interrupted* fits neatly into the late 20th-century mental health reformation as a piece of activism, and *I'm Telling* contributes to the early 21st-century movement in mental health advocacy by creating a memoir representative of mental illness and intersectional struggles within it.

I will analyze three common components that emerge when viewing these memoirs rhetorically — narrative voice, medical critique, and unresolved ending. Exploring the narrative voice each author constructs from their differing positionalities is telling of how this voice shapes their message of activism/advocacy. This voice shows up in varied stylistic modes, with Ikpi's apparent through pronoun use for the narration of each essay. In different moments, Ikpi narrates from first, second, and third person, with each choice positioning both Ikpi in the reader in different relations to her mental state. In Kaysen's, who narrates consistently in first person, this appears in the subject of each chapter, conveyed through clever titles. The effect is the same; the focal subject of a given chapter places Kaysen at varied distance/proximity to McLean, the other girls on her ward, and mental illness. While both memoirists' narrative voices in part respond to the medical-industrial complex, both Kaysen and Ikpi offer further critique within the accounts of their experiences with doctors/experts, diagnosis, and subsequent treatment. In both cases, a pivotal part of their treatment is their hospitalization. Despite the variations in the medical treatment received once admitted, both women found they had lost their voices and

agency amidst medical authority. Rather than ending their stories of mental illness with release from the hospital and a sense of cure, their stories create gaps of time after they are released, with the final chapters at a vague remove from this episode. Instead of seeking closure and answers, their stories cease. Exploring why these memoirs end without neat resolution reveals the advocacy these memoirists achieve through their narratives.

Chapter two of this thesis will focus on analyzing the roles of Susanna Kaysen's Narrator throughout *Girl, Interrupted* as a researcher of mental illness, a critic of the medical-industrial complex, and an advocate for mental health reform. Her narrative is representative of Ussher's thesis that women's madness is "both" and "neither" misogyny nor mental illness, as this chapter will demonstrate. Chapter three provides a close reading of Bassey Ikpi's narrative shaping in *I'm Telling the Truth, But I'm Lying* as a mode of survival and authorizing her lived experience of mental illness. Her alternating narrative perspectives invite the reader into her psyche, humanizing mental illness and advocating for awareness of mental health. Chapter four brings these two memoirs together to discuss their advocacy as narratives written decades apart that are strikingly alike in how they humanize mental illness and criticize the medicalization of their lived experiences as women.

CHAPTER 2

MENTALLY ILL IN A MAD WORLD: ANALYZING THE ROLES OF SUSANNA KAYSEN'S NARRATOR IN *GIRL, INTERRUPTED*

> "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."
>
> —Susanna Kaysen, *Girl, Interrupted* 5

Susanna Kaysen doesn't share why she saw a doctor on April 27, 1967, the last day she would know life without the shadow of McLean Hospital looming over her. All she recalls of the assessment is that she had a pimple that was bothering her, so the doctor noted she was "picking at her skin" and he asked if she had a boyfriend who she was "having trouble with" (7). Then, abruptly, he "announces" that she "need[s] a rest" to which she agrees because she is tired (7). As she tells it, it was a matter of twenty minutes for this new doctor to determine she should be admitted to McLean for a "rest" that she was told would last only a brief time, not consume nearly two years of her early adulthood. It would not be until decades later that she learns she was diagnosed that day with "borderline personality disorder."

Interspersed throughout her vignettes are copies of the records from her case file that tell a story of their own alongside the select narrative snippets of her admission to McLean. The notes for the doctor's referral to McLean are telling of the culture-bound suffering Ussher's

study emphasizes; women who fail to adhere to the normative confines of patriarchal society are deemed mad. In a box that states, "reason for referral" on her admission papers is a note that reads "increasing patternless of life, promiscuous, might kill self or get pregnant" (Kaysen 11). When the page is turned, another file lists four items that the "decision was based on" the first amongst them being: "The chaotic unplanned life of the patient at present" (13). When laid out together, the reasoning for admission is chiefly that eighteen-year-old Kaysen didn't have direction in her life, was dating around, and these factors would result in either her attempted suicide or pregnancy which are somehow equivalent risks.

The reality of what Kaysen said or did not say to the experts that led them to these conclusions about her life are moot; what matters is the moralizing narrative that is created about Kaysen's person through these notes. Care for Kaysen's wellbeing is shirked by judgment of her actions in the language presented in these files. Thus, sending Kaysen to McLean, while disguised as an intervention for "profound depress[ion]", is a power play to maintain social control over a young woman who transgresses the model of 1960s womanhood. This isn't to say Kaysen was not suffering; by her own admission, she was suicidal amongst other troubles. However, a truth unfolds throughout the story of her experiences with mental illness alongside treatment endured at McLean that her "madness" was related to social constraints and expectations of womanhood.

A Study of Her Own: Susanna Kaysen's Purpose for Writing *Girl, Interrupted*

> "Often, [readers] thank me for my courage. Under the mistaken impression that I hadn't written about myself, I always told these people that I wasn't brave and that courage hadn't been involved in it.
>
> But they knew better than I did."

—Susanna Kaysen, *Girl, Interrupted* xii

Susanna Kaysen wrote her best-selling memoir *Girl, Interrupted* as a series of vignettes from a "place of rage" (Kaysen with Weir). The vignettes began while Kaysen was working on a novel about a research anthropologist, leading her to want to conduct her own version of a "village study[6]" about the nearly two years she spent institutionalized at the infamous McLean Hospital: "It came to me one day in the midst of working on that novel that I had lived in another small, self-contained place and had observed its alignments and hierarchies, its customs and special language" (Kaysen xi). At forty-five, the age Kaysen was when she first published *Girl, Interrupted,* she couldn't have anticipated the commercial success of her story, which was adapted into an award-winning 1999 film starring Winona Ryder and Angelina Jolie and has sold millions of copies to date. The year 2023 saw *Girl, Interrupted's* thirtieth anniversary and with it, Kaysen reflected on this chapter in her life once again both through interviews and a revealing new foreword in the Vintage Books anniversary edition.

This brief new introduction offers Kaysen's retrospective insight that *Girl, Interrupted* was "written under a delusion" as she believed she could maintain her removed "anthropological stance" while recollecting this period of her life (xii). Even once *Girl, Interrupted* was released, Kaysen remained in denial that she had written about herself, something Kaysen admonishes herself for believing: "I didn't want to write about myself. Ridiculous! Who could write a memoir without writing about herself" (xi). Kaysen's initial rejection that *Girl, Interrupted* was a memoir with *her* as the subject, rather than a story about the girls on her ward who are featured

[6] Not only was the character in her novel *Far Afield* (1990) conducting a village study, so too was her (ex)husband whom she felt the need to compete with and to "wrest [her] story out from under his story, which had brought him degrees and certifications [she] could never achieve" (xi).

prominently, alludes to the trauma surrounding her institutionalization. By Kaysen's own admission "a lot [is] left out" because she "didn't want to describe the events that had taken [her] to the hospital…or admit to the terror [she] felt when all of a sudden [she] was locked into an institution on a spring day" (xii). Understanding that even decades after residing in McLean Kaysen still struggled to contend with the fact that institutionalization had happened to her is essential to understanding the choices made to construct her narrator. Moreover, the act of writing this memoir is a way of healing trauma by reclaiming authority of a time once wholly beyond her agency.

Girl, Interrupted has been met with vast praise and scholarly engagement alike since its 1993 release, seen by many as a "1990s feminist critique of 1960s psychiatry" (Augustine 48). The release of the film adaptation starring Winona Ryder and Angelina Jolie, who won an Oscar for best supporting actress for the film, is attributed by many scholars as launching Kaysen's story into the mainstream. As such, *Girl, Interrupted* has been taken up extensively by film scholars who study themes of mental illness, coming of age, and the depiction of an American insane asylum most commonly. Yet, as Nora Augustine determines in a literature review of scholarship that takes up *Girl, Interrupted*, while mentioned widely across disciplines, most often as a "source of patient-centered insights into mental health care", the memoir has not seen many in-depth studies that use it as a primary data object (Augustine 52). According to Augustine, the themes most widely explored in scholarship that engage the memoir are the "line between sanity and insanity" and its "feminist significance" (55). Augustine herself engages with the memoir to explore the "tortured artist" trope through Kaysen's narrative persona.

While I am also exploring the narrative persona Kaysen constructs, there is not a specific trope I seek to ascribe her voice to. Rather, I explore how Kaysen's positionality as a self-

proclaimed researcher revisiting her memories of McLean influences the narrator she constructs. This keenly aware narrative voice creates her ethos as the expert of her experience who is authorized to critique the medical-industrial complex. By exposing the reality of a 1960s asylum — from the day-to-day monotony to the total loss of freedom and privacy and invasive psychiatric treatments — Kaysen's narrator becomes a powerful critic of a system that traumatized her. Simultaneously, the act of storying this traumatic time period of her life enables Kaysen to reconstruct her eighteen-year-old self as a survivor in her narrative and reclaim agency over the period that interrupted her foray into adulthood.

Researcher, Observer, Survivor: Kaysen's Narrator

> "…I knew I wasn't mad and that they wouldn't keep me there, locked up in a loony bin."
>
> — Susanna Kaysen, *Girl, Interrupted* 42

One of the most striking aspects of *Girl, Interrupted* is how self-aware Kaysen's narrative persona is, especially in light of her confession that she denied she had written about herself. Smith and Watson's theory of narrative performativity is pertinent for understanding how Kaysen can come across as a self-aware narrator who is undoubtedly writing about herself while denying she is the subject of her narrative. The act of writing about one's life "begins with amnesia, and once begun, the fragmentary nature of subjectivity intrudes" (Smith and Watson 262). Due to subjectivity and the inherent fallacy of memory, "the narrator is both the same and not the same as the autobiographer, and the narrator is both the same and not the same as the subject of narration" (Smith and Watson 262). Kaysen, then, is not entirely "delusional" for believing at the time of writing her vignettes that she was not "writing about herself" (Kaysen xiii).

The narrator she constructs is at once within the narrative, (re)living the episodes described of life amongst the other "mad" girls at McLean, and outside of it, speaking of those who populate McLean, their treatment, and mental illness with a knowing retrospect only possible with the passage of time. Like her narrator, Kaysen was acutely aware of how she may be perceived: "How can I be not too hubristic, not too crazy, not too sure of myself, not too acerbic, not too sympathetic, not too unsympathetic? The worry I had was: I don't want to put people off too much and I don't want people to think too badly of me" (Kaysen with Johnson 102). Kaysen's self-awareness keeps central her lived experience and turns her into the expert of her narrative, a narrative she simultaneously recounts as traumatic and reinvents to better clarify mental illness as it impacted her life.

The primary way that Kaysen separates herself from the narrative she recollects of McLean is through an extended metaphor of a "parallel world" that refers both to McLean itself and to "madness." According to her, there are "so many" of "these worlds [that] exist alongside this world and resemble it, but are not in it" and these parallel worlds are "easy" to slide into (5). Kaysen describes the book as becoming a "closed universe" she existed within while writing, as though she had to re-enter the parallel world in order to "shape the memories she was drenched in into a narrative" (Kaysen with Johnson). Describing the writing process this way echoes that of Smith and Watson's narrative performativity; she was both within and beyond this parallel world as she reconstructed it through writing. The acknowledgment up front that she "slipped into a parallel universe" establishes her credibility to speak on this alternate experience of which she consistently demonstrates she is extensively knowledgeable of (5). She does this in the first chapter of the memoir, titled "Toward a Topography of a Parallel Universe," a title which situates her as a researcher who is mapping out a way to understand what this universe is like for

her reader. It is equally important for Kaysen to clarify for the reader her lived experience of being a suffering eighteen-year-old as it is to document the reality of a mental institution in the 60s.

By constructing the parallel world that is the setting of *Girl, Interrupted* Kaysen gains total control over the narrative through what Buss refers to as "survivor's authorization" which "reflects the contingency of a subjectivity more typical of our cultural times" (Buss 42). Writing during the antipsychiatry movement of the late 20th century described by Ussher played into Kaysen's decision to frame her narrative as taking place within a parallel world. Kaysen says she "realized if this memoir was going to succeed, it would have to get across the whole notion of anyone being able to slip in a parallel universe" (Kaysen with Johnson 102). She knew at the time of writing *Girl, Interrupted* there was a growing conversation around mental health yet there was still stigma; she knew she needed to humanize the stereotype of madness. By bringing this experience within closer proximity to the reader, she becomes an early advocate in the contemporary movement of mental health/illness awareness.

In the early 90s, even though long-term hospitalization like what Kaysen was subject to was going away as the commonplace treatment for mental illness, "the psychiatrist still holds the purse strings and thus the power" (Ussher 121). As such, Kaysen's memoir was not only ground-breaking in its time for pulling the curtain back on the mysteries of the insane asylum, it also responded directly to the growing antipsychiatry movement of the 90s. Her critique of reductionist theories of mental illness reflected the "battlefield" Ussher describes as the state of 20th-century psychology where "all the players are…fighting for the right to pronounce on madness" and have their singular theory be the predominant course of understanding *all* madness (122). As Ussher states, women's madness "cannot be encapsulated within one explanation", an

argument echoed throughout Kaysen's memoir as she narrates both her and the girls' experiences with mental illness (Ussher 306). Through her narration, it becomes clear that institutionalization and mental illness — this parallel world — is something Kaysen survived.

Measuring Madness: Keepers and Companions within McLean

> "What were we, that they could know us so quickly and so well?"
>
> — Susanna Kaysen, *Girl, Interrupted* 124

Central to her narrator's role as a researcher of McLean is her insightful characterizations of the girls on her ward and the staff of McLean, their "keepers" as she refers to them (Kaysen 83). It is not clear exactly how many girls were in Kaysen's ward as the number shifts over time, with girls coming and going during the nearly two years she spent there. Three girls, Lisa, Polly, and Georgina, feature prominently throughout her story, all of whom are white[7], around her age, and from affluent families. In an interview for its thirtieth anniversary, Kaysen mentions that the people featured in her book are characters and not exact to reality: "I did try to blur people a little bit, mix them up" (Kaysen with Weir). This protects the privacy of those populating her narrative but also allows Kaysen to shape the criticism of psychiatric treatment, and institutionalization, and discuss mental illness in a controlled manner.

Much of Kaysen's narrative is told in relation to others; she understands her madness relative to the girls on the ward and their keepers and sees how she doesn't fit society relative to other women. Early on, Kaysen states that she and her roommate, Georgina, were "considered the healthiest" among the girls in their ward, setting her apart from the others (23). One of the "preconditions" for admission to McLean was "feeling alienated from people and unlike other

[7] Kaysen does not say what the girls' racial identities are, however, the implication is that they are all from the same race and class to be at McLean in this time period. The actresses in the film are also all white women.

people" (41). Despite being considered the healthiest, Kaysen's vague diagnosis of a "character disorder" was entirely different from the diagnoses of the other girls, and was not further expounded, leaving her feeling alienated even in a supposed asylum. Kaysen shared her ward with girls diagnosed with conditions such as schizophrenia, sociopathology, and depression, yet *her* label was the one that felt "ominous" to her because of how abstract it was compared to the others (59). She also measures her "madness" in comparison to the student nurses who intern at McLean for short bursts of time. It is the student nurses, rather than the full-time staff, who Kaysen compares her life to because she sees herself as a parallel version of these women: "They were living out lives we might have been living, if we hadn't been occupied with being mental patients" (91). Where the other girls on the ward embodied a reference for madness for Kaysen, these nurses embodied "normalcy" (91). In either case, Kaysen doesn't quite fit the two extreme categories of being that she sees as possible for her at eighteen. Thus, she exists in her narrative in a liminality between these two polarities, observing both and claiming neither.

The chapters that introduce the primarily featured girls center around a core lesson Kaysen learns from each of them about human suffering; her reflections on the girls' madness bolster her role as an expert within her narrative. In the chapter "Fire," Kaysen first introduces us to Polly, a "girl [who] had set herself on fire" before she was old enough to drive, yet she is described as "never unhappy" (16). Kaysen and the other girls admire Polly for her "courage" to have "burned all [the hellishness of life] out of her"; she becomes a misguided symbol of a sort of cure for the girls (18). One day, this fantasy is shattered when Polly inexplicably breaks down, screaming about her scarred face: "And then I think we all realized what fools we'd been. We might get out sometime, but she was locked up forever in that body" (19). As this is also the reader's foray into life at McLean following her admittance, it's clear that Kaysen wants to

establish early on that suffering is never what it seems. Moreover, the reality Polly faces that she has to live with her burn scars alludes to Kaysen confronting the reality that she has to live with the scar of this time in a parallel world.

Where Polly represents for Kaysen how trauma freezes a person in time, Lisa represents inhibition, embodying unbridled resistance to the norms and rules of society and McLean alike. Introduced in a chapter titled, "Freedom," the first thing Kaysen tells us about her is that "Lisa has run away again" and that she "can't think of her without smiling" (20). Throughout her stories of McLean, Lisa is the one to consistently wreak the most havoc on the ward, breaking rules and frequently finding herself further restricted and heavily medicated as punishment for her transgressions. These episodes are not presented as "madness" by Kaysen, rather they are Lisa's response to being "locked up in this place" (80). An example of this is in "Security Screen" where Lisa persistently yells about needing her window opened, which was an onerous process for the nurses; after much arguing when it is finally opened, she leaves the room. She tells the nurse, "Hey, man, it passes the time" as her rationale for the episode (82). While arguing with the nurse, Lisa quips, "I'd just like to see how you'd manage this place, never going outside, never even *breathing* fresh air" (80). While this quote characterizes Lisa as rational for acting out, this is also a way Kaysen speaks through her character to posit a critique of institutionalization without having to directly make such a brazen argument. Lisa, whose "wild eyes had seen freedom", can act out Kaysen's abhorrence for the medical-industrial complex and societal dominion so that her narrator can maintain the level-headed control needed to be both a critic and researcher (20).

Beyond the "parallel world" occupied by her narrative, Kaysen struggles with measuring herself against others and contends with the "mark of madness" left by McLean in the chapter

"Stigmatography." Kaysen is treated like someone with a contagion whenever potential employers and anyone else learns that she spent almost two years at McLean, a response she sympathizes with: "People got scared. I can understand that…It doesn't matter that you can't actually catch lunacy or cancer. It's creepy. It is scary" (Kaysen with Weir). Because of her liminality within her narrative, toeing the line between a "mad" patient and a "sound" narrator, she understands the stigma and (irrational) fear that surrounds mental illness. The negative response from others led Kaysen to stop disclosing this aspect of her life, and she reinvented herself by cutting off that piece of her history for a time: "The longer I didn't say anything about it, the farther away it got, until the me who had been in the hospital was a tiny blur and the me who didn't talk about it was big and strong and busy" (Kaysen 125). This explains why Kaysen felt removed from her narrative as well and why it was necessary for her narrator to be a researcher instead of just the patient confined within McLean; it keeps her narrative persona "big, strong, and busy" with the task of accounting life at McLean, criticizing the institution that once silenced her, and conceptualizing mental illness through her experiences.

"My self-image was not unstable": Mentally Ill in a Mad World

> "My self-image was not unstable. I saw myself, quite correctly, as unfit for the educational and social systems."
>
> —Susanna Kaysen, *Girl, Interrupted* (155)

Kaysen does not seek to prove nor disprove the fact of her experience with mental illness[8], rather she explores it as a researcher who conceptualizes what occurs within the

[8] Referring to her mental illness is not referring to her diagnosis, which she does seek to deconstruct and call into questioning as will later be discussed. The mental illness is the set of symptoms she experienced which caused her distress.

bodymind and how this mental distress can arise from external factors. While describing her mental illness, even amidst episodes where she experiences psychological distress, Kaysen's narrator maintains awareness of what is happening and more profoundly, *why* she is in distress. Whether or not Kaysen possessed this awareness when these episodes actually played out at eighteen, this awareness given to her narrative persona is a strong rhetorical power. She can explain her interiority in these moments which humanizes and destigmatizes mental illness, while also compelling her reader to see the role that societal norms and control played in her madness. This shows that she was truly in distress and how her awareness that she was perceived as failing to adhere to the expected life of a young woman in her social context was feeding into that distress.

A prior suicide attempt sometime before McLean provides an early indication that Kaysen understood how the limitations the world imposed on her as a woman who didn't want to marry, start a family, or continue her education contributed to her symptoms of mental illness. Kaysen describes suicidality as an intrusive thought, a question that "once posed, won't go away" triggering a "debate that was wearing [her] out" and implies she took fifty aspirin one day "simply to stop the debate" (36). Regretting what she had done, Kaysen called her boyfriend to tell him and then walked several blocks to the A&P where she passed out at the meat counter. After receiving medical treatment, Kaysen describes herself as "airier than [she] had been in years" following the attempt: "I wasn't dead, yet something was dead. Perhaps I'd managed my peculiar objective of partial suicide" (38). Yet, the final lines of this chapter, titled "My Suicide", reveal that "all the unhappiness [she] contained" was only temporarily silenced:

> The only odd thing was that suddenly I was a vegetarian. I associated meat with suicide, because of passing out at the meat counter. But I knew there was more to it.

> The meat was bruised, bleeding, and imprisoned in a tight wrapping. And, though I had a six-month respite from thinking about it, so was I (Kaysen 38).

The visceral image of the packaged meat that Kaysen identifies with underscores that the constrictions of her world were at the root of her suffering. She's only "airier" when she isn't occupied with facing this narrow reality. Moreover, the metaphor of the packaged meat alludes to the misogynistic idea that women's only value is for their bodies. This is an image countless women can identify with; even just this one descriptive image precisely communicates to her audience how oppressive the world is for a woman in her context.

The symptom of mental illness that Kaysen expounds upon the most are struggles with perception of herself, others, and her environment. These "preconditions" for her admittance juxtapose each other; while she sees too much meaning in inanimate objects, namely in patterns such as the tile of a floor, she finds too little meaning in people's faces, which she could only process as disconnected parts (41). Yet, we understand from Kaysen that these alternative perceptions were not issues themselves; her awareness of them was causing her the distress:

> It was my misfortune — or salvation — to be at all times perfectly conscious of my misperceptions of reality…And this was the main precondition, that anything might be something else. Once I'd accepted that, it followed that I might be mad, or that someone might *think* me mad. How could I say for certain that I wasn't, if I couldn't say for certain that a curtain wasn't a mountain range? I have to admit, though, that I knew I wasn't mad (41-2, emphasis mine).

Kaysen's admission that she knew she wasn't mad reiterates her self-awareness while also pointing towards the root of Kaysen's real issue: the world she had to exist within as a directionless young woman in the sixties, a context that didn't offer many options to women.

Kaysen was aware that the reason she couldn't make meaning out of people's faces was because she was "projecting [her] discomfort [with herself] onto them" (41). She recalls this feeling of unlikeness in an interview thirty years after having first written her story: "I was just so completely off the map of what everybody else was doing" (with Weir). Kaysen, who only ever wanted to be a writer, struggled to yield to a traditional career and trajectory, which caused her to question her mental state: "I was the only person who had trouble with the rules. Everybody else just accepted them. Was this a mark of my madness?... Was I crazy or was I right? In 1967, this was a hard question to answer" (132). Kaysen's questioning here suggests that the world she lived within was a crazy-making place, an idea further solidified when Kaysen shares what she believed to be the real precondition that led her to McLean.

For Kaysen, the precondition that "tipped the balance" was the "state of contrariety" she couldn't cease being in at eighteen which led her to punish and abuse her bodymind by way of clinging to shreds of autonomy (42). Kaysen couldn't control the context she was made to exist within so she negated it in every way she possibly could: "When I was supposed to be awake, I was asleep; when I was supposed to speak, I was silent…My hunger, my thirst, my loneliness and boredom and fear were all weapons aimed at my enemy, the world" (42). Kaysen goes on to say that denying herself was "torment" and yet "[she] got a gruesome satisfaction from [her] sufferings" (42). Therefore, it can be understood that Kaysen's self-punishment was a way to claim autonomy in a world that left her feeling "adrift" (xi). Further, the denial of her bodymind's most basic needs became proof for Kaysen of her existence (42). Ironically, the biggest "No" to the world that Kaysen could give was to be institutionalized: "Perverse reasoning. But back of that perversity, I knew I wasn't mad and that they wouldn't keep me there, locked up in a loony bin" (42). Ending the discussion of her preconditions this way, when

we know by virtue of her memoir that she remained "locked up" for nearly two years, suggests that Kaysen found herself to be a victim of the system she was fighting to reject.

Kaysen confirms that it was her contrariety, the refusal to conform, that sent her to McLean more so than the self-harm she was enacting as part of this contrarian state. It is laid plain in her records: "The chaotic unplanned life" she was determined to be leading is the chief reason the doctor she saw referred her to McLean (Kaysen 13). Further evidence is presented by Kaysen when she indicates that a marriage proposal is the primary reason she was released: "Luckily, I got a marriage proposal and they let me out. In 1968, everybody could understand a marriage proposal" (133). It didn't matter that Kaysen "wasn't completely sure" about the marriage, which would end in divorce because she ultimately "want[ed] to be going on alone to [her] future" (136). All that mattered was that she would be fulfilling the most vital role of the patriarchy: becoming a wife. The feminist critics in Ussher's synthesis argue that this was the real objective of institutionalization: "Madness (aberrant femininity) is replaced by acquiescence (acceptable femininity)" (Ussher 175). Moreover, her aspiration to be a writer, a position she maintained throughout her time at McLean, was consistently shut down by her case worker when discussing her career options. However, once she got the proposal, her career plans became irrelevant for everyone but her. She says little about her marriage but it is implied she traded one form of confinement for another.

Kaysen does include one episode of a "breakdown" she experiences at McLean due to her struggles with perception and depersonalization, it is the one instance in *Girl, Interrupted* of "mad" behavior from her. In "Bare Bones", Kaysen shifts from observer and researcher to a patient squarely within the unending monotony of a day at McLean. For much of the chapter, Kaysen is preoccupied with the tension between McLean as a "refuge" that provided a "strange

freedom" due to the total absence of responsibility in their lives and the simultaneous unease of being "absent" from the world (94). Set off by one of the girls getting released, Kaysen struggles with the reality of her parallel world. She is acutely aware that McLean was sheltering her from "a world [she] didn't know how to live in anymore" while also precluding her from her life (95). Her unease grows after the girl's departure, with the day-to-day routine described in choppy prose that creates a sense of sloughing through the routine: "It didn't matter where we were; every place was the wrong place…Every room was echoey and big and empty. And there was just nothing to do. Lunch came: tune melt. Who wanted it? We hated tuna melt" (101). Having created a sense of utter boredom and despair for her situation, Kaysen turns her attention to her hand with nothing better to do.

She begins vividly describing what her hand looks like, noticing that her palm "looked like a monkey's palm" if her fingers were relaxed (101). Disturbed, she turns her hand over, palm-down, where she notices the bulging of her veins. As she pokes at her hand, she loses the distinction between bone, vein, and tendon — a parallel to how she experiences faces as disjointed parts. Throughout this episode, worry mounts that there are no bones in her hand, which would literally alienate her bodymind from the others. The culmination of this concern is that she bites down on her hand until she draws blood, causing the other girls to notice she is hurting herself. Despite the girls telling her everyone has bones repeatedly, she can't stop the thought that she might not have bones; her mind is alienating her from her body because she feels alienated from the world. At the utterance of the words "I'm not safe" from Kaysen, a nurse gives her Thorazine, literally taking her to the floor and stopping the episode. As she loses consciousness, she thinks to herself: "What I meant was that now I was safe, now I was really

crazy, and nobody could take me out of there" (104). This reveals what Kaysen has understood as the crux of her issue the entire time: the world she has to live in is at the root of her suffering.

While Kaysen points to the external factors that contribute to her suffering, she never claims that mental illness is wholly a construction nor that it is *only* attributed to social issues. Similar to Ussher, she shows an understanding that the distress women experience is real and that there are "many routes to madness" for women, from biological aspects to traditional feminine roles and a myriad of other factors (Ussher 288). In *Girl, Interrupted* she seizes the opportunity presented through the narrative form to "research" explanations for mental illness within her vignettes.

Conceptualizing Madness: Kaysen as Theorist and Advocate

> "An observer can't tell if a person is silent and still because inner life has stalled or because inner life is transfixingly busy."
>
> — Susanna Kaysen, *Girl, Interrupted* 77

By no means does Kaysen assume the role of an expert, nor does she back her theories about mental illness with actual research. Instead, she relies on her lived experience with mental illness and observations of the others at McLean as her evidence, laying the groundwork for her pseudo-study. She also doesn't share much of what her lived experience was, focusing instead on detached explorations of what occurs within a mentally ill bodymind at the levels of bodily function and perception. Yet, it is clear that her explanations of mental illness are drawn from her lived experience. Leaving out the details of her experience is why Kaysen believes that her "little book" resonated with so many readers: "There was enough blank space in it for people to insert themselves" (Kaysen with Weir; Kaysen xii). This widespread identification with her story

makes how she narrates mental illness in her memoir a powerful form of mental health advocacy; she articulates the lived experience in recognizable language.

Kaysen becomes a theorist in her own right in the chapters titled "Velocity vs. Viscosity" and "Mind vs. Brain." The former refers to the two ways that mental illness can alter experience within the bodymind by either making it "slow" or "fast" while the latter is a cleverly layered criticism of the opposing schools of thought in psychiatry that impact treatment. In both of these chapters, the narrative persona Kaysen has developed as a keenly aware observer sets her up as a credible theorist of sorts who can conceptualize mental illness with an authority not otherwise permitted to her outside the context of her memoir.

In "Velocity vs. Viscosity," Kaysen affirms her status as a researcher within her narrative while simultaneously advocating for mental health awareness by breaking down the lived experience of mental illness into simple examples and terms. Ahead of her time, Kaysen demonstrates an understanding of the bodymind link in suffering that disability activists like Price and Clare emphasize. Kaysen explains that "both varieties of insanity occur on a cellular level" (75). For the slow variety, everything turns too "thick": time "drip[s] slowly through the clogged filter of thickened perception" and the physical body has slowed function like a "sluggish pulse" and "diminished reflexes" (75). This stupor state is a stark contrast to Kaysen's "velocity" variety of mental illness which "endows every platelet and muscle fiber with a mind of its own…There is too much perception, and beyond the plethora of perceptions, a plethora of thoughts about the perceptions and about the fact of having perceptions" (75). In both "varieties," the bodymind is viscerally impacted: the experience of time and thought is either sluggish or rapid and in turn the inner biological processes, such as the nervous system, are either working too quickly or too slowly.

If we turn to neuropsychology, we find that Kaysen is absolutely right about this slow/fast experience assertion yet she puts forth a complex interconnected model of mental illness in lay terms. She doesn't use terms like "cognitive function" or talk about neurotransmitters and cortisol and serotonin levels, all of which are used in psychological/medical spheres to explain the very same phenomena (Friedman). By describing the bodymind function as "slow" and "fast" in mental illness, Kaysen resists diagnostic categorizations while inviting her reader to understand what it feels like to live with mental illness. She doesn't focus on symptoms; she simply describes the experience and in doing so, readers can more easily identify their own suffering, affirming her role as a mental health advocate through the memoir.

Kaysen's advocacy shifts into a more direct call to action to the psychological field in the chapter "Mind vs Brain." The title is a dual metaphor that simultaneously demonstrates how mental illness occurs and criticizes the theoretical rift between neuroscience and psychoanalysis for explaining mental illness. The premise of this chapter is to explore how "the brain talks to itself…and changes its perceptions" while simultaneously critiquing the failure of communication between the two dominant arms of psychological practice through a model of two different interpreters (138). These interpreters represent at once the mind and the brain and psychoanalysis and neuroscience. In Kaysen's model, Interpreter One is a foreign correspondent, reporting from the world and Interpreter Two is a news analyst who writes op-ed pieces: "One needs data, the other needs an overview; they influence each other" (138). In the model of mental illness, Interpreter One represents intrusive thoughts while Interpreter Two represents logic and reason. When read through Kaysen's critical lens, Interpreter One, the foreign correspondent represents the neuroscientists and Interpreter Two, the news analyst, represents psychoanalysts.

The meaning Kaysen assigns to each interpreter does overlap rather than function as two entirely independent metaphors. For example, Interpreter One (the neuroscientists) detects something is amiss in the body and Interpreter Two (the psychoanalysts) tries to explain why the first Interpreter is troubled.

To introduce her interpreter model, Kaysen starts with an innocuous example before presenting how the interpreters represent both mental illness and the breakdown of communication between the two dominant psychological fields. In her first example of the Mind/Brain dialogue, Interpreter One locates a pain in "the left foot, back of heel" and Two responds that "the shoe is too tight" prompting One to take off the shoe. Still feeling pain, the Interpreters are engaged in a back and forth, with One examining the foot for injury and Two assuaging One's concerns after each check until directing One to "Forget about" the foot, having determined there is no injury (Kaysen 138-9). For Kaysen, this is an example of the two interpreters successfully working together, functioning as they should to respond to a signal given by the brain that the mind can then help interpret. This cooperation is also the ideal for how psychological spheres should communicate, assessing the individual on the basis of both the mind and the brain.

The reality within Kaysen's conceptualization is that "mental illness seems to be a communication problem between interpreters" (139). Returning to her struggles with perception, her second example sets up a scenario where the interpreters can either agree, as they did in her first example, or fail to successfully communicate:

> Interpreter One: There's a tiger in the corner.
> Interpreter Two: No, that's not a tiger — that's a bureau.
> Interpreter One: It's a tiger, it's a tiger!
> Interpreter Two: Don't be ridiculous. Let's go look at it. (139)

According to Kaysen, "if you are not crazy" then Interpreter Two's rationale that you are seeing a bureau will prevail, and "if you are crazy" then Interpreter One's belief that you are seeing a tiger prevails (140). The absurdity that a bureau could be perceived as a tiger works to bring the reader into the frustration and confusion of mental illness: "That's because it's hard to counteract the validity of sensory impression. We are designed to believe in them" (Kaysen 140). Determined to make sure her reader understands that this experience isn't so "crazy" she explains that these misleading sensory inputs are something anyone who has ever been in a stopped vehicle while others around are moving has experienced: "[Y]ou can spend another half a minute suspended between two realms of consciousness: the one that knows you aren't moving and the one that feels you are" (141). Bringing in this common "experience [of] a sort of mental vertigo" deeply humanizes mental illness (141). As Kaysen says at the onset of her story, "it's easy to slip into a parallel universe" and her interpreter model demonstrates how fragile the line can be for some.

The failure of communication between interpreters is also a resonant critique of the failure to receive helpful treatment in many cases of mental suffering, which is a consequence of the psychopolitical power struggle Ussher describes. The tiger/burau example establishes this critique too: "No doubt, no analysis. Somebody who comes in chatting about tigers is going to be offered Thorazine, not the couch" (141). Because Freudian psychoanalysis[9] is dependent upon conversation and one's ability to "distinguish between fantasy and reality", Kaysen and countless others who presented any symptoms pertaining to trouble with reality were precluded from this course of treatment[10]. These limited treatment options are why the two fields remain separate:

[9] This approach has evolved since Freud's time and does offer some merit, but the broad-stroke dissent of psychoanalysis is certainly applicable in the 20th-century.
[10] As time went on in McLean, Kaysen did eventually begin analysis as part of her treatment, though she doesn't depict it as having been very helpful.

"This brain doesn't have a psychelike arrangement, or if it does, that's not where the problem is" (142). This expert determination is total, as Kaysen describes it, and closes off any other potential explanations or treatments. Moreover, Kaysen asserts that the rise of psychiatry has led medication to become a scapegoat for analysts: "All that stuff they always had trouble treating they now treat chemically. Take two Lithium and don't call me in the morning because there's nothing to say" (142). The lack of communication between these two fields works to further silence those it claims to treat. Kaysen understands this problem acutely and lays it out plainly for the reader: "[T]he analysists are writing about a country they call Mind and the neuroscientists are reporting from a country they call Brain" (143).

Importantly, "Mind vs. Brain" is the final chapter before Kaysen reveals her diagnosis of borderline personality disorder. This arrangement affirms her narrator as not just a researcher, but an informed critic who can finally contend with her diagnosis. Having established her perspective on the issues at large in the medical-industrial complex and how mental illness functions within the bodymind while being fueled by external societal factors in many cases, her authority is complete. She will be heard and validated as she deconstructs her diagnosis.

Deconstructing Diagnosis; Reclaiming Authority

> "But these words taint everything. The fact that I was locked up taints everything. What does *borderline personality* mean, anyhow?"
>
> —Susanna Kaysen, *Girl, Interrupted* 151

Kaysen's postulations about the nature of mental illness suggest she would agree with Ussher's assertion that women's madness is "both" and "neither" mental illness nor misogyny. She clearly understands that "women are regulated through the discourse of madness" but that

the "woman herself is real, as is her pain" a tension demonstrated through the deconstruction of her diagnosis (Ussher 306). Kaysen's diagnosis is withheld until the end of *Girl, Interrupted,* creating a powerful critique against medicalization of her experience which simultaneously forces the reader into the limited scope of understanding that Kaysen herself endured. By not framing her suffering around borderline personality disorder upfront, she forecloses her diagnosis from holding rhetorical power within her narrative. This allows her to reclaim total narrative agency of her stolen experience, as diagnosis "relinquishes the story to the doctor" (Jutel 66).

While at McLean, and for decades after, Kaysen was denied access to her own medical records, leading her to hire a lawyer to help her obtain her files, despite the enactment of the Freedom of Information Act (Kaysen with Weir). Therefore, the absence of her diagnosis from her account is a way that Kaysen places the reader within her perspective, intentionally or not. This also reiterates that the diagnosis of borderline personality disorder, whose DSM description was "accurate but [not] profound" for Kaysen, didn't fully fit her understanding of her suffering (150). Thirty years later, she maintains that her files did not contain much "that was actually interesting or enlightening" (Kaysen with Weir). Instead of using her records to adjust the vignettes that were already over halfway written by the time she finally obtained her file, she interspersed copies of the paperwork throughout the memoir at random intervals. Though the files exist and have a presence within her narrative, and by extension her history, choosing not to respond to these documents excludes them from holding rhetorical significance. Depriving the medical experts' actual words of narrative power in *Girl, Interrupted* is one way that Kaysen reclaims authority over this piece of her history.

Once Kaysen acquired the papers that named her diagnosis, she had to seek out the DSM III in order to understand "the charges against [her]" (150). Kaysen cleverly positions her critique as an annotation rather than an attempt to refute the diagnosis since she doesn't want "further charges of 'defensiveness' and 'resistance,'" emphasizing the lack of medial autonomy that she is aware of possessing (150). Were she to make a more direct refusal of her diagnosis, Kaysen would only be confirming the label given by medical authorities; she has to be creative in her critique so as not to undermine the limited authority she possesses. She strategically frames her diagnosis as uncertain before delving into the particulars by discussing how the reaction to her story would change if she had been given a different diagnosis: "If my diagnosis had been bipolar illness…That's a chemical problem…I would be blameless, somehow. And what about schizophrenia — that would send a chill up your spine" (151). Playing into the stigmas surrounding madness in this way points to how engrained into culture these assumptions are about mental illness. To further persuade against the validity of her diagnosis, she goes on to state that "they do get rid of things" from the DSM and that "maybe in another twenty-five years [she] won't be in there either" (152). Kaysen is well aware that the DSM is a social document, as scholars like Clare and Jutel prove, and treats it as such in her annotations.

By annotating the descriptors of borderline personality disorder symptoms — likening most of them to the experience of an eighteen-year-old girl who is "adrift, frightened, [and] overwhelmed by existence"— she creates a resonant rhetorical critique that challenges the validity of her diagnosis (Kaysen xii). By extension, the doubt she sows in her diagnosis throughout this chapter destabilizes diagnostic criteria at large. To do this, she dismantles her diagnosis of borderline personality disorder symptom by symptom, humanizing her experience

rather than pathologizing it. An example of how Kaysen levels this critique is by questioning the symptomatic assertions:

> I guess I've had my share of unreliable [friends and lovers]. More than my share? How many would constitute more than my share? Fewer than for somebody else — somebody who'd never been called a borderline personality?; Isn't this a good description of adolescence?; What do you suppose they mean by 'social contrariness'? Putting my elbows on the table? Refusing to get a job as a dental technician? Disappointing my parents' hope that I would go to a first-rate university?; What would have been an appropriate level of intensity for my anger at feeling shut out of life? (151-6).

Rather than trying to answer each diagnostic requirement with a researched counterargument, Kaysen simply, and effectively, asks questions that anyone would when trying to understand the particulars of a diagnosis. She uses the logic of the "lay person" rather than that of the medical-industrial complex. The questions that she asks point towards external factors at the root of her mental distress and that some of her diagnosis is not ascribed to issues that were troubling Kaysen but parts of her eighteen-year-old life that were an issue for society. She didn't fit the norm and her questions suggest the consequence for these transgressions outside of a normative female role were her diagnosis and institutionalization. Further, within these questions, Kaysen makes it feel as though the reader is included in her dilemma with her; we have to contemplate her diagnosis alongside her. In doing this, she provides a method for carefully considering any diagnosis.

Deconstructing the terms of her diagnosis is arguably the most important project Kaysen takes up in *Girl, Interrupted.* The act of annotating her diagnosis, countering its dictates with both logic and her lived experience, gives Kaysen authority over this traumatic period, a time

when her already fragile sense of autonomy was stripped away entirely the moment her character was named "disordered." In Kaysen's context, the fact of having ever been at McLean marked her as "mad" — a damaging enough label. But at eighteen, not knowing how else to interpret a "character disorder" with no other description, Kaysen internalized the belief that something was fundamentally wrong with her person: "When I got my diagnosis it didn't sound serious, but after a while, it sounded more ominous than other people's. I imagined my character as a plate or shirt that had been manufactured incorrectly and was therefore *useless*" (Kaysen 59, emphasis mine). One of the dangers of diagnosis that Clare explains is that "naming comes [with] a whole host of expectations…and material realities" and while "some [diagnoses] carry no stigma, others come freighted with discrimination and self-loathing" which is what Kaysen endured and demonstrates throughout her memoir (Clare 42).

"What life can recover from that?": The Scar of the "Mad" Label

> "I wasn't convinced I was crazy, though I feared I was. Some people say that having any conscious opinion on the matter is a mark of sanity, but I'm not sure that's true. I still think about it. I'll *always* have to think about it."
>
> —Susanna Kaysen, *Girl, Interrupted* (159, emphasis mine)

Kaysen's memoir ends shortly after the reveal that she was diagnosed with borderline personality disorder. While some scholars assert that *Girl, Interrupted* is a portrayal of borderline personality disorder, Kaysen never claims her diagnosis of BPD; instead, she stories her distress experienced at both the social and mental levels (Augustine 53). The final two chapters focus on humanizing her story and those of two of the women who survived McLean with her, Lisa and

Georgina. These final two vignettes leave us with snapshots that show life went on for the women after McLean but that the memory of that period lingers.

The second to last chapter, “Farther on, Down the Road, You Will Accompany Me,” depicts Kaysen’s last encounters with two of the most prominently featured girls in her story, years after their time in McLean. This chapter is choppy and is missing so much information it is almost frustrating. We don’t know how these women wound up where they are when they encounter Kaysen; whether she doesn’t know either or she knows and it’s not hers to tell is unclear. She wants us to know that their lives went on. We don’t need to know more than that; McLean did not end their stories. Georgina went on to get married, and Lisa to become a single mother — they’re happy in their own ways.

It's less important for Kaysen to share where her life went after McLean; we know she became a successful writer, got married, divorced, and contently lives alone still writing — all she ever expressed wanting before and after being institutionalized at McLean. Instead, she tells the story of the Vermeer painting “Girl Interrupted at her Music” which she views shortly before McLean and again years later, becoming the inspiration for the title of her memoir (Figure One).

Figure 1: Image of Vermeer’s Oil Painting “Girl Interrupted in her Music” (essentialvermeer.com)

During both visits to the Frick, the museum where the painting is housed, Kaysen is accompanied by two different men, both of whom she alludes to being emotionally damaging to her. The girl in the painting deeply affects Kaysen when she visits it. She functions as a mirror for Kaysen at seventeen and again sixteen years after being released from McLean, reflecting back to her first a warning and then, later, a stolen piece of her history.

She first sees the painting at seventeen, accompanied by her English teacher who pursues a relationship with her that same evening after visiting the museum. During this visit, she is uneasy with the girl's expression, which she interprets as one of urgency: "She was warning me of something — she had looked up from her work to warn me. Her mouth was slightly open, as if she had just drawn a breath in order to say to me, 'Don't!'" (166). At seventeen, Kaysen fled the room and as she tells it, her life unravels after not heeding the warning she saw in the girl's expression: "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). It's telling of an omitted piece of Kaysen's narrative that a painting depicting a young girl and her "beefy music teacher" is where she interpreted a warning (Kaysen 165). In an earlier vignette that includes a snippet of a session with one of her therapists, one who was "easily shocked about sexual matters," she brings up this visit to the Frick with her teacher and tries talking about "this amazing painting" she most remembers from that day, but instead the therapist redirects Kaysen to discuss her "attachment" despite her enthusiasm of the painting (85). This therapist foreclosed the opportunity for Kaysen to explore why she saw warning in the girl's eyes.

When she visits the Frick again, she has initially forgotten she has been there before but quickly recalls "the painting [she] loves" is there and has a much more somber reaction to it on

this second viewing. Instead of seeing "urgency" and warning in the girl, she sees a "sad" girl "young and distracted, and her teacher bearing down on her," all the while she ignores him, "looking for someone who would see her" outside the frame of her painting (167). No longer is the teacher "beefy" but "bearing down" upon the girl who is now "young" in Kaysen's view. Once she reads the title of the painting, which she overlooked when she first saw it, she understands the prior warning and the present sorrow the girl evokes:

> Interrupted at her music: as my life has been, interrupted in the music of being seventeen, as her life had been, snatched and fixed on canvas: one moment made to stand still and to stand for all the other moments, whatever they would be or might have been. What life can recover from that?
>
> I had something to tell her now. "I see you," I said. (167)

The overbearing presence of the music teacher is equally as troubling to Kaysen as is the nature of the painting — the girl is trapped, forced to only ever be able to look out. She can watch the world around her pass her by but only from the confines of her frame. In the same way, Kaysen's eighteen-year-old self is symbolically perpetually trapped within that parallel world and its trauma. Kaysen stands with the girl, crying, which is how her boyfriend finds her, admonishing her for "[only] ever think[ing] about [herself]" (167). Kaysen doesn't comment on the irony of this comment or his rudeness.

"Girl Interrupted at her music" is hanging alongside two other Vermeer paintings, both of which Kaysen describes as painted with a light that "brightens" everyone but "doesn't exist [though] we wish it did" (168). This ethereal "Vermeer light" is missing from "Girl interrupted at her music," though, for Kaysen. She describes the light cast in the girl's painting as "another sort of light, the fitful, overcast light of life" which shows everyone, including ourselves, "only

imperfectly, and seldom" (168). Kaysen goes back from time to time to view this set of Vermeer paintings and when she does, she presumably spends the longest time with the girl, keeping her company and making sure she knows at least one person really sees her in the way she wasn't at eighteen but so needed.

Kaysen is aware of the legacy of *Girl, Interrupted* and comments on it from time to time in interviews though she mostly maintains a private life. In an interview for the thirtieth anniversary of her memoir, Kaysen is asked what her opinion is about the advent of social media opening up the means for "young people to self-diagnose" and "what's lost" with such unfettered access to diagnostic criteria and descriptors (with Bansinath). In her response, Kaysen maintains that there is harm in "the medicalization of everything" and that a diagnosis can hinder "engagement" with the real issue (with Basinath). Mostly, she seems appreciative that her memoir took on a life of its own once she put it into the world: "It's almost like it became their story. I feel about it almost like a child. It's like a child that grew up and went away" (Kaysen with Weir). In storying this period of her life, she could reclaim it for herself, gain back her agency, and then let it go, relinquishing that trauma. In doing so, she gave many people the sort of mirror that the Vermeer painting was for her; a way for others to identify themselves within a mad world.

CHAPTER 3

RESHAPING REALITY: NARRATIVE CONTROL AS SURVIVAL IN BASSEY IKPI'S *I'M TELLING THE TRUTH, BUT I'M LYING*

"The fact that I'm still alive, to experience anything is what I consider a happy ending."

— Bassey Ikpi with Haller

Imagine having an inner dialogue with yourself where the voice is in turns trying to help you and sabotage you and all the while your bodymind is too spent from endless hours awake, unable to shut off despite your best efforts. Unable to sleep, you go through the motions of a nighttime routine. You decide *if only* you do menial task after menial task, then you will be able to sleep. All the while, you're aware this is your sole window of time to rest before you are back to work. All of your efforts to get even a few hours of sleep are in vain and panic ebbs and flows in your body the more hours you lose. This is the lived experience that author Bassey Ikpi draws out in an essay titled "This is What Happens" which catalogs a twenty-one-hour span inside her mind during an episode of hypomania.

Ikpi's memoir *I'm Telling the Truth, But I'm Lying*, written as a series of non-chronological essays, provides unflinchingly honest snapshots of her tumultuous mental health in her early twenties alongside fragmented "emotional memories" of her childhood in both Nigeria and America (Ikpi with Elias). The project, originally intended to be a self-help book, evolved into her vulnerable memoir that quickly became a *New York Times Best Seller*. In an interview during her 2019 book tour, Ikpi admits that her need to put the reader inside her experience was not originally one of mental health advocacy but was intended for loved ones she believed she

would leave behind: “The reason people grieve so hard is because they don’t understand…I wrote the bulk of the essays with that in mind—thinking that they were notes and letters to my friends and family” (Ikpi with Haller). The reception of *I’m Telling* as, among many things, an important account of mental health advocacy has been vital. In various interviews since the book’s debut, Ikpi has reiterated that “the happy ending is the fact that [she] is still alive” and living with “rapid cycling bipolar II disorder” (Ikpi with Haller; Ikpi 169*)*.

Many of the latter essays in her memoir are dedicated to conveying the lived experience of hypomania, insomnia, depression, and anxiety — symptoms that Ikpi at times cycles through in the span of a mere twenty-four hours, as she illustrates in several essays. Bipolar II is characterized by episodes of hypomania, “a less severe version of mania,” and in some cases, like Ikpi’s includes episodes of depression (MedlinePlus). While she suggests that these symptoms first emerged in her childhood, their intensity and presence in her life reached a peak in her early twenties while she was touring as a spoken word artist with HBO’s *Russell Simmons Def Poetry Jam* in the early 2000s (basseyikpi.com). This period of her life is where Ikpi spends many of her essays, with her rapidly declining mental health taking place behind closed hotel room doors throughout her time with *Def Poetry Jam*. A “breakdown” that happens moments before she is meant to go on stage and perform sets in motion the medicalization of her experience, from diagnosis to a frustrating sequence of pharmaceutical trial and error, all of which Ikpi immensely struggles to cope with. The culmination of this period of her life is hospitalization for “passive suicidality” — a pivotal moment in the memoir that leads the reader into Ikpi’s concluding essays that make clear okay doesn’t mean living with her condition isn’t still hard (Ikpi with Scott).

Despite being published in 2019 and garnering many reviews and acclaim, *I'm Telling the Truth, But I'm Lying* has yet to see much scholarly engagement. This gap in scholarship is possibly due to the essay form that doesn't follow a chronology, though this is unlikely because *Girl, Interrupted* is written in non-linear vignettes and has seen extensive engagement. More likely, though, this is because of a general lack of representation of and engagement with BIPOC accounts of mental illness. As disability studies scholar Therí Pickens points out in *Black Madness::Mad Blackness,* disability studies have overlooked race due to blackness being disabling in America's "ideological construct of white supremacy" which synonymizes marginalizing identities: "For that reason, one cannot have race without disability, nor disability without race" (Pickens 11). Ikpi's project can be read in alignment with Picken's claims, while simultaneously explaining the lack of scholarly engagement with it. Namely, Pickens assertion explains Ikpi's desire for normalcy reiterated throughout her memoir. Her concept of "normal" is bound in a vision evocative of the 'American Dream', a standard of success imagined by White Americans: "To wake up one day and have a corporate career and 401(k) and a savings account and a house on a hill…and a husband who mows lawns and tickles babies and comforts the woman who still feels like a girl, who needs something stable" (Ikpi 248). Ikpi conflates normalcy with stability which includes not only mental well-being but also the nuclear family; the opposite of what she had growing up as will be shown.

The sole scholarly piece that incorporates Ikpi's memoir, alongside multiple others, is a doctoral dissertation that focuses primarily on the connection of Ikpi's performance of normal throughout her mental decline to the performance of normalcy of the diasporic subject (de Villiers 45). Stephanie de Villiers reads Ikpi's "madness" as it relates to her life experiences as an immigrant woman and as such the medical treatments and descriptions Ikpi provides of her

mental illness are largely glossed. This chapter will take the inverse approach: I focus much less on Ikpi's immigration and more so on the episodes of mental crisis she depicts as well as her characterizations of the medical-industrial complex as she experienced it.

In examining the creative freedom the memoir form allotted Ikpi, I find that her essays are written with alternating points of view to recreate her mental state and convey her relationship to these pieced-together memories that compose her story-in-essays. Essay form enabled Ikpi to bring the reader within her "patchwork of feelings and sensations" to depict as viscerally as possible what her troubled psyche feels like (Ikpi 2). She also boldly positions herself as a liar within her narrative to more accurately convey her unreliability with memory, the impact of trauma, and her complex relationship with her mental health. In doing so, she humanizes a widely misunderstood mental condition which effectively counters the hyper-medicalization of bipolar II that Ikpi was met with once she received her diagnosis, detached treatment that further compounded her distress.

"Lying is how I survive this": Ikpi's Narrative Framing

> "What is truth if it's not the place where reality and memory meet?"
>
> —Bassey Ikpi *I'm Telling the Truth, But I'm Lying* (25)

While Ikpi's essays are suspended from a clear sense of time, they're arranged in a sequence that shows the many fragmented moments that each feed into "this thing" that causes her suffering (Ikpi 185). "This thing" is how she refers to the mental illness that "comes in waves" and when it does, it consumes her bodymind (127). She indicates that this mental illness began presenting itself during her childhood, recalling as early as eight years old "the surge" that would overcome her, making it feel "like [her] blood was rushing around, looking for an exit" (27). She vividly remembers one of these "surges" overcoming her as she and her third-grade

class watched the live takeoff of *The Challenger*. Moments before the ship exploded, "[her] body [began] to surge" and the discomfort caused her to blink and when she opened her eyes, *The Challenger* had exploded, causing a correlation to form in Ikpi's young mind that the tragedy was somehow her fault (26). As the teacher scrambles to turn the TV off to spare the crying children, Ikpi internalizes the tragic event as a fault within her: "If I hadn't been so concerned about my own discomfort and taken my eyes off those seven people. If I hadn't upset Mommy or disappointed Daddy…If I was better there would have been survivors" (29). This reaction to the explosion foreshadows Ikpi's later distress when she receives a diagnosis; she internalizes a fundamental wrongness within herself. Moreover, when she tried to express "how much it hurt just to be" in the margins of a math test shortly after this, her cry for help resulted in a meeting with her principal and parents whose worry caused guilt. Not wanting to be a burden, Ikpi first learned to lie: "I shrunk inside myself and swallowed the truth" (31). "Swallowing truth" is also a logical way for young Ikpi to handle experiences of mental illness that she does not possess a language for.

Importantly, she recollects a childhood defined by a tumultuous family dynamic with her troubled mother at the center in one of the first essays in *I'm Telling*. Oscillating between second and first person in "Yaka", she paints a narrative of siblings fighting for their mother's scarcely given approval and a father complicitly excusing her mother's violent fits of rage. Ikpi narrates her younger sister's celebration for her college graduation — "the same [achievement she was] unable to complete" — in the second person "you" (33). This event is repeatedly interrupted by memories, told in the first person "I", of Ikpi's adolescence, growing up with an unpredictable mother: "You never knew which you were getting or why" (37). For example, after Ikpi has gone to the guest room to escape the overwhelm of her sister's celebration, her mother comes to pick

"the fight she [her mother] has been waiting for" (39). Her way into this fight is an accusation Ikpi has misplaced her lamp, an episode that then jumps to Ikpi's memory in first person of her father cleaning a cut after her mother has hit her:

> She asks, 'Is this where you found it?'…You offer an anemic, 'No.'
>
> I'm in high school, my father kneeling in front of me, dabbing the cotton ball drenched in alcohol against my face. I don't even flinch. (39)

The "you" narration, where Ikpi recalls a tense familial episode as an adult, is frequently interrupted like this by first person memoires of similar tumultuous moments with her mother illustrating how her "patchwork" memory operates. She not only recalls traumatic childhood moments, she shows how the recollections haunt her, triggered by similar situations.

These concurrent narratives establish Ikpi's positionality and explain why she has such difficulty coming to terms with the reality of her mental illness. It is implied that her mother suffers from untreated mental illness, shown through Ikpi's recollections of the anger that "shocks her too" contrasted to her "weeping…vulnerable and still": "My mother's unhappiness seeps through her pores" (Ikpi 41, 46-7). Her mother's suffering impacted the family dynamics yet was never spoken of, other than her father's recurrent excuse that "she had a hard life" (39). Ikpi recollects a time when her mother's wedding ring tore a scratch across her face and when asked about it, she feigns surprise at the mark: "*Oh wow, I must have done it on accident.* I am lying, but I am telling the truth" (40). These glimpses into her past show that mental health was a taboo in her family, the behavior excused but the issue ignored, and that lying to cover up this reality became normal practice for Ikpi: "My childhood became a choreography of keeping her happy" (36). She was taught that lying was how she must survive, including lying to yourself about a troubled psyche.

The concept that Ikpi's narrator is lying through her narrative is central to how Ikpi brings her reader within her complicated interiority wherein her mind can deceive her. An early essay in the collection, titled "Becoming a Liar," provides insight into why Ikpi titled her memoir — an account of her life — "I'm telling the truth, but I'm lying." The "lies" in question have multiple meanings referring to how her memories are distorted by self-editing and to how she masked the reality of her tumultuous mental state from everyone in her life through the period she writes about, including from herself. As Ikpi says, lying became a means of survival: "Lies are how I keep breathing. When anxiety over something I know I can't change presents itself, I lie in bed and reimagine it. I turn…the crushing weight of life into neck-nuzzling embraces" (Ikpi 50). Ikpi positions herself as a "liar" not to be deceitful but to "give [herself] the survivor's edit" (51). Ironically, lying is how Ikpi can give the more honest version of her narrative due to the unreliability of her interiority, an unconventional autobiographical move that Helen Buss points out occurring in a different memoir[11]: "She invites us to suspect her honesty as a narrator in order to reinforce her authenticity and sincerity" (Buss 41). By letting the reader into why she lies and how she recasts memories with a "glittering edit" early on, Ikpi imbues her narrative with sincerity that provides access into her lived experience — factual reality matters less than the felt experience (Ikpi 51).

When writing her memoir, Ikpi was advised that she cannot relay her life accurately due to the gaps in her memory, with one reviewer even asserting that her memories are lies (Ikpi with Elias). To contest this, Ikpi brings up the vivid feeling of emotional memories which constitute facts in one's history: "I had flashes of memory to draw from as I was writing. But those

[11] Buss analyzes three of Lauren Slater's memoirs, all accounting for her experiences with various mental illnesses one of which reframes truth: "Because the 'real' Lauren Slater has suffered from several psychiatric complaints and one of them is Munchausen syndrome, in which the patient fakes illnesses to gain attention. The text constantly plays with our sense of narrator reliability" (41).

memories were attached to real, solid emotions…These are things that you always remember" (Ikpi with Haller). The point of origin of the "chaos" young Ikpi carried within is less important than the visceral emotions connected to how she felt through her childhood (31). Ikpi's need to grasp onto emotional memory to construct accounts from her past aligns with Sidonie Smith & Julia Watson's conceptualization of "narrative performativity" (262). In an interview, Ikpi explains that "you can craft the story from [the] perspective" of what you know about yourself and knowing that "you got from point A to point B" even if you don't remember the logistics (Ikpi with Elias). Taking reasonable creative liberties to fill in gaps is not as deceptive as it may appear; "amnesia" is the starting point of autobiographical narration (Smith and Watson 262). Similar to Kaysen's construction of her narrator, Ikpi alters her proximity to her memories through narrative performativity. Uniquely, though, she shapes this narrative performance through perspective shifts in her narration which change how close she has to be to a memory but it is clear that Ikpi is consistently the narrator of her memories. She chooses to narrate from different perspectives to protect herself from trauma and to place herself squarely within the memories she needs to reclaim as her own.

"What It Feels Like": Style as Mental Health Advocacy

> "I felt like a ghost haunting the world, trying to find rest."
>
> — Bassey Ikpi *I'm Telling the Truth, But I'm Lying* 109

Ikpi depicts this "telling the truth but lying" throughout her memoir in numerous ways, each of which reifies her position as a mental health advocate by authentically depicting the complex experience of trauma and mental illness. Sometimes, when she is around others and she is working to present normalcy despite internally suffering, she will include the phrase that is the namesake of her memoir: "I've finally remembered how easy it is to pretend to be normal, so

now I perform for them…I'm telling the truth, but I'm lying" (Ikpi 215). In a few essays, she admits to the fallacy to conjure details: "It's his birthday or it's New Year's Eve or it's just a random Friday night in New York City" (Ikpi 61). Writing in the possibilities without determining one reiterates that for Ikpi the detail and reality matter less than the felt experience. In this example, she discovered her boyfriend having an affair at a party and she recalls the emotional response to "shrink and fold into herself" — the specific occasion for the party isn't important only the emotional memory of this moment is (62). The way Ikpi "tells the truth but lies" most consistently throughout her essays, though, is by shifting the tense she narrates in.

Ikpi's choice to shift her narration amongst first, second, and third person reflects "dissociative qualities" that emerged during "certain aspects of [her] life" rhetorically enabling her to both illustrate how she sees herself in "fragmented sentences" and to engage in reinvention as a survivor[12] (Ikpi with Elias; Ikpi 1). This reinvention occurs through articulating these emotional memories as she can piece together the fragments to make (new) meaning out of this trauma; a version of truth that gives Ikpi authority over her history. When she narrates in first person, she places herself back within memories and can explore their impact on her. Narrating in second person serves two different functions. At times, this is done to pull the reader into her lived experience, such as when she is explaining the lived experience of a symptom like hypomania. Sometimes, though, the "you" is a way for Ikpi to talk to herself directly like in "Yaka", when listening to her loved ones sing her sister's praises, feeling like she is the disappointment of the family. This "you" represents Ikpi's self-talk which shifts between her insecurities, "She holds herself with a confidence so unlike you," and her reassurances to get her through this moment: "Brooklyn is where you have constructed your own monuments and you

[12] See Buss 42 on "survivor's authorization"

will be back among them soon. You just need a few hours" (Ikpi 34, 38). The rare times when Ikpi narrates in the third person[13], she creates the greatest proximity between herself and the memory as the "she/her" pronouns coupled with her elegant prose turns her pain into a story far removed from herself. Each perspective shift locates the reader within varied relationships to Ikpi and her experience, granting Ikpi control over her narrative and bringing her reader into her lived experience, showing her complex relationship to her personal history.

A sequence of three essays, "This is What Happens," "What It Feels Like," and "Beauty in the Breakdown," provide a poignant study to explore the interplay of these narrative shifts as a representation of Ikpi's troubled interiority. Importantly, these three essays lead up to, "It Has a Name", the essay where Ikpi is diagnosed with bipolar II. Each of these essays depict the multiple symptoms she was suffering from, with an understanding that each essay shows only snapshots of what she had to endure daily for years. As such, when she does get help, it's because her capacity to manage these symptoms on her own has been exceeded. These three essays are an important part of *I'm Telling* as mental health advocacy and seeking help[14] rather than suffering silently.

"This is What Happens" places both Ikpi and the reader directly within a twenty-one hour period representative of what she endured while touring as her symptoms grew more prominent and ceaseless. Narrating in the first person "I", she "blurs the line between reader and writer, and in doing so, places the reader into the position of the one reliving the experience of the trauma" (Takayoshi 180). This blurring humanizes symptoms of hypomania, depression, and insomnia; they are not merely described, they are lived for the reader alongside Ikpi's reliving. This is a credit to how Ikpi has written this essay. It is the only one written with time stamps, spanning

[13] There are only two chapters that are written in third person, both of which I discuss.
[14] As I will discuss in the next section, "help" is complex for Ikpi.

from 11:40 A.M. to 8:30 A.M., sometimes with as little as one minute between entries. Where the majority of Ikpi's essays contain no concrete sense of temporarily, this essay is built around the passage of time to depict how grueling it is for her to merely exist. Importantly, this is Ikpi's longest essay in *I'm Telling*, spanning twenty-nine pages cataloging Ikpi's thoughts and actions, beginning with her arrival home from one airport with less than twenty-four hours until she has to be back on a plane to the next tour destination (113). Ikpi's editors advised her to cut this essay down to five pages but she insisted the whole span of time remain intact or the essay gets cut entirely: "Because the point of it is to show how exhausting twenty-four hours can be when you're having a mixed episode and you can't talk yourself down" (Ikpi with Haller). Ikpi remarks how readers have told her they were "exhausted [reading this chapter] and begging [her] to go to sleep" which is precisely her objective: "I and other people who experience this can't just close the book and come back to it later" (Ikpi with Haller).

The repetitive "I" statements and brief sentence structure that compose this chapter are intentional; they rhetorically narrate the tedium and frustration Ikpi experiences through an episode. "I" statements are used to both describe the actions Ikpi takes and to narrate her interiority through each interval of time in the mapped out twenty-one hour period:

> I can feel the fatigue eating through my bones (117); I manage to drag myself out (123); I hold my head and sob until my stomach aches (125); I can sleep now (127); I have to stand up — move (130); I am floating somewhere between bone and flesh (135).

Each "I" statement punctuates Ikpi's desperation to sleep and growing despair that despite any of her attempts, she cannot. The sentences take on a staccato rhythm, often alternating between an action, "I sit on my bed", right to a thought that is often disjointed from the action described, "I've forgotten what I undressed for" (122). This creates a sense of narrative dissociation; even

though Ikpi is cataloguing almost every minute, there are still gaps between what she is doing and where her mind is. She compounds this dissociation from reality by separating her inner dialogue with italics, creating a multilayered interiority that exacerbates her distress:

> 8:43 P.M.
>
> I cannot convince my body that I am worth rising for. *This doesn't happen to normal people.* I close my eyes tighter and pull my knees closer to my chest…I want to stay like this forever.
>
> 9:05 P.M.
>
> I finally sit up, dizzy, and try to regain control of my breathing. *This doesn't happen to normal people.*
>
> 9:07 P.M.
>
> My body is unforgiving…*How much longer can you do this?* I'm waiting for it to kill me (Ikpi 125).

The voice in italics is critical of Ikpi, appearing with greater frequency the longer time goes on, demonstrating how severe the sleep deprivation makes her symptoms. The voice is often preoccupied with her "abnormality", reflecting the shame and guilt Ikpi has internalized since childhood where she learned mental illness was taboo and that she must "keep the chaos [she] carried to [herself]" (31).

Ikpi's humanization of her mental illness goes a step further in the following chapter, titled "What It Feels Like," wherein she repeatedly directs the reader to "imagine" they are placed within the vivid descriptions of scenarios she describes to illustrate hypomania through the second person. She describes these experiences to her reader through metaphor which creates rhetorical identification with her lived experience as explained by linguistics scholar Jeanette

Littlemore. Littlemore asserts that metaphors are predominantly "derived from the relationships that we have with our bodies" and as humans "for the most part, we all inhabit similar bodies and use them in similar ways [which] means that there is a high degree of universality in the experience of metaphor" (Littlemore 19). As such, the use of metaphor paired with the second person "you" places the reader directly within the felt experience of hypomania in a way they are likely to intimately understand, even if they have never actually experienced it. An example of how Ikpi does this is by asking her reader to conjure the feeling of riding a Ferris wheel for the first time:

> Your entire body tingled with this intersection of joy and indestructability and fearlessness and that good anxious recklessness…You could do anything. Now imagine feeling that every day for a week, or a month, or a few months. Twenty-four hours a day, seven days a week, without a break. No 'down.' No rest. So that everything you do feels like THE BIGGEST MOST AMAZING THING YOU HAVE EVER DONE IN YOUR LIFE! (*I'm Telling* 143).

Asking her reader to summon an easy-to-step into emotional memory, and then telling them to imagine that sensation doesn't cease, effectively conveys hypomania. Much of the essay is written in page-long paragraphs with few periods to break up the stream of consciousness as "you" online shop or contemplate "your" relationships, for example (146). The long-running sentences create a different kind of tedium for the reader from the choppy sentences of the former chapter. This writing style depicts a variant of Ikpi's hypomanic mind; she is thinking so rapidly that it is difficult to discern her original train of thought by the time a sentence finishes. Except, she isn't the one navigating this stream of thoughts, "you are." In writing this way, Ikpi

accomplishes the title of this essay; she has conveyed "what it feels like" to live in her bodymind between this and the previous essay.

Having established the felt experience of her symptoms, creating a snapshot of what each minute of each day was in this period of mental decline, Ikpi moves into the third person to tell the story of the moment that led to her diagnosis in "Beauty in the Breakdown." The third person "she/her" perspective had dual function in this essay: it both creates a wide berth between Ikpi and this specific memory and depicts the dissociative state of her bodymind which is consumed by mental illness at this point in her narrative. In the opening, we are told that, "[s]he doesn't know how long she's been lying there" crying on the floor of her hotel room, as though she has just come back to awareness, disorientated (Ikpi 151). She isn't even sure why she's crying, other than that "these days, the tears appear so quietly she doesn't even notice the leak," indicating the depth of her sorrow (151). Once she arrives at the theater where she is due to perform soon, her sorrow persists, causing her distress that grows as she tries to apply her makeup in the dressing room: "The sadness never follows her to the theater" (155). She struggles with her sense of dissociation, "trying to remember what her normal face looks like" as she frantically applies her make up with only fifteen minutes until curtain call (155). Having misplaced her lipstick, her anxiety mounts to panic:

> She needs more time. She needs to calm down…The first tear falls…She has to reapply her makeup. She has fifteen minutes. She has to get dressed. Where is Maxine with her clothes? She has fifteen minutes to get her shit together. She has fifteen minutes until she has to smile and perform and laugh and act like a normal person for at least one hour of the day (157).

Her distress about performing, again preoccupied by the concept of normalcy, shows the extent of her dissociation from herself. Her despair is tangible in her prose, describing the sobs that wrack her while held by the stage manager as "years of rivers flood[ing] over" and "the ball in her chest now a helpless pool of panic broken open, flooding her" (158). Her bodymind has literally been flooded by her trauma, her mental illness, and her suffering. Her only option from here is to seek help, but she finds the process of navigating the medical-industrial complex disillusioning.

"I'm there but I'm not": Silenced Through Medicalization

> "I had wanted this 'help' — this diagnosis, these doctors, these pills — to get me somewhere, not take things away."
>
> —Bassey Ikpi *I'm Telling the Truth, But I'm Lying* (184)

Through Ikpi's perspective shifts and narrative choices, she challenges the hyper medicalization of her experience that Clare admonishes. Her criticism of the medical-industrial complex becomes overt within her descriptions of being diagnosed and the subsequent treatment received, even as the interventions ultimately helped her. One of the greatest struggles for Ikpi in receiving her diagnosis is reconciling her hope for cure with the reality that "there is no cure" for what she has been diagnosed with (Ikpi 170). She "shuts down" the moment the doctor tells her this information and she thinks to herself, "I just need to remember what normal feels like," which echoes Clare's argument that "cure rides on the back of *normal* and *natural*", an "insidious" ideology that "impacts most of us" (Ikpi 170; Clare 14). Her sense of abnormality is compounded when the doctor who has diagnosed her bluntly states that while there is no cure: "You will probably be on the medication for the rest of your life" (Ikpi 171). Ikpi is haunted by

these words, which recur throughout the chapter "Life Sentence" illustrating her inner turmoil about dependency on medication. She feels as though the medication, symbolic of her diagnosis, forecloses her from normalcy. For Ikpi, contending with this this new reality feels "as hopeless as smoke" (185). Depicting this raw reaction to receiving a diagnosis and the aftermath of coping with how this "significantly reframes her reality" is another way Ikpi reinvents the trauma she endured into a message of mental health advocacy for her readers (Jutel 2). Moreover, revisiting this seismic shift in her reality enables Ikpi to process it and help heal the trauma it wrought.

The chapter where she receives her diagnosis, aptly titled "It Has a Name," begins in the office of one of the two doctors we see Ikpi interact with in this chapter, neither of whom offer her comfort through this process. Though we don't know specialties, we are told Ikpi has seen "other doctors" through the span of this long day who were "easier" because she was able to pretend at being normal with them: "None of them had noticed that I was sitting calmly in front of them, hands folded on my lap, plunging headfirst off a cliff" (159). Now faced with mind doctors, the performance of normal that Ikpi has so meticulously maintained is forced into an unraveling through clinical assessment. The first of these, Dr. Tiago, asks her a series of questions as part of her assessment, yet, in this account at least, she doesn't explain her reasoning to Ikpi which exacerbates her unease:

> I hoped that the session was over. I was frightened that the session was over. And still nothing from Dr. Tiago. No diagnosis. No words of comfort. Just her on the desk and me, without the bones to stay upright, I slumped again in yet another doctor's chair…concentrating on matching her for expressionlessness (163).

In this characterization of Dr. Tiago, told through Ikpi's emotional memories, she is cold, not cruel, but not anything at all — expressionless. In this distressing moment, Ikpi is barely a

person, not even possessing a skeleton to support the weight of her bodymind and she is unable to find any needed compassion from the doctor. Keeping Ikpi in the dark, Dr. Tiago merely tells her that she has her "suspicions" but refers her to a colleague who is qualified to diagnosis her. While Dr. Tiago is likely trying to maintain clinical ethics in not revealing what her "suspicions" are, providing Ikpi with not even an indicator leaves her with only her interpretation available: "Just one [possibility] really: *I'm crazy*…The question was how crazy" (Ikpi 163). This conclusion is logical for her to reach considering her context for mental illness is that of taboo, shame, and hiding your suffering from the world.

Where Dr. Tiago's lack of information creates gaps that Ikpi anxiously fills with stigma, Dr. Goodman's diagnostic explanation is over-inundated with psychiatric jargon and leaves Ikpi feeling helpless as he rattles off DSM symptoms — "what [she] knew as [her] personality" (Ikpi 169). In Jutel's assessment, "the goal of classification is to simplify" and "provide a basis for communication" (17). Yet, Ikpi's interaction with Dr. Tiago shows the opposite of this experience. Following his assessment, Dr. Goodman declares that his "official diagnosis is mixed episode rapid cycling bipolar two disorder," a jumble of words with no real context for the lay person such as Ikpi who thinks: "I didn't understand what any of those words meant together. The only one I recognized in context was not one I wanted" (169). As the session continues, it is as though the two are speaking in different languages, with the doctor failing to level with her or offer signs of sympathy for her distress: "Instead, he was speaking to me in Doctor and my brain began its race again. And he was still talking —" (170). This illustrates that diagnosis "is a relational process, with each party (lay and medical) confronting illness with different explanations, understandings, values, and beliefs" (Jutel 5). The problem arises in the disconnect between language and experience. For Dr. Goodman, this is a routine explanation intended to

provide a patient a framework for understanding their condition so that they can then proceed with treatment. For Ikpi, this is world-shattering news that she is not given sufficient time to process or make sense of. Though she raises her concerns amidst his long-winded explanations, his responses fail to assuage her panic. As she depicts it, the process of receiving her diagnosis, from the series of assessments to the impersonal treatment from the doctors, was a traumatic experience.

After receiving this diagnosis, Ikpi goes through a miserable ten-month period of trial and error with almost every medication available as treatment for bipolar II, all of which have side effects that gravely impact her function or symptoms in some way. As the varied medicines fail to improve any of Ikpi's symptoms, she is concurrently worried about how dependency on medication Others her from the rest of the world:

> They were normal; these pills were preventing me from being like them. I wanted to be someone whose brain knew how to work. I didn't want the extra help, especially 'help' that brought its own set of problems. The pills were keeping me from my life (182).

Her distress over how the medicine makes her feel, compounded by the echoing words of Dr. Goodman that she would be taking them "for the rest of [her] life" leads Ikpi to flush them, effectively stopping this psychiatric intervention. Feeling that the pills, and by extension the diagnosis, had come to "control every waking moment of [her] life", flushing them can be interpreted as Ikpi's reclamation of agency over her life, however misguided (183). Moreover, this shows how difficult it is to accept the new reality dictated by diagnosis. Ikpi does not refute her diagnosis nor assess its terms though she doesn't claim it either in her memoir. Instead, she depicts the grief she experiences as a result of being diagnosed with this mental disorder and the denial inherent within this grief. Unfortunately, Ikpi's symptoms worsen and their severity is

compounded by unemployment[15] and feeling no sense of purpose, leading to her hospitalization (Ikpi 182).

While Ikpi finds little comfort from the doctors who assessed and diagnosed her, she finds herself wholly silenced by the "uncaring" hospital staff who surround her during her week-long hospitalization. Every figure of authority and medical expert alike that Ikpi depicts in this chapter is detached, preoccupied, and as such, leave her feeling isolated amidst her moment of crisis. The security guard who keeps watch of her as she is left waiting hours to be officially admitted "seems to hear neither [her] sobs" nor questions and when he does finally acknowledge her, "everything [she] asks for is denied and dismissed" (198). The first nurse to enter her room after hours have gone by is focused on little else than drawing blood, "ignoring" Ikpi's tears and feebly asked questions, not even asking her name before leaving her alone again (200). When she is finally admitted as a patient at three in the morning, she is deprived of information about the terms of her hospitalization. Her questions are met with quips like, "You haven't even been here yet. How would we know when you get to go?" and her sense of being alone is a repetitive thought, cropping up after each dismissal she is met with (201). Ikpi has to deal with these nurses for multiple days before finally seeing a "regular doctor[16]" because she was admitted on a weekend: "[N]ext time, I will only go crazy during business hours" (207). The unavailability of the doctors prolongs the duration of her hospitalization, providing critical commentary on the medical-industrial complex alongside the distant staff who provide Ikpi her only company for days when her family and friends are not visiting.

[15] Ikpi loses her job touring with *Def Poetry Jam* during the period of medical trials: "They said it was so I could take care of myself without the stress and pressures of the tour. They said I was an insurance risk" (Ikpi 182).
[16] There is a "weekend doctor" who sees Ikpi but for some unexplained reason, he cannot provide a treatment plan or assessment that would have shortened her stay.

Ikpi's sense of isolation is emphasized by her characterizations of the hospital and her room where she immediately "feel[s] trapped" and like she can't "breath" nor sleep in such a place (202). She describes her room as an ominous space where the "silence is anything but peaceful, sound[ing] like the walls hold muffled screams" while the air "smells like the end of you" (203). Ikpi is unable to find comfort in her "caretakers" or in the space intended to keep her safe. In this space, "the weekend stretched on for months", an experience echoed in the research of Lourdes Rodriguez Del Barrio who examines accounts of hospitalization for mental distress: "[The hospital] is a place where time seems to stand still" (Rodriguez Del Barrio 44). The hospital is a complex space, well-intentioned in theory as a safe haven yet the reality described by Ikpi is a place more akin to a haunted house or prison than that of a genuine asylum. She grows agitated over the weekend, overwhelmed with the desire to go home and overlooked by staff when she expresses this; she is shut out from the world.

When Ikpi can finally meet with "the fabled 'regular doctors'" she finds they "don't care either" and they treat her as a "case study" rather than a human being, escalating her frustration that no one there will listen to her (Ikpi 209-211). The doctors make her feel inhuman, taking notes and observing her but offering nothing aside from a list of medicines that Ikpi has to insist "make her feel worse": "I am terrified and shaking. Why won't they notice this? They all stand and watch me weep. Like I'm not real. Like I'm performance art" (213). Amidst her tears and misery, she is forced to advocate for herself until she finally gets through to them and they contact Dr. Goodman who writes a prescription for the medicine she has spent the entire session telling them works for her bodymind. This interaction seems to bolster her will to "get better" if for no other reason than to be able to leave. By the end of day four, Ikpi feels better and each day after, she asks anyone who interacts with her when she can go home; she is met with hedging

answers and left in relative darkness about what has been determined about her. On the seventh day, Ikpi credits the medication rather than the hospital for why she is deemed "okay" and can be released: "The meds are working — I can feel my brain slowly connecting and gluing itself back together. But I can't stay here another day or it will start to shred again" (222).

While medication that does work for Ikpi's bodymind is an important part of her "being okay", the process to find the right medication and then to accept its new role in her life was grueling. The collection of essays that span from her diagnosis to her hospitalization show that the most damaging part of her process in receiving help and determining a treatment path that is effective were the people charged with her care. She does acknowledge that each nurse and doctor has large caseloads: "I'm just another patient. Just another faceless body on a conveyor belt of afflictions" (203). The awareness of their workloads doesn't make it easier for Ikpi to cope with their impersonal approach and points to a larger flaw within the medical-industrial complex that caretakers are overloaded and overworked. She doesn't blame any of these professionals for this; her anger and frustration for being silenced aren't negated by this, either. These doctors aren't antagonists in her narrative, they're the product of a system that Ikpi recognizes as largely unhelpful to those it claims to aid. She shows that diagnosis, cure, and the promise of "getting better" with medicine are all disillusioning, flawed elements within the medical-industrial complex.

"Kind of Like an Ellipses": The Reality of Living With Mental Illness

> "I would trade every so-called talent I have for a brain that mends and processes things the way that it was meant to…I think a lot of creative people who live with mental illness create *despite* the illness and not because of it."
>
> —Bassey Ikpi with Simon, emphasis mine

Aware that her memoir would be a piece of mental health advocacy, it was vital for Ikpi to resist a sense of closure at the end of *I'm Telling*: "I hope the ending is kind of like an ellipses" (with Edim). The final three essays do read as an ellipses, each leaving lose threads that the reader understands Ikpi has taken up outside of her memoir as her life has continued on beyond its pages; she doesn't tie things off because that would be unrealistic. One of the criticisms *I'm Telling* has received is that "provide[s] no real clear ending" (Ikpi with Haller). Writing an inconclusive and narratively confusing ending is how Ikpi "invites [readers] to consider the process of healing as ongoing" (Buss 43). There are not clear answers for who appears in these final three essays nor does she provide clear context for where she is in each. Instead, the final three essays read as her meditations on what living with mental illness means.

In the essay immediately following her hospitalization, titled "Some Days Are Fine", Ikpi shows the slow, difficult process of learning to accept the new reality of her mental illness, showing that the work of healing is "a constant" (Ikpi with Haller). This essay is written with multiple passage breaks segmenting apart her contemplations about mental illness, how her family "rushed to treat [her] like glass" following her release, and her recurrent descriptions of waking up finding some days are fine, and some are not (Ikpi 226). Through these snippets, she articulates the tension between being "better" and knowing "it will always return" (226, 230). She describes the consistent effort of self-maintenance, listing all she "needs to do" on the days that are fine to maintain "better" (229). She allows herself rest on the days that aren't, going through the many affirmations she has to fight to believe on these days. One of her constant mantras is "Allow yourself morning" a message she talks about sharing with others: "I tell them it means that today may have been a rolling ball of anxiety and trembling, a face wet and slick with tears, but if you can get to morning, if you can allow yourself a new day to encourage a

change, then you can get through it" (230). Ikpi has developed ways to remain regulated on the "fine" days, keeping away the "hurricane" of hypomania, and to cope and survive the days that aren't, when the "fog" of depression has "surrounded her" (229). This effort shows the reality that, "these feelings don't disappear overnight" though they "can quiet" and "ripple" (228-30). Most importantly, she designates "this thing", her blanket term for the experience of mental illness, "a liar": "This thing wants to eat you. Don't let it…It is a liar. Believe only that you are necessary and an important part of this world" (Ikpi 231). Marking the mentally ill part of her brain as a "liar" strips it of its power over her, enabling her to counter its voice. Throughout this essay, Ikpi exemplifies similar reframing of mental illness and illustrates the determination it takes to stay "better" each day, depicting the honest reality of living with mental illness.

I'm Telling may not have received the criticism of "providing no real ending" had Ikpi chosen "Some Days Are Fine" as the closing essay. Ending on a clear message about mental health and the process of healing makes narrative sense following the episode of hospitalization and fits with the memoir's overarching preoccupation with mental health. Yet, there are two more essays. The first, "When We Bleed," centers on Ikpi's grief about the sudden death of "Peter," someone who doesn't appear in earlier essays and whose relationship to her remains unclear. She provides no context for Peter nor his death, but repeats, "Peter is dead" throughout this essay. Her initial response to Peter's death shows how Ikpi's relationship to her mind has evolved: "Your brain, always your *protector*, said, … 'If you feel this, if this enters you, we won't be able to survive it and before all else we are about survival'" (235, emphasis mine). This effectively frames everything Ikpi does through this essay as survival through her grief. The fact of Peter's death punctuates episodes of recalling being told this news and attending his funeral and then numbing this pain through alcohol and meaningless sex. She suggests that the grief she

is “ensur[ing]” she will not feel is wrapped up in both the reality of her mental illness and the loss of Peter: “I have spent my entire life trying to be seen as a ‘good girl,’ trying not to shame my family or destroy my image, but being a good girl didn’t stop me from going crazy and it didn’t keep Peter from being dead” (241). She is “acting out,” behaving the opposite of how she would have prior to such immense losses. There’s rebellion and set back “when we bleed”, when we grieve, as she tells it.

The final essay, “Searching for Magic”, is proof that “in order for the brain to survive, eventually, the grief leaves,” which is one of Ikpi’s many reflections in “Some Days Are Fine” (232). Only four pages long, “Searching for Magic” is amongst the shortest in *I’m Telling.* Newly a mother and still learning to live with mental illness, Ikpi’s final essay reads like a stream of consciousness as she stories her ongoing reality. When “the sadness returns quietly,” she sets her baby in the highchair and turns on a show to occupy him so she can “disappear into the hallway and press cheek against knees to stop the tears before they begin” (245). Though these moments are fewer in frequency than in earlier episodes of her memoir, they trouble Ikpi: “This thing ain’t easy. And I don’t mean to complain because this life is beautiful and it’s magic. And I am blessed and grateful. But this brain feels broken sometimes” (247). This is an important example of duality in life; you can have a beautiful life and suffer from mental illness. Both realities are true, and Ikpi furthers her contemplations on the complex nature of life in the intricate final paragraph of *I’m Telling:*

> When it’s not about men. But it is. And it’s not about this writing that feels pointless. But it isn’t. This life that is so beautiful and amazing and magic. But it isn’t. This wondering why the alone keeps returning. Why the quiet is so loud today. Understanding that this isn’t real. But it is. Knowing that I created it. But I didn’t. This how did any of this

> happen? This back and forth trying to figure out how I came this here. This mommy and daddy's house. This somebody's mother. This suddenly too old to live a life this untethered. This far from Brooklyn" (248).

These final lines are a kind of summary of the many topics that compose her memoir: complicated relationships, contending with mental illness, and struggling to understand her place in the world. She doesn't arrive at clear answers and doesn't resolve the tension of appreciating her life while also struggling some days to go on living it. She doesn't depict "overcoming" mental illness or "succeeding" in treatment because that wouldn't be honest; she shows the reality of living *despite* illness.

I'm Telling has not only provided a means of advocacy for others through its authentic depiction of mental illness and navigating getting help, it has also been an important reminder about mental health for Ikpi: "[T]his is hard copy proof that it gets bad, then it gets better, and it gets bad and it gets better. As long as I'm willing to get to the better, I'm okay with that" (Ikpi with Edim). Moreover, as a Black woman narrating her lived experience of mental illness, she creates the sorely needed representation she lacked: "But this thing had a name. Bipolar II. I had never heard of it. Never heard of any Black people with it, so unless I was the first there had to be some mistake" (171). This undoubtedly compounded her sense of abnormality; she is alienated not only from a normative lifestyle but from her race. As such, Ikpi's transparency in detailing mental illness "destigmatizes mental health discussions in communities like the Black community that have historically shied away from the topic": "I talk about it. I'm very upfront about it" (Ikpi with Elias). *I'm Telling*, then, is both an important piece of mental health advocacy and a vital representation of Black mental health, paving the way for conversations around the reality of mental illness/health.

Importantly, though, Ikpi's acceptance of "this brain" is a form of survival, a necessary peace to keep her moving through her life and not a gladness or "gift." In fact, in an interview Ikpi admits she "would trade everything so-called talent [she has] for a brain that mends and processes things the way that it was meant to" (Ikpi with Scott). Accepting her brain is how she comes to terms with the new reality of living with mental illness: "This brain that is mine, in all its broken and fractured and bruised and bullied" (Ikpi 232). This neutral acceptance echoes Buss' assertion that memoir "expresses the human subject as survivor: one who can never overcome but can invent and reinvent tactics of survival" (Buss 42). By sharing her story, Ikpi creates a testimony to her survival that provides a way forward for both herself and others.

CHAPTER 4

MEMOIR AS MENTAL HEALTH ADVOCACY

"But suffering doesn't change."

—Susanna Kaysen *Girl, Interrupted* xiii

"But this thing ain't easy."

—Bassey Ikpi *I'm Telling the Truth, But I'm Lying* 247

Girl, Interrupted and *I'm Telling the Truth, But I'm Lying* both prove Ussher's claim that "women's madness is both and neither" mental illness nor misogyny (Ussher 306). Susanna Kaysen's and Bassey Ikpi's narratives alike illustrate their lived experiences of mental illness, symptoms of which are implied to be exacerbated by social influences. Overwhelming evidence appears in Kaysen's account to suggest her diagnosis and hospitalization were both a product of misogynistic dominion. These factors do not negate the fact of her mental illness, though this experience doesn't neatly fit the terms of her diagnosis, as she demonstrates through deconstructing borderline personality disorder. Ikpi's narrative, on the other hand, does not suggest that misogyny specifically is an influence in her suffering, rather, there is a myriad of "experiences that turned [her] into these fragmented sentences" (Ikpi 1). Some of these experiences are inevitably tied to misogyny given that she lives in a society that is still patriarchally influenced, even as this dominion has become more discrete since Kaysen's context in the 1960s.

Writing accounts of their multidimensional suffering enables each memoirist to explore these traumatic episodes and make individual meaning of them, meaning that better fits their lived experience. Key to reclaiming these experiences and authorizing them on their own terms is the construction of their narrators. Kaysen's narrator situates her as a researcher observing McLean and mental illness while also reliving these experiences as a survivor of this traumatic period. If Ikpi's narrator were to also be considered a researcher, it would be the research of her own life as she combs through fragments of memory to understand how she has survived to the point where she stories her suffering. In this sense, both women are, in part, preoccupied with understanding mental illness as a force that shaped their lives and the irrevocable impact their diagnoses have borne upon them. By exploring each of these through their memoirs, they emerge as advocates of mental health and justified critics of medicalization.

Both Ikpi and Kaysen show the complex nature that underlies human suffering and deeply humanizes the lived experience of mental illness through their memoirs. Considering that their experiences happen decades apart points to the continuing systemic issues that loom large in their narratives. Despite reform in mental health treatment and mass deinstitutionalization for treating mental illness, the psychiatric diagnostic system is still embedded within the medical-industrial complex. Consequently, the same ideologies that confined Kaysen in 1967 silenced Ikpi in 2004. Moreover, as scholars like Clare and Jutel show in their respective projects, the function of diagnosis to classify a set of symptoms and determine treatment outcomes remains. As Jutel argues, "once a classification is established it reproduces itself in an intuitive way that silences debate" foreclosing alternative interpretations and, most damagingly, silencing the bodymind at the center of a given diagnosis (38). Kaysen and Ikpi alike show how they were treated as case files with meaning read onto their bodyminds rather than heard as authorities over

their lived experiences throughout their memoirs. Showing the limitations of the diagnostic and psychiatric systems through their narratives positions them as qualified critics of the medical-industrial complex at large, reiterating the message that there is still progress to be made within spheres of public health.

Contemporary mental health advocacy is one way communities and organizations are striving toward this progress. The National Alliance on Mental Illness, an organization at the forefront of this movement, defines mental health advocates as "heroes — individuals who do not wear capes, but who work tirelessly every day to share their stories and help those who are struggling" (Fuller). The role of these "heroes" is further contextualized by Gautam Saha, President of the Indian Psychiatric Society: "[Mental Health Advocacy] consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations" (Saha). Mental health advocates, then, are any persons working to reform flawed systems that historically dehumanize all degrees of suffering.

Moreover, transparent conversations about mental health and illness help destigmatize these experiences. According to the World Health Organization, the principal elements of mental health advocacy include: "Awareness-raising, information, education, mutual help, counseling, defending, and denouncing" (WHO qtd. in Saha). Altogether, an integral component of mental health advocacy is sharing testimonies of mental illness enabling "these advocates [to] stand up for others who do not have a voice" (Fuller). These accounts are vital for those without a voice to story their own experiences: "They remind us that there is light, healing and hope throughout this journey. They shatter stereotypes and stigma associated with mental illness" (Fuller). The brave and vulnerable act of storying mental illness makes *Girl, Interrupted* and *I'm Telling* both

invaluable contributions to this advocacy, by extension confirming both Kaysen and Ikpi as mental health advocates.

Key to this advocacy is a refusal of medical terminology to describe their experiences. Instead, they utilize figurative language and the creative style allotted by the memoir genre to recognizably explain mental illness. This is a project that is essential to both Kaysen and Ikpi; they need their readers to understand viscerally the lived experience of mental illness. This both humanizes what they experienced and validates what they endured throughout these episodes. They are advocating for themselves as much as they are for others through these testimonies, demanding their voices be heard and their suffering understood acutely. Further, by clarifying the feeling of these symptoms, they ensure there is an alternative language readily available for their audience to combat hyper medicalization of their experiences.

Bringing Ikpi and Kaysen together underscores the need for representation of different identities within the project of storying mental illness/health through memoirs. Ikpi speaking as a Nigerian American woman offers experiences and interpretations inherently different from Kaysen, a white woman from an affluent family. Part of Ikpi's struggle to accept the reality of mental illness was due to the total lack of BIPOC accounts of mental illness she could turn to along with her mother's suffering — her mental illness — as unspeakable in her family. In an interview, she recalls posting her raw suffering on a blog, desperate to find even one other BIPOC woman who shared her diagnosis: "I figured if it's just gonna be me and like one other person in, I don't know, California, and we were the only two black girls or only two people of color in the *world* who had bipolar disorder" (with Elias, emphasis mine). *I'm Telling* offers the account Ikpi yearned to find when she was first diagnosed. As she addresses in the same interview, many marginal communities have historically "shied away from" conversations about

mental health. In many cases, there is a total lack of acknowledgment of the concept of mental health, as was the case for Ikpi's mother and her family.

The stigma that Kaysen depicts is relative to the attitude surrounding mental illness in the sixties, offering a historical representation of a notorious "insane asylum." Yet, *Girl, Interrupted* is far more than just a depiction of institutionalization. Kaysen's descriptions of how she was struggling to fit into the mold of a restrictive society alongside her vivid portrayals of mental illness resonate across time for readers because "suffering doesn't change": "This book, written under a delusion, brought many readers some comfort. I hope it still has that to offer thirty years later" (Kaysen xiii). Because *Girl, Interrupted* arrived in 1993, at the forefront of a growing push for mental health reform, it was pioneering for many readers, offering a unique look into both the American insane asylum and the reality of mental illness. Both memoirs serve different purposes, meeting the needs of their time and enabling these women to offer different forms of advocacy to different audiences — each vital representations of human suffering.

It is also important to consider what these memoirists do *not* include in their narratives as intentional storytellers. Neither woman provides extensive accounts nor histories of their families, partially to protect their privacy, but also to maintain focalization of their selves within their narrative. Neither memoir claims to be an exhaustive life story and if they were, their advocacy and criticism would risk losing poignancy as central within their narratives. Unless time is important to the message of a given episode, they have also removed a stable sense of temporality that would compose a traditional autobiographical narrative. Details are missing from both to intentionally represent the fallacy of memories bound within traumatic experiences and the dissociative state experienced in episodes of mental distress. Moreover, details about doctors' specific roles and positions are hazy; they are symbolic of the medical system they

perpetuate. Any detail and piece of information that has been omitted reifies their critique and/or conveys the reality of a mentally ill and traumatized psyche.

Given that these memoirists embody advocacy through their narratives, it is essential to listen to what their memoirs have to offer rather than categorizing their rhetoric into predetermined conventions. These memoirs provide an alternative perspective from case files and even interviews; the memoirist uniquely possesses absolute control over *how* their experience is communicated. Therefore, it is an important scholarly turn to analyze how these individuals create an experiential knowledge over their suffering rather than mapping existing ideologies onto their narratives that are unlikely to neatly fit their memoirs. Memoirs are invaluable sites for analysis that are underutilized as primary material in the field of the rhetoric of health and medicine. Given that the field of rhetoric and health and medicine deconstructs and analyzes all aspects of medicine as a site for persuasion, often due to power imbalances innate to this system, these scholars should seek out memoirs as their sites of inquiry. The present project is limited to only two memoirs leaving room for expansion into other memoirists' accounts. Examining memoirs that story illness as sites of advocacy and medical critique amplifies voices that are too often silenced.

Works Cited

Primary Sources

Ikpi, Bassey. *I'm Telling the Truth, But I'm Lying.* Harper Perennial, 2019.

Kaysen, Susanna. *Girl, Interrupted*. Vintage Books, 1993.

Secondary Sources

Anglesey, R. Leslie. "Review of *Rhetorics of Overcoming*." https://compositionforum.com/issue/50/anglesey-hitt-review.php. Accessed 26 Feb. 2025.

Augustine, Nora Katherine. *Extra/Ordinary Minds: Mad Genius Rhetoric and Women's Memoirs of Mental Illness.* Chapel Hill, 2021.

Bansinath, Bindu. "Susanna Kaysen Reflects on Girl, Interrupted Turning 30." *The Cut*, 23 May 2023, https://www.thecut.com/2023/05/susanna-kaysen-girl-interrupted-30-years-anniversary.html.

Bipolar Disorder. National Library of Medicine, https://medlineplus.gov/bipolardisorder.html. Accessed 29 Jan. 2025.

Buss, Helen M. "Authorizing the Memoir Form: Lauren Slater's Three Memoirs of Mental Illness." *Unfitting Stories*, edited by Valerie Raoul et al., Wilfrid Laurier Press, 2007, pp. 33–43. *DOI.org (Crossref)*, https://doi.org/10.51644/9781554581214-006.

Clare, Eli. *Brilliant Imperfection: Grappling with Cure.* Duke University Press, 2017.

Clark, Hilary. "Telling Trauma: Two Narratives of Psychiatric Hospitalization." *Unfitting Stories*, edited by Valerie Raoul et al., Wilfrid Laurier Press, 2007, pp. 45–52. *DOI.org (Crossref)*, https://doi.org/10.51644/9781554581214-007.

de Villiers, Stephanie. *Madness and Gender in Contemporary Diasporic Life Writing and Fiction*. Stellenbosch University, 2024.

Edim, Glory. "Interview with Bassey Ikpi." Shondaland, 2019.

Elias, Naomi. "'The Survivor's Edit': Bassey Ikpi on Memory, Truth, and Living with Bipolar II." *Longreads*, 21 Aug. 2019, http://longreads.com/2019/08/21/interview-with-bassey-ikpi/.

Friedman, Judith. *The Relationship between Neuropsychology and Mental Health*. 21 Feb. 2023, https://www.reflectneuro.com/the-relationship-between-neuropsychology-and-mental-health/.

Fuller, Kristen. "What Does It Mean to Be a Mental Health Advocate. *NAMI*, 24 June 2020, https://www.nami.org/Blogs/NAMI-Blog/June-2020/What-Does-It-Mean-to-Be-a-Mental-Health-Advocate.

"Girl Interrupted in her Music" by Johannes Vermeer. https://www.essentialvermeer.com/catalogue/girl_interrupted_in_her_music.html#top. Accessed 9 Mar. 2025.

Haller, Hallie. *"The Happy Ending Is the Fact That I'm Still Alive": A Conversation with Bassey Ikpi - The Adroit Journal*. 6 Nov. 2019, https://theadroitjournal.org/2019/11/06/the-happy-ending-is-the-fact-that-im-still-alive-a-conversation-with-bassey-ikpi/.

Ikpi Website. https://basseyikpi.com/. Accessed 27 Jan. 2025.

Johnson, Alex, and Susanna Kaysen. "A Conversation with Susanna Kaysen." Agni, no. 40, 1994, pp. 99–107. JSTOR, http://www.jstor.org/stable/23007305. Accessed 15 Mar. 2025.

Jutel, Annemarie. *Putting a Name to It: Diagnosis in Contemporary Society.* John Hopkins University Press, 2011.

Kelly, Patty. "The Development of American Psychiatry's Professional Style: DSM-III's 'Common Language.'" *Rhetoric of Health and Medicine*, vol. 3, no. 2, May 2020, pp. 220–48. *DOI.org (Crossref)*, https://doi.org/10.5744/rhm.2020.1008.

Littlemore, Jeanette. *Metaphors in the Mind: Sources of Variation in Embodied Metaphor*. Cambridge University Press, 2019.

"Mental Health By the Numbers." *NAMI*, https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/. Accessed 21 Feb. 2025.

Molloy, Cathryn, et al. "The Place of Mental Health Rhetoric Research (MHRR) in Rhetoric of Health & Medicine and Beyond." *Rhetoric of Health and Medicine*, vol. 3, no. 2, May 2020, pp. iii–x. *DOI.org (Crossref)*, https://doi.org/10.5744/rhm.2020.1011.

Pickens, Therí A. *Black Madness: Mad Blackness*. Duke University Press, 2019. *K10plus ISBN*, https://doi.org/10.1515/9781478005506.

Price, Margaret. *Mad at School: Rhetorics of Mental Disability and Academic Life*. University of Michigan Press, 2011.

Pryal, Katie Rose Guest. "The Genre of the Mood Memoir and the *Ethos* of Psychiatric Disability." *Rhetoric Society Quarterly*, vol. 40, no. 5, Nov. 2010, pp. 479–501. *DOI.org (Crossref)*, https://doi.org/10.1080/02773945.2010.516304.

Reynolds, J. Fred. "A Short History of Mental Health Rhetoric Research (MHRR)." *Rhetoric of Health & Medicine*, vol. 1, no. 1–2, 2018, pp. 1–18. *DOI.org (Crossref)*, https://doi.org/10.5744/rhm.2018.1003.

Rodriguez Del Barrio, Lourdes. “Space, Temporality, and Subjectivity in a Narrative of Psychotic Experience.” *Unfitting Stories*, edited by Valerie Raoul et al., Wilfrid Laurier Press, 2007, pp. 139–47. *DOI.org (Crossref)*, https://doi.org/10.51644/9781554581214-017.

Rothschild, Babette. “Introduction.” *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*, Norton , 2000.

Saha, Gautam. “Advocacy in Mental Health.” Indian Journal of Psychiatry, vol. 63, no. 6, 2021, pp. 523–26. PubMed Central, https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_901_21. Scott, J. Blake, et al. “Examining Evidence in RHM.” *Rhetoric of Health & Medicine*, vol. 4, no. 3, Mar. 2022. *DOI.org (Crossref)*, https://doi.org/10.5744/rhm.3009.

Scott, Simon. “Bassey Ikpi On ‘I’m Telling The Truth, But I’m Lying.’” *NPR*, 17 Aug. 2019. *NPR*, https://www.npr.org/2019/08/17/751986892/book-im-telling-the-truth-but-im-lying.

Smith, Sidonie, and Watson, Julia. *Life Writing in the Long Run: A Smith & Watson Autobiography Studies Reader.* Michigan Publishing, 2016.

Takayoshi, Pamela. “Through the Agency of Words: Women in the American Insane Asylum, 1842–1890.” *Rhetoric of Health and Medicine*, vol. 3, no. 2, May 2020, pp. 163–88. *DOI.org (Crossref)*, https://doi.org/10.5744/rhm.2020.1012.

Ussher, Jane. *Women’s Madness: Misogyny or Mental Illness?*. University of Massachusetts Press, 1991.

Weir, Keziah. “‘It’s Almost Like It Isn’t About Me’: Susanna Kaysen on Writing ‘Girl, Interrupted,’ 30 Years Later.” *Vanity Fair*, 22 May 2023,

https://www.vanityfair.com/style/2023/05/susanna-kaysen-on-writing-girl-interrupted-30-years-later.