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The purpose of this thesis is tracking the evolution of psychiatric medicine and psychotherapy as they relate to women's writings. Three genres of literature are evaluated during three chronologic time periods. The correlations to mental health care during these times are matched to written genres. The study utilizes several methodologies in approaching the literary works: queer, rhetorical, feminist, post-structuralism, and narrative theories form the majority of the critique. The multi-disciplinary readings ensure a more complete appreciation for the palindromes of declamation.

Madness functions as a sign and signifier of disruptive times. Madness is not representative of "crazy" or "angry." Madness is the brief spark marking *kairos*, ur-time, and lesbian space within the works of Charlotte Perkins Gilman, Sylvia Plath, and Kate Millett. I chose three middle-class white women in an effort to provide a more equal comparison. Each chapter focuses on an author and the genre utilized. Each chapter undergoes variation in the predominate methodology for critique.

A very close reading allows us to ferret out the fissured spaces where madness resides. The objective exists in the ability to delve into these spaces and see how the writers generated and disrupted time. In conclusion, one may surmise a multi-disciplinary approach elucidates the importance of re/visiting these works. Through re/reading

these works through multi-dimensional lenses, we gain a closer understanding of what madness lives inside various narratives and what we can learn from re/positioning ourselves within the works.

THE MADAM IS MAD: MADNESS  
AS *KAIROS*, UR-TIME, AND  
LESBIAN SPACE IN  
GILMAN, PLATH,  
AND MILLETT

by

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## CHAPTER I

### THE MADAM IS MAD

People ask, how did you get there? What they really want to know is if they are likely to end up in there as well. I can't answer the real question. All I can tell them is, it's easy.

And it is easy to slip into a parallel universe.  
 ...most people pass over incrementally, making a series of perforations in the membrane between here and there until opening exists. And who can resist an opening? (Suzanna Kaysen 5)

Women inhabit a specific space within the socio-medical definitions and treatments for mental illness. Their writings create *kairotic* moments unique to women's experiences. Literary genres form the groundwork whereby women's writings utilize madness as trope, metaphor, and experience as an excavation tool for crafting *kairotic* rifts, ur-time, and lesbian space. Madness, through their pens, functions as the key to declamation. Critiquing women's writing and their lives makes it possible to widen the chasm between illness and action, authority and rebellion. In order to create a more focused study, I chose three middle class, well-educated, white, women writers whose works and lives have been frequently critiqued: Charlotte Perkins Gilman, Sylvia Plath, and Kate Millett.<sup>1</sup> Each underwent treatment for mental illness. Gilman was prescribed the rest cure; Plath underwent electroconvulsive shock therapy (ECT), psychotherapy.

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<sup>1</sup> Russ notes in Robert Lowell's forward to Sylvia Plath's *Aerial*, he writes, "Sylvia becomes . . . something imaginary, newly, wildly created—hardly a person at all or a woman certainly not a poetess" (23). Although this was meant as a compliment, it is difficult to ignore the way in which Plath's womanhood is denied.

Millett was involuntarily committed, diagnosed with bipolar illness and treated with Lithium. In varying degrees, each woman has been studied through feminist lenses. Both Gilman and Millett wrote books that became cornerstones of women's studies and feminist theory: Gilman in her autobiography and *Herland*<sup>2</sup> and Millett in *Sexual Politics*. Plath did not write an overtly "feminist" text, but critical theorists have read her works as feminist texts examining women's self-hood and the disruptions of positionalities between self and other—whether other be another person or an institutional construct.<sup>3</sup> The works and writers follow a chronological sequence in order to follow the evolution of psychiatric practices and social constructs. Writing over some of the crucial developmental times in American psychiatry and societal constructs attempting to define women, Gilman, Plath, and Millett afford us an insight into how and what women wrote during these times.<sup>4</sup>

### **How *did* you get there?**

*Perhaps I should start at the beginning. I am a Registered Nurse, who, although I do not work in a psychiatric unit, held an interest in the field since nursing school. At some point in my career, I found many friends and colleagues, mostly women, had been "diagnosed" with dysthymia, depression, bipolar, anxiety disorder, and pre-menstrual*

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<sup>2</sup> Gilman's novel about a female utopian community.

<sup>3</sup> See Lisa Narbeshuber's "The Poetics of Torture: The Spectacle of Sylvia Plath's Poetry; Janet Badia's "Dissatisfied, Family-hating Shrews": Women Readers And Sylvia Plath's Literary Reception"; Jooyoung Park's "'I Could Kill a Woman or Wound a Man:' Melancholic Rage in the Poems of Sylvia Plath."

<sup>4</sup> Gilman's work being done in the late 1800's to early 1900's, Plath's around the 1950's to mid-60's, and Millett's from the 1960's to 70's.

*dysphoria—each of which are classified as “mood” disorders. I started to question the trends, and parallels to women’s positionalities in society and the concurrent treatments for mental illness while reading feminist theory, fiction, poetry, and auto/biographies of women. I requested to shadow a nurse for a day in the inpatient psychiatric unit at the hospital where I work. I arrived, was allowed passage through two locked doors (controlled by an aide behind an acrylic window laced with metal and a locking window) and entered into the inpatient area. On my left was one more locked door leading into the nursing station; it could open on either the top half or as a whole. Between the window, the mesh, and the half door I felt as though I was at a fast food drive through or a self-service gas station on the Jersey turnpike; in other words, I sensed from the very start I inhabited a specific role, a privileged space. There, behind a large, thick, plexi-glass picture window, “we” looked out into the “community room” and observed “them.” Noting that 10 of the 14 patients were female, I inquired what the individuals’ lives had been like; why were they here and what determined they had “mental illness.” “You can’t think about it that way or you’ll go mad,” she replied. Surely she was joking...*

### **How did you get there?**

Every window on Alcatraz has a view of San Francisco. (Kaysen 5)

*I went through the locked door to sit with the observed, to experience, from the position of non-craziness—an outsider to this group—to spend time with “them, the diagnosed,” the ones who had the “power” to make me crazy if I sought to see them apart from their diagnoses. I was not given an orientation to the physical layout of the*

*unit; I was, quite simply, deposited in the day room. It was almost as though I became part of the room rather than a potential employee. In transgressing the boundary founded by medicine, walls, windows, observation, and locks, I automatically occupied a space in Foucault's panopticon. On the wall, on a dry erase board, was the schedule for the day; however, the 10:30 scheduled activity time came and went without anything happening. Beside the dry erase board was an acrylic enclosed copy of the "Patient's Rights"—both securely fastened to the wall without any evidence of space between the building's structure and the language fastened to it.*

*Just before lunch, the psychiatrist of the day (patients do not routinely see their personal physician while admitted as an inpatient) entered the room and went directly into the nurse's station. "When am I going to talk to the psychiatrist?" "I want to talk to the psychiatrist." "When is he coming out here?" All questions and conversation could be heard within the nursing station, but neither the doctor nor the unit's staff acknowledged the repeated inquiries. Now that is crazy; that is mad; even more so, to me, that is maddening. Sitting in the room without explanation, I, too, felt invisible. I knocked on the door to the nursing station and was allowed entrance—one of the "privileged." However, the physician walked past me, never acknowledging me although I greeted him and had my ID badge clearly displayed—maybe I was not "one of the privileged;" I most assuredly was not part of the group. Then we sat down to a well-catered lunch. Well-catered in that a well-dressed woman with perfect make-up and perky breasts delivered a restaurant prepared meal consisting of its own breasts (chicken, of course), succulent, full, tender, dressed in a rouge sauce, a fragrant*

*tantalizing tomato based barbeque sauce enhancing our desire to sink our teeth into its succulent flesh and feel the rich warmth of sauce coat our tongues and mouths. The meal was accompanied by fresh potato salad with crisp pickles, fresh warm rolls round and soft like the woman's breasts (a perfect complement to her figure), served with sweet tea and finished off with rich, moist brownies. We sat around the folding brown table on old institutional chairs, this mismatch of companions: a social worker, three nurses, a psychiatrist, a case manager, a resident, and, of course, the enticing and charming drug sales rep, who, by the way also brought "gifts"—break away lanyards for our ID badges (break away so that if a patient became violent and attempted to strangle you, the clasp would separate in two places), ink pens with the drug company's name and their latest pharmaceutical miracle, and mints wrapped in their own advertisement. In contrast, I noted in the operating room, all of our sales reps were men. An interesting juxtaposition in gender since our reps offer assistance and knowledge of specific products and often guide the surgeon and scrub nurse in particular aspects of the instrumentation they bring with them, they wear scrubs or "bunny suits" (an XL polyester coverall) over their clothes and are forbidden to offer "gifts" or "trinkets." The pharmaceutical representative looked ready for a night on the town rather than a day of business.<sup>5</sup>*

*We ate a leisurely lunch, while the patients anxiously waited to see the physician. But I go on far too long about my very short exposure to the well-respected, non-acute*

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<sup>5</sup> The women sales representatives (reps) in the operating room do not sell more complex systems or assist with the implant of their product. They may bring equipment or pharmaceutical agents that assist with coagulation or tumor resections, but all of the reps who bring orthopedic instrumentation for total joints and spinal fusions are men who stay throughout the cases to insure they go smoothly. But gendered production in the OR offers another study.

*(meaning not unmanageably psychotic—those patients had to stay in the emergency department’s psychiatric beds until medicated), state of the art psychiatric inpatient unit. I felt more like I had dropped into the set of “One Flew Over the Cuckoo’s Nest” and any minute Nurse Ratchet or Jack Nicholson would appear. I was the observed just as I was the observer—critiqued as I critiqued.*

*I re-entered the day room. A young man pressed his face against the smudged acrylic and howled: “AHWOOOOOO! You treat me like a dog, so I will howl like one.”<sup>6</sup> And then he laughed. I smiled thinking who can resist the temptation to make funny faces through windows, press your nose against the glass, turn your head at an angle, and bug out your eyes? His sense of humor double-edged, for ironically, his simple response would be interpreted as pathology or symptomology rather than humor or dark sarcasm—maybe it was somewhere in between. “You’re the good kind of nurse,” one of them told me. I wondered.*

In the parallel universe the laws of physics are suspended what goes does not necessarily come down, a body at rest does not tend to stay at rest, and not every action can be counted on to provoke an equal and opposite reaction. Time, too, is different. It may run in circles, flow backwards skip about from now to then. The very arrangement of molecules are fluid: Tables can be clocks, faces, flowers.

These are facts you find out later, though.

Another odd feature of the parallel universe is that although it is invisible from this side, once you are in it you can easily see the world you came from. Sometimes the world you came from looks huge and menacing, quivering like a vast pile of jelly, at other times it is discounted. (Kaysen 5)

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<sup>6</sup> Millett, in an interview with Darby Penny, comments there is no proof or evidence in psychiatric diagnoses; however, there is “inappropriate behavior, but I know people who behave inappropriately all the time” (*Off our backs* 42).

Women claim a specific space within the history and evolution of psychiatry. Madness as metaphor, trope, and lived experience reflects women's positionalities and declamations. The relationship between women's writing and socio-medical paradigms presents a unique study of *kairotic* moments hidden within these writings.

### **How did I get (t)here?**

With almost every passing moment, we choose, diagnose, and live in spaces somewhere between here and there, self and other. Choices and diagnoses can happen without our awareness. Hannah Lerman notes, "Anyone who takes the time to evaluate a situation or a person and then decides whether an action needs to follow from his or her assumptions about the situation could be said to have made a diagnosis" (1). Most of the "diagnoses" surrounding mental illness are our perceptions of others. No lab work, no specific tests, no physical exam, no scientific proofs exist to validate what it is to have mental illness. The diagnosis comes from the clinician's interpretation of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Their interpretation is based on what you say (or don't say), how you feel (or don't feel), what you do (or don't do), and what others say about you. In 1952, the first edition of the *DSM (DSM-I)* was published.<sup>7</sup>

Gerald N. Grob, in *From Asylum to Community Mental Health Policy in Modern America*, notes:

Although nosological debates dealing with mental disorders were (and are) phrased in scientific and medical language, they were shaped by a variety of factors: the

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<sup>7</sup> Jill Astbury, Susan J. Hubert, Denise Russell, Jane Ussher, and Brant Wenegrat provide strong arguments about the nosology of mental disorders and how the varying interpretations have impacted women in particular. The legitimacy of power often focused on positioning and treating women under specific auspices is not commonly used for men.

social origins and ideological, political, and moral commitments of psychiatrists; their desire for status and legitimacy; the characteristics of their patients; the nature and location of their practices; and the broader social and intellectual currents prevalent at a given time. Nowhere are these generalizations better illustrated than in the developments of the *DSM-I*. (421)

I do not intend to ignore the serious nature of mental illness; my attention critiques the diagnoses and the influence positions of power inflicted on women and the ways these tensions revealed themselves in women's writing. Women who dared express their discontent about the expected cultural roles within specific chronological periods risked receiving a diagnosis that might lead to treatments or hospitalizations for their "deviance." Class, gender, and sexuality in relation to what Grob calls "social and intellectual currents" necessitate to re/reading the texts of Charlotte Perkins Gilman, Sylvia Plath, and Kate Millett even though they have been re/read and critiqued innumerable times (*From Asylum* 421). Re/reading the works of Plath, Gilman, and Millett through a queered lens affords the opportunities to find flaws within the hallowed walls of psychiatric medicine, women, experience, and voice.<sup>8</sup> Millett and Gilman use positionality as consumers of the psychiatric treatment as the site for rebellion. Plath's experiences as a consumer of psychiatric treatments reflect her belief in her psychiatrist; her poetry and journal reflect the many Freudian concepts and influences on her life.

Psychiatry and psychoanalysis exist as studies of the mind (undefined), not the brain (corporeal). The brain consists of neurons, dendrites, synapses, electric impulses,

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<sup>8</sup> Jill Astbury, Paula Caplan, Susan Hubert, Elizabeth Klonoff, Hope Landrine, Denise Russell, Jane Usher, and Brad Wenegrat, challenge the validity of diagnostic categories in relation to women's mental illness. Their critiques of the *DSM* and psychiatry in light of its power, the propensity for misdiagnosis, oppression, and gender bias in relation to women demonstrates the continued need to re/read women's writing in ways we may have overlooked.

chemicals, all located within specific lobes; the mind is interpretive, personalized, immeasurable, and still mysterious. Psychiatric diagnoses and treatments lack the tangible evidence of other medical specialties. As such, psychiatry and psychoanalysis constantly need to reassert their validity as medical and therapeutic entities.<sup>9</sup> Psychiatry, in straddling appearance and reality, cannot be trusted to critique itself without bias; therefore re/visiting these texts through a queered lens affords the opportunity to see what lies beneath the palimpsests formed by diagnoses, interpretations, and linguistic utterances. Using the *DSM*'s model for defining mental illnesses, I intend to focus on the tensions formed between women's experiences within and without psychiatry's evolution—as feminist space emerged into diagnostic criteria, women's writing sought to declaim what was theirs.

Women's experiences framed through writing as a primary method of declamation within psychiatric and psychoanalytic paradigms explicates Margaret Atwood's triangular representation of writer-beings. "The writer" inhabits a relationship between "the person who exists when no writing is going forward" (the person carrying out the activities of daily living) and "the more shadowy and altogether more equivocal personage who shares the same body, and who, when no one is looking, takes it over and uses it to commit the actual writing" (Atwood 35). The writer becomes a messenger (Atwood 125). "Messengers always exist in a triangular situation—the one sending the message, the one bearing the message, whether human or inorganic, and the one

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<sup>9</sup> Likewise, the pharmaceutical industry counts on diagnostic categories such as depression, premenstrual syndrome, and anxiety, among others to increase profitability.

receiving the message” (Atwood 125). Queering dualistic and triangular positionalities allows the chance for a variant time and linguistic rupture to occur. Paul Ricoeur defines two levels of critical reading: 1) concentration on the “work’s configuration;” 2) critiquing the “worldview and temporal experience that this configuration projects outside itself” (*Vol. I* 102). Concentrating on “configuration” in these works entails several aspects of narrative form: style, genre, visual presentation, and perception. Literally and figuratively configuration plays a significant role. Narrative genres provide the container for configuration; they are the glue holding the object. In reading these works, one cannot escape the tendency to label each work as its specific literary genre: autobiography, poetry, and fiction. Thereby we read them using the criteria we assume to be part of each stylistic form. Yet, each writer manipulates these containers to engender further meaning; they dissolve the glue. Gilman formulates disruptions by using short sentences to create dialogue. Gilman, in avoiding the “typical” paragraph one may associate with fiction, uses visual distortion to supplement the protagonist’s state of mind. The protagonist converses with herself, the other characters, and the reader. We are active participants in her journey. Plath’s brilliant vocabulary and knowledge of poetic form spawn instability; the familiar becomes scary and threatening. Tulips no longer represent beautiful harbingers of Spring; they become ominous omens of anger, death, and disruption. Rather than a simple recount of one’s life, Millett turns her autobiography into a manifesto of mistrust friends, family, and the government; Millett runs through the text in her attempt to escape “other.” Her sacrosanct community moves from being a place of refuge and peace to an arena where her apprentices view her

through diagnostic lenses. Shoshana Felman postulates madness causes many different disciplines to converge and subvert their boundaries (12). Madness's topography "occupies a place of exclusion; it is the outside of a culture. But madness that is a common place occupies a position of inclusion and becomes the inside of a culture" (Felman 13). I further the position by suggesting the relationship to exclusion/inclusion and outside/inside occurs within narrative time and creates a *kairotic* moment, immediately prior to the convergence of these dichotomous positionalities. The interstitial spaces form lesbian ur-time, a distinct disruption inclusive of a woman-centered space.<sup>10</sup> Felman, transitions madness from a linear trajectory into a broader commonality. The transition shifts the interpretation of madness from an uncomplicated site into a complex structure; madness collides with time. Gregory Mason asks if we are willing to live within time, "to notice, observe and partake in the critical moments—the *kairoi*—as they present themselves" (Mason 199). In order to perforate the membrane between here and there, self and other, madness functions as a place of anger, rebellion, action, and declamation for women and their writing. Madness exposes narrative ripples, *kairos*, and lesbian ur-time. Madness may appear damning and sentencing—the pejorative for mental illness or perhaps the diagnosis itself.<sup>11</sup> Something said in seriousness or in sarcasm or in jest—condemnation or compliment—becomes a sign of

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<sup>10</sup> Situating madness and time within a lesbian paradigm allows me freedom to generate a specific, gendered discourse on experiences unique to women as women in the mental health settings. Queering these texts means focusing on the gendered treatment and experiences of women writing women. Gendering the texts within women's experience forms a lesbian presence exclusive of men.

<sup>11</sup> The *Oxford English Dictionary* cites, as one of the meanings of mad in relation to a person as "insane, crazy, mentally unbalanced or deranged."

marginalization or acceptance. Yet when claimed as rebellion and movement, madness disrupts the “sane” diagnoses of mental illness. Just as words like queer, dyke, gay, and fag became places of action, rebellion, and discourse for change and declamation against the *DSM*'s diagnoses of homosexuality as perversion and illness, madness emerges as a challenge to the much larger interpretation, definition, and diagnosis.

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. (Kaysen 95)

Family models and class have played significant roles in psychiatric diagnoses and treatments of women. The expectations and “ideal” positionalities of women functioning as behavioral models certainly impacted the ways women have been diagnosed through specific historical and chronological times. Mary Elene Wood notes family structure, in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, was not satisfactory for many middle-class women as it “often demanded their submission to male authority, abandonment of intellectual pursuits, and acceptance of domestic tasks as their natural lot in life;” for working-class women, the asylum served to “shape their behavior” thereby allowing them to return to their work in the domestic and labor tasks they had left behind (6). “Madness threatened both the destruction of the family and of the individual. The conception of ‘the individual’ is predicated on a split between self and other. . . . Because this split is a construction, a product of social and ideological forces, when those forces destabilize, the self is in constant danger of dissolving” (Wood 85). Women who desired to write, create,

and live outside the social roles prescribed them as wives, mothers, and daughters were subject to being considered aberrations, deviants, or mentally ill. In threatening to pull threads from a tightly woven, but flawed, fabric, women were deemed mad.

Socio-economic and class status added another layer to the already ambiguous psychiatric diagnoses and treatments during their respective times. Within the societal model, women inhabit a subaltern realm further divided by internal and tangible representations: placement within an architectural design, amount of restraint deemed necessary, and severity of diagnoses. Middle-class status afforded women a way out of the asylum while in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries the poor and immigrants began to fill the mental wards. In *The Architecture of Madness: Insane Asylums in the United States*, Carla Yanni notes a rapid rise in the number of asylums during the late 19<sup>th</sup> century. The majority of the individuals were housed in over-crowded state-run institutions. Private asylums afforded greater amenities to the patients since the “well-to-do were accustomed to privacy and luxury in health” (Yanni 107). On occasion, private hospitals were chosen by the upper class “so that their relative would not have to mix with lower social ranks” (Yanni 107). For all the niceties afforded the upper class, the “private retreats were no more free from tension than public asylums” (Yanni 107).

Medical treatment of middle and upper class women fails to reflect the additional atrocities many lower class and disenfranchised women suffered under the auspices of medical care; many of these women spoke from their maddened state against the pure insanity of what was termed sanity. Elizabeth Parsons Ware Packard, Lydia A. Smith, and Clarissa Caldwell Lathrop describe the restraining and managing devices, many of

which amount to means of torture, used in the “lower” wards—the straitjackets, cold tubes, cribs with slatted lids. Tales of rape and subsequent labels of insanity designed to discredit the women’s complaints often resulted in further punishment and placement in the lower wards. The autobiographers noted that although drugging and violence were present, the intimidation and threat of being moved to the back wards constituted an effective means of controlling the patients (Wood 8).

The movement among various wards [is] one of the primary structuring devices of these autobiographies. Indeed, physical movement from place to place was important to these narratives because where a patient was largely determined the treatment she received. Such involuntary movement represented her powerlessness within the asylum world, given that, according to these autobiographers, she rarely knew when she would be moved, why, or where (until she actually arrived). Her location in the asylum also represented how close she was perceived as being to sanity and thus to release. (Wood 9-10)

Likewise, stylistic movements across and between spaces, signifiers, and signified create significant disruptions in time; the expressive gaps create an ur-time whereby madness interjects into textual openings. Articulation of movement may be literal, real, imaginative, physical, descriptive, metaphoric, or eccentric within each genre. The significance of movement functions within striations created by class, diagnosis, experience, perception, voice, and discourse. Each particularity constructs a variation of the chaos narrative and generates interstices for madness and ur-time. Susan Stanford Friedman notes the “metaphors of reflection, invisibility, and silence” are advantageous “for understanding the process of alienation in the identities of any group existing at the margins of culture” (40).

Many women endured the discrediting of their narratives in relation to social class.<sup>12</sup> For the women of the lower class, private hospitalization or home care was not an option; single or shared rooms were not available.<sup>13</sup> They were housed in overcrowded wards within the state systems with little, if any, support for their improvement or chance of advocacy. Yet notably, these women, no matter what the cost, wrote in an effort to expose atrocities, call to action, and refuse to move into the shadows that sought to silence them.<sup>14</sup> In the 19<sup>th</sup> century, the dominant forms of writing “tended to invoke madness in one breath and circumscribe it in the next, reinforcing the claims of a coherent world. Insanity was that which literary form was not, that which acceptable literature contained or excluded. To make an argument or to tell a story was to spin out a logic” (Wood 11). Women faced an almost insurmountable problem: how to write narratives that would be read “as legitimate, as sane, when they themselves had been labeled insane” (Wood 11). In writing about women’s autobiographies, Stanford Friedman asserts: “Alienation from the historically imposed image of the self is what motivates the writing, the creation of an alternate self in the autobiographical act. Writing shatters the cultural hall of mirrors and class served as an additional “curse” to

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<sup>12</sup> For narratives of silence and lives of working class women, see Tillie Olsen’s *Silences* and *Yonnodio in the Thirties* and *Tell Me a Riddle*; Agnes’ Smedley’s *Daughters of the Earth*.

<sup>13</sup> Some private hospitals such as McLean Hospital in Massachusetts and Hartford Retreat in Connecticut did accept a few indigent patients.

<sup>14</sup> See Jeffrey L. Geller and Maxine Harris’s *Women of the Asylum Voices from Behind the Walls 1840-1945*; Patricia Ibbotson’s, *Images of America Eloise Poorhouse, Farm, Asylum, And Hospital 1839-198*; D. Penney and P. Statstny *The Lives They Left Behind: Suitcases from a State Hospital Attic. Danvers State: Memoirs Of A Nurse In The Asylum*; Mary Elene Wood’s *The Writing on the Wall: Women’s Autobiography and The Asylum*.

those with mental illness” (41). Women were, in general, “more vulnerable to long-term institutionalization because many were employed as domestics and in constant close contact with their employers” (Penney and Stastny 38). Any behaviors deemed aberrant or disputes between a woman and her employers, family, or spouse were enough to deem the woman mentally ill enough for institutionalization. Penney and Stastny posit that class did not afford women much security from commitment although it may have delayed institutionalization or afforded the woman “better” care since, during the 19<sup>th</sup> century, “middle-class men sought to institutionalize their troublesome spouses with the help of male psychiatrists, who were all too willing to oblige” (38).

Lesbianism/homosexuality were considered deviant behavior during certain historical periods (and remain so today according to select groups and individuals); homosexuality was listed in the *DSM* until 1972. Yet, even with its removal in the *DSM III*, a variation of homosexuality emerged as diagnosis: ego dystonic homosexuality, which refers to the person’s inability to feel completely comfortable with homosexuality. (The category does not exist in the *DSM IV*). Who, among the lesbian, gay, bisexual, and transgendered community has not, at some point in their lives, experienced discomfort related to their positionality in society?<sup>15</sup> The continuum functions within the jurisdiction of mental illness; just as the term lesbian inhabits a moveable space, mental illness enfolds its own fluidity in diagnosis, presentation, and interpretation. Lesbian represents both fulcrum and wedge—it shifts, balances, and dissects. Throughout the thesis, lesbian

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<sup>15</sup> Contextually, those definitions and parameters as diagnostic labels are not primary in this discussion although they do lend some value in interpretive, diagnostic situations and individual’s treatment within the psychiatric community.

refers to a non-sexualized experience of women's community and relationship.<sup>16</sup> I switch between the terms 'lesbian' and 'queer,' using each to represent women's experiences. Through lesbian space and its creation, madness both exists within and deconstructs linguistic limitations. Although Millett defines herself as lesbian, I am neither using *The Loony Bin Trip* as a lesbian text nor focusing on lesbianism as a foundational trope in the work. Likewise, I am not implying either Plath's or Gilman's works are lesbian. I approach lesbian and madness as parts of a continuum where one end represents "normality" and the other complete "madness." Madness moves as a palimpsest behind the works and the development of psychiatry much as the form creeps behind the line of Gilman's wall-paper. The positionalities of madness, lesbianism, and psychiatry appear to shift throughout the thesis; just as no term is static, neither can the interaction between them rest assured and solidly in well delineated discourse. The spokes are not linear and the wheel is rough-hewn in areas so weathered by time, discourse, and experience; the spider's web contains sticky and non-sticky threads and, through reading these texts, we must navigate between the two, as does the spider. Interpreting Gilman's story as a feminist text with a locus of rebellion and madness as an escape is not an uncommon reading.<sup>17</sup> As such, I approach Gilman through a common path; the distinction I pose lies in the path's disruptive time and the placement of madness not as rebellion or escape but the point of kairos and ur-time. In approaching Plath, I utilize a reading based on poetic

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<sup>16</sup> See Adrienne Rich's "Compulsory Heterosexuality and Lesbian Existence" in *Blood, Bread, and Poetry* as a foremost argument posing lesbianism as a continuum as opposed to a static, diagnosed state of sexual being and "women identification as a source of energy, a potential springhead of female power" (63).

<sup>17</sup> See writings by Elizabeth Ammons, Judith Fetterley, Elaine Hedges, and Annette Kolodny.

form, abrupt stops, and confessional tone as the crux of madness and *kairotic* disruption.

In each a lesbian paradigm emerges; the distinction between them derives from their point of origin. Gilman and Plath utilize spacing, line changes, and punctuation to provide visible rifts within their texts. In my reading of Millett, autobiography, lesbianism, confessional texture, and flight of ideas arise simultaneously generating a complex, interpretive foundation even as the work threatens to fall into madness. As such, each chapter approaches the respective text with a different focus, but all lead to a lesbian space and ur-time.<sup>18</sup> I focus on how these particular women address their experiences and fears receiving treatments within primarily male dominated institutions, specifically within psychiatric therapy and hospitalization. Their declamations within this reading functioned as art, a method to expound on the personal and political, and as a specific means for communicating within gendered society. The works speak to large audiences; more importantly, to this thesis, they invoke a mother tongue by and for women. They generated, through narrative disruptions, a lesbian, *kairotic* ur-time marked by madness. Sandra M. Gilbert and Susan Gubar, Elaine Hedges and Shelley Fisher Fishkin, Tillie Olsen, Adrienne Rich, and Elaine Showalter, among others, utilized silence as a trope for critiquing women's spaces and voice where what is not said speaks. What is not said within Gilman's and Plath's work will be a strong part of the discussion. In contrast, Millet dismisses silence, approaching mental illness diagnoses and the treatments she received with a militant assault. The genre of each work affords the women different mechanisms to elucidate madness. Gilman and Millett develop

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<sup>18</sup> Again, a space I define as specific to gendered recognition of women speaking about themselves and other women.

communities of women in differing ways; Plath seeks to kill the ‘other’ woman. Gilman uses her sister, the woman behind the wall-paper, and Jane as a female centered community. Gilman’s protagonist joins the community of women behind the wall-paper and leaves behind her sister who represents a heterosexual normativity. In not clarifying who “Jane” is at the end of her work, Gilman creates an ambiguity that blurs our perceptions of time, space, and identity. Millett also creates a community of women in the natural world. The apprentices inhabit a communal construct. Their community, led by Millett, supports a farm, the arts, and the independence for certain socio-economic and heterosexual paradigms. Plath, on the other hand, does not seek reconciliation with any other women. She dispels relationships within her poems. The metaphors she creates disturb our sensory conditioning. Tulips become threatening; plaster does not stabilize her leg, it becomes a metaphor for the “other,” more perfect woman; she eats men and spits them out; women are mushrooms, shrouded beetles. Plath’s metaphors disrupt the readers’ sense of normalcy by separating rather than joining a woman centered realm and therefore attaining a maddened independence.

Women writing by, for, as, and about women create what I term lesbian space within this thesis.<sup>19</sup> Madness and lesbianism co-exist and manifest a place of declaiming one’s experience and voice. Conjoined, they construct a mirrored effect by opening and challenging the *DSM*’s critique of sexuality and its propensity to read women as “threats” in the 19<sup>th</sup> and 20<sup>th</sup> centuries as women begin to speak out and create the nascent

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<sup>19</sup> Gendered space provides a comparable analogy; however, in choosing ‘lesbian,’ I intentionally place my discussion within a historical, chronological reading of women by society and psychiatric communities.

solidarity later emerging as feminism. Together, they generate a queer disruptive time—ur-time. From sexual deviance related to hyper-sexuality, nymphomania, hysteria, lesbianism to today's Pre-Menstrual Dysphoric Disorder (PMDD), women's relationship to sexuality and physiology remain a focus for diagnosis and treatment. Women hold a particular place within psychiatric history and current diagnostic categories in relationship to their physical beings.

Through writing, whether autobiography, fiction, or poetry, women declaim their experiences hanging on a web between here and there, women tread a narrow thread—how does one write about the very thing they are accused of being? For in writing about their experiences with mental illness and treatment they undergo the risk of being dismissed under the auspices of insanity—the very thing they seek to disrupt and expose becomes the mechanism by which they are imprisoned. To speak is to risk being called mad, insane, and mentally ill. Joanna Russ suggests women's writing, in and of itself, is subject to criticism not placed on writings by men. “The double standard of experience in fiction hurts all women artists, both those whose are it specifically, recognizably “feminine”(it is depreciated) and those whose art is not (it is misinterpreted) and in both cases the genuineness of what in fact constitutes the author's experience—and her art—vanishes” (Russ 44). Penney and Staskny, citing Arthur Frank's *The Wounded Storyteller*, offer insights into writing about physical illnesses that are applicable to writing about mental illnesses. Frank, as cited by Penney and Staskny, proposes three types of writing, each of which functions as the means for a sick individual to “regain control of their relationships with their own bodies”: the “restitution narrative

(Yesterday I was healthy, today I am sick, tomorrow I'll be healthy again); the chaos narrative (Life is overwhelming and will never get better); and the quest narrative (I accept that my life will never be the same—what can I learn from this?)” (96). To Penney and Staskny, “the chaos narrative is essentially an anti-narrative, because the self in the midst of chaos has not time for reflection or the ordering of narrative in a way that makes meaning” (96). Chaos narratives create a sense of discomfort for the reader; they are difficult to read in that they remind “us,” we could become “them.” I would take this even further and suggest each genre in this study (fiction, poetry, and autobiography) can be read as “chaos narratives.” Not because they offer no hope or suggest life will not get better, but more exactly, since they generate an incomprehensible sense of dis-ease and discomfort for the reader. The experience visceral; the language powerful; each work spews upon us its angers, fears, rebellions, and rejections—raw knowledge artistically articulated.

I intend to show, through a queered reading, how women’s writing served and serves to challenge a growing medical specialty and expose the disparities in treatments and diagnoses. As psychiatry attempted to establish itself as a valid medical field, women wrote in/through states of madness in efforts to address the ways society constrained them and how the psychiatric field reinforced, medicalized, and pathologized women in its attempt to reify itself in accordance with both social and medical constructs. Scholarly criticisms about madness and women have taken many discursive turns over the years: psychiatry has been viewed as a patriarchal construct serving to oppress women; madness has been read in some works as rebellion, in others as escape, triumph, or failure;

madness has been queered, deconstructed, debunked, pathologized, recorded as personal accounts, romanticized, fictionalized, anthologized, and challenged. Each reading holds its particular prescience. The examination here relies on interstices and narrative time.

Madness invokes/implies a chaotic state and a disruptive narrative eliciting shifts in tectonic plates where time undergoes transference. In re/reading Plath, Gilman, and Millet as a means to detect the paradigm shifts, time morphs into an ur-time—the mutable state where a glimpse of salience appears. To write about madness and its relationship to/with women means dancing among the critiques and accounts of mental illness without simply following another’s path. Critiquing Sylvia Plath, Charlotte Perkins Gilman, and Kate Millett, their mental illnesses, writings, and lives in conjunction with psychiatry’s development as a valid medical specialty adds translucence to an unstable foundation. In order to approach these works, the women, the trends in psychiatry, and where madness arises, I intend to queer the spaces and intersections between these subjects—to find the space between the institutional walls and the language fastened to them—seemingly invisible but always present. I probe for ur-time and chaotic disruption. Queering the texts shifts the positionality towards women and the relationships they held with each other as an extension of their physicality, a non-sexual lesbian paradigm. Lesbian experience, within a phenomenological paradigm, encompasses elements of time, memory, *kairos*, and the actual event; what happens happened but the incident becomes symbolized by memory and imagination.<sup>20</sup>

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<sup>20</sup> See Ricoeur for a thorough discussion of imagination and events.

Queering Plath, Gilman, and Millet exposes disruptions and invokes *kairos*. The writers use color, paper, community, otherness, textual/textural space, and nature to fashion madness. What makes this reading different from previous scholarship and discourse using queer, deconstructionist, and feminist readings? I look for the main thread building a spider's web, the point of strength and vulnerability. The moment the thread severs an instantaneous, yet non-sustainable, space flashes; madness is the spark—brief, powerful, and characterized by a lesbian linguistic space, a *kairotic* moment. The writers use events within their lives and transcribe the experiences into narrative forms from various genres. Declaring strength in dialectic configuration, writing becomes the fervent, furious antecedent to maddened *kairos*.<sup>21</sup>

But there was madness. Writing was in the air around me. Always close, intoxicating, invisible, inaccessible. I undergo writing. It came to me abruptly. One day I was tracked down, besieged, taken. It captured me. I was seized. (Cixous 42)

Madness functions as trope, space, submission, freedom, oppression—all of these things—madness commands visceral, powerful life forces, filling our lungs, written “with a turbulence that knocked the wind out of me and inspired me to wild acts” (Cixous 42). In this reading, I shift Paul Ricoeur's concepts of space, silence, experience, and linguistic form into a queered time, a chaotic, *kairotic* moment (*Vol.1*). Queered time, ur-time, allows Plath's poetry to rupture stability. Gilman's short story, when queered,

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<sup>21</sup> In *Time and Narrative Volume 1*, Ricoeur posits, “between the activity of narrating a story and the temporal character of human experience there exists a correlation that is not merely accidental but that presents a transcultural form of necessity” (52). In that manner, the almost imperceptible switch between experience and understanding spikes into a space I call madness.

collapse otherness when the protagonist melds with the creeping women. Millett's autobiography unmask experiences of psychiatric diagnoses and treatments by exposing the space between experiential and medicalized madness. Plath, Millet, and Gilman effectively design an ur-time: the time before the moment occurs; the time between a thought, its linguistic utterance, and its reception; an imperceptible diametric shift; a nascent chaos. Akin to a spontaneous realization during meditation, transcendence occurs: blissful, horrific, incomprehensible, grand, a brilliant madness, and the moment before transference. Frantically, we scramble to reinstate a framework. Gilles Deleuze surmises, "...in the speculative domain, the fracture is quickly filled by a new form of identity—namely active synthetic identity; whereas the passive self is defined only by receptivity and, as such, endowed with no power of synthesis" (87). Connections between the woman writer, her paper, processes, linguistic structures, and interpretations create a web whereby a queered space, subject to a specific instant in time and place, unmask a fleeting *kairotic* flash.

The commonalities between writers positions madness as a *kairotic* break generating chaos and lesbian ur-time where all elements collide with constructed precision. Mental disorder and madness create chaos and illuminate the "invisible film within which madness confines"; while the written manifestation of chaotic disorder may be read as protest, the endeavor to escape a trapped confinement, or a call to awareness and awakening of women's plight—the *kairotic* split—what Jill Astbury terms the "'razor's edge' of normality for women," the "deleterious effects of living between

implication and definition” (5).<sup>22</sup> Living in the space between, the imperceptible interims within a breath are the maddened openings and foretaste of truth. Margaret Atwood points out the manner in which alternate worlds are constructed through an analysis of *Alice Through the Looking Glass*. Alice inhabits the real side on one side of the mirror while her alter ego, “the anti-Alice, her reflection and reverse double, is on the other or ‘art’ side” (57). As a result of this doubling, Alice has several choices: she can destroy the mirror and choose ‘life’ over ‘art’; the ‘real’ Alice might join with the “imagined Alice, the dream Alice, the Alice who exists nowhere;” or she may move to the ‘art’ side and, in returning to the ‘life’ side, bring the “story of the mirror world back with her” (56,57). Atwood’s summation provides a key method for interpreting the texts; the art used in creating narrative forms constructs the personal, real experiences within the writers’ lives and, in passing through the mirror, art becomes a reflection of that experience. The unlocked space between art and life, the real and the reflected, the imperceptible time where we move from one to the other, the point of choice, and pivot reveals madness. A state we can never fully define or comprehend, madness expresses *kairos*, ur-time, and lesbian space and generates a *chaos* narrative.

Each chapter employs variations in methodology. I critique Gilman’s work through a predominately feminist, lesbian, queered theory. The chapter includes an historical overview of woman-centered relationships since the changes in the women’s sphere significantly impacted their positionalities. These lenses expose the fissures within “The

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<sup>22</sup> See Jane M. Ussher (150) for a further discussion of antipsychiatry, psycho-politics, and symptoms of protest. The metaphor of the razor and an explication of women’s relationship to body and illness are located in Jill Astbury (5).

Yellow Wall-paper” and elucidate madness. I analyze the Plath chapter using rhetorical theory, psychoanalytic theory, and narrative time. The poems I selected are: “Tulips,” “Mirror,” and “In Plaster.” Each of these articulate the mechanization used to create *kairotic* moments. The chapter on Millett lends itself to a critique of memory and imagination along with the aforementioned methodologies. The commonalities between these various readings relate to the women’s experiences and written expressions of madness. Madness expresses in these works variations on *kairotic* moments, lesbian presence, and ur-time. Lesbian presence fractures discourse when interjected in the specifically woman-centered texts. Time, timing, and positionalities work together to create ur-time within madness. Each aspect of this study provides a building block under the rubric of madness. Whether through fiction, poetry, or autobiography, each writer declaims their experiences with madness, the medical community, and societal structure. The concluding chapter focuses on current treatment modalities and research regarding women, mental health, and the en/gendering of madness. Unfortunately, the literature remains all too limited in these areas. I show, through the final chapter, why we must continue to re/read these and other works in our efforts to study how mental healthcare systems impact women. Many women have written about silence, madness, and experiences in relation to mental illness, psychiatric care, and treatments. It is not my intention to ignore and silence them; I honor their voices and their courage.

**CHAPTER II**  
**THE CREATION OF LESBIAN SPACE IN GILMAN'S**  
**"THE YELLOW WALL-PAPER"**

In "The Yellow Wall-Paper," Gilman constructs a story full of intersections and spaces—a nascent subtext—capturing the absence, invisibility, and secrecy within a woman's struggle to define herself in a patriarchal, heterosexual society. My critique of Gilman's work focuses on the roles of women and gendered expectations within the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Although feminist, psychoanalytic, and gender studies have been used many times over in reading "The Yellow Wall-Paper," my argument goes beyond the limitations of those critiques by pointing out how Gilman purposefully introduces a new reading of narrative time—an *ur*-time. Analyzing Gilman's placement of *kairotic* moments within the work forms a more complete analysis of how madness functions as a disruptive force within "The Yellow Wall-paper." Gilman's text utilizes the dualities between masculine/feminine, authority/submission, voice/silence, presence/absence, verbal/nonverbal language, and visibility/invisibility, madness/illness. In Gilman's story, a young, unnamed woman (the protagonist/narrator) submits to a rest cure endorsed by psychiatrists during the 19<sup>th</sup> century. Her husband, brother, and sister-in-law, supportive of the treatment, insist she follow a prescribed schedule of strictly

enforced rest, abstinence from creative work, and minimum social stimulation.<sup>23</sup> In order to effectively enact the prescribed treatment, the narrator, who is a writer, and her family move to a deserted country estate. The estate, its rooms, structures, and grounds, and the writer and her husband and sister-in-law form the layering, intersections, and tensions present in the text. Once inside the estate, the narrator functions as reader and writer, studying the complex and hideous wall-paper patterns and sub-patterns in the room in which she is confined. At first, she finds the paper offensive and her own efforts at writing tiresome, but as the plot develops, the writer emerges as distinct but inextricably linked positionalities (narrator, reader, and object), as she studies the wallpaper's text. Observing the slightest details and variations, she sees a creeping woman moving behind the wall-paper. The closer she comes to reading and understanding the woman, the more detached from reality her narrative appears; the more apparent madness and even psychosis appear. Consequently, she seemingly disassociates from the society her husband and sister-in-law subscribe to and enters into the wallpaper's framework and its community of creeping women. Each pull of the wall-paper, each fleeting sight of the

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<sup>23</sup> In 1887, Gilman underwent the rest cure and psychiatric treatment at Silas Weir Mitchell's Philadelphia Sanitarium and her home after discharge. Gilman followed the treatment plan instructions: "Have but two hours' intellectual life a day. And never touch a pen, brush or pencil as long as you live"; the consequences were "I went home, followed those directions rigidly for months, and came perilously close to losing my mind" (Lane 21). In 1913, Gilman wrote a statement titled "Why I Wrote 'The Yellow Wall-paper,'" in the *Forerunner* with the intention of preventing, discrediting, and discouraging Mitchell from prescribing the rest cure and to educate and encourage women to refuse such treatments. The specifics of the rest cure "subjected the patient to: 1) extended and total bed rest; 2) isolation from family and familiar surroundings; 3) overfeeding, especially with cream, on the assumption that increased body volume created new energy; 4) massage and often the use of electricity for 'muscular excitation' to compensate for the passive regimen to which the body was limited" (Lane 116). For a more extensive history of *Forerunner* see Ann Lane's *To Herland and Beyond the Life and Works of Charlotte Perkins Gilman* pages 278-85.

veiled woman engenders narrative disruptions, brief *kairotic* moments. Moving into the world of the creeping women, the protagonist transgresses a male-defined societal structure and moves into utter madness—ur-time.

I find it valuable to spend some time defining and clarifying the historical setting, the social constructs of patriarchy and heterosexuality alongside psychiatric theories, and the term lesbian in order to effectively discuss “The Yellow Wall-Paper” and set forth my polemic for a lesbian reading. Gerda Lerner states “[w]omen, for far longer than any other structured group in society, have lived in a condition of trained ignorance, alienated from their own collective experience through the denial of the existence of Women’s History” (10). Furthermore, “women have been defined out and marginalized in every philosophical system and have therefore had to struggle not only against exclusion but also against a content which defines them as subhuman and deviant” (Lerner 5). The exclusion of women’s ideas and invalidation of their experiences—the deprivation of the “female psyche”—has created an order where “women collude in creating and generationally recreating the system which oppressed them” (Lerner 6). In effect, women’s place in society has been absented, infantilized, negated, and ignored.

Despite their lack of voice and authority, American women in the 19<sup>th</sup> century formed strong female bonds that lent support and community to their lives. Carroll Smith-Rosenberg notes:

Indeed, from at least the late eighteenth through the mid-nineteenth century, a female world of varied and yet highly structured relationships appears to have been an essential part of American society. These relationships ranged

from the supportive love of sisters, through the enthusiasms of adolescent girls, to sensual avowals of love by mature women. It was a world in which men made but a shadowy appearance. (1, 2)

The separate spheres of the 19<sup>th</sup> century allowed women to develop very intimate, emotional relationships with other women. These relationships became an accepted part of 19<sup>th</sup> century society and were considered the norm. Smith-Rosenberg asserts this was:

... a world built around a generic and unselfconscious pattern of single-sex or homosocial networks. These supportive networks were institutionalized in social conventions or rituals which accompanied virtually every important event in a woman's life, from birth to death. Such female relationships were frequently supported and paralleled by severe social restrictions on intimacy between young men and women. Within such a world of emotional richness and complexity devotion to and love of other women became a plausible and socially acceptable form of human interaction. (9)

These relationships were passionate and involved physical and emotional intimacy. However, in the late 19<sup>th</sup> century, the sexologists, particularly Havelock Ellis, Kraft-Ebing, and later Freud, began to view same-sex friendships as precursors to homosexuality or "inversion." The development of Freudian and psychosexual analyses caused many women to doubt the validity of their relationships. In the late 19<sup>th</sup> century as the sex drive became the "foremost instinct," women began viewing themselves as sexual beings and the romantic friendships of earlier eras became suspect "since love necessarily means sex and sex between women means lesbian and lesbian means sick" (Faderman 311). The idea and acceptance of love between women became even more suspect

because the majority of these “romantic friendships” were on a one-to-one level; the women were “lovers—emotionally if not physically” (Smith-Rosenberg 6).<sup>24</sup>

In 1980, Adrienne Rich sought to broaden the definition of the highly sexualized word lesbian with the creation of a “lesbian continuum” that would “include a range—through each woman’s life and throughout history—of woman-identified experience, not simply the fact that a woman has had or consciously desired genital sexual experience with another woman” (“Compulsory Heterosexuality” 51). Terry Castle proposes lesbians are neither “asexual” nor “a recent invention.” Before Freud and the sexologists

“invented” the notion of female sexual deviation around 1900, . . .,there was no such thing as lesbian activity, nor any self-avowedly ‘homosexual’ behavior on the part of individual women. The lesbian only became possible, supposedly, after she was ‘produced’ by turn-of-the-century clinicians. The argument is bolstered by the fact that lesbian and homosexual are indeed relatively recent terms, first given currency by medical writers in the later nineteenth century. What did women do who happened to desire each other before the crucial nomenclature appeared? (Castle 8)

An initial reading shows some contradictions between Castle and Rich. Castle finds lesbians to be a product of nomenclature and clinical description. Although there was no “lesbian” possible before clinicians defined them according to Castle, Rich suggests

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<sup>24</sup> See Lillian Faderman, *Surpassing the Love of Men* for a discussion of the role of “romantic friendships” in the 18<sup>th</sup> and 19<sup>th</sup> centuries. Faderman defines these roles as passionate, emotional, and primary in women’s lives, but does not consider them lesbian due to a lack of genital sex. In this reading, genital sex neither defines nor dismisses lesbian desire or presence. See Terry Castle’s *The Apparitional Lesbian* and her postulation that historians want to treat lesbianism as newly invented simply because it is difficult for people to acknowledge women’s sexuality without a masculine presence. Perhaps all concerned would like to assume that lesbians do not have sex. Similarly, Faderman admits the apparent lack of difference between all other aspects (emotional, psychological) of romantic friendships and lesbian romances.

lesbianism is a “continuum” existing throughout time. Yet both share commonalities in the use of chronology and sexuality as markers within a spectrum and thereby provide useful critique in this reading.

In *Are Girls Necessary*, Julie Abraham notes the disruption of heterosexual discourse often occurs at a narrative level. Women writers and women’s narratives struggle to break away from what Julie Abraham terms the predominate “heterosexual plot” in the narrative form, arguing all it takes to create a lesbian narrative “is one woman and a novel;” meaning “as a reader a woman could interpret herself as a lesbian and find her interpretation of lesbianism through a novel.” Similarly Marilyn Farwell argues:

lesbian narrative is not necessarily a story by a lesbian about lesbians but rather a plot that affirms a place for lesbian subjectivity, that narrative space where both lesbian characters and other female characters can be active, desiring agents. This subjectivity is a way to describe the disruption that happens in the Western narrative, which by most current analyses is both male and heterosexual, when female rather than male desire dominates the plot. (157)

At its center Gilman’s story develops a female desire; through the presentation of this desire, Gilman strives to disrupt the predominant heterosexual, patriarchal narratives defining women’s roles and the parameters of sanity and madness. She injects madness into an already maddened society thereby disturbing a presumed equilibrium. Gilman artfully positions her protagonist as writer/creator/reader. Each positionality affords a unique perspective colliding and intersecting with the other thereby allowing the protagonist/author/reader the necessary movement within narrative space to subvert time and stability and interject *kairotic* madness. Redolent of narratives describing movement within the asylum as a means of psychological and physical control, Gilman moves the

reader/writer through the text. We read the writer as the writer writes and reads the written. Gilman places us within the subtly moving glass where the gaze passes through in multi-dimensional frames.

As the protagonist reads the wall-paper, the text becomes a palimpsest for the intended readers—creating a participatory and observatory space—allowing them admission to a lesbian space suspended in ur-time. For the protagonist and the readers, the relationship to the text changes as the narrative progresses. Gilman warps the sense of time. Watching/reading as the story unfolds, the reader believes the protagonist to be mentally ill. However, at the end of the narrative, Gilman expands fissures and creates a significant *kairotic* moment, a divergent chasm. Who is Jane? “‘I’ve got out at last,’ said I, in spite of you and Jane. ‘And I’ve pulled off most of the paper so you can’t put me back!’” (15). In these closing lines, Gilman eschews the reader’s sensibilities. We believe we understand the protagonist’s illness; we believe ourselves outside the madness’s reach.<sup>25</sup> Yet, Gilman plays us by offering up a woman with a name and no identity. Where and how do we locate her presence in the text?

“Prospective Immigrants Please Note”

Either you will  
go through this door  
or you will not go through.

If you go through  
there is always the risk  
of remembering your name.

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<sup>25</sup> See Erskine and Richards’ “*The Yellow Wall-Paper*” *Charlotte Perkins Gilman* for a myriad of critical essays and background to “The Yellow Wall-paper.”

Things look at you doubly  
 and you must look back  
 and let them happen.  
 If you do not go through  
 it is possible  
 to live worthily  
 to maintain your attitudes  
 to hold your position  
 to die bravely  
 but much will blind you,  
 much will evade you,  
 at what cost who knows?

The door itself  
 makes no promises.  
 It is only a door. (Adrienne Rich 17)

Gilman wrote “The Yellow Wall-Paper”<sup>26</sup> in order to prevent other women from “being driven crazy” (Lane 127) and to illustrate to Dr. S. Weir Mitchell the harm his treatment caused.<sup>27</sup> Gilman’s protagonist recreates herself within the narrative fissures and experiences a syntactic union with another woman creating an ur-time concealed under the auspices of madness. There are no maps to guide the protagonist along her journey just as there are no words adequately describing her experience. Her narrative becomes madness.

Gilman uses social institutions to frame her story. She emphasizes tensions and dualities to set the tones of absence, disbelief, and separation early in her story:

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<sup>26</sup> For a comprehensive study of the reception of the story and the reasons Gilman cites for writing it see Julie Bates Dock, *Charlotte Perkins Gilman’s “The Yellow Wall-Paper” and the History of Its Publication and Reception: A Critical Edition and Documentary Casebook*.

<sup>27</sup> Both Gilman and Mitchell had utilized the literary realm and fiction to critique parts of their lives and personal psychological experience.

It is very seldom that mere ordinary people like John and myself secure ancestral halls for the summer. A colonial mansion, a hereditary estate, I would say a haunted house and reach the height of romantic felicity—but but that would be asking too much of fate!

Still I will proudly declare that there is something queer about it. Else, why should it be let so cheaply? And why have stood so long untenanted?

John laughs at me, of course, but one expects that in marriage.

John is practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures.

John is a physician, and perhaps—(I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind--) perhaps that is the one reason I do not get well faster.

You see he does not believe I am sick!

And what can one do?

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do? (1)

In the opening lines, Gilman sets the movement for the rest of the story. The narrator's husband holds both the authority and the profession to quickly and effectively negate the narrator's voice and presence. Her presence is minimized—absented—by the dominant patriarchal structure, for her brother, who “is also a physician, and also of high standing” (1), supports John's assessment of the protagonist's “slight hysterical tendency” and John's sister, Jennie, “is a perfect and enthusiastic housekeeper, and hopes

for no better profession” (4).<sup>28</sup> Every man knows what is best for the protagonist. Even though the narrator disagrees with all three family members, she is silenced verbally and treated as a child, so she resigns herself to follow the prescribed treatment. Likewise, Gilman establishes the protagonist’s relationship to the house and grounds early in the text in order to establish contrasting ideas of isolation and companionship, emptiness and fullness, decay and fertility, absence and presence. The house is “ancestral,” “hereditary,” and “colonial” indicating a settled presence in history and tradition (1). Yet the protagonist senses “something queer about it”(1). She seems to understand a hidden truth about the house others cannot see just as she knows things about herself that remain absent from others’ perceptions. She wonders why it is “let so cheaply” and why it has “stood so long untenanted”(1). She desires engagement, “more society and stimulus” (1) from her husband and her surroundings, but her requests are denied. She and the house are “queer”—in that both are misread and stand apart in their separation and differences.

Sue Vargo notes it is virtually impossible for women to “see themselves as both female and healthy at the same time” (*Women’s Madness* 160). She attributes this impossibility to the placement of male behaviors as the standard for “normal adult behavior” including male psychological traits such as “competitiveness, assertiveness, and aggressiveness” (162). Furthermore, Vargo continues, women are caught in a double bind. To demonstrate “normal adult behavior” is to show “male behavior” while demonstrating female behavior, such as “being unassertive, interdependent, and

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<sup>28</sup> Lane, in relation to Mitchell’s treatment, notes the treatment “was an extreme version of the cultural norms that operated outside his sanitarium, just as, ironically, the incapacity of these women patients took the form of an exaggeration of the very qualities they have been taught to value” (117).

concerned with others' well-being" is by definition unhealthy. Jeannette King and Pam Morris assert:

The power that men possess over women is thus not limited to the authority to prescribe what they may or may not do; they have the far more fundamental power to diagnose—to name sickness and health, abnormal and normal. The medical profession thus exemplifies the mechanisms by which language sustains male power. Through language, experience is defined, and thus controlled, in accordance with patriarchal ideology. (26)

Neither the malady predisposing the protagonist's "slight hysterical tendency" nor the protagonist herself is named; therefore, it is quite probable that her 'sickness' is one of difference rather than pathology. She is defined, diagnosed, and treated by her husband's interpretive views. Perhaps she suffers from the nervousness of absence—a deficiency of name and voice, a lack of identity. The protagonist desires creative opportunities, productivity, and autonomy. The medical and societal communities believe her drives aberrant and possibly seditious. Absented, she inhabits an unacknowledged, unrecognized history separate from the actualized self.

The protagonist's isolation from her companions is reflected by the absence of a proper name and her infrequent reference to herself as "I" until the end of the story. Even her mention of "Jane" at the end of the story is ambiguous in its referent; the reader never clearly understands to whom the name refers. Catherine Golden states: "The expression 'what is one to do' semantically conveys the narrator's helplessness and perceived inability to change her uncomfortable situation; the repetition of 'one' creates a haunting echo of anonymity throughout this entry and the entire story" (195). The writer never

declaims herself. In writing on the “dead paper,” she calls herself “I,” but when she must defer her experience to John, she refers to herself as a distanced, absent “one.”

When John tells her that she must not think about her condition, she focuses her attention on the house. Since her experiences are invalid in her husband’s belief system, she seeks solace and identity in associating with the house:

So I will let it alone and talk about the house.

The most beautiful place! It is quite alone, standing well back from the road, quite three miles from the village. It makes me think of English places that you read about, for there are hedges and walls and gates that lock, and lots of separate little houses for gardeners and people. (2)

The house, like the narrator, has a familial history of concerns and burdens. Both have been neglected due to familial conflicts, societal restraints, and legal paradigms: “There was some legal trouble, I believe, something about the heirs and coheirs; anyhow, the place has been empty for years” (2). The images of the narrator as a silenced writer and the house as a fertile ground demonstrate the contrasting ideas of decay and fertility. “There is a delicious garden”; it is “large and shady, full of box-bordered paths, and lined with long grape-covered arbors” (2). “There were greenhouses, too, but they are all broken now” (2). The house and its gardens long to be opened and tended; a slumbering fertility lurks beneath the broken greenhouses and the hideous wall-paper. Likewise, the narrator longs to be nurtured and inspired; she desires “congenial work, with excitement and change” (1), she wants to write and nourish her creativity and individuality.

Therefore, she chooses a room in the house where she feels she will blossom with the gardens. Contrary to her wishes, she is forced to move into an undesirable room.<sup>29</sup>

I don't like our room a bit. I wanted one downstairs that opened on the piazza and had roses all over the window, and such pretty old-fashioned chintz hangings! But John would not hear of it. (2)

Rather than nurturing her spirit in a floral room, the narrator must remain in a room where the "lame uncertain curves" of the wall-paper "commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions" (3), and endure the discouragement of not having "any advice and companionship about my work"(4). Subsequently, the woman's relationship with the house focuses on the "artistic sins" of the wallpaper and the dichotomous link with the woman behind the wallpaper. Her relationship with the house is further influenced by John's unresponsiveness.

That spoils my ghostliness, I am afraid, but I don't care—there is something strange about the house—I can feel it.

I even said so to John one moonlight evening, but he said what I felt was a *draught*, and shut the window. (2)

She is taught to disregard her feelings as "fancies"(4) and "whims"(4); however, she knows there is "something strange about the house"(2). All of John's reassurances and dismissals cannot shake her internal understanding of the house and its inherent queerness.

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<sup>29</sup> In Geller and Harris's *Women of the Asylum*, along with other texts, being moved from one ward to a more removed or undesirable ward indicated the level of futility a woman may experience in addition to being used as a form of punishment and indicator of the degree of illness.

John repeatedly minimizes the protagonist's presence and infantilizes her by asserting his "loving" authority. He "...hardly lets me stir without special direction. I have a schedule prescription for each hour in the day; he takes all care from me, and so I feel basely ungrateful not to value it more" (2). He removes her decision-making capabilities by invoking patriarchal and medical authority in place of her autonomy. He calls her "blessed little goose," "dear," "darling"(4); he blesses "her little heart"(4) and refers to her in third person pronouns. He urges her to use her "will and self-control and not let any silly fancies run away with [her]" (4). She feels invalidated, unheard, and unseen by the most significant adult in her life. She knows John thinks her feelings "absurd"(7).

In the absence of recognition as an adult, the narrator again turns to the house for stimulation, identity, and validation. Gilman, through the protagonist's relationship with the house and wallpaper, increases the frequency of narrative tears. She begins to watch the subtle changes occurring within the room as the day progresses.

The color is repellant, almost revolting; a smoldering unclean yellow strangely faded by the slow-turning sunlight.

It is a dull yet lurid orange in some places, a sickly sulphur tint in others. (9)

The wall-paper's yellows and oranges contrast with the verdant gardens, the "beautiful shaded lane,"(4) the "the mysterious deep-shaded arbors, the riotous old-fashioned flowers, and bushes and gnarly trees" (4). Shadows and the play of light shine as the common denominator of absence; for it is in the shadows that the protagonist sees a form who she eventually identifies with—"a strange, provoking, formless sort of figure, that

seems to skulk about behind that silly and conspicuous design” (6). Initially, the protagonist sees a faceless figure hiding behind a sub-pattern “in a different shade” in areas where the paper isn’t too faded and “the sun is just so” (6); yet, “[b]ehind that outside pattern the dim shapes get clearer every day” (8). As the narrator continues her careful study of the wall-paper’s dynamics, she realizes:

There is one marked peculiarity about this paper, a thing nobody seems to notice but myself, and that is that it changes as the light changes. When the sun shoots in through the east window—I always watch for that first long, straight ray—it changes so quickly that I never can quite believe it.

That is why I watch it always.

By moonlight—the moon shines in all night when there is a moon—I wouldn’t know it was the same paper.

At night in any kind of light, in twilight, candlelight, lamplight, and worst of all by moonlight, it becomes bars! The outside pattern I mean, and the woman behind it is as plain as can be.

I didn’t realize for a long time what the thing that showed behind, that dim sub-pattern, but now I am quite sure it is a woman.

By daylight she is subdued, quiet. I fancy it is the pattern that keeps her so still. It is puzzling. It keeps me quiet by the hour. (9, 10)

Heralding the approaching shadows of night and the reflected light of the moon, twilight signals the transition from light to dark. The absence of direct light allows the narrator to more clearly discern the difference within the wall-paper’s patterns. The front pattern mirrors the restraints imposed on her by her husband and the dominant societal constructs defining a woman’s role while the woman behind the paper expands her awareness and

move towards a different paradigm—trading sanity for madness, she discovers an alternative identity as she loses another.

Both the woman and the narrator know the inherent danger of visibility, of going into the crevice. As the protagonist comes to recognize the form behind the wall-paper as a woman, Gilman's narrative time becomes increasingly disruptive and chaotic. The narrator's progression into ur-time reflects the evolution of her relationship to the wallpaper. When she observes and studies the paper, her language and self-expression become stronger, more graphic, sensual, and increasingly cognizant of the contradictions imposed by the patriarchal societal construct. The protagonist says she

... never saw a worse paper in my life.

One of those sprawling flamboyant patterns committing every artistic sin.

It is dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study, and when you follow the lame uncertain curves for a little distance they suddenly commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions.

The color is repellant, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sunlight. (3)

The narrator faces her own complexity. She feels compelled to watch the woman behind the wall-paper and court her by crawling along with her. She breaches time within the wall-paper. She chooses to declaim herself even though she recognizes the “vicious influence” of this meditation and the potential for self destruction (3). John believes she is improving and says she “seemed to be flourishing in spite of my wall-paper”(11). Claiming the wall-paper as her own, she moves further into madness. She engages in

mental gymnastics with the paper; she follows the twists, turns, contortions, and disruptive nature.

I know little of the principle of design, and I know this thing was not arranged on any laws of radiation, or alternation, or repetition, or symmetry, or anything else that I ever heard of. (6)

She knows “little of the principles of design,” but she does recognize the wall-paper’s refusal to follow ‘normal’ conventions. Gilman situates the protagonist and the wall-paper to interject transgressions; the wall-paper creates its own design just as an artist and writer construct their work, even at the risk of madness.

The wall-paper serves dual purposes within the text; its panoptic capability surveys the protagonist’s actions and hinders the growth of the creeping woman, and yet its reflective traits mirror the protagonist’s growing self-awareness. The “eyes” of the wall-paper are both observer/watcher and mirror/reflector. The watchdogs of heterosexual convention view the protagonist through the eyes of the wall-paper:

There is a recurrent spot where the pattern lolls like a broken neck and two bulbous eyes stare at you upside down.

I get positively angry with the impertinence of it and the everlastingness. Up and down and sideways they crawl, and those absurd, unblinking eyes are everywhere. There is one place where the two breaths didn’t match, and the eyes go all up and down the line, one a little higher than the other. (5)

The metaphorically phallic descriptions of the testicular eyes that continuously gaze at the narrator remind her of her perpetual subjugation and internment. The “vicious

influence” (3) of the paper seeks to contain and seduce her while the shadowy subtext beckons with feminine desire. She creeps under a Panopticon comprised of the wall-paper, her husband’s watchful care, and the room’s restricted space.<sup>30</sup>

*I open the door and step into the hall. Across the hall, the Psychiatric Admission Unit beckons to me. My steps across the hall are ritualistic; I do not vary this voyeuristic practice. Gazing through the kaleidoscopic eye, I watch ethereal figures moving in and out of blurred doors. I know these figures are patient and provider. Always faceless, they move at varying speeds: agitated, animated, pacing, immobile, but most often loud. The TV continuously blares its messages to those unseen. At the end of the hall sits a chair, always draped in white, the overhead light lends a spectral glow to the setting. A Pieta without the Madonna and Christ, a divine source, waits to bestow its radiance upon the visitor. But these aren’t really visitors. The wide-angle view expands and distorts the action within. I realize, no matter how often or how long I scrutinize the indistinct images, I will never view them with clarity. I will never know the experiences existing behind the mirroring eye. I will never know, if they can see me. I turn, continue down the hall, and head home. Another shift ended.*

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<sup>30</sup> The Panopticon poses a crucial imagery in Michel Foucault’s discourse on surveillance and social control. Although asylums and prisons both function as architectural means to control behaviors, they are essentially different in design. Yanni notes “the Panopticon has been much more influential in critical theory than in actual prison buildings”; 19<sup>th</sup> century psychiatrists “did not consider the Panopticon as a diagram for the construction of asylums—it did not allow for the separation of men and women, nor was it possible to keep noisy patients removed from the quiet ones” (45).

The eyes mirror her inner turmoil and self-contemplation. The voyeuristic nature of the eyes reflects the narrator's consuming obsession with studying the paper and watching the creeping woman. Mirroring constructs the narrator's identity and knowledge. She is simultaneously repulsed by and attracted to the wall-paper. Her neglected, blank, "dead" writing paper is replaced by the "written" narrative of the wall-paper and through the hidden message lurking behind the wall-paper, the narrator recognizes her identity and is written by it. She becomes both observer and observed—writer and reader.

On a pattern like this, by daylight, there is a lack of sequence, a defiance of law that is a constant irritant to a normal mind.

The color is hideous enough, and infuriating enough, but the pattern is torturing.

You think you have mastered it, but just as you get well underway in the following, it turns a back-somersault and there you are

It slaps you in the face, knocks you down, and tramples upon you.  
It is like a bad dream. (9)

Gilman moves the protagonist around the room as her eyes follow the circuitous, maddening pattern of the wall-paper. Gradually, she discovers "It is getting to be a great effort for me to think straight" (7). 'Straight' indicates thinking in a linear, predictable manner within time—*chronos*. The narrator finds her thoughts deviating from these accepted, linear conventions as her self-awareness evolves; like the wall-paper, she begins to exhibit "a defiance of law," the emergence of a chaotic state. *Kairos* emerges from *chaos*. Her identity continues to develop within the complexities of the wall-paper. She recognizes "... it is the pattern that keeps her so still. It is so puzzling. It keeps me

quiet by the hour” (10). The pattern holds the protagonist and the woman in the wall-paper just as the asylum would contain its patients. Delving further into the wall-paper, the narrator begins to see beyond the restrictions placed on her by psychiatric science and cultural expectations.

Life is very much more exciting now than it used to be. You see I have something more to expect, to look forward to, and to watch. I really do eat better, and am more quiet than I was. John is so pleased to see me improve! He laughed a little the other day, and said I seemed to be flourishing in spite of my wall-paper. I turned it off with a laugh. I had no intention of telling him it was because of the wall-paper—he would make fun of me. He might even want to take me away.

I don't want to leave now until I have found it out. There is a week more and I think that will be enough. (10-11)

As the relationship between the two women solidifies, the protagonist progresses towards health. Her positive physical and psychological changes are notable to her husband and herself. The protagonist anticipates her visionary revelation of self-discovery; she is like the phoenix awaiting rebirth. The narrator realizes the increasing threat imposed by her husband and Jennie as she furthers her declamation. She knows he may “take her away;” she hears him “ask Jennie a lot of professional questions about me” (13); “He asked me all sorts of questions, too, and pretended to be very loving and kind. As if I couldn't see through him!”(13). Jennie tries “to get her out of the room” (14), but in order to keep her intentions secret, she maintains her need for rest and quiet as prescribed by her husband.

The woman creeps more freely during the night, for the pattern and the threat of discovery subdue her during the day. At night, the pattern shifts and emulates the barred windows that restrict the protagonist's movements; through the bars, the narrator can most clearly see the other woman, feel her struggle to get out of her prison, and empathize with her. The pattern moves at the hand of the woman; she shakes it in an attempt to escape the constraints of the pattern. At times, "there are a great many women behind" (12) the wall-paper; the protagonist becomes increasingly aware of the many women suffering the restrictions imposed by the staring eyes of society as the invisible community of woman identified women gains visibility to her. As the narrator's understanding of the woman grows, she sees her creeping outside in the daylight; the movement into daylight reveals *kairos*.

. . . it is the same woman, I know, for she is always creeping, and most women do not creep by daylight.

. . . It must be very humiliating to be caught creeping by daylight!  
I always lock the door when I creep by daylight. (12)

The need to remain hidden demonstrates the desire to maintain a level of personal safety in a threatening environment. The narrator's need to protect the secret of the creeping lady from her husband and Jennie reinforces the lesbian subtexts of the story. The narrator is aware of the inherent danger in discovery; she must "lock the door," deceive her husband, and turn down Jennie's offer to sleep with her. The protagonist realizes Jennie's presence threatens to reinstate the heterosexual plot of the narrative. Severing her trust in Jennie assures the disruption of the heterosexual praxis.

Gilman's protagonist begins her narration as a casualty of compulsory heterosexuality, but her visual, interactive, and syntactic relationship with the creeper creates the gap enabling the ur-time to emerge. In pursuing the creeping woman—a phantom—rather than Jennie, the narrator opens the space for the rewriting and revision of her history and identity. She and the creeper need each other to come out, and it is through the wall-paper the women of this story discover each other. Secretly, they strive to help each other, struggling to free themselves from the constraints binding them.

Jennie wanted to sleep with me—the sly thing! But I told her I should undoubtedly rest better for a night all alone.

That was clever, for really I wasn't alone a bit! As soon as it was moonlight and that poor thing began to crawl and shake the pattern, I got up and ran to help her.

I pulled and she shook, I shook and she pulled,  
and before morning we had peeled off yards of that paper. (13)

Defying the odds, the women find each other and move from a point of invisibility to visibility consisting of the transition from sanity to madness and the protagonist's suppressed identity to declamation. The women are driven by the need to escape their respective prisons. Gilman artfully constructs a symbiotic relationship between the two women through syntax—one pulls and one shakes, and then the roles reverse and the other one shakes and one pulls. A community occurs through this pulling and shaking, and the "I" and "she" finally unite as "we;" the women of the asylum assert their voice.

Friends, along with family, create obstacles and threats within madness narratives. Jennie's observations and presence present opportunities for exposing the evolving narrative space. At her first chance, the protagonist catches Jennie with her hand on the

wallpaper once and confronts her “with the most restrained manner possible” (10).

Jennie acts startled and says she has noticed that “the paper stained everything it touched” (10), but the narrator does not trust her. She claims; “Did not that sound innocent? But I know she was studying the pattern, and I am determined that nobody shall find it out but myself!”(10). Gilman balances the tension between expanding and contracting the fissured space as the wall-paper is stripped away.

Jennie looked at the wall in amazement, but I told her merrily that I did it out of pure spite at the vicious thing.

She laughed and said she wouldn't mind doing it herself, but I must not get tired.

How she betrayed herself that time! (13)

The narrator decides to keep her awareness a secret, perhaps because she wants to surprise John, but more likely because she realizes Jennie would interpret the knowledge as madness, a chaotic disruption within a prescribed regime. The protagonist chooses to come out and move beyond the wall-paper in a most dramatic way; she locks herself inside the room and decides “I don't want to go out, and I don't want to have anybody come in, till John comes. I want to astonish him”(14). In declaiming her lesbian identity, the protagonist risks further marginalization. When John comes to the door, she tells him the key is under a plantain leaf outside and instructs him to get it speaking with more authority and self-assurance than at any other point in the story. When he gets the key and enters the room, he stops “short by the door”(15):

“What is the matter?” he cried. “For God’s sake, what are you doing?”

I kept on creeping just the same, but I looked at him over my shoulder.

“I’ve got out at last,” said I, “in spite of you and Jane. And I’ve pulled off most of the paper, so you can’t put me back!”

Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time! (15)

The narrator, who now confidently refers to herself as “I,” does not interrupt her activity. She asserts her presence, moves out of invisibility and into the world behind the paper signifying her ability to re/write and re/create her narrative; she transitions into the maddened ur-time. In tearing down most of the wallpaper, she releases herself from the constraints of society and claims her autonomy. Unstoppable, she perseveres over the last obstacle—her husband’s unconscious body. Gilman constructs an exit by interposing ur-time.

### CHAPTER III

#### IT'S ONLY A MATTER OF TIME: PLATH'S PALINDROME

What is it about meter and cadence and rhythm that makes their makers mad? (Kaysen 48)

MY WRITING IS MY WRITING IS MY WRITING (Plath, *Journals* 449).

Exploring the themes of duality, mirrored, shadowed selves, psychoanalytic interpretation, and confessional style do not constitute new ways of reading Plath. Observation of movement and constructed rifts in time in her work does. Through the use of mirrors, color, death, nature, and the body (as separated parts) as tropes within her poems, Plath generates an ur-time comprised of madness, kairos, and lesbian presence.<sup>31</sup> Evaluating time as a premature ventricular contraction (PVC) within the poem's rhythm, kairos marks the abrupt, random spikes within a confessional cadence.<sup>32</sup> Plath breaks the current with narrative arrhythmias. Stability escapes Plath's work. Conductivity shifts through the poems in unpredictable paths. One of the primary tenets in critiquing time rifts revolves around beings and thought. Each requires other to exist and time is the

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<sup>31</sup> Lesbian presence holds three inferences in this chapter: conflicts Plath experienced dealing with the "mother's clutch"; ambivalence about societal expectations of women; the more global sense of life as a woman.

<sup>32</sup> A premature ventricular contraction indicates a misfiring and premature contraction of the heart's ventricle/s. An electrical stimulus within the heart follows a predetermined pathway and when it is interrupted an arrhythmia results. The electrocardiogram is an external monitoring device allowing medical practitioners to view and record the sequences the heart is undergoing at the time it occurs. PVC's are visible on an electrocardiogram, auditory through a stethoscope, palpable in the pulse.

space between being and thought; they exist in time. It is impossible to discern which one precedes the other within time; therefore in attempting to critique time, one must observe the intertwining of the two. Plath masterfully twists positionalities to create fissures and interject madness. “The activity of thought applies to a receptive being, while a passive subject which represents that activity to itself rather than enacts it, which experiences its effect rather than initiates it, and which lives it like an Other within itself” (Deleuze 86). We scarcely notice the space in-between where movement propels us through the gap and leaks between beings, but it exists. Her imagery crafts juxtapositions and generates kairotic disruptions elucidating the sites of conversion; Plath drives change and disrupts structure using the “force or energy (rather than a soporific, abstract overlay of content)” to reveal the critical movements within her writings (Hill 222). Reading Plath through the chaos existing between the passive and active beings provides a palindrome for this reading: The madam is mad.

Astbury posits the nature of “dualistic thinking configures women’s emotional lives as much as their intellectual one” (Astbury 17). Dualism provides a critical framework for building Plath’s poems in relation to psychoanalytic thought and disruptive narrative. The psychoanalytic lens develops the reader’s ability to find and delve into the central linguistic and structural signifiers “towards searching behind and below the surface content of the language of our everyday life” (Thurschwell 2, 3).<sup>33</sup> To read Plath is to

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<sup>33</sup> Feminist theory often attacks Freudian psychology and reads it as misogynistic and phallogocentric. But in both Plath’s diaries and biographical texts, Freudian analysis was the psychological treatment Plath underwent. As in the confessional tone of her poetry, the confessional, freethinking therapeutic treatment associated with Freudian theory encouraged

join her within psychoanalytic discourse. Lesbianized space, in Plath, arises where linguistic structure, women's experiences, diagnostic categorizations, and mental health therapies intersect.<sup>34</sup> "Tulips," "In Plaster," and "Mirror" dwell in women's space. Objects and speakers reflect women's positionalities as women, patients, and individuals seeking declamation within ordinary constructs. Objectification, in the poems, establishes subaltern presences.<sup>35</sup> The voices within Plath's poem occupy displaced spaces: physicality of woman, madness, silence. The struggle to declaim their experiences results in further estrangement. In order to bring the subaltern to light, Plath initiates fissures through the use of metaphor and illusory space, and invoking a distinct, sometimes dead, Other. Through personification and metaphor Plath creates an imaginary other; the reader reads the unreal separation as a symbolic representation of Plath's illness. The reader, in a hurry to "diagnose and categorize" Plath, might overlook her purposeful and artistic implementation of metaphor as a method of production. We believe we see a space between object and other; we look for a way in which we can read madness as illness. However, the pauses reveal much more complexity and depth. The intervals show us separations between self and object do exist as Plath show us in the apparent personification of the object. Delving into the metaphors' crevices, the dead

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Plath's expressionism. In her journals, Plath makes frequent references to the psychoanalysis she underwent and the influence of her therapeutic process frequents many of the poems.

<sup>34</sup> The manifestations within these particular poems involve women and are independent of men in particular since "lesbian" represents a more gynocentric examination within this thesis. Although many similarities exist between the constructs of hospitalizations, treatments for mental illness, and the 'madness' surrounding these paradigms, certain encounters and interpretations represent commonalities specific to women's writing and experiences.

<sup>35</sup> In "Can the Subaltern Speak?" Spivak asks what the elite must do to recognize the "continuing construction of the subaltern." Spivak's critique focuses on the relationship between third and first world women.

“Other” emerges. We become aware of the internal dialogue between the living one and her dead “Other.” The bright white woman and the yellow woman appear to be a divided self, but Plath uses the division to reveal the point of difference; the *kairotic* expansion of the speaker’s experience and communication with herself and “Other.” “Sylvia Plath believed that as a woman you are damned anyway; if you are normal you are mad by implication and if you are abnormal you are mad by definition” (Astbury 5). Russ notes in Robert Lowell’s forward to Sylvia Plath’s *Aerial*, that “Sylvia becomes . . . something imaginary, newly, wildly created—hardly a person at all or a woman certainly not a poetess” (23). Although meant as a compliment, it denies Plath’s being, the illusory space and dead “Other.”

Madness and womanhood constitute the textual spaces declaimed by Plath as “a duet of shade and light/plays between these” (Plath, *Poems* 31).<sup>36</sup> Women exist though metaphor and personification as the “dead eggs” (266), the “absolutely white person,” the “old yellow one” (266), the “opus,” the “pure gold baby/That melts to a shriek,” rising with red hair to “eat men like air” (244).<sup>37</sup> Women rage with monstrous madness—dead, powerful, yet vulnerable, warriors. Disruptions emerge from profound levels portending the breakdown and critique of gendered and psychoanalytic systems impacting, defining, and restricting women. “I am already in another world—or between two worlds, one dead, the other dying to be born. We are treated as ghosts by permanent members of the faculty—as shadows already departed with no flesh and blood interest in their future”(Plath, *Journals* 376). Plath’s personal and creative writings resonate with

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<sup>36</sup> “Two Sister of Persephone.”

<sup>37</sup> From *The Collected Poems of Sylvia Plath*.

divisions.<sup>38</sup> The reverberations create a chaotic cacophony of images, metaphor, and objectification. Personification and mutable positionalities clamor in the battle to become the significant self.

Plath positions us before a two-way mirror reflecting where reality runs contrary to what it seems, a queer contextual madness. Using Kopelson's simplified description of Jacques Lacan's mirror stages of human existence—the Real, the Imaginary, and the Symbolic—provides a method for analyzing narrative time in Plath's poetry (Plath, *Poems* 3).<sup>39</sup> Kopelson notes the Real stage does not necessarily relate to reality outside of oneself nor does it exist in opposition to the imaginary, and is resistant to “symbolization and signification”; the Imaginary self is not dependent on the Real nor does it equate with imagination and is poetry's progenitor state; the Symbolic includes the “entire domain of culture” (19,20). “Everyone is born into the Real, enters the Imaginary in the mirror stage, and enters the Symbolic with the acquisition of language” (Kopelson 20). The mirror's boarded edges provide the allusions of constraint from the limitless reflection and respite from the infinite gaze; however, the frame's control remains an illusion. Even the flattest of surfaces undergo the mirror's scrutiny whether our awareness registers the minute activity or not; the mirror's ever-changing eye unceasingly imitates, distorts, and replicates time and interpretation.

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<sup>38</sup> Thurschwell finds, in psychoanalysis, a “theory of process that was also in process.” Freud's writings reveal “development, contradictions and ruptures, as well as the coherence” (25).

<sup>39</sup> Lacanian theory points to the mirrored self as feminine according to some scholars. See: Summers-Bremner, E. “Reading Irigaray, Dancing.” *Hypatia* 15.1 (2000): 90-124; Moi, Toril. “From Femininity to Finitude: Freud, Lacan, and Feminism, Again.” *Signs* 29.3 (Spring 2004): 841-878. By deduction, the language of the mirrored self is a space understood and claimed by the feminine. As such, I suggest the positionality represents lesbian space.

Plath uses reflective attributes to set up dichotomies whether internal or external. “Tulips,” “Mirror,” and “In Plaster” present convincing evidence of my argument. Each poem creates a distinct delineation between a woman’s physical *topos* and a subversive, *chaotic* presence. Each poem juxtaposes a human in relationship to a non-human entity. A poet once asked Atwood in regards to poetry “is it alive or is it dead”; she found his question valid but queries “in what does this aliveness or deadness consist?” (Atwood 140). Plath implores the reader to ponder this question within her poems by manipulating boundaried spaces. In “Tulips” (160), Plath places a woman’s individuality in relationship to organic figures. Objects and individuals typified as comforting and healing develop into watchdogs seeking to destabilize the woman and move her into madness. In “Mirrors” (173) and “In Plaster” (158), agitation originates in the woman’s struggle to maintain her authority against a tangible, inorganic object. The objects personify the division between selves and time; the turmoil generated by poetic construction locates the site of madness. Objects developed to assist, inform, and heal subvert experiences and disrupt autonomy. Ricoeur emphasizes the distinction between people and things as both existent and the reappearance of sameness; each demonstrates interrelatedness and a reflective state of being (396). “Psychoanalysis is centrally concerned with the difficulty of maintain the distinction between imagination and reality” (Thurschwell 2272). Plath, through metaphor and imagery, makes imitation and imagination indistinguishable from rigid corporeality. The indistinguishable state forms nascent *kairotic* realization. Through losing human physicality to a replicated, imaginative, perhaps dead, “Other,” the mimetic self emerges. The emblematic metaphor

becomes the explicative site for declamation and lesbian space. One who lives within the corporeal female body understands the femininity inherent in the experience. Replication, by a writer outside the archetype, does not constitute declamation. An author positioned outside the experience of being a woman undergoing treatment for mental illness cannot replicate ur-time and *kairos*.

Plath uses three tropes in “Tulips” to create rifts in time and open them to madness.<sup>40</sup> The tulips (nature), color, and mirrored self slide like tectonic plates only to shove each other upward to disrupt what we imagine to be a peaceful experience. “I am learning peacefulness, lying by myself quietly/As the light lies on these white walls, this bed, these hands” (Plath, *Poems* 160). The transition from normalcy to madness occurs quickly. As in Millett’s opening chapter and Gilman’s opening sentences, the peaceful setting and desires give way to dis/ease. The three women writers shift to a chaos narrative within a brief period of narrative time. Plath hints at this shift in the first line: “The tulips are too excitable, it is winter here. /Look how white everything is, how quiet, how snowed-in” (160). Poetic tensions create dissonant metaphors: the excitable tulips, the restriction of being confined by snow, and the snow’s white quietude; the tulips’ suggestion of seasonal warmth against the winter’s cold. The movement towards chaos follows in the next lines: “I am nobody; I have nothing to do with explosions. /I have given my name and my day-clothes to the nurses/And my history to the anesthetist and my body to the surgeons” (160). Plath interposes chaos, as the speaker gives herself away. Plath reveals the tension between soothing aesthetics and discomfort. The smooth

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<sup>40</sup> Madness foretells and exists within ur-time.

pebble of her body becomes numbed with bright needles; the husband and child “smiling out of the family photo;/Their smiles catch onto my skin, little smiling hooks” (160).

The poem passes into madness and *kairos* takes hold. The speaker journeys deeper into our-time until our belief in her voice fails. Plath manipulates color with bold determination in “Tulips”: “Now I have lost myself I am sick of baggage—/my patent leather overnight case like a black pillbox” (160); “The tulips are too red in the first place, they hurt me. /Even through the gift paper I could hear them breathe/Lightly, through their white swaddlings, like an awful baby” (161). The flowers’ *topoi* shifts through personification as the color grows powerful and they take on an ominous manifestation. The black patent and vividly red tulips create a stark contrast to the opening white world. Plath displaces the speaker as the tulips threaten her being:

And I see myself, flat, ridiculous, a cut-paper shadow  
Between the eye of the sun and the eyes of the tulips  
And I have no face, I have wanted to efface myself.  
The vivid tulips eat my oxygen. (161)

Even though the speaker appears to lose all credibility, Plath makes a final shift, exposes the splintered space, and widens it. She manipulates the suspension between the two and generates a subversive change in sliding between personification and simile. “The walls, also, seem to be warming themselves.” “The tulips should be behind bars like dangerous animals;/They are opening like the mouth of some great African cat” (Plath, *Poems* 160).

The tensions function as a catalyst for disclosure. Plath returns to herself:

And I am aware of my heart: it opens and closes  
Its bowl of red blooms out of sheer love of me.

The water I taste is warm and salt, like the sea,  
And comes from a country far away as health. (160)

The effacement abates as the possibility of caging the tulips blossoms. “The heart shuts,  
/The sea slides back, /The mirrors are sheeted”(Plath, *Poems* 271). Madness closes.

Disruptive time within writing generates maddened states. In “Mirror,” spatial experience dissolves into a two-dimensional, mimetic temporality. The speaker, an inanimate object, dictates the poem’s movement. Corporeal presence succumbs to lifeless representation. “I am silver and exact. I have no preconceptions. /Whatever I see I swallow immediately/Just as it is, unmisted by love or dislike” (Plath, *Poems* 173). Plath’s mirror juxtaposes the relationships between and within the mirror, the observer, and the observed. The mirror, in its physicality, represents tangibility and specific characteristics. Like the tulips and black patent leather, the mirror provides a specific locus for action within the poem. Again, Plath quickly destabilizes our sensibilities and construal of the mirror’s construct. The mirror is “silver and exact,” an insatiable consumer replicating and absorbing time. The mirror claims to be “not cruel, only truthful—/The eye of a little god, four cornered” (173).

In quantitative time, *chronos*, the image, must travel, be reflected or absorbed, and return. Within that brief time, the image shifts. Silver, no matter how finely polished, distorts reflections and tarnishes with time. Silver’s natural characteristics preclude its precision; its edge is never exact. The moment passes before it is read; the memory presupposes the event. John Smith observes a “subject-situation correlation” will always exist within *kairos* (48). The mirror and the woman constitute subjects within the poem

as the space between the two manifests in a myriad of ways. The mirror reflects the woman, shadows, and the wall while giving the appearance of spatial reality; but, like the woman, the mirror is not fixed or stagnant. The mirror continuously reflects whatever happens before it; as events unfold, the replications move, as do Plath's metaphors and woman. In "Mirror," *kairos* precedes *chronos*.<sup>41</sup> The mirror reproduces time. The actual moment undergoes an imperceptible time lag before it reaches and is reflected by the mirror. The moment of actualization is already in the past when it is realized just as the sun's light is hours old by the time we visualize it. Plath continues to expose the division between times by deconstructing the Real. The opposite wall, the object of the mirror's gaze, is "pink, with speckles." The illusion represents a solid, unchanging presence, peaceful and warm in its color. Three dimensionality exists only in replication; what appears real is only illusory space. The constant shifts between mirror and self, time and experience further confound the boundaried spaces between corporeality and imitation/imagination. We anticipate the mirror to be an honest judge and reporter of quantitative time. However, the mirror fails to accurately reflect time. The mirror is neither exact nor truthful. Its two-dimensional temporality betrays spatial experience.

Again, Plath upsets any resemblance of stability:

it flickers.  
 Face and darkness separate us over and over.  
 Now I am a lake. A woman bends over me,  
 Searching my reaches for what she really is. (*Poems* 173)

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<sup>41</sup> In John Smith's "Time and Qualitative Time," "*Kairos* presupposes *chronos*" since *chronos* cannot be understood in spatial sense. *Chronos* implies an "essential grid" where "processes of nature and historical order can be plotted and to that extent understood" (48, 49).

The space between, endlessly divided, exposes ur-time. Lakes ripple and refuse to be contained; time betrays the woman searching its depth for “what she really is.” Madness introduces itself as the poem moves into a woman-centered domain and time becomes increasingly subjective. The mirror is “important to her.” She returns to it again and again in hopes of reifying herself. Re-instituting equilibrium eludes her, for even though her face “replaces the darkness. /In me she has drowned a young girl, and in me an old woman/Rises toward her day after day, like a terrible fish” (Plath, *Poems* 173). The unassailable changes fracture her spatial corporeality into a flattened, two-dimensional madness.

The new woman in the ward  
Wears purple, steps carefully  
Among her secret combinations of eggshells  
And breakable humming-birds. (Plath, *Journals* 574)

*I walk into work and watch as a policeman walks down the hall. His back is to me  
and a woman’s voice calls out from the acute psychiatric admission unit. “Help me!”*

*Black case holding tight,  
against the officer’s belt,  
Hard darkness cradles  
cold stainless cuffs  
as warm fingers snap  
the hardened top.  
The door clicks, locks  
hauntingly,  
She calls to unseen faces  
You or Me?<sup>42</sup>*

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<sup>42</sup> Galli

“In Plaster” (160) presents the dichotomous relationships Plath employs to invoke madness. Plath conflates inanimate with the living to create breaks. “In Plaster” suggests the woman suffered not only from a broken bone but also a fractured self. The internal dialogue between the woman and the plastered, female self establishes a mechanism for expounding madness. Entering the ward constitutes a transgression into a unique, undefined space suspended in ur-time. Glenn suggests “silence is subordinate to speech; it is speech that points out silence and points to the silence within itself” (3). Langdon Hammer describes “In Plaster” as “a blurring of two symbolic settings—the museum and the hospital” (73). Symbolic of “professional cultures” where males were the authority, Plath seems trapped in the plaster cast (Hammer 73). Plath’s inability to escape from herself seems formulaic to Hammer and death appears the only escape and even death is subject to duality. Plath relies on “This new absolutely whiter person and the old yellow one” to form the poem’s base; she continues the oppositional relationship throughout the poem’s body. The tension arises between the personification of the inanimate plaster conjoined with the leg, and the speaker’s sentient character. “She wanted to leave me, she thought she was superior” and even though she wanted to “I wasn’t in a position to get rid of her” (Plath, *Poems* 159). Chronologically the prescribed ending would seem to rely on the death of one or other; Plath seems to follow this pattern in a mechanistic way, but Plath intercedes in the mechanics. The ghosts in the machine occur in the timing of Plath’s replications.

The common interpretation of *kairos* infers “right timing and “right measure””; what, when, where. Smith explains the clear-cut demarcation between *kairos* and

*chronos* does not represent the true nature of things; both are crucial ingredients “and both have practical import” (48). Plath’s realization of the importance of *chronos* as a means to further illuminate the *kairotic* moments removes “In Plaster” from fixity. Here Plath writes with madness. The differential diagnosis within the poem lies in internal switches. In the beginning of the poem, the new white person is immobile, a “true pacifist,” “one of the real saints.” With clockwork precision, Plath shifts the points of view. The woman seemed to have “a slave mentality,” adored waiting on her, and exhibited “tidiness,” “calmness,” and “patience,” while “She humored my weakness like the best of nurses.” The click from a slave to nurse fractures the shared relationship. “She stopped fitting me so closely and seemed offish” (Plath, *Poems* 160). “She let in the drafts and became more and more absent minded”(Plath, *Poems* 160). Another notch catches as the “old yellow one” sees “what the trouble was: she thought she was immortal”(Plath, *Poems* 160). As the wheel turns, the cogs slip and catch; Plath catches the slips between each interlock—moments of ur-time. If a visual representation existed in regards to Plath’s ability to manipulate time, I suggest it would mimic a strobe light and deliver multiple freeze-frames throughout the poem.

Another switch indicates a switch in tone. The speaker remains the same; however, the linguistic structure shifts in such a manner that the white one moves from passivity to action without ever speaking.

She wanted to leave me, she thought she was superior,  
 And I’d been keeping her in the dark, and she was resentful—  
 Wasting her days waiting on a half-corpse!  
 And secretly she began to hope I’d die.  
 Then she could cover my mouth and eyes, cover me entirely,

And wear my painted face the way a mummy-case  
 Wears the face of a pharaoh, though it's made of mud and water.  
 (Plath, *Poems* 159)

Structure and metaphor drive the movement in this stanza as Plath generates transference of power. This is what Plath captures so well; the moment before the half-corpse emerges, the space between the mud and water, the wearing of the painted face, a chaotic narrative. From a distal body part, chaos travels towards the heart and destabilizes the speaker who “had even forgotten how to walk or sit”; “Yet I still depended on her, though I did it regretfully” (Plath, *Poems* 161). Another vignette initiating fissured space, as Plath again transforms the speaker:

Now I see it must be one or the other of us.  
 She may be a saint, and I may be ugly and hairy,  
 But she'll soon find out that that doesn't matter a bit.  
 I'm collecting my strength; one day I shall manage without her. (161)

Death, for the white saint, the extremity, appears inevitable. “And she'll perish with emptiness then, and begin to miss me” (Plath, *Poems* 160). Hammer suggests a final solution fails as “neither the self nor representation can exist without the other” (73). I agree with Hammer's critique that a solution is nonexistent within many dualistic poems and suicide is a frequently used trope. However, I find this basic premise short of Plath's genius. Plath manipulates the co-dependence within “In Plaster” beyond the formulaic representation of dichotomous selves. She delineates the separations within oneself but the “selves” are parts of a corporeal whole. Plath utilizes the body as a collection of parts within the poem rather than as an integrated whole; unlike Hammer suggests, a solution

does emerge. The divided selves may depend on Other, but the body, as a whole can live with or without some of its parts. Plath chooses a cast, the inanimate, to support a leg (animate but dependent on the body), and the speaker (the representational animate body that can live without the leg or the plaster). A leg may be amputated but the body still survives; the leg, in and of itself, is not representative of the whole. Both can exist without the other, but one will die. Ur-time does exist.

For Plath, separation remains integral in defining space: even when merger seems imminent, it never consummates relationships. Plath creates striking, experiential, and precise events capturing *topos* and *kairos*. Plath utilizes subtle distinctions, such as focusing on a specific body part as noted above, to develop the *kairotic* rifts. Women are the dead eggs, the “absolutely white person,” and the “old yellow one” within “Paralytic” (266) and “In Plaster” (158). Are we not the woman bending over and searching the reaches for who we really are; the woman who comes and goes and whose face replaces darkness each morning; the one who drowned the young girl in me and now draws the old woman in me to her “day after day” (Plath, *Poems* 173-4). How is it not possible for the reader to undergo transference when reading a text; Plath demonstrates the art of expanding this psychoanalytic tenet. Reading turns “language from dead words on a page—infinately interpretable but not yet interpreted marks—into meaning-filled objects;” the reader “gives books new life” but also “reads them through the lens of past reading” (Thurschwell 2381). The tulips, plaster, and mirror metamorphose into living objects as Plath creates a triangulation with the reader.

Plath's reflections and disruptions go beyond the poem's interpretive meaning; they signal the breakdown of systems, be they gendered, social, monetary, class oriented, or other that have often influenced or defined women in relation to mental illness, class, and society. "I am already in another world—or between two worlds, one dead, the other dying to be born. We are treated as ghosts by permanent members of the faculty—as shadows already departed with no flesh and blood interest in their future" (Plath, *Journals* 376). Realizing the emotion inherent in woman-centered knowledge and articulating it through writing generates the interstitial ur-time. "I know the bottom, she says. /I know it with my great tap root:/ It is what you fear. / I do not fear it: I have been there" (Plath, *Poems* 192). Mimetic space formulates and haunts lesbian ur-time within Plath's poems. Becoming othered conveys the sense of being the observed, the one behind the glass Plath's personal and creative writings resonate with divisions. As Plath continues to snap the pictures:

Click-click: tick-tick/Clock snips time in two (Plath, *Poems* 25).

A difference between us?  
I have one eye, you have two.  
The secret is stamped on you (Plath, *Poems* 219).

## CHAPTER IV

### MILLET'S TRIP: BREATHING MADNESS

... I knew I wasn't mad and that they wouldn't keep me there, locked up in a loony bin. (Kaysen 42)

If only no one told them I was mad. Then I wouldn't be. (Millet 143)

Who defines unassailability and communicative accuracy? Who critiques lucidity?

The lines between clarity/sanity and malady/madness remain obfuscated within Millett's text. The mad Millet commits the very sin women writers of the asylum most feared—transgressing the line between sanity and insanity, for it often remains unclear where the origin of Millet's passages lie. In speaking the unspeakable and daring to expose psychiatric hospitalizations and treatments in writing, Millett's credibility as witness, author, and self come into question. Vacillating between fanciful and factual, near and past remembrances, Millett describes bucolic scenes, frenetic advocacy for those whom she believes oppressed, recurrent financial instability, an erotically descriptive vision of a stallion's penis to elucidate her state of mind, interactions with friends and family, and experiences with psychotropic medication and hospitalizations to elucidate her states of mind. Millett's chaos narrative embodies anger, fear, and rebellion as it moves along the razor's edge women navigate when seeking to unmask wrongs without losing a tenuous authority. She tells her story "as a kind of exorcism" "in the hope that it may help all those who have been or are about to be in the same boat" (11). Her narrative style creates

deviations interrupting time and sequence; in one chapter she is on the farm but in the next she digresses to hospitalizations and relationships long since passed, thrusting the reader into a textual ur-time. Millett generates a “whirlwind in which eristic and dialectic are scarcely distinguishable” (Ricoeur, *Memory* 209). The idealistic memories of the women’s community, the vivid phallic imagery in the field, and the endless rants against mental hospitals overcome rational argument. So fixated is Millett in her *self*, and in the Id, that the reader cannot discern passion from experience as her writing moves with irregular, quickened pace. Time and place collide in kaleidoscopic frenzy throughout the book.

Millett’s idyllic women’s community appears to exist outside the parameters of societal time. Time, at the farm, exists in synchronization with the natural world and artistic endeavors as opposed to schedules predicated on jobs, traffic, and others.<sup>43</sup> The art colony’s bucolic nature complements the sensual relationships expounded by Millett. The apprentices, Millett and Sophie establish a unique, intimate ur-time. “Our inner circle talk, our private language; time here staying with us always, a circle in the tree of our lives” (Millett 49). Even in the July heat when work creates a hot, thirsty, exhausted hell, Millett describes time within the women-affirming space as a

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<sup>43</sup> Van Leeuwen distinguishes four key categories for time: “the time summons, which imposes timing on social activities by decree; social synchronisation, in which the timing of social activities is synchronised with the timing of other social activities; natural synchronisation, in which the timing of social activities is synchronised with the timing of natural events; and mechanical synchronisation, in which the timing of social activities is synchronised with the timing of artificially created events” (27).

high unlike any other, a stupor of sensual stimulation which makes the room dark when you enter the farmhouse which makes you head for bed or a couch instead of a shower, which makes you sleepy even the next afternoon—this orgiastic exposure. (Millett 49)

Millett dives into a world fecund with flora and fauna, ripe with smells, brilliant with color the woods, fields, “so hypnotic the heat, so strong the sun, so sexual the entire landscape” (Millett 50). The women venture into the woods; one wades into the stream, spreading mud on her undershirt. “Undershirts are a gesture to the neighbors usually discarded”(Millett 50) in celebration at the pond’s seductive banks. Millett observes the vibrant woman

without undershirt, the ooze on her jeans, on her feet, laughing in pure elation, and the sensation of wet and cool—in no time everyone’s trying it. Lighting a cigarette, how I love watching them, becoming one of them, some strange unidentified relationship forming among us.(Millett 50)

The recollections reveal corporeal and spiritual lesbian kinships existing in a stable community. Lesbian space implodes into *kairotic* astonishment and instability when Millett discloses her history with mental illness, medication, and involuntary commitments.

I have from the beginning been honest with them about being busted, but now that my psychiatric history is not mere colorful tale of the past but something of a recurrent possibility, they waver and then right themselves and will waver again. They are young and fine in the morning air; I am forty-five and an unknown quantity to them. They are twenty-two, intelligent and mature, but still, how awkward and disorienting for them to have to deal with the magic of madness, its power to confuse and transform. How can they decide what is madness, what is sanity, what is stress or anger or annoyance or confusion? (Millett 56)

No longer does the community embody sensual revelry. Madness befalls the crafted lesbian space and time fractures. The disembodied sense of time functions as an internalized sensing or a “kind of inescapable fate, or as a form of timing ordained by time itself” (van Leeuwen 132). *Kairotic* ur-time.

Dialogue and remembrances collide and move in random formulation. Speaking about places inhabited by madness threatens to subvert Millett’s authenticity and calls into question her veracity; we are “dutifully swallowing the unknown” with Millett (55). Both image and memories’ implication “are cast under a cloud of suspicion due to the philosophical environment in which they” exist (Ricoeur, *Memory* 149). At what point do Millett’s political messages fall into disarray and mingle with madness? “The very purpose of the bin and what all understand by its meaning predicate madness. To remain sane in the bin is to defy its definition” (Millett 218). The smudged boundaries lure the reader into the loony bin. We experience shock, a mesmerized fascination, voyeuristic intentions, and confusion. Madness disrupts the social synchronization described by Leeuwen; environments no longer work together. *Chronos* dissipates; *chaos* ensues. How did a scholar and activist land in a loony bin? Time is transformed and its temporal location fragmented (Leeuwen 140). As her activities spread into the multiple settings she describes with each paragraph, time’s pluralization and destructuralization rupture Millett’s positionalities as activist and scholar.<sup>44</sup> For Millett, madness transpires into a performance piece. “Everything becomes symbol and significance, echo and gesture, doubles and representatives” (Millett 85). Perhaps she is mad or perhaps the narrative

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<sup>44</sup> See Leeuwen’s article “Time in Discourse” for further discussions of variational time.

disruptions suggest Millett's "symbol and significance"—her madness, lesbian space, *chronos, chaos, topos, kairos*—ur-time.

Millett, in the preface, details her "account of a journey into that nightmare state ascribed to madness: that social condition, that experience of being cast out and confined" (11). Millett expresses anxiety and concern about the vulnerability inherent in discussing her life as subject matter. Yet, autobiographical writing creates the room for Millett to claim her love for women and describe madness in a way fiction may not afford or reveal; fiction, in its imagery may mirror one's experiences and hold authenticity but it may potentially perpetuate silences through the use of disguises (Hubert 104).<sup>45</sup> All fiction does not remove or obscure the author's intentionality but it may, as noted by Toni Morrison, hold the potential to "redistribute[s] and mutate[s] in figurative language the social conventions" (66).<sup>46</sup> "Just as entertainers, through or by association with blackface, could render permissible topics that otherwise employ an imagined Africanist persona doing articulate and imaginatively act out the forbidden in American culture" (66). The creation and imagery used through fictional characters opens a threshold or window into an unspeakable, silent space. Using this idea, I propose the fictional representations of women and madness, while building platforms to voice concerns and advocate for women, distanced the women and the reader from the experiential nature of the texts. We can view the ward through the safety of acrylic glass or we can journey through its imperceptible mutation of our view. The woman in Gilman's text explicates the horror of

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<sup>45</sup> See Adrienne Rich's *On Lies, Secrets and Silence*, Tillie Olsen's *Silences*, and Elaine Hedges and Shelley Fisher Fishkin's *Listening to Silences New Essays in Feminist Criticism*.

<sup>46</sup> Morrison's discussion about literature and disguises focuses on African literature and does not suggest literature always disrupts.

the rest cure but, in the end, the reader is unclear about the protagonist's state of mind. We read her as she reads the wallpaper; yet, we choose whether or not we follow her into the wallpaper. Fictional characters may be designed with specific intent, but by nature, fiction requires fluidity, a willful suspension of belief, and the vulnerability of being created from imagination and replication rather than experience. Janet Frame writes:

There is an aspect of madness which is seldom mentioned in fiction because it would damage the romantic popular idea of the insane as a person whose speech appeals as immediately poetic; but it is seldom the easy Opheliana recited like the pages of a seed catalog or the outpourings of Crazy Janes who provide, in fiction, an outlet for poetic abandon. (112)

*The Loony Bin Trip*, when classified as a madness narrative, expands beyond the internal walls of mental hospitals, illnesses, psychotropic medications, and the voyeuristic experiences expounded in *Girl Interrupted*. Kaysen provides an entertaining romp through McLean hospital.<sup>47</sup> Millett and Frame report horrific experiences devoid of humor. Kaysen's story contains many poignant and painful vignettes but its wit and language indulge the reader by interrupting the most uncomfortable moments. In describing the restrictions imposed on patients, Kaysen uses sardonic humor; "We ate with plastic. It was a perpetual picnic, our hospital" (56). In *Detour: My Bipolar Road Trip in 4D*, Lizzie Simon recounts her journey across the United States to find others with bipolar illness. Simon, like Kaysen, projects a certain lightness and humor. Recounting her relationship to Aaron, she remembers a "walkway that he called the Gay Bridge;"

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<sup>47</sup> I do not intend to make light of Kaysen's experiences or courage in writing her autobiography. My intention is to point out the differences in narrative style and how the autobiographic approach makes Millett's voice more assertive and rebellious. Millett, also, risks alienating herself from her readers by claiming this space.

when one walked under the bridge, they became gay and she would invent all sorts of theoretical hexes to unGay” herself (75). Simon, through affectionate reminiscence, affords the reader opportunities to laugh and relate to Simon in ways she that are antithetical to Millett’s life. Millett dismisses any potentially amusing anecdotes about the other patients or commitments. “I was between crossed locks and taken was given the fire of Thorazine” (Millett 234). Millett’s book presents a powerful critique on the consequences and injustices of forced hospitalization. Under a “prescribed narrative runs an even more powerful one” defined by gendered and socially designed paradigms of women and, in writing autobiography, women make a cognizant choice to “rupture the dominant narratives that deny their ability to speak from an ‘I,’ whether that ‘I’ is consciously illusory or authoritative or both” (Wood 12).

“I am telling you what happened to me,” Millett asserts (11). Her autobiography journeys through multidimensional, intricately structured halls; mirrored doors open and close with rhythmic breathing and effectively create a queered ur-time. Hovering between the erratic and the steady, Millett insists the reader to observe and transgress numerous thresholds. The reader learns several truths within the text: 1) Millett defines this work as autobiographical; 2) Millett is bisexual; 3) Millett was both voluntarily and involuntarily committed to mental institutions; 4) Millett founded a women’s art community; 5) Millett engaged in social activism; 6) although bisexual, Millett’s emotional and psychological commitment to women places her within a lesbian framework; 7) Millett doggedly asserts her sanity. Marta Caminero-Santangelo finds Millett’s work to be “perhaps the most

remarkable literary testament to the tension between experience and theory, between the urge to bear witness and the temptation not to listen” (43).

In Gilman, Plath, and Millett, thinking, working women engender a lesbian manifestation, a subversive capacity to instigate revolution. Why re/read a text written so deliberately and purposefully to attack western psychiatric treatments and the social implications of forced commitment and diagnostic categories? For Millet, the personal is political; in conjoining the personal with the political, Millet develops and reifies self and other. She invokes madness by creating divisions, like Plath. Tensions between collusion, experience, and medical practice petition a further investigation into this chaos narrative. “Not only will you forgive everything and renounce your own claims as a precondition of getting out of those joints—they wouldn’t let you on the streets without that—you must conceal your opinions and keep it under your hat about how you were wronged;” “outside, you will have a record, be a declared lunatic” (Millett 94). Each defined juncture points to articulate spaces—a muddled, linguistic, dialectic, and inchoate ur-time. Cheryl Glenn asserts, “[A]ll silence has a meaning” (11). Gaps and stops within Gilman, Plath, and Millett create silences denoting ur-time and lesbian space. “Daily, on both an interpersonal and personal level, each of us experiences or participates in silence or silencing; silence as a strategic force or silence as an enforced position. Whether consciously or unconsciously, we inhabit silence constantly—as we think in the spaces between our words, as we wait for others to finish their speaking, in our preoccupation” (Glenn 13). Disruptions of time point to the *kairotic* moments. As such, structural

presentation embodies a significant position in the texts. Millett utilizes grammatical guidelines and chapter configuration as tools for generating ur-time.

The first chapter, “Part 1 The Farm,”—the shortest in her book at two and a half pages—places Millett at the women’s collective farm in Poughkeepsie during the early evening. In these pages, Millett describes a beauty, created by her partner, Sophie, which “takes her breath away” (15). Beginning the book with a sexually descriptive lesbian, erotic presence, Millett positions herself outside societal paradigms therefore risking being labeled socially and religiously deviant and mentally ill in relation to her sexuality, a de facto sinner, a person somewhat lacking.<sup>48</sup> Speaking about her relationship with Sophie, her lover, and the apprentices, she writes, “they love us, as we love them, every day more so, friendship becoming a drunkenness becoming love, a love none of us define, so we call it the farm or the colony, as if it were merely an idea, an ideology of a communal something politically correct” (16). However, a woman-centered community is anything but politically correct. Developing, residing in, and mentoring a cooperative of women focusing on art, feminist sustenance, and community, establishes the locus of rebellion and political acquisition.<sup>49</sup> The perceptual configurations within this paradigm allow Millett freedom to challenge various societal archetypes and the “science” of psychiatry. The women’s community forms a lesbian utopia, a female centered opening,

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<sup>48</sup> Homosexuality and lesbianism were viewed and listed in the *DSM* as mental illnesses until the 1970’s. Today, in the most recent *DSM*, sexuality still holds a place where one’s discomfort with their sexual orientation has moved into Gender Identity Disorder (GID).

<sup>49</sup> Gilman, in *Herland*, created a fictional all-female utopian society devoid of class and inequality. Like Millett, she also published works advocating for women and seeking to unite socialism and feminism, most notably her magazine, *The Forerunner* and perhaps her best known book, *Women and Economics*.

predicated not on sexuality, but on the sensual commitment to the female spirit.

Breaching the heterosexual paradigm generates Millett's site specific performance art.

Millett constructs a kinship rich with female desire, a fecund geography.<sup>50</sup> Off lithium,

"face to face in a circle of bodies," she finds "life has never been so good" with "the summer still ahead, only half over, spreading already to a richness, a perfection, like a peony in full bloom" (Millett 16). "This is the happiest summer of my life" (Millett 17).

Yet the brevity of the chapter prefigures the following years of madness.

"Another morning and I wake up uneasy beside her. Something is going wrong with us" (Millett 18). Within the next six pages, Millett begins a restless interchange between internal and external dialogues suspended between past and present. Like a road unexpectedly changing its name without an intersection or a turn, Millett shifts narrative styles by altering chronological sequences, moving between memory, storytelling, and reconstructing identity. The internal dialogue rubs uneasily against oral passages. Sophie tells Millett to "start taking that lithium again. You're acting very odd. Watch it or you're going right off the deep end" (24). Within "the terror of what is happening to me, my hands shake again but not from lithium" (25). Humiliation renders her immobile. Millett watches time collapse. Held between "proclaimed sanity" and "conjured madness," she tumbles into the loony bin trip, pulling the reader with her (Millett 96).

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<sup>50</sup> In *Teaching to Transgress: Education as the Practice of Freedom*, bell hooks comments language, like desire, "disrupts, and refuses to be contained within boundaries. It speaks itself against our will, in words and thoughts that intrude, even violate the most private spaces of mind and body" (167). Likewise, in writing about her experiences and founding the farm, Millett forces her way outside of the safety of fiction and conventional living styles. Millett uses both language and geographic place to disrupt, queer, and create an ur-time.

Chronological time, *chronos*, loses its frame of reference and continuity within the text and the loony bin; chaos ensues. *Kairos* emerges. “Don’t we all, at some level or another, terribly need the staff of logic, of order and coherence? You merely permitted metaphor and simile to have the aspect of reality and fact.... So it’s all right, given these details in symmetry, this figure becomes literary counterpart for a real person” (Millett 87). What appears perceptible recoils into nascent complexity. Difficult to discern cognizance from delusion, the reader encounters ur-time. Moving between artistic language, political assertions, and personal narrative, perceptions become clouded. Order, then, is *chronos*; disorder is *chaos*; Millett’s text bounces between the two, sparking *kairos*—an emerging ur-time. “Not all I learned in madness before was madness, but the mind reacting to imprisonment: the madness of the sane” (Millett 86).

“*Chronos*, *Kairos*, and *Chaos* are fundamental aspects of experience which are present in every moment of being and, considered together, enable insights and closure not otherwise possible” (Roberts 212). Ambivalence, the movement between art and reality, a blurring of time/space continuum creates disruptions in our understanding of “madness” and our beliefs in our own lucidity. No longer do we know truth; we realize untruth. We enter a mirage. “What bothered me was that everything about the house seemed normal, although I knew it must be chock-full of crazy people . . . I paused in the doorway of the living room . . . Then I realized that none of the people were moving” (Plath, *Bell Jar* 140-141).

A primary component of textual chaos resides in the manic paragraph constructions. Millett’s conversations with others generate the chaotic narrative within the text.

Conflicting voices within paragraphs contribute to the bedlam inherent in Millett's writing; disrupted time produces a unique madness. For Millett, quotations containing one to four words run together within a paragraph confound the reader; for Gilman, stops occur through visual presentation on paper; for Plath, paper and disquieting imagery elucidate stops. Millett disrupts the expected conventions of autobiography through chronological disruptions. Interspersed within a paragraph, Millett answers implied questions and opens an internal dialogue with the reader. The sudden switches in perspective involve the reader in a rubic's cube. Clicking and turning, each stop indicates madness's *kairotic* ur-time as Millett flips positionalities with manic quickness and precision.

Examine it, madness (Millett 87).

Blocks in the rubics cube twist and corner as the player attempts to align colors and accomplish uniformity. Doors open and shut, revolve, swing in and out. Like the cube, they establish movement and stoppage. Mirrored, translucent, or opaque, doors signify pauses, a place where one breathes before turning the knob. Providing thresholds, barriers, passages, and transitional points, doors play a significant role in madness narratives, whether literal, threatened, coercive, or metaphorical—points of escape or imprisonment. “The door flies open. The lock's cumbersome and it's impossible to open it fast—it hasn't flown open in seven years” (Millett 147).<sup>51</sup> Sandra M. Gilbert and Susan Gubar, in their seminal work *The Madwoman in the Attic*, relate the mirror in Jane Eyre

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<sup>51</sup> In Gilman's text, the door contains her and keeps John out; crossing the threshold, one enters another environment.

to a chamber, “a mysterious enclosure in which images are trapped,” where a part of one’s self accuses the other as full of superstition and the other self recognizes her double imprisonment (Gilbert and Gubar 341). Plath, in “In Plaster,” describes living with her “new absolutely white person” as “living with her own coffin/Yet I still depended on her, though I did it regretfully” (160). In “Old Ladies’ Home,” the women are frail, “Sharded in black, like beetles” who are hustled off the lawn at dusk where “From beds boxed-in like coffins/The bonneted ladies grin” (120). In madness narratives, doors rarely represent freedom—the door is an exhalation, a collapse—one awaits a gasp of air. Even today, the “struggles of the mentally ill to find a place in society are legion. To current and recovering patients, the hospitals represent confinement, separation from society, and loss of control. Patients clearly seek release from the hospital” (Yanni 153).

“And behind the first door, there is a lock” (Millett 40). From the 18<sup>th</sup> to the early 20<sup>th</sup> century, the further one moved into the hospital, the more hopeless and powerless they became. Locked doors and the wards behind them constituted types of restraint, and ubiquitous threats. Their architectural designs were purposefully constructed to move the sickest, disruptive, and rebellious women to a forgotten, fearful, and hopeless environment.<sup>52</sup> The purposeful pattern hides the sometimes atrocious realities behind the more remote doors. Asylums functioned as institution and a type of architecture, “mediating between a person and his or her society. The asylum and its architecture regulated life, limited interaction, controlled activity. It was a place of struggle”

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<sup>52</sup> See *Women of the Asylum, Voices from Behind the Walls, 1840-1945*. Also Lightner’s *Asylum, Prison, and Poorhouse: The Writings and Reform Work of Dorothea Dix in Illinois*; Ibbotson’s *Images of America Eloise, Poorhouse, Farm, Asylum, and Hospital 1839-1982*; and Penney and Stastny’s *The Lives They Left Behind, Suitcases for a State Hospital Attic*.

(Yanni 15). Architectural design provided solid, physical boundaries; however other methods of constraint and control were readily applied. Within the hospitals, each successive door opened to more imposing forms of institutional or medical treatment—the back wards, seclusion, the treatment rooms where ECT, insulin shock, and cold water baths were performed.<sup>53</sup> Through containment and control, they implemented and carried out frightening and prescribed medical interventions.

Seclusion worked. After a day or a night in there with nothing to do, most people calmed down. If they didn't, they went to maximum security.

Our double-locked doors, our steel-mesh screen, our kitchen stocked with plastic knives and locked unless a nurse was with us, our bathroom doors that didn't lock: all this was medium security. Maximum security was another world. (Kaysen 47)

*Every day, across from the stairwell I use to get to the operating room locker rooms, I pass a door with a peephole and a large sign instructing police officers to make sure their firearms are empty before entering. Behind the locked door, controlled by a remote buzzer and camera, and a voyeuristically placed peephole is the acute admission psychiatric unit. Oftentimes I hear talking, televisions, shouts, or yelling; on occasion a stretcher with restraints is outside the door. Four strips of heavily woven material and clasps, strewn haphazardly across the stretcher, mark a silent testimony to struggle. Containment and control asserted in the name of medicine.*

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<sup>53</sup> In the late 20<sup>th</sup> and current 21<sup>st</sup> centuries, ECT is still performed in both inpatient and outpatient areas that may or may not be contiguous with the inpatient wards. Due to the outpatient usage, the doors often open to public halls or entrances. The seclusion room is still present; however, strict guidelines surround its use. For many patients large doses of antipsychotic drugs are administered.

These are the prisons for women—it's your line after all. Like a fate it settles over me as I am led down the hall. Home in an awful way. (Millett 196)

Within seconds, the Doctor and his whole team of goons swooped down, grabbed me, lifted me out of the chair, and slammed me down on a nearby bed with such force that I saw stars. Then they bound both my legs and my arms to the metal bed, with thick leather straps. (Saks 144).

*Once I witnessed a woman being guided with force into the unit. A family member screamed in the hall, threw her soda, and begged the medical and police staff to let her loved one go. Visual and aural proofs of the trauma and fear people encounter on admission. I tried to walk by like nothing is happening even as the world crashes around this woman and her family. I repeated the mantra: do not pay attention; act as though everything is ok; ignore the desire to become involved in some random way; keep moving. Involuntarily, I inhaled and held my breath. My hand reached for the door. I felt sick. Opening the unlocked hall door on my right, I stepped into a small anteroom, swipe my access card and enter a locked stairwell; my secure space, a restricted stairwell leading to a restricted department, the locks designed to keep others out as opposed to containing us. (To exit we open the door, go to eat, go outside, and go home). As the door clicks shut I exhaled and paused to lean against its cool metal. My hand shoes. I breathed in, exhaled deeply, and collected my thoughts. I shut a door, literally and figuratively, purposefully turned my back on a tragic moment, and moved into my safe zone. In that brief time, time ruptures as the sights and sounds splinter my routine. Frozen. Mobile. Immobile. Ur-time. Crossing numerous psychological and emotional thresholds, I opened and closed first one door then the other. I began to understand, at*

*least on some level, what Millett means by silence, fear, and belief. Even though I understand, intellectually, why someone may be committed, being a witness to the abjectness of the incident fractures me. Crossing the threshold, I tread across the fissures of madness; I fall into ur-time, the queered space.*

[W]hat silenced me, finally, was coming to understand how absolutely those who locked my up had to believe in the correctitude of what they had done; nothing in the world could let them doubt it. They would never give in, never see a middle ground of being a little crazy (flipped out, upset, frazzled), or see crazy as a mixed state, an ambivalent affair, or that crazy was not a crime but rather a point of view and need not be locked up, that locking up is an invasion of every human right, an invasion essentially insane—no, no, they stood against all that, they had to. Sanity itself demanded that of them, and sanity is a religion to them, an ideology. (Millett 87)

*For my own sanity, I need to believe what I witnessed needed to happen for the person's best interest. How then do I dismiss the family member's pleas? Was her mother simply treading the middle ground—a "little crazy, flipped out, upset?" I am a nurse; we treat patients; we pledge to practice beneficence. The doctors know what they are doing; don't they? Memories of nursing school arise. We stand in the admissions unit, speechless, looking at each other, frightened, unsure. I am young, 20, my patient is my age...where are the differences between us.<sup>54</sup>*

It can happen again at any moment (Millett 41).

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<sup>54</sup> Peter Nolan, in *A History of Mental Health Nursing*, notes that nurses in the 60's experienced a seemingly constant and conspicuously obvious contradiction in what they learned as students and what they witnessed as practitioners. Treatments varied between physicians and units within the same facility further compounding the discontinuum of care. In the 70's movement and rhetoric proposed a community based care; however, nurses, in relation to mental health care, were still trained to see institutionalization as a secure treatment mode.

Some of the most daunting experiences Millett faces involve her partners, family, and friends as they express concern for her. “In the weeks past, there have been references, clues discussion of psychiatry” (Millett 33). “We are worried about you, kid” (Millett 38). “‘Worried’ is suddenly the most ominous word I have ever heard; one has heard this stuff before, only so distantly, other unfortunates” (Millett 38). The desire to understand, explain, and cure underpins her family and friends’ collusion with psychiatry. Millett, by societal conventions, must fall into one of two categories: sane or mad. Society believes in what they are doing.

My God, they are going to turn me in. The one occasion on which one’s beloved conspire with the state—the three of them, three of the people I love most in the world; only my younger sister and my mother are missing—this is my entire universe and they are not about to betray me utterly. To a place they have never been. I have. No one in the family ever listened to my descriptions of how hellish St. Peter’s Asylum was. (Millett 39)

Concentric circles of lovers, the farm apprentices, family, and friends contract around her. With growing concern, their attentions focus and close upon her. Their worries breathe as the doors open and close. The car waits; the ambulance waits; the police wait. Millett writes; “Admissions, cops and ambulance drivers and the terrified mad who could not convince these bastards of their sanity no matter what composure they adopted” (40). Numerous times throughout the text, the doors to vehicles yawn, open, and transport her to the sequentially locked inpatient wards.

Around me the agitation builds. Never mind the laws promise against forced hospitalization, they’ve gotten around that or can ignore it and simply count on a hospital ready to receive someone involuntarily. They are going through with this. Watch out now; let the animal in you save itself. (157)

Both pharmaceutical and physical restraints are methods of control Millett affirms as human rights violations and mechanisms for removing one's humanity and autonomy. "Part of me is an animal afraid that on this occasion I may be taken, sedated and silenced and then conveyed to who knows where according to some preordained plan" (Millett 108).<sup>55</sup> "A sound came out of my mouth that I'd never heard before. Half-groan, half-scream, barely human, and pure terror" (Saks 145). Millett fervently believes medication functions as a method of social control and a mechanism for poisoning "consciousness with chemicals they are never permitted to refuse" (Millett 247). Drugs, to Millett, constitute an extension of institutionalization; "nothing could be harder than to maintain sanity against the onslaught of a drug" (Millett 218). Lithium slows her mind, signals collusion, and infers surrender to a psychiatric construct; lithium "clouds the synapses, holds it back, quiets it, represses the brain activity in order to prevent manic overexcitement and hyper stimulation" (Millett 72).<sup>56</sup> Medications function as the antithesis of ur-time. Rather than allowing space for stops and movement, lithium, along with Haldol and Thorazine, squelch experience and obliterate agency. "An unsound mind like mine must be tranquilized and occluded with a drug; left to itself it was tainted,

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<sup>55</sup> Kay Redfield Jamison supports medical sciences' advance in pharmaceutical agents; however, she too acknowledges the strong resistance to take medication and her desire to do it on her own without medication, a pattern she both repeats and sees in her patient population. "The war had just begun" (Jamison 104).

<sup>56</sup> Elyn R. Saks, in *The Center Cannot Hold*, also finds the side effects and "mental fog" of neuroleptic medications concerning enough and reason to refuse and rebel against pharmaceutical treatment.

unstable” (Millet 12). Without movement, without language, silence, therefore gaps and stops cease to exist.

Through fictional writing, journals, or biography, Plath, Gilman, and Millet reveal the significant role families played in influencing and/or injecting treatment modalities. Family and friends believe in their ability to know what constitutes the “best” treatments for Millet. Through blind faith, they remove her agency and fragment the authenticity of her text. “‘Your only mistake then was in trusting the people who brought you here.’ I will hear this remark for the rest of my life; it will echo along the walls of my mind until all sound stops for me” (Millet 41). Ur-time, then, works both internally and externally as textual constructs and interpretive meanings. The reader reads disruptive time as a third person even as the family and associates within *The Loony Bin Trip* read Millet. Reflective reading simulates the external reader’s mindfulness between supporting the family and friends’ decisions, their own personal beliefs, and Millet’s linguistic and political assertions. Amid the varying *topoi*, *kairotic* gaps spontaneously erupt offering glimpses of women’s positionalities within psychiatric discourse—lesbian ur-time. The door swings open; Millet turns and sees Sophie; but others are with her—friends, family, and a stranger. “They look odd, and odd tense look about them—inspiring fear” (Millet 146).

Here in the cop kenneled this only night of the soul, a black chamber, a tunnel into a lens. The result not an image but an apparition. I become not what I am said to be, as the self flails on, skewered by a pushpin, squirming for credibility even in its own eyes by the end. Is this the turning point the breaking place, the ordeal, the descent into the underworld? (Millet 71)

Consider madness as spectral and residing between two seemingly contiguous positions.<sup>57</sup> What stands between the diaphanous visages signifies ur-time, chaos/madness. The space inhabited by the acrylic window in the locked ward. Terry Castle refers to the apparitional in relation to the lesbian. Identifying lesbian as a “spectral figure” suggests “the cultural configuration of lesbians existing on the threshold between the real and the phantasmatic, between what is (the production of gender through heteronormativity) and what might be the (the non-Woman woman)” (Hesford 228). Entering the spectral/madness, the reader progresses into an otherworldly, fractured space. Within this amorphous fissure, ur-time evolves, the point of *kairotic* madness manifests, the envisioned lesbian emerges.

“Man, when you get called crazy a whole lot of times, you get defensive. Because it’s pretty offensive—in fact it’s aggression—to lock somebody up” (Millett 147).<sup>58</sup> Using the words “mad” and “madness,” Millett initiates confrontation and challenges diagnostic labels, treatments, and categories used in relation to mental illness. Millett reclaims agency through madness. “I’ll tell, somehow I’ll tell about it” (Millett 248). Recounting her story, she activates discourse on madness as “an invention to enforce social conformity” thereby transforming lesbianism and madness “from the unspeakable

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<sup>57</sup> In “The Yellow Wall-paper,” Gilman thinks the estate a “haunted house” where she feels “something strange,” ghostliness.” As her awareness of a lesbian universe grows, she begins to see a creeping, stooping woman. Invisible to all but her, the spectral woman emerges. In “Lorelei,” Plath speaks of shapes floating up towards her and singing “Of a world more full and clear/Than can be. Sisters, you song/Bears a burden too weighty ‘For the whorled world’s listening” (Plath, *Poems* 76).

<sup>58</sup> Elyn R. Saks, in her autobiography, discusses the different treatments she received in Great Britain and the United States. Similar to Millett’s experiences, the U.S. psychiatrists used forced physical and pharmaceutical restraints.

to the spoken” (Hubert 107). “Tonight. We begin resistance tonight” (Millett 234).

Millett invokes an overtly political challenge not seen in Gilman or Plath. Subtleties are thrown by the wayside as fear of writing herself resides.

## CHAPTER V

### HOW DID I GET THERE? WOMEN WRITING WOMEN

“The disorder is more commonly diagnosed in women.” Note the construction of that sentence. They did not write, “The disorder is more common in women.” It would still be suspect, but they did not even bother trying to cover their tracks. Many disorders, judging by the hospital populations, were more commonly diagnosed in women. (Kaysen 156)

Women writing women in regards to their experiences within and about mental illness craft a unique genre including all forms of literary discourse; they establish a distinctive form of lesbian kinship engendering *ur-time* and *kairos*, each represented by interpretive madness. Women wrote, at great risk to themselves in order to educate, develop a supportive community, and formulate rebellion against trends in psychoanalytic and psychiatric practices pathologizing their experiences, positionalities within societal constructs, and administering inequitable treatments. Madness narratives have achieved a level of marketability and validity today; but millions of women still experience fear, vulnerability, silence, and abuse within societal and medical constructs. Stigmatization, pressures by family and community, fear of abuse, affordability and access to care, and the thought we should pull ourselves up by the bootstraps and be strong all contribute to a continuing sense of shame, hopelessness, and despair perpetuate silence, shame, and guilt. The medical community’s tendency towards pharmaceutical

administration as a primary treatment places women at further risk for misdiagnosis and hastily drawn clinical speculations.

*How did you get there? I ask my friend.*

*I had a g-u-n.*

*I sat in the tub and wanted to kill myself.*

*My boyfriend was abusive, I felt hopeless and ashamed. I could not tell anyone.*

*She spells gun as though it, not the abuse, holds power over her memory.*

*They kept me sedated and all of us received hypnotics at night.*

*I am sure one of the male aides would come in and touch me at night.*

*I never told anyone (she pauses)*

*who would believe me?*

*The next time I signed myself in because they said it would be better. I would get out sooner—I was there for three months.*

*They lied.*

Who would believe her claims of sexual abuse or the claims she was hospitalized for an extended period without her consent; the allegations of abuse and delayed discharge could all be attributed to medication or illness. At the end of her memoir, Kaysen and her boyfriend visit a museum; she cries when she views “Girl Interrupted at Her Music” by Vermeer.

“What is the matter with you?” he asked.

“Don’t you see, she’s trying to get out,” I said, pointing at her.

He looked at the painting, he looked at me, and he said, “All you ever think about is yourself. You don’t understand anything about art.” He went off to look at a Rembrandt. (Kaysen 167)

Whether writing on toilet paper, dress hems, or by pen and paper, women struggled to make others believe and listen to their experiences. Women writing madness seek to make us envision their experiences, the flaws within the *DSM*, and the inequities of treatment by invoking distinctive declamations and inviting our participation. For Lacanian interpretation of psychoanalysis, the subject existed as speaking-being; through their narratives, women, as speaker-beings experience transformation allowing them to resist “hegemonic discourses of femininity, and instead learn to invest in their own well-being” (Grace 257, 137). Each of the authors discussed in this thesis wrote narratives articulating women’s experiences and the borders between societal interpretations of mental illness and the treatments and diagnoses given to women. The formation of ur-time allows us to examine the disruptions created within narrative forms and the subsequent revelation of *kairotic* moments. Through metaphor, complex poetic designs, fiction, and/or autobiography, Gilman, Plath, and Millett demonstrate the intensity inherent in experiences. The reader, under the writer’s guidance, unlocks the door, transgresses a threshold, and enters into ur-time—a lesbian madness, a *kairotic* moment. For a brief second, we see the woman in the Vermeer as Kaysen sees her; we see the women Gilman, Plath, and Millett depict. But we can never fully comprehend. This concluding chapter constructs the ladder on which the works climbed: a chronology of mental health treatment and diagnoses as they pertain to women.

“We are consistently told that women are more ‘mad’ than men;” women outnumber, by significant numbers, the rate of initial hospitalizations; women have twice the likelihood of being prescribed a psychotropic drug for depression (Ussher 9, 10). Gender bias, according to the World Health Organization (WHO), remains a significant predictor in both diagnoses and psychotropic medication treatment even when men have scores reflecting similar responses on standardized tests. The limited research on sex and gender and the highly variable diagnostic parameters of the *DSM* exacerbates these problems, historically and currently. Wittchen notes depressive disorders in women account for 42% of the disability burdens from all the diagnostic categories versus 29.3% for men; additionally, up to 65% of women would fall into this category during the reproductive years (2).

Joanna Moncrieff cites a study by Sagnitti showing the overall use of antidepressants in the United State was 11% of women and a little over 5% of men (2346). She attributes this trend to the increased confidence during the 20<sup>th</sup> century in medical science and therapeutics. The belief in the “disease theory of medicine and therapeutics” gave rise to an increase in pharmaceutical interventions; “in developing disease specific models,” psychiatry underwent a revolutionary period where psychotropic, particularly antidepressant, medications moved “in line with medical science” and broke the “influence of psychoanalysis and social psychiatry” (Moncrieff 2347). The symbiotic relationship between the pharmaceutical industry and medical science allowed psychiatry to move away from institutional settings and develop outpatient and community practices. Antidepressants became the treatment of choice for

a “common problem that could be treated outside hospital” (Moncrieff 2354). The mass marketing and dissemination of the idea that depression is a “brain disorder” that can be alleviated by drugs has influenced millions of people to take antidepressants. The gendering of depression, anxiety, and other mood disorders greatly impacted the frequency with which women receive medications.

84%-85% of ECT is used to treat depression—again, a diagnosis more frequently given to women (Morrissey, Steadman, and Burton). The study indicates ECTs are administered to “a relatively advantaged population of white, middle-class females” with “white females being the primary recipient group” (Morrissey, Steadman, and Burton 619). In her journals, Plath writes about her experience with ECT:

And now I sit here, demure and tired in brown, slightly sick at heart. I shall go on. I shall write a detailed description of shock treatment, tight, blasting short descriptions with not one smudge of coy sentimentality, and when I get enough I shall send them to David Ross. There will be no hurry, because I am too desperately vengeful now. But I will pile them up. I thought about the shock treatment description last night: the deadly sleep of her madness, and the breakfast not coming, the little details, the flashback to the shock treatments that went wrong: electrocution brought in, and the inevitable going down the subterranean hall, waking to a new world, with no name, being born again, and not of woman. (*Journals* 212)

Joy S. McDiarmid, in “Scrambled Eggs for Breakfast,” describes what she calls her “stolen years”; a marked ten year period of her life where she underwent “three years of electroconvulsive therapy (ECT) followed by seven years of recovery, rediscovery, and thoughts about ‘what to do’ next” (34). McDiarmid notes experiences similar to those in Plath’s “Tulips.” She feels the stick of a needle as sodium pentothal is given followed by a “weird shudder inside my head. I go into oblivion, surrendering the care of my brain,

of myself, to strangers, people I do not trust” (34). She underwent sixty ECT treatments and believed, at the time, “it was all that was available to ‘help.’ I know and accept that. ‘They knew not what they did.’ I refer to my parents” (35). Her family felt the “best way to get rid of fear is to act, put us out of sight. I never did forgive my father for signing the consent form without telling me (asking me?) something—anything. Where were the explanations to help with my fear?” (35). McDiarmid reflects Gilman’s, Plath’s, and Millett’s experiences with their families. As to her current beliefs, McDiarmid comments she does not know if she would undergo ECT again; she would try lithium first. “But if I had to submit in order to get another chance to go on living, then I would need a mitt full of information to fully understand the current procedures, risks, and benefits of ECT. Once times sixty is enough” (35). The problem here is medical science’s lack of knowledge as to how and why ECT work and why is it prescribed more often to women.<sup>59</sup>

Psychiatry’s evolution and validation through the 19th and 20<sup>th</sup> centuries are evident in the writings of Gilman, Plath, and Millett. Gilman’s experiences of women being fragile therefore requiring forced rest and restricted stimulation are depicted in the fictional representation of her protagonist’s descent into madness; Plath’s metaphors and personifications elucidate ruptured relationships, psychoanalytic theories that define fragmented feminine selves and mother/daughter conflicts; Millett’s highly politicized,

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<sup>59</sup> Rami, et al reference a study showing patients who underwent a course of ECT have a significant relapse rate of about 84% in six months time if any other treatment is not started (465). They also suggest Maintenance ECT (M-ECT) is an effective “way of preventing relapses and recurrences in patient with major psychiatric disorders” who showed a positive initial response to ECT (466). However, little research has been done to determine the cognitive effects of M-ECT.

autobiography recounts the injustices of involuntary commitments and pharmaceutical restraints.

*I am riding in a car. Gazing at a car dealership as we pass it, I have an eerie sense of déjà vu. I know I have seen this dealership before. “Of course I have,” I tell myself; I have driven by it hundreds of times. But this feeling is different, otherworldly. “You have an anxiety disorder and are experiencing a type of dissociation,” the therapist says. I am seeing her for the depression I experienced after my father’s death (reported as “adjustment disorder” and “dysthymia” on my insurance forms). I really don’t think so, but that is what a trusted authority tells me. At other times, I feel as though I am in a tunnel. My view seems restricted and words seem to echo. Again, I am told it is due to anxiety. Maybe medication will help. I go to a psychiatrist. “Yes,” she tells me.<sup>60</sup> I am now coded as “major depression, single episode” in the DSM’s billing and diagnostic categories. (The practitioners cannot bill unless you have a coded diagnosis). I start taking Zoloft. The first few days are agonizing as my jaws feel as though electric shocks are being generated through them. She prescribes Ativan and tells me to take it as prescribed.<sup>61</sup> I take the Ativan and stay on the Zoloft. I experience a “loss of libido;” she prescribes Ritalin. (I never take it).*

*But the experiences of déjà vu and the tunnels do not stop. Neither does the feeling of having a switch moved inside my brain. I can only describe it as a type of itch or the*

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<sup>60</sup> The psychiatrist is a well-known proponent of pre-menstrual dysphoric disorder. (PMDD), a school of thought relating many of women’s mood changes to hormonal fluctuations.

<sup>61</sup> Ativan is a drug within the benzodiazepine group. A close pharmaceutical cousin to Valium, it is calming, sedating, and highly addictive.

*movement and feel a light switch might have if a light switch could feel or have experiences. Months pass. “You are so much better,” I am told. I guess I do feel less anxious about these moments, but they have not subsided. In addition, I feel flat, neither happy nor sad—just flat.*

*Further time passes. I am at work giving out the five o’clock assignments. I am very tired. The tunnel appears and I keep trying to focus and breathe through it. The next thing I remember is waking up and telling this woman, “I know you.” She is the emergency room doctor. I had undergone a major tonic-clonic seizure.<sup>62</sup> I do not remember anything else for several days. Luckily, I work in the operating room and know several neuro-surgeons. I get an appointment within a few days. I tell him my symptoms. “You had an aura,” he tells me. He goes to the adjoining clinic and brings back a neurologist. “Your symptoms are classic for epilepsy,” he tells me. I am perplexed.*

*I go for several studies: computerized tomography (CT), magnetic resonance imaging (MRI), electroencephalogram (EEG), and sleep studies. I pass them all—no tumor, no abnormalities, no seizure. “It is not uncommon to have negative studies,” he says. “O.K., what now?” He puts me on Lamictal, an anti-epileptic drug (AED).<sup>63</sup> After a few weeks the tunnels are gone; I no longer have *deja vu*. I still have the switch feeling. We up the dose; it goes away. For the first time, I realize my brain feels quiet.*

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<sup>62</sup> This type of seizure involves the whole body and is most commonly called a grand mal seizure. These seizures are the most severe. The tonic phase consists of trembling of the body. This phase is followed by the clonic phase where the body undergoes sever jerks and spasms (convulsions).

<sup>63</sup> Interestingly, many of the AED’s are also used to treat bipolar illness. Their first use in trials and prescription is for the treatment of epilepsy.

*I go back to the psychiatrist and the therapist. The psychiatrist now believes I have either bipolar illness or cyclothymic disorder (a milder form of bipolar illness). The therapist still asserts the experiences were anxiety driven. (I think it is the opposite—the mild seizures generated the anxiety). Either way, they both believe I have some form of mood disorder.*

In *Preventing Misdiagnosis of Women: A Guide to Physical Disorders that have Psychiatric Symptoms*, Elizabeth A. Klonoff and Hope Landrine report there “are four types of partial seizures with simple, sensory symptoms:” somatic, visual, auditory, and vertiginous (46). Each of these manifest as forms of sensory disruptions related to the specific locations in the brain. Klonoff and Landrine write:

In our experience, what clinicians often mistakenly identify as psychopathology (specifically, as paranoia) is not a physical symptom per se but the individual’s causal attribution for that symptom, an attribution whose bizarreness looms in the foreground of clinical attention like a red flag and so obscures the initial physical symptom, which subsequently is overlooked or forgotten. We believe that this process of patient misattribution-clinician misdiagnosis is an extremely common one. (47)

In their remarkable book, Klonoff and Landrine cite case studies where psychiatric misdiagnoses were the result of overlooking a physiologic illness.<sup>64</sup> Klonoff and Landrine assert there “are ample reasons to suspect that the misdiagnosis of a physical disorder as

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<sup>64</sup> Klonoff and Landrine, through the use of case studies and scientific facts, name multiple body systems and disorders whose symptoms are frequently misdiagnosed as psychiatric; including the endocrine system (thyroid, pituitary, adrenal, and parathyroid), all types of seizure disorders (simple, complex, focal, temporal, etc.), multiple sclerosis, mitral valve prolapse, systemic lupus erythematosus, cancer of the pancreas, hypoglycemia, postero-lateral sclerosis, Wilson’s disease, pheochromocytoma.

psychiatric is rampant, for women in therapy in particular. Indeed, we suspect that such misdiagnoses account for hundreds of thousands of children and adults who are relegated to back wards of mental hospitals and other institutions for those with chronic disorders” (xxi). Klonoff and Landrine estimate from their evaluation of several studies recorded in medical journals that “41% to 83% of people treated for psychiatric disorders have misdiagnosed physical disorders” (xxi). They focus on women specifically because women are most likely to tell their physician or therapist of feelings and experiences of depression, anxiety, and somatization.

Returning to the narratives of women writing madness, evidence and statistical data point to the important nature of continuing the critiques of the various genres with a focus on what is said and read in the interstitial spaces as done in this thesis. Madness and the essence of repression exist in “the failure of translation,” just as a foreign language creates a barrier to us (Felman 19). In order to read these authors, we must negotiate “crossing a border between languages” (Felman 19). Extrapolating from Felman, Gilman, Plath, and Millett can be seen as making the barriers visible and displacing them in order to create a method for discourse and invoke a mother tongue, a lesbian language.

To speak about madness is to speak about the difference between languages: to import into one language the strangeness of another; to unsettle the decision language has prescribed to us so that, somewhere between languages, will emerge the freedom to speak.  
(Felman 19)

The interpretations of women’s experiences as simply imagined or related to their physicality negate both experience and memory. The reduction of memory into recall

moves it into the realm of the imaginary. Imagination, according to Ricoeur, “is located at the lowest rung of the ladder of modes of knowledge, belonging to the affections that are subject to the connection governing things external to the human body” (Thurcwell 118). Gilman and Plath manipulate the imagination in order to disrupt the expected, or if not, then changing the expected outcome by repositioning it and calling our subjectivity into question. Caminero-Santagelo finds in Kaysen and Plath a “political project” insisting “on the authority of the personal and subjective” even while employing the “institutionally and socially sanctioned criteria of objectivity to make us, as readers, listen” (28).

Politicization of madness creates diametric oppositions. Feminists, therapists, and others who want gender and sex removed as diagnostic categories and therapists, versus feminists and others who think gender and sex are integral in defining and prescribing effective treatment for women.<sup>65</sup> The efforts to evaluate and study women in relation to mental health create paradoxical and political impediments. Many believe women are more likely to receive diagnoses related to their physiology as gender studies advance. A significant barrier exists for advocacy groups who “oppose female-specific criteria, syndromes, and disorders because they fear that psychiatric stigma and associated adverse effects might be attached to the role of women and the problems they

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<sup>65</sup> Recent studies by Bengsston-Tops, et al examine the relationship and understanding staff has in working with abused women. Hans-Ulrich Wittchen questions whether the *DSM-V* is failing women. K. M. Scott and S.C.D. Collins studied the relationship between gender, mental disorders, and disability. Marlene Grubbe Hildebrandt, et al conducted a study evaluating the clinical effects of antidepressants in relation to gender. However, studies evaluating the efficacy of treatment in relation to sex remain a significant minority in psychiatric, psychology, and nursing literatures.

experience” (Wittchen 3). “Sex and gender are distinct concepts” with sex referring to biological characteristics “such as hormones, pharmacokinetics, neuroendocrine, and neurotransmitter pathways while gender encompasses the socially constructed roles and relationships society attributes to being male or female” (Forchuk, et al 495). Defining and delineating sex and gender opens a platform for experience, science, and voice prove difficult. The writers’ works critiqued in this thesis seek to bridge the languages between gender/sex, self/other, and medical science/experience. On occasion I see bumper stickers or t-shirts with Laurel Thatcher Ulrich’s book title printed on them: Well-behaved Women Seldom Make History. The bumper sticker may stick next to a Pride flag or a Human Rights Campaign emblem. All three seem to show up at events focused on civil or women’s rights violations, political rallies, or marches celebrating and bringing to awareness women or the lesbian gay bisexual transgender (LGBT) communities. The statement pivots on the definition or societal perceptions of what it means for women to be well-behaved.

Narrative genres have gained more attention within the medical communities as valid and valuable methods for understanding and hearing each individual’s personal experiences. Oral, written, and recorded stories afford the medical practitioners opportunities to gain a “fuller sense of the unique experience of mental illness for people as it is shaped by their culture, mental states, and their past and present situations” (Casey and Long 90). Many experiences verbalized by women have been recorded by psychiatric and psychoanalytic staff, coded, and filed away. Many have been destroyed. Every loss constitutes a missed opportunity for journeying with the storyteller into a

closer and more effective means of therapeutic intervention. Aloi finds narrative therapy provides the opportunity to re/write illness as “something you have, not something you are” (712). The reversal between “being” and “having” “encourages one to fight or discard the negative story lines in one’s life and, by doing so, weave a new plot” (qtd. in Aloi 712). Grant finds autobiographical writing creates a blurred position “between self and culture, as culture is expressed by self and vice versa” whereby we create and are created by culture (113). Madness manifests within the borderlines. The interstices within the borderline consist of *kairotic* moments, lesbian space, and ur-time. The storytellers, regardless of narrative style, expand these transient spaces into readable texts. Our responsibility is re/reading and re/studying each narrative in search of these spaces. There is exhaustive critical discourse analysis of Gilman and Plath; however, each contains abstruse significations pointing to highly individualized but significantly communal interpretations and experiences. Discourse analysis relating to Millett frequently succumbs to a predominant politicized reading; yet, Millett engineers her life into the text in such a way that we can re/read and be re/read as she rapidly flips from one space to another. The texts cannot be read through a singular lens. They require kaleidoscopic examination. Focusing on one methodology means overlooking another and jumping over the crack. “Step on the crack and break your mother’s back.” We must step onto the crack, expand it, and fall into it.

We do not lose our minds, even ‘mad’ we are neither insane nor sick.  
Reason gives way to fantasy—both are mental activities, both productive.  
The mind goes on working, speaking a different language, making its own  
perceptions, designs, symmetrical or asymmetrical; it works . . . Why not  
hear voices? So what? (Millett 314)

Gilman, Plath, and Millett disclose the weakened cover obscuring our understanding of madness as the manifestation of *kairos*, ur-time, and lesbian space across all narrative genres—including thesis writing.

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