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Narratives of Madness, as Told From Within

By GAIL A. HORNSTEIN

I think there can be no greater suffering than the state of mind I find myself in at present. I am sane enough to know that I am no longer sane. Somewhere, somehow, I am being dragged over a line, a line which never even existed for me until now. ... Everyone is on the other side of an impenetrable glass. ... I am terrified, beyond any understanding, and the not understanding leaves me in a state of paralyzing panic. I can't move in any direction. ... I am afraid that if I turn my head, even a little, I will see my horrible terrors and they will overwhelm me. ... My mind is dying and I want to die with it.

So begins Barbara Field Benziger's 1969 memoir, *The Prison of My Mind*, one of hundreds of accounts of madness written by patients. Dismissed by psychiatrists and invisible to historians of that field, these narratives offer extraordinary insights into mental illness and its treatment. More than 300 memoirs and autobiographies (some fictionalized) have been published in English alone (one dates from 1436); countless others lie half-written in desk drawers, or unacknowledged in physicians' publications and case notes.

Reading these narratives has been a passion of mine for 40 years. While other girls buried themselves in *Wuthering Heights* and *Jane Eyre*, I roamed through libraries searching for works by mental patients. They seemed more gripping to me than other writing -- equal parts adventure story, Gothic tale, travelogue, and morality lesson. Even the titles fascinated me: *Behind the Door of Delusion (by "Inmate Ward 8")*; *Brainstorm*; *A Mind Mislaid*; *Holiday of Darkness*; *Chastise Me With Scorpions*; *The Locomotive God*. Years of poring over these books -- as both a child and an adult -- have left me with a view of psychology completely different from what I learned in graduate school.

Patient memoirs are a kind of protest literature, like slave narratives or witness testimonies. They retell the history of psychiatry as a story of patients struggling to escape doctors' despair. Again and again, patients talk of having to wrest control of their treatment or cure themselves after some physician had given up on them. It isn't surprising that psychiatrists ignore this literature; physicians in every branch of medicine discredit patient accounts, and madness, by definition, further calls into question what patients say. But that attitude terribly limits our understanding of mental illness, and blinds us to the many contributions that mental patients have made to art, science, and literature.

Psychiatry has a peculiar history compared with the rest of medicine, partly because it is so closely tied to a particular institution, the mental hospital. Madness has clearly existed throughout human history, but there was no organized field of psychiatry before the 18th century, when what Foucault called "the great confinement" spread across England and France. Mental hospitals created a whole new kind of physician, the "alienist," whose job was to restore lost minds to health. Alienists and their patients typically lived together in the same building or on the same grounds, creating an intimacy totally unlike the standard medical relationship.

Forced to try to make sense of a world few outside it could even imagine, patients and doctors alike took to writing accounts of their hospital experiences, either to speculate about the causes of mental illness or to recount a treatment they had witnessed. Patients also wrote to protest involuntary confinement or to expose deplorable conditions.

The historian Roy Porter suggests that if we stand back from the tired debates among psychiatrists about mind versus brain, we see that a much broader struggle has been going on between doctors and patients regarding mental illness and its treatment. Many patients have distinct, well-developed theories of their own, as well as a nuanced understanding of which therapies work best. Doctors' viewpoints, of course, have always been given more weight than rival accounts by patients, not so much because they are more insightful as because doctors are in control. As the 17th-century playwright Nathaniel Lee remarked as he was being led away to London's Bethlem Hospital: "They called me mad, and I called them mad, and damn them, they outvoted me."

Psychiatrists have not simply ignored patients' voices; they have gone to considerable lengths to silence them. Patient narratives are filled with reports of their authors' being locked in isolation rooms, deprived of writing materials, having correspondence censored, or being threatened with violence for making their views public. In a famous scene in Mary Jane Ward's autobiographical novel *The Snake Pit* (1946), the main character opens her mouth to ask for a lawyer, to protest being given electroshock treatment; a nurse thrusts in a gag and says, "Thank you, dear," apparently assuming that the patient was trying to help her.

In her autobiography, Charlotte Perkins Gilman, the 19th-century economist and feminist theorist, bitterly recounts her doctor's warning "never [to] touch pen, brush, or pencil as long as you live." Obeying that injunction brought her "perilously near" to losing her mind entirely, she writes. After months of crawling under beds and into closets "to hide from the grinding power of that profound distress," she finally began to write again and cured herself. Elizabeth Packard, author of the celebrated *Modern Persecution, or Insane Asylums Unveiled* (1874), had to pencil her notes into the cotton undergarments she was embroidering for her daughter, which her children then smuggled out of the ward. Daniel Paul Schreber's physician filed a court order to block his *Memoirs of My Nervous Illness*, arguing that Schreber's desire to publish was just another of his symptoms.

Efforts to silence patients' voices have taken subtler forms as well. By allowing patients into psychology literature only as case illustrations, never as authors, physicians have severely restricted the audience for the patients' works.

Some doctors openly distort patient experience to fit their own rules. "Eve White" was hailed as the "real" personality of the patient in *The Three Faces of Eve* (1957), with the sexy, bad "Eve Black" banished during therapy. (Years later, the patient retaliated by publishing her own book, *I'm Eve*, and exposed the extent of her doctors' manipulation.) Freud so appropriated Schreber's story that it wasn't until 1955, when *Memoirs* was translated into English and republished, that readers could compare the patient's 1903 original with Freud's 1911 version. Then they could see for themselves how Freud's narrow use of the case to prove his theory that paranoia is caused by repressed homosexuality required a massive rewriting of Schreber's experience. Patients' complaints about being unheard have often been dismissed as evidence of their illness. As Mary Jane Ward bitterly remarked of her asylum psychiatrist: "He [was] always talking about hearing voices, and never hearing mine."

Like slave narratives, patient accounts of mental illness pit the experience of one person against a broader social structure perceived as oppressive and unjust. Realizing that readers are likely to be skeptical, patients struggle to establish themselves as reliable narrators. Some have a psychiatrist or other authority write a foreword to increase the credibility of their books. Others use statistics or report on the experiences of numerous patients to buttress arguments for reform. Those who recognize that their experiences run counter to psychiatric theory may make explicit comparisons to doctors' views. John Custance, for example, in his 1951 *Wisdom, Madness and Folly*, analyzed his symptoms in relation to Freud's and Jung's theories of the unconscious, Kant's epistemology, Nietzsche's principle of opposites, and Goethe's Faust. (An Oxford professor of philosophy contributed a highly laudatory preface to Custance's work.) The dancer Vaslav Nijinsky, frustrated by his doctor's lack of imagination and narrowness of thought, confided to his diary: "He wants to examine my brain. I want to examine his mind."

I had always assumed that reading these patient narratives was a private passion, not something to be shared. Then, about five years ago, I discovered that Lee Edwards, a colleague in the English department at the University of Massachusetts at Amherst, was equally drawn to these works, and had a collection even larger than mine. We began swapping favorites and debating the merits of classic texts. Knowing nothing about literary criticism, I was amazed by her ability to analyze the narrative strategies that patients used, and to compare the structures of various works. It was like looking at a familiar landscape with a wide-angle lens -- suddenly, I could see things I hadn't even known were there. Yet, unlike the critics I had always dismissed -- who reduced "schizophrenic narrative" to a device for exploring the fragmentation of postmodern life -- Lee insisted that patients' anguish be taken as genuine, not turned into a toy for literary critics to play with.

My surprise at the benefits of a respectful literary analysis was matched by Lee's astonishment at psychologists' complete disregard for patient works. The fact that undergraduate psychology students were rarely assigned even a single patient narrative distressed both of us. So we decided to teach a seminar in my department using these works as the sole texts. Our students were mostly psychology majors from Mount Holyoke, where I teach, with a few UMass students and English majors sprinkled in. We had a difficult time deciding which works to choose; even at the rate of a book a week, so many wonderful possibilities had to be left out. In the end, we used diversity -- historical, biographical, stylistic, diagnostic -- as our principle,

ranging from Nijinsky's diary to Susanna Kaysen's *Girl, Interrupted*, with an idiosyncratic mix of favorites in between. Our students were fascinated. Nothing in their prior course work had even hinted at the idea that mental patients could be authorities on human psychology.

Students read these texts very differently from how we did. They loved *Girl, Interrupted*, for example, for its author's refusal to admit to having been crazy, a quality I found maddening. The insistence by the French writer and teacher Marie Cardinal that finding "the words to say it" cured her uncontrollable menstrual bleeding -- a claim that I (somewhat more than Lee) found totally believable -- was seen as disingenuous by students trained to think of psychotherapy as suited only to "identity crises." Unaccustomed to the relentless monotony of schizophrenic life, some students found *I Never Promised You a Rose Garden*, a book I had read dozens of times, plodding.

Students also identified to a far greater extent than we expected with the feelings of mental patients. For example, when we read, in *Thinking in Pictures: And Other Reports from My Life With Autism*, about Temple Grandin's "squeeze machine" -- a device she had adapted from a cattle chute to press her body from all sides, creating a sensation of "hugging" free from the frightening qualities of human touch -- I assumed that the class would find her aversion to human touch strange. Instead, five students said they wanted one of these machines for their dorm and asked if I knew where they could buy one.

Every generation has its preferred view of mental illness, and books that capture it become best sellers. Mary Jane Ward's *The Snake Pit*, for example, published in 1946 as psychoanalysis reached its heyday in America, so precisely fit popular ideas of the unconscious that it earned more than \$100,000 in its first month. Today we're less certain about who's mad, so a book like *Girl, Interrupted*, in which mental illness becomes the foil for a "darkly comic" portrayal of the late '60s, pulls us in. Readers are drawn to narratives of mental illness for many reasons. Some want a glimpse of madness; others want to reassure themselves that they are saner than perhaps they seem. Often the quest for a new life -- the dominant theme of so many patient accounts -- is what draws us in. But patients choose to write and publish narratives of their illnesses for their own ends. In *Darkness, Visible*, William Styron evokes the agony of severe depression, deftly using his literary craft to illuminate the experience for others, more mute. But since for Styron, depression is like the flu -- something that eventually runs its course, not amenable to treatment so much as endured -- his is not a narrative that can offer much to readers seeking transformation or renewal. And Kaysen doesn't believe that she was ever ill, so she can't take us inside the experience of madness the way other patients do. "I like to speak in rhymes, because I am a rhyme myself," wrote Nijinsky, and reading his diary, we become enchanted participants in his verse.

To provoke new thinking about mental illness and treatment, many patients go beyond descriptions of their own experience to present theories or plans for reform. Schreber's *Memoirs of My Nervous Illness*, for example, was intended as a contribution to the newly emerging "science of abnormal mental states." And in 1860, when most physicians thought of madness as an untreatable, hereditary disorder of the nervous system, a "Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel"

published *The Philosophy of Insanity*, proposing that "the line which separates sanity from insanity is invisible and there are as many kinds and degrees of the disease as there are sufferers." More than a century later, Temple Grandin published the first "inside view" of autism, contradicting the standard medical view that autistic patients couldn't reflect on their own mental lives.

Patient narratives show us how the context of mental illness can be as important as any "defect" or disease. Politics and class are often key themes, and the physical or sexual abuse that Schreber and countless others point to as a source of their symptoms stands in striking contrast to the genetics and brain physiology that dominate doctors' accounts of mental illness. Patient narratives also contain some of the most evocative depictions of the natural world, of God, and of other people that can be found in literature of any kind. The accounts of religious ecstasy by John Custance, or the fantastic flights of mania evoked by the psychologist Kay Redfield Jamison, capture a vividness of daily life that most of us have to attend meditation workshops to appreciate.

Patient narratives also mark off the extremes of human experience. Just as Olympic athletes define the boundaries of human physical ability -- how high it is possible to jump, how fast 200 meters can be run -- so do mental patients show us how much terror or suspicion it is possible to feel before collapsing under the weight or committing suicide. We may be frightened as we read such stories, as we are frightened by other survivor accounts, but they do show us the extraordinary resilience of human beings, as well as the lines we cannot breach. In that sense, narratives by mental patients are witness accounts, closer to Primo Levi's *Survival in Auschwitz* than to typical memoirs.

Narratives by patients vary enormously in style and structure, unlike those of doctors, which are often stereotypical in tone. Physicians usually "present" patients in terms of their diagnoses, with everything else in their lives reduced to evidence supporting that claim. The patient's arrival at the hospital is the climactic moment in many a physician's account, with the progress of the treatment the central plot device. To redeem the complexity and uniqueness of their own lives, patients use whatever styles best fit their experiences. Some adopt a careful, even pedantic tone; others exuberantly plunge into a Joycean stream of consciousness or the dark pleasures of retribution. Starting points vary, and episodes cast as key chapters often take surprising turns. The climax, if there is one, is rarely the arrival at a mental institution. But, as the literary scholar Mary Elene Wood notes, patients need to be careful about what forms they use. Early-20th-century writers like Jane Hillyer and Zelda Fitzgerald couldn't afford to indulge in convention-breaking modernist writing, for fear of being seen as more strange than they already were.

I realize that it sounds odd to put patients' accounts of mental illness on a par with doctors' theories. But the more one knows about the history of psychiatry, the less weird this seems. Many doctors' ideas about madness have themselves been so crazy that it's hard to argue that those of patients are much worse. Even today, we understand so little about serious mental illness that ignoring accounts by patients seems perverse.

Autobiography is no longer the province only of illustrious men, and memoirs by every conceivable kind of person now crowd our bookshelves. In a post-Freudian world, everybody has a psychology of potential interest, and the unconscious is the common province of us all. In one sense, mental patients are just another minority group, offering readers insights into worlds we might otherwise not have visited. Because there is something impossible about the works' very existence -- madness seeming to preclude a coherent account of itself -- narratives by mental patients form a unique kind of literature.

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SOME FAVORITE PATIENT NARRATIVES

The Philosophy of Insanity, by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel (Greenberg, 1947, originally published in 1860). A classic work by a patient who weaves his own experience into a remarkably insightful meditation on the nature of mental illness.

A Mind That Found Itself: An Autobiography, by Clifford Whittingham Beers (Longmans, Green, 1908). An unforgettable account of what paranoia feels like, by the patient who went on to found the Mental Hygiene Movement, supported by William James, Jane Addams, and dozens of other prominent Americans.

The Diary of Vaslav Nijinsky (Simon & Schuster, 1936; retranslated and published in an unexpurgated edition, Farrar, Straus & Giroux, 1999). A magnificent, mystical outpouring by the "God of the Dance," sent as his message to the world from the locked ward where he spent his last three decades.

The Snake Pit, by Mary Jane Ward (Random House, 1946). The book whose title became a synonym for mental-hospital abuse. Through vivid comparison with various biological methods -- shock, sedation, hydrotherapy -- psychoanalysis is revealed as the true treatment.

I Never Promised You a Rose Garden, by Hannah Green, pseudonym of Joanne Greenberg (Holt, Rinehart, and Winston, 1964). The book that opened the floodgates for works by mental patients. Unflinching in both its depiction of anguish and its embrace of hope, Rose Garden (which has been continuously in print for 37 years and still sells 2,000 copies a month) remains the single best patient narrative ever published.

The Words to Say It, by Marie Cardinal (Van Vactor & Goodheart, 1983; originally published in French in 1975). Hailed as "luminous, intense, and lacerating," this agonizing story of a woman's plunge into the unconscious celebrates the power of language and insight as healing truths.

Welcome, Silence: My Triumph Over Schizophrenia, by Carol S. North (Simon & Schuster, 1987). The intriguing story of a determined and courageous young woman who battles her way through college and medical school despite constant, debilitating

auditory hallucinations and then says her schizophrenia was suddenly cured by kidney dialysis. In the end, she becomes a psychiatrist.

An Unquiet Mind: A Memoir of Moods and Madness, by Kay Redfield Jamison (Alfred A. Knopf, 1995). An important and very brave book by an international expert on manic-depressive illness who "comes out" as a secret sufferer of the condition she has long studied. Jamison refuses to pit psychotherapy against medication, evoking the beauty and allure of the manic state, the power of the medication that destroys it, and the gratitude she feels to both of them for sustaining her life.

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