

Girl, Interrupted Study Guide

Girl, Interrupted by Susanna Kaysen

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Plot Summary

Susanna Kaysen offers a personal memoir about her diagnosis with Borderline Personality Disorder and subsequent confinement at McLean Hospital. After attempting suicide, Kaysen voluntarily commits herself and is assigned to a medium-security psychiatric ward. Over the next approximately eighteen months, she receives treatment consisting of drugs, therapy and analysis. During her period of confinement, she meets several other young women, who are also receiving various forms of treatment for disparate mental illnesses. Toward the end of her stay Kaysen receives a marriage proposal, which she accepts. The memoir concludes with a retrospective reevaluation of the time period and topics presented.

The presentation of events within the memoir is not chronological, although most events are placed in a more-or-less chronological order. References to future events are occasional while references to prior events are fairly frequent. Specific dates are often omitted and the narrative construction makes the ordering of events and the dates of some events difficult or impossible to ascertain with precision. The memoir presents several reproductions of documents, which offer the most authoritative event dating available. Given its brevity, the memoir covers a remarkable range of time and topics; most of the thirty-four chapters are about four pages long and, for the most part, fail to fully develop the theme or topic presented.

Kaysen grows up in a wealthy and prestigious family, which appears to be typical in most respects. Her mid-to-late teenage years are marked with developing mental illness, which is diagnosed as Borderline Personality Disorder. In 1965, at the age of seventeen Kaysen attempts suicide using a massive dose of aspirin. After this suicide attempt Kaysen engages in an illicit sexual relationship with her high school English teacher, while simultaneously terminating her relationship with her boyfriend. During this period she also engages in subdued, but routine, self-mutilation and experiences short-term catatonic fugues (i.e. short-term memory losses). In 1967, Kaysen voluntarily commits herself to McLean Hospital after hospitalization is recommended to her by a psychiatrist.

During the next eighteen months, Kaysen receives treatment with drugs, therapy, and eventually analysis. During her stay in the medium-security ward Kaysen meets and befriends several other young women who are also patients. The memoir contains some biographical information about several of these patients, as well as a few notes about a handful of healthcare providers at the hospital. In general, the information presented is too sketchy to develop a comprehensive understanding of the individuals discussed. Toward the end of her stay Kaysen unsuccessfully applies for several jobs before being hired as a typist. Her employment lasts less than a week. Kaysen then worries briefly about her future before receiving a marriage proposal, which she accepts. She is then discharged from the hospital and deemed to be fully functional by the staff.



The remainder of the memoir is dedicated to an examination of mental illness in broad terms, with a focus on Borderline Personality Disorder. Kaysen examines her own experiences with commitment and mental illness and argues—somewhat unconvincingly—that her mental illness was not serious enough to warrant confinement, given the socio-medical norms of the day.



Chapters 1 & 2

Chapters 1 & 2 Summary and Analysis

Susanna Kaysen offers a personal memoir regarding her diagnosis of Borderline Personality Disorder and subsequent confinement at McLean Hospital. After attempting suicide, Kaysen voluntarily commits herself and is assigned to a medium-security psychiatric ward. Over the next eighteen months, she receives drugs, therapy, and analysis. During her period of commitment, she meets several other young women, who are also receiving various forms of treatment for disparate mental illnesses. Toward the end of her stay Kaysen receives a marriage proposal, which she accepts. The memoir concludes with a retrospective reevaluation of the time period and topics presented.

Chapter 1 begins with a reproduction of a form titled "Case Record Folder"—a summarization sheet for Kaysen's admission to McLean Hospital. Kaysen was admitted during April 1967, for a diagnosis of Borderline Personality; additionally, the report indicates a 1965, hospital admission at another facility where Kaysen received a "stomach pump" procedure. The text of the short chapter considers the possible nature of insanity—what Kaysen here refers to as the "parallel universe." She offers as an example Georgina, her roommate at McLean Hospital. Georgina had been a mentally healthy junior at Vassar and then had a single serious episode, which led to her commitment. Georgina's situation is somewhat rare, however, as most people move gradually towards insanity.

In Chapter 2, Kaysen recalls a visit with a fat psychiatrist prior to her commitment at McLean. She recalls having taken the subway across a considerable distance to arrive at his practice. After what she terms a twenty-minute interview, the psychiatrist concludes that Kaysen needs, as he puts it, a rest. She agrees that a rest would be nice, unaware that he is saying that she should be committed to a mental health facility. The psychiatrist then escorts Kaysen to a taxi, instructing the driver to proceed to McLean without interruption. Throughout the remainder of the text, Kaysen will return to the fact that her interview lasts for only twenty minutes. In fact, she will present official admissions documents that allow her to reconstruct timelines—unfortunately, the documents do not agree with each other. If one document's timestamp is used, the interview indeed lasted only twenty minutes. If another document's timestamp is used, the interview likely lasted three hours. Since one of Kaysen's mental issues is "losing time," that is becoming catatonic, either stamp seems credible. Obviously, catatonia during a psychiatric evaluation would be cause for serious concern. On the other hand, perhaps Kaysen was easily diagnosed within a mere twenty minutes. This issue is not resolved within the text but is used to create narrative tension. In any case, Kaysen's opinion of the psychiatrist remains fairly unflattering throughout the narrative. It is noteworthy that the repetitive examination of this single topic consumes more of the narrative focus than any other.



Chapters 3 & 4

Chapters 3 & 4 Summary and Analysis

Chapter 3 presents reproductions of two forms. The first is entitled "McLean Hospital: INQUIRY CONCERNING ADMISSION" and is dated April 1967—the date of Kaysen's admission. It includes handwritten notes regarding Kaysen's father's financial ability to pay for services as well as several notes regarding the referral, including statements that Kaysen exhibited a random life and promiscuity. The second is titled "McLean Hospital INTER OFFICE MEMORANDUM" and is dated June 1967. It is a note from the psychiatrist mentioned in chapter 2, and briefly outlines the rationale behind Kaysen's commitment. The single-page textual entry of the chapter presents a list of possible reasons why "this person" is having difficulty; the person is anonymous but by implication must be closely identified with Kaysen. There are ten options ranging from "a witch" to "sane in an insane world." Several options have sub-options. The entry is not intended to be a clinical instrument.

Chapter 4 discusses Polly, a fellow patient of McLean Hospital. Polly had set herself on fire. Kaysen speculates on the circumstances surrounding Polly's self-immolation but admits that none of the details are more than speculation. Thick pink and white scars horribly disfigure Polly's neck and face. The scar tissue is so thick and inflexible that Polly must rotate her entire upper torso to turn her head. Kaysen's own suicide attempt had been the ingestion of fifty aspirin, one at a time. Kaysen had then gone into a public area and passed out—an action that secured medical assistance and saved her life. She admires Polly's rather more-dedicated attempt at suicide. She also notes that Polly one day suddenly realized that she was horribly disfigured for life and spent many, many hours shrieking "my face, my face, my face." Kaysen concludes with the recognition that although all of the girls are trapped by their mental health, the condition is hopefully transient; whereas, Polly will always be trapped by her disfigurement.



Chapters 5 & 6

Chapters 5 & 6 Summary and Analysis

Chapter 5 discusses Lisa, a fellow patient of McLean Hospital. Later in the text (chapter 16), a second patient with a similar name is introduced—thus careful attention to the distinction between Lisa and Lisa Cody is necessary. In many respects Lisa is the unofficial leader of the ward. When present, she dominates any discussion, and her personality is forceful, and she is well liked by most of the other women. Lisa frequently attempts escape and sometimes succeeds—she is usually recaptured within hours to days, however, and returned forcibly to the hospital. Lisa rarely eats and never sleeps; thus, her appearance is unhealthy, thin and yellow. Kaysen reports that Lisa had a chair in the hallway near the nurse station where she would pass the nights in conversation. When Lisa is captured, she is usually violent, and the staff clips her fingernails and removes her belt to avoid injury. After one particularly violent episode of escape and return, Lisa degenerates into a catatonic state and spends many days watching television. After a few months, she starts to come out of her despondency and gradually returns to her prior personality.

In Chapter 6, Kaysen receives a male visitor at the hospital. She lists the men that could have visited her but did not—not her boyfriend, her father, or the high school English teacher with whom she had had sexual intercourse resulting in his termination. Her visitor is Jim Watson. Watson is in his fifties and unprepossessing and calming. He offers to take Kaysen out of the hospital and return her to normal life, suggesting that a trip to England would be possible, where she could secure work as a governess. Kaysen considers his offer and declines, noting that she needs to remain in the hospital. Watson is one of the discoverers of the structure of deoxyribonucleic acid, or DNA, and is a Nobel prize-winning biologist. The world-famous scientist is a Kaysen family friend. His appearance in the text is unusual and strange; Watson's accomplishments inform the title of the section—he had unlocked the great scientific riddle to life. Kaysen touches on that accomplishment by playfully suggesting that Watson could somehow explain to her the secret of her life.



Chapters 7 & 8

Chapters 7 & 8 Summary and Analysis

In Chapter 7, Georgina maintains a relationship with Wade, a male mental patient from another ward. She refers to Wade as her boyfriend. Wade is convinced that his father is a CIA operative who performs violent missions alongside E. Howard Hunt and G. Gordon Liddy; ostensibly, they travel to Cuba and murder people. Wade is always angry and often becomes violent. He is frequently restrained by staff and sedated or placed in restraints. During one period, Wade is confined for weeks, and Georgina becomes despondent. Kaysen and Georgina determine to cook caramels to alleviate their boredom. Later, Kaysen mistakenly pours molten caramel over Georgina's hand. Kaysen screams as Georgina's hand burns, but Georgina seems nonplussed and does not react. Kaysen brings the episode full-circle by noting that later on Kaysen learned of G. Gordon Liddy's self-control trick of holding his hand over an open flame. Kaysen, therefore, mistakenly equates Georgina's lack of reaction to being burned as a sign of supreme self-control. Note that this symbolically links Georgina to Polly—both victims of burning—and indicates that Kaysen, as she screams, feels herself lacking in control.

Chapter 8 discusses Daisy, a fellow patient at McLean Hospital. Every year Daisy checks into the hospital before Thanksgiving and stays through Christmas. Some years she also enters the hospital around her birthday in May. Her arrival causes a general discussion about boarding—some rooms are single-patient rooms; whereas, others are built to house two patients. Daisy, however, always insists on having a single room. Daisy is obsessed with laxatives and chicken. She will only eat chicken prepared by her mother, so her father delivers a whole chicken twice a week. Kaysen bluntly states that Daisy's father is sexually fixated upon his daughter but nothing but supposition supports this assertion. Because of her all-chicken diet, Daisy reports constant constipation and takes large daily doses of laxatives. Daisy also stinks of chicken and refuses to allow other patients into her room. On one occasion Lisa fakes constipation for a few days to receive laxatives, which she retains and then uses to bribe Daisy into granting access to her room. Lisa enters the room and stays for a few minutes. When she emerges she announces that Daisy uses a special technique to strip the chicken such that the carcass remains intact. Daisy lines up the carcasses and uses their number as a timekeeping method, so that when she reaches fourteen carcasses, it is time to check out of the hospital because her stay is about seven weeks. It is unclear why the hospital staff allows Daisy to keep rotting chicken carcasses.

Toward the end of her stay, Daisy announces that her father has rented an apartment for Daisy's use. When she is discharged, she occupies the apartment for several months, apparently successfully. However, the duty nurses notify the other patients that Daisy successfully committed suicide on her most-recent birthday. The chapter title is derived from a sign that hangs near or on Daisy's apartment.

Chapters 9 & 10

Chapters 9 & 10 Summary and Analysis

Chapter 9 details Kaysen's own suicide attempt in 1965. At the age of seventeen Kaysen ingested fifty aspirin tablets, one at a time. She reports her motivation for suicide was an attempt to kill that part of her that wanted to commit suicide; she refers to it as a partial suicide. After taking the aspirin, she telephoned Johnny, her boyfriend, and informed him. Then, leaving the telephone off the hook, she walked into a nearby market. She wandered up to a meat counter, briefly examined the packaged product and then collapsed. Meanwhile her boyfriend notified the police, and Kaysen was quickly located and transported to Mt. Auburn Hospital where her stomach was pumped. Curiously, her suicide attempt was at least six months prior to her commitment at McLean Hospital. After recovering, Kaysen associated meat with suicide and practiced vegetarianism.

In Chapter 10, Kaysen enters McLean Hospital of her own free will, mistakenly believing the action to be mandatory. She stays for over two years. She argues that she was not a danger to society or—despite her suicide attempt—herself. She suggests that her referring psychiatrist arranged her commitment merely for his own professional reputation. Her reasons for seeking him out are more complicated: she had begun experiencing severe problems with disassociation. Patterns or designs, in particular, would absorb her attention for prolonged periods of time. Thus, oriental rugs and similar objects caused her to become temporarily catatonic. She additionally felt depersonalized. Finally, her entire worldview had become one of negation and entering a mental hospital appeared to her to be symbolic of ultimate negation. Of course, the chapter seeks to negate Kaysen's own mental illness and is thus curiously convincing.



Chapter 11

Chapter 11 Summary and Analysis

The chapter begins with a reproduction titled "MCLEAN HOSPITAL - ABSTRACT FROM VOLUNTARY APPLICATION." The document states that Kaysen, with her full faculties, signed a voluntary commitment statement. Kaysen's ward in McLean Hospital featured a two-cornered hallway. On the initial, short leg of the hallway are three telephone booths, a few single-occupancy rooms, a living room, and a kitchen. The long leg of the hallway had several double-occupancy rooms on the left side and the nursing station, conference room, toilet, shower rooms, and therapy rooms on the right side. The long-leg ends at the television room and a second short-leg begins there. The final room contains single- and double-occupancy patient rooms, one toilet, and the seclusion room. Because the living room is located on the same side of the hallway as most of the patient rooms, the patients associate it with mental illness and attempt to avoid it. Hospital privileges consist of a complicated series of earned rights and range from in-ward-only freedom through a sort of come-and-go-as-you-please level. Most patients, of course, are fairly restricted and the ward is considered medium security.

The seclusion room is putatively soundproof and features an observation port. It can be voluntarily used to alleviate tension or can be temporarily mandated for violent or abusive patients. The room is only locked, however, when mandated, and thus privacy is only secured by the sacrifice of freedom.



Chapters 12 & 13

Chapters 12 & 13 Summary and Analysis

McLean Hospital's prior patient list includes Ray Charles, James Taylor, Robert Lowell and Sylvia Plath. Kaysen seems to enjoy the exclusivity of the hospital's history. The chapter details the rather complicated series of privileges extended to patients when leaving the ward. In general, nurses are assigned in varying ratios to patients when extra-hospital excursions take place. Thus, getting ready to go into Belmont for a trip to the ice cream store requires organization.

Kaysen, Polly, Georgina, Cynthia and another patient Kaysen refers to as "the Martian's girlfriend," are accompanied by three nurses into Belmont the week after Daisy's suicide. They purchase eight ice cream cones. "The Martian's girlfriend" makes a few obscene remarks, and when the employee asks if the girls want nuts, they giggle at his putatively sexual reference.

Chapters 14 & 15

Chapters 14 & 15 Summary and Analysis

These two brief chapters deal with two aspects of hospital life. One aspect of hospital life involves a procedure known as checks. During checks, nurses check on patients by opening doors and quickly inspecting the room. Patients are placed on checks at certain intervals and are thus checked every five minutes, every fifteen minutes, or every half-hour. Checks are carried out around the clock. Kaysen reports that although irritating at first, checks eventually become synonymous with a pulse or metronome.

Within the hospital any item that is hard and sharp enough to cause injury is confiscated. Enumerated items are nail scissors, nail files, safety razors, penknives, pins and earrings. All eating utensils are plastic or cardboard. When Kaysen shaves her legs a nurse sits next to her and watches the procedure.



Chapters 16 & 17

Chapters 16 & 17 Summary and Analysis

After several months, a patient named Lisa Cody is admitted; since, there is already a Lisa in the ward, the new arrival is referred to by her complete name. The two Lisas are initially friendly and often complicit. After a few months, Lisa Cody is diagnosed as a sociopath, the same illness as the first Lisa. Lisa immediately rejects Lisa Cody's friendship and an intense rivalry begins. Lisa constantly makes demeaning demands of Lisa Cody and then vituperates Lisa Cody's responses. Within a few months Lisa Cody is entirely beaten down and dominated. One of the main contentions Lisa puts forward is that Lisa Cody is not a "real" drug user. When the two women compare track marks, Lisa Cody's are small and faint; Lisa concludes she is only a "suburban junky" (p. 60). After a while, Lisa Cody successfully escapes. Months later, Lisa escapes again and is returned after only a few days. Lisa reports having met Lisa Cody and notes that she has become a hard-core drug user. Lisa appears to take smug credit for pushing Lisa Cody toward heroine and into becoming a more inveterate sociopath.

Chapter 17 begins with a reproduction of a McLean Hospital document titled "NURSING NOTES." The notes are undated. The notes report that a Mr. Hardy visited Kaysen, who apparently performs fellatio on him. The remainder of the chapter consists of Kaysen, Georgina, Lisa Cody, Lisa and Daisy talking about sexual practices. The five young women sit in the hallway and have a discussion about having sexual intercourse and performing fellatio. The argument hinges on whether it is actually possible to bring their male partners to sexual climax between two five-minute inspection checks. Kaysen flatly states that within five minutes male partners cannot climax through sexual intercourse but can climax through fellatio.



Chapters 18 & 19

Chapters 18 & 19 Summary and Analysis

Chapter 18 begins with a reproduction of a document titled "MCLEAN HOSPITAL NURSE'S REPORT OF PATIENT ON ADMISSION," with a 1:30 PM time stamp. The brief chapter then discusses Kaysen's initial psychiatric visit, which led to her commitment. She states that her interview lasted only fifteen to twenty minutes and that no professional could possibly have diagnosed her within that short period of time. The psychiatrist, however, maintains that their initial and only encounter lasted approximately three hours during which time Kaysen was often catatonic. Kaysen reconstructs a timeline, which indicates that the doctor was probably correct based upon the timestamp of the nurse's report. The chapter ends with a reproduction of a document titled "BELMONT MASSACHUSETTS HOSPITAL ADMISSION NOTE," with an 11:30 AM timestamp. Kaysen wonders whether she was admitted at 11:30 AM or 1:30 PM; if the earlier time is correct, it would infer that her interview did indeed last only about thirty minutes. The text does not present any resolution to the situation; clearly Kaysen retains the belief that her estimation of the encounter is correct.

In Chapter 19, Kaysen proposes that insanity comes in two basic varieties—slow insanity and fast insanity. In fast insanity, an otherwise normal person suddenly experiences a near-complete mental failure without notable warning signs. This is fairly rare. More common is the gradual, but inescapable, breakdown of mental processing such as was experienced by Kaysen. She offers a lengthy illustrative process, which begins with a simple notion and then leads to an impossibly complex examination of irrelevant issues. This slow process leads to wasting entire days in contemplating irrelevant topics. The chapter title is interesting in that one of the defining characteristics of Borderline Personality Disorder is the belief in absolute dichotomy—that a given thing is either black or white and that no grey zone exists. Thus Kaysen's presentation of the progress of insanity is intriguing: she says it is either instantaneous, as in Georgina's case, or gradual but irresistible, as in her own situation—that is, instantaneous or inescapable. However this simplistic view is not in accord with modern psychological theory and also does not adequately explain the mental illness of other patients such as Lisa or Lisa Cody. The title of the segment is later echoed by the title of chapter 30.



Chapters 20 & 21

Chapters 20 & 21 Summary and Analysis

Chapter 20 is devoted to an incident involving Lisa and introduces Valeria, the head nurse. Lisa one day demands to receive "fresh air" and causes a commotion. Valeria, the head nurse, refuses to allow Lisa to leave the ward but does offer to open her room's window, normally sealed shut behind a safety screen of thick wire. Lisa demands that Valeria personally attend to the task and the head nurse is compliant. The task is somewhat strenuous, and after it is completed, the security screen is locked in place over the now-opened window. Lisa, having obtained her amusement, loses interest in "fresh air" and does not even enter her room. The chapter is notable as it introduces Valeria. She is the day shift, head nurse and her firm, kind and no-nonsense demeanor earns her the respect and eventual friendship of most of the women residents.

Chapter 21 discusses the lives of several of the McLean Hospital staff. Valeria, who is about thirty years old, is tall and has long legs and arms. Like Lisa, Valeria is capable of twisting herself into uncomfortable positions and maintaining them for hours. She has fair, long hair, which she wears in a braid twisted into a bun. She is strict, inflexible and honest and is the only staff member the patients routinely trust. Valeria's refusal to use jargon or clinical terminology lets most of the patients know their position. Nearly all of the assistant staff is female, except one man, Jerry, an aide.

Most patients see at least three doctors every day—the ward doctor, a resident and a personal therapist. The ward doctor, unlike all the other doctors, is a woman, Dr. Wick. Dr. Wick is from Rhodesia and speaks with a colonial English accent. For a psychiatrist treating young women, she is unusually squeamish about discussing sexual matters. Kaysen recalls one interview with Dr. Wick; interviews with the ward doctor lasted only about five minutes but were apparently conducted every day. During the interview Kaysen relates how, between her suicide attempt and her admission to McLean Hospital, she had developed an inappropriate relationship with her high school English teacher. The relationship led to a drive to New York to the Frick Museum where Kaysen saw a Vermeer painting. A few days after the trip, Kaysen and her English teacher engaged in sexual intercourse. Apparently this information is not new to Dr. Wick. After the brief interview with Dr. Wick, Kaysen spends a short time with the resident. They discuss her physical health and well being. Each patient then visits with a therapist for approximately one hour. Kaysen notes that Cynthia does not visit her therapist routinely; instead, the therapist takes an hour nap. Therapists will not discuss current situations and only investigate the patient's mental illness and past. They also prescribe medications such as Thorazine and Valium.

During the day perhaps six nurses, Valeria, and two aides are on duty. The night staff consists of three or four women. The swing shift is staffed by Mrs. McWeeney. McWeeney is portrayed as harsh, dominating and concerned with appearances. She is unemotional and unsympathetic. The patients feel that McWeeney is crazy.



From time to time the staff is augmented by a group of student nurses. The student nurses rotate through the mental hospital as part of their education. Roughly the same age as the patients, the student nurses are often viewed as idealized selves. The patients want the student nurses to succeed because the patients project their own desires into a vicarious appreciation of the student nurses' successes. The chapter ends with a play on an old cliché—although the professionals are the patient's keepers, the patients have to be their own finders.



Chapters 22 & 23

Chapters 22 & 23 Summary and Analysis

Kaysen is confined throughout 1968. The young women in the ward watch television to pass most of each day. The television news constantly displays images of a turbulent time of social upheaval. The women routinely identify with the revolutionary youth and voice the opinion that they would join with them if only they were free. One day they watch the trial of Bobby Seale. When they see him chained and gagged in court, Cynthia exclaims that he is treated just like she is treated during electroshock therapy. Lisa observes, however, that Seale is gagged because the authorities fear what his speech might accomplish. The chapter grounds the memoir in a definite time and place.

The hospital is a shelter, which protects the patients from unpleasant aspects of the larger world. Devoid of friends, family, possessions, jobs and other things the patients feel themselves to be free. Kaysen postulates that most committed people come from a family of crazy people who want to feel sane, and do so by locking up one member and depositing all their collective insanity upon that person. The cost of commitment at McLean Hospital was sixty dollars a day, which did not include therapy, drugs or other consultations. Thus, Kaysen's two-year stay would have cost about \$45,000 from 1967-1968.

One woman, Torrey, is hospitalized because of drug addiction. Her parents regularly visit her but they aren't loving people; they accuse her of various things. Finally they decide the hospital is too expensive and withdraw her. Lisa attempts to encourage Torrey to escape, but Valerie intervenes and heavily sedates Torrey, who then leaves the hospital under escort. After Torrey's departure, the remaining women are depressed and agitated. Kaysen sits and contemplates her own hand and begins to wonder if it contains bones. She prods at it and then tries to peel away the skin. She then begins to gnaw on her hand in an attempt to uncover some bones. Lisa summons Valerie, who administers a powerful sedative. The chapter ends with a reproduction of a document entitled "MCLEAN HOSPITAL PROGRESS NOTE," dated August 1967. The note mentions Kaysen's self-injurious action and labels it an episode of depersonalization that lasts for about six hours.



Chapters 24 & 25

Chapters 24 & 25 Summary and Analysis

Kaysen's molar becomes infected, and Valerie takes her to see the hospital dentist. He recommends removal of the tooth and lancing of the abscess, but Kaysen declines. Instead he places her on antibiotics. A few days later Kaysen has an allergic reaction to the antibiotics and is returned to the dentist, who extracts the infected tooth under anesthesia. When Kaysen wakes up, she is very distraught over losing time and repetitively demands to know how long she was unconscious. Rather than answering her, the dentist hands her over to Valerie, who hands her the extracted tooth.

In Chapter 25, a new patient, Alice Calais, is introduced into the ward; she pronounces her surname as "*callous*." Georgina makes fun of Alice because she thinks she pronounces her last name incorrectly because she is ignorant. Alice quickly demonstrates a lack of routine knowledge that shocks even the other patients. They tire of her quickly and ignore her. After about one month, Alice erupts into a prolonged violent episode and is transferred to the maximum-security ward. A few days later, Kaysen, Lisa and Georgina visit Alice. It is Kaysen and Georgina's first trip to the maximum-security ward, and they find its prison-like atmosphere and physical security measures startling and uncomfortable. Alice is locked in a tiny cell with only a mattress. She has smeared the walls and her body with her own feces and sits in a near-fetal position. Their visit is very brief, even though Alice is lucid. After a near-panic feeling of imprisonment, the three young visitors are released back to their own ward. They do not visit Alice again. Kaysen, in particular, is shocked by the maximum-security ward and takes it as an omen; she must avoid Alice's fate. Alice is unusual in that her surname is supplied.

Chapters 26 & 27

Chapters 26 & 27 Summary and Analysis

Kaysen's analyst is named Melvin. They spend many hours together, usually in near-total silence. After Kaysen attempts to psychoanalyze Melvin, who suggests that instead of therapy, Kaysen should progress to analysis. The narrative does not describe analysis in any detail; instead, Kaysen focuses on the method of traveling to analysis during bad weather.

Kaysen learns that the various buildings of the medical campus are connected by a series of underground tunnels. This information is known by virtually everyone else but surprises Kaysen. Kaysen is fascinated by the tunnels because their ordered, measured existence is like the plan of the above-ground hospital campus, which is more chaotic and difficult to traverse. Kaysen explains to Melvin that the tunnels are like Plato's perfected world; whereas, the above-ground campus is simply a shadow of the tunnels' reality. Melvin is nonplussed by the analogy. What is clear is that for whatever reason, Kaysen finds the tunnels palatable, controllable and intriguing. The above-ground campus is beyond her immediate conceptualization. Chapter 26 is a major turning point in the memoir—from this chapter onward the memoir focuses with life after commitment; whereas, previous chapters focus with life as a patient.

Chapter 27 notes that for those patients seeking jobs or post-commitment apartments, the hospital provides a mailing address. Although the address is anonymous from a national perspective, using it within Belmont is akin to announcing insanity. As Kaysen recovers and begins the process of moving out of the hospital, she is often greeted with looks of distrust, or even revulsion, by those who realize she has been mentally ill. In fact, she finds her own opinions to conform more with society-at-large than with those women she will shortly be leaving behind. The chapter title is a play on words; a combination of stigmata and the oft-used topography. Those using the address of the mental hospital are thus located in a stigmatized topography. The concept extends beyond the physical address. Kaysen notes that throughout her life, any who learn she has been committed for mental illness display the same astonishment and wariness as did those first few job interviewers. The chapter ends with two reproductions of documents. The first is a letter, dated September 1968, from the psychiatrist in charge at McLean Hospital to the local telephone company. It requests that Susanna Kaysen's telephone installation be expedited. The second is a letter dated July 1973, from a physician at McLean Hospital to the local department of motor vehicles. It explains that Kaysen has no disability which would prevent the operation of a motor vehicle. It is noteworthy that nearly five years have elapsed since Kaysen's discharge, yet she must still obtain a waiver from a physician to obtain a driver license. The documents are indicative of the level of stigmatization which accompanies discharge from a mental health facility.



Chapters 28 & 29

Chapters 28 & 29 Summary and Analysis

Kaysen obtains a job as a typist in the Harvard University billing office. She finds the job stressful, and it appears to carry a huge amount of trivial and discriminatory strictures. For example, women cannot smoke, while men can; women are typists, men are supervisors. Kaysen finds the entire atmosphere intimidating and difficult and makes numerous typing mistakes. She ultimately abandons the job. Valerie then suggests that dental technician would be an optimal job for Kaysen. Kaysen disagrees. Fortunately perhaps for Kaysen, she receives a marriage proposal and is thus spared the decision of career: "In 1968, everybody could understand a marriage proposal" (p. 133).

The chronology of chapter 29 varies from the typical chronological ordering presented in the remainder of the novel. Kaysen covers a period of time prior to, during and after her commitment while discussing the prolonged development of the relationship with her eventual husband. Prior to being committed, Kaysen meets her boyfriend and future husband while he is home from college for Christmas vacation. At roughly the same time she is committed, he travels to Paris. When he returns from Paris, he visits her in the hospital; this is probably the visit that is tangentially described in chapter 17. After the visit, he moves around and then visits once again. This second visit turns into a prolonged series of visits that, coupled with Kaysen's expanding privileges, lead to many extra-campus activities such as movies. Kaysen's boyfriend finally proposes, and she accepts. The engagement and subsequent marriage allow her to fully leave McLean Hospital. It is noteworthy that the boyfriend's name is not given in the text of the chapter.



Chapter 30

Chapter 30 Summary and Analysis

Chapter 30 discusses the division between mind and brain. Kaysen defines mind as that difficult-to-pin-down "something" that animates us and makes us human; whereas, she defines brain as the biological collection of neurons that make up our nervous system. She argues that in 1968, nearly all mental illnesses were considered issues of the mind; the brain, unless grossly damaged, was assumed to be functioning correctly. In more modern theory, the brain is thought to be more culpable, and many conditions which were formerly diagnosed as mental illness and treated with therapy are now treated with the outpatient administration of drugs.

The chapter also includes an enjoyable conversation between two "interpreters" in one brain. The discussion allows Kaysen to present a thought process as an internal debate between a rational viewpoint and a crazy viewpoint. The person used in the example looks at an object in the corner. The crazy interpreter insists the object is a tiger; the rational interpreter insists it is a bureau. Kaysen postulates that if the rational interpreter is capable of enforcing its opinion upon the mind, then the person is sane. If the crazy interpreter wins out, or even simply persists, the person is crazy. The chapter is one of the more interesting segments of the memoir but is also one of the most fictive elements presented. The chapter's title also is reminiscent of the title for chapter 19, and the two topics considered make an interesting contrast: that is, chapter 19 considers the process of a person becoming insane; whereas, chapter 30 considers the reasons why a person becomes insane. The chapter ends with a reproduction of a document titled "DISCHARGE ON VISIT SUMMARY;" in the summary Kaysen is formally diagnosed upon discharge with "Schizophrenic reaction, paranoid type (borderline) - currently in remission" (p. 145).



Chapters 31 & 32

Chapters 31 & 32 Summary and Analysis

Chapter 31 presents a 3-page extract from the Diagnostic and Statistical Manual of Mental Disorders. The text of the chapter is a clinical description of the condition known as borderline personality disorder. The prior narrative has suggested varying diagnoses for Kaysen but borderline personality disorder is the formal diagnosis for the mental illness considered in the memoir. Kaysen notes that terminology has changed in the intervening years (the extract is from 1987). The diagnostic features of borderline personality disorder include: pervasive pattern of instability of self-image; instability of interpersonal relationships; instability of mood. Various less-common or non-pervasive traits are also described. The placement of the chapter within the memoir is problematic; nearly at the end of the text, it perhaps invites the reader to search elsewhere for a clinical description of the formal diagnosis, which is reported much earlier within the text. The placement of the clinical description near the end of the text and after recovery and discharge, gives the memoir a defensive tone that is not particularly helpful or warranted.

Chapter 32, the longest chapter in the memoir, considers Kaysen's diagnosis from a personal perspective. It is one of the most interesting segments of the text and, simultaneously, is the most personal and revealing. In c. 1983, Kaysen obtained legal counsel to assist in receiving copies of her medical history. The current chapter comments on the documents received. Kaysen's diagnosis is to this day not treated with drugs and is instead treated with therapy and analysis. It is also a mid-point diagnosis—not a full-fledged psychosis but more than a simple neurosis. Kaysen argues that in many instances the disorder would not be diagnosed or, if diagnosed, would not be treated with commitment. And as psychiatry has matured, the diagnosis is considered less harmful.

Kaysen notes that prior to commitment, she routinely engaged in what she terms wrist-banging. That is, a repetitive process of impacting her wrists against a hard angle. The intense pain served to penetrate a feeling of numbness. She equates her wrist-banging with the more commonly encountered "wrist scratching" or tentative-and-abortive suicide attempts. Additionally, she displayed nonchalance, bordering on hostility, about social expectations. For example, when asked by instructors about missing high school homework assignments, she would declare an intention of not completing them because of lack of interest. After high school, Kaysen held two jobs for brief periods of time; both ended in minor disasters and left Kaysen feeling unfulfilled.

In general, Kaysen admits to very few disturbing behaviors prior to commitment but argues, unconvincingly, that her diagnosis was too harsh given her symptoms. She focuses on a few behaviors that clinically match the formal diagnosis description offered in chapter 32 but argues that such behaviors are common to nearly all high school graduates. While this may be true to a certain extent, Kaysen's behaviors were more

intense than what is considered "normal" and she also does not focus on her suicide attempt.

Chapters 33 & 34

Chapters 33 & 34 Summary and Analysis

Chapter 33 describes how Georgina is eventually discharged from McLean. She and Kaysen retain a distant friendship for several years. Georgina marries a fairly bizarre character and engages in a series of moves to the West. Kaysen accidentally meets Lisa several years later. Lisa is now a mother of a young boy; she wears jewelry and appears to be pursuing a conventional life, though Kaysen notes Lisa is not married. Lisa shows Kaysen her post-pregnancy stretch marks. Kaysen admits to often thinking of their shared days at McLean Hospital.

The final chapter of the memoir explains the relationship between the title of the text and a Vermeer painting. Kaysen describes three Vermeer paintings housed at the Frick museum. In two, the people are looking at each other and the paintings viewed from a normal perspective. In the third, *Girl Interrupted at Her Music*, a young girl looks aside, out of the circumscribed world of the painting. When Kaysen had viewed the painting as a high school student prior to commitment, she had seen in the young girl's face an urgency of warning. Sixteen years later, Kaysen views the painting from a cold and judgmental perspective—instead of urgency, she sees sadness and distraction. The painting's title and topic inform the memoir's title and constructions—Kaysen declares herself the "girl, interrupted;" not interrupted during a music lesson, but interrupted in life by mental illness and commitment. The obvious symbolism is powerful and appropriate. The chapter and memoir conclude with a reproduction of a document titled "KAYSEN, Susanna # 22 201;" the document notes "DIAGNOSIS AT DISCHARGE, MENTAL DISORDER: Borderline Personality" and "Recovered" (p. 169). Based on the document's page and cell numbering schemes, it is the second page of a two-page case file summary; the first page was presented as the initial page of chapter 1. The clinical summary thus brackets the personal memoir.



Characters

Susanna Kaysen

Polly

Cynthia

Lisa

Lisa Cody

Georgina

Daisy

Janet

Torrey

Alice Calais

Valerie

Dr. Wick



Objects/Places

Belmont, Massachusetts

Belmont is an affluent town in Massachusetts that houses McLean Hospital. The town is small enough that everyone knows about the hospital. Kaysen reports that the town is also home to a large contingent of members of the John Birch Society. Mentioned only in passing, the town provides a setting in time and place for the memoir.

McLean Hospital

McLean Hospital is a well-respected and famous hospital that provides treatment and care for mentally-ill patients. McLean Hospital is the general setting for most of the memoir. The hospital consists of a campus, which appears to be fairly extensive, though not described in detail. There are at least three wards on the campus—three are named—and the wards are divided into at least medium security and maximum security. The hospital consists of several independent buildings, which are joined by underground tunnels as well as more-conventional above-ground walkways. The hospital is a private medical facility and charges prohibitively high fees. The hospital has a long list of well-known, prior patients.

South Belknap Two

South Belknap Two is the name given to the medium-security ward at McLean Hospital, which houses Kaysen and the other women discussed in the memoir. The ward's chief doctor is Dr. Wick, and the head nurse is Valeria. The ward's evening overseer is Mrs. McWeeney. One ward aide (the only male aide) is Jerry. The ward's physical layout is described in detail in chapter 11. South Belknap Two is the specific setting for most of the memoir. Two other wards are named in the text—South Belknap and East House.

Maximum-Security Ward

Kaysen and a few other patients travel to a maximum-security ward to visit a fellow patient. The ward features double-doors at every egress, double locks on most doors, heightened security procedures and enhanced physical security. The rooms within the ward are little more than cells with nothing but a mattress. Kaysen finds the ward frightening and horrid.

Borderline Personality Disorder

Borderline Personality Disorder is defined as a mental health disorder characterized by extreme "black and white" thinking and turbulent interpersonal relationships. Borderline



Personality Disorder is further characterized by pervasive mood instability, disturbance in the individual's sense of self, and upheaval in self-image, identity, and behavior. It is considered a serious mental illness. One commonly-used summation of Borderline Personality Disorder traits is "P.R.A.I.S.E.: Paranoid ideas, Relationship instability, Angry outbursts, Impulsive behavior, Suicidal behavior, Emptiness.'

Hospital Records

A variety of hospital records are discussed in the memoir and several are reproduced between chapters. The reproductions provide the most authoritative source of information within the memoir, and their content is often at subtle odds with the text of the narrative.

Tunnels

Various buildings of McLean Hospital are connected by a series of underground tunnels. The tunnels hold a fascination for Kaysen because their ordered, measured existence is similar to the plan of the above-ground hospital campus, which is more chaotic and difficult to traverse. Kaysen feels the tunnels are like Plato's perfected world; whereas, the above-ground campus is simply a shadow of the tunnels' reality.

Checks

The nurses and aides of McLean Hospital perform regular, routine "checks" of all of the patients under their care. Checks are simply looking in on a patient to determine their physical status and are meant to obviate the possibility of escape or personal injury. Patients are placed on a checks-interval based on their estimated level of risk; intervals range from five minutes to a half-hour.

Sharps

Because many of the patients at McLean Hospital are suicidal or homicidal, any sharp objects are forbidden. Kaysen offers a list of "sharps," which includes everything from the obvious knife to the less-obvious post earring. Sharps are representative of forbidden objects within the narrative.

Therapy vs. Analysis

Kaysen briefly distinguishes between therapy and analysis. In therapy, patients discuss things with a therapist, who acts predominantly as a friend and confidant. Therapy discussions range from casual to intense but are not intended to be part of formal psychoanalysis. Once a patient advances to a certain level of recovery—which is

subjectively determined—they are invited to progress to analysis. Analysis is a formal procedure of psychoanalytic treatment and is more focused and directed than therapy.



Themes

What is Insane

The dominant theme of the memoir concerns the nature of sanity versus insanity. The author was formally diagnosed with Borderline Personality Disorder and spent about eighteen months in involuntary commitment at a mental hospital and received treatment for mental illness. Many persons mentioned in the memoir have either been formally diagnosed with mental illness or is a mental healthcare service provider. The primary setting of the memoir is a mental health facility, and the constant subject of investigation is the nature of insanity. Though insanity is usually defined as the opposite of sane, the author constantly investigates the nature of sanity.

The theme is presented in three ways, all of which are interrelated. The first presentation of the theme is in the autobiographical reporting of the author's personal experiences from attempted suicide and mental breakdown to initial diagnosis; then from voluntary commitment through treatment; then from recovery to discharge and her later life. The second presentation of the theme is in the biographical reporting of the author's perception of others' experiences. Most of the individuals noted in the memoir are formally diagnosed with mental illness of a serious nature; many of them have attempted suicide or self-mutilation—one does succeed at suicide. All of them are in some form of therapy or treatment. By the end of the memoir, a few of them have been discharged and declared mentally competent. The third presentation of the theme is in the speculative sections, which examine the fundamental notions of sanity and perception and contrast them to alternative experiences. In fact, Kaysen argues that the entire mental-health system is based upon questionable theorems. The tight focus of the memoir upon this theme is cohesive and yields an authoritative text.

Freedom and Captivity

Kaysen enters McLean Hospital upon the advice of a psychiatrist. Upon arriving at the hospital, she signs a voluntary commitment form, which gives the hospital the right to take charge of her—she cannot thereafter leave until the hospital deems her recovered. Kaysen states that she signed the form because of a misunderstanding; she did not realize that the hospital required her voluntary permission for commitment. All the other patients, with the possible exception of Daisy, are likewise committed without recourse to appeal. Whether they desire to remain is irrelevant because the hospital staff determines if they are competent for release. The memoir develops the concept of freedom and captivity as a major theme.

The situation of commitment is ameliorated somewhat by a complicated schedule of graduated permissions, which can be earned by the patients. At the most restrictive end of the spectrum is the maximum-security ward, which is akin to a prison. For example, Alice spends her days in a tiny cell with nothing but a mattress and appears to be nearly



constantly isolated from other patients. Less restrictive is the medium-security ward where Kaysen spends her eighteen months of commitment. Within that ward, a series of permissions are granted allowing varying degrees of freedom for individual patients. These privileges range from complete containment in the ward to a come-and-go-as-you-please approach, as long as the patient checks in and out of the ward. A subtle variation of this theme of freedom can be found in the very concept of mental illness itself—captivity within one's own mind. This is outwardly exemplified by Polly's disfigurement and inwardly exemplified by Alice's total mental collapse.

What's a Girl to Do

The early stages of the memoir are concerned primarily with mental breakdown and the physical mechanics of commitment. The intermediate stages of the memoir are concerned with biographical examination of other patients and a vague description of the process of recovery. The latter stages of the memoir are brimming with personal concern over the future. Once Kaysen has recovered enough to think about discharge, she ponders what the future will bring; what will she be doing and what will be expected of her? The development of this theme begins in earnest in chapter 26 when Kaysen develops the topic of the real world contrasted against the imaginary world. It continues in chapter 27, as Kaysen explains the ostracization that a discharged patient encounters. Chapter 29 is a forward-looking construction of life that contrasts nicely with the similarly-titled chapters 1 and 10.

In one respect, the title of the memoir indicates that the author's life suffers from a catastrophic interruption caused by mental illness. Even though that illness is successfully treated, the author discovers it carries permanent effects. She struggles to find a job and to fit in with the larger world, and she finally "gives up" struggling and accepts a marriage proposal. Even after accepting the marriage proposal, Kaysen exhibits a lack of enthusiasm and commitment about marriage and reports that the marriage did not last long. Yet marriage secured her discharge from McLean Hospital.

Kaysen's post-illness confusion is echoed by that of many other patients. One example, Daisy, commits suicide in response to the change from the structure of the hospital to outside life. Another example is Georgina, who marries and pursues a bizarre life of apparent poverty and extreme simplicity alongside a husband, who Kaysen portrays as somewhat distasteful. The final example of unhappy outcomes is Lisa, who has a child without being married and then relies upon her mother for monetary assistance. Lisa's life appears fairly conventional but given her biography it is unlikely to persist for long.



Style

Perspective

Kaysen developed mental illness as a teenager and was committed for a period of approximately eighteen months after attempting suicide. She was formally diagnosed with Borderline Personality Disorder and was declared in remission at time of discharge. She clearly possesses the personal experiences necessary to authoritatively discuss the topic of mental illness. Her brief memoir is a personal examination of the nature of mental illness and is presented in the first-person, limited, point of view. In general, the memoir is presented in the past-tense; however, exceptions to both narrative constructions are commonplace. References to the second-person are frequent; for example, "You could pop into the seclusion room, shut the door, and yell for a while" (p. 46).

The author's stated purpose, in chapter 1, for developing the memoir is to explain the process whereby a person might discover themselves to be committed in a mental health facility. In a broader sense, the memoir is perhaps an apology about the author's personal experiences. In particular, the post-discharge chapters (beginning about chapter 26) seek to examine the legitimacy of commitment, the legitimacy of diagnosis and the legitimacy of the author's personal experiences.

Tone

The memoir is presented in a cool and largely detached tone; the mood is predominantly one of sadness. The memoir is presented from a subjective perspective, which is interspersed by objective documents, which are reproduced and by the clinical definition of Borderline Personality Disorder presented in chapter 31. The presentation of these "anchors of objectivity" serves to highlight, rather than complement, the subjective nature of the memoir. The brevity of the memoir, coupled with the fragmented presentation of data, establishes a diary-like tone.

The effect of the tone places the reader into the intimate world of Kaysen as she develops mental illness, struggles against it and recovers from it. Although she does not present the details of treatment in any orderly fashion, the reader can reconstruct what it might have been like to exist for months in a structured medium-security ward surrounded by other patients with various illnesses, along with all the peculiarities such a life might include. For example, the personalities of the care givers are magnified in significance because of the absolute power they hold over the lives and wellbeing of the patients. Thus Mrs. McWeeney's rather austere personality becomes more than a character trait and serves to define her as a tyrant. Given that the memoir deals with mental illness, the tone and mood are appropriate and well-crafted.

Structure

The 169-page memoir is divided into thirty-four named sections. The text includes twelve reproductions of hospital records or case notes—each reproduction is a full page and fronts a blank reverse page. Thus twenty-four pages, or roughly 14% of the text, consist of original-source documentation. The remaining 146 pages is memoir text. The named sections are not numbered and average a little more than four pages each, ranging from a low of a single page through a high of ten pages for the section entitled "My Diagnosis". In general, sections grow in length as the text proceeds, though this trend is by no means without exception. It is worth mentioning that the very brevity of the memoir prevents many of the themes and topics considered from receiving more than a cursory examination.

The sections are arranged in a vague chronological fashion, but the timing of events is nonetheless problematic. For example, most of Kaysen's pre-commitment life is not discussed until the final chapters of the memoir. In one sense, this gives the reader a certain feeling for the confused nature of Kaysen's life, but the disorganized presentation of events is not helpful from an autobiographical standpoint. Perhaps the best description of the organization of the memoir is that it is topical—events are presented as they apply to the development of a topic. In this way, the early chapters deal with the topic of commitment and physical imprisonment; the middle chapters deal with the topic of recovery; the final chapters deal with the topic of post-commitment life. Events are presented and discussed where they best-support the topic.



Quotes

"Every window of Alcatraz has a view of San Francisco." (p. 6)

"Profoundly depressed - suicidal. Increasing patternless of life, promiscuous might kill self or get pregnant...she doesn't want to return...Daughter Ran away from him 4 mos ago. Living in boarding house in Camb— Desparate—" (p. 11)

"Who would kiss a person like that, a person with no skin?"

She was eighteen before this thought occurred to her. She'd spent a year with us. Other people stormed and screamed and cringed and cried, Polly watched and smiled. She sat by people who were frightened, and her presence calmed them. Her smile wasn't mean, it was understanding. Life was hellish, she knew that. But, her smile hinted, she'd burned all that out of her. Her smile was a little bit superior: We wouldn't have the courage to burn it out of ourselves—but she understood that too. Everyone was different. People just did what they could.

One morning somebody was crying, but mornings were often noisy: fights about getting up on time and complaints about nightmares. Polly as so quiet, so unobtrusive a presence, that we didn't notice she wasn't at breakfast. After breakfast, we could still hear crying.

'Who's crying?'

Nobody knew.

And at lunch, there was still crying.

'It's Polly,' said Lisa, who knew everything.

'Why?'

But even Lisa didn't know why.

At dusk the crying changed to screaming. Dusk is a dangerous time. At first she screamed, 'Aaaaaah!' and 'Eeeeh!' Then she started to scream words.

'My face! My face! *My face!*'

We could hear other voices shushing her, murmuring comfort, but she continued to scream her two words long into the night.

Lisa said, 'Well, I've been expecting this for a while.'

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." (pp. 18-19)

My motives were weak: an American-history paper I didn't want to write and the question I'd asked months earlier, Why not kill myself? Dead, I wouldn't have to write the paper. Nor would I have to keep debating the question.

The debate was wearing me out. Once you've posed that question, it won't go away. I think many people kill themselves simply to stop the debate about whether they will or they won't.

Anything I thought or did was immediately drawn into the debate. Made a stupid remark—why not kill myself? Missed the bus—better put an end to it all. Even the good got in there. I liked that movie—maybe I shouldn't kill myself.

Actually, it was only part of myself I wanted to kill: the part that wanted to kill herself, that dragged me into the suicide debate and made every window, kitchen implement, and subway station a rehearsal for tragedy.

I didn't figure this out, though, until after I'd swallowed the fifty aspirin." (pp. 36-37)

"The seclusion room was the size of the average suburban bathroom. Its only window was the chicken-wire-enforced one in the door that allowed people to look in and see what you were up to. You couldn't get up to much in there. The only thing in it was a bare mattress on the green linoleum floor. The walls were chipped, as though somebody had been at them with fingernails or teeth. The seclusion room was supposed to be soundproof. It wasn't.

"You could pop into the seclusion room, shut the door, and yell for a while. When you were done you could open the door and leave. Yelling in the TV room or the hall was 'acting out' and was not a good idea. But yelling in the seclusion room was fine.

"You could also 'request' to be locked into the seclusion room. Not many people made that request. You had to 'request' to get out too. A nurse would look through the chicken wire and decide if you were ready to come out. Somewhat like looking at a cake through the glass of the oven door.

"The seclusion room etiquette was, If you weren't locked in, anybody could join you. A nurse could interrupt your yelling to try to find out why you were yelling, or some other crazy person could come in and start yelling too. Hence the 'request' business. Freedom was the price of privacy." (pp. 46-47)

A representative conversation with Dr. Wick:

'Good morning. It has been decided that you were compulsively promiscuous. Would you like to tell me about that?'

'No.' This is the best of several bad responses, I've decided.



'For instance, the attachment to your high school English teacher.' Dr. Wick always uses words like *attachment*.

'Uh?'

'Would you like to tell me about that?'

'Um. Well. He drove me to New York.' That was when I realized he was interested. He brought along a wonderful vegetarian lunch for me. 'But that wasn't when it was.'

'What? When what was?'

'When we fucked.'

(Flush.) 'Go on.'

'We went to the Frick. I'd never been there. There was this Vermeer, see, this amazing painting of a girl having a music lesson—I just couldn't believe how amazing it was—'

'So when did you—ah—when was it?'

Doesn't she want to hear about the Vermeer? That's what I remember. 'What?'

'The—ah—attachment. How did it start?'

'Oh, later, back home.' Suddenly I know what she wants. 'I was at his house. We had poetry meetings at his house. And everybody had left, so we were just sitting there on the sofa alone. And he said, 'Do you want to fuck?'

(Flush.) 'He used that word?'

'Yup.' He didn't. He kissed me. And he'd kissed me in New York, too. But why should I disappoint her? This was called therapy." (pp. 85-86)

"It was when we saw Bobby Seale bound and gagged in a Chicago courtroom that we realized the world wasn't going to change. He was in chains like a slave.

Cynthia was particularly upset. 'They do that to me!' she cried. It was true that they did tie you down and put something in your mouth when you had shock, to stop you from biting your tongue during the convulsion.

Lisa was angry too, but for another reason. 'Don't you see the difference?' she snarled at Cynthia. 'They have to gag him, because they're afraid people will believe what he says.'

We looked at him, a tiny dark man in chains on our TV screen with the one thing we would always lack: credibility." (p. 93)



"Lunatics are similar to designated hitters. Often an entire family is crazy, but since an entire family can't go into the hospital, one person is designated as crazy and goes inside. Then, depending on how the rest of the family is feeling, that person is kept inside or snatched out, to prove something about the family's mental health.

Most families were proving the same proposition: *We aren't crazy; she is the crazy one.* Those families kept paying.

But some families had to prove that nobody was crazy, and they were the ones who threatened to stop paying." (p. 95)

"Alice's room didn't smell good. Her walls were smeared with something. So was she. She was sitting on her mattress with her arms wrapped around her knees, and with smears on her arms.

'Hi, Alice,' said Georgina.

'That's shit,' Lisa whispered to me. 'She's been rubbing her shit around.'

We stood around outside the doorway. We didn't want to go into the room because of the smell. Alice looked like somebody else, as if she'd gotten a new face. She looked kind of good.

'How's it going?' asked Georgina.

'It's okay,' said Alice. Her voice was hoarse. 'I'm hoarse,' she said. 'I've been yelling.'

'Right,' said Georgina. Nobody said anything for a minute.

'I'm getting better,' said Alice.

'Good,' said Georgina. Lisa tapped her foot on the linoleum. I was feeling faint from trying to breathe without breathing in the smell.

'So,' said Georgina. 'Well. See you soon, okay?'

'Thanks for coming,' said Alice. She unclasped her knees for a few seconds to wave at us." (pp. 113-114)

"So it was that in December, when I joined Georgina and some other people going to the cafeteria for dinner, I discovered the tunnels.

We say that Columbus discovered America and Newton discovered gravity, as though America and gravity weren't there until Columbus and Newton got wind of them. This was the way I felt about the tunnels. They weren't news to anybody else, but they made such an impression on me that I felt I'd conjured them into being.

It was a typical December day in the Boston area: tin-colored clouds spitting bits of rain mixed with flat watery snowflakes and just enough wind to make you wince.



'Tunnels,' said the nurse.

Out the double-locked double door and down the stair as usual—our ward was on the second floor for added security. There were many doors in the hallway, one of which went outside. The nurse opened another one, and we went down a second flight of stairs. Then we were in the tunnels." (pp. 119-120)

"The hospital had an address, 115 Mill Street. This was to provide some cover if one of us were well enough to apply for a job while still committed. It gave about as much protection as 1600 Pennsylvania Avenue would have.

'Let's see, nineteen years old, living at 1600 Pennsylvania Avenue—Hey! That's the White House!'

This was the sort of look we got from prospective employers, except not pleased.

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

"Whatever we call it—mind, character, soul—we like to think we possess something that is greater than the sum of our neurons and that 'animates' us.

A lot of mind, though, is turning out to be brain. A memory is a particular pattern of cellular changes on particular spots in our heads. A mood is a compound of neurotransmitters: Too much acetylcholine, not enough serotonin, and you've got a depression.

So, what's left of mind?

It's a long way from not having enough serotonin to thinking the world is 'stale, flat and unprofitable;' even further to writing a play about a man driven by that thought. That leaves a lot of mind room. Something is interpreting the clatter of neurological activity." (p. 137)

"MCLEAN HOSPITAL Page F-90

No. 22 201 Name KAYSEN, Susanna

1968

9-4

DISCHARGE ON VISIT SUMMARY:

G. Formal Diagnosis:



Schizophrenic reaction, paranoid type (borderline) - currently in remission. Patient is functioning on a passive-aggressive personality, passive-dependent type." (p. 145)

"I was the first person in the history of the school not to go to college. Of course, at least a third of my classmates never finished college. By 1968, people were dropping out daily.

Quite often now, people say to me, when I tell them I didn't go to college, 'Oh, how marvelous!' They wouldn't have thought it was so marvelous back then. They didn't; my classmates were just the sorts of people who now tell me how marvelous I am. In 1966, I was a pariah." (p. 156)

"I've gone back to the Frick since then to look at her and at the two other Vermeers. Vermeers, after all, are hard to come by, and the one in Boston has been stolen.

The other two are self-contained paintings. The people in them are looking at each other—the lady and her maid, the soldier and his sweetheart. Seeing them is peeking at them through a hole in the wall. And the wall is made of light—that entirely credible yet unreal Vermeer light.

Light like this does not exist, but we wish it did. We wish the sun could make us young and beautiful, we wish our clothes could glisten and ripple against our skins, most of all, we wish that everybody we knew could be brightened simply by our looking at them, as are the maid with the letter and the soldier with the hat.

The girl at her music sits in another sort of light, the fitful, overcast light of life, by which we see ourselves and others only imperfectly, and seldom." (pp. 167-168)



Topics for Discussion

Discuss the meaning of the word "topography" as it is used in the titles for chapters 1 (Toward a Topography of the Parallel Universe), 10 (Elementary Topography), and 29 (Topography of the Future). Does the meaning of the word change as the memoir progresses?

After reading the memoir, do you conclude that the author's commitment was warranted? Why or why not? Do you think that prevailing psychiatric standards of today would render a different diagnosis?

Do you think that the author's commitment was beneficial for her mental health? Are there other patients who apparently benefited more from their commitment? Are there other patients who apparently benefited less from their commitment?

Lisa and Lisa Cody were both diagnosed as sociopaths, but Lisa maintains that her mental illness was much more serious than Lisa Cody's mental illness. Do you think that any two patients with the same diagnosis are equivalently mentally ill?

In one memorable scene, Kaysen visits Alice in the maximum-security ward. Kaysen notes all of the physical restraints and procedural requirements that differentiate maximum-security from medium-security. But the component of maximum-security that Kaysen seems entirely unprepared for is Alice—the patient. What aspects of Alice's behavior were so troubling to Kaysen? Why do you think those behaviors, in particular, were so shocking to Kaysen?

Chapter 31 offers a clinical definition of Borderline Personality Disorder. Why do you think the definition is presented so late in the memoir? How would the tone of the memoir change if the definition opened the narrative?

In Chapter 19 Kaysen argues that insanity comes via one of two routes—slow but inescapable or sudden and complete. Do you think that mental illness can be so clearly classified? Do you think that it is in fact possible for a completely normal person to go "suddenly insane" as Kaysen reports happened to Georgina?

Polly douses herself in gasoline and self-immolates. Her face, neck, arms and hands are horribly disfigured with thick scar tissue. Many months later Polly suffers an episode of intense regret over her actions. Why do you think it took about a year for Polly to discover she had made a serious mistake?

Of all the characters presented in the narrative, which do you find the most interesting? The most crazy? The most normal? Why?

Kaysen visits the tunnels under the McLean Hospital campus and finds them fascinating and reassuring. Have you ever discovered a tunnel or tunnel complex that connects



several locations together? Did you find the same sort of assurance in the tunnels that Kaysen describes? Discuss.

Chapter 22 relates several events occurring in the world outside of the mental hospital such as the trial of Bobby Seale. Do you find that anchoring the memoir in time assists in completely understanding the social milieu in which Kaysen and the other patients survived?

Do you think the memoir is too short to be convincing? What further information would you like to know to complete your understanding of Kaysen's mental illness?