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Psychiatry Under Fire: Novelistic
Challenges to Biomedical Psychiatry
in American Fiction 1961-1964.

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PhD English Literature
The University of Edinburgh
2018

Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

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Abstract

American novels of the early 1960s posed a direct challenge to the legitimacy and apparent objectivity of biomedical psychiatry. Taken together, my selection of texts by Richard Yates, Ken Kesey, Sylvia Plath and Joanne Greenberg question the scientific validity of diagnoses of mental illness, as well as treatments such as involuntary hospitalisation, shock therapies, lobotomy, and the use of psychopharmaceuticals. These novels suggest that biomedical psychiatry functions as a form of social control by regulating and enforcing the categories of 'madness' and 'sanity' on the basis of compliance with social responsibility and expected behaviours. Accordingly, themes of autonomy and self-determination run throughout these texts as a traditional cornerstone of American culture to which the increasing omnipotence of psychiatric power is considered as a threat. In each chapter, I match a novel with a psychiatrist of the same or similar historical period, reading the fictional text through the framework of each psychiatrist's position on their own discipline. I thereby demonstrate how these fictional texts either anticipated the work of the so-called anti-psychiatrists or appeared almost simultaneously. In Chapter One, I read *Revolutionary Road* alongside David Cooper's *Psychiatry and Anti-Psychiatry* and argue that both texts depict the mad individual as immediately delegitimised as a socio-political agent through psychiatric diagnosis. I also argue that Yates uses the figure of the madman to demonstrate the absurdity of socially expected behaviours, thereby presenting the 'mad' paradoxically as truth-tellers who seek to reveal the illusory nature of American middle-class freedoms (particularly with regards to consumerism).

In Chapter Two, I step inside the asylum by reading Ken Kesey's *One Flew Over the Cuckoo's Nest* alongside the works of Thomas Szasz. I argue that these texts staunchly position involuntary hospitalisation as both custodial and punitive, motivated by a desire to readjust the socially maladjusted for return to a rigidly controlled community. Both Szasz and Kesey reject the legitimacy of psychiatric diagnoses and understand the use of shock therapies and lobotomy to be acts of violence. Equally, Szasz and Kesey also prioritize individual self-determination over social cohesion, which again, like Yates's *Revolutionary Road*, aligns psychiatric intervention with enforced conformity and the loss of civil liberties.

In Chapter Three, I read Sylvia Plath's *The Bell Jar* through the framework of R. D. Laing's *The Divided Self*. I argue that Esther Greenwood's psychotic illness manifests itself as a Laingian ontological insecurity, and that alter-egos like Elly Higginbottom function as part of a false-self system intended to preserve the outward appearance of normality. I also demonstrate how Esther experiences both self-alienation and psychiatric persecution as a direct result of her rejection of conservative gender roles and the social expectations therein. Finally, I reject Esther's

ambiguous cure, positing instead that recovery is not possible within the society that caused Esther's distress since socially expected gender roles are at the root of her trauma.

Chapter Four occupies a unique position, offering a humane alternative to biomedical psychiatry. I argue that Joanne Greenberg's *I Never Promised You A Rose Garden*, read in conjunction with works by Frieda Fromm-Reichmann, offers a vision of a different model of psychiatric engagement founded upon respect for patient autonomy and on self-realization rather than adjustment. In this text, Greenberg demonstrates the potential for asylums to be curative places of self-development, but only under very specific financial and ideological conditions. I suggest that, while Greenberg's fictional version of the real Chestnut Lodge represents a highly elite and unorthodox facility, its approach towards patient care is a direct retort to the treatment of psychiatric patients portrayed in each of the other three texts.

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Psychiatry Under Fire: Novelistic Challenges to Biomedical Psychiatry in
American Fiction 1961-1964.

The 1960s were a period of great upheaval and change across the Western world. In the United States protests and anti-authoritarian movements developed around an increasingly broad range of issues, including the Vietnam war, the Civil Rights Movement, and the Women's Movement, all of which sought to change or otherwise impact upon the socio-political landscape of the American nation. Psychiatry, this thesis argues, became another target of this anti-authoritarian bent in postwar America, since in the years immediately following the Second World War psychiatry had become an ever-visible and increasingly powerful presence in American communities.

Psychiatric authority grew in the postwar years as veterans returned to America and quickly overwhelmed existing care facilities. The government, in response, offered generous levels of sponsorship for psychiatric training programs that sought to match and contain this increasing high demand. As Roy Menninger and John Nemiah have pointed out, "substantial federal support for psychiatric training" began after the Second World War, and this policy was so effective that the number of psychiatrists grew "from 4000 (in 1945) to more than 40,000" once the policy ended in the mid-1990s (74). Just as dramatically, Ellen Herman has pointed out that between 1940 and 1970 membership of the American Psychiatric Association rose "760 per cent from 2,423 to 18,407" (2-3).

While on the surface this enormous increase in psychiatric personnel might appear to be a progressive shift towards better care for those diagnosed as mentally ill, a counter-narrative arose that challenged the scientifically objective and morally neutral appearance of psychiatric medicine, both with regards to diagnosis and treatment. These individuals, who, however disparately, rejected psychiatry's therapeutic function as well as its position as a medical science and suggested instead that psychiatric authority was primarily a tool for the quashing of troublemakers (political or otherwise) and the socially maladjusted. These criticisms rose to a crescendo during the 1960s and 1970s, and included the voices of psychiatrists, sociologists, anthropologists, and cultural figures including authors and filmmakers, amongst others.

Personal autonomy versus social conformity was a fundamental issue to the majority of these psychiatric sceptics, many of whom were either psychiatrists themselves or had spent time either being treated or conducting research in psychiatric facilities. To some, including Beat writer Seymour Krim, the danger of psychiatric authority to individual freedom was so immediate that he considered it the duty of all

independent thinker[s] and artist[s]...to be resolute towards a subtle, socially powerful god-father who often drips paternalism: namely, the newly-enthroned psychiatric minority that has elevated itself to a dangerous position of 'authority' in crucial issues of mind, personality and sanity (65).

I argue that this call to action is reflected in both the non-fiction works and the novels to be discussed in this thesis. The issues of particular concern to these writers, including those to be discussed in this thesis, were largely

threefold. Of primary importance across the board, as mentioned, was the tension between individuality and forced conformity at the heart of psychiatric interventions. Relatedly, concerns were raised about the reduced potential for individual protest under a psychiatric system that, some have argued, delegitimizes the concerns of those who cause socio-political disharmony. Another major concern was the perceived brutality, and ineffectuality, of many biological treatments including shock therapies, lobotomy, and early psychopharmaceuticals that, whether intentionally or not, reduced patients' potential for autonomous self-governance and occasionally inflicted grievous harm (or even death). Each of these writers, with the exception of Joanne Greenberg and Fromm-Reichmann in Chapter Four, suggest that either mental illnesses (schizophrenia in particular) do not exist, or represent not sickness but protest against the cultural zeitgeist of the mid-twentieth century.

These anxieties were not limited to the American context but were reflected in literary works across the world. Two international examples of anti-psychiatric fiction from the time include New Zealand author Janet Frame's *Faces in the Water*, and British writer Jennifer Dawson's *The Ha-ha*, both published in 1961.¹ Despite their disparate geographical origins, these novels share a common concern with their authors' respective personal experiences as psychiatric patients, including their depictions of electroshock

¹ Interestingly this, according to Connie Ann Kirk, was the one of the last books Sylvia Plath read before her death in 1963. Kirk writes that Plath had asked a friend, Jill Becker, to retrieve *The Ha-ha* from her house at Fitzroy Road, London, for her to read while a guest in Becker's home, immediately prior to her suicide (101).

therapy and its damaging side effects (including disorientation and amnesia), the ever-present threat of lobotomy, and rejections of the asylum as a therapeutic and rehabilitative setting. American novels too began to pose an analogously vocal counter-narrative to the characteristically teleological story of Western medical progress. Each of these narratives, including Richard Yates's *Revolutionary Road* (1961), Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), Sylvia Plath's *The Bell Jar* (1963), and Joanne Greenberg's *I Never Promised You a Rose Garden* (1964), offered an unfettered view from a variety of perspectives of the American psychiatric crisis in the post-war years when diagnoses of mental illness were becoming increasingly common and effective treatments were severely lacking.

Each of the novels to be discussed, in their own distinctive way, reject (or at the very least destabilize) the efficacy and legitimacy of psychiatric diagnoses and treatments. These actions, taken against the offending individual, can, for the most part, be understood as punitive rather than curative. Novels by Yates, Kesey, and Plath in particular interpret diagnosis, involuntary hospitalization, shock therapies, and psychosurgery as punishments for socially inappropriate behaviours (occasionally involving the refusal of gender roles) that masquerade as therapy. In addition, each of these texts demonstrates the socio-political influence held by the psychiatric profession and exposes the falsity of the culturally neutral position engendered by psychiatry's inclusion within the medical profession.

Although Greenberg's narrative is very much part of this counter-narrative, the singularity of the novel's position within this debate should be

acknowledged: while Greenberg's narrative rejects what she terms "mechanical psychiatry" – referring to shock treatments, psychotropic drugs, and psychosurgery– *I Never Promised You a Rose Garden*, unlike the others, does not reject the asylum as a place of authentic rehabilitation (Greenberg 220). Instead, Greenberg's novel suggests that, if administered with respect for patient autonomy, and without shock therapies, the mental hospital can be a site of personal development, and, in tandem with intensive but respectful psychotherapy, of lifelong relief from emotional distress. It should also however be acknowledged that the facility Greenberg based her fictional asylum on was the elite psychoanalytic hospital, Chestnut Lodge, which offered a profoundly different experience to more orthodox mental hospitals where understaffing and underfunding were almost universal. Her more positive attitude towards the mental facility is therefore necessarily coloured by the privileged nature of care she herself received.

Greenberg's textual complexities notwithstanding, this thesis will examine literature's position within what John Ehrenreich called the "cultural critique of modern medicine" in the 1960s (15). I will demonstrate how American authors participated in the wider counter-narrative of skepticism against biomedical psychiatry by directly challenging the culturally neutral, teleological, and benevolent status of psychiatry as a modern medical science (15). It should be acknowledged here that literature's involvement in these debates has already been recognized by figures like historian of psychiatry Edward Shorter. In *A History of Psychiatry*, Shorter has claimed that though texts by those labelled "anti-psychiatrists", including Michel

Foucault, Thomas Szasz, and Erving Goffman, were “influential among university elites” in fanning ire against the “whole psychiatric enterprise”, it was instead novels that “did most to inflame the public imagination against psychiatry” (especially *One Flew Over the Cuckoo’s Nest*) (1997, 275). This thesis seeks to move beyond a simple acknowledgement of literature’s involvement in the anti-psychiatric counter-narrative of the 1960s, and instead examines each novel alongside the theories of psychiatrists at the forefront of the counter-cultural movement to explore the interdisciplinary dialogues developing at this time. This approach also reveals the extent to which novelists anticipated arguments anti-psychiatrists and other commentators would make throughout the 1960s and beyond.

By reading the novels through this narrow theoretical paradigm, the highly political undercurrents of each fictional text are brought into the foreground and made apparent. This illuminates each authors’ skepticism surrounding psychiatric diagnosis and treatment, as well as emphasizing the impact of the social context upon the individual’s state of mind, contradicting or destabilizing biomedical psychiatry’s consistent prioritization of organic etiology (especially in cases of schizophrenia). These pairings between those labelled “anti-psychiatrists”, a term I will define in detail later, and the authors to be discussed are particularly interesting because each of these writers had first-hand experience of mental illness, whether as sufferer or as psychiatric staff, highlighting shared experiences of psychiatry from two very different perspectives. For instance, Yates suffered from psychiatric problems throughout his life and was hospitalized on several occasions,

while Plath and Greenberg both spent time in various institutions during their teenage years. Kesey had a slightly different perspective, derived from his time spent working as an aide in a psychiatric ward at Menlo Park VA hospital. It was during this spell that Kesey began to formulate working on *One Flew Over the Cuckoo's Nest*, and where he concluded that, as he told Terry Gross, other than the colour of his uniform, "there wasn't that much difference between me and those people they were locking up" (114).

These first-hand experiences influence the fictional texts and demonstrate an uneasiness towards psychiatric treatments that mirrors the reported experiences of the so-called anti-psychiatrists themselves. For instance, in 1985 R. D. Laing recalled his growing discomfort as a young psychiatrist with treatment methods in psychiatric facilities. He wrote that

I administered locked wards and ordered drugs, injections, padded cells and straitjackets, electric shocks, deep insulin comas and the rest. I was uneasy about lobotomies but unsure why (x).

More disturbing for Laing however, was the fact that "[i]t looked the same as the rest of medicine, but it was different. I was puzzled and uneasy. Hardly any of my colleagues seemed puzzled and uneasy" (x).

Continuing this theme, albeit more emphatically, David Cooper, wrote in 1974 of his distress during staff meetings at the psychiatric institution where he worked in the 1960s. Cooper claimed that he often

experienced a total sense of unreality about what those well-trained-to-heel curators or cremators of the soul talked about and believed they were doing – not out of any sort of malevolence...but out of sheer mind-blinded, honest-to-goodness professionalism (58).

These colleagues, or “cremators of the soul” (a characteristically extreme turn of phrase for Cooper), were according to him, unable to think independently within their roles as psychiatrists and mental health workers.

Chained to conformity, Cooper argues these colleagues were
lost in the terror of seeing themselves alone in the
world as autonomous human beings without the totally
abstract institutional backbone that sustained their
personal flaccidity (1974, 58).

Cooper sympathized with the plight of patients treated by those who were unable to understand delusions and hallucinations as anything other than psychiatric symptoms to be treated, not explored. Indeed, Cooper suggested that the mad, contained in asylums and institutions, were simply more open-minded than their conformist, ‘sane’ doctors and peers. This is a situation, as I will demonstrate, that is replicated in chapter one in the relationship between John Givings and the suburbanites of *Revolutionary Road*. Both Laing and Cooper here experience psychiatry as dehumanizing, and as Laing points out, different from other forms of medicine that focus on the body rather than the mind.

These experiences are fascinating since they suggest that psychiatry is somehow separate from what we might understand as somatic medicine, but also because these individuals (Laing and Cooper) propose a connection between mental health care and enforced behavioural conformity. Each of the authors that I discuss touch upon these issues and these connections are doubly fascinating in certain cases where direct associations between the practitioner and the author exist. These include the famous therapeutic

relationship between Joanne Greenberg and Frieda Fromm-Reichmann, and correspondence between Ken Kesey and Thomas Szasz. These pairings demonstrate a verifiable connection that reinforces my argument that novelists, as well as “anti-psychiatrists”, occupied a central position in the postwar American counter-culture.

In addition to these connections, each of the novels to be analyzed have been carefully selected on the basis of several practical criteria including the close timing of their publications, their shared American origins, and most importantly, their direct engagement with, and support of, the burgeoning cultural and political critique of psychiatry emerging in various fields simultaneously at the beginning of the decade. What is particularly compelling about these texts in combination, however, is the variety of standpoints and points of consideration they offer to the reader, broadening one’s understanding of these complex and highly political issues underpinning these diagnoses, and offering a blistering indictment of mid twentieth century psychiatric practice. For instance, *Revolutionary Road* offers a view of the psychiatric patient from the perspective of community members, family, and other onlookers, as well as from the “mentally ill” individual – John Givings.

Thesis Structure: Chapter Overview

In Chapter One I consider how the comprehensive nature of Yates’s overview of the suburban community, as well as the sophisticated use of free indirect discourse, allows the reader a clear picture of the way the mentally ill

are both stigmatized and politically delegitimized through community gossip and hearsay. Yates's depiction of his characters' delight in John Givings's dramatic, perhaps psychotic, outburst in his parents' house and his resultant involuntary hospitalization illuminates the reassuring function that the categories of madness and sanity played (and possibly continue to play) in American society for those without a diagnosis. The narrative's distinctive style, read alongside David Cooper's controversial psychiatric theories, forces the reader to question the validity of the categories of 'sane' and 'insane', as well as casting doubt upon the authority and scientific objectivity of those who are socially empowered to enforce these distinctions.

The flimsiness of these arbitrary polarities - upon which biomedical psychiatry rests - is exposed in Yates's text most clearly through the similarities between John Givings and Frank Wheeler. These men voice almost identical opinions on issues like corporatization and the suburban landscape, but it is John who is diagnosed as insane and hospitalized after an outburst in the family home, while Frank Wheeler, at least outwardly, conforms to social expectations of the young husband and father and therefore escapes the same fate. This supports the argument that what divides madness and sanity can be reduced to the control of outward appearances and careful awareness of conduct within the public sphere.

Sanity and conformity are similarly connected in the case of April Wheeler, who is accused of being mentally ill by her husband when she voices her unwillingness to have another child by him. This represents, according to Frank, a highly "unnatural" situation, and rather than listen to

April's reasons for her seemingly rational decision, he instead tries to persuade her to see a psychiatrist. Frank's actions confirm Nicholas Rose's argument that, "the therapeutic worldview... invit[es] people to believe their problems lie in themselves, not in the world, and encouraging them to adjust their attitudes rather than fight against injustice" (11). April's unorthodox rejection of motherhood directly contradicts the mid-century image of woman, particularly suburban woman, as a wife and mother; a potentially dangerous subversion of conservative gender norms. Frank's knee-jerk response – that she is mad – aligns with Timothy Aubry's and Trysh Travis's statement that "any individual who violates social norms... will invariably be encouraged to see a mental health [professional]" (1). In telling her, albeit indirectly, that she is mentally defective, Frank seeks to delegitimize April's ability to protest against those norms and to escape the claustrophobic family unit.

My reading of Yates's narrative combined with the so-called anti-psychiatric theories of David Cooper is highly original and has, to my knowledge, not been attempted before. Through this reading, I seek to combine an awareness of the anxieties of the socio-political climate of the mid-century, predominantly the dangers of conformity, corporatization, and weak masculinity upon the American psyche, with a specific interest in psychiatry's powerful position within that control nexus. Cooper's theories open up these areas of discussion, and also engage with anxieties around the nuclear family unit that are reflected in Yates's novel, as well as the other texts I will be discussing in this thesis. Other figures of interest in this chapter include William H Whyte, Erich Fromm, C Wright Mills, and Michel Foucault,

whose discussion of Jeremy Bentham's panopticon in *Discipline and Punish* (1975) is utilized to reimagine the suburban community as a panopticon-like social structure. I argue that the ubiquitous picture window of the suburban home creates a stage-like setting within the home that breaks down the public/private divide, forcing residents to internalize social codes of conduct in order to police their own behaviour. Those who fail, I argue in tandem with Cooper, are diagnosed as mad or otherwise ostracized from the manufactured idyll of the community.

In Chapter Two, I show how *One Flew Over the Cuckoo's Nest* Kesey by-passes the community perspective and takes the reader directly into the asylum. It focuses less on the public perception of those diagnosed as mentally ill (although this is still important), and more on the impact of institutionalization upon patient identities, the barbarity of treatment methodologies utilized, and insidious power-play concealed in the application of the supposedly benevolent therapeutic community. Like both Yates's and Plath's novels, Kesey's narrative is hugely concerned with the impact of social conformity on the individual, and the punitive nature of therapeutic treatments like shock therapies and psychosurgery, both of which function as methods of establishing and reaffirming control over patient behaviour. To this end, I demonstrate the connection, along with Ann Charter, between Kesey and the Beat writers of the 1950s, whose work can be, according to Seymour Krim, characterized as "protest writing" and whose works, such as Allen Ginsberg's *Howl* (1956), often referenced psychiatric treatments as

cruel punishments for those who could be characterized as free thinkers (10).

I read *One Flew Over the Cuckoo's Nest* through a Szaszian framework (although Goffman is also considered given the institutional setting), since there is a great deal of agreement between the ideologies inherent in the novel and in Szasz's work. As mentioned, this pairing is even more appropriate since archived correspondence exists between the two men, written around the time *One Flew Over the Cuckoo's Nest* was first published. This demonstrates an awareness and even a relationship between Szasz and Kesey, which, when taken together, allows a deeper understanding of Kesey's classic text. Given the political emphasis on nationality and masculinity in the novel, I have also included a consideration of the importance of Emersonian individualism to characters like McMurphy, to demonstrate the increasing tension at the mid-century between an increasingly conformist culture and the resultant challenge to the integrity of historic American individualism. Like Andrew Foley, I read Kesey's choice of setting in a psychiatric ward as highly allegorical, where psychiatric diagnosis, treatment, and hospitalization functions as a political synecdoche that reflects the turn towards collectivism in the postwar years and forces reader to consider the impact of this shift on American identity.

In Sylvia Plath's *The Bell Jar*, considered in Chapter Three, several of these themes again come to the fore but again from different perspectives. I argue here that Esther Greenwood, Plath's protagonist, understands her early exposure to psychiatry and shock therapy as both attempt at forced

readjustment (in her case to the conservative gender norms of the mid-1950s) and as punishment for her failure to meet standards of feminine acceptability. I argue, alongside Tim Kendall, that Esther's purported 'cure' by the novel's end is also questionable, lacking credibility as anything other than a superficial compliance adopted to secure release from the institution.

Plath's novel is particularly interesting in the context of this thesis as it follows Esther as her psychological schism gradually develops, allowing the reader to make sense of her radical self-segregation from external reality, and her steady retreat into fantasy. Expanding upon research by Marjorie Perloff and David Holbrook, I read this novel in dialogue with R. D. Laing's *The Divided Self* (1960) and this explanatory aspect of Plath's work comfortably aligns itself with Laing's explicit aim made clear in *The Divided Self's* opening pages. The "basic purpose" of the text, as Laing saw it, was "to make madness and the process of going mad, comprehensible" (9). This is one of the singular benefits of the first-person perspective utilized by Plath: the reader tracks Esther's interior splintering step-by-step, removing the frightening mystery surrounding mental illness that disturbs and simultaneously reassures the community onlookers of Yates's *Revolutionary Road* through the false dichotomy perpetuated by categories of madness and sanity.

This narrative style allows privileged access into the mind of the sufferer, which, although offering a helpful glimpse into the schizoid mind (the "divided self" to which Laing refers), also demonstrates the complex, multifaceted nature of the individual and his or her relationship to the outside

world and therefore complicates any straightforward interpretation of the text. For instance, I argue that Esther's breakdown is a result of her railing against the tight confines of social expectations of the female gender, and that women of the mid-century, because of these roles, are necessarily co-opted into the adoption of a Laingian false-self system on a social scale to survive. It could be expected then that Plath's novel consistently adheres to a feminist politics, anticipating the ideology of the women's liberation movement to come later in the same decade, but careful reading demonstrates this not to be the case. Instead, I argue that the nuances in Plath's narrative allow a complex dialogue to develop between a burgeoning feminist movement (kick started in the United States by the simultaneous publication of Betty Friedan's *Feminine Mystique* in 1963) and the powerful urge that co-exists within Esther to conform to the mid-century feminine ideal.

Ambiguity is a constant state in Plath's narrative, both with regards to feminism and the efficacy and social function of psychiatry. This feminist ambiguity anticipates the later ambivalence similarly shown to the female cause by R. D. Laing and his colleagues, who, as Juliet Mitchell has argued, despite identifying the family as "the particular social institution that induces psychosis", neglected to take this position any further and to identify the female role in patriarchal society as intimately connected to the mental anguish of women trapped within these roles as housewives, mothers, and daughters (xviii). Laing's depiction of schizophrenic experience, as explained in *The Divided Self*, is necessarily dichotomous: he writes that,

The term schizoid refers to an individual the totality of whose experience is split in two main ways: in the first

place, there is a rent in his relation with his world, and in the second, there is a disruption of his relations with himself. Such a person is not able to experience himself 'together with' others or 'at home' in the world, but, on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as a 'split' (1976, 17).

The "split" Laing describes is the rent between the "false self" which "arises in compliance with the intensions or expectations of the other" (real or anticipated), and the inner self which becomes increasingly alienated. This situation, I argue, represents accurately what Esther refers to as the bell jar descending around her – an invisible separation between herself and the world. However, Laing's description of the rent in the schizoid self is, I will argue, strikingly similar to the situation of women trapped within the confines of their gendered roles, and I will demonstrate this through close examination of Plath's female characters and through comparison with Friedan's *The Feminine Mystique*.

Though my pairing of *The Bell Jar* and Laing's *The Divided Self* might appear to corroborate Maria Farland's view that Plath's novel "echoes the anti-authoritarian rhetoric of the anti-psychiatry movement", as well as offering a "trenchant social critique of psychiatric institutions", this would be an oversimplification (245). While Plath's narrative does indeed share a common perception of schizophrenic experience, as well as a shared understanding of the social etiology of the disorder, with R. D. Laing as depicted in *The Divided Self*, the novel ultimately remains too ambiguous towards the possibility of treatment within the asylum and through shock therapies to be understood as unflinchingly anti-psychiatric. In this chapter I

argue instead that Plath's narrative offers a multi-faceted exploration of these issues from an often-detached perspective, allowing readers to come to their own conclusions regarding the credibility of Esther's purported recovery. It is for this reason that I assert these novels collectively offer a cultural counter-narrative to medical psychiatry, rather than, as Farland argues, locating them firmly within the often poorly-defined anti-psychiatry movement. Although this designation could comfortably be applied to both Yates and Kesey's narratives, Plath's and Greenberg's occupy slightly more complicated positions on the anti-psychiatry spectrum and therefore require a more nuanced consideration, meaning the position of a counter-narrative is more applicable.

In my final chapter I discuss Joanne Greenberg's 1964 novel, *I Never Promised You A Rose Garden*, another narrative that takes the reader inside the asylum. Like the three other narratives already discussed here, Greenberg's novel incorporates some of the author's personal experiences of mental breakdown and treatment into her text. Unlike the rest, however, Greenberg's novel seeks to emphasize the *rehabilitative potential* of the mental hospital, and the importance of the therapeutic relationship between patient and psychiatrist. This might initially suggest that Greenberg's novel represents a strange choice of text for this project, since at first glance these objectives appear in stark contrast to those of the novels mentioned above, and of anti-psychiatry more generally. Regardless, *I Never Promised You A Rose Garden* has been labelled "a thorn in psychiatry's side" by Gail

Hornstein, as well as being the target of much ire from the psychiatric community in various articles in the years since its publication (382).

This psychiatric criticism has been mainly targeted at Greenberg's (and her fictional counterpart, Deborah Blau's) reported diagnosis of schizophrenia, and her portrayal of successful treatment through collaborative psychotherapy that, as the name suggests, encourages equal participation and consent between doctor and patient, and is performed without the use of drugs, shock therapy or lobotomy. To illustrate this, I discuss responses to Greenberg's novel by those like Remi Cadoret and Carol North, who reject Deborah Blau's diagnosis and successful treatment through psychotherapy.

Greenberg was treated by Dr Frieda Fromm-Reichmann at an exclusive psychoanalytic facility that shunned these forms of treatment, understanding them as detrimental to the patient's ability to gain therapeutic insight (and therefore to recover), which placed Fromm-Reichmann and the staff of Chestnut Lodge in opposition to medical trends in psychiatry at the time (including the development of anti-psychotic drug chlorpromazine in 1950, during the period Greenberg was receiving treatment at the Lodge). I argue in this chapter that given Greenberg's rejection of biological treatment methodologies, and her emphasis on the place of interpersonal relationships in the development and treatment of psychoses, *I Never Promised You a Rose Garden* is a fundamental part of the counter-narrative that sought to destabilize comprehension of mental illnesses as biological in etiology and of shock therapies and psychosurgery as legitimate forms of treatment.

Anti-Psychiatry as an “onerous label”: Figures and Terminology ²

Whilst I have used the term “anti-psychiatry” in reference to this skeptical 1960s counter-narrative throughout this introduction and this thesis more generally, the problematic nature of this label must be addressed. Characterizing anti-psychiatry as a cohesive campaign is almost impossible given the variant objectives, positions, and geographical origins of its central players. For this reason, Martin Halliwell has described it as a “transnational trend” rather than a movement as such (267). Defining the anti-psychiatric label is highly contentious and, with the notable exception of David Cooper’s attempts at classification in 1974, a satisfactory framework remains elusive. For example, in 1994 Norman Dain defined anti-psychiatry as

[a] set of attitudes, opinions, and activities antagonistic to psychiatry, ranging from sharp, serious criticism of psychiatry to absolute denial of its validity and questioning the concept of mental disorder as a medical entity (415).

Dain’s definition demonstrates the myriad perspectives that the anti-psychiatry label struggles to contain, so much so that the term becomes almost meaningless in the encapsulation process. This nebulous and vague definition has often played into the hands of those who criticize the anti-psychiatrists: for instance, Duncan B. Double has pointed out that the term “anti-psychiatry” represents a “general label that has tended to be used by the psychiatric mainstream to identify its opposition”, instead of the other way around (5).

² (Cooper 1974, 54).

Thomas Szasz, often labelled an anti-psychiatrist himself, supports this argument and has written scathingly against the movement, referring to it in the title of his 2009 book as “quackery squared”. In this text, Szasz pointed out that the term was originally coined in 1908 by German psychiatrist Bernhard Beyer, who utilized the label to “*stigmatize* psychiatric criticism”, before the term died away after the First World War (emphasis mine, 4). The very roots of the term therefore held negative connotations that it could be argued precluded and automatically derailed serious efforts to construct a more holistic, humane psychiatry from the beginning. Aaron Esterson, co-author with R. D. Laing of *Sanity, Madness, and the Family* wrote in 1976 that “[t]he damage [anti-psychiatry as a label] has done to the struggle against coercive, traditional psychiatry is enormous” (70). Likewise, for Szasz, the term represented a “catchall” used to “delegitimize and dismiss” critics of what he termed “psychiatric fraud and force” (i.e. diagnosis and involuntary treatment) that proved highly detrimental to reception of his work (2008, 79).

The most profound difficulty with the term stems from it being an oversimplified taxonomy that artificially groups together various critics of psychiatry who each approach the discipline from disparate and sometimes completely irreconcilable social or political positions. As Peter Sedgwick has pointed out, “it is quite erroneous to speak... of a ‘school of thought’ including Szasz, Goffman, Bateson, Cooper, and Laing”, figures often referred to as at the vanguard of the 1960s anti-psychiatry movement (22). Instead, Sedgwick argues that anti-psychiatry represents “a consistent and convergent

tendency of opposition directed against *positivist method* in the study of abnormal human behaviour” (emphasis original, 22). This positivism can be defined here as

an approach towards the investigation of human pathology which, modelling itself upon antecedents it believes to be characteristic of the natural sciences, (a) postulates a radical separation between ‘facts’ and ‘values’... and (b) suppresses the interactive relationship between the investigator and the ‘facts’ on which she or he works (Sedgwick 23).

This positivist approach in psychiatry is precisely what this thesis refers to as “biomedical” psychiatry: the belief that mental illnesses can be understood and defined objectively and treated in the same way as conditions with an organic root: i.e. cancers caused by malfunctioning liver cells or brain cells. These psychiatrists, commonly referred to as anti-psychiatrists, demanded that the wider social (and familial) context of patients be taken into consideration, either as direct causes of mental disorders or as exacerbators of existing psychopathologies. They pointed out the social and cultural assumptions implicit in categories of normality and insanity, and, in the case of Szasz, even shockingly suggested that some individuals might consciously seek to be diagnosed with a mental illness in order to escape the responsibilities of life outside the asylum.

The unfortunate anti-psychiatry epithet was resurrected in 1967 with the publication of David Cooper’s *Psychiatry and Anti-Psychiatry*, although, as Cooper later admitted in *The Grammar of Living* (1974), his 1967 text neglected to explicitly outline a definition of the term anti-psychiatry, relying on examples to set out his position instead. Nevertheless, Cooper’s attitudes

towards psychiatry, involuntary hospitalization, and the legitimacy of the medical framework were made clear through his highly accusatory language. For instance, in the opening paragraphs of *Psychiatry and Anti-Psychiatry*, Cooper refers to those discharged from asylums as “institutional survivor[s]”, and admits that, as a hospital psychiatrist, he experienced a discomforting awareness that he was expected “to be numbed or engulfed by the institutionalizing processes of formal training and day-by-day indoctrination” (9). This troubling consciousness led Cooper to what he describes as a “germinal anti-psychiatry”, through which the very basis of psychiatric diagnosis and treatment would be examined and reassessed, and where the necessity of understanding the “actual human context” of the patient would be central (9).

In *The Grammar of Living* however, Cooper was even more acerbic in his criticism of biomedical psychiatry, connecting it directly with political repression: mental health care (in America and Russia in particular) was, Cooper asserted, “part of a policing operation by the state to suppress difference, originality, vision and to deny the... refusal of certain people to be made less than human in any way” (55). This charge rejected any illusion of benevolence in psychiatric care, depicting it instead as a both willing and knowing opponent of individual autonomy. While Cooper was the one to revive the anti-psychiatry label, a number of individuals came to be associated with the term, despite the great disparities in their respective positions and beliefs. Before beginning a discussion of the relationships between the fictional texts and each psychiatrist, it would be pertinent to

underscore the main theoretical points raised by each physician, thereby underscoring both the differences between them and any existent commonalities that can be teased from them.

Hungarian-American psychiatrist Thomas Szasz was, throughout his life, a highly vocal opponent of biomedical psychiatry, meaning the psychiatric approach grounded in a belief that psychiatric disorders are organic in etiology and therefore treatable with drugs and other physiological methods like ECT. Szasz's political beliefs were a fundamental part of his approach to psychiatric care, since, as a libertarian, the right to autonomous selfhood was at the pinnacle of his concerns. His book, *The Myth of Mental Illness*, was first published in 1961, and in it Szasz rejected the very foundations upon which psychiatry was built: namely, the existence of mental illnesses as medical disorders, and the ability to effect recovery from psychiatric illnesses through medical intervention. While Szasz's 1961 publication was not the first to challenge the legitimacy of psychiatry's powerful position, *The Myth of Mental Illness* illicited a strong negative reaction from the mental health professions. Most scathing was the thinly-veiled criticism of Szasz's position by the editor of *Psychiatric Quarterly*, who, in 1962, described him vitriolically as "a brassy leader of the flock who turns on his colleagues and students, hissing his intent for extermination" and lumped him in with the "extremely ignorant" who rejected medical supremacy with regards to the identification and treatment of psychiatric disorders (754).

Unsurprisingly, what these establishment figures were protesting in *The Myth of Mental Illness* was Szasz's wholesale repudiation of not just the

medical model of mental illness, where psychopathologies are considered organic in etiology. This is the therapeutic position that understands conditions like depression, schizophrenia, and hysteria to be analogous to somatic diseases like cancers, smallpox or any other bodily complaint rooted in a physiological pathology. Szasz suggests not only that mental illnesses cannot be classified in the same way as physical disorders, but that psychiatric illnesses simply do not exist. Szasz, therefore, posits that the term “mental illness” is fundamentally misleading, since it linguistically connects and reinforces the link between problematic persons and the medical profession: the term “mental illness” should, in fact, be considered as nothing more than a figure of speech, functioning as both “myth” and “metaphor” (1975, 11-12).

Mental illnesses, in Szaszian terms, should more appropriately be understood as either “problems in living” or “moral and personal conflicts”, that often derive from difficult interpersonal situations where individuals might wish to have a troublesome family member or associate removed from the public sphere, or where an individual might seek psychiatric diagnosis in order to escape an uncomfortable situation (43 - 44).³ In these cases,

³ Szasz places the blame for this appropriation of so-called problems in living into the medical domain at the feet of neurologist Charcot and his colleagues, following their interest in hysteria at the Salpêtrière hospital in Paris in the late nineteenth-century. According to Szasz, “Charcot, Kraepelin, Breuer, Freud and many others lent their authority to the propagation of this socially self-enhancing image of what was then ‘hysteria’, and what in our day has become the problem of ‘mental illness’” (1975, 43). Szasz believes that Charcot’s depiction of hysteria as an illness, rather than as a form of malingering, helped individuals in emotional conflict “to be sick”, therefore “bestow[ing] on [them] the dignity of suffering from a ‘real illness’”, which

underpinning psychiatric diagnoses are what Szasz terms promotive assertions that, when broken down, reveal the real (often social or political) impetus behind the medical opinion. For instance, Szasz writes that although “the statement ‘John Doe is psychotic’ is ostensibly indicative and informative”, it can be “translated... as follows: Mrs John Doe does not like the way her husband is acting. Dr James Smith believes that men preoccupied by jealousy are ‘crazy’ and potentially dangerous”. Therefore, because of these conflated positions, Szasz reasons that both

Mrs Doe and Dr Smith want Mr Doe to be confined in a hospital. Clearly, however, the indicative sentences do not have nearly the same promotive impact as does the... assertion that ‘John Doe is psychotic’ (1975, 126).

Whilst this example is unequivocally overly simplistic, and even absurd, it succinctly demonstrates Szasz’s position that diagnoses of mental illness are not objective, medical facts, but are instead subjective *social* judgements made upon patients and patient conduct by others, including family members, and medical practitioners licensed to do so because of their elevated social status.

Szasz understands psychiatry as a “pseudo-medical enterprise” then, a position that automatically rejects the possibility of successful treatment within a medicalized framework through hospitalization or otherwise, since he argues that “if there is no disease, there is nothing to treat” (1976, 4).

Throughout his long career and prolific list of publications, Szasz consistently maintained his hyperbolic position that the involuntary commitment, also

confers both social advantages and disadvantages (predominantly stigmatization) (1975, 43).

termed “psychiatric incarceration” (1976, 3), and treatment of patients in mental institutions against their will represented nothing more than “torture” (1975, 12) and a “crime against humanity” in the same league as slavery (1975, 113).

The Myth of Mental Illness was not the first place Szasz had made such pronouncements however: in a 1957 paper on the ethics of involuntary commitment, Szasz discussed this comparison in more detail. In analyzing language used in a 1955 psychiatric textbook, Szasz sought to demonstrate the analogous nature of the present moment for African-Americans and the mentally ill. He wrote that

Even today, by substituting Negroes for the mentally ill and segregated social situations for mental hospitals, the text becomes indistinguishable from a southern white-supremacy manifesto (1957, 294).

While the treatment of mental patients in state asylums was often horrendous at this time as *Shame of the States* and other journalistic exposés like “Bedlam 1946” demonstrate, this statement is both bizarre and absurd, but not unlike claims made by others included under the anti-psychiatry umbrella. In 1967, for example, Cooper likened the gassing of Jews and other undesirables under Nazi rule to the “tens of thousands of mental patients” exposed to violent treatments like ECT and lobotomy in psychiatric institutions (29). These comparisons for some, including Adrian

Chapman, weaken anti-psychiatry's position by illuminating the preposterous and unflinchingly ideological nature of their foundations.⁴

Another related common claim by Szasz was that involuntary hospitalization of mental patients represented nothing less than a violation of the American constitution. In a 1983 discussion of on the topic of autonomy, Szasz wrote

alleged mental illness... cannot be the ground...for depriving a person of liberty, even if the incarceration is called *hospitalization*, and even if the intervention is called *treatment*. I contend that such use of state power... is contrary to the... ideals enshrined in the.... Constitution (emphasis original 1983, 26).

Hospitalization, in this view, represents an underhand way for the state to segregate troublesome individuals from wider society. To this end, Szasz writes that patients are “segregated not so much because they were ill as because they disturbed others”, and, one could argue, this disturbance could be social or political: one risked incarceration within the asylum if one broke social rules of acceptability (1975, 37). This is a point similarly identified by Michel Foucault, who wrote in *Madness and Civilization* (1964) that, historically, asylums performed an important civil role, offering “reabsorption of the idle and social protection against agitation and uprisings” (51). These statements demonstrate the social value of the institution in preserving wider

⁴ Chapman wrote of Cooper that his writing often “lack[ed] nuance... and tend[s] towards sloganeering” (2). Hugh Freeman’s 1967 review of *Psychiatry and Anti-Psychiatry* in *New Society* made a similar point, stating that Cooper’s statements were so extreme that “we must begin to wonder whether he is even being serious” (326). These propensities towards exaggeration delegitimized the general argument against psychiatric coercion and ultimately thwarted sensible consideration of the more rational complaints against biomedical psychiatry at the time.

harmony by subduing troublesome individuals and agree with David Cooper's assertion that the goal of psychiatry (institutional psychiatry in particular) is a "workable conformism" (2001, ix).

The linkage of conformity, the acknowledgement of medical power as socio-political, and the institution as a centre for readjustment/ the erosion of patient autonomy was further compounded in the same year (1961) by sociologist Erving Goffman. His book, *Asylums*, directly supported these arguments: Goffman posited, for instance, that within the "total institution" patients/inmates were systematically denuded of their offending outside identities and forced into an attitude of institutional conformity. The term "total institution", which included prisons, orphanages, the armed forces, and asylums was defined as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society... together lead an enclosed, formally administered round of life" (1991, 11). Far from functioning as a place of mental rehabilitation the asylum, for Goffman, operated instead as a production line for social compliance. As he explained, the total institution's objective was to "reset [...] the inmate's self-regulatory mechanisms so that after he leaves he will maintain the standards of the establishment of his own accord" (1991, 69). Goffman also ominously exclaimed that the asylum is "fateful for the inmate's civilian self", and that immediately upon initial entry into the institution, the patient's or inmate's

sense of self is fundamentally threatened by the very structure of the asylum itself (1991, 50).⁵

In his contribution to *The Dialectics of Liberation* (1968), where he was first publicly labelled an “anti-psychiatrist” in Cooper’s introduction, R. D. Laing also offered a critical view of psychiatry, albeit much more emphatically than Goffman. In this collection, Laing refers to bio-medical psychiatry as “institutionalized, organized violence” (2015, 19); to treatment with shock therapies as “forms of destruction”; the “death of the soul”; and most powerfully, to psychosurgery (lobotomy) as “the final solution of cutting a person’s brain into two or more slices”, with deliberate connotations of the holocaust and state-sponsored genocide (2015, 18). Psychiatry, for Laing, is a “political operation”, and at the macro-level, the destruction of psychiatric patients’ interiority is likened to violence perpetrated by American forces on the people of Vietnam, who are being killed because they “have inside them the ‘wrong’ ideology” (i.e. communism) (2015, 19).

Relatedly, in this piece as in previous writings, Laing questions the legitimacy of certain fixed ideological categories and beliefs (including sanity and insanity) that perpetuate the Western socio-political status quo. For instance, Laing writes that “People called brain surgeons have stuck knives into the brains of hundreds and thousands of people in the last twenty years”,

⁵ In 1956 Ivan Belknap made similar statements, when he wrote that the “extraordinarily rigid administrative structure” of state mental hospitals were found to “block communication and mobility between categories of staff members and communication between patients and staff”. Overall, he concluded, “forces within the hospital environment... tended to work against recovery for the patient” (8).

referring to the rise of lobotomy since the mid-century; those operated on, according to Laing, “may never have used a knife against anyone themselves; they may have broken a few windows, sometimes screamed, but they have killed fewer people than the rest of the population” (2015, 19). Here, Laing comes to the climax of his argument: these “people” – those diagnosed as mad – have murdered “many many fewer [people] if we count the mass-extirminations of wars, declared and undeclared, waged by the *legalized ‘sane’ members of our society*” (emphasis mine, 2015, 19). Along the same lines, Laing asserted that “[t]he perfectly adjusted bomber pilot may be a greater threat to species survival than the hospitalized schizophrenic deluded that the Bomb is inside him” (1977, 99). By using the same hyperbolic vein as Szasz, Laing is demanding that we re-examine both the political structures that underpin psychiatric diagnosis and treatment and question the legitimacy of nationalist doctrines that skew and justify acts of mass violence against those construed as ‘other’ or as the ‘enemy’ for their difference. The “mad”, labelled through the objective purview of the medical profession to enforce separation from the “sane”, are in Laing’s estimation, far less dangerous than those in positions of social power.

In this understanding, social compliance is essential to avoiding psychiatric diagnosis and treatment, and the fragility (and required social policing) of Western grand narratives is revealed. To that end, Laing claimed in 1964 that “I do not... believe that there is any such ‘condition’ as ‘schizophrenia’. Yet the label is a social fact” (64). By this acknowledgement, Laing proffered a dramatic repudiation of medical authority in the case of

schizophrenia in a similar vein to Szasz's three years earlier (although, it should be acknowledged, there are significant differences between each respective clinician's views, which became particularly apparent as the 1960s and 1970s progressed). Laing then took his admonition one step further, stating that schizophrenia, as well as being a social label, constitutes "a *political event*" to the extreme and potentially life-long detriment of the 'patient' (emphasis original, 1964, 64). He argues that

This political event [diagnosis], occurring in the civil order of society, imposes definitions and consequences on the labelled person. It is a social prescription that rationalizes a set of social actions whereby the labelled person is annexed by others, who are legally sanctioned, medically empowered, and morally obliged to become responsible for the person labelled... The 'committed' person labelled as 'schizophrenic', is degraded from full existential status as human agent and responsible person... he is invalidated as a human being (1964, 64).

By removing the process of psychiatric diagnosis from its supposedly objective medical framework, Laing insists upon resituating both doctor and patient within their cultural context, thereby directly addressing the socio-political judgements inherent in the rituals of diagnosis. These assertions therefore lay bare the belief that psychiatry, in this reading, functions as an extension of the state, as an alternative police force that regulates social behaviours (and the concept of normality/social acceptability) not through threats of penal incarceration, but through psychiatric imprisonment, torture, and stigmatization.

Not only does Laing believe that the mentally ill, as well as others variously labelled insane, do not represent the threat society believes them

to be, but he advocates in *The Politics of Experience* that psychiatrists can in fact learn from their patients' experiences (particularly in the case of schizophrenics), and this is where the differences between Laing and Szasz become particularly clear. Although Laing rejects Harry Stack Sullivan's position that "in the present state of our society, the patient is right, and [the psychiatrist] is wrong" as an "outrageous simplification", he does suggest that "schizophrenics have more to teach psychiatrists about the inner world than psychiatrist their patients" (1977, 91). This position was hinted at in *The Divided Self*, when Laing suggested that the "cracked mind of the schizophrenic may *let in* light which does not enter the intact minds of many sane people whose minds are closed" (emphasis original, 1976, 27), but in this later text, Laing expands on his position. In *The Politics of Experience*, Laing agrees with Gregory Bateson's hypothesis that some schizophrenics, through their psychoses, were in fact embarking on a "voyage of discovery" (qtd. Laing, 1977, 97) that takes the individual deep into the aforementioned "inner world" in order to begin a "natural *healing* process" (emphasis original, 1977, 105).

This inner world was a state of experience from which modern society had become alienated: as Laing points out,

we are socially conditioned to regard total immersion in outer space and time as normal and healthy. Immersion in inner space and time tends to be regarded as anti-social withdrawal, a deviancy, invalid, pathological [and]... discreditable (1977, 103).

According to Douglas Kirsner's reading of Laing's mystical turn to this inner world, an appreciation of this "inner experience", in conjunction with the

“outer”, is “essential to [a] sane, whole way of living” (77). The schizophrenic, according to Laing, should be encouraged to explore this transcendental interiority, before returning as a respected hero, akin to the “lost explorers of the Renaissance” (1977, 107). This could be, and has been, read as a kind of inversion of orthodox psychiatric ideology: one might suggest here that the mad achieve a heroic version of sanity on their journey through madness (the story of Mary Barnes, for example, is a case in point here).

For this reason, amongst others, Szasz, in 1976 penned a blistering critique of Laing’s and Cooper’s anti-psychiatry. Szasz argued that Laing’s and Cooper’s positions are characterized by this fateful similarity to what they oppose. Szasz wrote that “In traditional psychiatry, 'We' are sane, and 'They', who defy the norms and values of our society, are insane. In anti-psychiatry, it is the other way around” (5-6). This, for Szasz, was a fundamental failing of anti-psychiatry: inverting the mad/sane dichotomy did not challenge institutional psychiatry, but simply changed the group of targeted individuals.

Cooper, like Laing, focused his attention on schizophrenia, since it was both prevalent and chronic at the time, and he took the view that the condition was not organic or biological in etiology (and thereby contained within a faulty individual), but was instead the product of “disturbed group behaviour”, an idea that contained within it traces of Gregory Bateson’s 1956 theory of the Double Bind. Cooper wrote that:

Madness... is not in a person, but in a system of relationships in which the labelled patient participates: schizophrenia, if it means anything, is a more or less

characteristic mode of disturbed group behaviour
(1970, 43).

Under this rhetoric, those diagnosed as schizophrenic represented the persecuted scapegoats of a system that required the removal of those who refused to conform to social codes of normalcy. Cooper cites the example of Antonin Artaud, the French artist who wrote the polemical essay “Van Gogh: the man suicided by society” in 1947, in which he declared that the “madman” is he “whom society did not want to hear and whom it wanted to prevent from uttering certain intolerable truths” (485). As a result, Cooper ultimately summarized there “are no schizophrenics” (1970, 43).

Madness, in Cooper’s opinion, is here aligned with the kind of penetrating insight that Artaud claims to glimpse in Van Gogh’s paintings.

Artaud wrote that Van Gogh’s

paintings were bursts of Greek fire, atom bombs,
whose whole angle of vision... would have been
capable of seriously upsetting the spectral conformity of
the Second Empire Bourgeoisie... as well as those of
Napoleon III (483-484).

The Second Empire in French history was one characterized by censorship and authoritarian rule under the all-powerful Emperor; by depicting Van Gogh’s art in this way, Artaud is placing his work in direct opposition to the contemporary political and social status quo, as well as pointing out the essential nature of conformity to the continuation of state power (in addition to its flimsy constitution).

Cooper believed that conformity and familial relationships were at the root of diagnoses of schizophrenia. The family, in Cooper's eyes, functioned as a micro-culture in which children were socialized to assimilate with the wider macro-culture, meaning society more generally. This situation meant that, to Cooper, schizophrenia could be understood as

the existence of a person being sucked out of him by others or expressed from him by himself (in loving acknowledgement of the others' rapacious ingestion) so that finally nothing of himself is left to himself since he is altogether for the other... we must conclude that, although being put in hospital represents a special fate, schizophrenia is nothing less than the predicament of each one of us (1970, 59-60).

Schizophrenia, or the splitting of the 'true' self from the conformist outer self, to Cooper represents a common experience since this is how, according to this theory, Western societies function. One is diagnosed as schizophrenic however when one rejects their obligation to the collective, and instead seeks to act autonomously, as can be seen in my discussion of *Revolutionary Road*.

Ultimately Cooper's theories, although similar to Laing's at first, became more and more extreme over time, until even Laing declared Cooper's works and theories an "embarrassment" (Mullan 195). For example, as Cooper's theories became wilder, he discussed sexual experiences he had with a woman, who, although not technically a patient (Cooper had renounced psychiatric practice by this stage), was still engaging in therapeutic sessions with him. This ties in with Cooper's advocacy of orgasm as a form of self-liberation in *The Language of Madness* in 1980, as well as a rather extreme suggestion that "menopausal changes in women are

socially conditioned and should be socially-politically reversible”, since, Cooper asserts, it is “our human invention in terms of reproductivity of man-power for the system of property” (1980, 68). Despite these later outlandish and ethically questionable stand-points, Cooper’s unerring interest in the wider socio-political context and its impact on the individual psyche, is what makes his work particularly interesting to this thesis. As Chapman commented,

Cooper always insisted on the need to understand the symptoms of the individual not simply in terms of individual psychology or family dynamics, but also in terms of broader social, institutional and economic forces (2).

My approach in Chapter One seeks to reflect this wider focus shared by both Cooper and Richard Yates in *Revolutionary Road*.

Lastly, Fromm-Reichmann (and her fictional counterpart, Dr Clara Fried) have - rightly - never been included alongside those commonly labelled as anti-psychiatrists for several reasons. These include pragmatic criteria including temporality (Fromm-Reichmann died in 1957, ten years before David Cooper resurrected the term), alongside other theoretical misalignments, including Fromm-Reichmann’s belief that mental hospitals and hospital-based psychotherapy provided legitimate respite for those experiencing psychosis or other mental disorders. These positions were both rejected by Szasz for whom medical psychotherapy represented nothing more than a metaphorical treatment that, while able to provide comfort, is unable to affect a genuine recovery (predominantly because he also rejects the legitimacy of mental illness in the first place). In addition, asylums where

patients are held involuntarily are symptomatic of coercive psychiatry for Szasz, so much so that he refused to complete his psychiatric residency at Cook County hospital, Chicago, since he would need to work with patients who were, according to his superiors “seriously ill”, meaning in Szasz’s eyes, those “imprison[ed]” by psychiatry (2004, 21).

Laing and Cooper however both attempted to establish institutional settings more akin to Fromm-Reichmann’s form of in-patient facility at Chestnut Lodge, somewhere that, as Allen Beveridge points out, Laing would have been aware of through his familiarity with a 1954 book titled *The Mental Hospital* based on research carried out at the Lodge (206). Laing’s attempt to establish a more recovery-conducive setting resulted in what became known as the “Rumpus Room” at Gartnavel Hospital outside Glasgow in June 1954, designed to test whether the sparse, institutional surroundings of the closed ward were contributing to his patients’ anti-social behaviours. To begin the experiment, Laing separated out a group of female schizophrenic patients and selected nurses, placing them into more pleasant room away from their usual ward where they were free to interact with one another and occupy themselves in various activities like “sewing,” “knitting,” “drawing” and “wool making” amongst others (Beveridge 210). Nurses were asked to wear normal clothes, thereby encouraging communication and a more equal relationship between patients and staff, something also present at Chestnut Lodge. The experiment was initially judged a success, since, as Beveridge reports:

After twelve months... there had been many improvements in the appearance and behaviour of the patients. They were no longer social isolates and they

took greater interest in themselves... the main factor in the improvement was not the change to a more pleasant environment, but that the nurses and patients had been able to get to know each other (219).

This positive outcome was however tempered by Laing's assertion that while "[w]ithin eighteen months all original eleven patients had left hospital... within a further year, they were all back" (1985, 155). Regardless of the eventual outcome of the venture, the fact of Laing's belief that individuals being treated with dignity and a degree of self-governance are more apt to recover their sense of self than those held in what might be considered a traditional closed psychiatric ward is significant and suggests a correlation between Fromm-Reichmann's therapeutic ideology and Laing's.

In a similar, but more radical way, David Cooper's Villa 21 experiment also sought to explore alternative treatment methodologies for schizophrenic patients that emphasized patient self-governance and equality within the ward structure, again operating under a similar ethos to that evidenced at Chestnut Lodge. Cooper believed that patients in "conventional psychiatric wards" were subjected to a "massive reinforcement of the invalidation process" (1970, 96) that begins with psychiatric diagnosis and gradually, in Cooper's terms, eventually "murder[s]" individual personalities (1970, 109). To counter this effect, where patients could "take the easy exit into narrowly stereotyped self-definition [as schizophrenic]", Cooper suggested the establishment of a unit separate from the rest of the psychiatric facility where younger, less thoroughly institutionalized schizophrenics could engage with staff and other patients more freely and with less emphasis upon staff/patient hierarchies than in the more traditional ward-setting (1970, 97).

Within Villa 21 there was a great push for ward members to reach decisions communally during scheduled and unscheduled meetings, and patients were allowed freedoms like deciding when to get up in the morning, without being coerced by nursing staff. For Cooper, this offered a “worthwhile” gain “in personal autonomy”, since his interpretation of schizophrenia’s causation was rooted in an inability for the individual to make decisions for themselves, without familial or societal coercion (1970, 102). As Chapman has stated,

Cooper’s emphasis [at Villa 21] was on fostering an atmosphere in which people – not reduced to their roles as ‘patient’, ‘doctor’, ‘social worker’ and so on – supported one another, and where the prescription of drugs was kept to the minimum (4).

This ethos is highly reminiscent of that followed at Chestnut Lodge, where patient autonomy was encouraged, and drugs rejected. Freedoms within Cooper’s group increased accordingly as lines between staff members and their various roles began to “blur” (1970, 104) and staff responsibilities were limited to “controlling the drug cupboard as was legally required” (1970, 105). Regardless of these freedoms and increasing equality amongst patients and staff (something that would be replicated and developed upon at Kingsley Hall during the Philadelphia Association’s tenure), the unit eventually fell into disrepute within the hospital as staff became increasingly anxious about the poor state of hygiene and cleanliness in the ward itself. Despite its disappointing results, Clancy Sigal, a volunteer at Villa 21 described it as a “noble failure” (Chapman, 4).

Each of these experiments borrowed aspects from the therapeutic ethos perpetuated at Chestnut Lodge by Fromm-Reichmann (albeit Villa 21 took this permissive ideology to the extreme). This demonstrates a philosophical connection between Fromm-Reichmann and others classed as “anti-psychiatrists”, including Laing and Cooper that should be acknowledged to explain her inclusion in this discussion. Another parallel between Laing, Cooper, and Fromm-Reichmann (and her fictional alter ego Dr Fried), can be found in their clear belief in the functionality and intelligibility of schizophrenic psychoses: for Fromm-Reichmann and Laing in particular, psychosis can be understood as essentially functional for the sufferer. For Laing, psychosis represents the crumbling of the false-self system created to protect the vulnerable sufferer, while for Fromm-Reichmann, as will be seen in her therapeutic approach to Joanne Greenberg in Chapter Four, psychosis offers an escape from an intolerable situation for the patient. In the case of Deborah Blau, for example, her retreat into her fantasy kingdom, Yr, can be understood as an escape from an adolescence clouded by anti-Semitic bullying and family pressures.

Fromm-Reichmann’s therapeutic ideology can also be related to that advocated by Szasz, since both she and Greenberg in *I Never Promised You A Rose Garden* consistently emphasize the importance of preserving patient autonomy and of collaboration between patient and psychiatrist in the therapeutic endeavour. While Szasz may not accept the ability of therapy to overcome psychosis, as Greenberg’s novel suggests is possible, he reinforced the importance of individual autonomy throughout his career.

Indeed, Szasz has commented that autonomy represents “a positive concept. It is freedom to develop one’s self – to increase one’s knowledge, improve one’s skills, and achieve responsibility for one’s conduct. And it is freedom to lead one’s own life” (1988, 22). I will demonstrate how Greenberg’s novel, and Fromm-Reichmann’s writings, both seek to pursue this end of self-realization through the therapeutic endeavour; a pursuit Szasz terms “autonomous psychotherapy”, whereby “the analyst must support the patient’s aspirations toward freedom from coercive objects” (39). This rejection of therapy as a tool of social adjustment, and the concurrent push towards patient self-development and the re-establishment of individual autonomy is central to *I Never Promised You a Rose Garden*, highlighting the similarities between aspects of Szaszian doctrine and Fromm-Reichmann’s approach.

Schizophrenia: A Cultural Label

Before beginning my discussion of these novels and their paired psychiatrists, it would also seem pertinent to clarify what I mean by schizophrenia since it is a condition of primary importance to these texts, both fictional and psychiatric. Although it seems a straightforward diagnostic label, this is profoundly misleading as is hopefully already clear given Laing’s assertion that it represents not a legitimate and morally neutral disease entity, but a “political event” (1964, 64). During the postwar period there was an increasing division between those who believed that schizophrenia was caused by a biochemical flaw in the human brain, and those who either rejected this claim outright, or were beginning to question the possibility of an

organic etiology without conclusive evidence. As Thomas Scheff wrote in 1966 “we can estimate that there have been at least five thousand papers reporting research on schizophrenia in the five decades since 1920” but, despite best efforts, “virtually no progress has been made” (7-8).

What certainly did not assist in this desperate attempt to secure objective scientific agreement on the origins and manifestations of the condition, was the nature of “schizophrenia” as the psychiatric catch-all term of the time. As Robert Kendell explains, the American concept of schizophrenia

degenerated into a vague synonym for almost any severe form of mental illness, applied indiscriminately to anyone whose behavior or speech were at all irrational, threatening, or difficult to understand (30).

This incoherence, along with a lack of concrete physiological explanations despite enormous efforts, caused some researchers to begin to believe, according to Scheff, that “there is a considerable feeling that the problem itself has not been formulated correctly” (9). Instead of focusing on the medical model, which isolates the pathological individual, these individuals began to posit that a diagnosis of schizophrenia (in fact of any mental illness) was in fact the application of a social label with its roots in socially unacceptable or deviant behaviours.

This is precisely the question the doctors and writers to be discussed herein all, to varying degrees, are engaged with: to what extent is schizophrenia (and mental illnesses more generally) a legitimate medical problem, or alternatively, does it function predominantly instead as a social

label used to delineate socio-political trouble-makers? Given the extremely vague parameters used to identify schizophrenia even by the 1950s, when the original DSM (Diagnostic and Statistical Manual of Mental Disorders) was published, there was little agreement on how schizophrenia manifested itself and how it could be effectively treated (something that becomes apparent in responses to Greenberg's novel, as discussed in Chapter Four). A definition of schizophrenia is outside the parameters of this thesis, so instead I have taken my lead from the novels within and approached the condition as a cultural label that designates otherness and causes social ostracism, alongside other general diagnoses (either applied by medical professionals or the community) of psychiatric disorders. The importance of psychiatric diagnosis to collective perceptions of community members is particularly apparent in Chapter One, in the case of Richard Yates's suburban 'madman', John Givings.

Revolutionary Road: Mental Illness and Socio-Political Control

Despite its anxious omnipresence in Richard Yates's *Revolutionary Road*, madness has often been neglected as one of the text's major narrative themes - an omission that this thesis intends to redress. Commonly, Yates's novel has been interpreted as a treatise against the conformity of the mid-century and as a blistering indictment of the suburban landscape that dominated postwar America. One reviewer for the *New Statesman* even described the novel's subject as "the break-up of an exurban marriage in Western Connecticut" (Mayne, 460). Even Richard Yates himself did not consider madness to be central to the novel: the main character associated with madness, John Givings, was considered so marginal during the writing process that he was not even included until halfway through the initial draft. Yates admitted to Henry DeWitt that Givings materialized when Yates decided he needed "somebody in there to point up or spell out the story at crucial moments", an important admission of Givings's function as a truth teller and reflective outsider to the community (66). In order to situate madness, mental illness and psychiatry at the centre of the novel's thematic considerations, I will read *Revolutionary Road* through the framework of David Cooper's anti-psychiatric theories to reveal the underpinning and highly political questions surrounding the meaning of diagnosis and mental health care in a conformist society.

By utilizing the work of those like Laing, Szasz, Goffman, and Cooper, who, despite their myriad differences, each view psychiatric intervention as a violent tool of delegitimization and socio-political repression, this connection

becomes wholly apparent. In reading John Givings's and April Wheeler's experiences through this psychiatry-skeptical framework, *Revolutionary Road* can be seen to destabilize the boundaries between what is considered sane and insane, whilst seeking to resituate these apparent medical issues within a socio-political context. Yates's characters force the reader to examine the supposedly scientific nature of these diagnoses, and give credence to the possibility that, as Dana Cloud points out, mental illnesses are not a natural phenomenon, but an artifice invented "so as to enable society to intervene in the private lives of subjects, regulating their behavior and disciplining them for their transgressions" (11). In short, psychiatry, which experienced an explosion in social importance in the post-war years, rapidly became a way to monitor, adjust, and control social problems by reflecting them back upon the individual, thereby transforming socio-political issues into individual pathologies. This, I argue, is the position that underpins psychiatric involvement in Yates's text.

Subtly but pervasively, Yates's narrative forces readers to confront the position of those labelled mentally ill in post-war America, asking us to question the basis upon which individuals come to be labelled as mad, and how society responds to, and perpetuates these labels and the cultural stereotypes affixed to them. As Michel Foucault has shown, historically those suffering from conditions classified variously as "insane, alienated, deranged, demented [or] extravagant" were locked away to safeguard familial respectability, rather than for the benefit of inmates (2001, 62-63). Yates's narrative suggests that this situation remains in the mid-twentieth century:

psychiatric hospitalization is largely a solution for the benefit of families like the Givingses, who cannot bear the humiliation and shame of an unpredictable, purportedly 'insane' child.

Likewise, Jeffrey Schaler has drawn attention to the unconstitutional nature of involuntary psychiatric detentions, arguing that "persons considered 'a threat to self and others' effectively lose their entitlement to a trial without being tried" and are thereby "deprived of liberty by the state when committed to a mental hospital" (xvi). These misgivings are echoed directly in Yates's narrative when, during a discussion on John Givings's hospitalization, the narrator ponders "Could a man be forcibly committed to the nuthouse just like that? Didn't it sound fishy somehow, from a legal standpoint?" (64). *Revolutionary Road* steadfastly engages with these ideas; confronting and challenging readers' expectations and beliefs on the ethics and empirical reliability of psychiatric nosology and the forcible treatment of patients. Yates's narrative ultimately creates a space for dialogue over the nature and human cost of a harmonious and functioning democratic society.

David Cooper and the Creation of a Schizoid Self

To open up this dialogue, I will read Yates's first novel alongside the theoretical writings of David Cooper, the psychiatrist who reintroduced the term "anti-psychiatry" in 1967.⁶ Cooper's work is particularly useful in decoding Yates's narrative conceptions of madness since both men share an

⁶ According to Thomas Szasz the term "anti-psychiatry" was coined in 1908 by Dr Bernhard Beyer, and so Cooper's adoption of the moniker was in fact a recuperation of the earlier term (2009, 6). Daniel Burston agrees, although he argues the term was coined four years later, in 1912 (2018, 1).

awareness of the delegitimizing impact of psychiatric diagnosis upon the individual, as well as the dehumanizing pressures of capitalist economic systems upon the possibility for autonomous self-determination. Both men, as I will argue, ultimately locate psychiatry within a wider system for the enforcement of social conformity and political harmony.⁷ To this end, in 1974 Cooper wrote that “[c]linical psychiatry...

[represents] a small part of an extensive system of violence, of normalizing techniques that commence with the principal conformism-inducing instrument of the bourgeois state, the family, and run on... to produce and then reproduce an endless assembly-line of identical industrious creatures who all work for some Purpose which has long been lost sight of and which was never very visible in the first place (1974, 55).

Yates’s narrative confirms this rather dystopian view of mid-century American medicine most prominently in the case of John Givings and, to an extent, April Wheeler, since April’s reluctance to bear children causes her husband, Frank, to conclude that she is mentally ill and requires psychiatric treatment. After listening to Frank allude to, but never directly state his opinions on the matter April surmises, “You mean I’m emotionally disturbed” (224).

John Givings, on the other hand, is abandoned to a psychiatric hospital after he repeatedly embarrasses his mother by purposefully flouting social etiquette: Mrs. Givings tells his psychiatrist that “it’s quite out of the

⁷ Indeed, Cooper was, according to Laing, a “trained Communist revolutionary,” (Mullan 194) while Yates considered himself a “leftist” in political terms (Bailey 89). Although clearly these two political stances are not entirely analogous, they co-exist on a similar spectrum that suggests an awareness of issues caused by social inequality and the impact of economic forces upon the socio-political milieu.

question for us to ever think in terms of bringing him into contact with outside people again”, the term “outside people” emphasizing John’s difference from the sane population (333). In essence, Yates and Cooper both suggest that psychiatric diagnosis and hospitalization are punitive methods of control that obliterate the political agency of the affected individual by undermining their credibility and therefore ability to challenge the status quo.

Furthermore, Cooper, like Laing and others including Gregory Bateson, understands psychiatric conditions, particularly schizophrenia, to be rooted in the family unit, rather than as being organic in etiology as advocated by biomedical psychiatry. Cooper denied the orthodox view of mental illness (schizophrenia in particular) as chemical in nature by stating that “there is not one shred of unequivocally credible evidence to support the inclusion of schizophrenia as a disease-entity in the field of medical nosology” (1970, 16). Instead of looking to the affected individual and aberrant brain chemistry for the root of their distress then, Cooper argued that when confronted with an apparently schizophrenic patient, he “assumes no primary defect in the patient” but rather suggests “there is a demonstrable failure in a microsocial field of persons in relation”, referring primarily to the patient’s family circle (1970, 16). This point, that families, as the “primary socializ[ers]” of offspring cause schizophrenia-like symptoms to develop was something that Cooper and others in the counter-culture, including Laing and mutual associate Aaron Esterson, espoused throughout the following decades (Cooper, 1970, 50). Indeed, by the time Cooper’s *The Death of the Family* was published in 1970 he was “really preaching to the choir”,

according to Michael Stuab, since this family-centric position was so ubiquitous by then (65).

Conformity and Self-Alienation

Cooper's position on the family drew direct connections between schizophrenia, autonomy and conformity. Firstly, Cooper suggested that the purpose of childrearing by what he termed the "micro-culture" (i.e. the family unit) was to raise the child to successfully assimilate with the social, cultural, political, and behavioural norms of the contemporary moment (or, in Cooper's terms, the "macro-culture"), a suggestion that reads as relatively uncontroversial (1970, 50). However, Cooper argues that in societies where the appearance of conformity and homogenization are particularly important (as was the case in the postwar American suburbs), then performance will define the parent-child relationship in place of a more genuine connection based on self-definition (a distinction Cooper draws in existential terms: being-for-oneself or being-for-others). In this case, then, Cooper asserted "the parent's *representation* of an acceptable social role has priority over his *presentation* of himself to the child" (emphasis original, 1970, 50). This, in Cooper's terms, requires the individual to "externalize himself in the world [by] empty[ing] his subjective reality into an object form of being-in-the-world, [before] reinternalize[ing] this objectification" (1970, 50). By this process, the individual's own sense of self is replaced or overridden by an awareness of the social role the individual is duty bound to fulfil as father or mother: their being-for-others, in existential terms.

Through this set of circumstances, the parent is understood to represent an unknown “absence” within the family, an absence that defines not only the individual’s relationship with his or her family, but also with his or her self, characterized as “self-alienation” (1970, 50). Those who experience this alienated state can go on to develop a deeper estrangement from self and others that leads to the continual perpetuation of this social illusion, a state one could compare to Laing’s idea of ontological insecurity and the false-self system. Children raised in this environment are taught by example that unyielding conformity to their social role, and the expectations of others, are strategies of fundamental importance to their successful development and acceptability within the community. This, in effect, results in a divided self akin to that pointed out by R D Laing in 1960: individuals are both bound to perform a social role, while simultaneously required to hide the interior self (or being-for-oneself). This suggests that most individuals within this social spectrum possess a split self that could be equated to the popular conception of the schizophrenic. Indeed, Cooper acknowledges this position, writing that “[t]here is a very real sense in which the schizophrenia problem and the problem of alienation and estrangement in families are identical”. The only difference he concedes is that families with schizophrenic members experience this schism in “a particularly intense form” (1970, 52).

Cooper’s words echo the problems of social character and conformity mused upon by writers including Erich Fromm and C Wright Mills amongst others during the 1950s. Mills particularly mourned the emasculation and

loss of autonomy for middle-class men as their work became increasingly salaried and corporatized. He wrote that the

twentieth-century white-collar man has never been independent... *He is always somebody's man*, the corporation's, the government's, the army's; and he is seen as the man who does not rise. The decline of the free entrepreneur and the rise of the dependent employee on the American scene has paralleled *the decline of the independent individual and the rise of the little man in the American mind* (emphasis mine, xi-xii).

Just as the child raised in a conformist society is forbidden to express their own desires if they run counter to what is socially expected of them, American men, according to Mills, are at great risk of losing their sense of autonomy or self-determination because of the social emphasis in the post-war period. The rise of corporatization, for example, is according to Mills, a danger to the masculine population's potency since it renders them passive and conformist. Salaried individuals, unlike business or land-owners, must perform a role to the satisfaction of their colleagues and seniors or risk the loss of livelihood for themselves and their dependents. This situation is, Mills argues, fundamentally damaging and highly claustrophobic, leading to a state where "[w]e need to characterize American society of the mid-twentieth century in more psychological terms, for now the problems that concern us most border on the psychiatric" (xx). Individuals experience, Mills suggests, a damaging splitting of self as a result of the need to suppress personal unhappiness or dissatisfaction with the corporate position to preserve employment and social status within the rapidly expanding American middle-class. This both reflects and continues the emphasis on conformity engendered in children by parents and the community as they mature.

In *The Sane Society*, sociologist Erich Fromm posited that this kind of conformity was a “socially patterned defect” that, if encountered on an individual level, would see that person labelled as unwell. He wrote that,

if a person fails to attain freedom, spontaneity, a genuine expression of self, he may be considered to have a severe defect, provided we assume that freedom... [is] the objective goal (15).

In the case of postwar America, Fromm argues that, as a result of increased pressure to assimilate with the social collective, individuals have abandoned the concept of personal autonomy and become more akin to “automaton[s]” who “never experience anything”. Fromm writes that, as a result of this change, individuals

experience [themselves] entirely as the person [they] thinks [they are] supposed to be; whose artificial smile[s] ha[ve] replaced genuine laughter; whose meaningless chatter has replaced communicative speech (16).

Cooper’s concerns with the prioritization of performance and being-for-others can be neatly assimilated with Fromm’s depiction of postwar Western civilization and together suggest that society itself, rather than psychiatrically labelled individuals, is sick.

In Yates’s narrative, a sense of inner desperation and self-alienation resulting from the very behaviour Fromm highlights pervades the novel, despite Frank Wheeler’s unwittingly ironic assertion in the opening chapters that “the important thing, always, was to remember who you were” (Yates 20). These feelings of estrangement impact, to varying degrees, upon each of Yates’s adult characters and illustrate the stultifying and suffocating need for assimilation alongside a desire to reject these social ties that bind. One

morning, for example, after an evening with neighbourhood friends (the Campbells), spent lambasting the suburban way of life, April asks herself rhetorically “how *did* everything get so awful... How did we ever get *into* this strange little dream world of the Donaldsons and the Cramers and the Wingates [?]” (emphasis original, 111). This momentary acknowledgement of the schism between April’s conception of her ‘authentic’ self and the community-minded mother and wife that she pretends to be demonstrates the splitting that concerns both Cooper and Fromm. This self-estrangement becomes even more pronounced when April tells Shep Campbell at the end of the novel that she doesn’t know him, despite their long-term friendly relationship (and their one-off sexual encounter), and even more dramatically, she admits “I don’t know who I am, either” (262).

Conformity and the American Suburbs

The anxiety over the psychological impact of conformity and assimilation as primary social values reached its height within the suburban milieu of the 1950s, and this is why, I argue, Yates chose to set his first novel in a suburban neighbourhood in 1955 in order to explore these concerns.⁸

⁸ Interestingly, however, Yates rejected the suggestion that the purpose of his novel was to “lambast” the suburbs. Instead, he argued that his intentions were to show that blaming the suburbs for problems of self-delusion and self-alienation was the Wheelers’ “delusion, *their* problem, not mine” (DeWitt, 66). Regardless, the fact remains that the novel has largely been accepted by readers and critics as a polemic against the suburban sprawl of the postwar years, and as an indictment against the psychological impact of the mass-produced, man-made landscape upon residents. Scott Donaldson in *The Suburban Myth* disagrees however, locating the root of Frank’s unhappiness in a “desire for acceptance” exacerbated by an “unhappy childhood” and not “totally from the environment” (187). While both April and Frank Wheelers’ childhoods fall far short of ideal, other factual works like *The Split-Level Trap*

The postwar years were a time of great change, including the development of these suburban communities, and according to Ellen Herman the rapid changes of this period contributed to a sense of anxious alienation and uncertainty that prevailed throughout the decade. In particular, Herman highlights the “thinning of community ties” as individuals moved away from home towns into newly constructed suburban townships; as well as an increased and “vehement emphasis on the patriarchal nuclear family”, which saw women return to the home after working as part of the war effort during the 1940s⁹ (263). These shifts, alongside the rampant expansion of corporations in place of small businesses contributed to a “sense of depersonalization and a loss of self in huge corporate workplaces and other mass institutions” (Herman 263). This engendered a need to conform to precarious new social structures within communities in pursuit of security and well-being, as well as the growth of a disturbing sense of self-alienation and estrangement in Cooper’s terms as already discussed. The newly developed, mass-constructed American suburb became the quintessential synecdoche for this social claustrophobia and rampant psychological distress that came to characterize this carefully constructed landscape.

(1962) and *The Organization Man* (1956), suggest that the suburban locale aggravates anxieties over belonging through the breakdown of established communities as increasing numbers of Americans entered the middle-class after the Second World War and moved into newly established suburban townships. Confusingly, however, Donaldson also admits that Yates’s suburbs “stifles those who live there”, seemingly contradicting his own argument (188).

⁹ Psychiatrist Richard Gordon also noted the disorientating impact of this “mobility” upon newly uprooted families (on women in particular): he wrote that “It looks quite definitely as though life in our increasingly mobile world is dangerous emotionally for young wives – more for them than anyone else” (28).

By utilizing the American suburbs as his setting Yates deftly reveals the mechanisms of social control that drive these conformist environments, and thereby exposes the illusory nature of freedom and autonomy existing therein. These communities were represented in starkly dichotomous ways by academics and the media in the post-Second World War era: housebuilders sold suburban homes as familial idylls, and on the promise that they offered an excellent deal financially to new buyers (often taking advantage of VA loans). Levittown, the first and largest of the American suburban developments of the time, was enthusiastically advertised in newspapers as the “most perfectly planned community in America”. Suburban living was understood as part of the American dream of self-aggrandizement, and to that end, Robert Beauregard has commented that “life in the suburbs was a mark of American exceptionalism and a model to which all nations could aspire” (6).

On the other hand, psychiatrists like Dr Richard E. Gordon, who penned best-seller *The Split-Level Trap* in 1962 with his wife, Katherine K. Gordon, warned that life in suburbia (or “Disturbia” as the Gordons labelled it) was in fact dangerous to residents’ mental and physical health (25). This assertion was backed up by comparing the number of patients seeking treatment for psychosomatic complaints in a suburban community and a rural town, and, in all cases the Gordons asserted that higher levels were seen across the board in the suburban settlement. For instance, in a rural hospital, “6.7 per cent of the patients were under treatment for high blood pressure” whereas in the suburban facility, “14.3 per cent” were being treated for the

same condition (23). The same situation was discovered in the case of “duodenal ulcers” and “heart attack” (23). While these three conditions are not psychiatric in nature, they are, according to the Gordons, “gauges of tension” where emotional distress can be readily assumed from the physical manifestation of symptoms.

For the Gordons, one of the primary reasons for this increased mental and physical strain on suburbanites was the “unsettled” nature of these communities, where newcomers were a common feature and where residents generally stay only for short periods of time on their journey up the social ladder (12). This restless situation weakens, and indeed prevents the formation of, community bonds, resulting in a fundamentally isolated and hostile environment for families. This image of new suburban communities as in some way rootless and even unnatural is evident in the opening pages of Yates’s narrative in descriptions of the relationship between the landscape and the newcomers. For instance, when members of the “Laurel Players” amateur dramatics group leave their homes on their way to the theatre, Yates’s narrator describes how, from their driveways, they

would see a landscape in which only a few, very old, weathered houses seemed to belong; it made their own homes look as weightless and impermanent, as foolishly misplaced as a great many bright new toys that had been left outdoors overnight and rained on (5).

While Yates’s description may seem to focus on the physical, built landscape of these new suburban towns, this extract provides an insight into the emotional impact of these new communities upon recently settled residents.

Yates’s narrator projects residents’ misgivings over belonging and

community onto the buildings rather than having individual characters truly engage with their misgivings over these new constructed townships that supposedly embodied American progress and prosperity.

In direct contrast to emotional isolation, characterized by feelings of seclusion and perceived neighbourly hostility, physical isolation in suburbia was, however, not an issue: indeed, the opposite could be said to be true. The lack of privacy between neighbors living in closely erected houses was viewed as an anathema to individual well-being and subjective integrity. Researchers published texts warning of these various dangers, among the most influential of whom was William H. Whyte, a sociologist who published *The Organization Man* in 1956. Whyte was primarily concerned with the impact of the new corporate way of life coming to dominate America, including within the domestic sphere. Catherine Jurca has commented that the suburbs represented the “residential analogue of the corporation”, and so Whyte feared that these environments, as part of a new corporate culture, were reducing the autonomy of individual Americans (85).

To this end, Whyte argued that suburbanites were “imprisoned in Brotherhood” (365), required to maintain strict adherence to the codes of responsibility that consumed all areas of domestic life; a situation that demonstrates the group to be both “tyrant” and “friend” since suburban community bonds depend on this assimilation (361). Group civic responsibilities were so deeply entrenched, and so central, to suburban life that, Whyte has suggested, even small infractions could lead to dire consequences like social ostracization and even being labelled mad. For

example, he wrote that “if a man were to paint his garage fire-engine red in a block where the rest of the garages are white, he would literally and *psychologically* make himself a marked man”, while “an unkempt lawn is another sign of malaise” (emphasis mine, 358). While these examples appear trivial, they demonstrate the depth of conformity required to assimilate successfully within the suburban milieu, as well as the dangers of failing in one’s civic duties.

It should be remembered that this period of history immediately followed on from the fever pitch of McCarthyism, the second ‘Red Scare’, and the House Committee on Un-American Activities as part of the U.S. government’s attempt to destroy insidious cells of domestic communism. As a result, paranoia about communists lurking in American communities was high, and private citizens were scrutinized intensely for signs of unusual behaviour or disloyalty to the American nation and its economic ideology (capitalism). This is particularly well illustrated by a story in the *New York Times* from 26 October 1963 which reports how suburban school children in Levittown were encouraged to report their teachers to their parents if they did not perform the “patriotic exercises” required at the beginning of each school day. Parents were asked to check each day “whether... his or her teacher observed the opening exercise approved by the School Board” and advised that “If at any time you discover that the opening exercise is not being observed, mail a post card to Post Office Box 242”. These exercises included repeating the “Pledge of Allegiance”, singing the “Star Spangled Banner” or reading from the “Declaration of Independence”.

Unsurprisingly, criticisms of these activities were rife. One critic mentioned in the *New York Times* article likened these requirements to practices observed in Germany during the “Third Reich”. Furthermore, Harry Truman called the investigatory activities of the House Committee on Un-American Activities (latterly known as the Internal Security Committee), the “most un-American thing in the country today” as a result of infringements on American citizens’ freedoms (qtd. Whitfield 124). The political atmosphere these activities engendered, where individuals were encouraged to report on one another through fear, is another example of a kind of social panopticon, where one internalizes the rules and expectations of the collective in order to conform to required behaviour patterns and standards.

As well as social ostracism for those suspected of being communist or even just different enough from their neighbours to raise suspicions, diagnoses of psychiatric illnesses or suspicion of pathology were a direct consequence of these supposed personal failings. These expected behaviours, as Whyte has shown, stretched to standards of maintenance of the suburban home: any failure on the part of a homeowner to keep their property to a high standard was understood as a public admission of personal deficiency. The consequences of this kind of neighbourly failure are prevalent throughout Yates’s narrative in petty examples like Mrs. Givings’s assessment of the Wheelers at the novel’s end as a “rather strange young couple”, in part because they failed to maintain their property to the standard expected of the neighbourhood. She laments that there were “[w]arped window frames, wet cellar, crayon marks on the walls... And that awful stone

path going halfway down the front lawn and ending in a mud puddle”, as well as plants she gifted the couple gone to seed in the basement (336). Each of these items, as Whyte suggests, indicate a pathology located within the individual because of their apparent difference from the collective. Yates’s narrative takes Whyte’s position further, and demonstrates how, when this difference becomes aggressive protest against the tyranny of the collective, psychiatry becomes fundamental in the repression of troublemakers such as John Givings.

John Givings as Neighbourhood Scandal

John Givings is a fundamentally revealing character, described by Jonathan Tran as a “dark hope, [the] one who authentically refuses the world’s terms” and who is delegitimized by psychiatry as a result (203). John was specifically included in the novel as a form of truth-teller, as Yates explained he needed “someone to point up or spell out the story at crucial moments” (DeWitt 66). In my reading however, John’s function is more important than as a useful plot device: instead, I argue that John’s apparent madness functions as a crucial contrast to the suburban conception of normality through his confident and direct challenging of conventions, and his confinement within a psychiatric hospital as a result, demonstrates psychiatry’s culpability in the removal of socially offensive individuals. As Szasz wrote in 1973, “we call people mentally ill when their personal conduct violates ethical, political, and social norms”, and Yates’s narrative, I argue, supports this statement (23).

John is first introduced to the text as the subject of community gossip and scandal. During an evening with the Wheelers, Milly Campbell, a neighbourhood friend, excitedly passes on a story she has heard second hand from the Givingses' cleaning lady, which she describes as "fantastic" (62). Milly tells her enraptured audience that the Givingses' son is "in Greenacres. *You* know.... The State hospital. The insane asylum", where he has been for "the past two months" (62). The dramatic, deliberately drawn-out way Milly passes on this information belies the taboo nature of mental illness (particularly in the orderly environment of suburbia), and her delight is palpable when she elaborates that "he didn't just go to Greenacres. He was taken in and put there by the State Police" (63).

While the Campbells and the Wheelers all delight in the shocking details of the story, particularly in Givings being escorted to the asylum under duress, Yates careful undermines their faux sympathy for the family throughout this scene. The narrator emphasizes their delight in the delicate subject matter, and simultaneously depicts the foursome performing the appropriate and expected response by adopting a momentary attitude of sympathy and concern. For example, when Milly repeats the story a second time for emphasis, April comments "The State Troopers. How awful", while the others, incredibly, "all shook their heads in solemn agreement", despite their obvious delight in the tale (64). This artificial attitude of solemnity conveys the socially appropriate response, demonstrating the faux appreciation of the family tragedy at the heart of the scene, whilst

simultaneously offering a reassuring distance between the aberrant individual and his absurd parents and the avid, hungry community gossips.

The contrast between this faux-concern and the giddy way the story brings the group together however highlights the need for communities to create and maintain boundaries between what is and is not considered to be acceptable behaviour within a collective context. John thereby occupies and performs a crucial social role: he, as the “real certified insane person” (in April’s terms) provides a comforting and reassuring contrast to the others in the community, securing them in the knowledge of their own sanity (182). As Cooper argued in 1974, madness exists as a form of “social stigmatization [where an] ... inauthentically functioning group needs a victim, who can in due course be dismissed... to embody the negative aspects of everyone’s feeling” (62). This position locates madness within the social sphere, something readily made apparent in Yates’s text through the schizoid, superficial forms of social interaction his characters display; but it can also be readily applied to John Givings’s situation since his actions are replicated to some degree by others who escape the madness label. For example, Shep Campbell, once, during an argument, called his wife an “ignorant cunt” while she cradled their baby, cowering in fright, as he shattered “three bones of his fist against the wall” in protest against their dull, monotonous suburban life (140).

Likewise, Frank Wheeler, in his frustrated unhappiness with the unsatisfactory actuality of suburban life, barely controls his violent desires to destroy the home’s picture window, and by extension, the vacuous life it

represents. The narrator describes Frank's feelings of "sinking helplessly... like a man in quicksand" while reading to his children, and his struggle to restrain himself from "doing what suddenly seemed the only thing in the world he really wanted to do: picking up a chair and throwing it through the picture window" (56-57). Frank's barely contained desire to smash the window contrasts dramatically with the image he tries to cultivate with his children on his knee – that of the suburban home as a familial idyll, and of himself as a nurturing and loving father. When related to both Shep's and Frank's violent actions and desires, John's outburst in his parents' home can be read as occurring on the same spectrum, but both Shep and Frank are believed to be 'normal' and 'sane'. This comparison reduces the distinction between madness and sanity to a question of comportment rather than psychopathology and suggests that diagnosis (particularly of schizophrenia) can be reduced to a punitive measure against *witnessed* misconduct, since the Givingses' cleaner was present during John's violent outburst.

Frank Wheeler: Sanity as Performance

Other than John Givings, each of Yates's other characters are largely preoccupied with creating and maintaining the right impressions through role performance. Performance, as defined by Goffman, can be understood as "the activity of a given participant on a given occasion which serves to influence in any way any of the other participants", such as the audience (2000, 26). While each of Yates's characters engage in this kind of performance, with a desire to create an impression upon listeners or observers, Frank Wheeler, for whom, I argue, John Givings functions as both

double and as a cautionary example, is the most preoccupied and anxious regarding the cultivation of carefully curated appearances. The inauthentic nature of these performances is often made clear to the reader through Yates's narrative layering, where free indirect discourse is regularly utilized to demonstrate the split between private thought processes and inauthentic performative actions. For example, in an ultimately unsuccessful attempt to persuade April not to abort her third pregnancy, Frank begins a bizarre campaign of self-conscious behaviors intended to impress his wife with his affected masculine aura:

when he lit a cigarette in the dark he was careful to arrange his features in a virile frown before striking and cupping the flame (he knew, from having practiced this at the mirror of a blacked-out bathroom years ago, that it made a swift, intensely dramatic portrait) (219).

Frank complements this vision of manhood by "keeping his voice low and resonant" and being extra fastidious in his grooming to cultivate the required presentation, in the hopes that by doing so April will also recommence her gender role as wife and mother (219). This is an example of Yates's use of free indirect style to convey the inner thoughts of the characters, and to destabilize their fabricated outward appearances. In the same passage, Frank admits to himself that "he found he had made all his molars ache by holding them clamped for too long for an effect of grim-jawed determination" and that he felt a "certain distaste" with himself "for having to resort to such methods" (219). Yates's narrative style deftly deconstructs Frank's created image and, in sharp contrast, demonstrates the polarity between him and John Givings who delights in disregarding required social niceties.

Where Frank and John demonstrate a striking similarity, however, is in their respective verbal criticisms of the suburbs. While both men rail against the cultural zeitgeist, John is punished by the system for his refusal to assimilate into polite middle-class society, while Frank remains, until the novel's climax, comfortably ensconced within his social milieu. The critical difference between the two men, I argue, can be reduced to verbal performance versus authentic protest since, while Frank may be an orator against the status quo, by his actions he continues to co-operate with, and even reassert, the social codes at play in the suburban context through his daily behaviors. This is apparent throughout the text, including during April's and Frank's roadside argument in the opening chapters, when Frank is ever mindful of the possibility of neighbours catching the couple fighting in public: "as the sound and the lights of an approaching car came up behind them, he put one hand in his pocket and assumed a conversational slouch for the sake of appearances" (25-26). Ever mindful of the need to preserve a superficial appearance of normality, Frank negates the possibility of genuine protest against the vapidness of the suburban environment.

On the other hand, Frank is vocal in his derision of the suburbs, performing regular monologues in front of selected friends and family that both mirror and anticipate those spoken by John. During a party one evening, for example, Frank laments:

It's as if everybody'd made this tacit agreement to live in a state of total self-deception. The hell with reality! Let's have a whole bunch of cute little winding roads and cute little houses painted white and pink and baby blue; let's all be good consumers and have a lot of

Together and bring our children up in a bath of sentimentality (66).

Frank's words are a direct and powerful critique of the post-war era, but they function solely as performance since Yates's narrator consistently undermines Frank's position as a socio-political dissenter: instead, he represents nothing more than what Morris Dickstein has termed a "would-be-rebel" (218). The vapidness of Frank's discourse becomes especially apparent when April offers to relocate their family to Paris to escape the claustrophobic culture vacuum of post-war suburbia: Frank has, the narrative implies, always thought of himself as an intellectual with a yet undiscovered artistic flair located "somewhere in the humanities" (22). April further bolsters this self-inflated confidence, based on nothing more than Frank's "performance in... beery, all-night talks" (22) and that he is "intelligent-looking" (7). However, when April offers to take a full-time job overseas to allow Frank to pursue this "exceptional merit" (21) in a more conducive environment, he balks, fearing his inadequacies will be discovered and his masculinity destroyed by his wife's financial independence: "he was trying to conceal from her, if not from himself, that the plan had instantly frightened him" (109).

The revelation of Frank's interior narrative here allows the reader privileged access to what is left unspoken throughout Yates's text (and it is quite often these tacit thought patterns within *Revolutionary Road* that are the most revealing of characters' true natures). Again, the employment of free indirect speech here swiftly undermines Frank's superficially blasé response - "he chuckled and shook his head" - to his wife's suggestion that

they undertake such a drastic move (109). Although Frank attempts to patronize his wife's plans, brushing them off as unrealistic and impractical, Yates's narrative perspective hints at Wheeler's true reason for pooh-poohing the suggested trip, allowing the reader superior access to Frank's motivations and destabilizing Wheeler's projected self-image. Yates's narrator continues, describing Frank's vision of himself "hunched in an egg-stained bathrobe, on an unmade bed, picking his nose" (109) in a Parisian apartment as April returns home from work looking polished, accomplished and professional in comparison, highlighting Frank's underlying awareness of his own shortcomings, and lack of belief in his constructed image of himself as the stifled intellectual.

Instead of functioning as a call to action, the reader is aware that although Frank may criticize his environment, he does so to separate himself from those he views as inferior, and therefore to bolster and perpetuate his idea of himself as a quasi-intellectual (his bohemian past being one of the reasons April first found him attractive). For Tran this position is not uncommon for suburbanites since, "people who live in the suburbs often fancy themselves better than suburbia, having themselves transcendently adjudicated the emptiness of [its] false promises" (199). The reassurance that they, the Wheelers and their friends, alone "get-it" produces seductive "pleasures of knowing" that bolster and gratify this false sense of superiority (Tran 190).

One could also ally Tran's "pleasures of knowing" with Cooper's framework for progress through the various "metanoias", meaning

transformations or conversions of the self from passivity to autonomy (13). At the bottom of this conceptual framework Cooper suggests, are those characterized by what he terms “Eknoia”: these passive individuals, according to Cooper are the “well-conditioned, endlessly obedient citizen[s]” who are “estranged from every aspect of [their] own experience” and from all “possibilities of awakening change” (1971, 13). These individuals, who might be viewed generally as sane and whom Yates represents via characters like Mrs. Givings, Cooper suggests are, in fact, “*out of [their] mind[s]*” due to their stringent, unthinking assimilation with the collective (emphasis original, 13). The next stage in this chain progressing from self-estrangement to existential awareness is termed “paranoia” which, for Cooper, should not be viewed as a “morbid state of existence” (1971, 22) but which represents instead “the beginning of active existence with the possibility of life for new projects” (1971, 14). Cooper’s understanding of paranoia suggests a deeper awareness of oneself and one’s position within the structures of power that bind individuals to both their families and the wider social context. Therefore, it could be suggested that Frank Wheeler’s vocal derision of the suburbs functions as a movement towards this state of self-awareness: Cooper states that “If eknoia means being out of one’s mind, in paranoia one is at *least next to one’s mind*” (emphasis mine, 1971, 14). By flirting with the next position on Cooper’s spectrum of self-estrangement to self-discovery, Frank essentially acknowledges his awareness of the psychological landscape of the suburbs,

but through his complicit actions, he retreats back into the safety of the eknoia position.¹⁰

For Tran, the social permissibility of these episodes of performative dissent is crucial to the security of the dominant ideology of the time:

It is the ruse of freedom... that makes life 'tolerable', the condition *sin qua non* that renders life amongst the powers at least palatable, while disguising power's true genius (195).

The true genius of this dominant power is that no one can escape its mechanisms: one may recognize the social, political, and economic structures that bind and perpetuate it, but ultimately one cannot bypass it. The satisfaction this produces functions as a form of pressure valve: instead of protesting against the impossibility of personal fulfilment through consumption and suburban conformity, these citizens continue to thrive in their present environment without posing a threat to the longevity of the status quo through genuine dissent (in the form of peaceful protest or violent resistance). In times of frustration, the Wheelers engage in this kind of vapid discourse, then return sated to their quotidian lives within the community they verbally railed against.

¹⁰ Cooper's spectrum inverts the categories of madness and sanity one might traditionally expect, defining eknoia (which might be viewed as normality) as the loss of one's mind, and anoia (which can be defined as an extreme mental deficiency) as an enlightened state of self-awareness and existence. These positions suggest that individuals labelled as mentally ill by psychiatry are, in fact, more 'sane' than their 'normal' counterparts (1970, 14-15).

The Picture Window as Suburban Panopticon: Control and Surveillance

Frank is almost singularly concerned with constructing a façade of exceptionalism around himself and his family, but the narrative consistently demonstrates this to be nothing more than artifice. When the family move into their new suburban home, described as “a sweet little house”, Frank is instantly on the defensive, seeking to deflect the curse of suburban banality from their new family home (29). The Wheelers install a bookshelf directly in front of the picture window to give passers-by the impression that therein resides a learned and cultured family, set apart from their stultified neighbors: “their solid wall of books would take the curse off the picture window” (30). Again, the narrative undermines this surface image by continuing to state that the only well-used corner of the living room was the “province of the television set” that alone “showed signs of pleasant human congress,” and that the bookshelves remained neglected (31). Again, this demonstrates the importance of projecting a false-self to others that communicates a desired statement of selfhood to neighbours looking into the home through what novelist John Keats described as the “vast and empty eye” of the picture window (21).

These floor-to-ceiling windows, according to Bärbel Harju, were a “central design element of the suburbs” originally intended to create a sense of spaciousness and a pleasing continuity between the family home and the outside world (65). This blurring of boundaries between the inside and outside, or private and public spheres, resulted in what Spiegel has called the “central dilemma” of the suburbs by creating a “land of ‘fishbowl’ houses”

where easy visibility threatened individuality and favoured the development of conformist behaviour (1-2). This “central dilemma” between privacy and visibility is fundamentally important to the suburbs and to their representation in popular culture: as Robert Beuka has pointed out, in novels and films the picture window came to represent the suburb’s “heightened sense of visibility”, while “tawdry behavior viewed through the picture window was to become a staple image in critiques of the suburban lifestyle” (92).

Indeed, the transparency conferred by the picture window effectively created a scene for the outsider looking in by framing the goings-on within the family home, particularly at night, something that novelists of the post-war years regularly touched upon. For instance, the possibility of neighbours witnessing transgressive behaviour, and the risks contained therein, formed part of the climax of John Updike’s novel *Rabbit Redux* (1971), when an unidentified individual appears at the picture window and witnesses an interracial sex act being performed in Rabbit’s livingroom between Harry, Skeeter, and Jill. This violation of the inner-outer, and private-public divide facilitated by the large living room window is understood as a threat by those inside the house (Jill “screams” upon seeing the disembodied “face”), while the voyeur’s eyes are likened to sinister “cigarette burns” that pierce the darkness (Updike 298). Updike’s likening of cigarette burns with the spectator’s eyes also connects the incident directly with the devastating fire that destroys the Angstrom home almost immediately after the incident occurs. This connection reinforces the linkage between the picture window,

conformity (meaning the policing of the self), visibility, and social control within the suburban context.

The picture window then allowed neighbors to conduct fleeting surveillances of their peers in their own homes. The resultant liminal space was understandably considered disturbing by those who prioritized privacy and the sovereignty of the American individual. Within the suburbs, Whyte commented, “privacy has become clandestine” as the picture window became a talisman for this new style of communal living with its emphasis on the presented image or façade that is so central to Frank Wheeler (353). The constant and easy visibility conferred by the picture window could be aligned with the ideology behind Jeremy Bentham’s concept of the panopticon. As Foucault explained in *Discipline and Punish*, the panopticon was a structure designed to “train or correct individuals” including psychiatric patients, prisoners, or schoolchildren by conferring the power of easy and constant monitoring (or the suggestion of constant monitoring) to staff held at a central point (204). The physical lay-out of the panopticon required supervision from a central position (such as a circular tower) over a myriad of smaller cells set out around the periphery of the observation post. These smaller cells have, Foucault explains, “two windows, one on the inside, corresponding to the windows of the tower; the other, on the outside, allows the light to cross the cell from one end to the other” (1977, 200). With this set-up, individuals held in each of the smaller cells are easily and constantly viewable by those in the central tower, although inmates should never be allowed to know at any

given time if they are being watched or not – instead, the assumption must be created that monitoring is constant.

This ambiguity over whether an individual is being supervised or not at any given moment effectively internalizes the mechanisms of power invested in the supervisory relationship and leads to individuals policing their own behaviour to align or conform better to collective requirements or expectations. As Foucault writes,

[h]e who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself... he becomes the principle of his own subjection (1977, 202-203).

While in a more contemporary society we might draw connections between this form of power structure and the rampant use of closed circuit television cameras (CCTV) as a strategy of crime prevention, it could be argued that these power relations can also be found in the transparency of the suburban picture window. These windows forced suburbanites to become more conscious of their conduct and of the fragility of the basis of their assimilation within the community.

As well as functioning as pseudo-panopticonic cell, the suburban home's picture window also, as Barbara M. Kelly points out, formed within its borders a framed image of "the house, which gradually became more and more like a stage – or... a television – setting" (84). This opportunity to effectively manage the vision presented to neighbours is what Frank Wheeler seeks to capitalize upon by placing the bookshelves directly across from the window, and by hiding the much more frequently utilized television set from

view. Frank therefore attempts to curate the image his neighbours have of him, and that he has of himself as a pseudo-intellectual. This reinforces the primacy of appearance in suburban communities as well as revealing the power structures at play in controlling and policing individual conduct within these neighbourhoods. Psychiatric interventions that destroy individual credibility through diagnosis and treatment function on this spectrum, just as the fire that burned down Rabbit Angstrom's home, as punishment for those who transgress community expected codes of conduct.

John Givings and the Importance of Appearance

John Givings is the most crucial character in the novel when it comes to discussion of madness, conformity, and the importance of superficial appearances. Before their first meeting, April nervously refers to John as a "real certified insane person" (182), and comments to her husband that, without his guidance, she would have treated John "like an animal in the zoo or *something*" during the visit (emphasis mine, 192). These comments belie April's view of those labelled mentally ill as less than human, while the emphasis she places on John's position as "certified" is extremely revealing and connect Yates's text with Cooper's position on psychiatric diagnosis as a form of "subtle violence" perpetrated on the chosen individual (Cooper 1970, 32). This violence should be defined not in physical terms but in terms of the subject's invalidation (although Cooper also charges biomedical psychiatry with direct violence against patients through shock therapies and the use of antipsychotics, which he, rather grandly, refers to as the "Abortifacients of the Spirit" (1974, 56)). Cooper argues that psychiatric diagnosis represents a

“social invalidation” of the chosen individual, whereby “almost every act, statement, and experience of the labelled person is systematically ruled invalid”, both past, present, and future, by the label of mental patient (10). Yates makes this connection when he has Frank Wheeler exclaim to his wife, after John forces them to confront uncomfortable truths about themselves,

“Don’t tell me; let me guess... Everything That Man Said Is True, Right? Isn’t that what you’re going to say?... Don’t you see how wrong that is?”

“No, why is it wrong?”.

“Because the man is insane... The man... is insane” (289).

When Frank cannot face the truths that John refuses to allow them to ignore, Frank’s only response is to delegitimize John and his criticisms, however accurate, through an appeal to his position as a diagnosed madman. April’s more ready willingness to agree with John’s statements, however unpleasant, demonstrates her greater desire to renounce the postwar suburban middle-class lifestyle (even if her fantasy of living and working in Paris is highly romanticized).

The profundity of the psychiatric label is also considered by Erving Goffman in his text, *Asylums*, which was published the same year as Yates’s novel. Goffman, a sociologist, argued that diagnosis with a mental condition required the linear reconstruction of one’s history to manufacture a retrospective teleology that incontrovertibly led to the moment of diagnosis. He wrote that a “case-history construction” results from scrutiny of a patient’s “past life, this having the effect of demonstrating that all along he had been

becoming sick, that he finally became very sick” and that “hospitalization” was both inevitable and in the patient’s best interests (1991, 135). Cooper, likewise, extends this grim connection between psychiatric diagnosis and social invalidation by suggesting that mental hospitals are where the force of this labelling process becomes truly effective. He writes that patients admitted to psychiatric wards “met with a massive reinforcement of the invalidation process that had commenced prior to their admission”, and, as a result experienced “the ritual of initiation into the ‘career’ of being a mental patient” there (1970, 96). John Givings plays upon the “mental patient” label, to which April Wheeler explicitly refers, through behaviour that correlates both with this diagnostic teleology and with community expectations of the “mad” individual's conduct. Since these offending characteristics are based solely on appearance and demeanor, Yates’s narrative forces readers to question the supposedly objective, scientific basis of biomedical psychiatric diagnostics, thereby challenging the legitimacy of binary categories of madness and sanity.

The first impressions the Wheelers have of John is that he is somewhat grotesque in appearance, and that his behaviour is both bizarre and possibly threatening. For example, when he arrives at the Wheeler home, Yates’s narrator describes him almost as a caricature of one’s impression of a madman. He writes that John bounded up to the Wheelers, shook their hands and then

his face burst into an astonishing grin. His cheeks drew back in vertical folds, two perfect rows of big, tobacco stained teeth sprang out between his whitening lips, and his eyes seemed to lose their power of sight (183).

This highly gothicized account dehumanizes John by reducing him to a roll-call of facial parts, each of which, in this hyper-focused, isolated description sound both confronting and terrifying (particularly the ghoulish white lips and the unseeing eyes). This impression is further conveyed by the narrator's description of John's expression as a "monstrous parody of a friend-winning, people-influencing smile" (184). Yates's narrator, I suggest, consciously constructs this inhuman vision of John to both mirror the Wheelers' apprehensions, as well as to enhance readers' expectations of John as the "other", the mental patient.

Other than his parodic smile, John's most striking feature, to the Wheelers, is his choice of dress. The narrator describes his clothing thus, beginning with John's "cloth cap" that

Wasn't the kind of jaunty little back-belted cap that had lately become stylish; it was wide, flat, old-fashioned and cheap, and the rest of his drab costume was equally suggestive of orphanage or prison: shapeless twill work pants and a dark brown button-front sweater that was too small for him. From a distance of fifty feet, if not fifty yards, you could tell he was dressed in items drawn from state institutional clothing supplies (183).

The homogenous way that institutions are banded together in this description (be they orphanages, prisons, or psychiatric facilities) of John's clothing is significant because it suggests there is a lack of substantive difference in functionality and objective between differing types of establishment.

Goffman's *Asylums* examines the analogies between these organisations, including the army, mental hospitals, prisons, and monasteries amongst others, and labels each a "total institution" in reference to the all-encompassing nature and impact of their structure upon individuals

ensconced inside. In Chapter Two, I will develop Goffman's idea of the total institution more fully in relation to Kesey's *One Flew Over the Cuckoo's Nest*, but the significance of his theories is relevant in the case of John Givings as well. The refusal of qualitative differences between prisons and healthcare facilities repudiates the therapeutic justification for psychiatric hospitalization on curative, medical grounds, and instead suggests that asylums function as warehousing for society's undesirables.

John's insistence upon wearing his hospital clothes during visits home, which his mother deduces he does for "spite", can be read as inherently political (185). Goffman has argued that by stripping a new patient of their own clothes, cosmetics, and other belongings with which they routinely maintain their appearance, the institution (the asylum or otherwise) is deliberately causing a "personal defacement", through which the patient's autonomous identity is drastically reduced or even debased (29). This can be seen in Mary Jane Ward's *The Snake Pit* (1946), when the novel's protagonist, Virginia Cunningham, is required to don a dirty gentleman's overcoat in place of her own garments, which, she is advised have "gone", without further explanation (199). The ward nurse, Miss Green, "throws" a pile of coats on the floor and instructs the women to put any of them on. Virginia is initially appalled at the treatment of the clothes but is even more horrified by the condition of the items she, and the other women, are being forced to wear:

[w]hen she started to button the coat she noticed that the front was covered with some sort of dried paste, not, she hoped, gravy that had been eaten and regurgitated, exactly what it looked like (198-199).

The soiled and unsuitable appearance of the coat, along with Miss Green's refusal to answer Virginia's question, reflects the social status of mental patients in American society as both dehumanized and devoid of a basic right to dignity.

All of this suggests therefore that the garments, or uniform, provided by the institution in place of the patient's own clothes diminishes their subjectivity, shared as it is with countless others, ultimately constitutes a metaphorical violence against personhood. For Cooper, this is precisely the situation within the asylum setting: he argues that "individual personalities are murdered" in psychiatric hospitals as persons are forced to conform to the role of mental patient (1970, 109). While this statement is characteristic of Cooper's often hyperbolic style, Yates's narrative supports Cooper's conclusion: by resolutely wearing his hospital issue clothing outside the institution, John is demonstrating this attack on his personal integrity, and the wider artifice of political freedom that exists within American society. John's clothing choice is dually significant since it both makes manifest his position as the "sacrificial scapegoat" of the community by forcing others to witness the violence socially sanctioned against him (Szasz 1971, 267).

In addition, however, as Tran has commented, John's sartorial choices also suggest that "freedom [is] an illusion... and institutionalization [is] the ineluctable condition of being" (203). This posits freedom and meaningful self-determination as impossibilities during a time that requires close behavioural conformity in order to maintain the appearance of American progress and exceptionalism. Whilst the Wheelers and their

neighbours have, on the surface, more liberty than John, his clothing functions as a signifier and reminder of pervasive structures of control that underpin the ideological moment whether one is incarcerated, hospitalized, or at 'liberty'.

In spite of his deliberate, and at times violent, rejection of polite society, John is in fact integral to its longevity. Aware of his inability to escape the cultural ideology of the time, John relishes his outward representations of the prison experienced by all. Instead of residing in a well-maintained suburban home and being confined by social codes of acceptability, John dramatizes the impossibility of ever fully relinquishing the chains of responsibility through his clearly visible punishment. In his rueful acceptance of the lunatic role, John in fact helps to *perpetuate* the system he seeks to protest against, and ultimately to escape. In his introduction to Foucault's *Madness and Civilization*, Cooper explains that our understanding of madness requires "others [to be] elected to live out the chaos that we refuse to confront in ourselves" and this is precisely the function that John undertakes within *Revolutionary Road* (viii). Instead of confronting and working to understand the contradictions Frank labels as "self-deceptions," these doubts and anxieties are instead externalized onto the figure of the madman, who is punished for everyone's secret transgressions (Yates 65). Givings functions as a warning to readers of *Revolutionary Road* of what may happen if one steps out of line, while simultaneously demonstrating the impossibility of a real alternative. Either one is "imprisoned in Brotherhood"

as Whyte puts it, or one is physically institutionalized as mad for protesting against the suffocating status quo (365).¹¹

John Givings: The Madman as Truth-Teller

Despite their reservations about meeting John in person, April describes him, much to her surprise, as “sort of nice... intelligent... brilliant... He’s the first person who’s really seemed to know what we’re talking about” (192). Indeed, the Wheelers and John have a striking amount in common, particularly in their views on rampant consumerism, suburbanization, and conformity. For example, John denounces the vapidness of the contemporary moment, arguing that:

You want to play house, you got to have a job. You want to play very *nice* house, very *sweet* house, then you have to get a job you don’t like. Great. This is the way ninety-eight-point-nine per cent of the people work things out... Anyone comes along and says ‘Whaddya do it for?’ you can be pretty sure he’s on a four-hour pass from the State funny-farm (187).

John’s assertion both cuts right to the core of capitalist ideology and directly reflects and replays the various monologues that Frank Wheeler performs in front of the Campbells and his wife. Both men point out that, in pursuit of consumer pleasure, one must sacrifice oneself in the process, submitting to a corporate lifestyle where one’s individuality is consistently eroded in lieu of greater economic attainment.

To perpetuate this system, individuals who feel empty and unhappy because of their unfulfilling employment or lack of autonomy must be

¹¹ John Givings explicitly refers to himself and his fellow patients as “prisoners” (Yates 282), reinforcing this sense of physical and ideological incarceration.

persuaded, through advertising and other consumerist ideology, that pursuing material wealth and purchasing unnecessary or luxury goods (including, one could argue, the procurement of therapeutic services) will replace this inner sense of despair. Cushman has claimed that this position was key to the post-war years, characterized by a “striving for self-liberation through the compulsive purchase and consumption of goods [and] experiences”, and, it could be argued, this ability and drive to consume came to define American ideals of progress and attainment (211). To that end, one could cite the famous so-called kitchen debate between Richard Nixon and Nikita Khrushchev in 1959, in which both men engaged in an impromptu verbal exchange on the merits of Capitalism and Communism respectively. Cushman has written how, during this debate, Khrushchev

baited Nixon by saying, in effect, 'You think your kitchen gadgets are so good? Ours are as good as yours'. Nixon retorted by saying, in effect, 'Oh yeah? Our country is better than yours because our housewives can choose what gadgets to buy. But the choices of your housewives are limited and controlled by your government! *The greatness of America lies in its freedom of consumer choice!*' (emphasis mine, 222).

This exchange, however crudely, reveals the paucity of American liberty by demonstrating how, despite the national emphasis upon political and individual freedom, Americans under capitalism are functioning under an ideology as much as their Russian counterparts (except for being able to choose a favoured brand of toothpaste or detergent).

This position lays bare the falsity of political narratives created during the twentieth century: as Richard Ohmann points out,

Both the war and the Cold War fostered a... polarized conception of the world. *They* were totalitarian monsters; *we* were an open society of free citizens pursuing a way of life superior to any other, past or present (emphasis original, 211).

John's comments however cut through the false ideology of American exceptionalism as laid out by Ohmann and reveal the superficial nature of the American illusion of meaningful political freedom: the divisions between communism and capitalism are revealed to be false exaggerations. As Cushman points out, in the post-war years, "[c]onsumer choice had become a measure of the ultimate good", the meaning of freedom in place of "political freedom" (222). John draws the Wheelers' attention to the futility of their continual struggle for personal satisfaction in such a context.

By pointing out these political illusions and misrepresentations, John has been described by Morris Dickstein as a "mad seer" more suited to "the Laingian counterculture of the sixties" than the American suburbs of the 1950s and a Yatesian mode of realist style (220).¹² Dickstein is correct to point out that several of the so-called anti-psychiatrists, including Laing, Cooper, and Foucault argued during the sixties that the mad (usually schizophrenic) individual was possessed of a keener perceptive ability than their 'sane' counterparts. For instance, Laing wrote in *The Divided Self* that "the cracked mind of the schizophrenic may let in light which does not enter

¹² This is a valid claim: when Yates engages with mental illness in other novels (such as *Disturbing the Peace*, published in 1975), the character in question, such as John Wilder, is depicted as increasingly and unquestionably unwell, experiencing hallucinations and psychotic breakdowns that are fundamentally different to the way John Givings is represented in *Revolutionary Road*. There is no suggestion in *Disturbing the Peace* that Wilder could be anything other than mentally unstable; there is no super-perception evident, only gradual breakdown.

the intact minds of many sane people whose minds are closed” (27). In addition, Foucault suggested in *Madness and Civilization* (translated by Laing and Cooper in 1961) that since the end of the Middle Ages, the ‘mad’ individual in literature and plays has often represented the archetypal “guardian of truth” whose function is to “remind... each man of his truth” (11). John Givings can be directly related to this archetypal ‘mad’ figure, whose function is to destabilize and disturb those apparently sane around him or her.

Cooper also offered an interesting position on the inversion of madness and sanity between the ‘sane’ and the psychotic individual by characterizing psychosis as an attempt to escape the claustrophobia of a social system based on appearances, self-alienation and estrangement. Acknowledging the audacity of his comments, Cooper mused that

One is even tempted to ponder on the daring hypothesis that in ‘psychotic’ families the identified schizophrenic member by his psychotic episode is trying to break free of an alienated system and is, therefore, *in some sense less ‘ill’ or at least less alienated than the ‘normal’ offspring of the ‘normal’ families*” (emphasis mine, 1970, 52)

This is an interesting interpretation of the mentally ill individual (particularly the schizophrenic) as the last bastion of a sanity based on individual autonomy and the ability to break free of the conformist zeitgeist (no matter how ill-fated such an attempt might be). This kind of statement demonstrates the hyperbolic nature of much of Cooper’s work, something he was criticized for throughout his career. For instance, Adrian Chapman has commented that Cooper’s statements on mental health and the wider social context often

“lack[ed] nuance... and tend[ed] towards sloganeering” (2). Regardless of Cooper’s audacity, Yates’s positioning of *Revolutionary Road*’s ‘insane’ character, John Givings, functions precisely in this way as a truth-teller who seeks to undermine the self-annihilating impact of suburban experience on American citizens.

That John is punished so harshly, through hospitalization and repeated shock therapies, for occupying this role raises grave questions for the psychiatric profession. John’s character forces readers to reassess the central assumption of psychiatry and medicine more generally - that illnesses are scientific facts and immune from cultural or political influence. As Timothy Aubry and Trysh Travis explain, for those who challenged this assumption (like Cooper) “categories designed to identify mental illnesses were not... neutral scientific descriptions of actual pre-existing conditions” (9). These pathologies are not, this argument maintains, simple and irreducible facts, but rather symptomatic of a wider and “coercive, ideologically motivated taxonomy designed to extend legitimacy and legal rights to those who adhered to social conventions while marginalizing those labelled [as] deviant or subversive” (Aubry and Travis, 9). In this reading one could assert that psychiatric diagnoses are in fact being utilized to justify the incarceration or treatment of anyone who challenges or seeks to subvert dominant power structures.

Accordingly, John Givings is acutely aware of the political nature of his diagnosis, and his proclamation to Frank that “[a]nyone comes along and says ‘Whaddya do it for?’ you can be pretty sure he’s on a four-hour pass

from the State funny-farm”, clearly highlights this cognizance (187). John relishes his revelatory position, knowing that under the guise of insanity he is able to pose disruptive questions and behaviors that would otherwise be unthinkable, giving him an air of authenticity that others (the Wheelers and the Givings alike) fundamentally lack. As a “madman” John is uniquely able to behave as he chooses because this unpredictability and recklessness is accepted as part of his mental illness. He has no credibility as an apparently free agent and so, ironically, his delineation as insane affords him a greater political freedom than his “sane” counterparts.

Manners, Miscommunications, and Family Ties: The Givingses

John Givings takes full advantage of this dichotomous position as both the freest and simultaneously most overtly institutionalized in Yates’s cast of characters. In addition to voicing his belief in the futility of personal happiness under the capitalist system, John delights in horrifying his mother with his flagrant disregard for manners and decorum. Mrs. Givings, it should be acknowledged, is especially attuned to the nuances of social niceties and affected gentility and who, as a real estate agent, continually sells the vision of the suburbs as an American idyll to new buyers. On one occasion, for example, John asks for his sherry to be served with ice in a high-ball glass during a visit to the Wheelers’ home; a request that makes his mother, rather dramatically, “want [...] to die” with embarrassment (Yates 185). During the same visit, John takes great pleasure in relaying his mother’s assessment of the Wheelers’ plan to move to Paris as “very strange” to April and Frank, again in an effort to embarrass her by undermining her agreeable façade by

making her duplicitous and gossipy nature obvious (187). John's delight in tormenting his mother is, I argue, a localized expression of his revulsion with the social superficiality, and his impatience with the lack of real communication or human connection in the suburbs. All of the relationships Yates portrays are, to varying degrees, characterized by misunderstandings or abortive attempts at communication that consistently fall short, and this is what John consistently rails against.

Furthermore, it could be argued that this pattern of miscommunication is so embedded in Yates's characters that often characters become alienated from themselves, unable to authentically communicate their inner emotional turmoil to others as Cooper's concept of self-alienation and estrangement suggest. This leads to, in Castronovo and Goldleaf's terms, characters becoming so "[c]aught up in managing impressions of themselves, [these] characters lose their identities" (50). In the case of Mrs. Givings, this unbroachable division between her feelings and her affected outward appearance comes sharply into focus when she bursts into tears in her bedroom, distraught over the loss of her youth and the possibilities that went with it. She cries because "she was fifty-six years old and her feet were ugly and swollen and horrible; she cried because none of the girls had liked her at school and none of the boys had liked her" (165). This short moment is relatable and honest, demonstrating a human vulnerability that Mrs. Givings rarely displays in front of others. Instead, Mrs. Givings predominantly presents a polished and highly affected image of herself, delivered in a voice that is often depicted as disembodied, demonstrating the schism between

her inner and outer selves. For example, when telling April and Frank about John, Yates's narrator switches between Mrs. Givings's inner thought processes, and the speech her voice is apparently performing autonomously: the narrative is peppered with terms like "her voice assured them" and "[t]he voice went on and on" (161). This dramatizes the split between what Laing might have termed the false-self system (to be discussed in Chapter Three) and her inner, more authentic self that remains conscientiously hidden from view.

Mrs. Givings prioritizes the preservation of her polished veneer even in her own home. Back in her bedroom, as soon as her tears stop, the narrator tells us that "all she had to do was go into the bathroom and blow her nose and wash her face and brush her hair" to regain her outward composure (165). Her sadness remains private and is never communicated: she goes downstairs "jauntily" to join her husband (who has turned off his hearing aid) and avoids any discussion of her outburst or of her emotional state more generally (165). Again, the narrative utilizes free indirect style to expose the superficiality of Mrs. Givings's apparently sunny disposition in this moment since the reader is given a privileged insight into her thoughts and secret actions. In order to increase the inauthenticity inherent in her deportment, the narrator mimics her speech patterns, destroying her thin and nervously guarded attempts to keep her dissatisfaction with her life a secret. For example, the narrator reports her "high, high hopes" and that she was "terribly, terribly, terribly disappointed" when the Wheelers declare their

intention to move, mirroring her tendency toward unnecessary exaggerations and even shrillness (165).

Mr. and Mrs. Givings function as a warning of what will become of the Wheelers if they remain in the suburbs: a warning that April Wheeler in particular heeds by the end of the novel through her fatal escape from her biological destiny. The older couple are entirely estranged from one another, existing in the same physical space but sharing no real emotional connection, nor any real sense of connected or discrete selves. During any conversations depicted between the two adult Givingses, misunderstanding and miscommunications are rife. For example, as mentioned, Mr. Givings often turns off his hearing aid when his wife is speaking, preferring the “thunderous sea of silence” to her inane chatter (337). On one occasion when Helen Givings is telling him about April and Frank moving to Paris, he tries to listen but is distracted by a story in the newspaper: “his eyes kept drifting down the newspaper in his lap. A twelve-year-old boy in South Bend, Indiana, had applied for a twenty-five-dollar bank loan to buy medicine for his dog, whose name was Spot” (163). The narrator’s inclusion of the details of the story means that the reader follows Howard Givings’s train of thought, until his wife’s voice creeps back into his consciousness, and he realizes that “he had lost the thread” of her conversation (the reader only knowing the subject of her monologue from the previous scene with the Wheelers) (163).

This pattern of missed communication and emotional estrangement is typical of Cooper’s conception of the middle-class family in the twentieth century, something he refers to acerbically (and outrageously) as a “fur-lined

beartrap” (1971, 6). He wrote that “[t]he bourgeois nuclear family unit... has become... the ultimately perfected form of non-meeting” (1971, 5-6). While Cooper’s meaning here is focused on the family as the site of socialization and control, rather than specifically referring to failed communication as demonstrated above, the correlations between Yates’s emphasis upon families and partners as strangers to one another, and Cooper’s take on the family structure as inherently alienating to individual members each pertain to similar positions. The family, according to Cooper, forces individuals to perform their social roles as ‘mother’ ‘father’ etc., rather than encouraging open interaction out with this framework, and seeks to curb each member’s autonomy in the process. Autonomy, as defined in this situation, is, for Cooper,

laying down the law for oneself, self-rule, and this implies an act of rupture by which a person breaks and breaks out of an imprisoning system in which his role, like that of each other’s, is only that of embodying the projections of another and then vicariously living out these vague hopes [and] ambitions (1967, 50-51).

Through Cooper’s definition of autonomy, John Givings’s psychotic break and his continued spiteful campaign of bullying against his mother represent clear attempts at rupture and self-rule denied to him by his family and by the wider social sphere.

To that end, Cooper warned in 1971 of the developmental dangers of stilted or failed autonomy in young children. He wrote that

[i]f one does not discover one’s autonomy in one’s first year of life and if one does not discover it... in later childhood, one is either driven mad in late adolescence, or one gives up the ghost and becomes a normal citizen (17).

John's anger towards his parents, particularly his overbearing mother, can be read as a Cooperian hangover from an overly controlling family, and, by extension, conformist society that hinders the development of individual autonomy. John is punished by society for his desire to protest the familial chains of the suburbs and cultivate self-control by psychiatric diagnosis, since, as Cooper points out, psychiatry is a tool of "family defense against autonomy on the part of its members" (1971, 11). John's destruction of the family home and his resultant forced removal to the asylum clearly demonstrates this connection between psychiatry, the traditional family unit, the suburban home, and social codes of acceptable behaviour.

April Wheeler: Unnatural Wife + Unwilling Mother = Mentally Ill?

If John Givings's only alternative to this chronic and lifelong self-delusion is imprisonment in madness, April Wheeler's fate is perhaps even bleaker. Fundamentally dissatisfied with her dual roles as wife and mother, April views both as an impediment to her independence and the reason for her squandered potential. Like Esther Greenwood in Sylvia Plath's *The Bell Jar*, she rails against the traditional family structure and of gendered behaviors expected of women during the post-Second World War years. To that end, April refers to the practice of 'settling down' once children arrive as an "enormous, obscene delusion" and as the "great sentimental lie of the suburbs" (112). April depicts herself, and her husband, as essentially trapped within the cultural expectations of their neighbourhood: she offers up the idea of the trip to Paris supposedly to allow Frank to achieve his intellectual potential, but the reader realizes long before Frank does that the real

impetus behind her plan is to allow her to adopt the role of breadwinner, free to leave the house and children behind. When April tells Frank “it’s your very *essence* that’s being stifled here. It’s what you *are* that is being denied and denied and denied in this kind of life”, the reader is aware that it is really herself and her own squandered potential she’s referring to, since the narrator points out the hollowness of her belief in Frank’s abilities (emphasis original, 115).

The suburban landscape, therefore, is conflated with female subservience and passivity. For Deborah Chalmers, this oppressive, patriarchal power structure is integral to the very design of the suburban community: indeed, she writes that “the built environment [of suburbia] tends to institutionalize... patriarchal relations” (87). These communities, according to Chalmers, were

not simply a response to the rising patterns of consumption [in] an expanding economy. [They were] also a material and cultural expression of the ideology of feminine domesticity: woman as homemaker (87).

Within the suburbs, women were effectively segregated within the domestic sphere as housewives and mothers, whilst their men commuted further and further distances into towns and cities for work. Robert Fishman agrees, arguing that “the new suburban house of the 1950s... existed precisely to isolate women and the family from urban economic life” (195). April feels this isolation keenly and bitterly regrets relocating to the suburbs. Whether accurately or not, April places the blame for both her and Frank’s unhappiness in the claustrophobic landscape that, according to Gordon et.al. lead to a high proportion of suburban women experiencing psychiatric

distress. In one survey of adult psychiatric patients in Bergen county (the Gordons' selected suburban site), for example, the Gordons reported that "[t]he number of disturbed young suburban wives is more than half again as big as the number of young husbands, and more than three times as big as any other group" (26).

In 1963, two years after *Revolutionary Road* was first published, Betty Friedan published her study into the overwhelming dissatisfaction with the domestic role experienced by thousands of housewives nationwide. In *The Feminine Mystique* Friedan wrote that although women were leaving college earlier than ever before in an enthusiastic pursuit of marriage and motherhood, the domestic bliss they envisaged never materialized, and reality was far more grueling than anticipated. Friedan interviewed many women who reported losing their sense of self during this process, with one saying she had:

[N]ever had any career ambitions. All I wanted was to get married and have four children. I love the kids and [my husband] and my home. There's no problem you can even put a name to. But I'm desperate. I begin to feel I have no personality. I'm a server of food and a putter-on of pants and a bedmaker, somebody to be called on when you want something. But who am I? (10).

This frightening and disorientating experience was repeated over and over again in Friedan's research, and was so prevalent and insidious that she referred to it as the "problem with no name" (11). April Wheeler is a classic example of this bored and unsatisfied suburban housewife. A reluctant mother and an unhappy wife, she deludes herself that she is satisfied and that her husband is the remarkable man she convinced herself he was when

they met. By the end of the novel, however, this façade crumbles and she tells Frank that he is nothing more than a “wonderful talker”, cutting through his deluded and rapidly eroding sense of self as an intellectual (290). April realizes the error she made in marrying Frank, understanding finally that she had acquiesced in a sentimental and overly romanticized vision of their initial flirtation that should have ended long ago, and now “all honesty, all truth, was... far away [and]... hopelessly unattainable” (304). The finality of this statement ultimately suggests that April’s late-term home abortion could be read as a suicide, with the violence done to her body mimicking the violence society perpetuates on women by forcing them to marry and to become homemakers, withholding in the process their chance at autonomous development.

Many of the women Friedan interviewed reflected April’s distress, confessing to feeling alone and deeply isolated in their distress and believing themselves to be defective in some way. Unhappy housewives were “so ashamed to admit [their] dissatisfaction” that, according to Friedan, they “never knew how many other women shared it” (8). Doctors and psychiatrists reported seeing many patients complaining of a vague but pervasive experience of discontent, depression, and anxiety. Indeed, so many women reported these problems that one doctor labelled it the “housewife’s syndrome”, while another called it “the housewife’s blight” (Friedan 10). Despite the similarity of their symptoms however, women largely concealed these thoughts, shamed by the suffocating feeling that they were in some

way to blame, or simply ungrateful, in spite of their comfortable and financially secure lives.

Women in particular who refused to accept their apparent biological destiny to be housewives and mothers were considered dubious and unnatural, and April Wheeler can be read as a classic example of these most socially suspect of cases. For Friedan, women who sought an alternative path to motherhood and housewifery during the post-war years were interpreted as having rejected their fundamental “nature as women, which fulfils itself only through sexual passivity, acceptance of male domination, and nurturing motherhood” (60). April’s desire to terminate her pregnancies is repugnant to Frank and fundamentally incomprehensible; her reluctance towards motherhood is understood as the “most unnatural of conjugal problems, a wife unwilling to bear [a] child” (Yates 220).

This disinclination on April’s part towards her role as housewife and mother is rationalized by Frank as symptomatic of a psychiatric disturbance, brought on by her non-traditional upbringing. April was raised by a group of aunts. Her only relationship with her father was a fleeting and unsatisfactory one, while her mother gave her up as a new-born, only visiting occasionally during her formative years. Frank attempts to excuse April’s unnatural reluctance to bear children, viewing it as intrinsically linked to these unorthodox early years: “[w]asn’t it likely, after all, that a girl who’d known nothing but parental rejection from the time of her birth might develop an abiding reluctance to bear children?” (225). Concern over the lasting impact on children’s mental health from unhealthy or unusual family dynamics was

rife during the post-Second World War years even prior to warnings from Bateson, Laing, Esterson, and Cooper, and Frank's comments draw direct attention to this anxiety. For Weinstein, this rationalization was typical of the post-war period, when psychotherapists "attempted to use therapeutic means to address social ills such as delinquency and prejudice [by] attributing these ills to pathological families", and that media outlets (particularly television) regularly disseminated diatribes on the dangers of overbearing mothers and absent fathers (5). For instance, Weinstein writes that in 1959 a TV show was aired titled "The Fine Line" that starkly advised viewers that the "seeds of insanity could be lurking in your own home" (1). The family became the front line in the defense against madness, and Frank's rationale that April's childhood spent away from her parents and surrounded by women was responsible for her reluctance to engage fully with her gender-defined destiny would have been understandable to readers of Yates's text, published just two years after "The Fine Line" aired.

In the Wheeler home, April's rejection of her role as a nurturing mother is, for Frank, a direct result of this unconventional family background. Going directly against what he believes to be the natural feminine attitude, Frank understands this rejection as a clear indication of mental instability. Although he is careful not to utter these words directly, the narrative voice tells us that "he managed to say it several times in several different ways" (Yates 224). Frank's desire to believe that his wife is ill (rather than to respect, or even consider, that she does not want to bear his children) leads to his suggestion that she seek help from the medical profession in an

attempt to resolve their conflict. He tries to persuade her, arguing that “assuming you *are* in some kind of emotional difficulty, assuming there *is* a problem of this sort, don’t you see there *is* something we can do about it? ...We ought to have you see a psychiatrist” (emphasis original, 226). That Frank’s only response is to medicalize April’s protest is telling. He ignores any other legitimate reason for April’s unwillingness to have more children, and instead tells her she is mentally defective.

April understands the motivation behind this will to marginalize and discredit any protest against the expected behaviors of her gender. Indeed, she tells Shep Campbell after their tryst that her unhappiness with her life stems from “my own Emotional Problem” (257). The capitalized “E” and “P” demonstrate the ideology at play here. April’s unhappiness is categorized as a personal issue; there is no recourse allowed to blame society for her sadness. Instead, she must internalize it, and bear the shame herself. It is she who is damaged and ungrateful, rather than a participant in a social system that has forced her into a repressive and meaningless life and marriage. Cloud points out that

[T]he therapeutic, as a situational, strategic discourse... dislocates social and political conflicts onto individuals or families, privatizes the experience of oppression and possible modes of resistance to it, and translates political questions into psychological issues to be resolved through personal, psychological change (xix).

Simply put, it is far safer for the dominant socio-political ideology of the time to label unhappiness or dissatisfaction with the status quo as an emotional, and therefore highly individualized problem, rather than exploring the legitimacy of these experiences as rooted in an unsatisfactory or repressive

society. To that end, Rose argues that “the therapeutic worldview is a smoke and mirrors game, inviting people to believe their problems lie in themselves, not in the world” (11). This approach forces individuals to “adjust their attitudes rather than fight against injustice”, effectively neutralizing any possibility for socio-political protest (Rose 11). By removing or pacifying those who defy social convention, all challenge is effectively negated, and the system can continue undisturbed. The climax of *Revolutionary Road* reinforces this propensity to situate blame with the aberrant individual. When April Wheeler dies following a late-term home abortion attempt, Frank (who, despite his own lack of desire for another child, had been determined to prevent the termination) exclaims “she did it to herself”, absolving himself and society for its part in her decision and violent demise (320).

When American psychiatrist C. C. Burlingame ran for president of the American Psychiatric Association in 1948 he categorically declared that psychiatry was a “scientific medical [discipline] and not one... trying to tell everyone else what to do and how to live” (qtd. Herman, 8). By the 1960s, however, this could no longer be taken for granted. Instead, the legitimacy of psychiatric labelling and therapeutic interventions were challenged not only by those somewhat clumsily grouped together as “anti-psychiatrists”, but also by American authors including Richard Yates, Ken Kesey, Sylvia Plath and Joanne Greenberg. *Revolutionary Road*, in common with these other sceptics of biomedical psychiatry, seeks to destabilize the supposedly constant binary categories of madness and sanity. Yates’s text forces readers to “re-evaluate certain... behavioural states that are regarded as

morbid” through characters like April Wheeler and John Givings, and to understand psychosis or other unconventional behaviours as “more or less abortive or successful strategies to achieve autonomy and self-consistency” (Cooper 1971, 12). Accordingly, Cooper and Yates, I argue, similarly position psychiatric diagnosis and treatment as punishment for committing socially transgressive acts or behaviours. Madness and sanity are inverted for both Cooper and Yates, with the madman or madwoman becoming the ‘sane’ individual, while the ‘sane’ suburbanite can be characterized as passive, self-alienated, and mindlessly conformist.

This is why Yates’s choice of setting is so important: the suburbs occupied (and perhaps continue to occupy) a uniquely circumscribed social setting that simultaneously represents American materialist success but also American conformity and frustration in the wider cultural consciousness. This setting exposes a pointed tension in American society between the freedom of the individual and the primacy of autonomy, with the need to project and maintain a façade of progress and exceptionalism. By challenging this façade, whether through violence against the built environment of the suburban dwelling or through rejection of the domestic feminine role (and therefore of the ideological primacy of the family), individuals risk being extricated from their surroundings and treated as mentally ill.

This suggests that therapeutic intervention functions as social cleansing designed to remove aberrant individuals and to act as deterrent or warning to the rest of the community. In *Revolutionary Road*, both John Givings and April Wheeler represent the need to marginalize or discredit

those who refuse to align themselves with the zeitgeist of the time: April recoils from motherhood and chooses physical violence against the fetus inside her, and her own (accidental?) death instead of submitting to the ideology of traditional gendered behaviors demanded of her; while John Givings is punished for exposing the self-delusions and underlying anxieties hidden close to the surface of suburban life. Givings forces his family and neighbors to confront the ruptures in the dominant ideology of the time, and revels in his knowledge of freedom as a false construct for both himself, his fellow inmates, and those out-with the walls of the institution. In consequence Yates's novel, when read alongside the theories of those skeptical of psychiatry's scientific neutrality, demands that readers probe the meaning of mental illness and ask ourselves where medicine ends, and socio-political control begins.

Chapters One and Two, taken together, offer a 360 degree view of the psychiatric experience, from the outsiders viewing the madman with horror and curiosity, to a patient's perspective of mental health care within the psychiatric facility. In the following chapter on Ken Kesey's *One Flew over the Cuckoo's Nest* read through a Szaszian framework, I expand upon the anxieties prevalent in *Revolutionary Road* surrounding the legitimacy of psychiatric diagnosis and treatment. Moving beyond Yates's suburban setting, Kesey's novel takes the reader inside the mental hospital and offers a first-person perspective of the closed ward system: exposing along the way the restriction of patients' civil liberties, their systematic infantilization, and the violent project of adjustment that labels itself as treatment.

The Asylum and the Erosion of the Individual: *One Flew Over the Cuckoo's Nest*

While Yates's *Revolutionary Road* gave readers an insight into psychiatric influence in the community, Ken Kesey's famous 1962 novel, *One Flew Over the Cuckoo's Nest* takes the reader inside the institution itself. Kesey's text takes Yates's skepticism over the legitimacy of psychiatric medicine even further, explicitly demonstrating the violent, dehumanizing, and punitive motivations for the use of treatments like shock therapy and lobotomy, where Yates's reservations were largely implicit. Kesey's text rejects the possibility of genuine patient recovery and psychiatric rehabilitation since, in *One Flew Over the Cuckoo's Nest*, psychiatric diagnosis and treatment are shown to be tactics utilized to weed out the socially unwanted rather than to treat the genuinely sick. Diagnoses of psychopathy and schizophrenia in particular are shown to be the labels applied to troublemakers, the undesirable, or those who struggle to assimilate themselves into an industrial society that, as in Yates's text, undermines or denies the possibility of individual autonomy.

To this end, like the majority of other novels considered herein (except for Joanne Greenberg's *I Never Promised You a Rose Garden*), *One Flew Over the Cuckoo's Nest* utilizes interactions with psychiatry and the psychiatric institution allegorically, using psychiatric confinement as political synecdoche to explore the major thematic concerns of the early 1960s. These underlying contentions can be understood, according to Andrew Foley, as the growing discordancy between "individual liberty" and the concurrent "oppression" of autonomous personhood in post-war America (40). *One Flew Over the Cuckoo's Nest*, alongside Kesey's second novel, *Sometimes a Great Notion*, use their various settings effectively to explore

this mid-century prioritization of the collective over the autonomous individual, understood as an inherent and immediate threat to the Emersonian tradition of American individualism. In this chapter, then, I will read Kesey's first novel through this tension between individual freedom and collective (or state) power. I will demonstrate, by reading Kesey's narrative alongside the theoretical positions of controversial psychiatrist Thomas Szasz, that biomedical psychiatry represents a political tool for the enforced adjustment or suppression of those who cannot, or will not, assimilate into a conformist, post-war American society. I will also highlight Kesey's part in a cultural heritage of protest writing, via the Beat writers of the 1940s and 1950s, and demonstrate how these influences manifested themselves in Kesey's later writings in the 1960s.

These tensions between the individual and the state had come to the fore in the years following the end of the Second World War as discussed in relation to *Revolutionary Road* in Chapter One. As Thomas Newhouse explains, sociologists and other non-literary writers including "William Reich, especially in *Listen, Little Man* (1948); David Reisman, in *The Lonely Crowd* (1950); C. Wright Mills, in *White Collar* (1951) and *The Power Elite* (1956)" had pinpointed a "new consciousness by expressing contempt for the passive, well-adjusted consumer" (3). This was something Ken Kesey was keenly aware of, and his life and literary works can be seen to prioritize the rights of the American patriot as fiercely individualistic, following the ideologies established by Emerson and other pioneers. As his biographer, Rick Dodgson has commented, "Kesey... spent most of his existence living

out [the] myth [of rugged individualism] both in his work... and in his personal life" (76). Dodgson's view is confirmed by the importance of this mythology throughout Kesey's novels.

Sometimes A Great Notion: Emerson, Individualism, and the Stampers

Tensions between the individual and the collective were so central to Kesey's work that, upon his death in November 2001, the *L.A. Times* explicitly described *Sometimes a Great Notion* in his obituary as a "gritty Pacific Northwest adaptation of Ralph Waldo Emerson's seminal essay 'Self-Reliance.'" (Brinkley 1). "Self-Reliance", written in 1841, has become one of Emerson's most famous works, and argues vehemently for the primacy of individualism over the community, and in support of those he labels as "nonconformist". Emerson writes,

Society everywhere is in conspiracy against the manhood of every one of its members. Society is a joint-stock company, in which the members agree, for the better securing of bread to each shareholder, to surrender the liberty... of the eater. The virtue in most request is conformity. Self-reliance is its aversion (261).

Although these words were written over a century earlier, Emerson's concerns (including the gendered implications of the term "manhood") were highly pertinent to mid-twentieth-century readers, and for Douglas Brinkley, *Sometimes a Great Notion* sought to explore these anxieties. To this end, Kesey's tale of the Oregon logging family, the Stampers, depicted "rugged individualism [as] the prize attribute in a society dominated by nuclear weapons, Orwellian Groupthink and Public Opinion Polls" (Brinkley 1). In this

conceptual company, individualism, however stubborn, becomes a political stance against post-war conformity.

The Stampers maintain their obstinately self-reliant position throughout the novel, emphasized by their family motto, “NEVER GIVE AN INCH”, which both literally and figuratively replaces the statement “blessed are the meek” on the Stamper nursery wall (1977, 31). Even the family’s isolated position within the wild Oregon landscape evokes this ideology, with the family home set apart from the local community, built on the river’s edge where it somehow alone defies the power of natural erosion. Instead of carefully planning where to build their home, considering the “yearly six inches the Wakonda Auga [the river] takes as its yearly toll” (1977, 3), the Stamper home stands in a splendid isolation on the banks, where it “acknowledged no zone of respect for nobody and surrendered seldom a scant inch, let alone a hundred or so yards” (1977, 4). This position mirrors the conflict between the Stamper brothers and the local community, centred around the Stampers’ decision to break a logging strike for personal profit.

Sometimes a Great Notion has been understood by critics such as Barry H Leeds as more mature in terms of character development and prose style than *One Flew Over the Cuckoo’s Nest*, with a movement towards complex non-linearity and shifting narrative perspective that lend a “sophistication” to the text that is both “impressive and gratifying to the reader” (60). Whilst there is merit to Leeds’ comments, this chapter will focus on Kesey’s first novel *One Flew Over the Cuckoo’s Nest*, in order to demonstrate how the narrative’s choice of setting within the psychiatric

institution functions synecdochally to illustrate the tension between an Emersonian conception of American self-reliance and the increasing authority of the bureaucratic state in the post-Second World War years that runs throughout both texts.

Kesey, the Beats, and the Counter-Culture

Psychiatry, for Kesey, operates as a singular (albeit powerful) branch of an overall system of mass-subjugation that seeks to quash individual autonomy to preserve the illusion of a harmonious status quo. As in *Revolutionary Road*, psychiatric interventions function as tools of a social police force, while the institution itself represents the locus of punishment through violence and procedures falsely labelled “treatments”. These included shock therapies and lobotomies carried out to achieve adjustment to social norms and/or the brutal suppression of those seen as troublemakers. These politically charged themes directly connect Kesey’s novel with the cultural counter-narrative against the increasing power of psychiatry that I argue comes to the fore in the literature of the early 1960s. By revealing the ‘true’ underlying impetus behind psychiatric intervention Kesey’s text entirely rejects the veneer of medical legitimacy conferred upon psychiatry, and instead demonstrates its position as state-sponsored conduct corrector and subjugator of personal autonomy.

These concerns have also been broadly linked to another group of writers whom Kesey claimed as influences upon his own work. Known as the Beat Generation, this group, particularly active in the immediate post-Second

World War decades, centred around literary works by Jack Kerouac, Allen Ginsberg, and William S. Burroughs, amongst others. Kesey has been included in this group by some writers: Ann Charters included Kesey in her anthology of Beat writers (although even here Kesey's allegiance with the Beats is one of influence and continued stylistic evolution rather than strict imitation) (13).

The Beat movement is notoriously hard to define, however. To that end, David Sterritt has argued that, although the group could more accurately be described as a "loosely knit collective rather than an organized movement", these writers nevertheless "shared a deeply felt disappointment with the shallowness and acquisitiveness of American culture" at the mid-century, that manifested itself as an "angry assault on the conformity... of postwar society" (1). These are values that manifest themselves throughout *One Flew Over the Cuckoo's Nest* and Kesey has explicitly cited each of the three writers mentioned above as influences on his work. Kesey was so impressed by Kerouac's 1957 novel *On the Road* when it came out that he read it several times, memorializing the moment in his short story about the death of Neal Cassady titled "The day superman died". In the story Kesey wrote that his protagonist, Devlin Deboree (a fictionalized self-portrait), had "read it three times before... heading off to California. Hoping ... to join that joyous voyage, like thousands... inspired by the same book...and, of course, its incomparable hero" (71). Kesey even wrote what Charters termed an unpublished "North Beach novel" ("Zoo") referring to the famous Beat hangout in San Francisco where Allen Ginsberg gave the first public reading

of his ground-breaking poem "Howl", and where Kesey sought out Neal Cassady, the inspiration for Kerouac's Dean Moriarty (307).

Kesey reiterated this profound admiration for Kerouac's work thirty years later, when he told Peter Faggen that he was saddened by his own failure to tell Kerouac "how much his work meant to me" during their disappointing first meeting at a party arranged by Neal Cassady (152). Tom Wolfe later characterized this encounter as awkward, with each man standing in an uncomfortable silence, symbolically separated by Cassady. Wolfe wrote, "Kesey and Kerouac didn't say much to each other", and the feeling was that "Kerouac was the old star" while Kesey "was the wild new comet from the West heading Christ knew where" (94). Although this statement was written four years after the event, and much of Wolfe's recounting can be regarded as unreliable, this remark echoes comments made by critics who have interpreted Kesey as a transitional figure in literary history, connecting the Beat generation with the hippies of the 1960s. As Ann Charters commented, "As a writer Kesey served an important historical role, with Neal Cassady, of linking the Beats with the later psychedelic generation" (314). Neal Cassady, standing in between Kesey and Kerouac at the 1964 New York party recounted by Wolfe, can be understood as the physical lynchpin connecting the Beat's "protest writing" (as labelled by writer Seymour Krim) and the counter-culture of the 1960s that Kesey would come to typify (10). The ideological lynchpin was that of the

primacy of the individual and the authentic in an increasingly commodified and sanitized society policed by psychiatry.¹³

Cassady played a fundamental role in Kesey's development, as well as connecting Kesey with the Beats by association. Later the driver of Kesey's psychedelic school bus "Furthur", Cassady was intimately linked with works by central figures of the Beat movement. He was the inspiration for the lusty, carefree figure of Dean Moriarty in *On The Road*; the model for John Clellon Holmes' Hart Kennedy in *Go* (labelled as the first Beat novel, published in 1952); and the "secret hero" of Allen Ginsberg's notorious poem "Howl" (Ginsberg 128). One could even suggest that Cassady as a cultural legend was influential in the development of Kesey's hyper-masculine anti-hero, Randle P. McMurphy, who tells his fellow patients in *One Flew Over the Cuckoo's Nest* that he's locked up for "fight[ing] too much" and "fuck[ing] too much" (18). The similarities between McMurphy and Cassady are clear: Ginsberg described Cassady, his friend and sometimes lover, as the "cocksman and Adonis of Denver" in "Howl" (128), and, as Gerald Nicosia has pointed out, Cassady ran into trouble in Denver after getting "several girls pregnant", as well as juggling lovers of both genders (95). Although Cassady, unlike McMurphy, had a life-long aversion to violence, he was well-known to law enforcement across the United States as a "hard-core thief"

¹³ This connection between psychiatry and spiritual impoverishment in a commodified, conformist America was touched upon by Krim when he wrote that "Beat writing... didn't come out of nowhere, even though it hit us that way; it came, grew, then overthrew the gags of taste and repression out of an awful soul-need that couldn't be petted and then put back in its cage by psychiatry" (11). Psychiatry, in Krim's reading, represents a tranquilizing force that protects the socio-political zeitgeist.

who, before his twenty-first birthday had stolen “some five hundred cars” (Nicosia 95). Cassady showed a blatant disregard for penal codes and social obligations, but despite these flaws, Kesey told Faggen that Cassady was a “great teacher” and a “hero” to him and later to his associates, the Merry Pranksters, on their cross-country trip in 1964 (150). Cassady ultimately reinforced Kesey’s belief that “living an adventurous or reckless life was a way to make one’s existence more meaningful”, something clearly applicable to the figure of McMurphy in *One Flew Over the Cuckoo’s Nest* (Dodgson 46).

Whilst Cassady was not an established writer in his lifetime (and even after his death is better known for his letters and personal associations than his novel, *The First Third*, published posthumously in 1971), according to Nicosia, Cassady is nonetheless responsible for changing “the course of American literature” through his influence on writers like Kerouac, Ginsberg, and even Kesey (98). One example of Cassady’s influence can be found in his “Great Sex Letter” to Kerouac, penned in 1947, that described Cassady’s attempts to seduce two women on a bus journey to Colorado. The letter ended with a postscript that read “Please read this illegible letter as a continuous chain of undisciplined thought” and, in Bill Morgan’s words, this glib recommendation “was a revelation” to Kerouac, allowing him to see “that it was possible to write in the same manner as people spoke... from then on, he tried to make his written work sound as unaffected and natural as his spoken words” (26-27). The immediacy and sense of authenticity that Kesey so admired in Kerouac’s writing stemmed from this moment.

Kesey commented in a 1963 interview with Gordon Lish that he understood Kerouac not as a novelist but as a “reporter”, and that a “thousand years from now when [people] want to know what was going on in our day, they’ll have to read Kerouac” (23). This statement demonstrates Kesey’s appreciation of individual authenticity as crucial to the impact and effectiveness of Kerouac’s writing, and reinforces Beat writer John Clellon Holmes’s assertion that “everything self-conscious and artificial that separates literature from life... has to go” (24). This sentiment prioritizes communication between individuals, the reader and the writer, rather than paying heed to literary conventions or style. Thus, Kerouac was inspired to write spontaneously, in long sessions fuelled by caffeine and drugs, as did Ginsberg (although Ginsberg was not averse to editing or revisions, as Kerouac was). In this way, Beat writers sought to convey individual experiences as directly as possible with their readers, endeavouring to establish a new, flourishing form of literary expressionism and creativity.

These were beliefs that Kesey shared and sought to propagate: in an interview with Pacifica Radio in 1965, for example, Kesey reflected upon the practice of teaching children how to write properly (with regards to grammar for example), and the implications that this instruction has upon the future expressive potential of the evolving individual consciousness. Kesey states that once the school children in his example had completed a story-writing task, their teacher:

Had gone through [the stories] and corrected [their] mistakes and brought them into line grammatically, making sense, tense and stuff. Well, what did the child learn from this experience? Not how to express oneself,

but the child learned at this point that there is an accepted, correct way to express, to communicate, and that anything that veers outside of this is marked with a red ballpoint pen. And so we're locked inside of this thing (Pacifica Radio 32).

Compliance with structures that bind expression to firmly-established frameworks ultimately, for Kesey, remove any creative integrity or revolutionary potential from the writing process. The function of literature, in Kesey's opinion, was its revelatory communicative potential, something he admired in Beat writers like William Burroughs, Jack Kerouac and Allen Ginsberg. According to Faggen, Kesey claimed that "the job of the writer is that of an exterminator. You're trying to battle the evil bugs that have crawled into our works and get in the way of exploring the hollow" (159-160). By only propagating a narrow conception of what literature could and should be, the potential of the form is diminished. The novelist has "sold out" and the form no longer holds communicative worth between writer and reader, rather it endlessly regurgitates aesthetic reworkings of older texts (Pacifica Radio 32). This was why, after the publication of *Sometimes a Great Notion* in 1964, Kesey abandoned writing for a period to focus on more immediate forms of aesthetic expression, like his film of the Merry Pranksters' trip across America.

Other than the Beat writers Kesey admits to admiring, he also singles out those like Herman Melville who, in Kesey's words, "had a vision in his mind of what [Moby Dick (the novel)] was going to look like, and he trusted himself to follow it through all the way" (Faggen 157). Kesey was also influenced by William Faulkner, whose prose Kesey views as neither self-

aware nor inhibited because it “doesn’t have time for a mirror. It’s tumbling and tumbling, and this takes trusting and courage” (Faggen 156). This admiration for individual artistic or intellectual integrity is shared by Emerson, whose “Self-Reliance” essay opens by praising the bravery of a person who trusts their own vision, instead of supinely prioritising the words of those gone before. Emerson writes that “[a] man should learn to detect and watch that gleam of light which flashes across his mind from within, more than the lustre of the firmament of bards and sages” (259). In this essay Emerson is at pains to convey that the greatest potential lies within the individual, and that the individual should be raised up to achieve that potential unhindered by social rules or obligations to the wider collective. Societal responsibility, for Emerson, relentlessly dulls the potency of its individual members. This is a message Kesey is also at pains to communicate throughout *One Flew Over the Cuckoo’s Nest* in the tension between Randle P. McMurphy as an enlightening (but destructive) force, and the Combine (Chief Broom’s characterization for corporate, conformist America), represented by the psychiatric ward controlled by Nurse Ratched.

Individual experience was fundamental to Kesey’s choice of setting for his debut novel. As John Clellon Holmes wrote in the introduction to his novel, *Go, Beat* writers often wrote “directly from our own lives” to better communicate their experiences with readers (qtd. Charters and Charters 177). Kesey approached his work with a similar ideology, albeit understanding himself as a “parabolist” rather than a “reporter” in the Kerouac sense (Lish 17). By this, Kesey explains, he doesn’t

ask my reader to believe characters or situations exist anyplace other than in our minds” but that they are possible, in order to convey a particular moral point (Lish 17-18).

Kesey based his work on real-life experiences and took the necessity of individual experience so seriously that he voluntarily agreed to undergo electroconvulsive therapy while working at Menlo Park VA Hospital’s psychiatric ward because he believed that “writer[s] must work from what [they] know” (Lish 16).

Kesey and Thomas Szasz

These extreme lengths earned Kesey the admiration of Thomas Szasz, who wrote to Kesey that, in his opinion, *One Flew Over the Cuckoo’s Nest* was a “tremendous achievement” and that he

couldn’t help trying to guess how you had figured out so much about the mental health game, and my first guess was that you had put in some time as an attendant. But I certainly would never have guessed that you had tried EST: my hat is off to you (4 March 1963).

This was not the only correspondence between Szasz and Kesey. Other letters exist that demonstrate their respect for one another, such as Kesey’s comment that it would be an “honor” for Szasz to include excerpts from *One Flew* in an upcoming book by Szasz (28 February 1963), as well as Kesey’s comment “Long Live Thomas Szasz!” in a letter decrying electroconvulsive therapy to *Madness Network News Reader* in 1974 (180).¹⁴ We can surmise from these communications that Kesey was familiar with Szasz’s libertarian

¹⁴ Unfortunately, Kesey was not featured by Szasz in the final version of Szasz’s book titled *The Age of Madness* (1975). I have been unable to find any correspondence between Szasz and Kesey’s publisher to ascertain the reason for this omission. Sylvia Plath’s short story “Johnny Panic and the Bible of Dreams” does feature, however.

position on involuntary institutionalization and psychiatric intervention laid out in *The Myth of Mental Illness* (1961) around the time of the novel's release.

Personal autonomy and self-responsibility were profoundly important to Kesey and formed the lynchpin of his political ideology, emphasizing this connection with the libertarian Szasz. This position is evident not just in his books, but also in the way he chose to live. During Kesey's trip across the United States with the Merry Pranksters in 1964, for instance, every individual member was expected to look after themselves, without relying on others for support. Those unable to withstand the relentless pace of the journey were expected to recognize their deficiencies and leave, instead of holding up group progress.

Kesey defined this as either being on or off the bus, and this philosophy was rigidly implemented even in the case of illness. Several Pranksters either left or were taken ill during the trip, with a number being committed to psychiatric institutions en route. Cathy Casamo, also known as "Stark Naked", was one of the pranksters who received psychiatric treatment during the trip across America (in her case after being arrested) and who was left behind by the group. According to Wolfe's account, she ended up in the "County psychiatric ward, and that was that, for the Pranksters were long gone" (82). Interestingly, given the anti-psychiatric message inherent in Kesey's book, Casamo's partner, Larry Hankin, claimed that when he asked the Texas police department why Casamo had been taken to the local asylum in Houston, he was told it was because "She bit the arresting officer", to which he replied incredulously, "What's that got to do with anything?"

That's resisting arrest: the county asylum for resisting arrest?" ("Cathy's Disappearance").

Wolfe described Kesey's stance in his account of the Merry Pranksters' trip across America thus:

'There are going to be times... when we can't wait for somebody. Now, you're either on the bus or off the bus. If you're on the bus and you get left behind then you'll find it again. If you're off the bus in the first place – then it won't make a damn' (78).

Emphasis for Kesey was on individual members of the group as responsible for themselves, and the group therefore as a collective of self-reliant autonomous members with a common goal. The ideal community, for Kesey, would be a group where each individual shared what Szasz called the "double-edged sword" of autonomy that safeguards freedom on one hand and "requir[es] responsibility on the other" (1983 16).

This vision of the communal ideal corresponds with Emersonian ideology and therefore connects Kesey's society of autonomous individuals within a specifically American intellectual lineage. Emerson argued that "the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude" (263). There is, however, an obvious problem with this position: how can an individual function in, and retain, complete self-reliance within a community that demands connections between individuals to function? This dualism seems improbable and even impossible. For George Kateb, the ideal Emersonian community is based upon a "theory of democratic individuality" where each citizen strives "to be what [they] are", so that the

[W]orld will be better off and all the better without the deliberate attempt to make it better [this refers to Emerson's derision of charity]. It will be better because it will be more moral, but also more human. It will be more human because the world will be made up of individuals rather than masses, of individuals, not dependents and recipients, not instruments and followers (139).

Emerson's derision of what Kateb refers to as the "masses" derives from his belief that social relations inhibit individual potential, and that men who abide by social conventions necessarily temper their creative and moral possibilities to remain within the safe confines of the group.

This, for Szasz, Kesey, and other Beat writers like Seymour Krim and Allen Ginsberg, is where psychiatry comes in as a socio-political tool. In his 1973 work, the *Manufacture of Mental Illness*, Szasz argues that the term "mental illness" can be reduced to the "psychiatric denigration of nonconformists" and indeed, these various writers, including Kesey, support this argument through their work (23). In his essay, "The Insanity Bit" (1960), which Szasz reproduced in his collection, *The Age of Madness*, Seymour Krim describes his harrowing experience as a psychiatric patient at the mid-century and labels the mental institution a "human assembly line" that cares little (or not at all) about the humanity of its patients (64). Krim wrote that, during his stay he experienced "needless" electroshock therapy that "clubbed [his] good brain into... unconsciousness" (64) and he saw that

[I]nsanity and psychosis can no longer be respected as meaningful definitions but are used by limited individuals in positions of social power to describe ways of being and thinking that are alien, threatening, and obscure to them (emphasis original, 67).

Just as Szasz rejects the medical legitimacy of the terms “madness”, “mental illness”, and other associated nomenclature and classifications as “metaphors”, Krim here reveals the underlying socio-political power of psychiatry to dictate and enforce adjustment to behavioural norms upon those who fail to assimilate harmoniously into society.

Allen Ginsberg: *Howl* and Psychiatric Cruelty

Allen Ginsberg, friend to and literary influence upon Kesey, was also profoundly aware of psychiatry’s position within the context of individual and social control, understanding the discipline as part of a violent machinery designed to oppress troublesome citizens. Kesey told Todd Brendan Fahey in 1992 that Ginsberg, in his opinion, was a “warrior first and a poet second”, something he sought to emulate in his novels, including *One Flew Over the Cuckoo’s Nest* (130). Unsurprisingly therefore, throughout Ginsberg’s poetic career themes of threatened or frustrated personal liberty are common, as are instances of oppression. Paul Christensen has commented that, “from his earliest writings, [Ginsberg] has been the champion of individual freedom, and his lifelong adversary has been social control” (215). Ginsberg’s poem “Howl”, first performed publicly in 1955, offers a particularly violent exploration of these issues with psychiatry at their core.

Dedicated to Carl Solomon, a patient in the New York Psychiatric facility where Ginsberg was placed for “rehabilitation” after police discovered his flat to be “a cache for stolen property”, “Howl” has been understood as fundamentally important to the Beat movement and mid-century protest

writing more generally (Christensen 221). Critic Jason Shinder, for instance, has described *Howl* as “the critical ‘outsider poem’ of the modern era” (xxii), identifying the aloof stance of the poetic voice, observing morosely the destruction of “the best minds of my generation” in an American spiritual wasteland characterized by desperation and disillusionment (L1, 126). Ginsberg writes in part one of *Howl* that these “best minds” were, in distress, given “the concrete void of insulin/ metrasol electricity hydrotherapy psychotherapy /occupational therapy pingpong and amnesia” (L 179-181, 130) as supposed treatments, while held captive in asylums described as “foetid halls/bickering with the echoes of the soul” (L 187 – 188, 130) with “bodies turned to stone as heavy/ as the moon” (L 190-191, 130). These are violent and dehumanizing situations, where psychiatric treatments and hospitals (Ginsberg mentions several by name, including Pilgrim’s State and Rockland, both in New York state, and Greystone, in New Jersey) function nefariously as punitive places that strip patients of humanity and self-hood.

Psychiatry as “liberticide”

Ginsberg’s characterization of mental hospitals and psychiatric treatments can be related to comments made by Szasz throughout his career, rejecting the therapeutic value of these supposed medical interventions in cases of psychopathology. Since, as Szasz maintained, mental illnesses do not exist, what, he asks rhetorically,

does the psychiatrist fight against? Against freedom! ...
The psychiatric doctor fights against the freedom that makes the mental patient dangerous to himself and others: he engages in *liberticide* (emphasis mine, 2007 8).

This, like many of Szasz's pronouncements, is clearly a controversial standpoint, but it demonstrates the unequivocal primacy of civil liberties to Szaszian ideology, as well as his conception of involuntary psychiatry as a social tool of subjugation.

Szasz's views are often shocking, given their extreme nature, but they are perhaps most jarring when one considers the position of suicidal individuals hospitalized for what is generally, in Western societies, considered to be their own good (i.e. the preservation of human life). In the introduction to his book, *Suicide Prohibition: The Shame of Medicine* (2011), Szasz argues that

Laws that enable some persons [the medical and legal communities] to lock up some other persons whose behavior they find upsetting [i.e. displaying suicidal impulses] have nothing to do with health, medicine, or treatment: they are a system of extra-legal social controls without the due-process safe guards of the criminal justice system (xiii).

According to Szasz's libertarian principles, individuals who choose to commit violence against themselves, even to the extent of self-murder, should be allowed to exercise their free will to do so without the state's intervention through psychiatric treatment or commitment to a mental hospital.

In fact, the only caveat Szasz adds is that "suicidal activity, like any intimate bodily personal activity, ought to be permissible only in private". This is because, in his opinion,

Public displays of self-harm or of the intention to kill oneself – exemplified by a person's threatening to jump from a high building – are *an interference on the everyday activities of others and a violation of their rights* (emphasis mine, 3)

These displays should therefore, according to Szasz, be punishable by criminal law. This statement makes sense in abstraction as the rational endpoint to the libertarian worldview, a political stance defined by David Boaz as the “philosophy of freedom”, whose members “believe... [that] people ought to be free to live as they choose” (1). From a humanitarian standpoint that understands human life as inherently sacred, however, Szasz’s perspective lacks compassion and humility, appearing instead as cold and indifferent to the potentially relievable suffering of others.

Szasz has rightly been criticised for the extremity of his libertarian worldview in the context of psychiatric interventions, and especially for the paucity of his suggestions for functioning alternatives. As set out in *The Manufacture of Madness*, Szasz divides psychiatry into two diametrically opposed paradigms: the first, he terms “Institutional Psychiatry” and the second, “Contractual Psychiatry”. Institutional Psychiatry, for Szasz, represents collectivist impulses to adjust or otherwise quash troublesome and non-compliant individuals: he writes that this kind of treatment, often imposed involuntarily upon the patient, is characteristically carried out by “psychiatrists employed by state mental hospitals, college health services, military organizations, courts, [and] prisons”, and functions to “protect and uplift the group (the family, the State), by persecuting and degrading the individual” (1970, xxvii – xxix). Under this kind of psychiatric system, the agent of the state, i.e. the psychiatrist or other form of health care worker, is, for Szasz, a “bureaucratic employee” who is “paid for his services by a private or public organization (not by the individual who is his ostensible

client)” (xxvii). This economic exchange is imperative for Szasz: if the psychiatrist is not being paid for his or her services directly by the patient, then they are unlikely to be working purely for the patient’s benefit within a properly defined contractual relationship.

As Szasz points out in *The Myth of Mental Illness*, if the doctor involved is funded by the State or even by an insurance company, it is unclear whose interests the psychiatrist represents. In case of payment by a medical insurance company, Szasz writes, the answer is

not clearly defined. As a result, it is possible for the physician to shift from one position to another. He may act entirely on behalf of the patient one minute, and line up against him the next (1975, 72).

In the case of state funding, Szasz views the situation as even more damaging in the case of “so-called mental illnesses” (1975, 72). Szasz draws subtle comparisons between the American healthcare system and the State funded medical treatment facilities available to citizens of the Soviet Union, by pointing out that when doctors and other professionals work as part of the State apparatus, they contribute towards psychiatry as a tool for social control. Szasz writes that “The Soviet physician is identified with, and serves the interest of, the communist state”, and since Soviet psychiatrists were not paid for by their patients but by the state they “do not owe their primary loyalties to [their patients]”, with a clear inference that this represents a dangerously analogous situation to American state-funded institutional psychiatry (1975, 77).

To protect the integrity of the therapeutic relationship Szasz suggested the replacement of all involuntary psychiatric treatments with one-to-one private practice in the context of a free economic marketplace. To ensure the abolition of coercion in psychiatry, these private practices were to be underpinned by consent rather than coercion, and an understanding of the physician as a service provider paid directly by the client. This financial aspect of the relationship was key to Szasz: he wrote that

If the physician is hired by someone other than the patient, or is paid by another party, the medical relationship will no longer fall in the category of Private Practice... This definition highlights, firstly, *the two-person nature of the relationship*, and secondly, *the autonomy and self-determination of the patient*" (emphasis original, 1975, 73).

The relationship between Szasz's libertarian politics and this statement is key, and in abstraction, there is a comprehensible sense of idealism at the root of Szasz's suggestion. However, as critics like Peter Sedgwick have highlighted, these positions are enormously unrealistic and highly skewed towards the health and well-being of the economically privileged who are often the least likely to need access to psychiatric medicine for acute care. Consequently, in *Psychopolitics* Sedgwick complained that "Only the mildest mental disorders [i.e. the worried well] could possibly be handled within [Szasz's] framework," (155). This situation would leave the hundreds of thousands suffering from psychiatric distress without assistance, be it medical or otherwise, due to lack of financial privilege.

With regards to the ethics of psychiatric confinement, Kesey holds a similar political position to Szasz in *One Flew Over the Cuckoo's Nest*:

equating authoritarian psychiatric interventions with communistic, anti-American ideology. It is significant, for example, that Randle P McMurphy, Kesey's fiercely individualistic anti-hero who encourages the men to fight back against the unrelenting power of Big Nurse, was, the reader is told, previously awarded the "Distinguished Service Cross in Korea, for leading an escape from a Communist prison camp" (42). These political overtones are so apparent throughout the narrative that Kesey admitted in a 1993 interview that *Cuckoo's Nest* was "to some extent, anti-American", and intimated that, for that reason, it had been popular in "all the Communist-bloc countries" (158). Expanding on this, Kesey explained that *Cuckoo's Nest* was, at its heart, about "American terror. Big Nurse works for an American bad guy, the combine, the inhuman part of American industrialism" (158).

The Combine and Post-War Conformity

The Combine, directly connected here with the dehumanizing impact of rampant post-war capitalist growth, occupies a powerful position in Kesey's novel. It functions as the nebulous but omnipresent threat of either gradual individual inculcation and adjustment or violent suppression into the corporate collective of American mid-century society. This fear is directly relatable to the suburban anxiety counterfeited in the Wheelers' performative monologues, and to the indignance that motivated John Givings's violent protest in Yates's *Revolutionary Road*. Chief Bromden, Kesey's supposedly deaf and dumb schizophrenic narrator, understands the Combine as a powerful homogenising force that crushes individuality and inner-vitality. On the way to the docks for the fishing expedition, Bromden looks out the

window and notes with horror the progress the Combine has made on the American landscape while he's been in hospital:

All up the coast I could see the signs of what the Combine had accomplished since I was last through this country, things like, for example, a *train* stopping at a station and laying a string of full-grown men in mirrored suits and machined hats, laying them like a hatch of identical insects, half-life things coming pht-pht out of the last car, then hooting its electric whistle and moving on down the spoiled land to deposit another hatch (*italics original*, 203).

Bromden's description here is important for several reasons. Stylistically, it provides a strong example of the surrealist element to Kesey's narrative, something that could be attributed to the influence of LSD on the writing process of *One Flew Over the Cuckoo's Nest*. According to Ann Charters, Kesey's "hallucinated but colloquial pose style was something new in fiction", which connected Kesey with the Beats by demonstrating a fundamental commitment to literary directness and originality (308). Bromden's powerful use of imagery also demonstrates his position as diametrically opposed to the Combine as a force of technological advancement, through Kesey's word choice: "I could see the signs of what the Combine had accomplished since I was last through this country" (emphasis mine, 203). Although this could be read as simply indicating that Chief Bromden has been incarcerated in the psychiatric system for a long period of time, I argue instead that this opposition indicates the polarisation between Bromden, descended from the indigenous population and understood by critics like Kingsley Widmer as representative of the "primordial American" who lived from the land; and the Combine as an opposing and unnatural, technological, even colonial force (127).

Native Americans, Nature, and the Combine

In what could be argued to be a rather unimaginative, clichéd connection between the natural world and the Native American, Bromden's linkage with the landscape is emphasised throughout the novel, particularly at pivotal or otherwise significant moments in the narrative. One example of this recurrent connection comes mid-way through Kesey's text, when Bromden awakens one night in the asylum more aware of his surroundings and alert than he has been in some time, something he equates entirely with McMurphy's arrival and the disturbance caused to the Combine's previously unchallenged position by McMurphy's insubordination. Upon looking out the windows onto the countryside beyond the hospital perimeter, he begins to focus on the moon and recalls how as a youngster

I [had] noticed the exact same thing when I was off on a hunt with Papa and the uncles and I lay rolled in blankets Grandma had woven, lying off a piece from where the men hunkered around the fire... in a silent circle. I watched that big Oregon prairie moon above me (142).

Reconnection with the natural world, Bromden's cultural heritage, and a sense of autonomous, powerful masculinity, are all here connected in this poignant memory and are juxtaposed with Bromden's confinement in the sterile environment of the hospital.

During the same episode Bromden becomes aware of a young dog excitedly exploring the "digger squirrel holes" in the land outside the hospital, sniffing each and rolling around in the wet grass (142). Through Bromden's rapt descriptions of the animal, Kesey draws a connection between dogs and

the Chief that is repeated throughout the novel. In this instance the same air “full of smells so wild [they make] a young dog drunk” (142) is the same breeze that Bromden describes as “clear and had a taste to it [that] made me feel kind of giddy and drunk, [and] gave me this sudden yen to get up out of bed and do something” (141). Kesey also describes how the dog “suddenly froze still with one paw lifted and his head tilted, listening”, while Bromden does the same: “I listened too, but I couldn’t hear anything... Then, from a long way off, I heard a high, laughing gabble, faint and coming closer. Canada honkers going south for the winter”. This sound triggers another memory from Bromden’s youth, connected with the land: “I remembered all the hunting and belly-crawling I’d ever done trying to kill a honker, and that I never got one” (142). This moment is highly significant as it again offers a point of connection between the young dog exploring the landscape freely and the Chief, locked away in the asylum but keenly watching and vicariously participating in the animal’s sensory experiences, reaffirming an existential awareness in the Chief.

What is also symbolic about this episode is the type of bird Kesey chooses to have Bromden see and hear, and what they signify: Canada geese (or “honkers”). Geese are a frequent motif in Kesey’s novel, symbolising freedom and the transcendental power of nature to overcome or outlive the Combine. In an earlier episode, Bromden remembers his father’s mockery of the government employees who came to buy his tribe’s land by ignoring their contract and exclaiming that there are “Canada honkers up there... Geese up there, white man. You know it. Geese this year. And last

year. And the year before and the year before” (86). Bromden’s father’s remarks indicate that the migratory patterns of the Canada geese continue regardless of the white mans’ plans and will be there long after the stalling of Western progress: this, the Chief intimates, is what is important, rather than financial incentives to sell the land that does not truly belong to mankind. This episode again connects Native Americans with the natural world, reinforcing Kesey’s choice of narratorial voice as deliberate in the conflict between nature and the encroachment of technological advances and mass-consumption into the landscape.

Canadian geese and Canada itself therefore represent freedom by the novel’s end; it is where Bromden escapes to, following the dog’s path, after he suffocates the lobotomised McMurphy in a form of mercy killing (although whether Chief actually escapes or not remains unclear, given his assertion at the beginning of the novel that the story is the “truth, even if it didn’t happen” (13)). The birds’ free flying progress across the moon, the dog’s wild gallop across the field, and the Chief’s place trapped within the hospital walls, corralled by nurses, reinforce this diametric opposition between the hospital and confinement, and the outside world (particularly the natural world) and the potential for liberation.

The dog’s apparent freedom, threatened by a car that Bromden watches speeding towards the same stretch of road, stands in stark opposition to Bromden’s earlier imagined image of a dog lost in “the fog, running scared and lost because he can’t see” in the novel’s opening pages (13). This dog, again connected with Bromden, functions metaphorically to

communicate the Chief's confusion and terror when receiving electric shock therapy. Whenever the Chief is given shock treatment he experiences a sense of disorientation and confusion caused by what he imagines to be a "fog machine", controlled by the Big Nurse, installed in the walls of the ward. This "fog" causes him to forget his identity and personal history, eradicating his sense of self: this becomes apparent in the image of the disorientated dog, "running scared and lost" (13). Just before Bromden describes this terrified animal, he recalls how, as a young man, he went hunting with his father, a Native American chief, and a hunting dog they had borrowed for the occasion. The contrast between his memories of his father, and the lost dog who "picks up no scent but his own fear", demonstrate the harmful nature of institutionalization and electroshock therapy to patients' sense of self (13).

Randle Patrick McMurphy: Freedom Fighter and Religious Icon

McMurphy, on the other hand, plays a fundamental role in the potential reversal of this process of individual nullification. Although Bromden states that "one of these days I'll quit straining and let myself go completely, lose myself in the fog that way some of the Chronics have", he stalls this moment of self-abandonment out of interest in McMurphy's arrival.¹⁵ Bromden states that, rather than surrendering himself to the fog at this early stage in the narrative, "for the time being I'm interested in this new man [McMurphy]" (42), and again, later in the text Bromden explains that "[t]hey haven't really fogged the place full force all day today, not since McMurphy came in" (71). In rejecting the psychiatric ideology of the ward, and Big

¹⁵ Chronics are long-term patients without hope of recovery.

Nurse's control, McMurphy offers himself to the men as the leader of a concerted guerrilla campaign to destabilize the Nurse's hold over her patients. It is for this reason that, for Barry Leeds, the symbolism of Kesey's lead goose flying across the moon is important and can be connected directly to McMurphy's self-appointed position within the group of patients. The goose flies "right in the center of that circle, bigger than the others", and is described as "a black cross opening and closing" in the moonlight (29). Leeds argues that McMurphy, like the lead goose, is physically larger than his flock, and pulls his "followers in the direction he has chosen", meaning towards defiance of the Nurse and the Combine, and therefore towards individual freedom and self-determination (29).

Leeds describes the head goose, representative of McMurphy, as having a "halo" around its head in the moonlight, and touches upon the "metaphor of the cross" contained within the image that extends and continues Kesey's use of religious iconography in connection with his hyper-masculine anti-hero. This interpolation of Christian imagery into Kesey's narrative is often strikingly obvious, such as when Bromden describes McMurphy as "a giant come out of the sky to save us from the Combine" (224), and when McMurphy chastises the men for regarding him as "some kind of Savior" during his brief spell of capitulation to the Nurse's authority, after he learns that she will be influential in deciding when (and if) he will be released (166). Other examples abound throughout *One Flew*, including the fishing trip, where McMurphy led "twelve of us toward the ocean", in an obvious reference to Jesus and the twelve apostles (203). That the

expedition is a fishing trip is similarly charged with religious symbolism: as Gilbert Porter has commented, “since the biblical miracle of the loaves and fishes, the fish has been a central Christian symbol” (88).

What is interesting, however, is that in the story of the loaves and fishes, (Matthew 14:13-21) Jesus breaks the bread and fish in order to feed the five thousand hungry travellers before him. In Kesey’s version, with McMurphy as a Christ-like figure, McMurphy prioritises self-reliance over charity to the men: he teaches them how to fish for themselves in an Emersonian version of the Biblical tale that prioritizes self-development and personal autonomy over charitable distribution. Emerson despised charity, in both the sense of a modern charitable organisation, and of giving to others (even in the case of family). Emerson questioned, “Why should we assume the faults of our friend, or wife, or father, or child, because they sit around our hearth, or are said to have the same blood?” (13). By adopting an Emersonian approach, Barbara Lupack argues, McMurphy forces the men to be self-sustaining, “to rely on their own resources and to feel responsible for each other, [thereby allowing] them to reclaim their identity as independent functioning persons” (79).

In leading the men, Christ-like, against the Big Nurse, McMurphy becomes what Porter has termed a “messianic martyr”, a role that will necessarily lead to his own destruction (91). McMurphy is aware of the sacrificial outcome to his battle with Nurse Ratched and explicitly refers to the crucifixion during his merciless sessions of electroshock therapy. For instance, when McMurphy climbs onto the (significantly) cross-shaped

electroshock table, he asks the attendant what the substance is that's being massaged into his temples: "what is it?" he says. 'Conductant', the technician says. 'Anointest my head with conductant. Do I get a crown of thorns?'" (237). If this symbolism, and Kesey's choice of linguistic style, were not transparent enough, Bromden then compares the headpiece used to deliver the electric charge to a "crown of silver thorns" upon McMurphy's head (237).

These metaphorical linkages between Jesus and McMurphy function in two ways: firstly, they connect McMurphy with forces for good, and his adversaries, Nurse Ratched, psychiatry and the Combine as forces for evil. This creates a stark dichotomy of good versus evil based upon the primacy of individual autonomy as the ultimate human value, akin to the philosophy that underpins the work of Thomas Szasz. Nevertheless, this represents an artificially simple bifurcation that some critics including Leslie Fiedler and Terry G. Sherwood have linked to the influence of comic strips on Kesey's writing style. Fiedler argues that "everywhere in Kesey... the influence of comics and, especially comic books, is clearly perceptible" (184). Sherwood agrees, explaining that "as in the comic strip, action in Kesey's novel turns on the mythic confrontation between Good and Evil: an exemplary he-man versus a machine-tooled, castrating matriarch ever denied our sympathies" (97). This situation is engineered by Kesey's use of characterization types rather than through the development of subtle and unique personas: the "he-man" as masculine underdog championing an American brand of individualism (which Sherwood links directly with cowboys and the "American

Old West” (99)), taking on the maniacal matriarch that threatens to emasculate as she assimilates victims into modern “machine culture” (Sherwood 99).

Big Nurse: Enemy, Victim, or Both?

This moral polarization of McMurphy as good and the Nurse as evil is problematic however: the alignment of McMurphy wholly (holy?) with good is questionable, given his long criminal history (which includes charges of statutory rape) and the misogyny prevalent throughout the book which he continually perpetuates and exacerbates. Likewise, although Kesey constructs the Nurse without sympathy, there are moments in the novel where it is possible to see her, as well as the men she presides over, as victims of the larger shift towards social conformity and intolerance. For example, shortly after McMurphy’s arrival onto the ward, the Nurse overhears him singing. Her response, according to Bromden, is telling: “Her face is puzzled at first; like the rest of us, it’s been so long since she’s heard singing it takes her a second to recognize what it is” (87). Singing is an important motif throughout the novel, with McMurphy using it along with laughter as a weapon of self-identification and humanization. In addition, Kesey’s inclusion of the phrase “like the rest of us” emphasizes the connection between the Nurse and her patients: she is similarly part of an oppressive social structure, except one rung further up in the hospital hierarchy.

This picture of the nurse as similarly inculcated within the oppressive zeitgeist is reinforced when McMurphy and Bromden are sent to the Disturbed ward as punishment for assaulting an aide. The nurse in charge of the Disturbed ward sympathizes with the men for being under the Big Nurses' control, and states that she is an example of "Army nurses, trying to run an Army hospital. They are a little sick themselves" (234). The army, as Erving Goffman explained in his 1961 text, *Asylums*, is an example of a "total institution", defined as a place

of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life (11).

As discussed in relation to *Revolutionary Road*, this institutionalised way of life, in the army, prison, or psychiatric hospital, is profoundly damaging to the individual's sense of self. In this case, one can understand Nurse Ratched as a victim of the total institution who perpetuates the same constricting guidelines in the hospital that she was exposed to in the armed forces. In 1993, decades after his novel was published, Kesey acknowledged that the Big Nurse was not "the villain", but instead was "just a... tough ex-army nurse... trying to do the best she can according to the rules... She worked for the villain... but she ain't the villain" (Faggen 157).

Despite these complicating factors, Kesey views the enforcement of blanket conformity as far more damaging to individuals and society than McMurphy's criminal history, and therefore Big Nurse's control of the psychiatric ward, regardless of motivation, represents the greatest social wrong. In an interview with Faggen, Kesey explained that

when I see bad-looking bikers with black leather studs on their wrists... I take it as a sign of health. No, I don't want them hanging around, but trying to eliminate them all, arrest them all, legislate against them all – that's evil (159).

I argue that this can be linked directly with Szasz's opinion of psychiatric hospitalization, which he views as analogous to deprivation of liberty in criminal cases, and as part of an overarching socio-political effort to subdue offensive individuals (both criminal and otherwise). Szasz wrote in 2007 that the

use of force vis-à-vis adults is a privilege reserved for the modern state... In the eyes of the law, confinement, regardless of how it is justified is deprivation of liberty. This is what makes psychiatric 'care' similar to law enforcement and punishment for crime, and different from medical care and treatment for disease (4).

Like Szasz, Kesey rejects the medical legitimacy of psychiatric treatment by rejecting the concept of mental illness in its entirety: when McMurphy arrives on the ward, for example, he reflects that the men are “not any crazier than the average asshole on the street”, and that, instead of being ill, they are just “hung up” (61).

Big Nurse also inadvertently confirms this non-medical stance when she tells the men that they are being held since they “could not *adjust* to the rules of society in the Outside World”, something she directly associates with parental failings in disciplining the men as children for misbehaviour (emphasis mine, 171). She continues, stating significantly that the “foolish lenience on the part of your parents may have been the germ that grew into your present illness” (171). This statement is doubly important: firstly, it reveals the intimate connection between behaviour and psychiatric disorders,

undermining the medical argument that mental illnesses are somehow physiological in origin; and secondly because it connects the psychiatric mission with the readjustment of maladaptive individuals from troublemakers to functioning citizens, which relates to Kesey's statement above concerning the suppression of those who appear threatening or different (such as bikers).

Psychiatric Violence as Punishment: Lobotomy and Shock Therapy

McMurphy, as the Christ figure of individualists, offers his fellow ward-mates hope of overthrowing the Big Nurse's tyranny, but he is also fated to die as Christ did at the hands of his enemies. This fate is foreshadowed whenever McMurphy is compared to Christ, as the reader cannot escape foreknowledge of the fate of the messiah. Lobotomy in Kesey's novel functions as a contemporary form of crucifixion that seeks to destroy the troublesome individual, but also to turn their ravaged bodies into an example to other would-be protestors of the consequences of defiance against what Fiedler calls the "female world of civilization" (177). Bromden suffocates McMurphy after his procedure to prevent the Big Nurse from using his living remains in this way, but other patients who previously challenged the Nurse's authority were not so fortunate. For example, Ellis is introduced as a "Chronic" who "came in an Acute and got fouled up bad when they overloaded him in that filthy-brain murdering room", meaning the room where electroshock therapy is administered (or the "shock shop"). As a result, Bromden continues, Ellis is

nailed against the wall in the same condition they lifted him off the table for the last time, in the same shape, arms out, palms cupped, with the same horror on his face. He's nailed to the wall like that, like a stuffed trophy (20).

This posture clearly recalls the image of Jesus on the cross, again linking patients who protest their institutionalization with martyrdom, as well as a display of psychiatric power. Terence Martin agrees, labelling Ellis “an empty Christ [with] arms outstretched in tortured crucifixion, fixed that way by an electric shock machine used as a weapon of the institution” (49).

Other patients who have suffered similar fates include Ruckly and Mr Taber: Ruckly is described by Bromden as “another Chronic” who was a “*holy* nuisance all over the place, kicking the black boys [Nurse Ratched's aides] and biting the student nurses on the legs, so they took him away to be fixed” (emphasis mine, 15). Being “fixed” in this instance again refers to being lobotomized, while the word “holy” subtly connects Ruckly with the fight for freedom led by Christ-like McMurphy. According to Bromden, in ‘successful’ lobotomy cases, patients are transformed from “mean and mad and snapping at the whole world” to “the sweetest, nicest, best-behaved thing you ever saw”. These men even had the potential to “go home in a month or two... [wearing] the face of a sleepwalker wandering round in a simple, happy dream” (15-16). In the case of Mr Taber, whom Nurse Ratched describes as having been an “*intolerable* ward manipulator, for a while”, lobotomy was administered after Taber fought back against the ward aides who, the novel suggests, sexually assaulted him in retribution for his asking what medication he was being given (emphasis original, 25).

This violence, as well as the operation itself, represents a direct assault upon Taber's attempts to retain personal autonomy and refusal to be treated as a child. This desire to infantilize patients, and to suppress those who refuse to surrender their adult autonomy, is clearly visible in Taber's fateful exchange with a nurse over his medication:

"Wait just a shake, honey; what are these two little red capsules in here with my vitamin?"

... "It's just medication, Mr Taber, good for you. Down it goes, now."

"But what kind of medication. Christ, I can see that they're pills –"

"Just swallow it all, shall we, Mr Taber – just for me?"
(32).

When Taber refuses to swallow his medication without being informed of its purposes, and the nurses' childish appeals fail to appease him, the Big Nurse takes over. She, without hint of irony, asserts that "If Mr Taber chooses to act like a child, he may be treated as such. We have tried to be kind and considerate with him" (32). As an autonomous adult, Taber is pursuing a fair line of enquiry, but the Big Nurse understands any form of resistance (even one that could rationally be understood as reasonable) as a childish failure of adjustment that leads directly to Taber's lobotomy.

Taber's reported experience tallies with Beat writer Seymour Krim's recollection of his time in a psychiatric hospital, when he wrote that

I was considered beyond reasoning with and was treated like a child... In the eyes of this enclosed world I had relinquished my rights as an adult human being... Private sanatoriums and state institutions, I realized much later, were isolation chambers rather than hospitals in the usual sense; mechanical 'cures' such as the one I underwent in a setup of unchallenged

authority, like the Army or a humanitarian prison, slowly brought 75 per cent of the inmates down to a more temporarily modest view of reality. Within nine or ten weeks I too came down, humbled, ashamed, willing to stand up before the class and repeat the middle-class credo of limited expressiveness and the meaning of a dollar in order to get my discharge (63).

The “mechanical ‘cures’” that Krim experienced included electroshock therapy not lobotomy, but nevertheless parallels can be drawn between the two scenarios (Kesey’s and Krim’s). The purpose of so-called mechanical cures including shock therapies and psychosurgery can be understood in the context of Kesey’s narrative, and Krim’s memories of his treatment, to be the permanent oppression of protest and the enforcement of a child-like state (emphasized by Krim’s statement “stand up before the class”, as might a child), from which a patient can be re-adjusted to better fit society’s behavioural requirements.

While sceptics of Kesey and Krim’s position might argue that adoption of this stance requires the political manipulation of the medical facts of lobotomy (and electroshock therapy), a closer inspection of its origins reveals that Walter Freeman, the physician, who, according to Mical Raz is the individual “most closely associated with the rise of American psychosurgery”, acknowledged these qualities (childlike compliance, citizenship, and quietude) as the desired outcomes of the controversial procedure (2). Whilst not the inventor of the lobotomy (that honour fell to Egas Moniz, who won the Nobel Prize for his development in 1949), Freeman modified Moniz’s original surgical process, the prefrontal lobotomy, described by Jenell Johnson as an “invasive form of neurosurgery that severed fibres connecting the thalamus

and the frontal lobes” (2). Freeman’s adaption, designed to make the procedure quick and easy enough for psychiatrists to perform instead of a neurosurgeon, was called a transorbital lobotomy because “an instrument resembling an ice pick was hammered into the orbital plate [eye socket] and swung back and forth to damage the same area of the brain” (Johnson 2).

Both procedures targeted these areas of the brain because it was believed that “perverted activity of the frontal lobes” lay at the root of psychiatric disorders, although no concrete scientific data had been ascertained to confirm this thesis (Freeman and Watts, xiii). Despite this, Freeman was confident that the procedure was beneficial, and that patients “may become capable of *better adaption* when these lobes are partially inactivated” (emphasis mine, xiii). Freeman expanded on this in his memoirs, when he noted that lobotomy often

marked a ‘certain turning point’ at which the ‘personality of the patient is changed in some way in the hope of *rendering him more amenable to the social pressures under which he is supposed to exist*’ (emphasis mine, qtd. Raz 105).

More explicitly, in one of Freeman’s case studies (number 83), the patient, identified as a married woman “obsessed” with her minister, was understood to be much improved after the procedure having learned to “curb her tongue” (Freeman and Watts, 124). Unsurprisingly, these statements, with emphasis placed upon the improvement of social interaction and the harmonization of individual conduct, allow critics including Kesey, Krim, and Szasz, who called lobotomy “cerebral spaying” and argued that “[p]*rima facie*, lobotomy is the

destruction of a human being qua person” to easily assert that lobotomy operates primarily as a tool of social cohesion (2007, 159).

This is most obviously presented in Kesey’s novel in the case of Mr Taber who, upon release post-operation, is described admiringly (if ironically) as “a little black-and-blue around the eyes” but nevertheless “a *new man*. Gad, modern American science” (emphasis original, 40). Even in cases where patients do not recover their faculties after a lobotomy, Freeman and Watts were still apt to claim success through their procedure: they wrote that, even if patients were unable to regain “effective citizenship” there usually remains a “gratifying reduction in the wear and tear on hospital equipment and personnel” (ix). Lobotomy functions as the ultimate weapon in the arsenal of mid-century psychiatry, a step-up from the imposed amnesia of shock therapy. Martin has called the procedure the “trump card of the institution” as a means of “dealing with... rebellion”, a description that is highly appropriate for McMurphy given his love of gambling (49). The message contained therein is clear: while it is possible for McMurphy, Taber, Ruckly, or other patients like them to win a hand, psychiatry, as the foot-soldier of state coercion and control, always wins the game.

Laughter as Resistance: Humour and Autonomy

While McMurphy may be doomed from the very beginning of his campaign against Nurse Ratched, he utilizes a surprising tactic to try and restore individual power to the men: laughter. Laughter appears as a motif throughout the narrative as symbolic of a positive (often masculine)

autonomy that exists in direct opposition to the homogenising and vitality-sapping force of the combine and the psychiatric ward. The power and symbolism of laughter as connected with autonomy and authenticity becomes clear from the early pages of Kesey's narrative, when McMurphy arrives on the ward for the first time. Bromden describes him standing

[W]aiting, and when nobody makes a move to say anything he to him he commences to laugh. Nobody can tell exactly why he laughs; there's nothing funny going on.... It's free and loud and it comes out of his wide grinning mouth and spreads in rings bigger and bigger till it's lapping against the walls all over the ward... This sounds real. I realize all of a sudden it's the first laugh I've heard in years (16).

McMurphy's loud and unapologetic mirth signals the beginning of a period of protest against the status quo (i.e. the rule of Big Nurse and her aides, as agents of the Combine) that will lead directly to McMurphy's death, the destruction of Nurse Ratched's apparently infallible power over her patients, and Bromden's escape. Nicolaus Mills refers to this as "Kesey's politics of laughter", and writes that "for McMurphy, laughter is above all functional. It does not simply provide a release of tensions but a way of gaining one's balance so that he can deal with pain" (86).

Mills's assessment is largely correct but needs to be refined to be wholly accurate: laughter, for McMurphy, should not be understood as a pain reliever as such, but more accurately as a weapon of resistance used to deflect and evade the clutches of the Combine. Indeed, when McMurphy attempts to utilize laughter strictly in the way Mills suggests, it is revealed to be a poor defence. After his brutal and repeated exposure to electroshock treatments, for instance, laughter and caustic remarks cannot hide the pain

revealed by the blanching of his face, and the tautening of his jaw muscles “every time that loudspeaker called for him” to receive shock (243).

Instead of being a pain reliever, McMurphy’s laughter represents a weapon against being subsumed into the ideological system guided by “the Combine”, since, by refusing to take the underpinning categories of sanity and insanity seriously, the resultant actions taken by Nurse Ratched and psychiatry in general become absurd and even comical. As Mills explains,

getting the men to laugh... is not a question of amusing them but making them see there is a comedy in their situation that originates with the assumption that their behavior is insane while that of society is sane (87).

This dichotomy between sanity and insanity is most obviously collapsed in Kesey’s novel when McMurphy encourages the men to protest Nurse Ratched’s anti-democratic refusal to allow the men to watch the World Series baseball tournament on television (a ward vote is taken but overruled by the Nurse). In retaliation for Ratched’s decision, McMurphy gathers the men around him and begins shouting at the turned-off screen, performing the part of a sports fan watching the game. In response, Big Nurse begins to lose her polished, calm composure and begins to shout at McMurphy that he is under “the *jurisdiction* of me... the staff” while “holding up a fist, [with] all those red-orange fingernails burning into her palm. ‘Under jurisdiction and *control* – ’”, followed by increasingly frenzied orders, also ignored, to the others to return to their work (emphasis original, 127-128). This outburst strips away the therapeutic gloss generally placed upon psychiatric intervention and explicitly reveals McMurphy’s confinement as penal in nature.

The frenzied tone of Nurse Ratched's shrilly repeated orders to the men demonstrates the absurdity of their respective positions, as well as the paucity of the power structures that underpin them if one party defies or otherwise refuses to accept their veracity. Bromden realises this when he reports that "If somebody'd of come in and took a look" at that moment, they would have seen "men watching a blank TV, a fifty-year-old woman hollering and squealing at the back of their heads about discipline and order and recriminations" and "they'd of thought the whole bunch was crazy as loons" (128). The irony here is that the men are consciously engaging in a performance of madness, while the nurse is not.

Humour, in Kesey's narrative, functions as both healing and humanizing. This places it, and McMurphy as its promoter, in direct opposition to the Combine, viewed by Bromden as automatizing. In Bromden's earlier metaphorical description of the ant-like commuters in the "spoiled" landscape he views as having been invaded by this technological and industrial force, he effectively communicates the threat of dehumanization and slavish thralldom to mass-culture feared by post-Second World War Americans. This collective loss of individualism (and therefore, Kesey implies, a loss of what makes one human) for the purported benefit of social progress is the impetus behind what Bromden calls "the Combine". As the name suggests, individuals are homogenised (or "combined") through adjustment to social rules and norms, thereby making psychiatry increasingly important socially as a tool for the forced adjustment of troublesome citizens.

Endangered Masculinity: Collectivism as Feminine

This shift towards social cohesion for perceived collective progress is what sociologist William H. Whyte has referred to as a transition during the twentieth-century in American society from the “Protestant Ethic” to a “Social Ethic”. The “Protestant Ethic” can be characterized by individual competition for resources and self-sufficiency, what one might label as a profoundly American social structure. Whyte, quoting banker Henry Clews in 1908, depicts the Protestant Ethic as a “survival of the fittest” ideology, where the (masculine) individual can benefit from “industrial freedom”; where he may “work hard or not; he may make his own bargains and set his price upon his labor or his products” (qtd. 15). This kind of social arrangement, according to Clews, led to America becoming an “inspiring example” on the world stage of egalitarianism, where “merit is the sole test” and “birth [i.e. class] is nothing” (qtd. Whyte 15).

This is the ideology underpinning what has been termed the American Dream: that every man (gender implied) is ultimately in control of his own destiny, and economic fortune can be won through hard work and ability. Kesey subscribed to this concept wholeheartedly, claiming in 1963 that “a man should have the right to be as big as he feels it’s in him to be”, a metaphor that reflects the change in Chief Bromden by the novel’s end (Lish 24). In addition, this is very much the ideology that Kesey’s narrative supports in *Sometimes a Great Notion*, where the Stamper brothers intentionally break the townspeople’s strike against a logging company for personal profit through long and arduous work in the forests.

This emphasis on autonomy as superior to collective interdependence is inherently connected to the formative years of American identity. Joel Porte has argued that the mood of post-revolutionary America can be characterized by “the spirit of independence” and a “disdain of control” following the rejection of British rule in the late eighteenth century (6). Michael Kimmel connects this directly with gender in his study of American masculinity by arguing that immediately after American independence was achieved, a shift occurred in the “definition of manhood” from the “old standard rooted in the life of the community” to a “new standard based on individual achievement” (14). Kimmel explains this shift by claiming that whilst under British rule the colonized were unable to practice self-control and governance, and ultimately “felt enslaved by the English father, infantilized, and thus emasculated” (14). When the British forces left, however, American settlers of European descent were free as never before, and as the early nineteenth century experienced an economic boom, self-made men became the epitome of white American masculinity. Kimmel claims that

The emerging capitalist market in the early nineteenth century both freed individual men and destabilized them. No longer were men bound to the land, to their estates, to Mother England, or to the tyrannical father, King George. No longer did their manhood rest on their craft traditions, guild memberships, or participation in the virtuous republic of the New England small town. America was entering a new age, and men were free to create their own destinies (17).

By the mid-twentieth century these apparent glory days of self-made masculinity were coming to an end, however, and Whyte’s “Social Ethic” was beginning to take precedence in American culture. Just as market forces had

allowed men to strike out on their own and earn a living independently after casting off British rule, by the 1950s there was concern that men were becoming soft and enslaved to rapidly-expanding corporations that eroded their individual masculine potency by requiring the self-made man to become the company man.

This cultural shift meant that individuals were less able to dictate their own economic futures through the ability to do things that Henry Clews had thought were crucial to self-mastery, such as being unhindered by overbearing government interference, and being able to set one's own "price [for] labor or... products" (Whyte, 15). As the corporatization of America increased following the Second World War, and the proportion of American families living in mass-produced suburban homes increased, this prized masculine individualism began to give way to a more collective experience dictated by social norms as discussed in Chapter One. Whyte's "Social Ethic" is the epitome of these concerns and can be defined as follows:

Man exists as a unit of society. Of himself, he is isolated, meaningless; only as he collaborates with others does he become worthwhile, for by sublimating himself in the group, he helps produce a whole that is greater than the sum of its parts (7).

This kind of structure is maintained through continuous adherence to social codes of acceptability and a requirement for individual passivity that, combined, demonstrate each individual members' belonging within the wider group context. Within this social context, each individual must operate as a functioning cog within a well-oiled machine, without the possibility of protest

or other autonomous action, to ensure the accumulation of material wealth and social progress to the extended community.

Unsurprisingly this social structure has been understood as repressive, and as Andrew Foley points out, this directly contradicts the ideology of personal freedom that the Americans had fought for during the Second World War. Foley argues that the post-war years were characterized by a repression of “individual liberty. As the Cold War intensified, and the dogma of Communist threat took hold, so America began to resemble a totalitarian state” through, for instance, the “so-called ‘Communist witch-hunts’ propagated by Senator Joe McCarthy’s committee on ‘unAmerican activities’”; but also through a general sense of intolerance that “ostracised and excoriated all those whose pursuit of happiness had led them to express themselves in ways different from the overwhelmingly dominant moral discourse of the time” (33).

What Foley refers to as the “dominant moral discourse” was for Szasz fundamental in psychiatric diagnosis of those considered socially undesirable. As Vatz and Weinberg explain, under Szaszian doctrine psychiatry

functions rhetorically to accredit socially valued behavior and discredit socially disvalued behaviors, ostensibly through medical analysis and cure, but in reality through the medical rhetoric of ‘diagnosis’ and ‘treatment’ of ‘mental illness’ or ‘mental disorders’ (313).

While in an ideal world, under the Social Ethic there should be “no conflict between man and society”, those who refused or were unable to assimilate

were understood as dangerous to overall harmony (7). In these situations, Whyte notes ominously, these “obstacles to consensus” would be “eliminated” by “applying the methods of science to human relations” to create “an equilibrium in which society’s needs and the needs of the individual are one and the same” (Whyte 7). I argue that in a Szaszian reading of this scenario, the euphemistically termed scientific intervention to human relations refers to psychiatry and to psychiatric ‘treatment’ of the maladjusted under an oppressive form of American social ethic.

Readjustment and the Institution

This Szaszian interpretation of Whyte’s solution to malfunctioning cogs in the wheel of the social ethic is equally understood as the impetus for medical intervention in Kesey’s novel. *One Flew over the Cuckoo’s Nest* understands psychiatry as a force for social cohesion through the involuntary adjustment of troublesome individuals much in the same way as Szasz depicts the implementation of Soviet psychiatry upon recalcitrant Russian citizens. In the Soviet Union, Szasz claims, “the authorities... make frequent use of psychiatry and mental hospitals for discrediting and disposing of politically embarrassing or otherwise unwanted individuals” (1971, 217). The parallels between the Soviet/Communist and American psychiatry are highlighted throughout Kesey’s novel, such as when McMurphy tells Big Nurse that “those Chinese Commies could have learned a few things from you, lady” (236), and exclaims to his fellow patients that “For a minute there I thought I was back in a Red Chinese prison camp” when the men refuse to stand up to Nurse Ratched (62).

In this vein, Chief Bromden understands the psychiatric ward as a place of readjustment, a “factory for the Combine” that functions by

Fixing up the mistakes made in the neighborhoods and in the schools and in the churches... When a completed project goes back out into society, all fixed up, good as new, better than new sometimes, it brings joy to the Big Nurse’s heart; something that came in all twisted different is now a functioning, adjusted component, a credit to the whole outfit and a marvel to behold (38).

The narrator’s choice of language here clearly demonstrates the dehumanizing impact of institutionalization, while the political implications are also clear for those who challenge the zeitgeist. Patients are viewed as “projects” and as “components” rather than as individuals, and hospital stays are understood as opportunities for readjustment (or warehousing, in the case of the Chronic patients) instead of personal development. Troublesome individuals are admitted to the asylum, whether voluntarily or not, to be fundamentally altered in their behaviour.

In reference to Goffman’s definition of the total asylum, William F. May reminds us that “[t]he word ‘total’ refers not simply to the comprehensive way in which the institution organizes all activities... but also the strategies by which the institution invades the interior life of its inmates” (518). These strategies and long-term impact, Goffman found, led to a profound undermining of the individual’s sense of self, while the very structure of the total institution as a self-contained and isolated unit is also inherently damaging. He argues that, at the time of his or her admission, each “recruit comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world” (24). These include,

for example, one's occupation, and position within the family unit, alongside other crucial social interactions that help to define and reinforce the individual's position on a daily basis. Upon detention within a total institution however, according to Goffman, the individual is

immediately stripped of the support provided by these arrangements... he begins a series of abasements, degradations, humiliations, and profanations of the self. His self is systematically... mortified (1991, 24).

In place of a complex web of social roles in the outside world, the new detainee is reduced to patient, prisoner, or recruit (whichever label applies to the total institution involved). Separated from the relationships and community structures that define and solidify this layering of social roles, the individual's previous sense of self becomes dangerously fragmented and therefore malleable within the new institutional context.

The processes by which this attack upon the individual's integrity occur include this isolation from the outside world as mentioned, along with the forced removal of patients' clothing, the distributing of uniforms, and the handing-over of personal effects to staff for safe keeping during the individual's stay. Goffman quotes a report that details the experiences of a cadet attending a military academy for the first time, illustrating how each of these techniques were implemented to achieve a compliant and homogenous group. The men were isolated from the outside world; they were "not allowed to leave the base or engage in social intercourse with non-cadets" to "produce a unified group... rather than a heterogeneous collection of persons of high and low status" (25). Uniforms were also distributed, discussions of life before the academy were disallowed, and the men taught

that the “role of the cadet must supersede other roles the individual has been accustomed to play” (25).

Clothing as Social Signifier

May also emphasises the significance of patients being required to don a uniform in place of their own clothing: he argues that

the act of taking off one’s old clothes and donning new garments impresses symbolically upon the inmate the price he must pay for entering into the total institution: the surrender of his old personal identity and autonomy and the acquisition of a new identity oriented to the authority of the professional staff and... the smooth running of the institution (518).

Within the context of a psychiatric-hospital-as-total-institution, the patients’ uniform demarcates that individual’s place both within the asylum hierarchy and beyond by becoming easily differentiated from civilian staff within the institution, but also from “sane” members of society outside. As mentioned in my discussion of *Revolutionary Road*, John Givings keeps his hospital clothes on during home visits as a way of forcing his parents and the wider community to witness the violence done to his individual identity through institutionalization (i.e. the forced eradication of the flawed or difficult individual). Clothes and appearance are fundamental to the creation and preservation of identity within the social context, therefore by refusing to change out of his uniform, John is making a political statement about freedom and the demonised position of the psychiatric patient within American society.

The power of the psychiatric patients’ uniform as an intimidating signifier of difference to the public is also alluded to in Kesey’s novel, when

some of the ward men leave for a fishing trip led by McMurphy and Dr Spivey. Bromden reports that, as they “stood in a silent bunch” waiting for the doctor to get his car, they watched

the townspeople... driving past on their way to work
slowdown to gawk at all *the loonies in green uniforms*.
McMurphy saw how uneasy we were and tried to work
us into a better mood by joking (emphasis mine, 199).

Kesey explicitly draws attention to the power of the uniform as a communicative signifier to the so-called “normal” commuters on their way to work, and Bromden’s use of the term “loonies” illustrates the practice of codifying persons who do not conform to normal social values or behaviours. Again, during this incident McMurphy attempts to delegitimise the polarisation of the mad/sane dichotomy through laughter since, by demonstrating the absurdity of such arbitrary categories, the individual can reject the apparent objective veracity upon which they depend and create a space for personal defiance.

This could also be understood as Kesey’s own conclusion reached while working as a night aide at the Menlo Park Veteran Association Hospital in the early 1960s, where he gained the inspiration to pen *Cuckoo’s Nest* under the influence of LSD and other psychedelic substances. In 1989, Kesey told Terry Gross that disregarding the colour of his uniform (white instead of the patient’s green) “there wasn’t that much difference between me and those people they were locking up [in the hospital]” (114), something he has McMurphy reinforce when he states the men are “no crazier than the average asshole on the street” (61).

These statements echoed the beliefs of other contemporary protest writers like Seymour Krim, who, in 1960, wrote that during his time confined to a psychiatric institution he realised that he “could no longer afford to think of contemporary insanity as an exact objective phenomenon” and instead, to him, insanity appeared “as an interpretation of human thought and behavior conditioned by inherited prejudices, fear [and] questionable middle-class assumptions of the purpose of life” (76). Krim’s mention of “middle-class assumptions of the purpose of life”, along with Bromden’s reference to the townspeople as commuters on their way to work, can be taken together as indicating an economic aspect to ideas of normalcy. This expectation of financial and material accumulation as a life-goal for the sane individual connects directly with John Givings’s protestations over the illogical nature of capitalist society as discussed in the previous chapter, when he states

You want to play very nice house, very sweet house,
then you have got to get a job you don’t like. Great...
Anyone comes along and says ‘Whaddya do it for?’ you
can be pretty sure he’s on a four-hour pass from the
State funny farm (Yates, 187).

Givings’s statement emphasizes the difference of those classified as “insane” in terms of their altered perspectives, something neurosurgeon Harvey Cushing knew all too well. In praise of lobotomy, Cushing claimed that “society can accommodate itself to the most humble laborer, *but it justifiably distrusts the mad thinker*” (emphasis mine, qtd. Freeman and Watt, xvii). The questioning of norms or flagrant difference is not to be tolerated, and the enforced wearing of uniforms within psychiatric institutions strengthens this sense of separation between the ‘sane’ and the ‘insane’ by offering visual confirmation of difference that reassures the public of their normalcy.

The insane individual in a psychiatric uniform becomes, in Szasz's words, "a symbol of evil which... through its very being, confirms the remaining members of the community as good", a statement that demonstrates Szasz's conflation of psychiatric diagnosis and moral judgements (1970, 268). Clothing is used to demarcate the socially unacceptable individual then, but sartorial choices can also signify personal defiance. Soon after McMurphy's arrival on Nurse Ratched's ward, his clothing choices demonstrate his intention to preserve his autonomous identity within the institution. One morning Big Nurse arrives at the ward to find McMurphy performing his ablutions with only a towel around his waist, since the ward staff have failed to provide him with a uniform. When she confronts him and demands to know why he is wearing only a towel, he whips the scant covering away, hoping to rile the nurse further. Instead of his naked body, however, he reveals a pair of black shorts with "big white whales leaping round" on them (96). Big Nurse is horrified that he has called her bluff, and that he is wearing his own "gaudy underpants", as she terms them, instead of regulation wear (97). Bromden describes how the experience was "more'n [Nurse Ratched] can take. It's a full minute before she can pull herself together... her voice is shaking out of control she's so mad" (96). McMurphy's unauthorized apparel, and his small victory in making the Nurse lose her composure are hereby linked, demonstrating the significance of clothing within the institution.

Moby Dick and One Flew over the Cuckoo's Nest

These black shorts are mentioned at several key moments throughout Kesey's novel, and are highly symbolic: indeed, McMurphy tells Bromden that they were a gift from a "co-ed at Oregon State, Chief, a Literary major". He snaps the elastic with his thumb. "She gave them to me because she said I was a symbol" (76). The whale motif on the shorts has been argued to represent *Moby Dick*, from Herman Melville's classic text, a novel that Kesey has been outspoken in his admiration for. In the case of McMurphy's shorts, Porter writes that Big Nurse is appalled by the motif because she represents a "dehumanizing death force", while McMurphy is a "rehumanizing life force"; the shorts emphasize McMurphy's position as a "virile life giver" from a literature student "who had read enough of *Moby Dick* to know he was a sperm whale" (78-79). While the shorts indicate masculine virility and sexual potency (something connected with McMurphy since he arrived on the ward with pornographic playing cards), there are a variety of other possible interpretations of McMurphy's symbolism. As in *Moby Dick*, according to Richard Chase, "the whale is endlessly suggestive of meanings" (60). These include the untameable power of nature, and the eventual defeat of human civilization by nature's timeless resilience (this explanation recalls Chief Bromden's mockery of the white man by references to the Canada honkers overhead).

Others, like critic John Clark Pratt, have confidently argued that the whale motif draws an explicit connection between head-strong and self-reliant McMurphy and Melville's doomed Captain Ahab. Pratt states "of

course McMurphy is Ahab” (416), the obsessive seaman who, Peter Fish writes, “chases [the] enormous white whale at the eventual cost of his ship and his life”, just as McMurphy engages in fatalistic battle against the Big Nurse and the Combine (47). This connection, along with Kesey’s messianic metaphors, effectively prophesize McMurphy’s eventual destruction to those familiar with Melville’s famous text. There are similarities between the two characters’ personal ideologies, such as Ahab representing a “heightened example of independent man[hood]” who, Chase argues, by his actions tests “some of the extreme implications of the dominant Emersonian creed of self-reliance” in his single-minded determination to destroy the whale, whatever the cost (54). The analogies to McMurphy are highly evident here: McMurphy, like Ahab, adopts a hyper-masculine, “never give an inch” type posture that anticipates the stubborn independence and isolationism displayed by the Stampers in *Sometimes a Great Notion*.

For Chase, Ahab should be considered “guilty or victimized by a distorted ‘self-reliance’”, and crucially, he adds, “An alternative to Ahab’s suicidal course is proposed by the author” (56). These statements are striking in their similarity to McMurphy’s situation: just as Kesey’s text makes clear, McMurphy has an alternative to martyred self-destruction which he pursues for a short period then rejects when the ward-men ridicule him for his compliance. Bromden reports that, after finding out the Nurse has power over his release since he is committed involuntarily, McMurphy begins to submit to her authority: “he surprised everybody by on the ward by getting up early and polishing the latrine till it sparkled, and then went to work on the

hall floors when the black boys asked him to” (149). It could be argued that maintaining this docile frontage whilst under the Big Nurse’s authority would be the most advantageous to the individual in the long term by securing a quicker discharge, even at the temporary cost of one’s dignity. This is the alternative that Kesey poses for McMurphy, but the men mock him for this sudden compliance, teasing him by saying “I thought you’s the super-stud with all that whambam?” (166). This directly paraphrases McMurphy’s earlier claim that “all [the] what-bam-thank-you-ma’am”, along with fighting, dominated his life before his arrest (62). This reminder effectively forces McMurphy to either abandon his masculine bravado, or to reaffirm it at any cost.

The power-play between McMurphy and the Nurse is therefore highly gendered. McMurphy represents hyper-masculine individualism, in direct contravention to what is understood as the feminizing force of social cohesion represented by Big Nurse, whom Bromden refers to as the “juggernaut of modern matriarchy” (68). McMurphy’s adoption of the plight of his ward-mates should be understood as an extreme act of charity and as a martyrdom that seeks to provide a sorely needed (Kesey suggests) injection of manly potency that the others lack. By adopting this role, however, McMurphy moves towards his own destruction since, as already discussed, McMurphy-as-Christ/Ahab is always fated to destruction.

According to John W. Hunt, McMurphy “receives his fatal wound when he abandons his psychopathic character and takes on a responsibility to right the wrongs done to others, with no motive of profit himself” (15). This reading

reveals McMurphy's demise as intimately connected with the assumption of responsibility for others, something Kesey rejected in his personal life. In a 1970 interview, when discussing the counter-culture Kesey told the radical student newspaper, the *Ann Arbor Argus*, that his philosophy on protest could be understood as "don't take the gauntlet... don't let 'em push your button. Keep away from anger" (46-47). McMurphy fails to heed this passive, libertarian advice, and as Bromden realizes before the climactic final encounter between the Nurse and McMurphy, "We couldn't stop him because we were the ones making him do it. It wasn't the nurse that was forcing him, it was our need" meaning the men of the ward (267). At this significant moment in the narrative the black shorts with the whale motif are again referred to, when McMurphy hitches them "up like they were horsehide chaps" as well as pushing back "his cap with one finger like it was a ten-gallon Stetson" (267). The connection to Melville's novel inherent in the shorts, and McMurphy's cowboy-esque mannerisms, indicates this connection between American tradition, masculinity, and individualism that McMurphy embodies. Through his choice of action McMurphy, like Ahab, represents a "great, doomed hero", each enslaved by his respective and irredeemable mission and commitment to a fatalistic goal (Chase 50).

Humiliation and Emasculation on the Ward

The patients in Kesey's novel are subjected to a barrage of humiliations from their arrival on the ward that function to diminish their autonomy and perceived masculinity, with the aim of making them more amenable to staff control. Whilst this, one would assume, might equally be

the case in a mid-century ward with female patients, in Kesey's novel, the admission procedures are directly framed as assaults upon the humanity and masculine autonomy of incoming male patients. Bromden, Kesey's narrator, describes a typical admission as follows:

Most days I'm the first one to see the Admission, watch him creep in the door and slide along the wall and stand scared till the black boys come sign for him and take him into the shower room, where they strip him and leave him shivering with the door open while they all three run grinning up and down the halls looking for the Vaseline... Then I see two, maybe all three of them in there, in that shower room with the Admission, running that thermometer around in the grease till it's coated the size of your finger (10).

The first important clue in the passage above is the naming of the new patient as the Admission: the capitalization implies that this, instead of the individual's name, is the primary indicator of their identity (except for McMurphy who, on arrival is pointedly labelled the "new man" instead (19)). By being stripped, humiliated, even sexually abused, during their admittance to the psychiatric facility in the first place, Kesey's male patients are debased, dominated, anonymised, denuded of social status, and treated as the sexual playthings of the cruel and inhuman black aides (a detail that also highlights troubling racial politics in Kesey's text).

Both Goffman and Szasz agree that through this process of diagnosis and entry into the asylum setting, the individual is exclusively labelled a mental patient, to the exclusion of all other possible social roles; a situation that is profoundly damaging to the individual's sense of self. Szasz explains that "being considered or labelled mentally disordered – abnormal, crazy, mad, psychotic, sick... - is the most profoundly discrediting classification that

can be imposed on a person” (1971, 237). In this gendered context, one might postulate that the masculine role, intimately connected with self-reliance and the primacy of autonomy, is directly threatened at this point of entry into the asylum.

Goffman compares diagnosis of mental illness and subsequent admission to a psychiatric facility to the stages described in Harold Garfinkel’s 1956 article entitled “Conditions of Successful Degradation Ceremonies”. For Garfinkel, social degradation ceremonies occur in most cultures and perform the function of moving aberrant individuals from one “total identity into an identity lower in the group’s scheme of social types” (420). Admission into a total institution, whether it be a prison or a psychiatric facility, represents one way in which an individual may be forced to undergo this degradation process under the supervision and instruction of the psychiatrist as a “denouncer” and protector of social norms. Kesey’s narrative suggests that not only are the men admitted to psychiatric hospital understood as patients, but as children of the state, with Big Nurse assuming a mother-type role and referring to the male patients as “boys”. Most memorably, Harding refers to her factiously as a “sweet, smiling angel” and as “Mother Ratched”, in a speech dripping with irony (58). The shift from man to child-patient that Ratched presides over can be understood as a movement from one “total identity”, as Garfinkel postulates, to another lower in the social hierarchy. In the asylum, men are unsexed by the stripping away of their personal autonomy. Afterwards, they either leave the hospital “fixed” as Bromden terms it, or languish there as “Chronics”, who are described as

having had the “the man in them... dumped out” through the implementation of vengeful and punitive shock therapies and lobotomies (214).

The Therapeutic Community as Tool of Oppression

This process of readjustment (or feminization, one could argue) is not merely pursued through what Krim referred to as “mechanical cures” (i.e. shock therapies and lobotomy), but also through dialogue aimed to expose and examine the patients’ neuroses. In Kesey’s ward this is implemented via the ideology of the therapeutic community. One definition of the therapeutic community is provided by Maxwell Jones, a British psychiatrist key to the implementation of this innovative approach in both the US and the UK. Jones’s therapeutic method rested upon the assumption that the “psychoanalytic model, with its preoccupation with conflicts... within the individual and its stress upon a two-person treatment relationship [i.e. the patient and therapist] should be bolstered by “a much greater understanding of group dynamics, social theory, and of social organization generally” (14). This allows for movement away from an individualist conception of mental illness, and towards a more socially aware, holistic version of psychiatric treatment.

While this may appear to be reasonably progressive in comparison to the more invasive physiological interventions, the therapeutic community is similarly rejected in Kesey’s text. In the novel, Bromden reports that the “theory of the Therapeutic Community” is that

a guy has to learn to get along in a group before he’s able to function in a normal society; how the group can

help the guy by showing him where he's out of place; how society is what decides who's sane and who isn't, so you got to measure up. All that stuff. Every time we get a new patient on the ward the doctor goes into the theory with both feet; it's pretty near the only time he takes things over and runs the meeting. He tells how the goal of the Therapeutic Community is a ward, run completely by the patients and their votes, working toward making worth-while citizens to turn back Outside (48).

The implications of this system are clear: a systematic, yet insidious method of readjustment that seeks to invalidate individual thought and behaviour and operates within a moral framework to 'correct' society's mistakes to align mental patients better with their social context. Nurse Ratched's ward functions as a parodic bastardisation of Jones's theories as outlined above, as made evident by her rejection of the vote on watching the World Series.

Nurse Ratched presides over these episodes as a form of power-play based upon humiliation and re-education: she even controls the ward psychiatrist, Dr Spivey, who attends reluctantly and "squirms in his seat" (53). Understanding herself to be correcting the mistakes made by recalcitrant parents on the outside, the Nurse operates as an omnipotent and omnipresent mother figure, to whom the men are encouraged to "snitch" on their ward-mates if they say anything that could be discussed during these meetings. As in the suburban community of *Revolutionary Road*, this creates a panopticon-like atmosphere, in which everything is figuratively conducted under the Nurse's watchful gaze. As Foucault points out in *Discipline and Punish*, "imprisonment was never confused with mere deprivation of liberty", it also carries the function of "transformation" of prisoners", as can also be seen in Kesey's psychiatric ward here (233 – 234). Big Nurses' control over

the men via the passing on of these secrets forces them to comply with her orders under threat of personal humiliation.

The men, Bromden reports, are so terrified of the information held in the Nurse's log book (where these tidbits are written) that, when she threatens to consult it, they begin confessing shameful secrets to prevent her reading out the revelations within: "They were all shouting to outdo one another... telling things that wouldn't ever let them look one another in the eye again. The nurse nodding at every confession... saying Yes, yes, yes" (49). Although these meetings may be conducted under the rhetoric of therapeutic healing, it becomes immediately apparent that the real force behind the gatherings is control through shame, humiliation, fear and emasculation.

Harding, the effeminate, possibly homosexual patient who is portrayed as the most intelligent of the ward men when McMurphy arrives, is the focus of a particularly vicious group meeting early in the novel. The subject, carried over from an earlier meeting, is his difficulties with his wife. Nurse Ratched reads from her log that Harding had "stated that his wife was extremely well endowed in the bosom and that this made him uneasy because she drew stares from men in the street", as well as having been overheard on the ward saying, "that she 'damn well gives the bastards reason to stare'" and that "he may give *her* reason to seek further sexual attention" (emphasis original, 43). These statements suggest that Harding is inadequate as a husband, and that his wife, as a result, is seeking sexual satisfaction elsewhere. During the meeting, the men are invited to ask Harding questions, purportedly to help

him resolve these difficulties with his wife. Instead, their participation, they realise in shame afterwards, constituted a “grilling” in which they treated “their friend like he was a criminal and they were all... judge and jury”, “chopping him into pieces as if they enjoyed it” with their relentless and brutal questioning on Nurse Ratched’s behalf (54).

Incredibly, however, when McMurphy questions Harding about this, asking “Is this the usual *pro-cedure* for these Group Ther’py shindigs? Bunch of chickens at a peckin’ party?” Harding becomes indignant, adopting an artificially elevated form of speech intended to humiliate McMurphy: “A ‘pecking party’? I fear your quaint down-home speech is wasted on me, my friend. I have not the slightest indication what you’re talking about” (55).

Undeterred, McMurphy reiterates his point in violent terms, describing how

The flock gets sight of a spot of blood on some chicken and they all go to *peckin’* at it, see, till they rip the chicken to shreds, blood and bones and feathers. But usually a couple of the *flock* gets spotted in the fracas, then it’s their turn. And a few more get spots and gets pecked to death... a peckin’ party can wipe out a whole flock in a matter of a few hours... And you want to know somethin’ else buddy? You want to know who pecks that first peck... It’s that old nurse (emphasis original, 55).

In the “pecking party” described by McMurphy, the only way to get the chickens to stop cannibalising each other is to “clip blinders on them, so they can’t see” (55). Conversely, McMurphy’s analogy suggests, instead of blindness, the ability to see through the psychiatric rhetoric employed by the Nurse, thereby revealing the violence inherent within, is the way to stop this metaphorical blood sport between the men and create an authentic community in place of the “therapeutic”.

Harding again responds incredulously, desperately trying to maintain the therapeutic purview that inculcates the ward:

Why, this is incredible. You completely disregard, completely overlook and disregard the fact that what the fellows were doing today was for my own benefit? That any question or discussion raised by Miss Ratched or the rest of the staff is done solely for therapeutic reasons? You must not have heard a word of Doctor Spivey's theory of the Therapeutic Community, or not have had the education to comprehend it if you did (56).

At this stage in the novel, Harding remains, at least superficially, convinced by the psychiatric terminology and rationale espoused by ward authority, including Doctor Spivey and Nurse Ratched. By denigrating McMurphy's intelligence, he rejects and even ridicules the alternative perspective that McMurphy puts forward: that the Big Nurse is nothing but a "ball-cutter", someone trying "to make you weak so... you toe the line, to follow their rules, to live like they want you to" (57). In refusing to see the denigration and emasculation at the heart of Big Nurse's treatment of the men as recalcitrant children, Harding displays a disturbing assimilation of psychiatric rhetoric (especially pertaining to the therapeutic community) into his outlook that could be understood as a form of brain-washing. This is the outcome of what Szasz has referred to as "base" psychotherapy which "uses language to increase [the therapist's] power, to produce converts to his own cause, and to create loyal followers of his own person", as opposed to helping individuals to reach a more independent, self-sufficient state of mind (1979, 20).

Harding's adoption of psychiatric rhetoric is hardly unique however.

Both Kesey and Goffman have noticed this in other individuals held in total institutions, be they prisons or hospitals. For example, Kesey told Tom Wolfe that

There are guys in jail who have been in jail so much, that's their whole thing... They've picked up the whole jail language... only it isn't their language, it's the guards', the cops'... the cops like that. It makes them feel better if you play their game (29).

Likewise, the men in Nurse Ratched's ward understand that to avoid punishments like shock therapy, being sent to the Disturbed ward, or lobotomy, they must assimilate themselves (however superficially) into this linguistic pattern and adhere to the concurrent expected conduct until their eventual breakdown or release. Goffman has written that one manner of "adaption to the setting of a total institution is that of 'conversion': the inmate appears to take over the official or staff view... and tries to act out the role of the perfect inmate" (63). This can be seen in Harding's defence of the brutal "therapeutic" meeting, and in his description of McMurphy as a "Psychopath with definite sadistic tendencies, probably motivated by an unreasoning egomania" (56). This labelling functions dichotomously to create distance between the men, with Harding setting himself up as superior to the newcomer, but also serves to delegitimize McMurphy's concerns around the true nature of the therapeutic setting despite the cruelty Harding has just experienced. Goffman noted similar patterns of behaviour in concentration camps during the Second World War, when occasionally "a long-time prisoner sometimes came to adopt the vocabulary... posture, expressions of aggression... of the Gestapo" (63).

Gender Politics: Powerful Women and Emasculated Men

To extend this metaphor, one could state that in Kesey's psychiatric concentration camp, all the prisoners are men, while the guards are under the control of one, overbearing woman and the ideology of social collectivism. Raymond Olderman clearly recognises the gender politics at play in Kesey's narrative when he argues that the patients' lives are controlled "by women; it is a 'matriarchy' and behind almost every ruined man is a grasping, castrating female" (45). Certainly, if one considers only women characters such as Big Nurse, Vera Harding, and Billy Bibbit's overbearing mother then this conclusion seems impossible to avoid. Each of these women seek to emasculate, control, and in various ways infantilize the men in the ward. For example, Billy Bibbit's mother dismisses her mature son's expressed desires to attend college and start a family. Bromden, Kesey's narrator, reports that she "laughed at [his] foolishness" and countered with "Sweetheart, you still have scads of time for things like that. Your whole life is ahead of you" (281). When Billy haltingly rejoinders that he is "th-th-thirty-one years old", his mother responds "Sweetheart, do I look like the mother of a middle-aged man?" before she "wrinkled her nose and opened her lips at him and made a kind of wet kissing sound in the air with her tongue" (281). This disturbing exchange emphasises the mother's desire to preserve her son in the innocence of youth, in order to maintain control over his actions and desires – in particular his sexual desires. The wet kissing sound suggests an unsavoury relationship where the mother requires her son to remain child-like, in order to preserve her youthful self-image and

sense of self-worth since, once her child has grown up, she loses her own identity.

Once Billy has lost his virginity (courtesy of a prostitute friend who McMurphy invites onto the ward) and been discovered by the Big Nurse, it is through an appeal to his mother's delicate sensibilities that Billy is fatally shamed and returned to his prolonged boyhood. In the moments before his mother is mentioned, Billy is calm and confident, unhindered by the stutter that usually dominates his speech. The narrator describes how he wishes the Big Nurse a "Good morning, Miss Ratched," whilst "not making any move to get up and button his pajamas", showing himself to be newly assertive after his sexual awakening (300). Billy then take's "the girl's hand in his and grinned" before introducing her as Candy to the Big Nurse, again without any impulse to move or to hide himself – or his mate - in shame (300). Once Miss Ratched brings Billy's mother into the discussion, Billy's demeanour immediately shifts back to the role of the anxious juvenile:

"What worries me, Billy' she said – I could hear the change in her voice – 'is how your poor mother is going to take this.'

She got the response she was after. Billy flinched and put his hand to his cheek like he'd been burned with acid... 'Nuh! Nuh!' His mouth was working. He shook his head, begging her. 'You d-don't n-n-need!'" (301).

Billy's rapid deterioration from a composed and assertive individual to a stuttering, pleading child is a direct result of this linkage between his sexual awakening and his mother's assumed disappointment in this symbolic act. By having sex, Billy asserts his adulthood and thus his independence from

his mother. This desire for personal autonomy is a powerful act of subversion within the tightly structured and regimented environment of the ward.

Marriage and Emasculation

The correlations between loss of control over one's identity, humiliation, and gender conflict are fundamental to the marriages described in *One Flew over the Cuckoo's Nest*, since marriage itself could be argued to function as part of the Combine. For instance, it is clear to the reader that McMurphy is different; he has managed to escape the controls of the Combine because he "grew up so wild all over the country, batting around from one place to another, never around town longer'n a few months" (89). This could be argued to signify that transience and a lack of engagement with the community, specifically in the laying down of familial roots, is the only way to ensure continued autonomy for individuals. In this case, marriage, a social institution that signifies permanence, could be understood as a fundamental element of the Combine's power. Certainly, the marriages touched upon by Kesey demonstrate an undermining of masculine autonomy and the spread of what Feidler has called a "female civilization", especially in the case of Harding and his wife Vera, and Chief Bromden's parents. Harding is deeply unsatisfied with his marriage as explored in the group therapy meetings, where he describes his glamorous wife as a "bitch". On the other hand, Vera is equally unhappy, ridiculing her husband for his purported inadequacies in front of the other men, as well as flirting with McMurphy in order to humiliate her feminine husband (158).

This understanding of marriage as harmful and unrewarding is emphasized again the case of Chief Bromden's parents. Bromden refers to himself in the opening pages as a "half-breed Indian", born from a white mother and a full-blooded Native American father (5). It becomes clear, as the narrative progresses, that this interracial marriage was far from harmonious and that instead of challenging racial power-structures, their union served to cement them. Bromden's father, a tribal Chief originally named Tee Ah Millatoona (translated as "The-Pine-That-Stands-Tallest-on-the-Tree") took his wife's name after their marriage to make it easier to integrate into white society: with a white surname, it was easier to become a fully-fledged American citizen with a social security number. This loss of the Chief's original named identity, in addition to his forced assimilation into his wife's white community, gradually strips him of his masculine power, autonomy, and authority. Bromden, Kesey's narrator, claims that his father was "real big when I was a kid" but that his "mother got twice his size" as his father's strength within the family and prestige in the wider social sphere completely disappeared (208). Bromden's mother's gross size, and the power over her husband thereby made visible directly connect her with Nurse Ratched as a symbol of monstrous white motherhood, since Ratched is described as a "chalk statue" (172) who "blows up bigger and bigger, big as a tractor", with her face "a blend of white and cream and baby blue eyes" (11). Their shared colour and monstrosity strengthens Nurse Ratched's position as a "second mother" to Bromden (Fiedler 180).

By replacing Tee Ah Millatoona's proud Indian name with that of his white wife, matrimonial gender norms are subverted, and the husband loses his personal and cultural identity upon marriage, a process expedited when his tribal lands (and therefore his physical heritage) are sold off for redevelopment. It is interesting that Kesey's narrative views this as catastrophic for the novel's men, but the opposite situation, where wives take their husbands' names, is considered normal and therefore unthreatening. This highlights another troubling aspect of Kesey's gender politics, where women are considered monstrous and even dangerous if they become, in Kesey's view, too powerful.

McMurphy-as-Father and Restorative Masculinity

As Kesey's narrative progresses Bromden begins to reclaim his autonomy, memories of his cultural heritage, and his masculine power characterized by size and strength all because of McMurphy's presence. Indications of change become apparent as soon as McMurphy enters the ward, since, immediately upon hearing his voice Bromden thinks,

He talks a little the way Papa used to, voice loud and full of hell, but he doesn't look like Papa; Papa was a full-blood Columbia Indian – a chief – and hard and shiny as a gunstock (16).

This description is loaded in primitive masculine energy that reminds Bromden of his heritage and foregrounds the dramatic impact McMurphy has upon the Chief.

When the patients shake hands for the first time, this connection between McMurphy and masculine vitality continues:

the fingers with thick and strong closing over mine, and my hand... [felt] peculiar and went swelling up out there on my stick of an arm, like he was transmitting his own blood into it. It rang with blood and power. It blowed up near as big as his (27).

This motif of transplanting power and causing Bromden to swell as he becomes more self-assured continues throughout the novel, with McMurphy continuing to encourage Bromden's development.

As Martin has commented, "the early McMurphy has a primitive energy, the natural expression of his individualism" that flows from him to the others and inspires them to become more assertive (25). Throughout the novel McMurphy functions as an example to the men of how strong they might become, and as a surrogate father-figure to Bromden, who, Bruce Carnes writes, is "miraculously return[ed]... to the world of the living" through their developing bond (14). This relates directly to the lifting of the "fog" that clouds and separates the men from one another in Bromden's mind, particularly after shock treatments, but also to the individual's developing sense of self. In the opening pages of the novel, Bromden wonders if McMurphy is laughing at him because of "how funny it looked, an Indian's face and black, oily Indian's hair on somebody like me. I thought he was laughing at how weak I looked" (26). This demonstrates a disconnection between the physical and emotional self, something that will become fundamentally important to Esther Greenwood's sense of self in Chapter Three. Chief reports an even more pronounced rupture between his inner and outer self later in the text when looking at his

face in the mirror, dark and hard with big, high cheekbones, like the cheek underneath them had been

hacked out with a hatchet, eyes all black and hard and mean-looking, just like Papa's eyes or the eyes of all those tough, mean-looking Indians you see on TV, and I'd think, That ain't me, that ain't my face (140).

This moment occurs just before the night time episode when Chief Bromden witnesses the dog playing outside the asylum in the moonlight, which functions to connect Bromden with the natural world (a native American stereotype that Kesey perpetuates relentlessly) and with an existential awareness that connects him with the present moment in a way denied to him before McMurphy's arrival by his willingness to surrender himself to the fog.

By the novel's end, however, Bromden not only recognizes himself as a Columbian Indian freed from influence of his mothers, the Big Nurse and his biological mother who brought down the original Chief, but he even plays upon the various stereotypes associated with his finally accepted identity to his advantage. After his escape, on the way back to his tribe's lands on the Columbia river then to Canada, Bromden hitchhikes with a "Mexican guy, going north in a truck full of sheep" to whom he tells such

a good story about being a professional Indian wrestler the syndicate had tried to lock up in a nuthouse that he stopped real quick and gave me a leather jacket to cover my greens and loaned me ten bucks to eat on while I hitchhiked (272).

This moment recalls McMurphy's bravado in the petrol station earlier in the novel, using prejudice against psychiatric patients to secure certain benefits procured through fear, as well as portraying himself as a outlaw in the style of his mentor, and as a strong, masculine Native American, thereby finally

aligning himself with his identity that had been stripped by life-long exposure to the Combine.

In Conclusion

In a letter to the editor of the *New York Times* in 1963 Kesey fought back against those who had criticized the play version of *One Flew over the Cuckoo's Nest*. Theatre critic Howard Taubman had claimed that the portrayal of the psychiatric hospital was tasteless and irrelevant, much to Kesey's disgust. He retorted that "The notion that this setting is only a fictional and fantastic one does an injustice to thousands of patients in hundreds of wards almost identical to that ward on stage" since,

While Cuckoo's Nest is... about more than a mental hospital, it is also an *attack on tyranny of the sort that is perhaps more predominant in mental hospitals than any place else in our land* (emphasis mine, qtd. Christensen 63).

With this last line Kesey crystalizes his concerns over psychiatry, and particularly, of psychiatric hospitalization, showing both to be an affront to the American tradition of personal autonomy and self-reliance, as established by Ralph Waldo Emerson in 1841. This position brought Kesey into alliance with Thomas S. Szasz, who similarly denounced psychiatric intervention as a form of pseudo-medicine that functions as a tool of state repression, and with whom Kesey corresponded admiringly.

Beat writers like Seymour Krim and Allen Ginsberg, whose poem "Howl" has been described as "a stunning definition and denunciation of the conformist American machine state", also criticised psychiatry as state violence perpetrated against social or political misfits (Christensen 30).

These writers were highly influential to Kesey, particularly in their propensity to write about situations from their own experiences, something that inspired Kesey's decision to set his novel in a psychiatric ward resembling the one he worked in as a night aide in the early 1960s. Indeed, his need for accuracy was so great that he even tried electroshock therapy himself, just to see if it was as bad as patients claimed it to be. In his response to the negative reviewer, Kesey wrote that during his final shifts at the hospital

I had to try shock treatment to get some idea why the patients thought it so bad... to those who think it is fictionally exaggerated, I only say try it first and see. Because it can never be as bad in fiction as it is in real life (qtd. Christensen 63).

Like most of the other novels considered herein, psychiatric intervention, characterized by shock treatments, lobotomy, restraint, and institutionalization is understood in Kesey's novel as punitive, driven by a repressive social structure that cannot tolerate non-compliance. The medical legitimacy of psychiatry is rejected, with mental illness revealed as stigmatizing labels applied to those who have deviated from their social responsibilities. *One Flew over the Cuckoo's Nest* is a foundational text of the counter-cultural push against psychiatric omnipotence evident in the literature of the early 1960s. In my next chapter, on Sylvia Plath's *The Bell Jar*, I seek to extend this critique further by focusing on the ways in which psychiatric diagnosis and treatment can be employed to readjust those who reject social convention, particularly with regards to gender and conservative sex roles.

The Bell Jar, Ontological Insecurity, and the Curse of Womanhood

Just as Ken Kesey's *One Flew over the Cuckoo's Nest* understood society as a threat to the individual, Sylvia Plath similarly depicts post-war culture and the omnipotent power of psychiatry as antithetical to the development of autonomous personhood in *The Bell Jar*. I argue that both texts locate psychiatry within this collectivized society as a form of unofficial police force, ensuring conformity through the threat of diagnosis, the resultant labelling of dissenters as mad, and the violent readjustment of those who refuse to comply. There are disparities between Kesey's and Plath's texts however, particularly with regards to respective gender roles and their significance in preserving the social status quo. This, in turn, is intrinsic to the depiction and deployment of psychiatric intervention in both novels. In Kesey's text, the emphasis on social collectivization or collaboration is understood as a feminizing force that threatens masculine self-determination, therefore psychiatry is understood as a "matriarchy", where this feminization is violently enforced.

On the other hand, in Plath's text, psychiatry functions to impose society's patriarchal values upon dissenting and troublesome females to preserve masculine authority and social power. As Szasz commented in 1973, Plath, throughout her life, "waged an unsuccessful war against the constraints of the feminine role [and] was labelled mentally ill, hospitalized, and treated with electroshock" as a result (300). This chapter will argue that Plath's protagonist, Esther Greenwood, faces a similar fate. Much attention in this chapter will therefore be paid to the politics of gender in *The Bell Jar*,

since, in my reading, gender roles underpin the social structure that psychiatry and psychiatrists support through diagnosis and treatment. Unlike Kesey's text however, Plath's novel allows for the development of ambiguity in the individual's relationship with psychiatry. Esther, Plath's protagonist, undergoes a questionable recovery by the novel's end, by which time she describes herself as "patched" and "retreaded", linguistic choices that deliberately undermine the legitimacy of her progress (233). Despite Plath's ambiguity, this chapter will argue that Esther remains a victim of psychiatric violence based upon her dissatisfaction with the conservative gender roles open to women at the mid-twentieth century.

Sylvia Plath, R. D. Laing and *The Divided Self*

By reading Plath's novel through the framework of R. D. Laing's *The Divided Self*, first published in 1960, this chapter will interpret mental illness (particularly schizophrenia) not as organic in etiology but as a label applied to those who reject or struggle to harmoniously assimilate their individual selfhood with socially defined expectations of behaviour, particularly in relation to gender. Far from being illogical and incomprehensible, madness is understood in Plath's and Laing's texts to be a cogent response to pressure placed upon the self by family and society. Furthermore, this chapter will demonstrate how R. D. Laing's ideas of ontological insecurity and the false-self system can be expanded from an apolitical focus upon the individual to apply more widely to the psychological impact of socially gendered expectations upon middle-class women in the post-war decades. By considering Betty Friedan's *The Feminine Mystique* and Simone de

Beauvoir's *The Second Sex* in parallel with *The Bell Jar* and *The Divided Self*, this socially-imposed schism upon the female becomes clear. Psychiatry is therefore understood in Plath's text to play the role of patriarchal enforcer of gendered positions, rather than a legitimate branch of an objective medical science.

Despite selling only 1600 copies in the first four years after its publication in 1960, *The Divided Self* by R. D. Laing has become one of the most famous texts of its time. *The Divided Self* sought not only to explain the "process of going mad" in a way that would make madness "comprehensible" to readers, but also aimed to restructure debates around mental illness by moving away from orthodox psychiatric terminology that led to the depersonalization of the patient (9). In accordance with this more humanistic framework, influences visible in *The Divided Self* come from a variety of sources, including literature, theatre, psychology, mythology, and most prominently, philosophy. Laing was particularly interested in existentialism and phenomenology, two philosophical ideas that he combined with his psychiatric background in *The Divided Self*. By applying and revising philosophical ideas derived from continental thinkers like Jean-Paul Sartre, Søren Kierkegaard, Martin Heidegger, and Maurice Merleau-Ponty, Laing established an innovative rhetorical framework that renounced the primacy of organic aetiology in schizophrenia. Instead, Laing viewed psychosis as part of a spectrum of normal and predictable human behaviour, and as a chosen response to difficult personal scenarios (most predominantly within the family unit).

Laing argued that rather than viewing human beings as “organisms”, as he believes to be the case in traditional medicine, the existential psychiatrist would consider the individual as a “self-acting agent”, whose behaviour should be understood “in terms of that person’s experience and of his intentions” (1976, 22). In contrast, “behaviour seen organismically [as in orthodox therapeutic doctrine] can only be seen as the contraction or relaxation of certain muscles, etc.” (1976, 22) Whilst it seems unlikely that many doctors would admit to viewing their patients through this essentialist lens, Laing argued that in order to understand schizophrenics, and psychiatric patients more generally, one must recognize the patient not as a passive victim of a neurochemical flaw, but as an individual with agency and responsibility, as well as interpersonal experiences of socialization.

Laing’s emphasis upon the experience of the individual is echoed in Plath’s novel, through the connections it draws between her socio-political context and Esther’s supposed sickness. Teresa de Lauretis has pointed out this social emphasis in Plath’s text, arguing that *The Bell Jar’s* narrative structure follows the

pattern of psychoanalytic novels and case histories but whereas in the latter the main interest lies in the psychological processes described rather than in cultural and existential ones, Esther’s story is totally entwined with a specific and fully detailed culture (174).

As in Laing’s text, Plath empties out the veneer of medical objectivity behind psychiatric diagnosis and emphasizes the importance of one’s interpersonal experiences in instances of mental distress. To that end, Esther’s purported sickness is not understood in *The Bell Jar* as rooted within an individual

psychopathology, but in the sick society in which she exists, most specifically in the arbitrary nature of its gender roles. Similarly, in *The Divided Self* Laing compares the translation of ancient texts to interpretation of “psychotic ‘hieroglyphic’ speech and actions” (which have been termed “schizophrenese”) and argues that “Beyond... formal analysis, it may be possible to shed light on the text through a *knowledge of the nexus of socio-historical conditions from which it arose*” (emphasis mine, 32). This position refutes the scientific objectification of (wo)man-as-patient, and instead posits a more humanistic, interpersonal relation between the individual and their social context.

For Laing, most of the schizophrenic patients he encountered can be understood as psychologically divided and as experiencing what he termed “ontological insecurity”. Ontological insecurity is a state in which the individual lacks a solid core understanding of themselves and their position within their world, and from which one can – but does not always - progress on from to experience psychosis. Laing describes the ontologically insecure individual as:

More unreal than real; in a literal sense, more dead than alive; precariously differentiated from the rest of the world, so that his identity and autonomy are always in question... He may not possess an over-riding sense of personal consistency or cohesiveness. He may feel more unsubstantial than substantial, and unable to assume that the stuff he is made of is genuine, good, valuable. And he may feel his self as partially divorced from his body (1976, 42).

Laing is vague about why some individuals experience this internal vacuum, or what exactly causes it in *The Divided Self*, although we get some

indication through case studies that it is often connected with overbearing mother figures (a suspicion that David Copper would later repeat in *Psychiatry and Anti-Psychiatry* in 1967).

Laing was aware of, and inspired by, the work of Gregory Bateson and his colleagues in Palo Alto, California, and their study "Towards a Theory of Schizophrenia". Published in 1956, Bateson's paper theorised that children were more likely to develop schizophrenia if they were repeatedly exposed to communicative "double bind[s]" through pathological parental relations. According to this study, schizophrenia develops because of repeated communicational confusion resulting from "contradictory messages" from one or both parents, conveyed both verbally and non-verbally. Laing met Bateson on his first trip to America in 1962, according to Adrian Laing, and the trip made a "lasting impression" upon him, inspiring his later work with Aaron Esterson (although both Laing and Esterson had been working on interpersonal dysfunctionality and the development of schizophrenia since 1958) (80). Laing's meeting with Bateson strengthened his assumption that schizophrenic self-divisions could occur through the long-term erosion of the self specifically by the dysfunctional family, a position he explored further in *Self and Others* and *Sanity, Madness, and the Family*. This chapter however understands the family as microcosm for a restrictive society, thereby widening Laing's remit by taking into consideration the impact of a broader socialization upon the individual.

Those affected by this sense of internal division often, according to Laing, attempt to combat this existential insecurity over the solidity or validity

of their 'true' selves by surviving behind a metaphorical mask. This also includes the vampiric imitation of other people's identities, which Laing termed "ontological dependency" (1976, 53). This masking tactic, labelled in *The Divided Self* as the "false-self system" is integral to Laing's theory of schizophrenia: it seeks to provide a superficial front behind which the vulnerable inner self can retreat, thereby maintaining an apparently safe distance from the outside world and its perceived existential threats. Laing's concept of false and true selves is directly relatable those laid out by D. W. Winnicott. Winnicott, a psychoanalyst and colleague of Laing's at the Tavistock Institute in London, similarly wrote that the false self performs a defensive function to "hide and protect the True Self, whatever that may be" (142).

In the division of selves, the interior "authentic" identity therefore remains trapped within the mind of the sufferer, while the outer "inauthentic" self-system alone relates to the physical world as a kind of defence mechanism. This schism, however, reads as overly facile. The concept of an "authentic" or "true" self is complicated, particularly in relation to the utilization of masks and alternate protective identities. These masks, I argue, are adopted through the process of socialization (most pertinently for this chapter in the case of social inculcation into specific gendered identities). As Daniel Burston has pointed out however, "if taken to its logical extreme, this line of reasoning suggests that the presocialized person is the only true self", and "that the rediscovery of authentic selfhood requires that we unlearn whatever beliefs, identities, and cognitive constructs have been acquired"

(223). While this logical conclusion may be useful for understanding Laing's gravitation towards rebirthing therapies in later years, Burston's comments demonstrate the difficulty in fully accepting the idea of an "authentic" or true self located behind the adopted false-self system.

Nevertheless, for Laing this split between true and false selves establishes a disembodied/embodied dichotomy that the individual must precariously negotiate to avoid a descent into a Laingian psychosis, liable to occur when the affected individual begins to identify exclusively, or at least predominantly, with this disembodied interiority (65). This self-division can lead to feelings of asphyxia for the "true" self, as the individual trapped inside their own psyche is unable to interact with or extract stimulus from the "real" world. Instead, Laing reports that these persons generally experience their interactions with the material world as characterized by "unrealness, meaninglessness, purposelessness... [and] overall deadness [as a] direct consequence of the basic dynamic structure of the individual's being" (96). One of the clearest examples of the highly pressurized and suffocating nature of this divided inner/outer experience is developed in *The Bell Jar*.

Although Adrian Laing writes that his father met Ted Hughes in 1964, the year after Plath's suicide, there is no concrete evidence that Plath and Laing were aware of each other personally or of the other's work (99). Despite this, there are many notable connections between Plath's narrative and Laing's theories of schizophrenic experience, and critics have been quick to establish a link between the two. Luke Ferretter, for example, discusses Plath's work in relation to Laing's *Sanity, Madness and the Family*,

focusing on the case of the Gold family and the “*procrustean identity*” that the daughter, Ruth, displays to her parents (emphasis original, 2011, 161). In addition, William Wootten has argued that, despite the lack of evidence of a connection between the two, “it is extremely likely that Plath would have been aware of the arguments [*The Divided Self*] advanced” (107). Plath was, like Laing, interested in psychoanalysis, and her *Letters Home* to her mother show she was aware of Sartre’s brand of existential philosophy, since Plath writes in a letter dated 16 August 1960 that she has been translating Sartre’s 1951 play titled *Le Diable et Le Bon Dieu* (or *The Devil and the Good Lord*) (391).

Given these common intellectual interests, and that both Laing and Plath were working in London at the same time, it is conceivable therefore that they were aware of each other’s work (although Wootten’s assertion that it was “extremely likely” seems exaggerated, since Laing’s work did not become especially famous until 1964, by which time Plath was deceased). Nevertheless, *The Bell Jar* and *The Divided Self* have much in common, so much so that for Marjorie Perloff the “central action” of the novel can be understood in explicitly Laingian terms (509). She argues that the narrative impetus behind *The Bell Jar* is its protagonist Esther’s “attempt to heal the fracture between [her] inner self and false-self system so that a real and viable identity can come into existence” (Perloff 509). Howard Moss agrees, arguing that “As a work of fiction, *The Bell Jar* seems to compliment the clinical theories of the Scottish analyst R. D. Laing”, not just as a result of Plath’s exploration of the false-self system as Perloff points out, but also in

the way that the novel destabilizes the concepts of “mad” and “sane” (127).

For Moss, since the narrative is presented from Esther’s point of view “rather than the viewpoint of someone observing her, there is a continuity to her madness; it is not one state suddenly supplanting another, but the most gradual of processes” (127).

Furthermore, Harold Bloom has added that through Plath’s choice of narrative style, Esther’s “mental illness becomes real, even understandable to the reader” (20). Both Moss’s and Bloom’s readings directly mirrors the position Laing advocates in *The Divided Self*: the existential therapist must challenge themselves to adopt, or at least comprehend, the perspective of the client or patient, and, in doing so, disregard the discrete segregation of the terms “mad” and “sane” as false constructs. Moss’s comment that madness appears in Plath’s novel as a “process” also links his words directly to a Laingian position that views schizophrenia part of a spectrum of possible human behaviours, rather than a biological category that only affects those experiencing a neurochemical pathology.

The Pitfalls of Autobiography: Beyond the Author

It is widely known that *The Bell Jar* is a semi-autobiographical novel that confronts the events leading up to Plath’s first suicide attempt in August 1953, when she was 20 years old, and her consequent experience of psychiatric treatment with both psychotherapy and ECT. While David Holbrook has understood the text as a “horrifyingly autobiographical account” of Plath’s late adolescent battle with mental illness, to begin to unpack the

wider social and political implications of the text the similarities between Plath and Esther's experiences must be set to one side (53). This, one could argue, may have been Plath's intention for the text given her adoption of the pen name Victoria Lucas for its original publication (the only within her lifetime). One should also consider, as Paul Alexander has pointed out, the risk of embarrassment to those who recognised themselves in Plath's text. For this reason, Aurelia Plath repeatedly fought against her daughter being identified publicly as the text's author given her belief that "certain characters... were grotesque caricatures of living individuals... who would be hurt by the [publication]" (Alexander, 374).

Whatever the motivation behind Plath's original choice of pseudonym, Jacqueline Rose has argued that preoccupation with an author's life (and in Plath's case, her death) "clamps [their] writing into [a] hollow wooden frame" and, in this case, "cramps [Plath's] style" as well as "deny[ing] the transformative potential of her art" (50-52). This is inarguably the case; however, the complexity of Plath's own opinions on the gendered roles of mid-twentieth century women are worth considering as they elucidate the reasons for the novel's own gendered ambiguities. For example, shortly after meeting Ted Hughes at Cambridge University Plath wrote in her journal that:

I am inclined to babies and bed and brilliant friends....
This is what I was meant to make for a man, and to
give him this colossal reservoir of faith and love for him
to swim in daily, and to give him children; lots of them in
great pain and pride (79).

Plath's statement initially appears to romanticise and propagate the traditional female role; she wants to produce children and offer herself as a sexual mate in service to a man (presumably a husband).

Likewise, in *The Bell Jar*, Esther initially romanticises maternity, conflating painful childbirth with womanly serenity: she writes that she "always imagined myself... on the delivery table... dead white, of course, with no make-up and from the awful ordeal, but smiling and radiant, with my hair down to my waist" (63). After watching another woman give birth early in the novel however, Esther becomes disillusioned with this feminine destiny and looks upon modern childbirth with horror, describing the mother as a "big white lump" on a trolley (61) and imagining labour to be a "long, blind, doorless and windowless corridor of pain" that traps mothers, "shut[ting]" them in (62).

Esther is similarly horrified by submissive wives, and in particular with Mrs Willard's suggestion that wives become the "arrow" from which their husbands shoot out from: instead, she writes that "The last thing I wanted was infinite security and to be the place an arrow shoots off from. I wanted change and excitement and to shoot off in all directions myself" (79). However, this idea of the wife as a restorative base for the husband to "shoot off" from can be read as analogous to the reservoir that Plath mentions in her journal entry: in her imagined future defined by matrimony and motherhood, she will provide an immersive love for her husband to "swim in". At first glance therefore, Plath's journal entry above seems to agree with Mrs Willard's conservatively gendered idea of wifedom, since Plath-as-wife will

put herself through physical pain to birth children and create a safe space for the benefit of her husband.

Plath's mention of "brilliant friends", however, suggests an extension of the wife/mother role that indicates Plath's rejection of wives abandoning their individual creative or intellectual potentiality in sole service to their mate. Indeed, in another conversation recorded in Plath's journal she wrote that her boyfriend, Dick Norton, had accused her of wanting to dominate her future husband, or of being afraid of being dominated herself. She responded,

Sure, I'm a little scared of being dominated. (Who isn't? Just the submissive, docile, milky type of individual. And that is Not he, Not me) ... It is only *balance* that I ask for. Not the continual subordination of one person's desires and interests to the continual advancement of another's! That would be too grossly unfair (emphasis mine, 106).

Women, as wives and mothers, should be allowed to pursue meaningful interests and endeavours outside the home according to Plath. Statements like these are the reason why Tim Kendall has written that "Plath's conformist ambitions existed alongside a profound dissatisfaction with such roles" (50). Marriage, motherhood, and individual identity are all equally integral to Plath's sense of self.

Plath's anxieties over the inflexibility of women's roles are important to address as they correspond directly to those displayed in *The Bell Jar*, but also to tensions highlighted by other women of the post-war years including French feminist Simone de Beauvoir. Beauvoir characterised this period as one of "transition" for women, where an awareness of the claustrophobic demands of the feminine role was building in female consciousness (445). In

1949, Beauvoir wrote in *The Second Sex* that this tension in the female position between individual desires and social expectations lead to a rupturing within the feminine self that I will align with a Laingian conception of the schizoid individual. Beauvoir writes,

In woman... there is from the beginning a conflict between her autonomous existence and her objective self.... she is taught that to please she must try to please, she must make herself object; she should therefore renounce her autonomy. She is treated like a live doll and is refused liberty (308).

As Beauvoir suggests, women are *necessarily* divided beings, who are required to conform to restrictive gender practices and to subjugate their subjective desires to these socially expected roles.

Virginia Goldner makes this point even more explicitly, stating that

[s]ince gender is a... cultural designation of the self that 'cleanses' itself of opposing tendencies, it is, by definition, a universal, *false-self system* generated in compliance with [gender norms]" (emphasis mine 73).

By referring to the "false-self system" here, Goldner, as I intend to do, connects the requirement of gender performance with R. D. Laing's concept of ontological insecurity, and suggests that feminine experience is always dichotomous and even, in Laing's terms, schizophrenic. To address the biographical nature of Plath's text alone would miss this point, and therefore unavoidably narrows the political significance of her novel. Biographical critiques restrict engagement to the identification of analogies with the author's singular life, rather than facilitating an exploration of feminine identity and psychiatry's role as a tool of patriarchal readjustment.

To avoid such myopic engagement, this chapter will argue that by reading *The Bell Jar* through the framework of Laing's *The Divided Self*, the reader can understand Esther as experiencing a textbook "ontological insecurity" that leads to the conscious construction of a "false-self system" through what Laing has termed "ontological dependency" that eventually deteriorates into psychosis. I will also demonstrate how, despite Plath's personal views on gender roles being conflicted and often markedly conservative, Esther's often frustrated struggle for an identity she can live with is inherently connected to the mutually exclusive feminine archetypes available to women in the mid-1950s, as represented by characters like Betsy, Doreen, Jay Cee, and Dodo Conway, amongst others. Perloff agrees, arguing that the major focus of Plath's novel is "not on mental illness per se" but resides instead within "the relationship of Esther's private psychosis to her larger social situation" since "her dilemma seems to have a great deal to do with being a woman in a society whose guidelines for women she can neither accept nor reject" (511). Accordingly, I will connect Esther's exploration of potential gender approved identities to Laing's concept of the "false-self system" and posit that a divided self is in fact at the heart of mid-twentieth century female experience.

Womanhood and the Split Self

To be clear, this is not to suggest that the experience of schizoid or divided selves is only encountered by those who are in conflict with the stereotypical gender roles socially expected of "normal" citizens (of either sex) at that particular cultural moment or is limited exclusively to women

(several of Laing's case studies, including David, Peter, and James are male). It should be acknowledged that men as well as women are subjected to stereotyped gender roles that may cause psychological distress: in *Revolutionary Road*, Frank Wheeler often consciously projects a hyper-masculine air and struggles with crushing weight of being a sole family breadwinner; while Kesey's Randle McMurphy becomes a caricature of masculinity trapped within the gendered expectations of his fellow patients, surprising them with unexpected moments of sensitivity.

Significantly however, like Beauvoir before her, Plath's narrative suggests that these gender roles are more harmful to women since, Plath suggests, females are subject to tighter (often double) social standards that compound the split between femininity and individual autonomy in a way less visible in men. For example, with regards to sexual freedom in men and women, Beauvoir writes that

Patriarchal civilization dedicated women to chastity; it recognized more or less openly the right of the male to sexual freedom, while woman was restricted to marriage. The sexual act, if not sanctified by the code, by a sacrament, is for her a fault, a fall, a defeat, a weakness; she should defend her virtue... whereas any blame visited upon her conqueror is mixed with admiration (395).

Anger over social double standards with regards to sexuality and sexual expression partially drives Plath's narrative, particularly when Esther learns that Buddy Willard, her boyfriend, has lost his virginity before her in a casual fling with a waitress. After Buddy tells her of his affair, Esther is stunned, stating that "something in me just froze up" (66). After asking her classmates how they would feel in the same situation, they respond that "most boys were

like that and you couldn't honestly accuse them of anything until you were at least pinned or engaged to be married" (66).

This double standard, which profoundly disturbs and even enrages Esther, is revisited when her mother sends her an article titled "In Defence of Chastity", which advises that men would

try to persuade a girl to have sex and say they would marry her later, but as soon as she gave in, they would lose all respect for her and start saying that if she did that with them she would do that with other men and they would end up making her life miserable (77).

Shocked by this dichotomous position, Esther decides to break the taboo around female sexuality and to lose her own virginity outside of wedlock as a form of female empowerment. She states that "I couldn't stand the idea of a woman having to have a single pure life and a man being able to have a double life, one pure and one not" (77). Esther's desire to have sex to secure her independence is, however, fraught. Bourjaily comments that "through emotionally neutral defloration, Esther has become her own woman in a world of inadequate, repressive men. She says 'I hate the feeling of being under a man's thumb'" (138). While Esther's logic, as Bourjaily sees it, makes sense, one could counter this position by arguing that in placing such emphasis on heterosexual activity as a passage to female liberation, the man is necessarily placed in a position of power. This was Beauvoir's position, since she wrote that "the normal sexual act in effect puts women into a state of dependency upon the male... It is the male... who has the aggressive role, the female submitting to his embrace" (395). Furthermore, Esther's eventual haemorrhage, caused by sexual penetration, emphasizes the violence

inherent in this coupling both literally and metaphorically. Esther's claims to female liberation through sex therefore remain highly problematic.

Esther's rejection of the limits placed on female sexuality is one of many examples of her adolescent desire to probe and to sometimes challenge the socially constructed notion of how womanhood should be performed. As Goldner has pointed out, in *The Bell Jar* "gender experience is not necessarily a self-*state*, but a complex, evaluatively structured self-*representation*, which is then measured against an idealized, abstract, dichotomous gender category" (emphasis original, 74). Plath's narrative style helps to reveal this normally hidden aspect of Western culture, through what Stan Smith has argued is an atmosphere of "alienation" engendered and communicated through the psychological detachment of her protagonist. By this, Smith means that "Esther's 'madness' offers her an increasingly 'objective' exterior view of the culture she has inherited" (34). Esther's schizoid perspective paints a picture of an individual both inherently connected to, and psychologically disconnected from, her social context in ways that ultimately confront the reader with the familiar rendered strange (most predominantly in the case of gender relations and in her dealings with psychiatry unmoored, at first, from the therapeutic framework).

Narrative Distance, Cultural Relativism, and Gender Roles

This sense of disconnection directly corresponds with Laing's depiction of the schizoid individual as segregated into a dichotomous disembodied/embodied state. Plath is utilizing Esther's disembodied or

schizoid position to create space for dialogue around what is automatically accepted as both natural and therefore culturally normal. Robert Scholes agrees, arguing that Plath uses “what the Russian critic Viktor Shklovsky called ‘defamiliarization’”, with the intention of challenging “comforting... clichés that we are all too ready to accept” (132). Indeed, for Shklovsky, the revelatory power of this technique lies at the very heart of the aesthetic endeavour: “the purpose of art is to impart the sensation of things *as they are perceived* and not as they are known. The technique of art is to make objects ‘unfamiliar’” (emphasis mine, 12). By utilizing this distancing narrative style, Plath’s text allows Esther and readers alike to reflect upon the constructed and artificial nature of socially received knowledge depicted as natural. In detaching oneself from a socially learned framework of meaning, the text demands that we approach central issues like gender roles and psychiatric intervention more sceptically, and prioritizes knowledge gained through individual experience over received social wisdom. This narrative strategy serves to highlight the relativity of culturally constructed social norms.

An especially pointed example of this schizoid defamiliarization occurs when Esther confronts the reality of modern childbirth, as she watches Mrs Tomolillo give birth in the medical school. She describes the hospital bed as an “awful torture table, with... metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes” (61). Her description of Mrs Tomolillo’s body is sinister and uncanny; entirely separated from romanticised notions of childbirth and maternity in general:

The woman’s stomach stuck up so high I couldn’t see her face or the upper part of her body at all. She

seemed to have nothing but an enormous spider-fat stomach and two little ugly spindly legs... and all the time the baby was being born she never stopped making this unhuman whooping noise (61).

This emphasizes Mrs Tomolillo's dismemberment through medical intervention: she has been reduced (in Esther's eyes) to an eerie, and inhuman, mass of limbs and sounds (Esther even refers to her as a "lump" (61)). Plath's narrative style makes this description alien and refutes romantic notions of childbirth so central to the female gender role. In a way, this effect strips back what might be understood as the culturally constructed (and romanticised) "essence" of childbirth represented in the novel by Esther's vision of herself in childbed, "smiling and radiant, with my hair down to my waist" as discussed and replaces it with the brutal fact of birth in an industrialised hospital setting (63).

Esther's depiction of Mrs Tomolillo as reduced to a huge pregnant belly with legs also directly connects to Laing's view that medical rhetoric frames patients as pathological organisms during diagnosis and treatment, rather than as holistic (existential) entities. Laing writes that by seeing the patient "as an organism, man cannot be anything else but a complex of things, of its, and the processes that ultimately comprise an organism are its processes" (1976, 22). This is precisely how Esther views the childbirth episode: Mrs Tomolillo is dehumanized to the extent that her consciousness of the experience is vitiated by the administration of a drug designed to engender a "twilight sleep" that would cloud her memory to the physical pain of childbirth (61). Esther understands Mrs Tomolillo, as an existential being, to be entirely irrelevant to the whole procedure. Her sole function is as a

passive vessel in service to the male body, since Esther reflects that the drug is “sort of drug a man would invent” that would “make [her] forget how bad the pain had been” (61).

The issue here again is of disconnection from the body and bodily experiences; women, in Esther’s eyes, are tricked by medical advances into having baby after baby, since they never recall the traumatic and painful experience of giving birth. This episode suggest that women are being controlled, robbed of their autonomy and corporeal experience by a patriarchal social structure akin to Kesey’s Combine, and by the medical profession that underpins and supports this cultural zeitgeist. Indeed, Gayle Whittier has argued that the

labouring woman strapped to a table (more like an instrument of torture than a helpful invention) is one of a series of images [in the novel] in which society ostensibly ‘helps’ people by reducing them to passivity (137).

This series of images, I argue, should include Esther’s experience of electroshock therapy and psychiatric hospitalization.

Although childbirth is understood in *The Bell Jar* (and more generally in mid twentieth-century society) as the zenith of female experience, women, and particularly women’s bodily experiences, are fundamentally removed from the birth-process, usurped by medical science. This process, according to Irving Zola is a relatively recent one: in 1978 he wrote “it was barely seventy years ago that virtually all births... occurred outside the hospital as well as outside medical supervision” (90). By bringing pregnancy and birth into the scientific realm of medicine, women’s control over this process has

been eroded, as can be seen in the propagation of the lithotomy position (adopted by Mrs Tomolillo), as the optimum posture for delivery. Activist Doris Haire has commented that

There is gathering scientific evidence that the unphysiological lithotomy position (back flat, with knees drawn up and spread wide apart by stirrups), which is *preferred by most American physicians because it is more convenient...* tends to alter the normal fetal environment and obstruct the normal process of childbearing, making spontaneous birth more difficult or impossible (emphasis mine, 192).

This position, adopted by Mrs Tomolillo, has numerous disadvantages for delivering mothers and babies: it restricts space in the birth canal, can lead to lengthier labours, and forces women to push against gravity to deliver. Regardless of these negative factors however, this position is, according to Haire, preferred by medical professionals because is more expedient for the presiding obstetrician. This argument is similarly advanced by Brigitte Jordan, who decades later compared women's experiences giving birth in an upright position, with accounts of birth in the supine lithotomy position. She wrote that "without exception" responses from women using the upright position were "more positive" since they experienced "more ease in pushing, less pain during pushing, fewer backaches... fewer forceps deliveries, and fewer perineal tears" (85). Most significantly however, she wrote that "there were no adverse effects" delivering in the upright position, but that "birth attendants reported that this position was inconvenient for them" (85). In this position the mother becomes a passive instrument of human propagation;

her body rendered powerless, while credit for successful birth is focused upon the (mostly male) medical profession¹⁶.

Plath's use of defamiliarization in the childbirth scene allows readers to experience a familiar world made strange through the separative metaphor of the bell jar; a position that leads one to question the received social zeitgeist and aligns Esther's disjointed self with Laingian ideas of the false-self system and ontological insecurity. As Esther's mental state becomes more precarious, the disembodied narrative perspective intensifies, but even at the novel's opening Esther describes herself as "very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo" (2). Esther is defined during these moments by passivity and absence; she is struck dumb by her mental separation from the outside world. Not long afterwards she compounds this insubstantiality by describing herself as "the negative of a person I'd never seen before in my life" during an impromptu drinking trip with her friend Doreen (9). Again, this disembodiment is a clear indication of Laingian ontological insecurity as described in *The Divided Self*, where the individual is characterized as

Split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself 'together with' others or 'at home' in the world, but, on the contrary, he

¹⁶ Diane Scully and Pauline Bart wrote in 1978 that in America, "Gynecology and obstetrics are overwhelmingly a male specialty (6.8 percent female practitioners)" (214). Given that this figure relates to the medical profession twenty-five years after 1953, the year Plath's novel was set, it would be reasonable to surmise that the percentage of women in gynecology and obstetrics would be even lower at that time.

experiences himself in despairing aloneness and isolation; more over he does not experience himself as a complete person but rather as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body (1976, 17).

This description closely matches Esther's reported experience: she exists in a physical sense within the world, but mentally she becomes more and more distant, until she experiences a psychotic break. For Laing, psychosis is likely to occur "if the individual begins to identify himself too exclusively with that part of him which feels unembodied", a state that increasingly corresponds to Esther's precarious selfhood (1976, 65).

When Esther joins her friend Doreen and her new love interest Lenny in his apartment this split self clearly manifests itself, as does Esther's schizoid preoccupation with watching or observing. Esther states that "I liked looking on at other people in crucial situations" (12), and when Doreen and Lenny begin dancing she "tried to look devout and impassive like some businessman I once saw watching an Algerian belly-dancer", while feeling herself "shrinking to a small black dot... like a hole in the ground" (15). Esther feels herself reduced to a disembodied spectator which, for Louis Sass, is entirely predictable, and relates directly to Plath's use of narrative defamiliarization. He writes that "most schizoid persons seem to be well aware of their own detachment. 'There is a pane of glass between me and mankind' is a typical remark" (116). This perfectly describes the situation in Lenny's apartment – Esther views the jitter-bugging couple with an artificial studied interest based upon someone else's previously observed behaviour (the businessman watching the belly-dancer). She is unable to "authentically"

respond to what is happening in front of her, but instead must adopt a performative role based upon the recalled actions of others. Her external appearance is a constant amalgamation of others' behaviours combined to preserve her vulnerable inner self.

The pane of glass that Sass mentions above is highly appropriate here, given the continued reference to the bell jar as an allegory for Esther's mental state. Moss writes that "a thin layer of glass separates [Esther] from everyone, and the novel's title, itself made of glass, is evolved from the notion of disconnection" (126). Time and time again Esther emphasises this disconnection from others and reality by referring to the bell jar metaphor: when her mother informs her that her sponsor, Philomena Guinea, has stepped in to fund her care at a private psychiatric facility (Mclean), Esther thinks

If Mrs Guinea had given me a ticket to Europe, or a round-the-world cruise, it wouldn't have made one scrap of difference to me, because wherever I sat... I would be sitting under the same glass bell jar, stewing in my own sour air (178).

What Esther refers to as "the same glass bell jar" is analogous to Laing's idea of the empty core at the heart of ontological insecurity that exists in "perpetual isolation" (87) and therefore "develops an overall sense of inner impoverishment... expressed in complaints of the emptiness, deadness, coldness, dryness, impotence, desolation [and] worthlessness of inner life" (1976, 90). From her inner position trapped within this disconnected prism of hopelessness, Esther is unable to directly experience the world around her

physically and is instead relegated, as mentioned, to the position of watcher and evaluator.

This comparison with the bell jar works in two ways however. Esther is trapped inside, condemned to look outwards without any direct connection with the external world; but she is also doomed to become an object of others' unyielding observations, like the pickled baby she sees floating in its glass case in the medical school. Bourjaily agrees, arguing that the bell jar is an "archaic laboratory fixture *for displaying specimens*" (emphasis mine, 137). This dual functionality also connects Esther's position as observable (female) object displayed under glass to film scholar Laura Mulvey's theories of the "male gaze". Mulvey argues that

in a world ordered by sexual imbalance, pleasure in looking has been split between active/male and passive/female... in their traditional exhibitionist role women are simultaneously looked at and displayed (808-809).

Although Mulvey's ideas relate directly to women portrayed on film, this idea of the female-becoming-object through external voyeurism is equally relevant to *The Bell Jar* and Esther's sense of self. If, for Mulvey, woman exists solely as erotic object under the male gaze, Esther's first-person perspective turns this on its head by giving voice to a denied female interiority. Unfortunately for Esther, however, this female autonomy remains nonetheless trapped within the glass specimen jar that metaphorically represents traditional gender roles.

Esther, as a specimen trapped in a display case, is continuously concerned with how she appears to others, and she often adopts personae

or acts out parts to avoid her 'real' nature becoming detectable. She is fundamentally concerned with keeping her inner self hidden and safe from harm by throwing anyone watching her off the scent. This is an example of a pathological self-consciousness which, for Laing, is highly characteristic of schizophrenia. Laing describes the experience:

[T]he heightened sense of being always seen, or at any rate of being always potentially seeable, may be principally referable to the body, but the preoccupation with being seeable may be condensed with the idea of the mental self being penetrable, and vulnerable, as when the individual feels that one can look right through him into his 'mind' or 'soul' (1976, 106).

The ontologically insecure individual, like Esther, is therefore continually guarding an endlessly vulnerable and insubstantial inner sanctum from those on the outside looking in. Laing, expanding on the above, significantly calls these experiences "plate-glass feelings", meaning the anxiety that one is ultimately transparent, can be seen through, and has nowhere to hide in order to protect a fragile inner self that cannot survive engagement with the outer world (1976, 106).

New York and False-Selves: Betsy, Doreen, and the Fig-Tree

This can be interpreted as a fear of what Laing terms "engulfment", meaning the risk of "simply... being seen" in the sense of being understood or metaphorically "grasped", since for the schizoid individual, isolation (whether that be physical, emotional, or both) is integral to controlling outside threats to the precarious nature of the interior (1976, 44). Andrew Collier has described this situation as a fear "that relations with others will lead to loss of self", demonstrating the fragility of the schizoid individual's core knowledge of

themselves as an autonomous being (3). Carol Warren has likewise identified this tendency towards protective distance in rehabilitated mental patients, known as “Quarantining”, which she defines as “one method of distancing [that] restricts... interaction to those who will support attempt to [preserve or] regain a sense of normalcy” (163). The divided nature of Esther’s delicate mental state requires that she mirror this form of distance creation to survive.

Esther seems particularly afraid of, and vulnerable to, this kind of unveiling by her boss at the magazine, Jay Cee, an imposing and assertive woman whom Esther finds it almost impossible to shield her inner turmoil from. Early in the novel Jay Cee calls Esther into the office to enquire about her future plans, asking “Doesn’t your work interest you, Esther?” Esther, in some desperation, responds “‘oh, it does, it does... It interests me very much’. I felt like yelling these words, as if that might make them more convincing” (29). Esther defends herself with a “hollow flatness” that fails to fully satisfy Jay Cee, and even more horrifyingly for Esther, when Jay Cee asks her what she intends to do after college she significantly is shocked to “*hear [herself] respond... ‘I don’t really know’*” (emphasis mine, 29). That Esther understands this moment as separate from herself – that she does not realise she is speaking when she utters these words, nor does she realise the truth of the sentiment until it has been articulated – demonstrates the enormous gap between her typical, well-rehearsed answer to this question, and her distorted actuality.

Laing understands this kind of situation as a symptomatic of ontological insecurity where the self operates a dual functionality, with each function as distinct from each other: "the [ontologically insecure] individual's actions are not felt as expressions of his self... [they have] become dissociated and partly autonomous" (1976, 74). Although a split clearly exists for Esther in this situation, and there are definite similarities between Plath's protagonist and Laing's description of ontological insecurity, here, in this situation, Esther's assertion that "I don't really know" *does in fact represent* her "true" self, as she acknowledges (in an inversion of Laing's example above).

Esther has become so absorbed by her false-self system for so many years that her typical and axiomatic response would be to offer a florid description of her lofty plans to become an academic, or an editor, and study in Europe; that she doesn't offer this response therefore, and that she hears herself revealing a truth held secret even from herself, demonstrates a dichotomous and disharmonious selfhood that can be aligned with Laing's theories. Most importantly, Esther understands this encounter as her true self being "unmasked" by Jay Cee, which again connects Esther's psychological state to Laingian ontological insecurity. This fear is precisely what Laing refers to above as "engulfment", and demonstrates the horror felt by the sufferer of being comprehended beyond the false-self system.

Esther also touches upon these fears with the creation of her Elly Higginbottom persona, a character that she adopts repeatedly in moments of psychological uncertainty. Elly is mentioned for the first time early in the

narrative, when Esther and Doreen find themselves unexpectedly in a bar with Lenny Shepard and his associates. Esther introduces herself as Elly, admitting to the reader that, after doing so, “I felt safer. I didn’t want anything I said or did that night to be associated with me and my real name” (11). In hiding her ‘true’ identity, Esther again creates a psychological safety-net that keeps the others perpetually at a distance.

The second time Esther introduces herself as Elly is much later in the narrative, after she has returned home from New York and is increasingly divorced from reality. After a chance meeting with a sailor in town, she not only calls herself Elly but creates an entire back-story for the character, claiming she’s an abused orphan from Chicago, even affecting tears in order to seem convincing: “I let out a tear that seemed ready”, after telling the sailor that a passer-by (who Esther mistook for Buddy Willard’s mother) was her abuser (129). This one tear becomes a deluge of grief as Esther indulges in her newly created pseudo reality, saying that

I thought what an awful woman that lady in the brown suit had been, and how she... was responsible for my taking the wrong turn here and the wrong path there, and for everything bad that had happened after that (129).

Smith writes that “[Esther’s] actual identity becomes no more than the negative source of her positive image [Elly]” and that the Elly persona functions as a “kind of imagined... twin behind whom Esther can shelter... to observe with aesthetic disinterestedness” (38). In becoming Elly, then, Esther can perform a role without endangering the hollow at her core: she is

able to cry, to feel (perhaps superficially), within this persona because it does not threaten her directly, but instead deflects observers' attentions.

Another interesting aspect of Elly's personality, which Smith calls the "positive image" of Esther's own "negative" interiority, is her passive compliance with feminine norms. In Esther's fantasies, she, as orphan Elly, will move to Chicago in the future, adopt a "quiet, sweet nature" and "marry a virile, but tender garage mechanic and have a big cowy family, like Dodo Conway" (127), despite Esther's revulsion at Dodo's endless progeny, since "[c]hildren make [her] sick" (113). Significantly, when Esther introduces Elly and her dreams of marriage and matrimony, Esther is still wearing the clothes loaned to her by Betsy, one of her fellow guest editors in New York City, who is described by tough, cynical Doreen as "Pollyanna Cowgirl" in allusion to her sickly-sweet demeanour and her endless optimism. Doreen's statement refers to a 1913 novel by Eleanor Porter, titled *Pollyanna*, about a young orphan girl with boundless positivity and optimism no matter how difficult the circumstances. Readers could surmise therefore, that by wearing Betsy's clothing continuously for three weeks, Esther seeks to imitate or absorb into herself the specific female archetype that Betsy-as-Pollyanna is understood to embody, and to take comfort in this ready-made identity type. Significantly, Esther describes her dirty clothing as smelling "sour but friendly", retaining even in their unwashed state something homely and comforting in their association with Betsy (122).

Betsy and Doreen are depicted as opposites of one another. While both women are inherently two dimensional, archetypal female characters,

they are clearly intended to function dually as what Gilbert and Gubar have termed the “monster-woman” and her “angelic sister” (28). Betsy, the angel, is described as “imported... straight from Kansas with her bouncing blonde ponytail and Sweetheart-of-Sigma-Chi smile”, referring to a fraternity song penned in 1911 about an angelic long-lost love with golden hair and blue eyes (6). Doreen, on the other hand, strikes Esther immediately as radically different from the other young women around her: she is sarcastic, dry, and seems like the voice of authenticity, speaking to Esther “like a secret voice... straight out of my own bones” (7). Doreen is set-up in direct opposition to the other, largely indistinguishable, girls staying at the Amazon hotel: she separates herself from the group by having an “amused, mysterious sneer” that suggests she finds the others immature and ridiculous (4).

As with Betsy, whose blouse is described as having “floppy” sleeves, like the “wings of a new angel”, clothing is also significant for Doreen (108). She differentiates herself sartorially from the other girls by wearing sexually provocative garments, like her “full-length nylon and lace [nighties] you could half see through, and dressing gowns the colour of sin, that stuck to her by some kind of electricity”, while the others protected their modesty in “starched cotton... and quilted housecoats” (5). The connection Esther makes between Doreen's choice of clothing and her identity again agrees with Goffman's statement that clothing and sartorial choices form an integral aspect of an individual's “identity kit” that inhabits a “special relation to self” (28-29). As discussed in chapters one and two, clothing communicates a specific image about who we wish to present ourselves to be to observers.

Through her clothing, Doreen presents herself as the femme fatale, a dangerously sexual woman with predatory tendencies that match her primal scent, described as “an interesting, slightly sweaty smell”, and her apparently independent nature (5).

For Linda Bundtzen, the polarity between Doreen and Betsy is fundamental to the early stages of Plath’s text: “the first two episodes of *The Bell Jar* are an allegory about the *divided image* of the woman that emerges from the [feminine] double standard” (emphasis mine, 122). She continues, “Esther’s companions are Doreen and Betsy, the stereotypical ‘bad’ girl and ‘nice’ girl of this social ideology. Esther plays each part in turn, both unsuccessfully” (122). Bundtzen’s characterization of woman as inherently divided as a result of social ideology, and Esther’s adoption of both female roles are what particularly interests me here, along with Esther’s relationship with other, predominantly older women, like her boss Jay Cee whom she finds both fascinating and repulsive in equal measure.

As discussed, in *The Divided Self* R. D. Laing argues that ontologically insecure individuals seek to protect their increasingly disembodied interiority from intrusion from the outside through the construction of a false-self system. This system involves “compliance” with the “expectations of the other” by “acting according to other people’s definition of what one is, in lieu of translating into action one’s own definition of whom or what one wishes to be” (Laing 1976 98). Like Holbrook however, one could argue that this is a common state of experience that “we [have] all ha[d], of being threatened with depersonalisation by an affluent,

dehumanised materialistic environment” (36). One could even take this further, by arguing this is especially characteristic of a particular phase of adolescence, when the young person is still trying to consciously come to terms with their burgeoning adult identity. Indeed, psychotherapist and Counsellor Seamus Prior confirmed in 2012 that “identity formation” represents a “core developmental task... of adolescence” (699).

However, Esther’s anxieties and frequent adoption of other identity types appear to be much more pathological than the average teenage experience, as they can be directly linked through Laingian theory to her psychiatric breakdown and resultant suicide attempt. Bourjaily agrees, arguing that Esther, early on in *The Bell Jar*, “seems normal for a vulnerable, imaginative, mostly appealing young woman, at odds with society”. However, he continues, “what is not normal is the growing split we are shown into the two selves, Esther and the very-much lesser, unappealing self she has named Elly Higginbottom” (136). While Bourjaily’s position that Esther appears “normal” in the early stages of the novel is clearly contentious (as is his bizarre point that Esther is “mostly appealing”), his assertion that “the growing split” she exhibits is in some way abnormal is far less problematic because, in locating the rupture in Elly, it does not go far enough. Indeed, I would argue that Bourjaily’s analysis of Esther’s growing psychiatric pathology should include her much earlier selective and seemingly compulsive adoption of archetypal female identities such as Betsy’s and Doreen’s, particularly during the New York episode of the text.

In acting according to Laing's directive above, that the false-self functions in harmony with others' "definition of what one is, in lieu of... what one wishes to be", Esther is clearly and repeatedly grasping with the very question Beauvoir posed: how to behave both as a woman, and as an individual who refuses to accept a singular, biologically defined destiny. This is most obvious in the famous fig-tree analogy, where Esther imagines her life

Branching out before me like [a] green fig-tree... From the tip of every branch, like a fat purple fig, a wonderful future beckoned and winked. One fig was a husband and a happy home, another fig was a famous poet and another fig was a brilliant professor, and another fig was Ee Gee, the amazing editor.... I saw myself sitting in the crotch of this fig-tree, starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest, and, as I sat there unable to decide, the figs began to wrinkle and go black, and, one by one, they plopped to the ground at my feet (73).

Here, the false-self system reveals itself not as one created by the individual for self-protection, but represents a system forced upon women, consisting of the gender restricted behaviours that females (especially of the mid-twentieth century) were obligated to comply with. Indeed, Perloff describes this fig story metaphor as "the objectification of [Esther's] central malaise, a malaise that is hardly confined to schizophrenics" but is instead highly relatable instead to female readers (514-515). Perloff muses that "every woman who reads this passage has felt [this way] at one time or another", which she relates to the fact that, in her opinion, "female roles are no longer clearly defined" and that "women are confronted by such a bewildering variety of seeming possibilities that choice itself becomes all but impossible" (515).

This is precisely what Beauvoir pinpointed when she referred to the post-war period as one of “transition” for woman, and, according to Nancy Walker underpins the “schizophrenia” of women’s magazines at the time (relevant to Plath’s novel since Esther is in New York working as a guest editor on such a publication). Walker writes that “on the one hand, homemaking and motherhood are described as almost a ‘calling’” but on the other hand “articles [also] showed women resisting identification with the domestic and yearning for professional status” (208).

The Unconventional Woman as Mad

Perloff’s and Walker’s comments, in addition to Esther’s position in the “crotch” of the fig tree, links her predicament directly to gender and the biology that Beauvoir argues “imprisons [woman] in her sex” (33). Plath herself made a similar comment when she wrote in her journals that “[b]eing born a woman is my awful tragedy. From the moment I was conceived I was doomed... to have my whole circle of action, thought and feeling rigidly circumscribed by my inescapable femininity” (77). Esther refuses to choose between the mutually exclusive options available to her, but as a woman this position engenders the risk of being labelled insane. This consequence is made particularly clear when Buddy claims that Esther is “crazy” for not wanting to get married and commenting she has the “perfect set-up of a true neurotic” (89). Significantly, Esther replies that

If neurotic is wanting two mutually exclusive things at one and the same time, then I’m neurotic as hell. I’ll be flying back and forth [between them] ... for the rest of my days (89-90).

This correlates with Jane Ussher's argument that women in Esther's (i.e. non-compliant) situation are often "categorized [as mad] for not playing [their] designated social role", a dangerous stigma that Ussher and others, including Goffman and Szasz, have pointed out can never be fully rescinded (135). To this end, Ussher points out that once diagnosed, "everything they say or do will be interpreted within this context, as their behaviour is selectively interpreted... to provide confirmation of the diagnosis" (136). Esther's label, this implies, will haunt her for the rest of her life.

Buddy Willard reinforces this when he remarks to Esther, upon her purported recovery, "I wonder who you'll marry now", implying that she is undesirable both as a recovering mental patient and as an unconventional woman (230). The stigma attached to labels of madness here, applied for non-compliance with expected behaviours, disconnects psychiatry (and not just popular understandings of psychiatry, since Buddy is training to be a doctor) from medical legitimacy and instead suggests a correlation between diagnosis, treatment, and individual conduct that bypasses the presence of possible neurological flaws. This is also akin to Laing's understanding of psychiatric diagnosis (specifically schizophrenia) since, in 1964, he wrote that "I do not myself believe that there is any such 'condition' as 'schizophrenia'" but that the label was both "social fact" and a "political event" that aimed to repress non-conformists (1964, 64).

Ussher's conception of a "designated social role" for women centres around a gendered stereotype defined by conservative commentators Ferdinand Lundberg and Marynia Farnham as limited to marriage and

maternity. Women of the time, they wrote, were “*obviously* [...] expected to grow up, select a mate, create a home and have children.... [Overall] she is expected to make the best of it” (emphasis mine, 7). Implicit in the “select a mate [and] create a home” is the expectation of matrimony, and Esther’s rejection of this possibility initially sets her apart (although we know by the time Esther is supposedly writing her narrative she has become a mother, at the very least). Unsurprisingly, Esther reports from her unspecified temporal distance that she still sees Betsy, the archetypal angel, on magazine covers as a fashion model, described as “smiling out of those P.Q’s wife wears B.H. Wragge’ ads” (6), demonstrating that Betsy – explicitly labelled and defined here as a wife – has continued to comply with gender norms. One could argue that women are forced into a schizoid position like Esther’s through the adoption of false selves to comply, and endure, a life limited by gender restrictions.

It is after Esther has predominantly exhausted the possibilities that Betsy and Doreen’s ready-made feminine identities offer her that Esther truly begins to slip towards a Laingian form of psychosis. The crucial moment, I argue, when the process begins to accelerate towards complete disconnection is on the evening Doreen and Esther spend time with Lenny and his friends. Doreen has always made Esther “forget [her] worries [and feel] wise and cynical as hell” (7), but after Doreen goes girlishly “dumb as a post” in front of Lenny, the distance between the two women opens up, and Esther begins to crumble as she realises her friend is not as autonomous (sexually or otherwise) as she had seemed (8). Doreen’s persona, as much

as her own, is nothing more than an act. From her position as watcher, Esther describes how Doreen “just sat there” passively with her drink, “dusky as a bleached blonde negress” (11). For Bundtzen, this racial description carries undertones not of exotic romance, but of sexualized serfdom that reveal a woman’s place in the social hierarchy: “Plath’s comparison of Doreen to a Negress, with its connotations of slavery, tells the reader that [Doreen] is nothing but a sexual possession” (123). The disappointing revelation of Doreen as a submissive sexual object leads to Esther’s affected exterior crumbling; she even describes herself as the “negative” of a person.

The chasm between reality and Esther’s perception of herself continues to grow, and becomes momentarily absolute when she returns to the Amazon hotel. In the elevator, as she looks in the mirror, she sees not herself but a “big, smudgy-eyed Chinese woman staring idiotically into my face” (17). This moment of non-recognition hints at a deeper split occurring between Esther’s inner or authentic self, and her external, constructed false self. This is what Laing has described as “the denial of being, as a means of preserving being”, as the gap between the false-self/selves and the authentic inner self widens as a means of protection (1976, 150). This dramatic schism suggests that Esther is leaning towards the disembodied, which Laing insists is where psychosis begins.

The dramatic nature of Esther’s disenchantment with Doreen is confirmed explicitly later that same evening when Doreen bangs on her hotel door before vomiting and passing out on the floor outside Esther’s room. Esther claims that she “made a decision about Doreen that night. I decided I

would watch her and listen to what she said, but deep down I would have nothing at all to do with her" (21). Interestingly, Esther continues, saying "I would be loyal [instead] to Betsy and her innocent friends. It was Betsy I resembled at heart" (21). The reader knows however that Esther does not relate to Betsy other than superficially, and Esther's need to jump from one allegiance to another demonstrates what Laing terms "ontological dependency". In *The Divided Self* the case of James offers the clearest view of this kind of ontological dependency: James had, from a young age, and particularly after his mother's death, began to "display an extensive identification" with her. He would, Laing reports, "dress[...] himself up in her clothes in front of the mirror and ke[ep] house for his father just as his mother had done, even to the extent of darning his socks" in order to comply with a "wish on his father's part that had never been directly expressed". Laing surmised that James, through these acts, "had become his mother" (1976, 101). Ontological dependency therefore refers to a "vampire-like attachment in which the other person's life-blood is necessary for one's own survival... [which necessitates a] complete merging of identity". In these cases, "the individual oscillates perpetually, between... two extremes" (1976, 53). These two extremes can be understood as isolation from, or assimilation with, the chosen individual and both states are in evidence between Esther and Doreen.

After Esther decides to mentally distance herself from Doreen, and quickly grows bored with Betsy, she drifts deeper into a fractured sense of ontological insecurity, alongside a crippling passivity. Even during a violent

altercation with a would-be rapist, Marco, Esther's sense of detachment from her own body remains heightened as she observes the attack, seemingly from a distance: "'It's happening,' I thought. 'It's happening. If I just lie here and do nothing it will happen'" (104), and then "The dust cleared, and I had a full view of the battle" (105). Esther's viewpoint remains oddly disembodied during this highly visceral experience, and even once she does fight back and Marco threatens to break her neck she remarks that "I didn't care" (106). A Laingian appraisal of this episode might characterise Esther's reported disembodiment as reminiscent of the ontologically insecure individual, who experiences themselves as a "mental observer, who looks on, detached, and impassive, at what his body is going or what is being done to his body" (79).¹⁷ It is also important to note that during this attack Esther throws away a diamond, and consistently refers to her purse as her "imitation jet bead evening bag", highlighting her rejection of materialism as she loses touch with her physical reality (101). These reactions demonstrate the division between Esther's authentic, unembodied self, and the collapsing front-facing mask presented to others.

As mentioned throughout this thesis, clothing is fundamentally important as a communicative tool, and it is through clothing that Esther's rupture between the divided aspects of herself is made externally visible.

¹⁷ It should also be acknowledged, however, that this disconnection is a survival mechanism often reported in cases of rape or sexual assault. For example, Kathleen L. Barry reported one woman's experience of herself as disembodied during a rape attack when she was 15 years old. This woman claimed that, as she was being raped, she "looked up at the ceiling and I went to the ceiling and I numbed myself... because I didn't want to feel what I was feeling" (qtd. 38). This can also be read as analogous with Esther's experience with Marco.

When she returns from the party, decorated with Marco's blood, she climbs onto the roof of her hotel and throws her clothing, a "sad array of queerly-cut forty dollar dresses", over the edge piece by piece (100). The items fall "flutteringly, like a loved one's ashes, the grey scraps were ferried off, to settle here, there, exactly where I would never know, in the dark heart of New York" (107). Plath's language is appropriately funereal: by discarding her expensive and highly stylized clothing, Esther is casting off the vestiges of this particular mode of female existence and the superficial persona that she has had to adopt at *Ladies Day* magazine. As Pat Macpherson has commented, "Fashioning femininity through image is the business of Esther's magazine. The creation of appearance is the pre-test for femininity", and therefore Esther's dramatic action – throwing her clothes off the roof – can in fact be read as a political statement renouncing this form of superficial femaleness (8). Indeed, Perloff has referred to this episode as the "symbolic [...] kill[ing] of her false self" (510).

After this point, again, Esther's psychological cohesion continues to disintegrate; the next morning, as she boards a train home back to the Bostonian suburbs, she again fails to recognise her own face, describing herself as appearing like a "sick Indian"; she is unable to make sense of the scenery out the train window, describing the world as a "hotchpotch"; she calls herself a "wan reflection"; and she even begins to talk to herself aloud, much to the alarm of other passengers (108). Each of these aspects of Esther's behaviour are significant, and demonstrate the crumbling of her

embodied self, consecutively to the growing predominance of her unembodied, inner self.

Wife/Mother or Madness: Suburban Femininity

Esther's arrival back into the suburbs heralds the most destructive section of the novel with regards both to her already perilous sense of self, and indeed to her life. Laing's understanding of the "schizoid state" that I argue Esther exhibits hinges on "attempt[s] to preserve a being that is precariously structured", and Esther's journey back to the matriarchal home represents this final straw in her journey towards psychosis (77). To this end, Macpherson frames Esther's return home as a chance to explore the other side of the either/or feminine choice that Friedan and Beauvoir both criticise, to "see the other life on offer to her: [that of] suburban-wife-and-mother" from which Esther instantly baulks (41). Esther experiences the suburbs as the locale of death; both in a literal sense, since this is where she attempts to take her own life, and metaphorically as the place where female identity, creativity, and autonomy dies. The suburbs represent both a grave and a "prison to which women are sentenced – or sentence themselves" (Macpherson, 115). This belief in the suburban environment as one of stasis is equally reflected in Plath's letters and journals: she wrote of her "hate" for the suburbs in her journals (330), and in a 1952 letter to her college roommate, Marcia Stern, Plath describes herself as experiencing a "suburban rut" in the "warm, stagnant calm" of Wellesley, a small town near Boston where she lived after her father's death (8 July 1952).

For Plath in both fact and fiction, then, the suburbs are read as claustrophobic and asphyxiating, characterised by the scent of “motherly breath” that links motherhood, femininity, domesticity, and the built environment, as well as their distance from the world in which Esther has previously thrived – that of college and academic achievement (109). The pervasive surveillance of nosy neighbours like Mrs Ockenden, who Esther writes spends “an inordinate amount of time peering from behind... starched white curtains” gives the neighbourhood a repressive panopticon-like feel, where, as in chapter one, neighbours are eternally vigilant to signs of non-conformity (111).

The natural inhabitants of this landscape, housewives and mothers, are understood by Esther throughout the novel as monstrous, dangerous and even machine-like: the pins holding her mother’s curlers in place at night are read as “glittering like a row of little bayonets” (118). Eternally pregnant neighbour Dodo Conway is described as being “not five feet tall, with a grotesque, protruding stomach”, pushing an “old black baby carriage” with children trailing in amongst her skirts (110-111). This gothic effect is heightened by Esther’s dehumanizing narrative style; she describes Dodo turning her “face, by instinct, or some gift of supernatural hearing... on the little pivot of *its* neck” (emphasis mine, 113). Dodo appears placid (perhaps even vacant) within this maternal landscape, leading her ever-growing brood, while Esther is anything but, watching from the window of her mother’s car (itself understood as a “prison van”), as each of the “white, shining, identical clapboard houses” rearrange themselves in her mind to represent “one bar

after another in a large but escape-proof cage”, while Dodo’s serenity makes her appear machine-like and lacking in humanity (110). One of Plath’s later poems, “The Applicant”, offers a similar view of the wife as dehumanized object: “A living doll, everywhere you look/It can sew, it can cook,/It can talk, talk, talk” and ends with the line “Will you marry it, marry it, marry it” (L 33-35, 40). The continual reference to the woman as “it” refuses her an autonomous identity, reaffirming the object-like, service-oriented function of the wife in Western society.

In her 1963 piece “Angry Letters, Relieved Letters” Betty Friedan quoted from correspondence she’d received from a tormented housewife following the publication of *The Feminine Mystique*, which confronted the psychological impact of suburban life upon women in the mid-twentieth century. The letter writer wrote that “Here I am! I feel like an appliance. I want to live! I want more education and a chance to compete in the world. My brain seems dead, and I am nothing but a parasite” (23). This is one of several examples Friedan chooses to include in her piece as a way of demonstrating the crippling experience of thousands of women unhappy in their roles as wives and mothers restricted to the home, and links back to discussions of April Wheeler and her eventual suicide in Chapter One.

This particular woman’s likening of herself to a brain-dead appliance, or an automaton, is especially revealing, and connects her diatribe directly both to Laing’s idea of the schizoid self as well as to Esther’s reading of Dodo as inherently robotic. James, the aforementioned case study from *The Divided Self*, had, according to Laing, “allowed himself to become a ‘thing’ for

other people" (most predominantly his mother) because his mother failed to "recognised his freedom and right to have a subjective life of his own from out of which his actions would emerge as an expression of his own autonomous and integral self being" (97). Denied this freedom of personal expression, James experiences himself as "mechanical" and "robotic", terms that are also reminiscent of Maya Abbott in Laing's later work, *Sanity, Madness and the Family* (1964). Laing and Esterson describe Abbott as "experience[ing] herself as a machine, rather than a person" (16). James's and Maya's comprehension of themselves as objects rather than people mirrors the experience of the housewives Friedan gives voice to. Rather than autonomous individuals, they have been reduced by their apparent biological destiny to perform household and reproductive functions, largely for the benefit of others. It is interesting that, although James is male, he has fallen into such a stereotypically feminine role, but his understanding of himself *within that role* as an "object" ultimately reinforces that conservative gender roles – particularly the feminine role in this instance – can be related to Laingian ideas of the false-self and ontological insecurity.

Janet Malcolm made this connection in her book, *The Silent Woman* (1994), which explored the difficulties surrounding the unavoidably subjective and impartial considerations to be confronted within biography and non-fiction writing more generally. Malcolm touches upon the idea of woman as a socially divided being when she discusses Plath's visceral, and barely tempered, anger at a trio of young women gleefully looting armfuls of blooms from a public park (this incident, Malcolm recounts, would later become the

inspiration for Plath's poem "Fable of the Rhododendron Stealers" (158)).

Plath, in her journal, marvelled at her "split morality" on this occasion, since she too had been gathering flowers in the park, but Malcolm expands upon this statement, moving from Plath's individual response, to a wider political statement that claims women are forced into assuming a mask of acceptability by society, and that Plath's underlying anger, barely concealed, offers a glimpse into her human reality (or true self). She argues that

the true self [which Plath marvels at but cannot expose] is aggressive, rude, dirty, disorderly, sexual; the false self, which mothers and society instruct us to assume, is neat, clean, tidy, polite (159).

Indeed, it is significant that mothers are specifically painted as central to this continued conformity to socially expected behaviours in Malcolm's account since this corresponds with Esther's own reported experience, most obviously in the article recommending chastity sent to her by Mrs Greenwood. It is this carefully constructed, always socially sanctioned, vision of woman that Esther rails against in *The Bell Jar*, and it particularly appropriate therefore that her breakdown and suicide attempt occur within a suburban neighbourhood suffocating in its own "motherly breath".

As Esther's psychiatric well-being crumbles further in the claustrophobic suburbs, her disengagement with her physical self similarly continues to rupture until she understands her "true" self as entirely separate from her physical body and false-self system. Esther monitors her body's actions from a distance, as during Marco's assault, and is powerless to take command. After she cancels plans with a friend, she instantly regrets her decision, and tries to call her back without success:

My hand advanced a few inches, then retreated and fell limp. I forced it towards the receiver again, but again it stopped short, as if it had collided with a pane of glass (114).

Here, the glass metaphor reminds the reader once more of the bell jar itself.

That same day, when Esther calls the Admissions Office about her summer school plans she recalls that “I dialled... and listened to the zombie voice leave a message” (115). This starkly dichotomous self-conception is precariously close to Laingian psychosis, reminiscent of Esther’s state of mind on the train back to the suburbs: a state that occurs when the false-self system can no longer offer a protective shield to the inner “true” self and its vulnerable core.

As a result of this process, connections are severed between the inner self of the individual and others around them, until the inner-self is experienced as dead or unreal. This notion derives directly from Sartre’s assertion that interaction between individuals is crucial to self-knowledge: he claims that “I cannot obtain any truth whatsoever about myself, except through the mediation of another” (39). Individuals experiencing the schism of ontological insecurity seek to segregate their interiorities for protection purposes, as already discussed. In this vein Laing argues that “in a world full of danger, to be a potentially seeable object is to be constantly exposed to danger” (109). But, as Sartre’s assertion demonstrates, it is equally perilous to the continued existence of the self to allow the division to intensify. The schizoid individual, in Laing’s conception, is trapped therefore in a double bind of their own making: as Laing argues, “for the schizoid individual, direct participation ‘in’ life is felt as being at the constant risk of being destroyed by

life" (1976, 90). Simultaneously however, in performing this metaphorical rupture, the individual necessarily cuts themselves off from nurturing and necessary communion with others. In Esther's case, as the chasm between inner and outer widens, the innermost self is experienced as dead, and becomes entirely disconnected from a reality fuelled solely through interaction with others. Without meaningful connection with the outside world, the inner self suffocates in the confines of what Esther describes as the bell jar.

Dr Gordon, Electroshock Therapy and Psychiatry as Readjustment

As her mental state continues to crumble, Esther is eventually referred to a private psychiatrist, Dr Gordon. Despite his relatively minor role in the narrative, Gordon has been understood as fundamental to the tensions surrounding psychiatric diagnosis, treatment, and gender politics in *The Bell Jar*. Linda Wagner-Martin, one of Plath's many biographers, argues that Gordon represents "the patriarchy and its pervasive misuse of power" though his "abuse of Esther [which] occurs in the malfunctioning of the electroconvulsive shock he administers to her" (48). Gordon's prescription (and delivery) of ECT to treat Esther's mental distress is important and develops upon the understanding of the procedure as a punitive measure carried out to repress and force adjustment of the difficult individual, as discussed in my consideration of Kesey's *One Flew Over the Cuckoo's Nest*. On this occasion, however, the gendered impetus behind the diagnosis and so-called treatment become very apparent. Upon entering Gordon's office, Esther notices a photograph of his young family on the Doctor's desk:

Doctor Gordon had a photograph on his desk, in a silver frame, that half faced him and half faced my leather chair. It was a family photograph, and it showed a beautiful dark haired woman... smiling out over the heads of two blond children... For some reason the photograph made me furious (124).

Esther's anger over the photograph is partly fuelled by the way it is deliberately turned to face the patient – in this case Esther herself. Despite her declared uncertainty over why the photograph provokes such a strong emotional response, it is clear to the reader that, as MacPherson points out, the portrait represents far more than just a family snapshot. She argues that

the photo of the wife-and-kids on the psychiatrist's desk does all the talking for Doctor Gordon during Esther's sessions... When that fails to enable Esther to snap out of it, he applies his 'private shock machine' (54).

The picture represents the idea of the highly normative, patriarchal, nuclear family based around the institution of marriage and traditional gender roles, and Doctor Gordon's placement of the photograph therefore reinforces the connection between psychiatry as a discipline, and the enforcement through psychiatric treatment, of traditional social structures such as the patriarchal family.

Esther has already explicitly rejected marriage, describing matrimony entirely in terms of female servitude: "in spite of all the roses and kisses and restaurant dinners a man showered on a woman before he married her, what he secretly wanted... was for her to flatten out underneath his feet" (80). For Esther, marriage and housewifery represents a "wasted life" characterized by drudgery, a never-ending domestic routine, and a squandering of academic achievements and intellectual potential (80). While Esther's disgust could be

overlooked as singular and therefore insignificant, others have suggested that the housewife/mother position does in fact lead to psychological difficulties for some women who perform these roles. In 1973, Walter Gove and Jeanette Tudor published a report arguing that these traditional female sex roles often lead to a sense of claustrophobia, frustration, and even psychiatric breakdown that corresponds directly with Esther's assessment of her future. Gove and Tudor argued that women are "more likely to have emotional problems" because they are "restricted to a single major social role – housewife", while their husbands "occupy two such roles, household head and worker" (814). Therefore, if the wife "finds her family role unsatisfactory, she typically has no major alternative source of gratification", while her husband is free to concentrate his attention more on work or home if he is dissatisfied with either (814). Women, as tied to the home, are unable to distract themselves from any domestic displeasure in the same way as their husbands, with meaningful outside employment. Gove and Tudor continued, stating "that a large number of women find their major instrumental activities – raising children and keeping house – frustrating. Being a housewife does not require a great deal of skill" (814).

It is important here to acknowledge that, although most women functioned primarily as housewives and mothers at this time, some women did find employment outside the home (albeit in highly limited circumstances). As Helena Lopata explains, for "young American woman [of the mid-twentieth century] ... a career [was] viewed only as an intermediary state being education and homemaking" (31). This is evident in *The Bell Jar*

in characters like the secretarial students and graduates who were “secretaries to executives and junior executives and simply hanging around in New York waiting to get married to some career man or other” (4). Other than working before marriage, some women worked from financial necessity, like Mrs Greenwood, who teaches shorthand at a community college. Women like Jay Cee, who refuse to “regard housework as a challenging career” were, according to Warren, “viewed as at least troublesome... unfeminine, and perhaps... crazy” (52-53). This idea of the working woman as unfeminine is curiously reflected in Esther’s own view of Jay Cee, her New York editor, a view that complicates the feminist politics of Plath’s novel. As a career woman, Esther perceives Jay Cee to be sexless and, indeed, asexual, despite being married. Esther reflects that “I tried to imagine Jay Cee out of her strict office suit and luncheon-duty hat and in bed with her fat husband, but I just couldn’t do it” (6). Whilst it could be, as Esther points out, that she can never imagine couples in bed together or that she, as an adolescent, finds the thought of an “old lad[y]” like Jay Cee engaged in a sexual act distasteful, this statement reveals a possibly deeper held suspicion on Esther’s part, despite her own creative desires, that there is something fundamentally unnatural about working women (6).

This, along with Esther’s obsession with losing her virginity as an emancipatory experience, her casual mention of having had a baby after the events of the novel had taken place, and her visceral disgust for Joan, a lesbian fellow psychiatric patient, adds complexity to the gender politics of the text. These complicating factors force readers to pause and reflect upon

the veracity of regarding Plath's text without caveat as what Lauletis calls "a feminist manifesto" (173). Instead, a subtler reading reveals, as Tim Kendall argues, that

Feminist readings of *The Bell Jar* tend to side with Esther against her society, although they rarely acknowledge the difficulty of their allegiance. Accepting Esther's vision of society too credulously entails sharing her distaste at the successful, strong, professional women around her [like Jay Cee], and sharing too her attitudes towards heterosexual and lesbian relationships (54).

While Plath's text largely supports a feminist agenda, there are stark contradictions throughout that ally Esther's perspective with Plath's similarly ambiguous position on gender. This complexity, Rosellen Brown has pointed out, is equally evident in Plath's short stories like "Sweetie Pie and the Gutter Men" where the female characters are both "harsh and honest" and more complex than in other stories like "Day of Success" in which Plath writes "out of the sunny side of her own daydream of simple domesticity" (118). Esther's ambiguities however could be argued to accurately reflect contemporary anxieties regarding women's place in society during what Beauvoir had labelled as a transitional historical period.

Nevertheless, the novel depicts psychiatry, particularly in Esther's first encounter with the discipline, as unequivocal in its view that the patriarchal family consisting of husband, wife and children represents the epitome of health and as a medically sanctioned lifestyle. Doctor Gordon's photograph of his wife and family as mentioned above may initially appear innocuous enough, but in fact it reinforces these heteronormative gender relations and the oppression that exists and is perpetuated therein. Lisa Appignanesi

agrees, arguing that given the restrictive nature of traditional roles for women, females were particularly likely to be coerced into assimilation with “the neat fit of family and doctors’ expectations of fem[inine] behaviour”, and to be diagnosed as mentally ill if they did not (354). It is significant that, as Phyllis Chesler has pointed out, “ninety per cent of all psychiatrists during the 1960s were men” so one could therefore legitimately argue that these doctors would be unlikely to comprehend the gender related traumas imposed on women through the continued application of social norms, leading to further female oppression (122). Women like April Wheeler in Yates’s *Revolutionary Road*, and Plath’s Esther Greenwood were viewed as socially dangerous and were disproportionately treated for psychiatric conditions.

To this end, Chesler has suggested that “Perhaps what we consider ‘madness’... is the total or partial rejection of one’s sex-role stereotype”. Therefore, “Women who reject or are ambivalent about the female role frighten both themselves and society so much so that... [they] are... assured of a psychiatric label” (116). Women unable to play the traditional nurturing mother role are viewed as pathological, rather than as protestors unwilling to comply with the narrow confines of their socially defined position. Psychiatry, Plath’s novel suggests, functions by punishing and readjusting these women, releasing them when they are, like Esther, “patched”, “retreated”, and willing to comply with their biological destiny.

First Experience of Electroconvulsive Therapy

As a result, Plath directly connects the treatment prescribed to Esther with violence, and a homogenising political agenda. When Doctor Gordon administers Esther's first ECT treatment, Esther experiences a great deal of pain, and wonders "what terrible thing it was that I had done" (138). The "treatment" is understood as punitive, just as in Kesey's *One Flew over the Cuckoo's Nest* as discussed in Chapter Two, and in other contemporary texts like Jennifer Dawson's *The Ha-ha* (1961) (which Plath read just before her suicide in 1963) and Janet Frame's *Faces in the Water* (1961). This view was also propagated outside the realm of fiction however: Robert Whitaker wrote that, "One physician told of using it to give women a 'mental spanking'" (106). In addition, researchers like Carol Warren noticed that many of the schizophrenic women she interviewed understood ECT as a form of punishment. One in particular, Eve Low, claimed that she was being "punished for her offences by ECT" and that she was the victim of a "master conspiracy to rob her of control of her own life" (58). This theme of female self-governance and psychiatric intervention is one that arises many times throughout Warren's study, and beyond.

Plath takes this one step further and directly connects the use of ECT as a medical "treatment" with electric shock as punishment for *political* crimes. She describes the visceral experience of shock as

[L]ike the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air cracking with blue light, and with each flash a great jolt drubbed through me till I thought my bones would break and the sap fly out of me (138).

This description highlights the barbaric nature of ECT treatment and tallies Esther's experience with that of Julius and Ethel Rosenberg, executed by electrocution in June 1953 in retribution for espionage activities assisting the Soviet Union. In the opening page of *The Bell Jar*, Esther comments that "I couldn't help wondering what it would be like, being burned alive all along your nerves", connecting her own eventual treatment with the plight of the spy-couple, something she returns to and re-emphasizes on several occasions (1). To this end, Marta Caminero-Santangelo argues that this comparison between Esther and the Rosenbergs "marks Plath's critique of electroshock as a means of *ideological control* on a par with political execution" (emphasis mine, 22-23).

Interestingly, this comparison between ECT, capital punishment and, implicitly, the Rosenbergs, had also been made two years earlier in 1961 by Janet Frame in *Faces in the Water*. Istina, Frame's protagonist, relentlessly connects death, punishment and ECT, characterizing the bed on which she received the treatment as her "coffin", and the medical staff as "assassins" (17). She equates waiting for electroconvulsive therapy with death row patients awaiting their executions, and admits to "know[ing] the rumours" that shock treatments are

[T]raining for Sing Sing when we are at last convicted of murder and sentenced to death and sit strapped in the electric chair with the electrodes touching our skin through slits in our clothing; our hair is singed as we die and the last smell in our nostrils is the smell of ourselves burning (16).

Again, electroshock therapy is equated with electrocution as a method of capital punishment. What is particularly interesting here however is this

pairing of the electric chair and electroshock therapy in the specific context of the prison mentioned in Frame's text. Sing Sing is a nineteenth century correctional facility located near New York City where, until 1963, death row prisoners were put to death by electric chair.

Frame's specific mention of Sing Sing, where Julius and Ethel Rosenberg were executed for being Soviet spies, offers a direct point of connection with Plath's text and hints at the underlying politics of shock therapy in both works, as well as recalling the undercurrent of concern over communism in both Yates's and Kesey's texts. Plath's continual revisiting of the Rosenbergs' electrocutions, coupled with the horrific description of Esther's first treatment, places ECT patients in the same bracket as those convicted of posing a danger to the American state. Since, in the 1950s, "electroconvulsive therapy was... used with greater frequency on women than on men", one might posit that women who, like Esther, are shocked as a result of their failure to adapt without complaint to their limited feminine roles, were understood as just as much of a threat to national security as those suspected of spying for the Soviet enemy (Warren 129).

ECT, if understood in this highly-politicised way, represents a tool by which problematic selfhood can be eradicated and troublesome individuals subdued. As Peter Breggin has pointed out, the purpose of ECT is to make "patients become more compliant and acquiescent", and this is precisely what is depicted in Plath's narrative (244). Esther's statement that she thought the "sap [would] fly out of [her]" is immediately relevant here. The patients she sees at Doctor Gordon's mental facility all appear to have

undergone this treatment, for they, like Kesey's *Chronics*, look like "shop dummies" in "stiff postures", with a "uniformity to their faces [that made them appear] as if they had lain for a long time on a shelf" (136). These mannequin-like entities are undergoing (or have unsuccessfully completed) a process of readjustment that seeks to draw the "sap" of resistance or personal autonomy from them, and return them to society as more compliant citizens, personal sovereignty removed. Breggin describes recent ECT patients as "so organically impaired following ECT that they will sit around apathetically on the ward, unable to engage in any activities", which tallies closely with Esther's first reported asylum experience noted above (232).

R. D. Laing, along with others grouped together (however uncomfortably) underneath the antipsychiatry umbrella, was fundamentally against methods of psychosurgery like lobotomy or ECT, which Breggin has referred to as an electrical lobotomy (237). Supporters of electroconvulsive therapy, on the other hand, like Rael Jean Isaac and Virginia C Armat, have described the procedure as "a miracle" (212). Historian Edward Shorter and psychiatrist David Healy also lauded its effectiveness, calling ECT "the penicillin of psychiatry", and one of the "most effective interventions in mental medicine" (2007, 32). While Laing's position softened on some forms of psychiatric intervention in later years, including perhaps most shockingly his statement that "[t]o say a locked ward functions as a prison for non-criminal transgressors is not to say that it should not be so", his feelings on the utilization of the most invasive treatments like ECT never wavered (1985, 8).

As Burston has pointed out, although Laing's attitude "to psychiatry became less adversarial" as the years progressed, his "antipathy to lobotomy and electroshock continued unabated" throughout Laing's career (235). Indeed, in conversation with Robert Mullan shortly before his death Laing called these procedures "crude and barbarous", and despite admitting that he had in fact carried out these treatments (as well as insulin therapy) during his early years of training with the army and at Gartnavel Hospital, he claimed to have "a gut reaction against [them]" (262). Given the emphasis in *The Divided Self* upon empathy and understanding as curative, and on schizophrenia as both comprehensible and non-organic in etiology, this stance is unsurprising. Laing even goes as far as to label orthodox psychiatric treatments including ECT, insulin coma therapy, and lobotomy as a "gross violation of primitive human decency in the way we treated people", highlighting the troubling medical ethics behind ECT's and lobotomy's application (1976, 175).

The appearance of the hospital where Esther first experiences electroconvulsive therapy reinforces this suggestion by Laing and others (including Szasz and Frame) that psychiatry is divided between a respectable frontage as a legitimate branch of medical science, and a dark underbelly in which treatment functions as an attempt to destroy patients characterized by "wretched mind[s]... and rejected conduct" (Laing 1985, 12). At first, Esther is surprised that the "house" (the hospital setting, according to Esther, is reminiscent of a guest house) "seemed normal, although I knew it must be chock-full of crazy people. There were no bars on

the windows that I could see, and no wild or disquieting noises". Instead, "[s]unlight measured itself out in regular oblongs on the shabby, but soft red carpets, and a whiff of fresh-cut grass sweetened the air" (135). Esther expects the madhouse to conform to the gothic stereotypes laid out before the reader (the barred windows, the screaming patients), something Joanne Greenberg also utilizes ironically in *I Never Promised You a Rose Garden*. By their absence, these tropes are exposed as artifice and the real terror, Esther comes to realize, lies not with the patients who seem stopped in time like "shop dummies... propped up in attitudes counterfeiting life", but in the treatment facilities located in the basement (another familiar trope) (136).

As Esther follows Dr Gordon downstairs, the comfortable (and comforting) carpet ends and a

plain, brown linoleum, tacked to the floor, took its place and extended down a corridor lined with shut white doors. As I followed Doctor Gordon, a door opened somewhere... and I heard a woman shouting (137).

The change in flooring may seem insignificant, but it indicates to the reader that the veneer of gentility on the upper floor is simply that: a façade constructed to hide the darker goings-on in the basement occupied by distressed and disembodied voices. Furthermore, Plath is keen to make clear to readers that the windows in the basement are barred and all the doors locked, to prevent patients from escaping (or jumping to death and freedom, as one patient tries to do). To that end, a grotesque-looking nurse with a "wall-eye" hisses at Esther on her way down the corridor that "[s]he [the screaming patient] thinks she's going to jump out of the window but she can't... because they're all barred!" (137). The shouting, suicidal patient

foreshadows Esther's own horrific experience of ECT, and her future suicide attempt, but also connects psychiatry to the limitation of patient freedom and self-determination. As mentioned previously, Szasz believed that the suspension of patient liberty was a criminal act, and even that those who wanted to commit suicide should be allowed to make that choice without psychiatric intervention.

The "shut white doors" are significant also, since, in much of Plath's work, colours are fundamentally important to her aesthetic (perhaps because Plath was also an artist). Throughout *Ariel* (1965) for instance, white is associated with death, bone, absence or vacuum, and sterility in a variety of ways: in "The Moon and the Yew Tree", Plath describes the moon as "white as a knuckle and terribly upset", and as an "O-gape of complete despair" (L 9, 11). In "Cut", the speaker describes cutting her thumb, watching the red blood swell from the "Dead white" of the skin flap (L 7). In "The Surgeon at 2am", Plath writes that "The white light is artificial, and hygienic as heaven. / The microbes cannot survive it", as well as commenting on the effacement of the individual-as-patient, "As usual there is no face. A lump of Chinese white / With seven holes thumbed in" (L 1-2, 7-8).

In a poem titled "Tulips" written around the time of *The Bell Jar*, however, the tension between white-as-death and gaudy red-as-life most vividly come to the fore. Interestingly, although white often signifies death, facelessness, and sterility in Plath's writing, it also, in "Tulips" connotes peacefulness and release in a way that Plath's speaker finds comforting and attractive, while redness is too vital and "excitable" (L1). She writes,

Look how white everything is, how quiet, how snowed-
in

I am learning peacefulness, lying by myself quietly

As the light lies on these white walls...

I am nobody; I have nothing to do with explosions.

I have given up my name and my day-clothes up to the
nurses

And my history to the anaesthetist and my body to the
surgeons (L 2-6).

Just as in *The Bell Jar's* early pages, after Esther bathes in a scalding bath to purify herself and "dissolve" the world around her, then wraps herself in a "big, soft, white, hotel bath towel", whiteness in "Tulips" relates to an emancipatory experience of self-effacement ("I am nobody"). Ferretter has also drawn similar comparisons between "Tulips" and *The Bell Jar*: he writes that "the speaker of "Tulips" finds great relief in the process of ceasing to be, just as Esther does", both literally through her suicide attempt, and more metaphorically by discarding her clothes, for instance (2010, 80). Ferreter has also pointed out adopting the patient role can be read as a strategy for this desired state of self-effacement or restorative suspension of responsibilities: the speaker "ceases to be herself in her role as patient, and she finds this process a relief from the burden of living in the world. The peace she feels in her hospital bed is an image of the peace of death" (2010, 80). Death here can be understood as the ultimate form of protective isolation, akin to Laing's theories of engulfment in the ontologically insecure.

In this episode of *The Bell Jar*, however, the "shut white doors" do not represent a metaphorical death characterized by tranquillity and isolation, but a violent assault upon Esther's troublesome subjectivity that makes cogent

the “birdlike” stilted appearance of the other patients. Plath, like Laing, is at pains throughout the text to demonstrate the comprehensible nature of descent into, and expressions of, “madness”, and to reject the binary conception of madness and sanity in the patients Esther finds herself amongst when she regains consciousness. She writes,

I was sitting in a wicker chair, holding a small cocktail glass of tomato juice. [My] watch had been replaced on my wrist, but it looked odd. Then I realized it had been fastened upside down. I sensed the unfamiliar positioning of the hairpins in my hair (138).

The sluggish, disconnected manner of Esther’s narration here mirrors the slow recovery of her senses, and suggests that the other mental patients, who horrify Mrs Greenwood because of their supposed difference, are more akin to Esther than first assumed. This could be interpreted as indicative that it is the electroconvulsive therapy causing the patients to appear like shop mannequins, devoid of animation or personhood, rather than a neurochemical flaw or other psychopathology.

Suicide, Rebirth, and False Recovery

After her disastrous encounter with shock therapy, Esther turns her attention more fully to the question of suicide, which is again considered as part of the struggle for an autonomous, yet feminine, identity. Esther is meticulous in her search for the perfect method for self-murder. She attempts to drown herself at sea, but each time her body “popped up like a cork” (154). She tries to hang herself (using the tie from her mother’s bathrobe in an obvious allusion to the suffocating nature of female domesticity) but finds the suburban home offers nowhere to suspend oneself from, so she “sat on

the edge of [her] mother's bed and tried pulling the cord tight" without success (152). She thinks about slitting her wrists but rejects this idea since she lacks a warm bath in which to do it (146). Eventually, Esther decides to hide in the crawl space underneath the family home and take an overdose of sleeping tablets, but, again, her attempt fails.

Esther's attempts at suicide, as several critics have pointed out, are consciously constructed not in negative, fatalistic terms, but through the framework of a restorative rebirthing process. Lauretis has read the description of Esther's rescue as a "literary simulation of birth" as Esther's body is dragged from the crawlspace like a baby's journey through the birth canal (178). Perloff, in similar terms, argues that by

returning to the womb in the shape of the basement crawl space at her mother's house and then gulping down a bottle of sleeping pills does [Esther] hope to find... the darkness of death (510).

Darkness offers a protective, isolating shield that keeps the ontologically insecure self hidden; this is why Esther prefers staying indoors, with her shades drawn, avoiding social contact. A symbolic return to the womb offers Esther the chance to enact a break with her crumbling false-self system, in the hopes of either self-destruction or autonomous self-creation.

Esther understands death, therefore, as the ultimate separation between her increasingly fragile authentic self, and the superficial cast of false-selves required to function in everyday life. Since Esther internalizes the conflicts inherent in the divided feminine self, seeing herself as flawed for being unable to choose between the mutually exclusive options open to her

(as demonstrated in the fig-tree analogy), violence against the self can be read as both punishment for, and relief from, this seemingly personal failure. Suicide, like the hot baths Esther routinely utilizes to figuratively cleanse herself of the residue of the false-self system, becomes a method (albeit in the extreme) for sloughing off the residual female identity matrix provided to her by her mother and society that she cannot assimilate herself into.

When Esther awakens, she has, according to Lauretis, freed herself from the strictures of her golden-child past:

[w]ith rebirth a new life begins in which Esther, no longer the repressed dutiful daughter and straight-A scholarship winner, expresses herself, her violence and aggression, by openly hostile acts (178).

Lauretis is accurate, to some degree, since, when Esther regains consciousness, she reacts honestly for the first time in the text, with aggression and unbridled hatred, to those who come to visit her in her hospital bed. Firstly, to her mother's hopeful statement that "They said you wanted to see me", she responds "I didn't think I said anything", and then coldly states that she feels "the same" as when she tried to kill herself, thereby refusing her mother any comfort (166). Similarly, although she notices her "disgusting and ugly" legs exposed on the bed, with flabby, wasted muscles and "a short, thick stubble of black hair" she fails to conceal them when visited by an old college acquaintance working at the hospital (166-167). Furthermore, she even tells this young man to "Get the hell out" of her room, and not to come back (167). This is a complete shift in attitude from the behaviour Esther had exhibited prior to her suicide attempt, when she appeared meek and, at least outwardly, at pains to be agreeable to

others. For example, when Buddy presents Esther with a poem he wrote called 'Florida Dawn', Esther calls it "not bad", though she really thinks it was "dreadful" (87). Likewise, when Buddy asks Esther if she has ever "seen a man" naked, and if she would like to, Esther reacts passively, thinking "I didn't know what to say", before responding "Well, all right, I guess" (64). For Scholes, by "[p]assing through death [Esther] is reborn" (131). After her suicide attempt, Esther rejects this feminine, submissive role, and instead becomes defiant and assertive, refusing to hide her "true" self beneath a socially compliant false-self.

While this may appear as a conclusive rejection of the false-self system in place of a more authentic selfhood, Esther's second bout of psychiatric treatment adds to the complexity of the novel's politics rather than simplifying them. Although Esther initially displays a sense of defiance conferred by her new attitude, by the end of the narrative, her recovery and state of mind, according to Tim Kendall, "equate... to conformity" with the society that Esther "blames for her breakdown" since she has become a mother (and, presumably, a wife) (58). What further complicates feminist readings of the text, especially those framed by challenges to psychiatric legitimacy, is Esther's apparently successful course of electroconvulsive therapy the second time around, as well as her treatment by a female psychiatrist who, amongst other things, prescribes Esther birth control to allow her to explore her sexuality outside the confines of marriage. Controversially, with regards to her second course of ECT treatments, Scholes has argued that the "same electrical power which destroys the

Rosenbergs restores Esther to life. It is shock therapy which finally lifts the bell jar” (131). While Esther does admit that after her second treatment “I felt surprisingly at peace” as the “bell jar hung, suspended, a few feet above my head” (206), she also states that as her treatment begins, “darkness wiped me out like chalk on a chalkboard” suggesting an assault on selfhood that contributes towards the novel’s ambiguity towards the therapeutic method (205)¹⁸.

Caminero-Santangelo has acknowledged the problematic nature of these two statements, and of aligning Esther’s second, more positive, experience of ECT with an unequivocally feminist reading that views shock therapy and psychiatry as patriarchal. While she acknowledges that “perhaps electroshock can lift the bell jar”, she suggests that this can only be done by “wiping out’ a part of Esther herself, her memories; perhaps electroshock provides peace in exchange for ‘forgetfulness’” (31). This statement certainly tallies with testimony from patients who have experienced ECT, including Leonard Roy Frank who describes himself as an “electroshock survivor” (157). Frank has argued vehemently against the therapeutic benefits of ECT, stating that the procedure “causes a cumulative eradication of memory” and, although “in time some memories are recovered... [those] lost during the

¹⁸ Plath’s journals and letters suggest that she too was conflicted about the experience of ECT. For example, Plath wrote to Edward Cohen on 28 December 1953 that I need “someone to... be with me at night when I wake up in shuddering horror and fear of the cement tunnels leading down to the shock room”, demonstrating the lingering trauma caused by ECT. Conversely, however, Plath also wrote in her journals in 1959 that shock therapy had caused her to “rocket uphill” after only “three or so shock treatments” (455). Given Plath’s highly polarised experiences of ECT, it is easy to comprehend why her protagonist would experience the procedure in the same way.

treatment period are usually gone for good” (160). Since the reader never learns details of Esther’s life after she leaves the private hospital (except that she has had a baby), it is impossible to judge the longer-term relevance or applicability of these claims in Esther’s case.

If ECT, as I have argued alongside Kendall, “is designed to make [Esther] conform to the same social structures which are responsible for her breakdown”, then, at first glance this apparently more satisfactory course of treatment, in tandem with psychotherapy, is effective in achieving these aims as Esther becomes a mother (56). The treatment on this occasion is overseen by Dr Nolan, Esther’s psychotherapist at the elite psychiatric facility to which Esther is admitted by her novelist benefactor, Philomena Guinea. Nolan, based on Plath’s own therapist, Dr Ruth Beuscher, functioned in real life as a “permissive mother figure”, according to Plath’s journals, and this descriptor also matches the relationship between the two women in *The Bell Jar* (429). It is Dr Nolan, for example, who provides the medical authority for Esther to access birth control after Esther tells her “What I hate is the thought of being under a man’s thumb” and describes the article her mother sent her titled “Defence of Chastity”, to which, significantly, Dr Nolan “burst out laughing” (212). Dr Nolan also allows Esther to voice her real feelings for Mrs Greenwood when she tells her that she “hate[s]” her mother, and rather than contradicting her, Dr Nolan listens and responds, “I suppose you do”, taking her statement seriously, thereby respecting Esther’s autonomy (195).

These two instances set Doctor Nolan up as the antithesis of Mrs Greenwood, who Gentry claims

is one of those women who sacrifice everything for their children and in return expect their children to perfectly fulfil their fantasies for them... this expectation puts tremendous pressure on the child to perform...As *The Bell Jar* develops, it becomes clear that her mother's unrealistic expectations for Esther are contributing to Esther's breakdown (57).

Because of this pressure, Esther finds her mother's presence suffocating, as dramatized by her attempts to strangle herself using the tie from her mother's bathrobe and her desire to strangle her snoring mother as she sleeps: "it seemed the only way to stop it would be to take the column of skin and sinew from which it rose and twist it to silence between my hands" (118-119).

One could argue that Mrs Greenwood falls into the category of overbearing mother figure characterized by Philip Wylie in *Generation of Vipers*, first published in 1942; a book that, Plath's journals show she was aware of, and that had, according to Rebecca Jo Plant, sold more than "180,000 [copies by 1955]", as well as being "named one of "the most important non-fiction works of the first half of the twentieth-century" (19). Although what Wylie termed "momism" was not the book's only concern (he was also worried about women's power as primary consumers), Wylie was deeply anxious about the impact overbearing mothers were having upon American culture, and upon future generations (of men in particular). The chapter "Common Women" deals most directly with the danger of momism, which Wylie views as a direct threat to the masculine power and potential of the American nation. He writes that "our land, subjectively mapped, would have more... apron strings crisscrossing it than railroads and telephone wires", suggesting that rampant momism halts national progress, since men

have become, according to Wylie, a “slave population” under the dominance of their wives and mothers (185).

This is clearly relevant to both *Revolutionary Road* in the character of Mrs Givings, and *One Flew over the Cuckoo’s Nest*, since Kesey’s ward is depicted as a microcosm of society and described explicitly as a “matriarchy” dangerous to men. Plath’s novel, on the other hand, suggests that this circumscribed feminine role, with strict adherence to a code of behaviour based upon abstinence and the primacy of marriage, is equally crushing to the development of young women who long for a more permissive society to match their higher levels of education and drive for autonomy. This concept of the overbearing mother as damaging to their children (and to the family in general) was ingrained into American culture by the time Plath’s novel was published, and so would have been recognizable to readers.

The idea that overbearing mothers could cause mental illnesses in their children was an extension of this, and was famously raised by Dr Frieda Fromm-Reichmann, to be discussed in Chapter Four. Fromm-Reichmann wrote in 1948 that psychosis could be caused by “schizophrenogenic mothers” and the “severe early warp and rejection that [the child] has encountered in... his infancy and childhood” at their hands (164). Laing also touched upon this in *The Divided Self*, most clearly in his case study of patient Julie. Perloff has drawn connections between Esther and Mrs Greenwood, and Julie and her mother: Julie’s mother told Laing that she “was never a demanding baby” and that “she was weaned without difficulty... [She] had no bother with [Julie] from the day she took off nappies completely

when she was fifteen months old. She was never 'a trouble'" (qtd Perloff, 509). In comparison, Esther writes that her mother visits her "with a sorrowful face", telling her that

she was sure the doctors thought she had done something wrong because they asked her a lot of questions about my toilet training, and I had been perfectly trained at a very early age and given her no trouble whatsoever (195).

Esther's compliance, along with Julie's, suggests when taken together that these children had failed to develop the kind of autonomous selfhood (or even sense of self) in their young years: a product, perhaps, of an overbearing mother.

Furthermore, Julie repeatedly tells Laing that a "child has been murdered" (whom Laing interprets as Julie herself), and that her mother "was smothering her" and would "not let her live", so that Julie felt "unreal" (1976, 179). These comments can be read as analogous to Esther's experiences, particularly in her sense of disconnection, and her corresponding resentment of her mother based upon her rigidity and her lack of authenticity, believing her to be heartless and a martyr to her suffering. In describing her father's death, for example, Esther states that

My mother hadn't cried... She had just smiled and said what a merciful thing it was for him he had died, because if he had lived he would have been crippled and an invalid for life (161).

This kind of triteness, an indication of a protective false-self, excludes the authenticity of experienced grief. While the reader can rationalize Mrs Greenwood's response as designed to shield her children from the

misfortune that has befallen the family, Esther rejects this as an indication of her mother's stiff frontage and lack of vitality.

Dr Nolan, in direct comparison to Mrs Greenwood, allows and encourages Esther to experience her emotions and to explore her desires. Alongside gender, this is also the most prominent difference between Esther's two psychiatrists, Doctor Gordon and Doctor Nolan. Gordon objectifies and belittles Esther, by asking her at her most suicidal if there was a WAC station at her college during the war, and commenting to himself, "My, they were a pretty bunch of girls" (126). Esther's presence and situation are irrelevant to Gordon, but Doctor Nolan listens to her patient and encourages her to engender a sense of autonomy through the development of a therapeutic relationship more akin to that central to Greenberg's *I Never Promised You A Rose Garden*, than those unavailable to patients in state facilities like in *One Flew over the Cuckoo's Nest*. This alternate feminine presence allows Esther to develop a separative self from her mother and her mother's expectations of her that reflects more accurately the "true" self that had been repressed by the overly-compliant false-self system. For Perloff, "Dr Nolan serves not as model [for Esther] but as anti-model; she is the instrument whereby Esther learns to be, not some other woman, but herself" (521).

While the relationship between the two women is undoubtedly instrumental in Esther's re-integration into society, the novel's ending remains ambiguous with regards to the security or veracity of her recovery. Plath's own suicide unavoidably lingers in the background in any discussion

of Esther's recovery, but even if one attempts to focus exclusively on the narrative itself, the text suggests an underlying anxiety that points towards Esther's rehabilitation as false. To this end, as Esther waits to meet the discharge committee, she refers to herself as "patched, retreaded and approved for the road" (233). This metaphor refutes suggestions by critics that Esther has recovered to full health: for example, Lauretis has written that Esther's recovery is characterised by "self-unity and freedom" (173). While Esther may find herself "free" as in released from the asylum, her description of herself as reconstituted falsifies Lauretis' optimism regarding her state of mind, especially since Esther remarks that "all I could see were question marks" (233).

Esther remains fragile and vulnerable to the return of her schizoid selfhood: as Kendall remarks

the metaphor of Esther patched like an old tyre suggests the need to continue with the battered old self rather than acceding to a glorious new one... the novel offers her no form of reconciliation with society (56).

Indeed, while Esther may have developed what Gentry terms a "reconstructed personality" during her time within the elite asylum, the social zeitgeist, which she rejected unequivocally before her suicide attempt, remains the same on the outside (51). This suggests that if we accept the pressure of society's gender expectations as the underlying cause of Esther's breakdown, that this recovery can be likened to what Ronald W. Maris calls a "resignation to prison [rather] than [an] escape from it". For Maris, then, Esther's "recovered sanity seems a depressing return to her old best self because nothing better has been found" (130).

As Caminero-Santangelo has argued, given the seemingly ambiguous nature of Plath's feminist politics and position on psychiatry at the novel's end, "there is virtually no discussion of these passages in any of the feminist studies of madness in literature" (32). While the text is as ambiguous as its author's gender politics, I would argue, one can, for the most part, trace these complexities into an overarching thread that connects female compliance, control, and psychiatry.

Laing wrote in 1985 that psychiatry has a "two-fold mandate" that includes the need to "keep [the mentally 'ill'] excluded from the ordinary outside world" while "the second mandate is to stop, if possible, to change, if possible, their conduct and states of mind from undesirable to desirable" (13). While Esther is encouraged to develop an autonomous selfhood by Dr Nolan, she is ultimately transformed from a defiant agent of protest into a wife and mother, albeit one who can author her own narrative; a change compliant with psychiatry's second mandate, according to Laing. Furthermore, although Dr Nolan permits Esther to openly experience hatred of her mother, she does not (at least as far as the reader is aware) explore the roots of this hatred in social, rather than individual terms. This means her anger is directed towards Mrs Greenwood as both a mother and an individual, rather than towards the role of gender in American culture that underpins this situation and traps her mother, just as it confines her. In Chapter Four I consider how Joanne Greenberg's text, *I Never Promised You a Rose Garden* seeks to redress this balance by emphasizing the importance of the *wider* family and social context to the mental health of its

members and, like the other chapters herein, positions biomedical psychiatry both harmful and anti-therapeutic.

I Never Promised You a Rose Garden: The “thorn in psychiatry’s side”

Greenberg’s novel, *I Never Promised You a Rose Garden*, is perhaps the least well-known of the four texts under consideration here, despite regularly featuring as part of American school and college curricula and being adapted into a film of the same name in 1977. Written in 1960, and published in 1964, upon release it received muted praise from critics: Kelsey Osgood wrote in a 50th anniversary commemoration that the novel’s impact was “fairly quiet. No excerpts were placed in periodicals; reviews, though complementary, were printed in the back pages” (par. 1). The narrative is a thinly veiled account of Greenberg’s own diagnosis of schizophrenia and treatment at Chestnut Lodge, Maryland, from 1948 to 1952, under the care of renowned psychiatrist Frieda Fromm-Reichmann.

In the fictionalized account, Joanne Greenberg becomes Deborah Blau, a damaged and increasingly psychotic adolescent who, to escape her troubled and splintered reality, creates a fantastical other universe to which she can retreat, called Yr, complete with its own language system, Yri. In the early stages of the novel, Deborah is committed to an unnamed psychiatric facility after a suicide attempt crystalizes her parents’ nebulous unspoken anxieties about her increasingly threatened mental health. From here, Greenberg tracks the development of a remarkable therapeutic relationship between Blau and Dr Clara Fried (Fromm-Reichmann’s fictional counterpart)

from their first meeting until Deborah's gradual rehabilitation into the community after several years of intensive psychodynamic analysis¹⁹.

Psychiatric Response to Greenberg's Text

Remarkably, despite its low-key literary reception, the novel has had a demonstrable impact on the psychiatric community. Various medical scholars and professionals, including Lawrence Kubie, Carol North, and Remi Cadoret have attacked Greenberg's novel, seeking to discredit or destabilize its portrayal of schizophrenic diagnosis as well as the successful treatment methodology at its core. In 2009, Greenberg told Claudia Cragg that one of her objectives behind penning *I Never Promised You a Rose Garden* was to demonstrate that recovery from schizophrenia was possible without psychopharmaceuticals (00:08:43); and that, in Greenberg's opinion, psychotropics represent not "treatment" but "control" (00:09:30-32). These were two key reasons for psychiatry's rejection of the text. For example, although psychiatrist Lawrence Kubie admitted that Greenberg's novel was "helpful, both intellectually and emotionally, to certain patients and to [their] families", he caveated this statement by arguing that when the text was

¹⁹ The term "psychodynamic", Windy Dryden and Jill Mytton explain, "is a combination of two works... 'Psyche' originally meant soul but is now often translated as mind... 'Dynamic' conveys the idea of forces, often moving in different and opposing directions" (18). Psychodynamic therapy therefore looks for the unconscious motivations for actions and thought-patterns rooted in past, repressed experiences of patients and seeks to uncover the ways these forces act upon the individual under analysis. The focus of psychodynamic therapy sessions, as apparent throughout Greenberg's novel, is the exposure and eradication of these hidden traumas to alleviate distress (in this case without medication or other biomedical treatments).

“used with families, however, they usually need psychiatric guidance in digesting and understanding its implications” (190-191).

Kubie’s reservations towards Greenberg’s novel and its depiction of schizophrenic treatment rests upon his rejection of Blau’s character as schizoid, and the hope that therefore is generated in sufferer-readers from her purported recovery. Kubie claims that Deborah’s symptoms are more “typical of the bright hysteric” (192), and even gives credit to the “remote” possibility that a “low-grade delirium may have occurred in [Deborah’s] early childhood, perhaps attending the operations on the urethra [that she underwent] at the age of five” that may be the root cause of the later hallucinations that Dr Fried treated as schizoid in nature (193). Kubie further reiterated these points in later correspondence with Greenberg, telling her that “Many of your ‘experiences’ do not seem to me to be the manifestation of a so-called schizophrenic psychosis, but more like the experiences of delirium, perhaps partly on a toxic-infectious basis” (Kubie to Greenberg, 28 November 1967). Kubie’s statements seek to locate Greenberg’s purported illness as squarely biological in etiology, refusing the possibility of any interpersonal or social causation that would validate the efficacy of collaborative psychotherapy instead of the utilization of medication or psychosurgery.

In an extraordinary study published almost two decades after Greenberg’s text, medical student Carol North and physician Remi Cadoret also rejected the schizophrenic diagnosis and treatment depicted not only in *Rose Garden*, but in a selection of narratives including *The Eden Express*

(1975) by Mark Vonnegut and *Autobiography of a Schizophrenic Girl* (1950) by Margureite Sechehaye. North and Cadoret compared the symptoms depicted or reported in each narrative to those listed in the DSM III (the Diagnostic and Statistical Manual of Mental Disorders; a classification guide to psychiatric disorders utilized to standardize diagnosis of mental illness) and concluded that schizophrenia was absent in each of the five texts under examination. In Greenberg's case, like Kubie, North and Cadoret argued that Deborah's illness could be more accurately described as hysteric in nature: the "symptoms of Deborah Blau... actually were closer to the DSM-III classification of somatization disorder (previously known as hysteria...) than to the classification of schizophrenia" (136). It could be argued however that this necessity to match the DSM-III's diagnostic standards of schizophrenia is an unrealistically high standard, since Greenberg was diagnosed before the DSM was first published in 1952.

What is striking about this study however is North's and Cadoret's acknowledgement of the unreliability and incomplete nature of the data they used to reach their purportedly accurate diagnoses, alongside their simultaneous assertion of confidence in their results. They recognize limitations in their methodology, for instance, rightly including an acknowledgement that "this method of gleaning details from the context of a book is no substitution for careful interviewing of the patient" (133). More troublingly, they lament that "most of these personal accounts were written by the actual patients rather than the psychiatrist, and thus relevant symptoms might have been omitted" (133). This secondary statement

demonstrates a lack of interest in the patient's descriptions of their own lived experience out-with the psychiatric framework of a diagnostic classification. This presents a delegitimizing situation that demarcates patient experience as of secondary, or of little importance, in comparison to that of those in positions of medical authority. Regardless of these obstacles to the gathering of empirical data in their research, North and Cadoret claimed to have arrived at an "unquestionable diagnosis" or, at the very least, to have gathered enough data to be "strongly suggestive of a diagnostic category" (133).

North's and Cadoret's drive to debunk these literary cases of schizophrenia derived from a concern over lay knowledge of the condition and efficacy of treatment methods depicted therein. They concluded that these purported recoveries were dangerous, since "[d]ramatic accounts of cures or remissions in schizophrenia help perpetuate the concept that certain treatments [i.e. psychotherapy] are efficacious" (133). It stands to reason therefore that "if the illnesses depicted are not really schizophrenia, then the public is being confused" (133). This statement, and that the research was carried out in the first place, reveals a split in psychiatric approaches to serious mental illnesses like schizophrenia between those who favoured psychotherapy and exploration of the familial and social patient context, and those who rejected these methods outright in favour of administration of psychopharmaceuticals, shock therapies, and even lobotomy. To that end, E. Fuller Torrey, a one-time protégé of Szasz who became an unlikely but outspoken proponent of the biomedical approach to psychiatry, wrote that to

treat schizophrenics with psychoanalysis "is not only negligent, it is malpractice" (223).

In Greenberg's novel on the other hand, the depiction of the fictional Dr Fried's therapeutic methodology was so positive that, as Osgood comments, "for years she received letters from struggling fans desperate to track down Dr Fried and to undergo analysis with her" (par. 7). This is the reason that Hornstein has referred to Greenberg's text as the "thorn in psychiatry's side" since it directly challenges biomedical psychiatry's monopoly on the treatment of serious mental illness (382).

Position in Relation to Texts by Yates, Kesey and Plath

This anti-drug, anti-shock therapy, and anti-psychosurgery position might suggest that Greenberg's novel approaches diagnoses and treatment of mental illness in the same way as texts by Yates, Kesey and, however ambiguously, Plath. Instead, this would be an overly simplistic assumption. It should be acknowledged that Greenberg's text occupies a unique position in the context of the aforementioned novels. The differences between these texts arise in two distinct areas. Firstly, Greenberg's text refuses to reject or destabilize psychiatric sicknesses as genuine illnesses in the medical model, amenable to medical intervention. This contrasts directly with the ideologies underpinning works by Laing, Cooper, Szasz, Kesey, Plath, and Yates, who each, to varying degrees, repudiated or destabilized these diagnoses as labels used to stigmatize social agitators. In *Rose Garden*, Deborah is understood to be suffering from an iatric illness, and her hallucinations

represent genuine symptoms of that sickness (although Fried/Fromm-Reichmann simultaneously understood these symptoms to serve a protective function for the sufferer, something that Laing also acknowledged in *The Divided Self*). It is no surprise therefore, that Fried tells her patient that: “the thing that is so wrong about being mentally ill is the terrible price you have to pay for your survival” (Greenberg, 59). Symptoms such as visual and auditory hallucinations are understood as manifestations of mental illness, but also as the attempt of the sick person to survive what they perceive to be a hostile environment.

Mental illnesses, therefore, were for Fromm-Reichmann (and Dr Fried) caused by a combination of biological and environmental factors, in a way rejected by Kesey, Plath and Yates, who each supported the view of madness-as-social-protest. Fromm-Reichmann never discounted the possibility of biology playing a role, however slight, in the development of psychiatric illness: she understood biological factors as one aspect in a spectrum of elements, including interpersonal relationships and childhood development that could cause mental illness to occur. For example, she wrote in her introduction to *Principles of Intensive Psychotherapy* (1950) that the

psychotherapeutic process is designed to bring about understanding for and insight into the historical...features which, unknown to the patient, are *among the causes of the mental disturbance*” (1950, emphasis mine, ix).

This statement does nothing to delegitimize the argument that biology is, at least partially, responsible for schizophrenic illnesses in tandem with

something like an early traumatic event; or that psychiatrists are ill equipped to assist their patients (as suggested by Yates, Laing, and to some degree, Plath). Indeed, six years later, in 1956, Fromm-Reichmann wrote that the “conceptual dichotomy” of biology vs. culture in the psychiatric context was “unfortunate”. Instead of taking one side against the other, she stresses the importance of both in the development of a mental disorder, arguing for an “interlinkage between the biologic and the cultural approach” (1956, 33-34).

This middle-ground ideology was something that Fromm-Reichmann believed in resolutely. Accordingly, Greenberg sought to explore this connection between the physical and the psychiatric in her text through Deborah’s obsession with the significance of a tumour she had removed as a young child, and other forms of hypochondriacal complaint. When Deborah first meets Dr Fried for instance, she categorizes herself as a “liar” as a result of her complaints of “false blindness, imaginary pains causing real doubling-up, untrue lapses of hearing, lying leg injuries, fake dizziness, and unproved and malicious malingerings” (20). Instead of rejecting these apparent cries for help as false indulgences (as other doctors have done), Dr. Fried tells Deborah that she is “very sick indeed” understanding these apparent illnesses and pains as the physical manifestations of her psychiatric disorder (21). This demonstrates the inextricably linked nature of the mind and body to Fried, and Fromm-Reichmann herself, and also rejects Szasz’s assertion that “malingering is impersonating the *correctly* sick person” (1975, emphasis mine, 227). Fromm-Reichmann, on the other hand, understands mental

distress that manifests itself in physical pain to be just as legitimate as physiological illness without a psychological etiology.

The second major difference between the other texts already explored here and Greenberg's novel is the understanding that psychiatric hospitalization was potentially of therapeutic and protective value to the patient, if undertaken in a humane manner with an emphasis upon patient self-determination. Indeed, following a particularly violent bout of self-harming behaviour Dr Fried tells Deborah that she "needs [the] hospital" to alleviate her fear of "the terrible forces that seem to have been opened in you" (175). Fromm-Reichmann believed that the correctly administered hospital offered a sense of peace to those who struggle to assimilate with the outside world. "To patients" she explained, "admission to an institution is frequently a great relief from the unbearable burden of managing their lives independently, and of making decisions" (1946, 326). This is certainly depicted in Greenberg's novel where individuals (including Deborah) held in a closed ward for the most psychotic patients experience their surroundings as both protection from themselves, and as a liberation from the falsities of the outside world in a way reminiscent of John Givings in Chapter One.

From the patient's perspective, this transfer to ward 'D' (also known as 'Disturbed') is understood as an emancipatory experience. Both Deborah and her friend Carla spend time in ward 'D', and Carla tells Deborah, upon moving back to Disturbed, that

'I had enough of hate all boxed in. I decided to come up here where I can yell and yell until I get hoarse'. They

looked at each other and smiled, knowing that 'D' was not the 'worst' ward at all, only the most honest (67).

Although Deborah is afraid when she first moves to Disturbed, she acknowledges, like Carla that there are benefits to this kind of facility. The narrator claims, for instance, that the ward was "somehow terrifying and somehow comforting" at the same time because it forced the patient to acknowledge their own damaged mental state and the need for rehabilitation (49). When she arrives at the ward, another patient, who Deborah mistakes for an attendant, declares that she is "psychotic like you... Yes, you are; we all are" (49). The openness of this statement is highly significant and corresponds with the idea that Carla and Deborah agree upon about the ward: that Disturbed is somehow the "most honest" area of the hospital, perhaps even of society itself (67).

To that end, Deborah quickly comes to the realization that in Disturbed there would be "no more lying gentility or need to live according to the incomprehensible rules of Earth" (50). Deborah knows that when her hallucinations become unbearable, "no one would say, 'What will people think!' [or] 'Be ladylike!'" (50). Patients here are free to act out without having to repress or hide their more bizarre behaviours, because the ward offers relief in the form of sanctioned safe space for their madness since it is both expected and tolerated within the ward's locked confines. Being placed in ward D can therefore be understood as a profound reprieve from trying to maintain the façade of normality in social and familial situations. For this reason, Margaret Cooke has interpreted Greenberg's novel as sounding "a very clear warning against abolishing mental hospitals", and furthermore, she

argues “that hospitalization looks very different to those who are truly sick than to those who are well” (70). While overall this statement, in the light of Greenberg’s narrative, seems superficially uncontentious, one must remember that the hospital setting in the novel is highly unusual in its collaborative ethos and psychotherapeutic methodology. Deborah’s asylum, and its real counterpart, Chestnut Lodge, are shown to be fundamentally different from (even at odds with) other mental hospitals, especially those that practice what the narrative refers to as “mechanical psychiatry”, in reference to treatment with drugs, shock therapies, and psychosurgery (Greenberg, 220).

Chestnut Lodge: Madness and Money

Fromm-Reichmann’s understanding of the hospital setting as positive for the selfhood of individual patients rests upon a financial privilege that cannot be ignored, since, as Orna Ophir has pointed out, treatment at Chestnut Lodge cost “three times” that of other facilities of the time (41). Indeed, Greenberg has Dr Fried muse on this early in the text, pondering whether it’s “fair to take private patients when any real improvements may take years, and when thousands and tens of thousands are clamouring... and begging for help?” (15). Fried's rumination instantly alerts the reader to the unusual, and highly elite, nature of treatment being undertaken there and of the facilities themselves.

The asylum where Greenberg was treated and that she fictionalized in *Rose Garden* was a world apart from the crumbling and fetid standard of

state funded, or Veteran Affairs run facilities occupied by a huge majority of psychiatric patients. Two years before Greenberg began her treatment at Chestnut Lodge in 1948, Albert Maisel published a shocking expose of the state asylum system titled *Bedlam 1946*, in which he blamed "public neglect" and "legislative penny-pinching" for the chronic underfunding and related understaffing that resulted in "institutions for the care and cure of the mentally sick to degenerate into little more than concentration camps on the Belsen pattern" (1).

In the same vein, Jack Pressman has argued that in many state-run asylums of the 1940s: "Patient contact for the most part was provided... by attendants on the lowest rung of the staff ladder", mostly "workers drawn from a pool of uneducated transients. Known as the 'bughousers', such staff drifted from hospital to hospital, moving on whenever their alcoholism, idleness, or brutality became too blatant to ignore or hide" (150). These individuals were largely untrained and were often violent to patients, triggered by vast overcrowding and chronic understaffing, something Maisel is at pains to point out in his article. He writes that at Cherokee State Hospital in 1945 that of a projected 20 nurses required for patient care, only two were "on the rolls", whilst of the required 130 attendants, only "62 were actually employed" (5). These unbearably strained conditions precluded the possibility of effective treatment and were instead a recipe for violence and neglect. Pressman asserts that reports "of rape, sodomy, and even death at the hands of sadistic attendants and incompetent doctors, whose

prescriptions for nightly sedatives occasionally proved fatal” were not uncommon (150).

There is little indication of these problems on a systemic scale at Chestnut Lodge (although Deborah does highlight isolated incidents of violence against patients by ward staff), and instead of being financially constrained, the Lodge was far better appointed than most contemporary healthcare facilities. The exclusive asylum began life as The Woodlawn Hotel in the 1880s, and by the early 1900s featured electricity and indoor plumbing in every room. As a result, the lodge was described as palatial in comparison with the “county poorhouse” which at that time housed local mental patients, demonstrating the stark dichotomy between standards of care for the affluent and those without the means to fund better treatment (Hornstein 88). The extra resources of Chestnut Lodge allowed psychotherapists to engage with their clients on a one-on-one basis several times a week, and the course of patient therapy was often many years in duration. Greenberg received treatment for three and a half years both as an in-patient and out-patient, which was quick even by Fromm-Reichmann’s own admission. Some patients, such as Miss N, remained at the Lodge for long periods of time: in some cases, up to twenty years (Hornstein 245).

This method of in-patient care was far beyond what state facilities could hope to offer then, and psychodynamic therapy has come under fire for being both expensive and impractical. Edward Dolnick, in his acerbic criticism of Fromm-Reichmann, wrote that

It took eighteen months, for example, before one patient at Chestnut Lodge would stop shouting ‘You dirty little sticking bitch’ and ‘You damned German Jew; go back to your Kaiser’ at the doctor (85).

Pressman has also acknowledged that “Intensive psychotherapy of any kind was rarely an option” in public funded institutions, since “the delivery of such labor-intensive services was far beyond [available] resources” (156). This became Chestnut Lodge’s unique selling point: as Cooke asserts, the Lodge was “the only [American] asylum to rely [exclusively]... on psychotherapy in the late 1940s, at the time of Greenberg’s hospitalization” (71). Even rival elite asylums like McLean Hospital in Massachusetts used electroshock therapy and lobotomy on occasion (indeed, this is where Sylvia Plath was treated with ECT during her spell as an in-patient). The use of lobotomy at the mid-century was so widely accepted and celebrated as treatment for psychiatric disorders that one commentator claimed the procedure was so routine by 1951 that “Its *nonemployment* in any hospital... would ‘require an explanation’” (emphasis mine, Pressman 147-148). Chestnut Lodge’s decision not to practice psychosurgery was therefore considered both pointedly deliberate and unusual.

The Lodge as a “Psychoanalytic Hospital”: Methods and Theory

Fromm-Reichmann referred to the Lodge specifically as a “psychoanalytic hospital” where treatment was provided through the ideological framework of the therapeutic community, in addition to the development of a (generally long term) therapeutic relationship between the analyst and analysand. Fromm-Reichmann’s use of the term

“psychoanalytic” is somewhat confusing however, since she broadened the scope of traditional psychoanalysis significantly in her therapeutic approach. As Ophir has pointed out, during Fromm-Reichmann’s tenure, Chestnut Lodge’s treatment methodology was “an ambitious attempt to use the psychodynamic approach to psychiatry, *preserving the framework of analytic treatment while altering the technique as necessary*” (emphasis mine, 37). This broadening of the traditional analytic approach can be seen in Fromm-Reichmann’s clinical writings and in Greenberg’s narrative since, despite her diagnosis of schizophrenia, Deborah is treated via psychodynamic therapy. This demonstrates Fromm-Reichmann’s break away from Freudian orthodoxy since, as Ophir points out, Freud believed that schizophrenics were “unsuitable for psychoanalytic treatment” given the underdevelopment of the ego (something Freud believed was irreversible) (3).

Instead, Fromm-Reichmann argued that “*anyone* who consults a psychiatrist about marked emotional difficulties in living of which he wishes to be freed” would benefit from therapy; a category that includes “neurotics and... also psychotics” (1950, emphasis mine, 55). For Fromm-Reichmann, neurotics and psychotics (as well as ‘sane’ individuals) occupied not binary positions on the ‘mad’/ ‘sane’ dichotomy (with psychotics at an unreachable extreme) but sat within a common spectrum of behaviours. Treatment of the schizophrenic/psychotic individual was therefore possible, although more challenging, using an adapted psychoanalytic method based on close therapeutic collaboration between patient and doctor.

Fromm-Reichmann also rejected Freud's limited and limiting conception of the sex and death instincts as singular motivating factors in her patient's lives, positing in their place a drive towards health, as well as rejecting the Oedipal sexual desire for the parent of the opposite sex. Fromm-Reichmann suggested that these childhood desires for "closeness and tenderness" were more commonly non-sexual in nature but also demonstrative of a need for emotional connection and love (1950, 99). This assessment tallies with her view of schizophrenia (and psychosis more generally) as primarily rooted in early traumatic experience as well as childhood "misery in interpersonal contacts" (1954, 198). These, taken together, cause

partial regression into an early state of ego development and of autistic self-concern.... This early traumatization and the partial regression make for a weak organization of the schizophrenic's ego" (1954, 198).

Each of these occurrences play a significant role in Deborah's eventual treatment, unfurling as the novel progresses.

Deborah's misery in interpersonal contacts is clear through references to childhood ostracism and to divisions within the family, particularly through her family's reaction to her rejection of her baby sister. Deborah recalls feeling that the baby was nothing more than "an intruder" and a "red-faced, puckered ball of squall and stink" (46). When she articulately made her feelings known, in a way both "clever" and "precocious", her family began to feel a "discomfort about her" that led to them, in Deborah's opinion, pulling away from her, being "proud but not loving" towards the older daughter (46).

This sense of wrongness and rejection was also compounded during Deborah's time at school and summer camp, where she was bullied for being both different from other children and Jewish. One incident Deborah recalls was when "a riding instructor mentioned acidly that Hitler was doing one good thing at least, and that was getting rid of all the 'garbage people'" (47). Deborah's sense of shame, cursedness, and isolation grew during these experiences, until she began to retreat from her fragile ego, into a hallucinatory state seeking relief and belonging.

Deborah's feelings of ostracism are directly related in Greenberg's text to the development of her hallucinatory alternative universe, where she (at least temporarily) appears to find some serenity and acceptance. Fromm-Reichmann wrote in 1941 of the "other powerful drives and desires" at play in patient's lives, illustrated in Deborah's desire for acceptance. These, she asserted, including those

used by persons, individually, as a defense, in their efforts to adjust to a competitive world and to gain self-assertion among their fellow men; *examples are the need for love and dependence...* the quest for power, the need for prestige and perfection, and *reactive hostility and resentment against those who frustrate the realization of these and other drives*" (emphasis mine, 50).

The widening of factors included here as potential driving impulses drastically broadens the scope of traditional psychoanalytic therapy. Instead of reductive Freudian explanations based upon the sex and death drives, this position considers the patient's continued (and continuing) struggle for self-realization and allows for consideration of the influence of the social context upon the individual's well-being.

Great emphasis was placed upon developing the patient's autonomy and self-determination at Chestnut Lodge. This ethos was guided by Fromm-Reichmann's belief, later mirrored in R. D. Laing's concept of ontological insecurity and Cooper's idea of the overbearing parent, that mental illness was frequently triggered by the "undue curtailment of the patients' freedom i.e., misuse of authority by previous authoritative figures...in the patients' childhood and by their later representatives in society" (1947, 325). The therapeutic solution, therefore was "to give the patients as much freedom and as many privileges as possible, and... the least number of regulations and restrictions" (1947, 325). This emphasis upon patient autonomy again reveals the great privilege that the elite private facility and its patients enjoyed, including plentiful time with, and access to, medical personnel invested in the establishment of a therapeutic, not punitive or custodial, atmosphere.

Therapeutic Motherhood?

Fromm-Reichmann's therapeutic approach concentrated on developing the individual's sense of self in a way that Ophir, quoting Fromm-Reichmann, terms as "mothers raising children" (qtd. 37). This maternal approach was something that Fromm-Reichmann recognized as at least partially beneficial, reflected in her support for the first English publication of Gertrude Schwing's *A Way to the Soul of the Mentally Ill* in 1954, which, in her foreword, she called a "truly human document of skill, knowledge, intuition and wisdom in the therapeutic approach" (9). Schwing's book recounted her experiences nursing psychotics and schizophrenics, and very

much advocated a maternal approach to patients during their treatment since she understood a lack of maternal love to be the root cause of later psychotic disturbance. Schwing wrote in her prologue that her method “was successful most likely because I gave instinctively to the patient... that which was lacking in the child-mother relationship: motherliness” (24). Lack of mother-love was blamed for the child’s failure to develop a cohesive sense of self, in a way again comparable to Laing’s concept of ontological insecurity.

However, while Fromm-Reichmann approached her patients with an attitude of respect and equality, she did not advocate the maternal approach in the wholehearted way that Ophir suggests, or that Schwing did in her book. Instead, Fromm-Reichmann wrote in her foreword to *A Way to the Soul of the Mentally Ill* that while she admired the book’s humanity, she did not believe that the therapist or other medical professional should occupy a “specifically motherly” role (9). Instead, she admitted that “suffering from lack of love in early life cannot be made up for by giving the adult what the infant has missed”, i.e. in providing a kind of motherliness to patients, as Schwing advocates, since “It will not have the validity now that it would have had earlier in life” (1949a, Fromm-Reichmann, 203). Instead, Fromm-Reichmann argues that, through the therapeutic process, “[p]atients have to learn to integrate the early loss and to understand their own part in their interpersonal difficulties with the significant people of their childhood” (1949a, 203). Instead of mothering patients, Fromm-Reichmann defined the therapeutic process at Chestnut Lodge as one of respectful, “collaborative guidance” between

adults, where she assisted patients to uncover the past traumas that led to their development of psychosis (1950, 17).

Fromm-Reichmann has been heavily criticized for her purported position towards mothers and motherhood, predominantly for her coining of the phrase “schizophrenogenic mother”, which she used for the first (and only) time in 1948. The term instantly made mothers of schizophrenic children, as primary caregivers, responsible for their offspring’s psychological difficulties because of what Fromm-Reichmann described as the “severe early warp and rejection that [the patient] has encountered in... his infancy and childhood” (1948, 164). She argued that those who experienced parental, and particularly maternal, rejection at a young age were vulnerable to a schizophrenic:

partial emotional regression and... withdrawal from the outside world into an autistic private world [where] specific thought processes and modes of feeling and expression [are] motivated by [the schizophrenic’s] fear of repetitional rejection, his distrust of others, and equally so by his own retaliative hostility, which he abhors, as well as the deep anxiety promoted by this hatred (1948, 164).

In this depiction, the schizophrenic is emotionally paralyzed by his or her fear of revisiting this initial trauma, and so instead retreats inside themselves, becoming withdrawn from external reality (as Deborah does with Yr).

However, as Stephanie Coontz has shown, anxiety over the influence of mothers on their children’s (especially their sons’) mental health was already ingrained in American culture by the time Fromm-Reichmann coined the phrase “schizophrenogenic mother” in 1948. Coontz writes that, after the

publication of Philip Wylie's *Generation of Vipers* in 1942, "'Momism' became seen as a threat to the moral fibre of America on a par with communism", and that by 1945

the psychiatrist Edward Strecher argued that the 2.5 million men rejected or discharged from the Army as unfit during World War II were the product of overly protective mothers (par. 7).

The general idea these disparate writers proposed - of dysfunctional familial relationships being the cause of mental disease, and the harmful potential to children and even the nation from the "schizophrenogenic mother" - became wildly popular in the post-war period, to such an extent that Dolnick commented that "in one short phrase tacked on at the end of a long sentence, Fromm-Reichmann coined a phrase that would reverberate for a quarter century" (94). In Fromm-Reichmann's defense, however, it has been asserted that her intention was not to, as Michael Staub has argued, "feed a postwar frenzy that 'bad' mothers caused mental illness" but instead to support mothers of mental patients to better understanding of their children's illnesses and to help them recover (45).

What is certain however is that Joanne Greenberg's representation of motherhood in her narrative rejected the suggestion that mothers were consistently and perniciously to blame for their child's maladjustment. Accordingly, Michael Staub has argued that throughout *Rose Garden*, Greenberg "sought to emphasize [that]... not once... are [her] parents judged responsible" by her doctor, and indeed Greenberg even dedicated her book "To My Mothers" (perhaps even including Fromm-Reichmann in that category) (45). Instead of locating blame for her schizophrenia with

Deborah's mother, Greenberg goes to great lengths to demonstrate the multifaceted causes of her character's breakdown, including her social environment, family background, and previous traumatic experiences (particularly of deception). While Paul Bail states that "in real life, Dr Fromm-Reichmann viewed severe mental illness as due to a failure in early mothering", Greenberg's novel steadfastly refutes this claim (152).

In *Rose Garden*, for example, Esther Blau is often portrayed as a sympathetic and loving mother to her troubled daughter, who tries her best to support and encourage Deborah as much as possible. After a meeting between Esther and Dr Fried early in the text, Fried reflects that there was an "honest love" from mother to daughter, but that love had been misunderstood by Deborah as "pity", since she was ashamed of her own strangeness (60). The bond between mother and daughter remains strong regardless, and Deborah asks to see her mother, but not her father, during her stay at Chestnut Lodge. While Esther is characterized by a need to project a perfect façade of herself and her family that could be argued to have some negative impact on her daughter (since lies and superficiality are partly to blame for Deborah's mistrust of the 'real' world), the presentation of a polished veneer is understood as a defense mechanism against her own anxieties and is presented as one aspect of a litany of causes for Deborah's sickness.

Esther's fears, the narrative suggests, are primarily derived from her own family background: her father, for example, a Latvian immigrant to America with noble blood, detests Jacob, his son-in-law, since he is 'beneath' Esther on the social spectrum (not being descended from a noble

family), and since he fails to make enough money to sustain his family without support from his father-in-law. In these arguments, Esther, the narrative points out, “consistently side[d] with her father against her husband” because of her “own fear” and her understanding of herself as a “prisoner of her own past” (32). Esther’s passivity and inability to express herself here is analogous to the experiences her daughter faces in her illness: passivity and retreat, although not to the same degree. The legacy of her grandfather’s cruel and unyielding expectations is also heavy on Deborah’s shoulders: she states that “[t]he shadow of the grandfather dynast was still dark over all the houses of the family” (91). That Greenberg has chosen to include this portrayal of Esther’s own life as a young woman lessens the charges against her fictional mother figure by demonstrating the complex nature of interpersonal relationships, particularly in a familial sense. This ultimately destabilizes charges made against the “schizophrenogenic mother” and locates the etiology of disease within a multifaceted and complex social, familial, and personal history that also includes painful childhood surgeries, sibling resentment, and anti-Semitic bullying.

Rejection of Shock Therapies, Psychosurgery, and Psychopharmaceuticals

In order to most effectively try to untangle the complex causes of Deborah’s trauma, psychotherapy was the primary therapeutic method used at Chestnut Lodge. There was, however, a corresponding, and almost complete, antipathy towards the administering of drugs to patients at the facility (with the exception of sedatives, which Fromm-Reichmann viewed as

necessary in situations like patient insomnia) in order to make this therapeutic exchange as effective as possible. As explained in 1947,

[h]ospitalization should provide ... the opportunity of going through... disturbed episodes with as little restrictive interference as possible; hence it follows that a minimum of chemical sedation is desirable (Fromm-Reichmann, 44).

Clouding the patient's ability to work through underlying motivations and causes for his or her illness, sedation or treatment with anti-psychotic drugs was, for Fromm-Reichmann, counter-productive to the therapeutic process.

Again, this reinforces the privileged nature of care at Chestnut Lodge, since in the State and VA hospital systems medication was relied upon as part of an arsenal of control with the double function of subduing patients and lessening the pressure in overcrowded and understaffed wards. As Rael Isaac and Virginia C. Armat have confirmed, mid-century tranquilizers "transformed the atmosphere of mental hospitals. The fighting, kicking, headbanging and cursing vanished" (20). While Isaac and Armat position this as a positive change, at Chestnut Lodge patients had the freedom (as discussed in relation to the disturbed ward) to experience, rather than repress, their psychoses as part of a movement towards self-realization. Even psychopharmaceutical medications like Chlorpromazine, which, by the mid-twentieth century represented the vanguard of medical responses to schizophrenia (despite being termed a "chemical lobotomy" due to the apathetic state it produced in patients) were not utilized at Chestnut Lodge during Greenberg's time there, according to Mimi Neathery (22). Since patients often came to Chestnut Lodge as a last resort when treatment at

other facilities had failed, ex-Lodge therapist Thomas McGlashan told Mark Moran, “[d]rugs were viewed as the enemy because they dulled the mind and inhibited feelings that were necessary to access in therapy”, and “[i]t was rationalized that most of the patients had [previously] been overmedicated” (par.13).

The only drugs regularly used at Chestnut Lodge at the time of Joanne’s treatment were sedatives to help patients sleep, but even taking these, as Hornstein points out, was at the patient’s discretion. She explains that “No patient – even on the disturbed ward – was forced to take sedation”.

If a patient refused to comply,

a second attempt was made; if he refused again, the nurse was instructed to make a notation on the chart and to record the reason for the refusal... (This clearly assumed... that there was a reason) (197).

Allowing for the possibility of patients’ ability to reason and to make decisions for themselves was a radical act within the context of a mental hospital where patients were generally not consulted on their treatment plans, or whose protests and terror were routinely ignored. Mr Taber’s punishment in *One Flew Over the Cuckoo’s Nest* for daring to ask what medicine he was being forced to take, and Chief Bromden’s terror at being forced into shock therapy, both function as examples of this refusal of patient autonomy with the framework of a traditional psychiatric facility.

Furthermore, in contrast to most state or VA facilities, Chestnut Lodge rejected shock therapies and psychosurgery in the form of lobotomy. This was such a mark of pride for staff that the avoidance of these highly invasive

treatment options formed a key part of the Lodge's identity. Staff even performed a song as part of a play that contained the emphatic lines: "To death we stand, as one strong band/Against shock therapy" while another verse ended, "We will always be/Against those who hack, the frontal tract/By psychosurgery" (Hornstein 205). In 1950 Fromm-Reichmann wrote of these procedures that though they may superficially appear to "help to relieve the suffering of... patients", this reprieve comes "at the expense of the emotional integrity and further development of the patients' personalities" (61). Equally, the efficacy of these treatments (especially electroconvulsive therapy, which opponents argue causes either short-term or permanent amnesia) are questioned directly in *I Never Promised You a Rose Garden*. For example, one patient describes herself as having been "shocked, jolted, revolted, given Metrazol... All I need is a brain operation and I'll have had the whole works. Nothing does any good" (44); while another is defined as a "veteran of mechanical psychiatry in a dozen other hospitals [where] her memory had been ravaged, but her sickness was still intact" (220). The phrase "mechanical psychiatry" is significant here, allying biomedical approaches to mental health treatment with industrial, technological solutions that remove or mitigate the humanity of the patient under its care, reminiscent of Plath's depiction of obstetrics and gynecology in *The Bell Jar*. These invasive treatment methodologies are ultimately understood as inherently damaging, without long-term therapeutic value for the patient.

Although Fromm-Reichmann acknowledged the potential of techniques like shock therapies or lobotomy to superficially assuage patient

distress, she more importantly believed that these procedures are performed “at the expense of the emotional integrity and further development of the patient’s personality” (1950, 61). The dislocating of patient memory or sense of self caused by ECT meant that success in a psychoanalytic or psychodynamic based treatment was made even more difficult to attain. Deborah explains, for instance that, due to her friend’s experiences with “mechanical psychiatry” she can no longer remember her family background, making exploration of early experiences (where Fromm-Reichmann believes much trauma stems from) almost impossible. The room-mate creates

sets of wildly divergent parents. ‘It was always a musical family...’ she would say vaguely. ‘My father – he’s Paderewski, and my mother is Sophie Tucker. It’s why I’m highly strung (220).

This, in a way, also acts as a parody of psychoanalysis, locating the entirety of one’s predicament at the feet of unusual or unconventional parents, as well as demonstrating the extent to which the brain is ravaged by exposure to electroshock.

Hydrotherapy: A Treatment Apart?

One treatment method that is used in addition to psychotherapy in Greenberg’s text is the cold wet sheet pack. This is a form of hydrotherapy that represents, according to Donald Ross et al., a “non-pharmalogical” response to acute patient distress or extreme excitement (242). With this treatment method, patients are required to lie on a table and be tightly swaddled like “an infant”, in cold, wet sheets (as the name suggests) for a number of hours until the sheets have warmed through (Ross 242).The cold

wet sheet pack seems to offer a unique position within the supposedly therapeutic methods available at the mid-twentieth century, such as shock therapies and psychosurgery, due to its non-invasive or chemical basis, and since patients often reportedly found the process enormously beneficial.²⁰ Packs were found to be particularly helpful to patients when experiencing the onset of a psychotic disturbance, something that Greenberg depicts on numerous occasions in her text.

Regularly after making a therapeutic breakthrough with Dr Fried, Deborah suffers acute psychotic episodes that terrify her. On one occasion, after a particularly revelatory therapy session, she returns to the ward in distress and a quick-thinking attendant, seeing her anguish, asks her

Do you know what a cold-sheet pack is? I'm going to have one set up for you. It's kind of uncomfortable at first, but when you're in it a while, it may calm you down (53).

Trying to reassure her, he states “[i]t doesn't hurt – don't worry”, words which remind Deborah of the painful operations she experienced as a child, which her doctors told her would not hurt in order to placate her (53). She thinks to herself, “watch out for those words... they are the same words. What comes after those words is deceit, and... A bursting vein of terror released itself”

²⁰ While it would be wrong to argue that shock therapy patients have never found ECT, Metrazol therapy, insulin shock, or lobotomy helpful, there have been large numbers of highly vocal protests against these forms of treatment since the mid-century. Although cold wet sheet packs, or CWSP, have been criticized as a form of restraint, particularly when used punitively, patients in surveys by Ross et al have found a high proportion of individuals experienced a “calming effect” through swaddling (243). This, and the fact that the packs are non-invasive in terms of chemical alterations in the brain, sets this treatment method apart from those mentioned above, suggesting this is why they were utilized at Chestnut Lodge.

(53). Deborah's mistrust of medical staff, and her fear over the excruciating pain she remembers from her childhood surgeries, cause her to lose consciousness but when she awakens, to her surprise, she feels as "clear as morning" (53). She has been rendered passive by her immobility and is "amazed that she had been able to come from the deepest place [her psychosis] without the anguish of rising" (53).

Deborah is returned to rationality by her experience, exemplified by her acerbic engagement with a fellow patient immediately after she is released. The narrator tells us how Deborah's "world-self had risen", meaning the 'sane' aspect of her character, and immediately, as if to emphasize her sanity, contrasts Deborah with one of the more recognizably insane fellow patients. This patient, known as the "unsecret unwed unwife of the abdicated King of England", interrupts Deborah on her way to her bed to introduce her to her "phantoms" with whom she chatters away in a "parody of all the gentility's gossip", and to tell Deborah that the doctor had "violated" her while she was unconscious (54). Deborah's sarcastic response, "What a prize!", to the woman's delusions demonstrates her increased trust in the medical staff after her experience, and also functions to differentiate her from the other patients on the ward as a 'saner' individual following her exposure to hydrotherapy.

Pack becomes an integral yet mostly positive part of Deborah's therapeutic treatment at Chestnut Lodge, so much so that she experiences it "gratefully" (70). Moments of clarity or therapeutic insight often occur immediately after treatment for both Deborah and her fellow patients such as

Carla, who awakens with sudden realizations about what has been causing increased levels of distress on the ward, while Deborah similarly experiences what she terms that “ancient and fearsome... word: Truth” (71). Deborah comes to trust the cold wet sheet pack process so much that she eventually requests it for herself in times of particular distress, the exact inverse of the torturous situations depicting patients being forcibly treated with electroshock therapy in *One Flew Over the Cuckoo’s Nest* or *Faces in the Water*, where patients hide and cry in fear to avoid treatment.

On one occasion, after revealing more about Yr to Dr Fried, Deborah is overcome with a terror that threatens to engulf her, so she reaches out to one of the ward nurses stating that “It’s going to hit – please – it’s going to hit harder than I can stand up under. I should be in a pack when it hits” (128). This is a remarkable and highly significant moment in the text, demonstrating the cultivation of patient trust in the medical team, as well as the importance of patient self-determination. Deborah asks for the treatment because she trusts it as a genuine therapeutic support structure, rather than as a punishment, as other therapies like ECT are regularly depicted as in literature of this period (such as when Esther Greenwood wonders what she has done to deserve her shock treatment). By engaging with the treatment as a positive part of her therapeutic journey towards recovery, Deborah is demonstrating a self-determination that matches Fromm-Reichmann’s therapeutic objective for patients in her care.

The Importance of Self-Determination

This prioritization of patient autonomy and the cultivation of selfhood was something Fromm-Reichmann emphasized as one of the ultimate goals of psychotherapy and this concept is profoundly important to Greenberg's text. Defined as the "ability to form independent evaluational judgements" and the "capacity... [to establish] durable relationships of intimacy", this process of development towards self-realization (or what one could term social autonomy) underpins the entirety of Deborah's treatment (1949a, 90-91). Instead of mirroring Esther Greenwood's experience of being "re-treaded" and "patched up" as she leaves the asylum, Deborah is understood to be facing the outside world with a more robust conception of herself both as an individual experiencing what Laing would term as ontological security), and in her relationships with others. Although Deborah returns to the hospital for an overnight stay after her initial release, she does so at her own choosing when she recognizes the need for assistance, and after her arrival realizes how different she has become to the other patients. She thinks,

with her acceptance as a member in the world, a person with a present and a possible future, a Newtonian, a believer in cause and effect, the final lines of choice were drawn (251).

Her recovery is framed in terms of rationalism, autonomous choice, and a robust personal confidence rather than an unconvincing adjustment to a problematic social structure as in *The Bell Jar*.

Positioning adjustment as the ultimate therapeutic objective, rather than the development of personal growth and autonomy, was something that

Fromm-Reichmann rejected unequivocally. In *Principles of Intensive Psychotherapy* (1950), she criticizes psychiatrists and psychotherapists (such as Plath's Doctor Gordon) who seek to mould patients into model citizens. Fromm-Reichmann argues that:

[P]atients cannot and should not be asked to accept guidance toward conventional adjustment to the customary requirements to our culture.... The psychiatrist should feel that his goal in treating schizoid personalities is reached if these people... are able to find for themselves the sources of satisfaction and security in which they are interested... [T]hese patients [will] have acquired, through inner freedom and independence from public opinion under the guidance of their psychiatrist, *the ability to live their own lives irrespective of the approval of their neighbors*" (emphasis mine, 1950, 32).

In addition to this startling comment that demands the psychiatrist respect the individual desires, capacities, and expectations held by their patient, Fromm-Reichmann also wrote that "schizophrenic patients can get well without adherence to the accepted mores of our culture and society" (1949a, 104). This position is somewhat problematic however, giving rise to the question of why psychiatrists engage in treatment at all if discouraging anti-social behaviour is not the eventual objective. One could posit in response that the therapeutic process seeks to alleviate symptoms that upset or distress the sufferer, rather than those around him or her. Regardless, that Fromm-Reichmann's statements were made at the turn of the mid-century seems remarkable: this was more than ten years before Szasz, Scheff, Goffman, Cooper, Laing and the rest of those labelled "antipsychiatrists" (however problematically) came to the fore during the 1960s, arguing along

similar lines that traditional psychiatric treatment should be understood as a coercive form of social policing.

Fromm-Reichmann's emphasis upon the development of the individual under her care, rather than adherence to a doctrine of psychotherapy as a restorative form of social policing, aligns her partially with Thomas Szasz. Like Szasz, Fromm-Reichmann was highly aware of the need for patients to maintain a semblance of personal autonomy and she consistently emphasizes the importance of individual integrity throughout patient analysis and general hospital treatment. In 1947, for example, she wrote that in the case of a patient refusing food, force-feeding should not be employed "unless there is an actual danger of starvation" (342). Instead, she suggested that the patient's dinner tray be made to appear "especially attractive" and left with them "indefinitely", regardless of inconvenience to staff in the hopes that the patient might change their mind of their own accord (342). Fromm-Reichmann even suggests that in the case of patients who fear their food is being poisoned, that by sharing a meal with the nurse or psychiatrist, the patient may be encouraged and reassured enough to eat (342).

Szasz too believed in the fundamental importance of individual autonomy as discussed in Chapter Two, claiming in 1988 that "autonomy is a positive concept" since it represents "freedom to develop one's self, to increase one's knowledge, improve one's skills and achieve responsibility for one's conduct... it is freedom to live one's own life" (22). This for Szasz, as a libertarian, represents the ultimate expression of human potential. The ability

to make one's own choices therefore was crucial to this ideology, so Fromm-Reichmann's desire for patients to decide for themselves over issues like medication and feeding (unless their life was in danger) tallies largely with Szaszian politics. The difference between the two here lies in the extremity of their views: Fromm-Reichmann would allow medical force to be utilized in the case of near starvation, but Szasz viewed the right to die as an inalienable individual right even to the extent of appearing as a pitiless ideologue.

Collaboration as Key

Fromm-Reichmann's overarching respect for the patient on the other hand, and her emphasis on collaborative care as the key to successful psychotherapy is reiterated throughout her works. In a 1948 paper discussing the treatment of schizophrenics with psychotherapy, Fromm-Reichmann wrote that once

[I]nitial contacts with the patient have led to the establishment of a workable doctor-patient relationship, the attempt is made with the articulate schizophrenic *to establish a consensus about the need for treatment and its reasons*. The patient will then be guided with the psychoanalyst as a *participant-observer into collaborative efforts* and understanding, working through, and gaining insight into the genesis and dynamics of his mental disturbance, until constructive, lasting, and therapeutically valid insight becomes his (emphasis mine, 166).

For Fromm-Reichmann, collaborating *with the patient* as part of a partnership towards health was the basis of her therapeutic ideology. The term "participant-observer" is important here as lays bare the importance of Henry (or Harry) Stack Sullivan's theories to Fromm-Reichmann's work. As Mabel Blake Cohen writes, Sullivan was the first to assert that the analyst was not

“merely an observer but quite specifically a participant observer” in the therapeutic process, demonstrating the importance of collaboration in the course of treatment (xi). Sullivan was a major influence on both Fromm-Reichmann and staff at Chestnut Lodge more generally: although never directly employed there, Sullivan (encouraged by Fromm-Reichmann) held “twice-weekly seminars” at Chestnut Lodge between “October 1942 and April 1946”. He was so influential that his theories became the “dominant ideology” of the Lodge, especially with regards to his belief in the singular importance of the development of strong interpersonal relationships to the recuperation of patient health (Hornstein, 179).

Fromm-Reichmann also emulated Sullivan in the physical arrangement of her analytic space. Rather than utilizing the traditional Freudian analytic set-up, with the patient lying down and the analyst facing away, Fromm-Reichmann believed that it was far more “desirable to have an arrangement which makes it possible for both the patient and the therapist to look at each other or not, as the occasion may warrant” (1949b, 69). Indeed, as an indication of her emphasis upon flexibility and individuation in treatment, Fromm-Reichmann not only met with her patients face to face either in her cottage or in the main building at Chestnut Lodge, she allowed them “to sit, lie down, or walk around the room as they wished” (Neathery 51). This physical shift in the therapeutic setting may not seem at first glance to be particularly note-worthy, however the subversive implications are great. Instead of the doctor retaining an aloof and neutral position indicating omnipotence, dynamic therapists like Fromm-Reichmann and Sullivan

rejected these boundaries and instead sought to engage with their patients on a more equal footing to encourage a collaborative relationship. Greenberg found this approach particularly valuable as she told Thomas McGlashan and Christopher Keats, "it was helpful that Dr Fromm-Reichmann always insisted that the treatment was a collaboration", since, as a result, "I don't have much trouble with authority because I see things basically as collaborative. This began with my collaboration with Dr Fromm-Reichmann, with whom I worked against the illness" (63-68).

Sullivan and Fromm-Reichmann's acceptance of patient agency was therefore an indicator of the ideological emphasis placed upon individual self-determination at Chestnut Lodge, and of the medical staff's desire not to diminish their patient's symptoms (psychotic or otherwise) by surgical or chemical means. Individual creativity and the imaginative potentiality of patients were especially protected at Chestnut Lodge for their therapeutic value, which again places the Lodge in direct opposition to other, more orthodox, bio-medical facilities. For example, a patient quoted by psychopharmaceutical advocate E. Fuller Torrey complained that the antipsychotic drugs she was given to ameliorate her schizophrenia effectively dulled her mind and negated her previously heightened levels of aesthetic originality. She claimed that "Whereas before I lived in a fascinating ocean of imagination, I now exist in a mere puddle of it. I used to write poetry and prose because it released and satisfied something deep inside myself". After being given antipsychotic drugs she reports instead that, "I find reading and writing an effort and my world inside is a desert" (qtd. 121).

Similarly, in 1950 Freeman and Watts, the American pioneers of lobotomy, wrote that

to relieve a confirmed schizophrenic [,] prefrontal lobotomy has to be done far back enough so that practically the *whole imaginative life of the individual has to be sacrificed...* to get rid of the pathologic fantasy... *The prerequisite for success in this case is destruction of the fantasy life*" (emphasis mine, 131).

This positioning of the patient's creative potential as inherently corrupting was something Fromm-Reichmann rejected. Instead, she encouraged patients to express themselves artistically through dancing, writing poetry, or drawing to allow a greater exploration of the psyche. In Greenberg's novel, for example, Deborah spends her most intensive months of recuperation "working on a series of pen-and-ink drawings" whose creation coincided, not coincidentally, with the "world [beginning] to gain form, dimension, and colour" (227). This draws an explicit connection between Deborah's creative output and her recovered relationship with reality, something that seeks to debunk the common association between madness and creativity. In an interview in 2009, Greenberg reinforced this position, telling Claudia Cragg that mental illness represents the "opposite" of creativity since creativity "makes bridges, bonds, links. Mental illness cuts, surrounds, makes a fort which turns out to be a prison" (00:06:39).

Accordingly, encouraging patients to engage in artistic endeavours was crucial to Fromm-Reichmann, since understanding the motivations of the unconscious was intrinsic to psychodynamic therapy. Fromm-Reichmann wrote of one patient in 1946 that

It seemed important in the process of this recovery... to have her find valid means of artistic expression [since] I did not consider it the goal of treatment for the young woman to learn to lead a conventional life with the standard means of social adjustment (3).

Instead, the cultivation of self-development and understanding were the goal of treatment at Chestnut Lodge. To curtail creative potential would therefore impede the progress of individual self-development and self-comprehension during the therapeutic exchange, and, to Fromm-Reichmann, set patients on the path to passive conformism.

Interpreting Psychosis

These priorities are equally reflected in Greenberg's novel since Dr Fried not only understands creative expression to be intrinsic to self-development and revelatory for the therapeutic process, she also understands schizoid speech and symptoms to be meaningful and mostly intelligible to the attuned physician. This was a fundamental shift in how psychotic communications were viewed at the time, and one which Laing would later adopt and expand upon in his own theories. Fromm-Reichmann claimed in 1946 that "the psychiatrist has to listen to the communications of the mentally disturbed and try to understand them, irrespective of whether or not he can always grasp their meaning" (21). She continues,

If [the psychiatrist] cannot understand them, he still owes the respect to the mentally disordered person to know that his communications are practically always self-meaningful (21).

Here, Fromm-Reichmann is re-enforcing the notion that the "mad" and the "sane" occupy different positions on the same spectrum of human behaviours, and that respect should be maintained for patients regardless of

the apparent incomprehensibility of their speech and/or actions. Just because one individual involved in the therapeutic partnership cannot deduce meaning in the other, this, Fromm-Reichmann suggested, was not the fault of the speaker but a failure of understanding in the listener.

Fromm-Reichmann ultimately understood schizophrenic symptoms, no matter how incongruous they appeared at first, to serve a protective purpose to the afflicted individual. She argued that anxiety formed the root of psychiatric distress, and seemingly bizarre behaviours performed by sufferers were decipherable if the avoidance of this original anxiety was understood as cause (1954, 197). One example Fromm-Reichmann provides of this is of a patient with an obsessive-compulsive disorder that manifested itself in repeated hand washing, to avoid contaminating others or being contaminated himself. "Should this person... resist his compulsion", she writes "then his fear of being contaminated... would become so severe that that in turn would interfere even more with healthy interpersonal adjustments" (1946, 6). In Greenberg's novel, this understanding of symptoms as serving a protective function of residual value to the patient becomes clear in Dr Fried's approach to Deborah's symptomatology, as does Fried's desire to collaborate with her patient in order to alleviate them. During one therapeutic dialogue Dr Fried tells Deborah that

'When it is over you can still choose [psychosis] if you really wish it. It is only the choice which I wish to give you; *your own true and conscious choice*'.

'I could still be crazy if I wanted to?'

'Crazy as a fruitcake... *if you wanted to*' (emphasis mine, 108).

This scene neatly communicates both to Deborah and the reader the importance of patient self-determination as part of the therapeutic exchange, and demonstrates Fried's belief in the functionality of Deborah symptoms, most prominently with regards to her created fantasy land, Yr.

Yr: Retreat from Reality

Derived from Greenberg's own analogous hallucinatory realm, Iria, Yr represents a complex hallucinatory world-system into which Deborah can withdraw from the outside world, initially in sporadic times of crisis, before increasing in regularity until the fantasy land becomes an omnipresent fixture of her troubled interiority. Deborah had been bullied for several years at school and summer camp for being Jewish, so her flight into Yr can be understood as a strategy for relief from the overwhelming pressures of her fraught actuality. Accordingly, psychiatrist Dr Michael Robbins has commented that in his experience working with psychotic patients, they "retrospectively describe the psychotic state as a painfree one" to which they often seek return, rather than experience "the painful state of self-awareness, thinking, and feeling they have learned to tolerate" (442). This accurately represents Deborah's position, and she reflects upon this directly when she considers that in the early days of Yr, the Yri gods "had been companions... sharers of her loneliness. In camp, where she had been hated; in school, where strangeness had set her apart...; Yr had grown wider and wider" (51).

Indeed, Yr becomes so all-encompassing that it eventually begins to encroach into Deborah's life in the 'real' world; something that is profoundly

threatening to Deborah, and that again reflects R. D. Laing's idea of psychosis as the breaking down of the false, outer self as discussed in Chapter Three. For example, early in the text Deborah recalls an incident that occurred several years ago, during a lesson at school. Deborah was startled out of Yr and realizes she has written "NOW JANUCE" at the top of her work, with her teacher asking what it means (17). Januce is a clear reference to the two-faced Roman deity, Janus, commonly associated with doorways, passages, and transitions. Deborah's labelling herself in the god's name demonstrates her (increasingly tenuous) position as gatekeeper between Yr and reality, while also alerting the reader to the split nature of the schizophrenic self.

Yr is introduced in the first pages of the novel and is immediately established as a direct juxtaposition to the lived reality of Deborah's strained family life. From the beginning of the text, its use to her as an emotional defense is obvious, and she often spends several days in Yr when reality becomes too difficult to bear. For example, after arriving at Chestnut Lodge and her initial interview with admissions staff, she retreats into her fantasy land for peace and comfort: "That day and the next she spent on Yr's plains, simple long sweeps of land where the eye was soothed by the depth of space. For this great mercy, Deborah was grateful to the Powers" (13). Furthermore, on the long journey to the asylum with her parents, Deborah reports that the kingdom of Yr has a particularly special place named "the Fourth Level", which periodically and unpredictably opens up to her as a "neutral place" where there was "no emotion to endure, no past or future to

grind against” (9). This comforts Deborah as the “real” world recedes, becoming “shadowy” in contrast with Yr, where she feels “unencumbered” and “without the slightest concern” (9). One could understand this retreat into a safe interiority as analogous to a Laingian psychotic state, as discussed in Chapter Three, since Deborah’s false-self system is eventually cast aside as her interiority comes to dominate her consciousness.

Given the fraught nature of the Blau family’s journey to the institution, Deborah’s retreat into Yr is an understandable reaction to readers that can be interpreted sympathetically. Greenberg’s omnipotent, and alternatively temporally synchronous or disjointed narrative perspective allows access into Deborah’s experiences, effectively removing the terrifying mystery surrounding psychiatric symptoms in the novel. As Evelyn Keitel has noted, this form of narrative structure allows “the reader [to] experience some - not all – of the emotional elements inherent in psychotic personality dissolutions: pleasure...creative playfulness [or] a sense of paralysis or oppression” (107). Both Plath and Greenberg’s novels utilize their particular narrative styles to undermine the conception of mental illness (and schizophrenia in particular) as incomprehensible to those understood to be ‘sane’, allowing the reader a privileged insight into the motivations and experiences underpinning “psychotic” actions.

Yr is ruled by an assortment of gods, including Lactameon and Anterrabae, who become more aggressive over time as their grip on Deborah’s consciousness begins to loosen as her therapy progresses. Her

divulgences of Yr to Dr Fried are monitored by what she terms the Censor, whom Deborah describes as being

given the task of keeping the world of Yr from blowing its secret seeds to ground on Earth, where they would spring up wide open to flowering lunacy for all the world to see and recoil in horror (51).

The momentary breach between Yr and the real world is what particularly frightens Deborah during the classroom incident where she calls herself “Januse”: she describes how “some nightmare terror” had come “to life” then, in the “day-sane classroom” (17). The Censor is a great terror to Deborah, and regularly punishes her whenever she allows Dr Fried to follow her metaphorically into Yr. When she first meets Dr Fried, for example, the Censor “growled *Take Care... Take Care*” in Deborah’s mind, sensing the imminent danger posed by the doctor, despite her diminutive appearance (20). This warning represents a form of therapeutic resistance, which Fromm-Reichmann may have interpreted as arising from a “fear that the anxiety... originally barred from awareness may be reactivated by the interpreted dissolution of the dissociations and repressions” (1950, 110). In Deborah’s case, this means that the Censor represents the internal defense system that supports the preservation of her fantasy land, and therefore protects her from confronting the conflicts and anxieties that exist at the basis of her hallucinations.

Yri: a Metaphorical Language System

As with Greenberg’s fantasy land Iria, where she and the gods communicated in Irian (a secret language designed to prevent outside

comprehension), Deborah has also created an analogous private language, Yri. Yri is communicated in both spoken and written forms, which Deborah uses to craft poems without anyone else being able to read her work, as was also the case with Greenberg. According to McGlashan and Keats, as a young teenager “[Greenberg] withdrew increasingly to her room” where her father would attempt to “spy on her” from the doorway. In order to “keep him from reading the poetry she wrote, [Greenberg] invented a language of her own. She called it ‘Irian’... and she spoke it fluently”. However,

[w]hen her father saw something written in Irian in English letters... [Greenberg] invented symbols, like in Chinese or Japanese, in which to write (44-45).

While many children create imaginary worlds and their own words, the extent of this fantasy land, and its attendant linguistic system, is what delineates Greenberg’s and Deborah’s behaviour as pathological. This situation again emphasizes the falsity of the binary between madness and sanity: as Fromm-Reichmann stated in 1950, “the problems and emotional difficulties of mental patients ... are...rather similar to one another and also to the *emotional difficulties in living from which we all suffer at times*” (emphasis mine, xi).²¹This is a particularly striking statement that demonstrates Fromm-Reichmann’s view of psychiatric patients and their symptomatology as part of

²¹ Szasz terms psychiatric conditions “problems in living” in *The Myth of Mental Illness* to delegitimize the idea that these illnesses are akin to somatic or physiological conditions such as cancer or heart disease, for example. Unfortunately, I have been unable to find any evidence of correspondence between Fromm-Reichmann and Szasz, but there is archival evidence of a relationship between Szasz and Fromm-Reichmann’s estranged husband, Erich Fromm, who also utilized the term in his 1955 text, *The Sane Society*. It could therefore be assumed that Szasz adopted the phrase from Fromm, who may have picked it up from his wife, Fromm-Reichmann, who wrote in 1950 that “psychiatric services” could be defined as “the attempt to help a person overcome his emotional difficulties in living” (67).

spectrum shared with the “sane” population. Dr Fried understands Deborah’s retreat into Yr, and the development of the Yri tongue, as desperate protective strategies to shield Deborah from her internal trauma. This retreat can be understood therefore as the extension of a normal childhood activity into the realm of the socially undesirable, and therefore pathological.

Yri, as Wolfe and Wolfe point out, is a private language based wholly “on metaphors” and symbols (899). For example, when Deborah first tells Dr Fried about her fantasy land, and the language used therein, she reveals that there is both a “Latinated cover-language” that she “uses sometimes” as a “fake”, but the real Yri language remains assiduously hidden underneath since, she believes, it is too powerful to be shared (52). To express this power, Deborah resorts to simile, stating that speaking in the secret language of Yr would be like “powering a firefly with lightning bolts” (52). In English, Deborah tells her therapist, “is for the world – for getting disappointed by and getting hated in” while Yri, in contrast, “is for saying what is to be said” (52).

This is ironic, however, since Deborah’s attempts at communication in Yri necessarily flow inwards rather than out, referring only to herself and her created realities. This prevents the creation of a strong interpersonal bond, something that Fromm-Reichmann and Dr Fried both believe to be crucial to patient recovery. Indeed, Fromm-Reichmann wrote that psychiatry and psychotherapy represent “the science and art of interpersonal relationships”, therefore the creation of robust connections between individuals (i.e. the patient and their therapist) was crucial to individual recovery (1950, xiv).

Laing also pointed out the importance of empathy and personal connection to patient recovery in *The Divided Self* under the auspices of a “physician’s love” that “recognizes the patient’s total being, and accepts it, with no strings attached” (165). Deborah’s use of Yri in her inner dialogues with her created gods rejects this idea of love or connections, and instead maintains her separation from ‘normal’ society.

According to *The Divided Self*, much schizophrenic speech is “necessarily difficult to follow” since “if the self is not known it is safe” (163). In addition, Laing argues that “A good deal of schizophrenia is simply nonsense, red-herring speech, prolonged filibustering to throw dangerous people off the scent” (164). These statements relate directly to Fried and Fromm-Reichmann’s conception of symptomatology as serving a protective function to the ‘sick’ individual; however, if the individual speaks it seems reasonable to assume that there is some desire to communicate some aspects of inner experience, which could potentially be deciphered by the astute or empathetic listener. Metaphor performs this communicative function in schizophrenic speech (sometimes known as schizophrenese) by shrouding the explicit message of the utterance, while simultaneously attempting to communicate a personal experience of sickness that cannot necessarily be understood by non-sufferers. Wolfe and Wolfe have written that schizophrenic use of metaphor

often represent[s]... an attempt to communicate the emotional quality of the illness [but also] to some extent its structure as well. It is not surprising that the most common metaphors are... of darkness and confusion: fog, mazes, labyrinths, tunnels, pits, water, caverns, fire and ice (899).

Greenberg utilizes these kinds of metaphor to allow readers a fuller comprehension of Deborah's emotional and psychiatric recovery, most prominently through the metaphor of the arduous journey. It has been argued, for instance, that Deborah's reference to her "gasps of exhaustion as she climbed an Everest that was to everyone else an easy and a level plain" (207) offers a dramatization of her "struggle for sanity" (Wolfe and Wolfe, 903).

The restrictive and claustrophobic nature of Deborah's sickness is also communicated via imagery of coffins, death, and of failing vision that clouds Deborah's perceptions of those around her (particularly in moments of crisis). Early in Dr Fried and Deborah's therapeutic relationship, Deborah reluctantly unpacks a Yri metaphor to aide Dr Fried's comprehension, touching upon these themes as she does:

'It's a metaphor – you wouldn't understand it'

'Perhaps you could explain it then'.

'There is a word – it means Locked Eyes, but it implies more'.

'What more?'

'It's the word for sarcophagus'. It meant at certain times her vision reached only as far as the cover of her sarcophagus; that to herself, as to the dead, the world was the size of her own coffin.

'With the Locked Eyes – can you see me?'

'Like a picture' (45).

This example underlines the multiple layers of both separation and meaning present in Deborah's created language since we are told what the word directly translates to, as well as what it implies, but we never discover the Yri word itself.

Therapeutic Experience and Psychosis

Throughout *I Never Promised You a Rose Garden*, Deborah is encouraged to experience rather than to repress or attempt to hide her symptoms to facilitate interpretation. In 2008, Joanne Greenberg told filmmaker Daniel Mackler that Fromm-Reichmann would ask her to “take me along, take me along” whenever her patient experienced her hallucinations of Iria during their meetings, and this is equally present in Greenberg’s novel (00:28:17). Dr Fried similarly encouraged her patient in *Rose Garden* to share her hallucinatory experiences as directly as possible. During one later session, for instance, as the tension between Deborah’s two realities reaches its climax, Dr Fried can see that her patient has become distant and asks, “Where have you gone... Take me with you”, repeating almost verbatim what Fromm-Reichmann asked Greenberg (237). Through her therapist’s quick perception and receptiveness, Deborah is encouraged to reveal to her doctor the growing crisis between earth and Yr that she is experiencing as she moves towards recovery, a request that threatens Deborah’s interior world and comes with a cost. To that end, Deborah tells Dr Fried that “you made me care and as soon as I did, Yr punished me and I got desperate with it” (237).

Patients undergoing intensive psychotherapy at Chestnut Lodge were encouraged to fully engage with and explore their symptomatology in an attempt to interpret the underlying cause. This would often take a very long time, and patients would appear to deteriorate rather than improve during the foundational period of their treatment, when they began to confront their

delusions and break down their hallucinatory defenses. Catherine Penney, another recovered schizophrenic whose treatment forms the focus of Daniel Dorman's account of the therapeutic process, *Dante's Cure* (2003), experienced a similar degeneration as part of her recovery trajectory. Catherine's treatment with Dr Dorman bears marked similarities to that undertaken by Fromm-Reichmann and Greenberg in the late 1940s, and in his account of Penney's therapy, Dorman admits being "intrigued" as a young physician by the treatment approaches of Fromm-Reichmann, Stack Sullivan, and those that followed, including Harold Searles, all of whom refused to treat patients with psychopharmaceuticals (63).

In the early stages of Greenberg's novel, this seemingly counterproductive movement deeper into madness as part of the treatment process becomes apparent, particularly when Deborah is moved to a locked ward for greater protection. Dr Fried sends an update to the Blaus that Jacob Blau, Deborah's father, interprets as saying that "certain hates, violences, and terrors that had been deep inside his well-loved daughter had erupted. She had been transferred to 'greater protection'" (73). What the report does not convey, however, is the reason for Deborah's transfer. The reader is informed that this occurs after Deborah engages in violent self-mutilation by dragging the "rippled and sharp" edges of a tin can repeatedly across her arm, brought on by heightened tension between Yr and reality (48). Greenberg's narrator makes clear to the reader that this act is triggered by a particularly revealing therapy session with Dr Fried, where Deborah first confides in her therapist about her troubled upbringing. By the time Deborah

returns to her ward, the narrator tells us that “Yr was massed against her”, and Anterrabae tells Deborah that, through her therapy, she is “walking around your destruction and poking a little finger at it here and there. You will break the seal”, and most terrifyingly, that she “will end” if she continues to participate in this therapeutic action (48). Deborah is therefore moved to ward D for her own protection following her apparent deterioration.

By allowing her patient to metaphorically enter her fantasy land, Dr Fried gives Deborah the opportunity to discuss the positive aspects of Yr during their therapy sessions. In one momentary fugue state Deborah explains she was with “Anterrabae”, one of the Yri gods, who asked her “*Could you ever hope or imagine to be so sharing with anyone of earth?*” (emphasis original, 237). This question frightens Deborah and demonstrates the supportive nature of the symptom in protecting the patient from the underlying sickness. She becomes tearful when she tells the doctor that Anterrabae is “right”. She states that the real

world may have law and logic, even if it is dangerous and twisted sometimes. It has challenge too, and things I don’t know to learn, like mathematics, which the gods can’t teach me (237).

Most importantly, Deborah asks “where else... is there the sharing that I have with them?” (237). This question reveals the lonely emptiness that Yr replaced in the real world, where Deborah, like Greenberg, had a troubled relationship with both family and peers. The close therapeutic relationship that Deborah develops with Dr Fried becomes the antidote to this loneliness, as Dr Fried explains “You see... it can be as clear between the two of us as with your gods” since she is “and ha[s] always been a representative of and

a fighter with you for the present world” (237). This openness and respect for the importance and inherent meaning of patient symptoms, including hallucinations as involved and deep-rooted as Deborah’s, is key to the therapeutic relationship between the two women, and the success of their joint venture towards health.

Narrative Difficulties

While Greenberg’s novel has created an effusive and enduring narrative of hope for sufferers of mental illness, there are a number of problems with her depictions of treatment that must be addressed. For example, although she cannot be accused of romanticizing mental illness through her depiction of Deborah’s suffering and non-linear progress towards health, it could be argued that her representation of the treatment administered is both necessarily simplified and overly idealized. This is partly, as Edward Dolnick reminds us, a result of the creative process since the “mere act of providing an understandable description imposes an artificial order” upon the intrinsically chaotic experience of psychosis Greenberg describes (87).

Accordingly, despite the omnipotent narrative style employed in Greenberg’s novel, the reader is always one step removed from the therapeutic activity taking place, although, for Freud, separation is to be expected in the case of psychoanalysis. In a lecture to laypeople, Freud admitted that the psychoanalytic practice could never be witnessed by outsiders to the therapeutic relationship, to which one could add readers of

Greenberg's novel. Freud claimed that "the analysis will admit of no audience; the process cannot be demonstrated", because the analysand will communicate with their doctor "only under the conditions of a special affective relationship to the physician; in the presence of a single person to whom he was indifferent he would become mute" (19). This is a practice that Greenberg dramatized in her text through Dr Fried's refusal to allow others to overhear their therapy sessions, such as during their first meeting when the doctor sends Deborah's nurse-escort away: "Can you come back for her in an hour?" (19). For the reader observing at a distance, the apparently privileged view of the therapeutic process in *Rose Garden* is complicated by its mediation through narrative framing, just as any description of the psychoanalytic process, according to Freud, must always remain second hand.

Greenberg's biased view of her therapist also colours her fictional depiction, casting a semblance of doubt on the reliability of her reportage. Greenberg's defense of Fromm-Reichmann and of psychotherapy-as-viable-treatment has continued many decades after the termination of their therapeutic relationship and the doctor's sudden death in 1957. In a letter to the editor of *Psychiatric News* in 2002, for example, Greenberg thanked the journal for a previous article on her old therapist. She wrote that the piece was "was very moving to me", and that she was "deeply gratified" to learn of Fromm-Reichmann's continued importance in her native Germany, since we "here in America have really repudiated much valuable psychotherapy in

favor of a pharmacological approach with minimal psychotherapeutic intervention” (“Psychotherapy”).

Interestingly, however, Greenberg is not the only writer who could be accused of being overly-deferential towards Fromm-Reichmann and even of fetishizing her relationship with her star patient. Hornstein, Fromm-Reichmann’s biographer frequently demonstrates outrageously hyperbolic praise of her subject’s work with Greenberg. She writes that they “took to each other in that way that people call chemistry but is really physics – the perfect alignment of minds magnetized by the force of each other’s need” (230). Even more sycophantically, Hornstein wrote that “[t]hey [Frieda and Joanne] have become a kind of icon, a psychoanalytic Madonna and child” (238). The strong relationship between Greenberg and Fromm-Reichmann has been acknowledged as a factor in Greenberg’s remarkable recovery by fellow psychoanalysts including Gerald Schoenewolf, who claimed that

At [the] core [of their therapeutic success] was Fromm-Reichmann’s realness and genuine respect and affection for Greenberg, an authenticity that was appreciated and, in time, returned (65).

Since, in the novel, much of Deborah’s schizophrenic retreat from reality occurs through a lack of trust, this steadily established, and highly collaborative relationship, can be read as key to Deborah’s eventual recovery by helping to reverse her expectations of continual cruelty and deceit.

The disastrous impact of a poorly or ill-conceived coupling upon patient progress is explored in Greenberg’s novel, when Dr Fried leaves for the summer and Deborah is temporarily left in the care of Dr Royston.

Royston is a male therapist who Deborah describes as “sitting stiffly”, “not a friendly person” and as violently demanding access into her thoughts, “like a pickaxe”, during the opening of their first disastrous meeting together (155). Significantly, during this initial consultation, Deborah makes up a Yri phrase and translates it into English on Dr Royston’s request, in order to deflect his probing into the real land of Yr as she conceives it. The phrase she proffers is “Don’t do brain surgery with a pickaxe”, which could be read as a reference to lobotomy, commonly performed at the time with an icepick like instrument inserted through the patient’s eye-socket (155). One could argue here, then, that Doctor Royston’s lack of empathy, understanding, or respect for the defense mechanisms constructed over time by his patient (i.e. the land of Yr and the linguistic system, Yri) connects him in Deborah’s mind not just with a metaphorical violence, but with a more coercive and authoritarian style of psychiatric treatment, of which Fromm-Reichmann’s style of interpersonal psychotherapy was the antithesis.

Deborah’s experience with Dr Royston is one of only a handful of negative incidents with staff at the fictionalized Chestnut Lodge, including experiences with ward attendants who are depicted as cruel and even, at times, violent. Instead of appearing as part of a culture of abuse at the hospital these can, instead, be related to single, maladjusted individuals penalizing patients for their own fears rather than to the systemic understaffing and institutionalized brutality prevalent in narratives like *One Flew Over the Cuckoo’s Nest*. Nevertheless, in *Rose Garden* ward attendants including Mr. Hobbs and Mr. Ellis are both portrayed as

occasionally using force against patients. In the case of Hobbs, Deborah astutely surmises that his mean tempered and often forceful responses to patients is caused by his anxiety that the asylum's patients are less 'crazy' than he expected, and therefore more like him than he could bear. Deborah reflects that:

[Hobbs] wanted people to be crazier and more bizarre than they really were so that he could see the line that separated him, his inclinations and random thoughts, and his half-wishes from the full-bloomed, exploded madness of the patients (62).

This can be connected to Fromm-Reichmann's assertions that the mad and the sane are more similar than different and points out that the drawing of distinct lines between the two as binary states is nothing more than a comforting falsehood that crumbles easily. Hobbs is so affected by the lack of boundaries between the mad and the sane that he eventually commits suicide, demonstrating his affinity with the asylum patients whose presence so affected him.

Mr. Ellis, on the other hand, is a conscientious objector, who came to the asylum as part of his punishment for not undertaking active service during the Second World War. His religious beliefs, we are told "made him see insanity as a just desert for its victims, as God's vengeance, or as the devil's work, and sometimes all three at once" (87). This interpretation of mental illness as moral punishment is reflected in jeering mockery of Ellis by the patients, who sense his hatred and fear as they did with Hobbs, but also in Ellis's merciless violence against those in his charge. On one particularly striking occasion, Ellis attacks Helene, a fellow patient in the Disturbed ward,

while she is restrained in a cold wet sheet pack. Ellis, we are told, stands over Helene and “straightened a little, not angry, only deliberate and began to hit her in the face. The blows landed sure and hard” (98). Deborah understands this violent display against the restrained woman as “the symbol of the impotence of all mental patients”, acknowledging the helplessness of patients and their position at the mercy of their attendants. In contrast, the attendant that gets the best from the patients is the one who treats them with respect and equality. MacPherson delivers a harsh rebuke to Deborah one day, but underneath the abruptness she detects “the tone of simple respect between equals”, which fills her with “joy” (90).

Greenberg’s text occupies a unique position within the context of the four novels discussed in this thesis: unlike Kesey’s and Yates’s text in particular, it advocates for hospitalization as a positive experience for the mentally ill and it refuses to reject schizophrenia as a “real” illness that justifies medical intervention (albeit with a multifaceted etiology that includes social and familial causes). These positions are fundamentally different from those depicted in *Revolutionary Road*, *One Flew Over the Cuckoo’s Nest*, and *The Bell Jar*. Greenberg’s text does however correspond with these texts through its unequivocal rejection of mid-century bio-medical treatment methodologies like electroshock therapy, lobotomy, and forced sedation for patient control. Instead, Greenberg’s text demonstrates the importance of allowing patients to develop a sense of self and autonomy, in order to recover their ‘real’ self from the fantasy lands depicted in the narrative.

While Greenberg's novel was never intended to be read as a medical case file, it continues to be interpreted as such, leading to its denigration and rejection by those who subscribe to the bio-medical model of psychiatric treatment. Hornstein's prologue, reproduced by the *New York Times* in 2000, touches upon this tension between those in the bio-medical camp, and those who believe that schizophrenia is curable with psychotherapy and the development of interpersonal relationships. Hornstein wrote that, when beginning her research for her biography of Fromm-Reichmann she was

completely unprepared for the outpouring of intense feelings this project immediately began to provoke from the historians and psychiatrists I contacted — people taking weeks to decide whether to let me interview them, insisting that the tape recorder be switched off at key moments, or whispering revelations and unearthing boxes of materials they had kept secret for forty years (par.42).

Fromm-Reichmann and Joanne Greenberg's legacy, and that of *I Never Promised You a Rose Garden* is enormously problematic for a psychiatric system that rejects the possibility of treating a disease believed to be organic in etiology with psychotherapy rather than drugs. This was one of the reasons for Greenberg's decision to write her novel in the first place since, as McGlashan and Keats have commented, after her course of therapy with Fromm-Reichmann, Greenberg made a full recovery and "never took psychoactive medication" nor was she ever again "readmitted to a hospital" (64).

Many patients who have read the book find themselves hoping for a treatment experience like Greenberg's fictionalized one; indeed, Rae Unzicker wrote that, upon admission to psychiatric hospital, she

expected – and wanted – an experience like *I Never Promised You A Rose Garden*. I wanted a kindly and loving person who would be concerned with my needs and wishes (72).

While Unzicker was profoundly disappointed with her subsequent treatment, her statement demonstrates the importance of respect and patient autonomy in Greenberg's text. Despite being largely due to the elite nature of the hospital she attended, Greenberg's narrative offers an alternative view of what psychiatric treatment could be, instead of being based on sedation, shock and restraint as demonstrated in the other novels considered herein. At one point in the text, Deborah and Carla share an important moment of human connection that demonstrates the basic importance of interpersonal contact to mental well-being: "Carla seemed particularly nervous. Her hands were shaking... Deborah took Carla's hands and held them. The hands rested. Carla rested" (203). This poignant moment simply but effectively embodies the ideology of empathy, respect, and human dignity prioritized in Greenberg's novel. This moment emphasizes the novel's challenge to a biomedical psychiatric mode that, these texts have shown, consistently delegitimizes and dehumanizes patients in its care. These human qualities, Greenberg suggests, offer a kind of therapy that drugs, shocks, and lobotomies can never hope to achieve.

Conclusion: Anti-Psychiatry After 1964

In this thesis I have demonstrated the intricate, and often intimate, links between American novels published in the early 1960s and the counter-

narratives that developed around biomedical psychiatric care, fuelled by those referred to as anti-psychiatrists. Each fictional text offers a thinly veiled critique of biomedical psychiatry that, when considered alongside works by Cooper, Szasz, Laing, and Fromm-Reichmann, comes to the foreground in original and illuminating ways. To that end, I have sought to make plain the political implications of diagnosis and treatments such as hospitalisation, shock therapies, psychosurgery, and psychopharmaceuticals, and argued that these methods are predominantly depicted not as therapeutic, but as punitive in my considered texts.

In order to prevent falling into the same definitional pitfalls as the anti-psychiatrists, I have avoided forcing these texts into a grouping that underplays or diminishes the ideological differences between them. This thesis consistently demonstrates both the similarities and the variances between the psychiatrists and the fictional texts: this is particularly apparent in the contrast between works by Yates, Kesey, and Plath when compared to Greenberg's *I Never Promised You A Rose Garden*. Despite this, I have where possible worked to establish concrete connections between my chosen authors and their respective psychiatrist. This was unproblematic in the case of Greenberg and Fromm-Reichmann, since Greenberg has been so vocal in her support of her former physician; however I sought to bring a fresh perspective to the discussion in Chapter Four by comparing Fromm-Reichmann's positions to that of the other psychiatrists (Cooper, Szasz, and Laing). Furthermore, I was also successful in establishing a personal

connection in the case of Kesey and Szasz through their correspondence expressing mutual admiration.

Although it has not always been possible to confirm a personal connection, I have nevertheless demonstrated an intellectual alignment where possible, such as between Laing and Plath, who shared interests in several subjects including existentialism (a concept which is integral to both *The Divided Self* and *The Bell Jar*). Establishing a personal connection between Yates and Cooper proved fruitless but reading *Revolutionary Road* through the prism of Cooper's works emphasised the importance of interpersonal relationships and the socio-political context to diagnoses and treatment of mental illness.

What is particularly interesting about these four authors, however, is the force of their anxiety towards biomedical psychiatry in this historical moment, as well as their subsequent abandonment of this theme in later works. Kesey's subsequent novels, *Sometimes A Great Notion* and *Sailor Song*, for example, both moved away from the asylum and themes of mental illness but continued to probe the tensions between the individual and the collective. Joanne Greenberg, likewise, never returned to the topic of schizophrenia with such intensity after *I Never Promise You A Rose Garden*, preferring to write instead on themes like deafness and the environment. Plath died the month after *The Bell Jar* was published, although her *Ariel* collection, published posthumously, offers an intense view of her increasingly disturbed psyche.

Unlike the others, Yates did write novels that touched upon or engaged directly with psychiatric breakdown after *Revolutionary Road*, but books like *Disturbing the Peace* (1975) approach these difficult subjects in a profoundly different way. John Wilder, Yates's protagonist in *Disturbing the Peace* does not function, as John Givings did in *Revolutionary Road*, as what Tran called "the novel's dark hope". Instead, Wilder increasingly loses touch with reality in a frightening and disorientating deterioration accelerated by alcoholism and a disastrous affair, before ending up in an institution without hope for recovery. There is little scope for suggestion in *Disturbing the Peace* that psychiatry occupies the political role of social oppressor, unlike in Yates's first novel as discussed. Why Yates changed the way he depicted mental illness is uncertain, but it could be explained by his repeated instances of mental illness and hospitalisation throughout his life, particularly during the fourteen-year period between each novel's publication (*Revolutionary Road* in 1961 and *Disturbing the Peace* in 1975).

Likewise, anti-psychiatry itself began to lose any sense of credibility previously attributed to its key players throughout the 1960s and into the 1970s. Cooper in particular became increasingly abstract and extreme, calling for the destruction of the family unit and for its replacement with communes. An ex-patient, David Gale, wrote an article describing therapy with Cooper as disquieting and bizarre, and ultimately more harmful than good. After Cooper described a particularly intense LSD trip to Gale, he reflected that

You're supposed to be the patient, for God's sake. Do you really want your shrink to be so fascinating? No,

you don't. You want him to be reserved, poised in an attentive reverie. You don't want to know about his trips or his girlfriend's orgasms. But isn't that rather pusillanimous of you? I couldn't tell.

While Gale's comments reflect the influence of patient expectations of a psychiatrist – a benevolent, attentive, sage presence - they also demonstrate the conundrum of anti-psychiatry: namely, if mental illnesses do not exist, and unconventional behaviour is to be accepted rather than diagnosed, what does anti-psychiatry stand for and what does it aim to achieve through therapeutic intervention?

Equally, R. D. Laing's theories became more radical, and therefore less credible, throughout the 1960s. He began to argue, for example, in *The Politics of Experience* that schizophrenic psychoses represented voyages into inner worlds and that, with the therapist-as-guide, patients could return from these voyages enlightened by their experiences. Accordingly, Mary Barnes, a schizophrenic housemate at Kingsley Hall in the late 1960s, was encouraged by Laing and his associate, Joseph Berke, to "go down" (to regress into childhood) and fully immerse herself in her psychotic episodes, in order to engage with and ultimately free herself of symptoms apparently brought about through dysfunctional family relationships. In her book, co-authored by Berke and titled *Two Accounts of a Journey Through Madness* (1971), Barnes discusses being bottle-fed during these episodes, smearing herself in excrement, and demanding almost constant care from Berke – so much so that it caused friction between him and his wife.

Although Barnes recovered, even becoming a celebrated artist during her time at Kingsley Hall, Laing has been criticised for his treatment of Barnes, who has been widely regarded as his star patient but was ultimately handed-off almost entirely onto Berke. For instance, Elaine Showalter has claimed that “[a]lthough Laing made the most of Mary’s Barnes’ ‘recovery’, I suspect that her voyage was disappointingly unlike [Laing’s] expectations” (235).²² This, Showalter explains, is because it was “one thing to... be the manly physician-priest leading another explorer to the heart of darkness, or to the top of Everest,” but “quite another to spend three years changing diapers, giving bottles [to]... a noisy, jealous, smelly, middle-aged woman” (236). Indeed, the amount of time, resources, and attention required to carry out this form of therapeutic intervention was one of the primary reasons why, according to Adrian Laing, the Kingsley Hall experiment came to an end in 1970. Laing wrote that:

The lessons learned with Mary Barnes were very real... The irony was that although much had been learned from the experience... it was clear that the horror of the experience was not going to be an everyday event. Who had the heart for it? The amount of time and energy required (without pay) to facilitate the extreme degree of regression was, in itself, a prohibition on any serious repetition (142).

After the closure of the Kingsley Hall experiment, Laing became increasingly separated from the Philadelphia Association’s everyday activities. Instead, he became preoccupied with mysticism, eventually spending a period of time travelling in both India and Sri Lanka before becoming involved in primal

²² Laing rejects this assertion fully, asserting that “There is nothing I have written about Mary Barnes. I’ve never gone around propounding Mary Barnes as an example of anything *ever*” (Mullan 185).

therapy on his return to the West, inspired by American therapist Arthur Janov.

This interest in childbirth is significant since, Daniel Burston has argued, “as [Laing’s] preoccupation with birth... deepened” he was “drive[n] farther and farther towards the edges of the profession”, where “his attitude towards psychiatry became less adversarial” (236). This more accepting tone is reflected in Laing’s surprising assertion in *Wisdom, Madness and Folly* (1985) that psychiatry plays a necessary custodial role in social life by providing somewhere for those whom society does not want:

To say that a locked ward functions as a prison is not to say it should not be so. Our society may continue to ‘need’ some such prisons for unacceptable persons... such places are indispensable (8).

One could postulate that this more ambivalent attitude towards the need for psychiatric facilities derived from Laing’s time and experiences at Kingsley Hall, in both the chaotic nature of life inside the facility, but also in the angry reception house members were given by neighbours who, Laing told Mullan, often smashed their windows and phoned the emergency services to complain about residents.

Szasz also became increasingly extreme in his ideologies surrounding psychiatry and individual freedoms as the 1960s and 1970s progressed, but his extremism represented a deeper entrenchment into his already existent criticisms of psychiatric practice. Furthermore, Szasz became evermore critical of others classed as anti-psychiatrists: as Laing, Cooper, and the wider Philadelphia Association became increasingly unconventional in their

approach to treating schizophrenia, Szasz became more and more opposed to their mission and to his continued but misplaced connection with it. In a scathing 1976 article in which he lambasted the Kingsley Hall project, Szasz wrote that Laing and his associates were no better than that which they purportedly stood against. They, Szasz argued,

have accepted the central role of schizophrenia in psychiatry. What they have done, essentially, is to invert its position and significance, casting blame on the family and society instead of on the patient and his disease. They have thus argued that the schizophrenic is, at least sometimes, super-sane, in the sense that, because he is a 'victim', he is, ipso facto, more virtuous than his victimisers (9).

This inversion of biomedical psychiatry represents, for Szasz, a similar dead-end to that of what it seeks to replace. By understanding the 'mad' person as saner or morally superior to the 'normal' population, Laing, Cooper, and their associates simply flip the categories of sanity/insanity in a way that does not, according to Szasz, tackle what he takes to be the root of the problem: the fact that mental illnesses do not exist.

While this statement is a general complaint against those classed as anti-psychiatrists, Szasz saves his most unflinching ire for Laing in particular, whom he describes as nothing more than a "base rhetorician". This hatred for Laing came to a head in a 2008 article, where Szasz, almost twenty-years after Laing's death, referred with surprising relish to Laing's personal failings, such as his irresponsible attitude towards contraception (leading to his fathering of ten children), Laing's abusive relationship with alcohol, and his propensity towards what Szasz views as "lying" (83). This piece is shocking in its vehemence and outright hatred, with Szasz abandoning any pretence

at scholarly detachment, commenting for instance that “Laing had no heart. He had long ago replaced it with self-interest, self-indulgence, and brutality” (88).

Whilst the example of Szasz demonstrates the lack of harmony or unity within the so-called anti-psychiatry movement, it did, according to some, have a lasting impact on psychiatric care. For instance, Joanna Moncrieff et al. have suggested that the “development of diagnostic criteria, with which we are now so familiar, started in the 1970s, partly in response to the challenge posed by antipsychiatry” (157). This is particularly relatable to the Rosenhan experiment of 1973, according to Moncrieff, a research trial where eight sane “pseudopatients” tried to gain access to mental hospitals across America, where each were eventually, bar one, diagnosed as schizophrenic and retained in hospital for between “7 to 52 [days] with an average of 19” (Rosenhan 181). The experiment demonstrated the harmful propensity towards overdiagnosis within psychiatry, and the perceived all-encompassing nature of mental health problems since everything the patients did was interpreted as caused by their ‘illness’. For instance, Rosenhan’s pseudopatients were asked to take notes throughout their stay, but this behaviour was interpreted by staff as indicative of their purported psychiatric conditions: “[n]ursing records for three patients indicate that the writing was seen as an aspect of their pathological behavior” (182). Even once these individuals were released from hospital care, they were judged to be “in remission” rather than cured, suggesting that psychiatric labels remain

with individuals long after their recovery, something pointed out by writers like Scheff and Szasz during the 1960s (180).

This pattern of overdiagnosis demonstrated firstly the zeal with which psychiatric teams labelled individuals brought before them, as well as the imprecise nature of diagnostic criteria, and the flimsiness of the sane/insane dichotomy as argued by Laing, Fromm-Reichmann, and others. It also showed that, as Rosenhan pointed out “physicians are more inclined to call a healthy person sick . . . than a sick person healthy” (181). This experiment caused a “furore” according to Moncrieff, and diagnostic criteria were tightened to counter the resulting assumption that “seemed to confirm the idea that psychiatric diagnosis had no objective validity”, something those labelled as anti-psychiatrists had asserted since the early 1960s (157). Attempts were made to rectify this through the publication of ever-more focused and exacting editions of the *Diagnostic and Statistical Manual of Mental Disorders* in 1974, 1980, 1987, 1994 and so on, resulting in psychiatric diagnosis becoming an “increasingly detailed, quantitative and apparently objective exercise” (Moncrieff 157). While criticisms were levelled at psychiatry by anti-psychiatrists including Szasz, Laing, Cooper, and Scheff regarding the subjective nature of psychiatric diagnosis, this seemingly objective re-evaluation of mental health conditions carries its own problems, as made evident in the relationship between patient accounts like *I Never Promised You A Rose Garden* and medical professionals like Cadoret and North, who rejected Greenberg’s historical diagnosis, dismissing the validity of her account of her treatment and recovery.

Anti-psychiatry also had an impact, according to Rael Jean Isaac and Virginia C Armat on deinstitutionalization as the 1960s and 1970s progressed, something which has been read as profoundly negative. Isaac and Armat argue that, “[s]tate mental hospitals” represented “an easy target” for dissent in the 1960s since they functioned as “great warehouses of abandoned souls” and were therefore “hard to defend” (14). This attack, they argue, came from the “New Left”, and was part of their apparent “struggle against middle-class American culture” that centred around the denigration of various American institutions (14). While the 1960s were undoubtedly a decade characterized by protest against authority from the political left, this reading seems to selectively ignore or at least diminish the protest of those on the right, including libertarians like Thomas Szasz, as well as the obvious attraction to legislators and administrators, for whom deinstitutionalization represented a way to significantly cut financial costs.

Novels like Kesey’s *One Flew Over the Cuckoo’s Nest* certainly contributed towards the anti-institutional bent of 1960s ideology, both through its depiction of the institution as a cruel, custodial facility and of treatments like ECT as barbaric. As Shorter, an advocate of electroconvulsive therapy, has complained, Kesey’s novel, when adapted for the screen, was so effective that “patients and their families began to refuse electrotherapy on the grounds of having seen the film”, a result, he assures us, of Jack Nicholson’s “overacting” (152-153). Whilst this demonstrates a real connection between the cultural critique of psychiatry and the changing ways psychiatry was practised, to argue that the anti-psychiatrists played a major

role in deinstitutionalization seems unlikely. As Norman Dain points out, deinstitutionalization was already underway by the time the anti-psychiatrists were gaining popularity in the public domain (around 1964 in Laing's case).

The desire for deinstitutionalization, Dain explains, stemmed from psychiatrists' wartime experiences, since "'battle fatigued' or 'shell-shocked' soldiers did best when not institutionalized" and therefore it was assumed that "the mentally ill amongst the civilian population... would equally benefit by being deinstitutionalized" (429). This awareness, Dain continues, contributed to the eventual passing of the Community Mental Health Act in 1963, whose advocates sought to "eliminate state mental hospitals in favor of community mental health centers" in an attempt to improve patient care (429). Nevertheless, whilst it is highly unlikely the anti-psychiatrists had much influence over this movement away from state asylums, their arguments did, as Despo Kritsotaki has pointed out, fuel "the desire of administrators to shut down institutions... if [they] were inhuman, oppressive and inefficient, there was no reason to spend so much money to keep them operating" (22). Each of these indictments recalled charges previously laid against psychiatric hospitals by those classed as anti-psychiatrists like Cooper, Szasz, Laing, and Goffman.

Regardless, what seems clear from patient responses to texts like *The Divided Self*, is that there were positive aspects to anti-psychiatric theory. For example, anti-psychiatry could be argued to reflect the patient experience in new and potentially revolutionary ways by illuminating the political

underpinnings to psychiatric interventions. To that end, Nick Crossley has argued that the anti-psychiatrists

questioned the *status quo* within psychiatry and their cultural and symbolic capital lent this questioning the authority...to be heard and taken relatively seriously. They cleared a space for the user voice (emphasis original, 887).

To occupy this space, groups of ex-patients sprang up during this period to protest their treatment at the hands of psychiatry, sometimes labelling themselves psychiatric (or consumer) survivors. These groups protested the cruelty of psychiatric treatment as well as the lack of civil rights for patients and allowed a sense of community and grassroots advocacy to develop amongst those living with diagnoses of psychiatric conditions. The emergence of these ex-patient groups fighting for civil liberties again underlines the connection between anti-psychiatry and the atmosphere of protest in the 1960s. As I have demonstrated throughout this thesis, the novels discussed above, *Revolutionary Road*, *One Flew Over the Cuckoo's Nest*, *The Bell Jar*, and *I Never Promised You A Rose Garden* shared this moment, and function as part of a wider pattern of cultural indictments against biomedical psychiatry.

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