

# Girl, Interrupted



## INTRODUCTION

### BRIEF BIOGRAPHY OF SUSANNA KAYSEN

Born and raised in Cambridge, Massachusetts, Susanna Kaysen, is the daughter of Harvard economist Carl Kaysen—once an advisor to President John F. Kennedy. Kaysen is the author of several books of fiction and memoir, of which *Girl, Interrupted* is by far her most well known. Her other books include *Cambridge*, an autobiographical novel based heavily on Kaysen's own childhood, and *The Camera My Mother Gave Me*, yet another memoir which tells the story of Kaysen's years-long struggle with debilitating pain, and explores the roles that sex, desire, and illness play in life and in society. Kaysen still lives in Cambridge.

### HISTORICAL CONTEXT

Susanna Kaysen's hospitalization in the late 1960s coincided with a time of great societal and political unrest in the United States. In the background of Kaysen's privileged upbringing in Cambridge, the Vietnam War raged on, claiming the lives of many young soldiers and leaving many of its survivors with post-traumatic stress disorder and related mental illnesses. US Government research shows that roughly 30% of Vietnam war veterans experienced "symptoms and related functional impairment associated with PTSD." Depression, anxiety, and addiction also wracked the lives of survivors. With so many mental health issues suddenly rising to the forefront of the American public's consciousness, the inadequacies in the American mental health system were also becoming clear. Institutional abuse of mental health facility patients had previously been explored through novels such as [The Bell Jar](#) and *One Flew Over the Cuckoo's Nest*, but Kaysen's memoir—released about twenty-five years after her stay at McLean—exposed, at the time of its publication, the deep inadequacy of mental health treatments and facilities in the late 1960s compared to the 1990s. The book served to humanize people seen as "crazy" while exposing the corruption and ineffectiveness of therapists, analysts, and other officials at institutions like McLean.

### RELATED LITERARY WORKS

*Girl, Interrupted* owes much to—and shares many common themes and even a common setting with—Sylvia Plath's seminal 1963 novel, *The Bell Jar*, about a bright and promising young woman's struggle with mental illness. [The Bell Jar](#) was based closely on Plath's own experiences inside the McLean hospital in Massachusetts. Elizabeth Wurtzel's 1994 memoir *Prozac*

*Nation*, released shortly after *Girl, Interrupted*, chronicles the author's struggles as a young American woman affected by crippling depression. *Prozac Nation* was also adapted into a major motion picture, starring Christina Ricci as a first-year Harvard student sidelined by depression and substance abuse. Ken Kesey's 1962 novel *One Flew Over the Cuckoo's Nest*, Charlotte Perkins Gilman's 1892 short story "The Yellow Wallpaper," and Ned Vizzini's 2007 young-adult novel *It's Kind of a Funny Story* all deal with mental illness, institutionalization, camaraderie between mentally ill individuals, and society's inability to properly care for those living with psychological disorders.

### KEY FACTS

- **Full Title:** *Girl, Interrupted*
- **When Written:** Early 1990s
- **When Published:** 1993
- **Literary Period:** Contemporary
- **Genre:** Memoir; nonfiction; mental health biography
- **Setting:** The McLean Hospital in Belmont, Massachusetts
- **Climax:** Shortly after beginning to undergo psychoanalysis as part of her treatment at McLean, on a snowy day, Susanna is taken by a nurse through a series of interconnected tunnels which run throughout the hospital as a means of getting to her session while avoiding the falling snow. Susanna realizes that just as everything in the hospital where she has been living for almost two years is secretly connected, so too are the disjointed but potential-filled facets of her mind.
- **Antagonist:** McLean Hospital; doctors; orderlies; the mind itself
- **Point of View:** First-person (Susanna)

### EXTRA CREDIT

**Screen Time.** Kaysen's memoir was adapted, in 1999, into a psychological drama, also called *Girl, Interrupted*, which starred Winona Ryder, Angelia Jolie, Brittany Murphy, and Whoopi Goldberg. Ryder worked as an executive producer on the film, and spent nearly seven years translating the story from the page to the screen. Though the film received mixed reviews, Jolie's performance as the unforgettable self-proclaimed sociopath Lisa Rowe garnered the actress critical acclaim and three major awards for her supporting role: the Academy Award, the Golden Globe Award, and the Screen Actors Guild Award.



## PLOT SUMMARY

The writer Susanna Kaysen reflects on her time as a patient at the McLean psychiatric hospital in Belmont, Massachusetts—an institution whose former patients include Ray Charles and Sylvia Plath—twenty-five years earlier, in 1967. Kaysen, who was diagnosed with Borderline Personality Disorder—a “character disorder” marked by deep instability in self-image, interpersonal relationships, and conception of the future—was admitted to the hospital after meeting with a therapist for only twenty minutes, and though she was told she’d only be spending a couple of weeks there, she wound up in the psychiatric ward of the hospital for nearly two years.

As Susanna adjusts to life at McLean, she gets to know the other patients in the psych ward, who are all young women like herself. One girl, Polly, attempted suicide by self-immolation, and is now covered in horrible burns and scars. Another, Lisa, is a wild and charismatic ex-junkie and the ward’s only sociopath, who frequently escapes from the hospital and plays elaborately-planned pranks on the nurses and orderlies. Susanna’s roommate, Georgina, is a schizophrenic, with a boyfriend named Wade who is a patient in the men’s section of the psychiatric ward. Daisy, a “seasonal” visitor to the hospital, checks herself in at Thanksgiving each year and leaves right before Christmas, after amassing a collection of exactly fourteen roast chicken carcasses beneath her bed.

Susanna reflects on the path that took her to McLean. After a half-hearted suicide attempt, meant to quell the part of her brain that had become darkly and obsessively curious about the act, Susanna began seeing patterns in the world around her and experiencing a feeling of dissociation any time she looked at another human face. Susanna was self-aware of these hiccups in her behavior and perception, but maintains that she was never delusional or hallucinatory—she was simply curious about what secrets people kept about how they saw and interacted with the world around them.

The sterile and insular world of the psychiatric ward, which strips patients of their privacy, personal freedom, and bodily autonomy, is characterized by a complicated system of rewards for good behavior and punishments for backtalk, aggression, and other forms of “acting out.” Trips outside the hospital to places like the ice cream parlor are complex, tense ballets in which patients test their limits and nurses struggle to keep their charges in line. On the ward, a system of routine checks, completed circuitously in five, fifteen, or thirty-minute intervals (based on each individual patient’s progress and demeanor) provides the “pulse” of the patients’ days, and the only break in routine comes with the arrival of a new patient. When a second Lisa—Lisa Cody—shows up on the ward, a battle of wits between the two Lisas commences. Lisa Cody, admiring and even adoring of the “real” Lisa, declares herself a sociopath as well, and the two struggle to outdo one another in a series of

escalating insults, fights, and pranks. When a girl named Alice Calais arrives, she appears docile and “normal,” aside from the fact that she seems to know very little about the world (for instance, she has never tasted honey, and has never heard of the French city that shares her last name). One day, Alice “explodes,” and is sent to seclusion and then to maximum security. When Lisa, Susanna, and Georgina visit her in her new ward, they discover that she has covered her body and the walls of her room in her own feces, and all three women experience a moment of fear as they realize that what happened to Alice could happen, at any moment, to any of them.

As Susanna reflects on her adjustment to life on the ward, she considers all she learned about the intricacies of mental illness and the ways in which it is medically treated during her time there. She delves into the complicated nature of the mind and the brain, examining the “two basic varieties” of insanity: velocity, during which thoughts come rapidly, repetitively, and endlessly; and viscosity, in which thoughts are slow, laborious, and physically draining. Perturbed by the often distant, unhelpful, and ever-changing staff, the stringent regulations, and the distant chaos of the outside world (which Susanna and her fellow patients are only able to glimpse on television), Susanna begins to descend deeper into insanity. At one point she begins to fear that she has no bones in her body and attempts to bite her hand open to see what is really inside it. After an infection in her wisdom tooth sends Susanna to the dentist, she is upset to find, after her extraction, that she has “lost” an unknowable amount of time under anesthesia, and breaks down in front of the head nurse, Valerie, revealing her fear of having lost some of the most precious time of her life during her stay at McLean.

Susanna enters analysis—her therapist, Melvin, claims that she is the only one on the ward with a “well-integrated personality” and the only woman there who could stand up to the mysteries and self-inquiry analysis demands. After several months, though, Susanna finds herself frustrated by her analyst’s many misinterpretations of her feelings, thoughts, and ideas, especially when he misunderstands her fascination with a series of **tunnels** beneath the hospital which connect the many wings and wards as a desire to return to the stasis of the womb, when really Susanna is mesmerized by possibility, variety, and the chance to move forward into the unknown realm of her future.

As Susanna nears the end of her stay at McLean, she applies for jobs, but finds that the stigma of having been institutionalized makes getting one impossible. Susanna expresses the desire to become a writer once her time in McLean is up, but her social worker derides her dream as a “hobby” and encourages her to find “nice clean work” as a dental technician. Instead, Susanna, having amassed enough privileges to leave the hospital for stretches of time, goes on a series of dates with a friend of a

friend whom she'd connected with romantically years before her institutionalization, and eventually accepts a marriage proposal from him. Lisa and Georgina encourage Susanna to think hard about what it is she wants from her future, but Susanna finds herself unable to visualize what it is she wants and who she will become.

Susanna, reflecting on the whole of her time in McLean, rails against the state of mental health treatment, arguing that treating the mind and the brain as separate entities isolates the mentally ill even further and makes it more difficult to treat issues that affect both the abstract landscape of the "mind" and the chemical-electrical circuit of the "brain." Susanna then outlines the definition of her own disease, Borderline Personality Disorder, as it appears in the DSM, or the *Diagnostic and Statistical Manual of Mental Disorders*, and "annotates" it for the reader. She takes issue with several hallmarks of her "disorder," arguing that many of the symptoms it outlines—instability, moodiness, reckless or thoughtless behavior—are simply part of the condition of being an adolescent girl. Though Susanna was considered to have "recovered" from Borderline Personality Disorder at the time of her discharge from McLean, she still wonders, twenty-five years later, whether she is "crazy," what constitutes "craziness," and why the border between sanity and insanity is treated as so distinct when, in reality, it is much more porous and permeable than most people would like to believe.

After Susanna was released from McLean, she kept in touch with a few of her fellow patients. Georgina married and lived on a farm for a while before moving west to Colorado. A chance encounter with Lisa in Harvard Square revealed that Lisa had become a mother, though she remained unmarried, and often thought about her time spent in the hospital. Daisy committed suicide while Susanna was still a patient at McLean. Lisa Cody was last seen on the streets of Cambridge by the "real" Lisa, who reported that Lisa Cody had finally become a "real junkie."

Years after her release, Susanna's marriage has ended and she is visiting the Frick Museum in New York with a new boyfriend. She has not been to the museum since she was a teenager. She encounters a **Vermeer painting** she remembers having felt a connection to on her last visit, but finds that the painting has "changed" over the last sixteen years. The painting, which depicts a "girl look[ing] out, ignoring her beefy music teacher," once seemed to be trying to tell Susanna something urgent; now, Susanna sees only sadness and the need for connection in the girl's lonely eyes. Susanna reads the painting's title for the first time: it is called *Girl Interrupted at Her Music*. Susanna breaks down in tears, reflecting on the ways in which her institutionalization was an interruption in her own life at the age of seventeen. Susanna writes that she has gone back to visit the painting many times over the years, and that what she admires most about it is the light within it—a strange, overcast light which has the quality of the light found in real life. It is a

light, she notes, in which one can only glimpse oneself "imperfectly and seldom."



## CHARACTERS

### MAJOR CHARACTERS

**Susanna Kaysen** – The author of *Girl, Interrupted*, as well as its main subject, Susanna Kaysen was just eighteen when she was admitted to the McLean psychiatric facility to be treated for Borderline Personality Disorder. After a little over a year of instability, recklessness, seeing patterns, and experiencing circuitous thought patterns, Susanna voluntarily admitted herself to McLean on the recommendation of a therapist with whom she'd spoken for only twenty minutes. Susanna's stay at McLean is a nontraditional but educational passage into womanhood, and as she adjusts to life on the psych ward, she learns lessons about the nature of the mind, the blurry line between sanity and insanity, the ills and shortcomings of the mental health industry, and the joys of finding human connection in the unlikeliest of places. With her razor-sharp wit and dedication to exposing the flawed ways in which mental health professionals diagnose and treat mental disorders, Susanna excoriates those who label others "crazy" even as she lays bare the dark humor of finding oneself stuck with such a label. Kaysen reflects on her time at McLean with tenderness and courage, creating a portrait of herself which symbolically mirrors the **painting** that gave her memoir its title: *Girl Interrupted at Her Music* by Johannes Vermeer. Like the painting, Kaysen's memoir is relayed in a nonlinear, anecdotal way which allows for only an "imperfect" glimpse of the woman within it, yet which contains and reveals multitudes.

**Lisa** – A charismatic ex-drug addict and wild-eyed sociopath, Lisa is proud of her rare and dangerous diagnosis and constantly engages in behavior which shows off her lack of empathy, social awareness, and regard for consequences. Lisa frequently escapes the psych ward for a day or two at a time, and though she is always caught, the stories she tells about her time on the "outside" always enchant and inspire the other girls on the ward. Lisa becomes a friend and a kind of mentor to Susanna, who sees Lisa as a guide through the complicated and isolated world of McLean.

**Polly** – A young woman on the psychiatric ward who attempted suicide by self-immolation using gasoline before she was even old enough to drive. Susanna pities Polly, knowing that while she herself and the rest of her fellow patients may one day make it out of McLean, Polly is trapped forever in the cage of her burned and scarred body.

**Wade Barker** – Georgina's boyfriend and a psychiatric patient on the men's ward. He constantly talks about how his father is in the CIA, and has many powerful and dangerous friends. His claims are dismissed as delusions until the Watergate scandal

breaks, and two of his father's friends are suddenly all over national television.

**Daisy** – A “seasonal visitor” to McLean, Daisy checks herself into the ward at Thanksgiving each year and leaves just before Christmas. Combative, cagey, and vulgar, Daisy is also notable because her father brings her a whole rotisserie chicken every few days. Lisa, desperate to know what is up with Daisy, her father, and the chickens, hoards laxatives—which Daisy demands from the nurses daily but can never get enough of—and exchanges them for access to Daisy's room. Lisa reports back to the other girls that Daisy has stashed rows of whole chicken carcasses beneath her bed, and uses the laxatives to help her pass the enormous amounts of poultry she consumes. One May, the girls on the ward are called to a special meeting, at which they are informed that Daisy has committed suicide—on her birthday, in the brand-new apartment her father recently purchased for her.

**Lisa Cody** – A new arrival on the ward who finds herself instantly drawn into competition with the “real” Lisa. Lisa Cody eventually is diagnosed as a sociopath as well, and this enrages Lisa. The two of them engage in an escalating battle of wits, exchanging insults and pranks until Lisa effectively drives Lisa Cody off the ward. Lisa Cody escapes, and Lisa later finds her living on the streets of Cambridge, addicted to drugs.

**Torrey** – A new arrival on the ward whose parents have sent her to McLean because she is their family's “designated hitter”—the one individual upon whom everyone pins their own craziness. She is an amphetamine addict who fears returning to her home in Mexico and dying there from an overdose. Torrey's parents eventually come to Boston to collect her and bring her home to meet her fate, while her fellow patients fret about what will become of her once she returns to Mexico.

**Alice Calais** – A new arrival on the ward who appears “normal” at first, but soon reveals that she knows almost nothing about the world—she has never tasted honey, and she has never heard of the famous French city of Calais which shares her name. After a month or so, Alice “explodes” in a fit of rage, and is sent to maximum security. When Susanna, Georgina, and Lisa visit her, they find her enclosed in a bare cell, covered in her own feces. Alice proclaims proudly that she is “doing better,” and the three women wonder, as they leave the maximum security ward and return to their own, whether any one of them could end up like Alice.

**The Therapist** – The therapist who recommends Susanna for admission to McLean deems her hospitalization necessary after a very brief meeting, which Susanna recalls as having only lasted twenty minutes despite the therapist's later assertion that their first and only session lasted several hours. Susanna posits that the therapist recommended she be institutionalized as a form of “preventive medicine” after meeting with her and assuming she was in need of “saving” from the increasingly volatile world around her.

**Susanna's Husband** – Susanna is set up with her future husband by a friend's brother before she is diagnosed with Borderline Personality Disorder and admitted to McLean. Though they have a connection and spend a night together, they live in different places and end up losing touch. Then, Susanna is admitted to McLean, and she forgets about him. When her future husband graduates college, however, he calls on Susanna, but she is in the psych ward and does not want to see him in such a state. She rebuffs his attempts to reconnect, believing that he has a future while she has none. Eventually, after several more months, Susanna has gained some privileges which include time away from the ward. She and her future husband begin dating, and soon he proposes marriage, which she believes is the main reason she was able to be discharged from the ward, noting that, “in 1968, everybody could understand a marriage proposal.” Years later, Susanna and her husband separate when she begins to feel that she needs to be by herself.

## MINOR CHARACTERS

**Georgina** – Susanna's roommate. A kind, good friend whose concern and empathy for her fellow patients is her chief characteristic.

**Cynthia** – A patient on the psychiatric ward who is undergoing electroshock therapy.

**Valerie** – The head nurse on the psych ward. She is strict but empathetic, and the girls on the ward all respect her deeply.

**Dr. Wick** – One of the psychiatrists at McLean. Originally from Rhodesia, she knows little about American culture and flushes at any mention of love or sex. Susanna thinks she is a profoundly poor fit for a ward dedicated to the treatment of mentally ill adolescent girls.

**Mrs. McWeeney** – The night nurse on the ward. The girls all hate Mrs. McWeeney and think she is crazy. She often makes strange, mean faces at the patients and withholds their medication from them.

**Melvin** – Susanna's analyst and a therapist at McLean.

**Jim** – A friend of Susanna's father's who comes to visit her during her first weeks at McLean. He offers to break Susanna out and help her escape to England, but Susanna denies his proposition, knowing she needs to stay at McLean and work on getting better.

**Johnny** – Susanna's boyfriend at the time of her admission to McLean. After Susanna is caught performing oral sex on Johnny on one of his visits to McLean, their visits are required to be supervised, and soon after that Johnny stops coming to visit Susanna entirely.

**English Teacher** – Susanna's high school English teacher, with whom she has an affair some time before being admitted to McLean. He brings her to the Getty Museum, where she first

encounters the **Vermeer painting** after which the book is titled.

## TERMS

**Borderline Personality Disorder** – A mood disorder marked by a pervasive pattern of instability of self-image, interpersonal relationships, mood, and behavior (or “affect.”) **Susanna Kaysen** is diagnosed with BPD at eighteen years old and, as a result, checks into the McLean psychiatric hospital in Belmont, Massachusetts. Susanna worries about her diagnosis more and more as she meets the other patients around her, since she fears that her mood disorder—or “character disorder,” as many of her therapists and nurses refer to it—means that there is something wrong with her as a whole, rather than just a chemical imbalance or disorder of the mind.

**Checks** – Nurses on the psychiatric ward perform checks at intervals of five, fifteen, or thirty minutes throughout the day, peeking into patients’ rooms to check on them and make sure that no one is harming themselves or anyone else. Good behavior is rewarded with longer intervals between checks, but most of Susanna’s fellow patients have their days and sense of time “murdered” by nearly-nonstop five-minute checks.

**Sharps** – “Sharps” are any object or material that could, within the walls of the psych ward, be weaponized against oneself or others. Razors, nail files, earrings, pins, broaches, belt buckles, and cutlery—forks and spoons included—are all considered sharps. Even long nails are seen as sharps and are promptly filed down by a nurse or orderly.

**DSM** – The *Diagnostic and Statistical Manual of Mental Disorders*, a text used by mental health professionals to outline, classify, and diagnose the full range of disorders of the human brain and psyche.

friends, her family, and her boyfriend. Once inside McLean, Susanna struggles with certain aspects of life inside a mental ward that deepen the feelings of loneliness already inherent in many mental illnesses. She undergoes therapy to help her with her Borderline Personality Disorder, a “character disorder” which isolates her by virtue of its difference from the chemical and electrical brain disorders of her fellow patients. She feels further isolated by the constant surveillance and distrust that characterize the environment at McLean. As Susanna attempts to adjust to life in McLean, she begins to feel more and more isolated and removed from her old life, though she is constantly plagued by memories of freedoms she once took for granted in the outside world. “Every window on Alcatraz has a view of San Francisco,” Kaysen writes, arguing that the already-isolating experiences of illness and institutionalization were even further compounded—for her and her fellow patients alike—by the stark contrast between the seclusion they experienced and their prior freedoms.

The primary impetus for Susanna’s hospitalization is a suicide attempt which she made a few months prior to her admittance to McLean. After the failed attempt, Susanna describes a kind of lightness or “airiness” which followed her around, and noted that a bad or undesirable part of herself seemed to have been cut loose. She expressed no desire to attempt to take her own life again, but her increasingly odd behavior resulted in her being sent to a therapist who diagnosed her with borderline personality disorder and recommended she be admitted to McLean right away. Her hospitalization is a “form of preventive medicine” which, with little warning, effectively leaves Susanna isolated from the world. Though Susanna had admitted to having emotional problems and felt she perceived the world around her differently than anyone else, her feelings of isolation before her hospitalization could have been those of a normal eighteen-year-old. Once in the hospital, however, Susanna’s feelings of isolation are compounded. In part because borderline personality disorder is described as a “character disorder” marked by a “pervasive pattern of instability of self-image, interpersonal relationships, and mood,” Susanna’s diagnosis comes to feel “more ominous than other people’s.” This feeling deepens her sense of isolation by setting her further apart from others living with mental illness. Whereas her fellow patients are afflicted by sociopathy, schizophrenia, depression, and PTSD, Susanna feels that her diagnosis—which was delivered after only a twenty-minute conversation with a brand-new therapist—is a direct assault on who she is rather than an attempt to understand and remedy something that is temporarily off-balance within her mind.

The “seclusion room” is a small room on the psychiatric ward, the size of a bathroom, with one chicken-wire-enforced window in its only door which allows other patients, orderlies, and nurses to look in and see what one is up to (though Susanna notes that one can’t “get up to much in there”). The seclusion



## THEMES

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### ISOLATION AND SECLUSION

In the early pages of her memoir, Susanna Kaysen establishes the roles that isolation and seclusion play in the experience of living with mental illness.

Dealing with mental illness, she shows, is both an emotionally and physically isolating experience. At just eighteen, Susanna is recommended for admission to the McLean hospital, where she is physically secluded—and emotionally cut off—from her

room is not soundproof, and it is the one place where the women on Susanna's ward are allowed to "act out" without consequence, often retreating to the seclusion room to yell at the walls and release some tension. The room can be "requested" and reserved for longer stretches of private time, but anyone who requests to book the room must make a separate request when they're ready to leave, at which point they must undergo evaluation by a nurse. Greater freedom, Susanna observes, comes at the cost of both privacy and agency. The seclusion room is symbolic of the many layers of isolation that psych ward patients face, and it demonstrates the simultaneous and competing pull toward and the desire to push away from even further physical isolation in the face of deep mental and emotional isolation. The TV room, in contrast, is a common area which is often loud, raucous, and full of life. In moments of relative wellness—and just as often in moments of pain, despair, and suffering—the women on the ward come together in a common area to vent their frustrations to one another, feel a sense of solidarity, and even stir up trouble as a means of pushing back in a different way against the isolating nature of their illnesses.

"For many of us," Kaysen writes, "the hospital was as much a refuge as it was a prison. Though we were cut off from the world, we were also cut off from the demands and expectations that had driven us crazy. The hospital shielded us from all sorts of things." The fragile and damaged women who occupy the ward alongside Susanna are cut off from the outside world and denied their rights to freedom and privacy, but for many, it was the demands of the world which "drove them crazy" to begin with. Kaysen complicates her argument by admitting that there are small benefits to being sequestered in a psychiatric facility. In this way, she highlights the catch-22 of isolation and seclusion, which lend comfort in the form of peace and protection at the same time that they can make a person lonely.

Kaysen's memoir is both a critique of the institutions that provide treatment for mental illness and an honest depiction of the messy, complicated, often unfair nature of mental illness. Isolation and seclusion are, on occasion, seen as necessary ingredients in the treatment of mental illness, but Kaysen argues that these diseases and disorders are isolating enough. Although it is only a thin line which separates the sick from the rest of the world, the barrier between the two worlds—and their mutual isolation from one another—can often appear to be insurmountable. Kaysen feels that this paper-thin barrier is an injustice, as the line between "crazy" and stable cannot be perfectly mapped. The isolating experience of being treated as "crazy" only widens the gap between illness and wellness, and as Susanna and her fellow patients watch that chasm grow, their physical and emotional isolation also grows until it becomes—for some—too large to overcome.



## PERCEPTION VS. REALITY

Much of *Girl, Interrupted* is concerned with contrasting the way things appear and how they actually are. As Susanna Kaysen reckons with her own memories of her troubled past—in which she suffered from suicidal thoughts, repetitious thoughts, and changes in her perception that bordered on hallucination—this thematic arc takes on two layers. The first investigates the sometimes-conflicting perceptions and realities of Susanna and her fellow McLean patients, while the second investigates the older Kaysen's ability to recognize things about her experience that did not occur to her at the time. Kaysen argues that it is not only in stories about the intricacies, wonders, and pitfalls of the human mind that perception can be different from reality. Rather, Kaysen suggests that reality and perception are always at odds with one another, no matter the story, and finding the "truth" in a story simply involves attuning oneself to the harmonies that can arise when perception and reality inevitably fall out of phase with one another.

In an early section of the book titled "Etiology"—a word for the cause of a disease or condition—Susanna considers, in list format, who she is as she enters McLean and what the possible causes, treatments, and outcomes for herself might be. She wonders if she is possessed, bewitched, or on a perilous journey from which she might not return. In this section, Kaysen merges her recollections of the fear and uncertainty she felt at the beginning of her hospitalization with her present-day point of view. As the older Kaysen composes this list, it seems to apply as much to her past as it does to her present-day situation, in which she is possibly "possessed" or "bewitched" by her past self as she embarks on the "perilous journey" of confronting her misbegotten youth in an attempt to reconcile her perceptions of her past with the realities of it.

When Susanna was just shy of eighteen she began seeing patterns in things and realized that "something was happening to [her] perceptions of people." She writes: "When I looked at someone's face, I often did not maintain an unbroken connection to the concept of a face. Instead of seeing too much meaning, I didn't see any meaning." She was at all times "perfectly conscious of [her] misperceptions of reality" and "never 'believed' anything [she] saw or thought [she] saw." Susanna had the self-awareness to realize that she was feeling alienated from others and projecting her discomfort onto them. Because she had a hard time understanding why she was seeing things that weren't necessarily unreal but certainly weren't normal, she wondered if maybe the things she was seeing were things that everyone else saw and just didn't want to talk about. In this way, she cleverly raises the question of whether objective reality can ever truly be known, considering everyone experiences reality through their own subjective lens.

In a section titled "Do You Believe Him Or Me?", Kaysen reconstructs the conflicting accounts of her pivotal meeting

with the therapist on the day of Susanna's hospitalization. She goes back and forth between her own perception and her doctor's recollection of the meeting—which she says took a total of twenty minutes, and which her doctor claimed in his official records took three hours. Susanna questions her own perceptions of that fateful day, attempting to use her doctor's notes, the Admission Note she has obtained from McLean, and her recollections from various taxi rides in order to create a workable timeline. She asks herself, "does it matter which of us is right?" but continues to present the reader with evidence to support her own timeline, ultimately concluding that she is the one who should be believed. By presenting two varying accounts of a pivotal moment in her life just a few chapters after having admitted to her own issues at that time distinguishing fantasy from reality, Kaysen almost challenges the reader to believe her as much as she implores her to, highlighting the importance of the marriage of the perception of an event and its objective reality.

Susanna Kaysen's journey to reconcile her perceptions with her reality has been the journey of her life. Even as an adult, writing about the events of her youth from a standpoint of twenty-five years in the future, Kaysen struggles to see her perception of reality as reality itself, and vice versa: she has a hard time aligning the reality of her situation with her remembered perceptions of it. The magnitude of what Kaysen endured in her youth as a patient at McLean is only apparent to her years later, when she gazes upon the **Vermeer painting**, *Girl Interrupted At Her Music*, and sees in it all the splits and dichotomies which have come to define her life: before and after; healthy and ill; on-course and interrupted; real and imagined.



## WOMEN AND MEDICINE

When she enters McLean Hospital to undergo psychiatric treatment, Susanna Kaysen finds herself plunged into a world of women: wild

women, wounded women, and women who are living at the edges of both society and their own lives. Over the course of the book, Kaysen, looking back twenty-five years after her hospitalization, takes time to remember several of her fellow patients—starkly, lovingly, inquisitively, and always with an empathetic eye and an understanding heart. These remembrances are contrasted with Kaysen's critique of the disproportionate number of women who are diagnosed with mental illnesses compared to men, as well as the ways in which the mental health system unfairly scrutinizes and punishes women for engaging in the same behaviors as men. As Kaysen reflects on her experiences navigating two new worlds—both the world of the psychiatric ward and the world of womanhood—she argues that the double standards and mistreatment that women face are perhaps nowhere more acute than in the world of medicine and mental health. Susanna

uses her own experiences and the experiences of her fellow patients to demonstrate how the behaviors which have earned so many women the label of "crazy" throughout the years are often simply part and parcel of the struggle to discern what it means to move through the world as a woman.

Reflecting on her own diagnosis in one crucial chapter, Susanna deconstructs the definition of Borderline Personality Disorder, noting that it is mostly diagnosed in women and that the behaviors that are said to characterize it are normal in adolescence, especially for young women: instability in self-image and interpersonal relationships, desire for reckless behavior, promiscuity, and self-harm. While pointing out that the deck is stacked against women, whose behavior is easily seen as hysterical, dangerous, and needful of treatment, Susanna considers the women she lived alongside in McLean: the ritualistic Daisy, who collected rotisserie chicken carcasses beneath her bed; the unpredictable Polly, whose failed self-immolation has trapped her in a body she no longer recognizes as her own; the fleeting visitor to the ward, Alice Calais, who, in the midst of a scatological episode in the seclusion room, described herself as feeling much better than she had before her admittance, thereby proving that "wellness" is always a relative term.

Lisa is the most memorable, dynamic, and meaningful friend Susanna makes during her stay at McLean. A proud sociopath, a loudmouth, and a nihilist, Lisa knows everything about everyone, and frequently runs away from the ward in grand, desperate attempts to escape forever. She is always caught, though, and "dragged back, dirty, with wild eyes that had seen freedom." Lisa doesn't sleep and eats only rarely, and Susanna describes her as emaciated and exhausted-looking. Nevertheless, Lisa is magnetic and queen-like. The other women admire her and even act subservient to her. "We are very rare," Lisa says of people with her condition—sociopathy—"and mostly we are men." Sociopathy is a more rarely diagnosed condition in women because women are seen—and stereotyped—as natural nurturers and empaths. The lack of empathy or care in a woman is stigmatized, and Lisa, throughout the course of the book, seems to embrace her diagnosis by fleeing the ward repeatedly, acting out when she is confined, and defying the staff tasked with controlling her in any way she can. At one point in Susanna's stay, another Lisa arrives on the ward: Lisa Cody. After a month or so, Lisa Cody too, is diagnosed as a sociopath, and begins trying to be more like the "original" Lisa "in all things." The "real" Lisa begins acting out even more, attempting to prove that Lisa Cody isn't a true sociopath. The two Lisas devolve into violent arguments about their histories with drugs, instability, and promiscuity, each trying to prove to the other that she is the true outlaw, the true sociopath, and the true leader. Through witnessing the Lisas' endless posturing and desire for dominance and proof of "realness," Susanna learns about the need to "prove" one's

illness as real. In a world where women are called “crazy” for such small transgressions against the normal order of things, the diagnosis of sociopath is almost a badge of honor. Sociopathy is a deviation not only from traditional society, but from traditional womanhood, and as the Lisas contend to prove the truth of their sociopathy, Susanna witnesses a battle of wits between two women who feel pride in a diagnosis that defies everything that society expects of them as women.

As Susanna Kaysen reflects on the women she met during her time at McLean, she recalls the lasting impact that many of her fellow patients have had on her life, her perceptions, and her growth as a woman. Susanna and each of her fellow patients have had to face discrimination from their friends, families, and therapists as they navigate their experiences of womanhood in an increasingly unstable world. Women were—and are still—overwhelmingly seen as sensitive, malleable, and in need of control. For this reason, Kaysen argues, women are disproportionately singled out and even attacked when it comes to issues of mental health. As she relays her experience of life in McLean, Kaysen wonders whether the “interrupted” lives and youths of the women she encountered on the ward will ever be redeemed. She wonders whether there is hope for a future which embraces the complicated nature of womanhood without attempting to silence, institutionalize, or medicate women whose complex subjectivities place them in the crosshairs of an uncompassionate society.



### SANITY VS. INSANITY

As Susanna, diagnosed with Borderline Personality Disorder, enters the McLean psychiatric facility, she begins to question the nature of her own mind, and the minds of those around her. The women who are hospitalized alongside Susanna seem, at first, to have much deeper, more frightening problems than Susanna herself does. However, by the end of her eighteen-month stay, Susanna has come to recognize that perhaps “insanity [is] just a matter of dropping the act.” In her memoir’s final pages, the older Susanna reflects on her hospitalization, noting that she still often asks herself whether she’s crazy. Many of the actions people do on a daily basis, she suggests, threaten to cross “the shimmering, ever-shifting borderline” between sanity and sanity “that like all boundaries beckons to be crossed.” Though she does not want to cross it again, she understands the allure of “dropping the act.” Over the course of her memoir, Kaysen complicates her earlier argument that there is a wide gulf between the world of the sane and the world of the insane by showing how she came to eventually understand that “crazy” is not a far-flung destination or an unlikely state of mind. Instead, “crazy” is a “shimmering,” elusive, and often very close-at-hand state which simultaneously tempts and threatens to engulf anyone who strays near.

Susanna, prior to her hospitalization, struggles with problems

of perception—she sees patterns in everything and has interpersonal troubles which stem from her inability to remember people’s faces. In other words, she finds herself, in the weeks before her hospitalization, thinking intensely about what other people are thinking during routine social interactions, and is unable to focus on the actual interaction before her. She wonders, as she investigates these peculiarities of perception, whether “insanity [is] just a matter of dropping the act”—whether everyone struggles with perception, with communication, and with the tiresome ins and outs of daily adult life.

As Susanna begins to witness the “crazy” behaviors of her fellow patients—Daisy’s chicken-hoarding, Polly’s incessant screaming, Lisa’s nihilistic acts of defiance—she sees the way the interact with one another and the little world around them not as the behavior of “crazy” people but as the behavior people who are not all that different from her. Though Susanna is often worried she will sink even deeper into madness, she never casts judgement on anyone else on the ward, and instead allows the odd and unpleasant behaviors she witnesses—such as one patient spreading her own fecal matter on the walls of her bedroom—to complicate her ideas of sanity and insanity. The women she meets in the ward are complicated people, full of hopes, fears, skills, and inadequacies. Susanna, although she entered the ward believing that she was in some capacity “sane” than anyone else around her, begins to realize that she is no more sane or insane than anyone else around her.

At one point in her stay, Susanna, seemingly out of nowhere, becomes convinced that there are no bones in her hand while sitting in the rec room watching televisions. She begins picking, gnawing, biting, and peeling the flesh of her own hand, trying to get inside and determine whether she has bones after all. When Valerie, the head nurse, stops Susanna and forces her to take a heavy sedative, Susanna begins to fall into a drowsy, lulled, state, and as she does she thinks to herself: “Now I was safe, now I was really crazy, and nobody could take me out of there.” Susanna had been afraid of crossing the “border” between sane and insane, seeing herself as someone whose character was flawed rather than whose mind was flawed, like her fellow patients. Having finally “crossed over” into being “really crazy,” she feels that she is finally “safe,” for she has approached her greatest fear and descended into it only to find that she has been lulled into comfort by those tasked with taking care of her. In many ways, Susanna finally realizes, the world of the hospital—the insane world—is safer and more navigable than the “sane” outside world.

Towards the end of the book, as she digs into a deeper investigation of what constitutes the “mind” and what constitutes the “brain,” Kaysen meditates on what it means to treat the psyche or the mind versus what it means to treat the brain. “Whatever we call it—mind, character, soul—we like to think we possess something that is greater than the sum of our

neurons,” she writes. “A lot of mind, though, is turning out to be brain.” Kaysen takes issue with the distinction between the two entities, writing that “you can’t call a piece of fruit an apple when you want to eat it and a dandelion when you don’t.” She argues in this section that a major problem with mental health treatment is the ways in which professionals treat the “mind” and the “brain” as separate entities, fueling ineffective treatments and harmful preconceptions about the nature of “sanity.”

As Susanna’s stay at McLean progresses, she finds herself undergoing a transformation, though it is hardly a linear one from ill to well. Instead, Susanna’s journey has peaks and valleys, and forces her to reckon not only with her own psyche but with her preconceived notions of what constitutes insanity. She soon sees the “shimmering border” between sanity and insanity as permeable, suggesting to her readers that “sane” and “insane” are relatively valueless terms which don’t have ultimate power in defining anyone’s character, worth, or place in the world.



## MANIPULATION, RESTRICTION, AND CONTROL

Manipulation and control, both institutional and interpersonal, are major thematic concerns for

Susanna Kaysen as she brings her reader into the world of McLean. In recounting the ways in which she and her fellow patients were subjected to various forms of manipulation and control, day in and day out, during their stay on the psychiatric ward, Kaysen argues that such stringent manipulation and control of people already on the brink pushes them even further into their illness and pain, and possibly prevents them from recovering and reentering society as they hope to.

One of the most difficult things for Susanna to adjust to during her first few months in McLean is the concept of “checks”—checks carried out by nurses who open patients’ doors every five, fifteen, or thirty minutes in order to see what each patient is doing and assure no one is harming themselves or others. Checks “murder time” for Susanna, making her feel as if she is watching her life drip down a “drain” five minutes at a time. Checks are the “lullaby, metronome, [and] pulse” of the ward, and although she understands their necessity, Susanna sees the practice of “checks” as a way of preventing the women on her ward from experiencing, let alone savoring, their own lives. Another method of control which is supposedly for the good of the patients housed on the ward but contributes to the atmosphere of total control and lack of personal freedom is the rule against sharps, or any sharp objects that could be used to harm oneself or another. Women on Susanna’s ward who wish to shave their legs must do so while supervised by a nurse and are prevented from keeping personal objects such as nail files and earrings, and are even barred from using metal silverware at mealtimes. Though both of these restrictions are meant to

minimize the amount of physical violence and self-harm that occurs on the ward, they represent the total control exerted over the lives of Susanna and her fellow patients, whose every movement is monitored. Kaysen makes the argument that it is perhaps this stringent environment which contributes to the lack of improvement, or even the worsening, of the symptoms she observes in many of the other women on the ward.

Therapists represent a major force of control and manipulation in Susanna’s life as a patient on the psychiatric ward. “They couldn’t grant or rescind privileges, help us get rid of smelly roommates, stop aides from pestering us,” she writes; “the only power they had was the power to dope us up.” The therapist who recommended Susanna for admission to McLean did so after meeting for her with only fifteen minutes. Susanna wonders if the therapist did so because he saw her as someone fragile and unstable who needed to be shielded from the outside world—a judgement that he, after such a brief meeting, was in no position to make. Though this therapist assured Susanna that she would only be staying in McLean for a couple of weeks, she ultimately wound up living there for eighteen months. This therapist, who barely knew Susanna at all, wound up changing a huge period of her youth, and completely transforming her life. Though Susanna is “fond” of her analyst, Melvin, she notes that he keeps saying “wrong things” about her. He has a preconceived idea of who Susanna is in his head, and is treating her according to that notion. When Susanna advances from therapy to analysis, she finds that her treatment consists of a lot of “messaging about in the shadows”—constantly relaying her thoughts and feelings without receiving any real help, guidance, or advice as to how to process and navigate them. Dr. Wick, the head of Susanna’s ward, doesn’t offer Susanna anything much better in their therapy sessions. Edgy and easily embarrassed, Dr. Wick blushes at any mention of love or sex and judges Susanna and the other girls on the ward when they attempt to communicate honestly about their emotional and romantic histories. In this way Dr. Wick restricts the girls from being able to express certain aspects of themselves without being made to feel shame or censure.

When Susanna leaves McLean, she finds herself the victim of stigmatization and prejudice. In her last few months of treatment, she applies for several jobs, using the hospital’s infamous address—115 Mill Street—as her own on all her applications. After being rejected by employer after employer, Susanna realizes that one of two things is true each time: either someone in a position to hire her sizes her up and believes they already know her due to her hospitalization record, or they see her as “normal” and begin to wonder, if there’s no apparent difference between the “normal” Susanna and themselves, “What’s keeping me out of the loony bin?” In this way, Susanna’s mental illness—and the way others perceive her because of it—continues to place limitations on her.

Control is a major aspect of life in any health or wellness

institution. Whether the treatment is for a mental or physical ailment, regimented control is, in theory, supposed to facilitate quicker, more meaningful, and more lasting healing. However, Kaysen argues that the controls and restrictions in place at McLean, coupled with a general lack of empathy, were symptomatic of deeper issues within mental healthcare in America at the time—issues that still exist today. The efforts of others to control and manipulate patients, Kaysen argues, only served to further mire her and her fellow patients in the labyrinths of their own minds, and prevented them from achieving self-understanding, self-acceptance, and self-actualization.



## SYMBOLS

Symbols appear in **teal text** throughout the Summary and Analysis sections of this LitChart.



## THE TUNNELS

On a snowy day, rather than walking Susanna to her therapist's office through the wintry weather outside, a nurse leads her through a series of underground tunnels which connect the separate buildings of the McLean psychiatric facility. Susanna has already been in the hospital for a long time, so she is surprised to learn of the tunnels' existence. She knows the tunnels "weren't news to anybody else," though "they made such an impression on [her] that [she] felt [she'd] conjured them into being." She marvels at the length and complexity of the passageways, and the nurse accompanying her warns her that it's "easy to get lost" due to the consuming signage throughout. To properly navigate the tunnels, the nurse says, one has to internally and intrinsically "know the way." From that point on Susanna becomes obsessed with travelling through the tunnels, asking a nurse about once a week to bring her down there to explore them. When Susanna tries to explain her fascination with the tunnels to her analyst, Melvin, he assumes Susanna sees the tunnels as a womb-like place. Susanna argues, however, that despite being warm and cozy and quiet, the tunnels are the "opposite of a womb," as a womb does not lead anywhere. The tunnels, to Susanna, represent the goal of her treatment: the ability to feel safe, ensconced, and contained within oneself without being stuck. Susanna wants badly to get better and leave the ward, but as her stay there has progressed she has become concerned that she is actually insane. She fears leaving the relative safety of the "loony bin," where nothing is expected of her and where nothing ever changes. When Susanna encounters the tunnels toward the end of her stay at the hospital, she finds in them a symbol for how she must make her way forward in the world. That is, she must intuit her path naturally, be careful not to get tripped up and become lost, and remain attached to the feeling

of security and self-assuredness that her stay at McLean has given her, rather than returning to the unstable behavior she exhibited in the years and months before her hospitalization.



## GIRL INTERRUPTED AT HER MUSIC (PAINTING BY VERMEER)

Kaysen titled her memoir after a famous baroque painting by Dutch artist Johannes Vermeer, *Girl Interrupted at Her Music*. The painting, produced in the late 1650s, depicts a young woman interrupted by an older gentleman while studying music. In the book's final pages, Kaysen and her boyfriend visit the Frick museum in New York City. When Kaysen encounters the painting for the first time since her last visit sixteen years earlier, she sees herself reflected in the girl's expression, as the girl in the painting seems to be "look[ing] out for someone who would see her." Kaysen becomes deeply emotional, feeling that her own life was "interrupted in the music of being seventeen." The idea that Susanna's life was unjustly interrupted by her committal to the McLean hospital haunts her, and as she stands in the Frick weeping before the painting of the titular "girl interrupted," she is able to begin the process of grieving for the time she lost, putting an end to the interruption once and for all. Thus, she moves into her future with a framework for understanding and talking about what happened to her in her youth.



## QUOTES

Note: all page numbers for the quotes below refer to the Vintage edition of *Girl, Interrupted* published in 1994.

### Chapter 1 Quotes

●● People ask, How did you get in there? What they really want to know is if they are likely to end up in there as well. I can't answer the real question. All I can tell them is, it's easy. And it is easy to slip into a parallel universe. Most people pass over incrementally, making a series of perforations in the membrane between here and there until an opening exists. And who can resist an opening?

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 5

#### Explanation and Analysis

Susanna begins her memoir by asking a major question about the nature of sanity and insanity. Twenty-five years

after her hospitalization for Borderline Personality Disorder, anyone who finds out about it wants to know how someone as “normal” as Susanna could have been institutionalized—since, if it could happen to someone normal, surely it could happen to anyone. Susanna herself cannot answer how exactly she wound up in the hospital, but knows that it is easier than one would think. As she slipped “incrementally” over the border between sanity and insanity, the pull toward the other side became irresistible, and soon Susanna was in a “parallel universe.” Susanna’s memoir seeks to investigate what brought her to the hospital, what kept her there, and what led her out. The answers she provides are not what one may expect. A complicated pattern of judgement, restriction, control, and isolation characterizes the mental healthcare system, and as Susanna traverses the world of the McLean psychiatric facility, she will come to see that sanity and insanity are not clear-cut categories, but rather fuzzy and changeable states which are determined through many unlikely factors.

☞ An odd feature of the parallel universe is that although it is invisible from this side, once you are in it you can easily see the world you came from. Sometimes the world you came from looks huge and menacing, quivering like a vast pile of jelly; at other times it is miniaturized and alluring, a-spin and shining in its orbit. Either way, it can’t be discounted. Every window on Alcatraz has a view of San Francisco.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**    

**Page Number:** 6

### Explanation and Analysis

Though the membrane that separates the world of the sane from the world of the insane is thin, porous, and easily traversed, once one is in the “parallel universe,” it is not as easy to slip back to the real world as it was to slip through in the first place. Susanna invokes the visual metaphor of Alcatraz, the infamous prison in the bay of San Francisco, whose windows offer views of the shining city in the distance. From the world of the insane, the shining world of the sane can always be glimpsed, but never accessed, and the “prison” of the psychiatric ward is just as inescapable as the state of insanity itself.

## Chapter 10 Quotes

☞ Take it from his point of view. It was 1967. Even in lives like his, professional lives lived out in the suburbs behind shrubbery, there was a strange undertow, a tug from the other world--the drifting, drugged-out, no-last-name youth universe--that knocked people off balance. One could call it "threatening," to use his language. What are these kids doing? And then one of them walks into his office wearing a skirt the size of a napkin, with a mottled chin and speaking in monosyllables. Doped up, he figures. He looks again at the name jotted on the notepad in front of him. Didn't he meet her parents at a party two years ago? Harvard faculty--or was it MIT? Her boots are worn down but her coat's a good one. It's a mean world out there, as Lisa would say. He can't in good conscience send her back into it, to become flotsam on the subsocietal tide that washes up now and then in his office, depositing others like her. A form of preventive medicine.

**Related Characters:** Susanna Kaysen (speaker), The Therapist

**Related Themes:**   

**Page Number:** 39-40

### Explanation and Analysis

As Susanna reflects on the fateful visit to a new therapist’s office after which she was immediately recommended for admission to McLean, Susanna wonders what her therapist’s “point of view” was upon meeting her, and what kind of judgements he might have reached that would have necessitated recommending her to be locked away in a facility for an indeterminate period of time. Susanna reflects on the unstable social and political atmosphere of 1967, and posits that her therapist may have seen her as just another “drugged out, threatening” youth—or as an innocent waif who needed to be protected from the angrier and more volatile members of her generation. Either way, Susanna concludes that her therapist condescendingly and without real belief in her insanity recommended she check herself into McLean as a “preventive” measure, to keep her safe from exposure to more instability. It is an ironic choice, as being sent to McLean derailed Susanna’s life and has caused her to spend twenty-five years of her life wrestling with questions of her own sanity as she tries to reclaim, through writing, the time that was stolen from her when she was institutionalized.

●● Something also was happening to my perceptions of people. When I looked at someone's face, I often did not maintain an unbroken connection to the concept of a face. Once you start parsing a face, it's a peculiar item: squishy, pointy, with lots of air vents and wet spots. This was the reverse of my problem with patterns. Instead of seeing too much meaning, I didn't see any meaning. But I wasn't simply going nuts, tumbling down a shaft into Wonderland. It was my misfortune—or salvation—to be at all times perfectly conscious of my misperceptions of reality. I never "believed" anything I saw or thought I saw. Not only that, I correctly understood each new weird activity. Now, I would say to myself, you are feeling alienated from people and unlike other people, therefore you are projecting your discomfort onto them. When you look at a face, you see a blob of rubber because you are worried that your face is a blob of rubber. This clarity made me able to behave normally, which posed some interesting questions. Was everybody seeing this stuff and acting as though they weren't? Was insanity just a matter of dropping the act?

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 41

### Explanation and Analysis

Susanna admits that in the months before her institutionalization not only had she attempted suicide, but she was seeing meaning in patterns, and by the same token having trouble discerning meaning in the faces of people she knew. In these troubled months, Susanna often wondered if she was alone in her strange thoughts and borderline hallucinations. If sanity meant keeping up the act that no such intrusive or bizarre thoughts ever crossed one's mind, Susanna wonders, what more was insanity than admitting to those thoughts and attempting to understand them? These questions about what constitutes insanity and what passes for sanity will haunt Susanna all her life, and become the fuel behind her construction of this very memoir.

## Chapter 14 Quotes

●● *Swish, click.* Before you knew it, she'd be back. *Click, swish,* "Checks," *swish, click.*

It never stopped, even at night; it was our lullaby. It was our metronome, our pulse. It was our lives measured out in doses slightly larger than those famous coffee spoons. Soup spoons, maybe? Dented tin spoons brimming with what should have been sweet but was sour, gone off, gone by without our savoring it: our lives.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**  

**Page Number:** 55

### Explanation and Analysis

As Susanna adjusts to life on the ward, she must get used to the complicated systems of restraint and control which are designed to keep her and her fellow patients safe, secure, and out of trouble. One of these methods, known as checks, is a never-ending process in which nurses and aides sweep into patients' bedrooms and bathrooms to check on them in five, fifteen, or thirty-minute intervals. The time between one's "checks" is directly proportional to one's level of privilege, earned through good behavior and compliance. The "metronome" of checks adds to the feelings of instability and paranoia that Susanna and many of her fellow patients are already feeling, and as she compares the measuring of her life to the infamous quotation from T.S. Eliot, she notes that the spoon which is measuring her life is "dented" and full of a "sour" substance, representing how her life has become warped beyond recognition.

## Chapter 16 Quotes

●● Cynthia was depressive; Polly and Georgina were schizophrenic; I had a character disorder. Sometimes they called it a personality disorder. When I got my diagnosis it didn't sound serious, but after a while it sounded more ominous than other people's. I imagined my character as a plate or shirt that had been manufactured incorrectly and was therefore useless.

**Related Characters:** Susanna Kaysen (speaker), Georgina, Polly, Cynthia

**Related Themes:**   

**Page Number:** 59

**Explanation and Analysis**

While Susanna's fellow patients have chemical or neurological disorders of the brain, Susanna herself has been diagnosed with a "character" disorder, and because of this feels as if she is on a different plane from her fellow patients, but is not necessarily any better off than they are. Susanna is afraid that something even deeper is wrong with her—something is off in the very fabric of herself, and she is a "useless" mistake. As Susanna gets to know her fellow patients better and better and witnesses the ways in which they are entrapped in their own minds and psychoses, she never feels as if she is "less" crazy than any of them—she simply feels that her issue is entirely different, and, she fears, perhaps even worse in its implications about who she is and who she will become.

**Chapter 17 Quotes**

☝☝ "We'll find you a new [boyfriend] in the cafeteria," said Georgina. "I'm sure Wade knows somebody nice."

"Let's forget it," I said. The truth was, I didn't want a crazy boyfriend.

Lisa looked at me. "I know what you're thinking," she said. "You don't want some crazy boyfriend, right?" I was embarrassed and didn't say anything. "You'll get over it," she told me. "What choice have you got?" Everybody laughed. Even I had to laugh.

**Related Characters:** Lisa, Susanna Kaysen, Georgina (speaker), Wade Barker

**Related Themes:**   

**Page Number:** 67

**Explanation and Analysis**

As Susanna adjusts more and more to her new life, she begins to adopt new habits and new ways of thinking. She still, however, feels afraid of crossing over completely into the parallel universe she is now living in, and attempts to keep one foot out of the door. After a disastrous visit with her boyfriend, her fellow patients suggest she get a new one, and offer to find her somebody "nice" from within McLean. Susanna is hesitant, though—for to have a "crazy" boyfriend would be to admit that she, too, is crazy. The charismatic sociopath Lisa, however, points out that Susanna is no better than anyone else on the ward, and must adapt to her new circumstances. As Susanna and her new girlfriends dissolve into laughter, she feels a sense of camaraderie, and realizes that expressing judgement of her fellow patients and their lives and minds is foolish and

cruel—to them as well as to herself, since she truly is one of them.

**Chapter 21 Quotes**

☝☝ Therapists had nothing to do with our everyday lives.

"Don't talk about the hospital," my therapist said if I complained about Daisy or a stupid nurse. "We're not here to talk about the hospital."

They couldn't grant or rescind privileges, help us get rid of smelly roommates, stop aides from pestering us. The only power they had was the power to dope us up. Thorazine, Stelazine, Mellaril, Librium, Valium, the therapists' friends. Once we were on it, it was hard to get off. A bit like heroin, except it was the staff who got addicted to our taking it.

"You're doing so well," [our doctors] would say.

That was because those things knocked the heart out of us.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 87

**Explanation and Analysis**

As Susanna outlines the stringent and repetitive methods of control used on the psychiatric ward, she arrives at one of the most powerful ones: the administration of sedatives to patients. These powerful drugs are the therapists' "friends," as they sedate the girls on the ward into a state of near-catatonia, thereby making them much more manageable. The drugs "knock the heart out of" the women, and change their minds and moods sometimes irrevocably. In the world of McLean, management and control are key, and the need to regulate patients' behavior is paramount. Ironically, the therapists who work with Susanna and her fellow patients—the very professionals who are supposed to facilitate harmony, wellness, and recovery—aren't interested in their patients' actual lives on the ward or their feelings about being institutionalized. Instead, they simply want to drug them into submission.

●● The student nurses were about nineteen or twenty: our age. They had clean, eager faces and clean, ironed uniforms. Their innocence and incompetence aroused our pity, unlike the incompetence of aides, which aroused our scorn. This was partly because student nurses stayed only a few weeks, whereas aides were incompetent for years at a stretch. Mainly, though, it was because when we looked at the student nurses, we saw alternate versions of ourselves. They were living out lives we might have been living if we hadn't been occupied with being mental patients. They shared apartments and had boyfriends and talked about clothes. We wanted to protect them so that they could go on living these lives. They were our proxies.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**  

**Page Number:** 90-91

### Explanation and Analysis

The student nurses represent all that Susanna and her fellow patients on the ward are missing out on, and a kind of hateful love emerges between the patients and their ever-changing student nurses. The girls have complicated feelings toward the student nurses. They pity their ignorance and naiveté, but are also envious of them, for the student nurses are their contemporaries, and the girls begrudgingly come to rely on them for information about the outside world through which they can live vicariously. The girls on the ward are always on their best behavior around the student nurses, wanting to “protect” these “proxy” or alternate-universe versions of themselves.

## Chapter 23 Quotes

●● For many of us, the hospital was as much a refuge as it was a prison. Though we were cut off from the world and all the trouble we enjoyed stirring up out there, we were also cut off from the demands and expectations that had driven us crazy. What could be expected of us now that we were stowed away in a loony bin? The hospital shielded us from all sorts of things. We'd tell the staff to refuse phone calls or visits from anyone we didn't want to talk to, including our parents.

"I'm too upset!" we'd wail, and we wouldn't have to talk to whoever it was.

As long as we were willing to be upset, we didn't have to get jobs or go to school. We could weasel out of anything except eating and taking our medication.

In a strange way we were free. We'd reached the end of the line. We had nothing more to lose. Our privacy, our liberty, our dignity: All of this was gone and we were stripped down to the bare bones of our selves.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**    

**Page Number:** 94

### Explanation and Analysis

As Susanna grows more and more settled on the ward, which she had previously only seen as a “prison” and a place she did not deserve to be, she begins to see it as a “refuge,” or at least begins to understand how the other girls confined to the ward alongside her can see it that way. The ward provides much-needed shelter, and focuses the girls' responsibilities entirely on their own bodies and behavior. The girls have been “stripped” of their freedom and privacy, and even their basic human dignity, but at least nothing is required of them on the ward. There is nothing they need to do that they don't want to do, and they have no responsibilities. This, Susanna realizes, is why so many people end up staying on the ward for so long. The burden of participating in the wide, overwhelming world has been lifted, and the demoralization created by being on the ward is so deep and transformative that the desire to lift oneself up out of it becomes diminished entirely.

Valerie and Georgina picked me up under the arms and steered me down the hall to our room. My legs and feet felt like mattresses, they were so huge and dense. Valerie and Georgina felt like mattresses too, big soft mattresses pressing on either side of me. It was comforting.

"It'll be okay, won't it?" I asked. My voice was far away from me and I hadn't said what I meant. What I meant was that now I was safe, now I was really crazy, and nobody could take me out of there.

**Related Characters:** Susanna Kaysen (speaker), Georgina, Valerie

**Related Themes:**     

**Page Number:** 104

### Explanation and Analysis

Susanna has suffered a breakdown of sorts—an episode in which she believed all of the bones had disappeared from her body, and attempted to scratch and bite her hand open in order to try to see what was inside of it. By the end of the chapter, Susanna has grown so exhausted that the embrace of oblivion in the form of a powerful sedative seems like a comfort rather than something to be afraid of. Susanna has finally leaned into her “craziness,” and now, like many of her fellow patients, sees the ward as a place of refuge rather than a place of entrapment. She can sink into herself here, and she can, through sedatives, escape even the prison of her own mind. Susanna doesn't want anybody to be able to take her out of McLean ever again, feeling that the burden of her own thoughts is too much to bear, and thus surely the burden of living in the world would be intolerable.

## Chapter 24 Quotes

“In the cab Valerie said, “I've got something for you.” It was my tooth, cleaned up a bit but huge and foreign. “I snatched it for you,” she said.

“Thanks, Valerie, that was nice of you.” But the tooth wasn't what I really wanted. “I want to know how much time that was,” I said. “See, Valerie, I've lost some time, and I need to know how much. I need to know.”

Then I started crying. I didn't want to, but I couldn't help it.

**Related Characters:** Susanna Kaysen (speaker), Valerie

**Related Themes:**   

**Page Number:** 109

### Explanation and Analysis

When Valerie takes Susanna, who is suffering from an infected wisdom tooth, to her own dentist in Boston for an extraction, Susanna becomes upset upon waking up from surgery. She has lost time, she says, and needs to know how long the procedure took and how long she was unconscious. Susanna's need to know how much time she has lost at the dentist mirrors her fear of the time she has lost, and is continuing to lose, each and every day as a patient on the psych ward. As she breaks down and cries to the empathetic Valerie, Susanna realizes that she may never be able to measure the worth of the time she has lost—and will certainly never be able to recover it.

## Chapter 26 Quotes

“He started asking me, “What are you thinking?” I never knew what to say. My head was empty and I liked it that way. Then he began to tell me what I might be thinking. “You seem sad today,” he'd say, or “Today, you seem puzzled about something.” Of course I was sad and puzzled. I was eighteen, it was spring, and I was behind bars.

**Related Characters:** Susanna Kaysen (speaker), Melvin

**Related Themes:**    

**Page Number:** 116-117

### Explanation and Analysis

Therapists are, again and again throughout the memoir, characterized as ineffective and uninterested in understanding or addressing their patients' needs. Their patients' treatment and wellness is not their priority—their priority seems to be containing and silencing those they are tasked with helping instead. Susanna's therapist Melvin is no different. He tells Susanna what she is thinking, or what she ought to be thinking, instead of listening to her, and fails to be able to put himself in her shoes. His observations that Susanna is “sad” or “puzzled” are almost comical in their tone-deafness. Susanna is of course sad and puzzled, for her life has been interrupted and, as far as she is concerned, ruined by the influence of Melvin and other professionals like him.

●● In February I asked Melvin, "You know those tunnels?"  
 "Could you tell me more about the tunnels?" He didn't know about them. If he'd known about them, he would have said, "Yes?"  
 "There are tunnels under this entire hospital. Everything is connected by tunnels. You could get in them and go anywhere. It's warm and cozy and quiet."  
 "A womb," said Melvin.  
 "It's not a womb," I said.  
 "Yes." When Melvin said Yes without a questioning intonation, he meant No.  
 "It's the opposite of a womb," I said. "A womb doesn't go anywhere."

**Related Characters:** Melvin, Susanna Kaysen (speaker)

**Related Themes:**    

**Related Symbols:** 

**Page Number:** 121-122

### Explanation and Analysis

When Susanna encounters a series of interconnected tunnels which run beneath the hospital, she grows excited. The tunnels are a new aspect of hospital life, and newness is rare in the stifling and routine world of McLean. To Susanna, whose state of mind has greatly improved recently, and who might have the chance to get out of the hospital soon, the tunnels represent a way forward—a welcome reprieve from the world of the hospital, which is insular and “womb-like.” Susanna’s therapist Melvin still cannot understand her. He believes that she is drawn to the stagnancy and comfort of a womb, when really, what Susanna wants is to move forward into the unknown, despite not being certain of what awaits her there.

## Chapter 30 Quotes

●● [The mind is] full of claims and reasons. "You're a little depressed because of all the stress at work," it says. (It never says, "You're a little depressed because your serotonin level has dropped.")

Sometimes its interpretations are not credible, as when you cut your finger and it starts yelling, "You're gonna die!" Sometimes its claims are unlikely, as when it says, "Twenty-five chocolate chip cookies would be the perfect dinner."

Often, then, it doesn't know what it's talking about. And when you decide it's wrong, who or what is making that decision? A second, superior interpreter?

Why stop at two? That's the problem with this model. It's endless. Each interpreter needs a boss to report to.

The point is, the brain talks to itself, and by talking to itself changes its perceptions. To make a new version of the not-entirely-false model, imagine the first interpreter as a foreign correspondent, reporting from the world. The world in this case means everything out or inside our bodies, including serotonin levels in the brain. The second interpreter is a news analyst, who writes op-ed pieces. They read each other's work. One needs data, the other needs an overview, they influence each other. They get dialogues going.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 138

### Explanation and Analysis

In this passage, Susanna considers the gap between the brain and the mind, and sees the two entities as “interpreters” of the information each provides the other. The more abstract mind sends impressions to the chemical-electrical brain. Insanity, Susanna argues, is when the mind overpowers the brain and one’s subjective perception overtakes reality. The mind’s “unlikely” and incredible version of reality must be mediated by the logic of the brain in order for sanity to prevail. The “problem,” then, is that the dialogue between the two can become muddled, resulting in this hazy in-between state, in which neither the abstract, unreliable mind nor the logical, mediating force of the brain seems to have a full grasp on reality.

## Chapter 32 Quotes

☞ If my diagnosis had been bipolar illness, for instance, the reaction to me and to this story would be slightly different. That's a chemical problem, you'd say to yourself, manic-depression, Lithium, all that. I would be blameless, somehow. And what about schizophrenia—that would send a chill up your spine. After all, that's real insanity. People don't "recover" from schizophrenia. You'd have to wonder how much of what I'm telling you is true and how much imagined.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 151

**Explanation and Analysis**

Susanna returns to her earlier fears that her diagnosis—a “character disorder,” as it was called at the time of her institutionalization—is somehow different or worse than that of her fellow patients. Susanna feels that mood or character disorders implicate the sufferer as guilty, whereas chemical or electrical diagnoses leave their victims blameless. All of the onus is on the faulty wiring or imbalances in the brain. Susanna also wonders, if it is impossible to “recover” from one disorder, how she was able to be seen as “recovered” from hers. Her disorder, though she once feared it to be worse than any of her friends', now gives her the chance to “get out of jail free,” so to speak. She is considered “recovered,” and thus no longer “crazy,” and is therefore able to be seen as a functioning and reliable member of society whose account of her own life can be trusted.

☞ I have a few more annotations to my diagnosis. "The disorder is more commonly diagnosed in women." Note the construction of that sentence. They did not write, "The disorder is more common in women." It would still be suspect, but they didn't even bother trying to cover their tracks.

Many disorders, judging by the hospital population, were more commonly diagnosed in women. Take, for example, "compulsive promiscuity." How many girls do you think a seventeen-year-old boy would have to screw to earn the label "compulsively promiscuous?" Three? No, not enough. Six? Doubtful. Ten? That sounds more likely. Probably in the fifteen-to-twenty range, would be my guess--if they ever put that label on boys, which I don't recall their doing.

And for seventeen-year-old girls, how many boys?

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**   

**Page Number:** 157-158

**Explanation and Analysis**

As Susanna annotates and explains the details of her diagnosis for her reader, she becomes angry and hurt by the fact that the disease is more “commonly diagnosed” in women, though it may very well appear just as often in men. The criteria and values by which society judges women are so much more hostile and stringent than the standards to which men are held, and Susanna posits that the mental-health system is skewed against women. As she sees professionals refusing to even “try to cover their tracks,” she becomes more and more disillusioned and jaded, knowing that because the deck is stacked against women on a societal level, it is nearly impossible to treat men and women equally when it comes to the high-stakes world of mental health. She fears that women will always be unfairly treated in this arena, and does not know what the answers to making a change are, though it hurts her to know that things will continue on as they are without any meaningful change.

☞ I often ask myself if I'm crazy. I ask other people too. "Is this a crazy thing to say?" I'll ask before saying something that probably isn't crazy.

I start a lot of sentences with "Maybe I'm totally nuts," or "Maybe I've gone 'round the bend."

If I do something out of the ordinary--take two baths in one day, for example--I say to myself: Are you crazy?

It's a common phrase, I know. But it means something particular to me: the tunnels, the security screens, the plastic forks, the shimmering, ever-shifting borderline that like all boundaries beckons and asks to be crossed. I do not want to cross it again.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**  

**Page Number:** 159

**Explanation and Analysis**

Susanna returns to themes and ideas she invoked in the memoir's very first chapter, asking herself and her readers what constitutes insanity, and how can the border between

the world of the sane and the world of the insane be traversed. In her everyday life, Susanna continually fears she has gone “crazy” again, and even small oddities in her life or slightly off-kilter behaviors give her pause and make her question her sanity. She does not want to return to the world of the insane, but because she does still not entirely know what it is that brought her there in the first place, even small moments of everyday “craziness” have come to represent a threat to Susanna’s stability and freedom.

## Chapter 34 Quotes

☛☛ She had changed a lot in sixteen years. She was no longer urgent. In fact, she was sad. She was young and distracted, and her teacher was bearing down on her, trying to get her to pay attention. But she was looking out, looking for some- one who would see her. This time I read the title of the painting: *Girl Interrupted at Her Music*. Interrupted at her music, as my life had been, interrupted in the music of being seventeen, as her life had been, snatched and fixed on canvas: one moment made to stand still and to stand for all the other moments, whatever they would be or might have been. What life can recover from that?

I had something to tell her now. "I see you," I said.

**Related Characters:** Susanna Kaysen (speaker)

**Related Themes:**     

**Related Symbols:** 

**Page Number:** 167

### Explanation and Analysis

Susanna, encountering Vermeer’s painting, *Girl Interrupted at Her Music*, for the first time in sixteen years, feels an even stronger connection to and kinship with the girl in the painting than she did on her last visit, when she felt that the girl was trying to tell her something “urgent” which she did not particularly want to hear. Susanna now sees the sadness in the girl’s eyes, which she feels comes from the control her male teacher exerts upon her. Susanna sees the girl as a proxy for herself, and the teacher as a stand-in for the world of men who want to control and manipulate women—like her therapist, the institution of the mental healthcare in general, and perhaps even (although she doesn’t say so) the high school English teacher with whom she had a sexual relationship. Both Susanna and the girl in the painting have been “interrupted,” and Susanna, though now far removed in time from her institutionalization, still feels as if she may never recover from the interruption.



## SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

## CHAPTER 1: TOWARD A TOPOGRAPHY OF THE PARALLEL UNIVERSE

Susanna Kaysen, reflecting upon her time in a psychiatric institution, notes that when she tells people about her experience they always ask her: “How did you get in there?” What these people really want to know, Kaysen says, is “if they are likely to end up in there as well.” Kaysen cannot answer their question, but assures her readers that it is easier than one would think to “slip into a parallel universe.”

Kaysen writes that her roommate on the psych ward, Georgina, fell into the parallel universe “swiftly and totally” one afternoon during her junior year of college. While sitting in a movie theater, a “tidal wave of blackness” enveloped Georgina, and she knew immediately that she had gone insane. Most people, though, Kaysen says, pass over slowly and incrementally, repeatedly making small perforations in “the membrane between here and there” until an irresistible opening makes itself seen and known.

Once one passes through the membrane, Kaysen writes, one finds that the rules of the parallel universe are not bound by the laws of physics. Time flows differently, and “the very arrangement of molecules is fluid.” Kaysen writes that one cannot know these facts before entering the parallel universe—they only become apparent later on.

The strangest feature of the parallel universe, Kaysen writes, is that although it is invisible from “this side”—the world of the sane—once one is in it, the “real” world remains totally visible. Kaysen concludes the chapter by writing that “every window on Alcatraz has a view of San Francisco.”

*Susanna Kaysen begins her memoir by exploring, right off the bat, one of its most profound questions: what is the difference between sanity and insanity, and what makes one sane or insane? The older Kaysen, writing from a vantage point of twenty-five years past her institutionalization, still does not have the answers.*



*The framing of the world of the sane and the world of the insane as two different realms separated by a porous membrane is a recurring idea throughout the text. In this passage, Kaysen examines how the barrier between these two worlds can be traversed in many different ways, but the bottom line remains that it is easier than one would think to tip from one “world” to the other.*



*Susanna Kaysen attempts to relay the sensory and emotional landscape of the “parallel universe” of insanity while remaining allegiant to her thesis that it is both more accessible than one would think, and also difficult to anticipate without actually plunging into it.*



*The observation that Kaysen makes at the end of the chapter can be interpreted to mean that, from the prison of insanity, the safety of the world one once knew can still be seen clear as day. Though the world of the insane is difficult to see or understand from the world of the sane, the barrier between them is easily traversed, and once in the world of the insane, the world of the sane remains painfully and eternally clear and visible, taunting those who have crossed the barrier away from it with memories of their former lives.*



## CHAPTER 2: THE TAXI

Susanna sits in a therapist's office. The therapist notes that Susanna has a pimple and has been picking at her face. Susanna nods, admitting that she has been doing so. The therapist asks if Susanna has a boyfriend, and Susanna nods again. The therapist then asks if Susanna is having trouble with her boyfriend but phrases his query as less of a question than a statement. The therapist, having sized Susanna up, informs her that she is in need of a rest. Susanna agrees, though she simply feels tired after a long morning. The therapist walks away into an adjacent room, and Susanna hears him having a conversation on the telephone. Susanna has the impulse to get up and leave the office while the therapist carries on his phone call, but she feels too tired to walk the several blocks to the train.

When the therapist reenters the office, he announces that he has found a room for Susanna in a place where she can rest for a couple of weeks. Susanna hears a taxi pulling up outside the office. The therapist takes Susanna by the elbow, pinching her, and steers her outside to the waiting cab. The driver asks Susanna where she is going, and the therapist answers for her: he instructs the cabbie to take her to McLean, and to not let her out until they arrive. Susanna, exhausted, leans back against the seat and closes her eyes, relieved to be taking a taxi instead of having to stand and wait for the train to come.

An insert of a scanned document labeled "INQUIRY CONCERNING ADMISSION" to McLean Hospital describes Susanna as "profoundly depressed [and] suicidal; promiscuous; desperate." A second insert, a memorandum from the therapist who recommended Susanna for admission to the hospital, describes Susanna's "chaotic unplanned life," the "progressive decompensation and reversal of [her] sleep cycle," her "history of suicidal attempts," and her "immersion in fantasy."

*After a quick meeting, this therapist—whom Susanna has never met before—makes a judgment call and tells her that she needs a "rest." The exhausted Susanna—who has, in truth, been suffering psychologically—assumes he simply means a break from her day-to-day routine. As the therapist departs the room and gets on the phone, though, Susanna is filled with dread, and is tempted by the thought of fleeing whatever it is the therapist is cooking up for her in the next room. Susanna's exhaustion is so complete, however, that she cannot motivate herself to leave, and thus she surrenders herself to whatever the therapist has in store for her.*



*Susanna finds herself pulled along into a series of events whose outcome she cannot, due to her exhausted and muddled mental state, predict. She is not necessarily being strung along against her will, though, as at the moment she seems to have no real willpower to draw on. Susanna is at the end of her rope and very near—or possibly beyond—the porous barrier between the world of sanity and the "parallel" one which is home to the mentally ill and the insane.*



*Scanned inserts from Susanna's real-life medical files, which crop up repeatedly throughout her memoir as punctuation or foreshadowing, reveal the depths of her misery as perceived by others. In a book that is largely about the strangeness and isolation of individual perception, it is up to the readers to determine whether Susanna's case files accurately represent her external and internal state, or whether they are simply more tools of manipulation and control employed by those around her, who are frightened by the moods, emotions, and unknowable inner life of a volatile teenage girl.*



## CHAPTER 3: ETIOLOGY

In a brief list, Kaysen considers the etiology behind her mental illness (the word “etiology” is a term used in both medicine and mythology to describe the cause, set of causes, or manner of causation of a disease or condition, or a particular societal ritual, tradition, or behavior). Susanna posits that she is, among many things, perhaps on a perilous journey from which she will learn much when she returns—that is, if she ever does return. Alternately, she supposes that she may be possessed by God, the Devil, or a minor demon; that she is actually a witch or bewitched; that she is bad and in need of isolation and punishment; that she is ill and must be treated by purging and leeches, electroshock therapy, a hysterectomy, or a sedative; that she is a victim of society’s tolerance for deviant behavior; or that she is, after all, just sane in an insane world.

*The dual medical and mythological implications of the older Susanna Kaysen’s consideration of her own “etiology” are vast and inextricably intertwined. The story of Susanna’s illness is one of the major “mythologies” of her life, and as she attempts to get to the bottom of why her illness befell her, what impact it had on her life, and what it revealed about her in the end, she considers again whether she was, at the time of her institutionalization, “sane in an insane world,” or truly insane, and stranded helplessly in the world of the sane.*



## CHAPTER 4: FIRE

One girl on the psych ward, Susanna writes, set herself on fire with gasoline before she was even old enough to drive. Her neck and cheeks scarred the most, leading Susanna to suspect that the gasoline had pooled in her collarbones. The girl, whose name is Polly, is covered in scar tissue—tissue which “has no character,” and is a “slipcover” meant to disguise what’s underneath. Susanna writes that Polly, despite her grisly attempt at suicide and prevalent burn marks, was “never unhappy,” and in fact provided kindness and comfort to those on the ward who were.

*As Susanna arrives at McLean, she begins to meet her fellow patients, and comes to understand the depths of pain, suffering, and instability that mark the lives of the other girls on her ward. Polly, whose body is burned and scarred as a result of her suicide attempt, most clearly stands out to Susanna as someone who is unwell because of the marks which cover her body, but in fact Polly is a source of stability and comfort to many other patients who are not doing as well internally as Polly seems to be.*



No one on the ward knows why Polly set herself on fire, and nobody dares to ask. Susanna wonders, over and over, what the moment of decision to kill herself had been like for Polly—if she had had a moment of “inspiration.” Susanna describes her own “inspiration,” explaining that she woke up one morning and decided that she needed to swallow fifty aspirin. She considers the cowardice of her own attempt compared to Polly’s, and wonders where and why Polly set herself on fire. Susanna writes that Polly’s ever-present smile had something underneath it—the indication that she had “burned” fear and pain out of herself.

*Susanna believes that her own suicide attempt pales in comparison to Polly’s. The mystery and grotesquerie surrounding Polly’s self-immolation is compelling not just to Susanna, but to the other girls on the ward as well, who are always comparing their own realities to the realities of the girls and women around them. Susanna begins to engage in this behavior as she settles into the ward, and she feels both admiration for and fear of what Polly’s “bravery” represents.*



One morning, Susanna awakes to somebody crying loudly, but does not think much of it, as mornings on the ward are noisy, and there is often crying and fighting early on in the day. After breakfast, though, when the crying hasn't stopped, Susanna begins to ask around about who's crying. A patient named Lisa, who knows everything about everyone, tells Susanna that it's Polly who's been crying. As Polly continues wailing throughout the day, her crying becomes screaming and she begins to shout, "My face! My face!" As the women on the ward get ready for sleep and crawl into bed, they can still hear Polly screaming. Susanna realizes that while she will probably get out of the hospital someday, Polly is "locked up forever" in her ruined body.

*Susanna and her fellow patients listen as Polly—who had seemed to be cool, collected, and even transcendent for so long—begins to realize the horror of her unique situation. Even if her mind heals, her body will remain an external manifestation of the insanity and self-hatred which once ravaged her mind, and Polly will never be able to overcome what her body communicates to the world from the second she walks into a room.*



## CHAPTER 5: FREEDOM

Lisa has run away again, and all the women on the ward are sad, since it is the funny, charismatic Lisa who keeps their spirits up. Lisa runs away all the time, but she is always caught. When she returns, she always has "wild eyes"—eyes that have seen freedom—and always screams angry but playful obscenities at her handlers as they return her to her room. Lisa is usually found within twenty-four hours, but this time, she has been gone for three whole days. Susanna writes that Lisa isn't hard to identify—she is rail-thin and sallow-skinned, with huge bags under her eyes. Lisa rarely eats and never sleeps. When Lisa is finally brought back to the ward, her eyes are bugging out, and she is angry but silent. She is brought straight to the seclusion room, while her fellow patients look on eagerly.

*In this passage, the wild and unpredictable Lisa is established as the soul of the ward, and as a beacon of hope for the other girls who see in Lisa not brokenness or instability but the chance at a future. Lisa is the messenger from the outside world who represents the concerns of her fellow patients—they trust her vision of the world, and rely on her to bring them information and truth untainted by the perspectives of the controlling staff and untrustworthy therapists. Lisa's return from her most recent visit, however, is somehow different, and her stoic silence puts Susanna and all the other girls on high alert.*



When Lisa comes out of seclusion two days later, her long nails have been cut down to the quick—the nurses declared them harmful "sharps" which Lisa could use to harm herself or others—and the cheap beaded belt she always wears has been taken away so that Lisa cannot hang herself. What the nurses don't understand, Susanna says, is that Lisa would never hang herself. Once Lisa is back on the ward, her belt is given back to her and her nails are allowed to grow out, but Lisa herself does not "come back" fully. Lisa sits and watches TV all day, though normally she has nothing but scorn for patients who waste their time watching television. Susanna misses the old Lisa, who was wise, truthful, and pragmatic, and who now moves through the halls as a shadow of her former self.

*After a stay in seclusion, Lisa has been stripped of many of the things that make her who she is—her signature long nails and beaded belt, but also her fire, her recklessness, and her rebelliousness. This worries the other girls, who know that Lisa is too full of life to ever harm herself—but are unfamiliar with this mute shadow of their spirited friend—who is now more unpredictable in her sullen state than she ever was in her more wild, manic one.*



Susanna asks one of the nurses whether Lisa is being doped up with meds, but the nurse refuses to discuss other patients' medication with her. Susanna's roommate Georgina insists that Lisa is "of course" being drugged. Susanna asks Lisa directly whether she's being given anything, but Lisa does not even look at Susanna.

*Susanna and her fellow patients fear for Lisa's well-being, and worry that they will be unable to help Lisa pull herself up out of her new and frightening catatonia if medicine is involved.*



After a month or two, Lisa begins spending more time away from the TV—primarily in the bathroom. Susanna notices that Lisa goes to a different bathroom every time and has lost a significant amount of weight. Some of the girls wonder if Lisa has dysentery. One morning, during breakfast, Lisa appears in the kitchen and pours herself a coffee, acting like her old self again. She smiles at the other girls devilishly. Soon, Susanna hears the sound of footsteps running through the halls, and then the head nurse appears in the kitchen accusing Lisa of having done something bad. All of the girls proceed to the hall to see that Lisa has wrapped all the furniture, the TV, and the sprinkler system on the ceiling in toilet paper. Georgina and Susanna are relieved that their friend hadn't been drugged up and was simply plotting a grand prank.

*As Lisa's true motives are slowly revealed, her fellow patients rejoice in realizing that their de facto leader is still the same strange, wild, and anti-establishment renegade they believed her to be. Lisa's total disregard for authority is displayed through her gleeful prank, and through the weeks of self-isolation she had to endure in order to bring her grand statement to fruition. Lisa purposefully toys with the perceptions of those around her as a means of entertainment, as a means of manipulation, and as a means of making a point about control and authority. Susanna establishes Lisa in this chapter as a person to be both trusted and doubted, just one of many people on the ward who represents an almost irreconcilable dichotomy.*



## CHAPTER 6: THE SECRET OF LIFE

One day, Susanna has a visitor—a man. It is not her “troublesome” boyfriend, who is no longer even her boyfriend anymore. The visitor is not her father, or her high school English teacher with whom she'd had a relationship—it is a friend of her father's. Susanna is happy to see him and the two of them embrace. He tells Susanna that she looks well, and asks her “what they do to [her] in here.” He remarks on how terrible the ward is, though Susanna insists that no one is doing anything bad to her and the hospital is not all that terrible.

*Throughout Susanna's memoir, the men she encounters often represent temptation—but they also often require Susanna to shrink herself or to discount herself. As Susanna fields this visit from a friend of her family, she is tempted to see her life in the ward through the lens of her past, though she has been doing well in McLean and making progress in her “new” life there.*



Her father's friend, Jim, beckons Susanna over to a window and points down to the parking lot, where his red sports car is parked. Susanna admires Jim's car, and he offers to take her away in it. Susanna wonders if the “secret of life” is just running away. She tells Jim that she can't go with him, but Jim presses Susanna further, offering to take her away to England where no one from McLean will find her. Susanna imagines the life she could have in England, but her imagination is hazy in contrast to the clarity of the familiar things on the ward. Susanna refuses Jim's offer, and he leaves. Susanna watches from the window for a few minutes as Jim gets into his car, and drives away. After Jim is gone, she returns to the TV room, sits with Lisa, and settles in to watch some television.

*As Susanna is tempted to run away, she considers whether flight is the “secret of life.” To flee McLean, though, would be to flee all the progress she has made, and all the new people she has met and become fond of. Though Jim's offer of escape is tempting, Susanna is unable to picture what freedom would look like, as she does not feel particularly controlled or confined on the ward. It is Jim—a force from the “world of the sane” and her past life—who is the one attempting to control Susanna. Susanna makes the choice to stay, and as she watches Jim leave, she does not seem to feel any regret or remorse but instead contentment and safety.*



## CHAPTER 7: POLITICS

In the “parallel world” which Susanna and her fellow patients inhabit, she says, things happen that had not yet happened in the world from which they all came. When they do finally happen in the “real world,” Susanna and the rest of the girls find them familiar, because similar things have already been “performed” in front of them. Susanna offers as an example of this phenomenon: “the story of Georgina's boyfriend, Wade, and the sugar.”

*The parallel world of the hospital is a place that is removed but not divorced from the “real” world. Susanna demonstrates this for the readers by invoking the eerie coincidences and strange echoes that reverberate through the world of McLean, mirroring the goings-on of the outside world.*



Georgina and her boyfriend Wade met in the cafeteria, which the women’s ward and the men’s ward share. Wade is good-looking and full of rage. Georgina explains to the other girls that Wade’s father is a spy for the U.S., and Wade is angry that he will never be as tough as his father. One day, Susanna, suspicious of Wade, decides to try and find out more about Wade’s father. Wade tells Susanna that his father lives in Miami and knows who killed JFK. Susanna does not believe a single word out of Wade’s mouth—after all, Wade is in a psych ward, just like the rest of them, and often acts out so badly that he is restricted from visiting Georgina for weeks at a time. Wade speaks often of two of his father’s friends, Liddy and Hunt, and describes them as men who would “do anything,” but refuses to go further into specifics. Shortly after he tells Susanna this piece of information, Wade is locked up on his ward for bad behavior.

To comfort the distraught Georgina, who misses Wade badly, Susanna suggests redecorating their room or cooking something in the kitchen. Susanna and Georgina go to the kitchen to make caramels, but as Susanna lifts the pan of caramelized sugar off the stove, she spills its contents on Georgina’s hand, burning her. While nurses rush to attend to Georgina, Georgina does nothing—she just stands still and stares at her “candied” hand.

Susanna writes that later, during the Watergate hearings, a man—she can’t remember if it was E. Howard Hunt or G. Gordon Liddy—said that, every night, he held his hand in a candle flame to reassure himself of the fact that he could stand up to torture if push came to shove. Susanna imagines that after the sugar incident, Georgina’s nurse surely wrote in Georgina’s file that Georgina “lacked affect after [her] accident,” while Wade’s surely wrote in his that he was continuing with a “fantasy that [his] father is [a] CIA operative with dangerous friends.”

*In the world of the psych ward, everything is suspect. Wade’s proud declarations of his father’s power and “toughness” read as delusional—symptoms of schizophrenia or another disorder which inspires a break in one’s perception of reality. Susanna attempts to investigate Wade to deduce how credible he is, but is unable to take him at his word, and sees him only as another “crazy” person just like everyone else on the ward.*



*The incident with the sugar burning Georgina’s hand seems to be disconnected from Wade’s story, but the moment in which Georgina stares blankly at her hand as it becomes “caramelized” haunts Susanna, and stands out as a memorable and bizarre moment.*



*In a strange and uncanny turn of events, it is implied that Wade was telling the truth all along about his tough spy father and his powerful friends. The confession on the part of one of the conspirators in the Watergate scandal includes an anecdote which mirrors Georgina staring blankly at her burnt, “candied” hand. These two coincidences mirror happenings in the outside world, and yet Susanna knows that the nurses will never believe Wade and will denote Georgina’s behavior as “crazy,” even though a sane man will soon appear on television talking about how he voluntarily engaged in the same behavior. The injustices of the perception of the mentally ill are revealed in this passage as Susanna merges her perception of the two worlds she’s straddling.*



## CHAPTER 8: IF YOU LIVED HERE, YOU’D BE HOME NOW

Daisy, Kaysen writes, was a “seasonal event” at McLean. She came to the hospital every year before Thanksgiving and stayed through Christmas, and occasionally visited for her birthday in May, too. Daisy was always given a single room, and the other women on the ward had to move around and switch roommates to accommodate her. Daisy had two great “passions,” Kaysen says: laxatives and chicken.

*If Lisa is the queen of the ward, Daisy is its princess. Every time Daisy arrives, the whole ward must move its rooming arrangements around to accommodate her, and Daisy, unlike many of the patients on the ward, brings her “passions” from the outside world in with her.*



Twice a week, Daisy's father brings her a whole roasted chicken wrapped in aluminum foil, and Daisy "fondle[s]" the chicken throughout the rest of her father's visits. Lisa believes that Daisy and her father have an incestuous relationship. Every morning, Daisy goes to the nurse's station and impatiently demands laxatives. Susanna notes that even though Daisy always smells like chicken and shit, she has a certain "spark" that the rest of the girls lack.

Nobody on the ward has ever been inside Daisy's room, but Lisa is determined to get in, and tells Susanna that she has a plan. Lisa loudly complains about constipation for several days, and eventually the nurses relent and give her a laxative. The next morning, Lisa complains that the laxative did not work, and demands another dose—this time a double. Lisa, who has been saving the laxatives, is "ready to bargain" with Daisy.

Lisa enters Daisy's room after offering Daisy the laxatives, while Georgina and Susanna watch from down the hall. Lisa stays in Daisy's room for a long time, and eventually Georgina and Susanna give up and return to the TV room. That night, during the evening news, Lisa emerges from Daisy's room and gives a report. She tells the other girls that Daisy's room is full of chicken, and that Daisy uses a "special method" when eating them. She peels the meat off of the bones and keeps the carcasses intact, and then stores the carcasses under her bed. Whenever Daisy reaches fourteen chickens, she knows it is time to leave McLean.

Georgina asks Lisa why Daisy does this, but Lisa answers that she doesn't know. Polly asks about the laxatives, and Lisa answers that Daisy needs them due to all the chicken she's consuming. Georgina is unsatisfied, knowing that there is "more to this than meets the eye," but Lisa proclaims that aside from gaining access to Daisy's room there's nothing more she can do.

Later that week, Daisy announces boastfully that her father has purchased an apartment for her for Christmas. Lisa gossips to the other girls, claiming that the apartment is a "love nest." Georgina asks Daisy several questions about the apartment, which the proud Daisy is all too happy to answer. She describes the apartment as a one-bedroom with an L-shaped living room and an "eat-in chicken." Georgina corrects her: she meant to say eat-in kitchen. Georgina asks Daisy what she likes best about the apartment, and Daisy answers that it's the sign out front, which reads, "If you lived here, you'd be home now." Daisy leaves McLean shortly thereafter to spend Christmas in her new apartment.

*It's impossible to say that Daisy's behavior is the most outwardly odd of any of the girls on the ward, but there is a certain uncanny darkness to her strange relationship with her father, who literally feeds her obsession with rotisserie chickens. Daisy's stints in McLean, which occur like clockwork, also seem to be Daisy deliberately leaning into what Susanna's describes as the "parallel world" of insanity.*



*Lisa, always ready with a plan or a scheme, wants desperately to know what is going on with Daisy's odd rituals and behaviors. Lisa's scheming to collect laxatives is more subtle than Daisy's outright demand. Though Daisy often gets what she wants on the ward, laxatives are restricted, and they become Lisa's way into Daisy's world.*



*Lisa's "field report" from her encounter with Daisy reveals a kind of insanity that is different from Lisa's own wild rage, Polly's slowly-simmering inner fears, or even Susanna's bewildered instability. Daisy is methodical and ritualistic. The strangeness of her obsession with rotisserie chicken is contrasted by her meticulous approach to consuming them. The ritual obviously means something to Daisy, though what that could be remains unclear.*



*The other girls on the ward, unsatisfied to have answers to Daisy's method but not the madness behind it, continue to speculate on what could be fueling Daisy's peculiar and unsettling habits of bingeing and purging, through the use of laxatives, chicken after chicken after chicken.*



*Daisy is boastful and a bit haughty about her father having bought her an apartment. Even as she regales the girls with descriptions of her exciting new "nest," shimmers of her insanity—and her obsession with chicken—slip through. The apartment, the ritual eating and expelling of the chickens, and Daisy's relationship to her father all seem to be linked, but even as Daisy departs, there are no answers that any of the girls can discern.*



One May, the girls are called to a special Hall Meeting, in which the head nurse announces that Daisy committed suicide the previous day in her new apartment. The girls clamor for details, but the head nurse insists that they aren't important. Lisa points out that yesterday was Daisy's birthday, and all of the patients share a moment of silence in Daisy's honor.

*Daisy's lonely life comes to an equally lonely end as the girls on the ward receive news of her suicide. Daisy's attempt is the third so far in the book, but the first successful one—she has succeeded where Susanna and Polly had earlier failed.*



## CHAPTER 9: MY SUICIDE

Suicide, Kaysen writes, is a form of premeditated murder. The idea of suicide takes some getting used to, and, just like with murder, means, motive, and opportunity are all needed. Good organization and a cool head, two things needed for a successful suicide, are fundamentally “incompatible with the suicidal state of mind.” Without a strong motive, Kaysen writes, the mission of a suicide is “sunk.” She then writes that her own motives for suicide were weak and amorphous.

*Susanna Kaysen reflects on her own suicide in practical, almost clinical terms. She points out the complicated nature of suicide, arguing that the control and discipline needed to successfully blot a life out of the world are incompatible with the highly emotional and disorganized nature of a mind unhappy or unstable enough to desire self-annihilation.*



While writing an American history paper she wasn't particularly interested in, the seventeen-year-old Susanna realized that if she killed herself she wouldn't have to complete the paper. Susanna didn't act on anything, but the question of whether she should kill herself cropped up again and again and began to wear her out. She writes that she only really wanted to kill the part of her that wanted to kill herself, but that she did not figure this out until she had already swallowed fifty aspirin at home one afternoon.

*Susanna's obsessive thoughts about what suicide would mean—and what possibilities and freedoms death could offer—drove her to try to annihilate the part of herself that was generating such thoughts. Though these thoughts will diminish in their circuitousness and obsessiveness over time, the purposes of suicide and the idea of freedom through death will come up again throughout the text as Susanna negotiates societal perceptions of freedom with the realities of the damage mental illness ultimately inflicts upon one's chances at true psychological and emotional freedom.*



One afternoon, Susanna called her boyfriend Johnny, told him she was going to kill herself, hung up, left the phone off the hook, took her aspirin, and then realized she had made a mistake. She left the house to get milk, an errand her mother had asked her to run earlier that morning. Susanna's boyfriend called the police, who then went to Susanna's house and told her mother what Susanna had told Johnny. Susanna's mother arrived at the grocery store just as she was about to faint at the meat counter. As Susanna had her stomach pumped, she was “brought around” to reality, and resolved to not involve ingesting drugs in her suicide plans “next time.” After the ordeal was over, however, she was relieved to still be alive, and she felt “lighter [and] airier” than she had in years.

*Susanna's attempt at suicide was buffeted on either side by cries for help, or at least attention. Before taking the pills she notified her boyfriend of her plans, and afterward she went out in public to complete an errand. Susanna's desire to eradicate the part of herself which kept contemplating suicide is evident in the lack of organization in her attempt. After the incident, Susanna's perception is altered, and she is once again grateful to be alive and optimistic about her future.*



## CHAPTER 10: ELEMENTARY TOPOGRAPHY

Kaysen writes that it is perhaps still unclear to the reader exactly how she ended up in McLean. She wonders what was “deranged” about her that a therapist who she’d never seen before decided to lock her up after less than twenty minutes. He told her she would only be in the “nuthouse” for two weeks, but in reality her stay was closer to two years. Thus, Susanna was only eighteen when she voluntarily committed herself on the advice of a man she barely knew at all.

Kaysen wonders if she was, at the time of her admittance, even in need of it, as she was not a danger to others or to herself. The fifty aspirin she took were a “metaphorical kind of self-abortion” meant to get rid of a certain part of her character, and she had “no heart” to try to commit suicide again.

Kaysen considers the therapist’s point of view. In 1967, even out in the suburbs, there was a “tug from the other world”—the counter-culture of the youth—that disrupted the status quo and baffled members of the older generation. Susanna posits that when she walked into his office, the therapist saw her as a “doped up” teen unable to survive in the “mean” world, and recommended her for admittance to McLean as “a form of preventive medicine.” Susanna then wonders if she is giving the therapist too much credit. A few years ago, she read he was accused of sexual assault by a former patient.

Kaysen writes that her own point of view is more difficult to explain—she went along with everything she was told to do. She visited the therapist for a consultation when she was told to, she got in a taxi when she was told to, she signed her freedom away when she was told to. Several preconditions, she writes, were necessary for her to go along with such a series of events.

*Susanna, having admitted to feeling depressed, unstable, and suicidal, wonders what motivated a therapist who barely knew her—and did not take the time to get to know her—to recommend her for institutionalization rather than help her work through her problems on her own. She wonders what the therapist’s perception of her was, and how his shoddy, superficial concept of her informed his decision to place her in McLean.*



*Susanna maintains that while she had wanted to harm herself in the past, at the time of her admission to McLean she was not in danger of attempting suicide again. Thus, she believes that her institutionalization was something of an overreaction which served to derail her life.*



*Susanna ultimately decides that her therapist’s decision to institutionalize her was based in many different factors. She believes her therapist saw her as an unstable woman who needed to be protected from the turmoil of the world through isolation, rather than taken seriously and given actual help in working through the very real issues which had arisen in her psyche. The sexual assault charges against him bolster Susanna’s argument for the therapist’s predatory, condescending, and dehumanizing view of women.*



*Susanna knows that it must seem to her readers like she was completely passive and thus complicit in her own institutionalization, but Susanna argues that there was reason for her distance and removal from her own life.*



Prior to her admittance, Susanna had been having problems with patterns—tile floors and printed rugs and curtains. She saw things inside of patterns, though she insists that she wasn't hallucinating. She knew what she was looking at, but she couldn't help but see the "potential representation" inherent within the patterns, and felt that her reality had become unbearably dense. Moreover, she was struggling with faces. When she was talking to someone and looking in their face, she dissociated their features from the face as a whole, and instead of seeing "too much meaning," like in the patterns all around her, she couldn't discern any from the other faces she encountered in her day to day life. She began to wonder if everyone around her thought the same way she did, and simply didn't talk about it.

In response to these confusing feelings, Susanna became combative, and found integrity in saying "no" and denying herself basic needs and comforts. The chance to check herself into a mental institution, Susanna reveals, was the ultimate no: no to society, no to thriving, no to living in a mean and difficult and overwhelming world. Susanna admits that this was "perverse" reasoning, but also admits that she felt that because she was not truly insane, she would not be locked up for long.

A scanned insert of one of Susanna's hospital records reveals a fragment of her application for voluntary admission to McLean.

## CHAPTER 11: APPLIED TOPOGRAPHY

Susanna describes the layout of the psychiatric ward. At the entrance, there are two locked security doors. Just beyond them are three phone booths, a series of single rooms, the living room and the kitchen. This section of the ward is meant to "ensure a good first impression for visitors." Past the living room, however, "things change." There is a very long hallway with about eight double rooms on one side and the nursing station, conference room, hydrotherapy room, and bathrooms to the right. Susanna notes that this layout means that the staff has complete oversight over their patients' "most private acts."

Across from the nursing station, the twenty or so names of the patients on the ward are written on a chalkboard—this is how patients sign in and out of the ward when they visit their therapists or take a day trip. The names of the discharged and the dead remain on the list for a time "in silent memoriam" of those who have left. At the very end of the hall there is a TV room. While the living room belongs to the staff, the TV room belongs to the "lunatics."

*Susanna admits to having had fractures and splits in her perception in the months leading up to her hospitalization. Though she knew that what she was seeing wasn't real, the overwhelming nature of these disconnects in her relationship to the world around her became difficult to deal with and negatively affected her quality of life. As she struggled to understand what was happening to her, she was made even more isolated by her need to know what "reality" was if everyone saw the world the way she did and just kept mum about it—or, on the other hand, what reality was if she was alone in her strange perceptions.*



*Susanna reveals that her apparent passiveness in allowing herself to be shunted into institutional treatment was instead a conscious decision, and a choice to engage in contrarianism and defiance. She felt that because she was going into the hospital, in a sense, to "stick it to" those around her, she would not be there for long. However, she underestimated both the depths of her own problems and the rigidity and isolation of the McLean facility.*



*This fragment of paperwork punctuates Susanna's tumultuous journey to McLean.*



*The layout of the ward is designed not with the patients' comfort in mind, but instead with the impression it will leave on visitors. The physical atmosphere of the ward reflects the emotional one—it is a place where patients' needs are rarely recognized and almost never met, and where the people housed within it are routinely denied integrity and emotional safety. Isolation and privacy are not the same thing, and the ward is designed to maximize isolation but minimize privacy.*



*The hospital is divided into realms, whose ownership either lies with the patient or the staff. The delineation between these two worlds is an even further reduction of the world the patients inhabit, which is already considered a "parallel" world which branches off from—but pales in comparison to—the "real" world.*



After the TV room there is another turn in the hall—down this stretch lies the seclusion room. The seclusion room has no windows, and the only thing in it is a bare mattress. Though the seclusion room is supposed to be soundproof, it is not. Often patients will “pop into” the room to scream, since screaming in the common areas is considered “acting out,” but screaming in the seclusion room is acceptable. Patients can also request time in the seclusion room, though not many do, as once you request to be locked in you must also request to get out. If a patient had simply stepped into the room to let off the steam, anyone could join her—a nurse or a fellow patient—but if one requested the room, they were made to remain there in isolation. “Freedom,” Kaysen writes, “was the price of privacy.”

Though as a group the patients maintain a certain level of “noisiness and misery,” anyone who acts out for more than a few hours at a time is placed in seclusion. Though seclusion is an undesirable punishment, Susanna writes that it works—it either calms one down or indicates that they need to be moved to maximum security—a section of the hospital which is, effectively, “another world.” ..

## CHAPTER 12: THE PRELUDE TO ICE CREAM

Kaysen writes that the McLean hospital was positioned on a hill just outside of town, “the way hospitals are in movies about the insane.” McLean was “famous,” and ex-patients included Ray Charles, Robert Lowell, and Sylvia Plath. The hospital grounds were large, pristine, and beautifully landscaped. Every once in a while, Kaysen writes, she and her fellow patients were taken through those grounds on the way to go on outings. “Darting, nervous” nurses would surround the “nucleus” of patients in a kind of “atomic structure” during these outings, protecting the patients from the world around them and vice versa.

Kaysen explains that a complex system of privileges dictated how many nurses were required to accompany each patient. Being restricted to the ward was the baseline of “privilege,” and frequent runaways such as Lisa often lingered at this level. The next step was “two-to-one,” which meant that two nurses were needed to accompany one patient. One-to-one is the next highest level. There were many shades within this hierarchy of privileges, including “destination privileges,” which rewarded good behavior with being allowed to traverse small sections of the hospital alone, as long as the head nurse was called upon a patient’s arrival at her destination, and upon her departure from it to return to the ward. “Mutual escort”—two patients being allowed to travel places together—and “grounds,” or being able to travel the grounds alone, were the two highest privileges on the scale.

*The seclusion room is representative of the difficult bargains that Susanna and her fellow patients must make within the psychiatric ward. Privacy, a rare commodity which is erased at every turn, is available in the seclusion room—but only at the price of agency and autonomy. To obtain privacy, the girls must relinquish themselves to the whims of the staff members, who look at them and judge what is going on inside of them without understanding.*



*Though it can be voluntarily entered, the seclusion room’s primary function is to determine which patients need to be sent off to maximum security—yet another splintered-off section of the parallel universe the patients inhabit.*



*The storied institution of McLean Hospital is built upon a tradition of displaying to the outside world a measure of perfect control. This is reflected in the pride the hospital takes in its roster of famous patients, the pristinely-kept grounds, and the ways in which, on group outings, the nurses bend over backwards to maintain the illusion that their patients are docile and easily controlled.*



*Nothing at McLean is simple, and maintaining the illusion of control and civility requires several complex systems to keep things in check. The privileges—if they can be called privileges—doled out to the patients reflect their behavior directly, and privileges which take months to accumulate can be stripped away in an instant. A tense balance of control and manipulation exists between staff and patients, and an atmosphere of distrust permeates every single interaction and happening on the ward.*



On trips into the outside world, however, the scale reset. Kaysen notes that “someone who had mutual escort or grounds would probably still be on group outside.” On one ice cream outing, as the patients make their way toward the nearby Waverley Square, Susanna notes the complex arrangement of patients and nurses which must seem odd to those out and about on the street.

*Privileges on the ward do not equate to privileges for travel outside the hospital or off of the grounds, and is just one more way in which life on the ward is kept completely isolated from life in the “real” world, and is not beholden to its rules. When the girls must move through the real world, then, the nurses create a complicated charade to keep their patients under control.*



## CHAPTER 13: ICE CREAM

It is a beautiful spring day on the day of one ice-cream outing. It is the week after Daisy’s suicide, and Susanna expects the group has been brought on such an outing to distract them from the sadness of Daisy’s loss. The staff ratio is higher than usual: three nurses for five patients. At the ice cream parlor, the pattern on the floor bothers Susanna; the contrast of the black-and-white tiles gets under her skin and makes her feel itchy. One of the nurses orders eight cones, and the girls pick out their flavors. The boy behind the counter asks the group if they want nuts on their cones. The girls look at one another, and Susanna is unsure if her fellow patients are about to laugh or cry. Finally, Georgina answers calmly that none of them needs any nuts.

*The trip to the ice-cream parlor is fraught, and that tension comes through more intensely after a reading of the preceding chapter. As the nurses struggle to wrangle their patients, hoping to do something that will lighten their moods after the recent depressing news, glimpses of the girls’ agitation and tics peek through the carefully-orchestrated scene. When the boy behind the counter offers the girls “nuts,” the irony is almost too much for them to bear, but whether he asks this obliviously or pointedly is left open-ended.*



## CHAPTER 14: CHECKS

Checks, a system of surveillance in which nurses open the doors of patients’ rooms and slip into common areas in five, fifteen, or thirty-minute intervals, “murder” time for Susanna and her fellow patients. They watch their lives pass by five minutes at a time. Susanna was one of the rare patients who was eventually placed on half-hour checks, but her roommate Georgina never made it past fifteen-minute checks, so Susanna’s small privilege made no difference. Because of checks, most patients preferred to sit in the common areas so as to avoid the constant opening and closing of doors. Sometimes, Kaysen writes, nurses would have the “audacity,” while performing checks, to ask one patient where another patient was. At night, checks became a kind of deranged lullaby. During the day, they were the “pulse” of the ward.

*In this section of the novel, Susanna is outlining the many strange protocols and procedures which dictate life on the ward. Despite the myriad ways in which patients are subjected to stringent control and total loss of privacy, checks are, according to Susanna, perhaps the most uncanny and dehumanizing aspect of life on the ward. The metronomic, repetitive quality of checks mirrors the circuitous and intrusive thoughts from which Susanna and many of her fellow patients suffer, creating an inescapable loop of control and desire for escape.*



## CHAPTER 15: SHARPS

Nail scissors, nail files, safety razors, penknives, pins, earrings, belts, and cutlery were just some of the objects which, on the ward, were referred to as “sharps” and were taken away from any patient in possession of them. The patients ate with plastic cutlery, as if they were on a “perpetual picnic.” Kaysen recalls that food eaten with plastic utensils somehow tastes different. One month, she remembers, the plastic-utensil delivery was late, and the girls were forced to eat with cardboard utensils. Additionally, in order to shave their legs, Susanna and her fellow patients had to request razor blades from the nurses’ station and then shave under direct supervision, while a nurse sat in a chair beside the bathtub. Susanna writes that there were a lot hairy legs on the ward as a result.

*The rules about sharps come as a reminder that the stringent methods of control used on the ward are, more often than not, instituted for the patients’ own safety and well-being. That doesn’t make them any less dehumanizing, though, or any more bizarre, and as Susanna adjusts to life on the ward she must negotiate the tension between the good intentions behind the rules and their unfortunate side effect: total loss of dignity.*



## CHAPTER 16: ANOTHER LISA

One day, another Lisa arrives. The girls call this new Lisa by her full name, Lisa Cody, to distinguish her from the “real Lisa,” who, “like a queen,” continues going only by her first name. The two Lisas quickly become friends, and one of their favorite activities to do together is to hold phone conversations. The phone booths on the ward are the patients’ only real privacy, and the only place one can have a “real” conversation—even if just with oneself. The Lisas’ conversations are loud, manic, and frequent. After a month, Lisa Cody’s diagnosis comes in: she, too, is a sociopath, and she is elated, as she wants to be like the “real” Lisa in all things. Lisa, on the other hand, is less happy, as she had enjoyed the “distinction” of being the only sociopath on the ward.

*Lisa Cody’s arrival is one of the uncanny moments on the ward which, like the episode with Wade and Georgina, seems stranger than fiction. The competing Lisas, who simultaneously feel affection for one another, mirror one another, and hate one another, is a tale whose end is contained in its beginning. Once Lisa Cody becomes diagnosed as a sociopath, it becomes clear that there can’t be two Lisas who are both sociopaths on the ward, and as the weeks go by, the other patients on the ward will watch as the two Lisas tear one another apart.*



After Lisa Cody gets her diagnosis, the two Lisas begin acting out more and more. Everyone realizes that the “real” Lisa is trying to prove that Lisa Cody isn’t a sociopath. Lisa tongues her sleeping meds for a week, and then takes them all at once. When Lisa Cody imitates this act of rebellion, she throws the pills back up. When Lisa puts a cigarette out on her arm, Lisa Cody burns a “tiny welt” onto her wrist and then runs her arm under cold water for twenty minutes. The two Lisas compare life histories, and when Lisa learns that Lisa Cody grew up in the wealthy, sheltered Greenwich, Connecticut, she makes fun of her. Lisa shows off her track marks from years of heroin use, and Lisa Cody attempts to prove that she is a junkie, too, but Lisa calls her a “suburban junkie” who was only “playing.”

*As the real Lisa leans into her mission to bully and intimidate the new Lisa, their slights, insults, and attacks against one another escalate in seriousness and nastiness alike. Lisa’s attack on Lisa Cody can be seen—like Susanna’s suicide—as an attack on the weaker, worse parts of herself which she wants to get rid of. The vendetta between the two girls is also, more literally, a struggle for dominance in a world where all the women on the ward have been disempowered to a certain extent by their disorders and diseases.*



Lisa wants to find a way to get rid of Lisa Cody once and for all. One evening, when the nurses turn on all the lights in the ward, they find that all the lightbulbs have vanished. The head nurse forces all the patients to hunt in the darkness for the missing bulbs, but Lisa sits the hunt out in the TV room. Lisa Cody finds them, and as she pulls them from their hiding place in the phone booth, she shatters them all. Two days later, Lisa Cody disappears. The search for her goes on for a week, but no one ever finds her—she is presumed long gone, off the grounds. Months later, after one of the real Lisa’s escapes, she returns and informs the other patients that while she was out, she saw Lisa Cody, who is, she reports, a “real junkie” at last.

A scanned insert from Susanna’s medical file reveals that one nurse, while completing checks, found Susanna engaged in sexual activity with a man; another nurse reports that Susanna has recently expressed needing to “break ice cubes to get rid of anger;” a third note, from a third nurse, reveals that Susanna has lately been teaching the staff and patients how to fold paper flowers, and is slowly becoming “more sociable.”

## CHAPTER 17: CHECKMATE

Susanna, Lisa Cody, Georgina, and Lisa sit on the floor in front of the nursing station smoking cigarettes. They discuss what interval of checks one would need in order to complete intercourse with a man. Lisa Cody brags that she once “did it” on fifteen-minute checks. Susanna recalls that on her boyfriend’s last visit, one of the nurses caught her performing oral sex on him, and that the two of them were then placed on supervised visits. Since the added restriction, Susanna’s boyfriend has stopped visiting. Susanna laments the fact that she was caught to the other girls. Lisa, meanwhile, is excited about the fact that Georgina has agreed to “lend” her boyfriend, Wade, to Lisa for an afternoon. Georgina insists that sex with Wade only takes ten minutes, and that even if the two of them are caught, it doesn’t matter because the nurses “like” Wade.

Lisa and the other girls implore Susanna to get rid of her boyfriend and “get a patient boyfriend.” Susanna, though, deflects their offers to find her someone on the men’s ward, thinking privately that she does not want a “crazy” boyfriend. Lisa, as if reading Susanna’s mind, tells her that she has to find a “crazy” boyfriend now—she no longer has a choice. All four girls laugh, and dream of what they would give for half-hour checks.

*Lisa Cody refuses to let herself be steamrolled by the real Lisa, but Lisa’s prank creates enough of a stir that Lisa Cody realizes that she is in a world where the rules that governed her previous life don’t apply here. After Lisa Cody’s escape, when Lisa finally reports that Lisa Cody has become a “real junkie” at last, there is admiration and even jealousy in her words. Lisa Cody could not beat Lisa on the ward, but she finally proved herself in the real world—ironically, by becoming a junkie.*



*This insert foreshadows the troublesome times ahead of Susanna, as she tests the boundaries on the ward and works through her feelings of anger until she finally starts to become a real member of the community of which she is now a part, whether she likes it or not.*



*An intimate and even hopeful portrait of Susanna and her fellow patients’ everyday lives on the ward unfurls in this passage, as the girls socialize and behave like any other teenage girls, even if for just a little while. They want to find love, express themselves through their sexualities, and bond with one another, just like any other young women. This passage serves to challenge readers’ perceptions of the psychiatric ward as a place devoid of normalcy or levity, and offers a portrait of the “parallel” world which bears a striking resemblance to the “real” one.*



*As Susanna realizes that life on the ward can be reminiscent of “real” life every once in a while, she becomes afraid to accept her new life and her new friends. Lisa, though, points out that Susanna is no different or better than her or Georgina, and that getting a “crazy” boyfriend is not beneath her—and in fact, it could even be fun.*



## CHAPTER 18: DO YOU BELIEVE HIM OR ME?

Susanna Kaysen reflects on the initial meeting with the therapist who recommended her for admission to McLean. The doctor reported that he interviewed Susanna for three hours. She insists the meeting lasted twenty minutes, though she concedes that she might have spent a little more than an hour in his office while he called the hospital, her parents, and finally a taxi company to take her away. She knows that they can't both be right, but wonders if it even matters which one of them is.

Kaysen's one piece of "hard evidence" in support of her claim is a document labeled "Nurse's Report of Patient on Admission," which she obtained from McLean. The time of admission is recorded as 1:30 PM. Susanna believes she was in the therapist's office before 8 AM, but concedes that because her sleep cycle was off, she might have been wrong. She posits that if she left home at 8 and spent an hour travelling to a 9 AM appointment, twenty minutes of time with the therapist would put her schedule at 9:20 AM. The trip from the doctor's office to Belmont took about half an hour, and Susanna remembers waiting fifteen minutes to sign herself in, plus another fifteen minutes before reaching the nurse who admitted her. Susanna concludes that this means she would have arrived at the hospital at half past twelve, which seems to support the doctor's recollection of a three-hour interview.

Kaysen, however, tells her readers not to be so quick to believe her therapist, since she has more evidence. There is an Admission Note from a doctor at McLean who took an "extensive history" from Susanna before she reached the nurse—the hour of admission on his report reads 11:30 AM. Susanna endeavors to reconstruct the morning of her admission with this in mind. If the doctor at McLean admitted her at 11:30, subtracting the "half an hour [of] bureaucracy" puts Susanna's arrival at McLean at 11 AM. Subtracting the half-hour taxi ride puts her exiting the admitting therapist's office at 10:30 a.m. Subtracting the hour the doctor spent making phone calls takes her back to a 9:30 AM end to her meeting, which lines up with her original view of a twenty-minute total conversation. "Now," Kaysen writes, "you believe me."

A scanned insert of Susanna's official admission note clearly displays the time of her admission to the hospital as 11:30 AM.

*In this section of the novel, Susanna explores the theme of perception versus reality as she meticulously attempts to construct, deconstruct, and reconstruct the hazy morning of her hospitalization. Though the day is far in the past, and (as she herself notes) may not really matter anymore, it matters deeply to Susanna that she gets to the bottom of what happened to her.*



*Susanna carefully goes over the timeline of that fateful morning, sticking to her own recollection of events but leaving room for error. She knows that her sense of time and space was a bit unhinged at the time, as her sleep schedule had been erratic and, of course, her state of mind was poor enough to warrant her hospitalization. Nevertheless, she insists that something is off, and turns to the records from her case file in order to elucidate, perhaps just a bit, the details of her hospitalization.*



*Susanna ultimately triumphs in this section as she successfully makes a case for her version of events. The back-and-forth is exhausting, and is meant both to mirror the obsessive, circuitous thoughts Susanna experienced in her youth and to highlight the ways in which men in positions of power are able to skew the facts in their favor when faced with a relatively defenseless and naïve young woman.*



*Susanna's point of view is validated by this document proving that she was admitted to McLean at 11.30 AM.*



## CHAPTER 19: VELOCITY VS. VISCOSITY

Insanity, Kaysen writes, comes in “two basic varieties: slow and fast.” She argues that the names for various types of insanity (depression, catatonia, mania, anxiety) do not actually say much about how these varying insanities feel. The slow form of insanity feels “viscous:” experiences are thick, perceptions are dull, and time drips slowly through this “clogged filter.” Velocity, in contrast, speeds up the body and creates “too much perception,” as well as an accompanying “plethora” of thoughts about the complexities of thoughts themselves.

Though viscosity and velocity are opposites, Kaysen writes, they often look the same. While viscosity causes “the stillness of disinclination,” velocity inspires a “stillness of fascination.” Repetitive thought is common to both speeds, and an “avalanche of pre-thought thoughts” can come out of nowhere whether one is mired in velocity or viscosity. These repetitive thoughts, Susanna writes, have no meaning, and are simply “idiot mantras” which trigger one another in a domino effect until one is effectively buried beneath them, trapped in a “blunted” haze of circuitous thoughts which eventually take on the quality of elevator Muzak.

Kaysen wonders whether it is worse to overload or underload, and notes that the two poles of insanity would assert themselves at varying moments, rushing or sometimes dribbling through her before quickly passing on. Susanna wonders where these thoughts came from and where they went when they left her, and considers this the “great mystery of mental illness.”

*Susanna tries to communicate how different types of mental illness present and feel. She has been through periods of both velocity (speed and mania) and viscosity (slowness and depression.) Perception is at stake and subject to change in both states of mind, and both are exhausting to the sufferer in different ways.*



*Homing in on her point about the mirroring between reality and perception that can occur in mental illness, Susanna describes how velocity and viscosity can appear the same but are actually very different sets of feelings and emotions. The effect, however, is the same—these states of mind numb the sufferer to the world around them, either through endlessly turning inward or a refusal to look outward.*



*Susanna’s own suffering from periods of both velocity and viscosity has left her with painful memories of both, and no desire to experience either again or be forced to choose which “speed” she prefers.*



## CHAPTER 20: SECURITY SCREEN

Susanna, Lisa, and Daisy are sitting in their usual spot by the nurses’ station, sharing a cigarette. Lisa complains of her need for fresh air and calls to the nurses to let her get some air. She screams obscenities at them and threatens to call her lawyer, claiming that it is “illegal” to keep a person cooped up inside a building for months. Susanna notes that Lisa often threatens to call her court-appointed lawyer, and often claims to have had sex with him several times in a conference room at the courthouse. Anytime Lisa threatens to call her lawyer, Susanna says, the head nurse, Valerie, gets involved.

*Lisa, in her usual fashion, takes a simple pang of desire to the next level, demanding what she wants and acting out when she doesn’t receive it right away. Lisa’s pain and frustration are as evident in these tantrums as is her desire to make trouble for the sake of making trouble—an impulse which this chapter will thoroughly explore. Valerie is introduced in this passage as Lisa’s main foil and the one trustworthy nurse on the ward.*



Valerie comes out from the nurses' station and offers to send an aide to open the window in Lisa's room. Lisa says she's not interested in having her window opened. The nurse tells Lisa that it's "window or nothing." Lisa, irate, sets off on a diatribe against Valerie, asking how Valerie would fare in a place where she was never allowed to breathe fresh air, make her own schedule, or act out when frustrated. Lisa tells Valerie that if Valerie were a patient, she would not last ten minutes in McLean, and again threatens to call her lawyer. Valerie offers to put the call through, but Lisa backs down and asks Valerie to just open her window for her.

Valerie calls for an aide to open Lisa's window, but Lisa insists Valerie do it herself. Lisa again threatens to call her lawyer if Valerie is not the one to open the window, and Valerie again consents to do what Lisa has demanded she do. Valerie heads off for Lisa's room.

In order to open a window, Susanna explains, a staff person must unlock the "thick impregnable mesh" of the security screen over the window, lift the heavy glass pane, and then shut and relock the security screen. The whole process is hard work and takes about three minutes. Valerie returns from Lisa's room after a few minutes and informs Lisa that her window is now open. Lisa tells Valerie that she is "aware of that," and stays seated on the floor. Valerie asks Lisa if she is even going to go into her room to enjoy the breeze, but Lisa tells Valerie that her tantrum about the window was just something to do to "pass the time."

## CHAPTER 21: KEEPERS

Valerie, Kaysen writes, was about thirty years old. Valerie was tall, with tapered legs and arms, and looked a lot like Lisa. Valerie was good at curling herself into corners, and often was the one to help calm down and retrieve patients who had tucked themselves between a radiator and a wall or into another difficult-to-reach spot. Susanna describes Valerie as strict and inflexible, but nevertheless says that Valerie was the only staff person any of the girls trusted—they trusted her because she was not afraid of them. She was a woman of few words, and the girls on the ward appreciated that as well, as they had to hear "a lot of talk" every day. Each girl sees three doctors a day: the ward doctor, the resident, and her own therapist.

*Valerie takes Lisa's challenges and verbal abuses with patience and grace. Lisa's accusation that Valerie would not last "ten minutes" as a patient in McLean is an odd one, as Valerie spends her days on the ward just like Lisa does, and must witness and endure many of the same things that Lisa does. Though Valerie is free in a way that Lisa is not, Valerie has a tough job, too, and Lisa attempts to undermine that fact in order to get what she wants from Valerie, suggesting that negative attention is better than no attention.*



*Lisa seems to want to subject Valerie to a task or a humiliation just to point out how difficult Lisa's life is compared to Valerie's, but also to express how Lisa, in the end, despite her suffering, holds a great deal of power nonetheless.*



*The revelation that Lisa was just throwing a tantrum for the sake of a tantrum, and forcing Valerie to do something for the sake of getting Valerie to do something, speaks to Lisa's nihilistic nature as well as her desire to control everything around her. Lisa's lack of empathy and her desire to manipulate those around her is a hallmark of her isolating mental illness, whose symptoms are on full display in this chapter.*



*Susanna's affection for Valerie is palpable in this passage, the first section of a chapter which will identify and explain the relationships between the patients and their "keepers," or nurses, orderlies, and therapists. Valerie is the heart of the hospital staff, and is clearly the most empathetic and involved. Valerie does not tell the girls anything they don't need to hear, knowing that their lives are hard enough without condescension or empty words, of which they surely get enough in their therapy sessions with doctors and residents.*



The doctors have a special language, and use terms like “acting out,” “hostility,” “regression,” “withdrawal,” and “indulging in behavior” to make anything the girls do sound somehow “suspicious.” Nothing the girls do is ever simple, and is always seen as motivated by something else. Valerie, however, is a relief from all of this jargon, and only ever says what she means.

*Valerie is the only reprieve from the complex and labyrinth set of classifications which defines life at McLean. While doctors and therapists are constantly trying to call the girls out for their bad behavior and apply a rigid vocabulary to even their most banal words and actions, Valerie talks to the girls like people rather than just patients.*



The doctors are men, and the nurses and aides are women. The one exception is Dr. Wick, a female therapist who is the head of the girls’ ward, South Belknap Two. Dr. Wick “look[s] like the ghost of a horse,” and sounds like one as well. She is from Rhodesia, and is both naïve to the intricacies of American culture and easily shocked by any talk about sex—two things which Kaysen notes made her an “odd choice” to head a ward full of young women. When Susanna attempts to describe her visit to the Frick to see the **Vermeer** in one of her sessions with Dr. Wick, Dr. Wick is shocked by Susanna’s description of her sexual relationship with her English teacher. Their sessions, Susanna notes, are in no way therapeutic, and Susanna feels lucky that she only has to talk to Dr. Wick for five minutes each day.

*Dr. Wick represents how out of touch things are on the ward, and how ineffectual is the care the girls in McLean are receiving. As someone who heads a ward full of young women brimming with confusion, desire, and pain, Dr. Wick is a very ill fit. She is easily shocked, deeply disinterested, and only further isolates her already lonely, frustrated patients. Her tenure at the hospital is symbolic of deep-rooted problems in the mental healthcare system when it comes to the prioritization of patients’ needs.*



After each session with Dr. Wick, a resident arrives for another session—information from which the residents use to regulate privileges and medication. Residents change every six months, and the girls on the ward are never able to figure out how to handle one resident before another one is swapped in in their place. Sessions with the residents are similarly unhelpful, and residents are, across the board, stingy with doling out any medicines or privileges at all.

*The revolving door of residents does not do any favors for the girls’ pervasive sense of instability and isolation. The patients cannot get the things they need from the residents all the time, nor can they even get a familiar face to talk to. The patients’ needs are not prioritized, and rather it is the residents’ garnering of experience which seems to be the main focus of their position on the ward.*



Therapists have nothing to do with the girls’ day-to-day lives on the ward. Susanna’s therapist urges her not to talk about the hospital all, and insists that their sessions are for talking about the deeper-rooted problems in Susanna’s life. Therapists cannot affect anything at all about the girls’ lives on the ward, and their only power is to “dope [their patients] up” with sedatives that “knock the heart out” of anyone who takes them.

*The therapists have little actual power over their patients’ day-to-day lives. Susanna repeatedly paints a portrait of therapists as ineffective and rather lazy, preferring to silence and sedate their patients with medication rather than try to help them to get to the bottom of their issues and make a full recovery.*



Half a dozen nurses including Valerie and one or two aides are on duty during the daytime. Where the day staff are cold and removed, most of the night staff are warm and comforting—except for Mrs. McWeeney, the head night nurse, who does not get along with Valerie. The girls like Mrs. McWeeney far less than Valerie, and feel a sadness each night when Mrs. McWeeney takes over, as they know they are about to be locked up for eight hours with a “crazy woman” who hates them. The unpredictable Mrs. McWeeney makes mean faces at the girls without warning, and often withholds medications from the girls for no reason. The girls complain every morning about Mrs. McWeeney, but Valerie tells the girls there is nothing she can do about Mrs. McWeeney, and urges them to respect her.

*The girls call Mrs. McWeeney a “crazy” woman, and her behavior toward the patients certainly does make her seem unstable. Mrs. McWeeney has not just disdain but outright ill will toward the girls she is tasked with caring for at one of their most vulnerable times. Unfortunately, in the “parallel universe,” this kind of unjust and cruel treatment must simply be tolerated or ignored. Valerie is the patients’ advocate in most things, but when it comes to her opposite, Mrs. McWeeney, she urges the girls to keep their heads down and behave with respect—even though Mrs. McWeeney certainly does not offer the girls the respect which Valerie offers them.*



Now and then there is an influx of student nurses on the ward. The nurses are about the same age as the girls: nineteen or twenty. They are eager, innocent, and also incompetent, and the girls on the ward both pity and scorn them. More than anything, the girls on the ward are darkly fascinated by student nurses because they see “alternate versions” of their own lives reflected back at them—the lives they could be living if they weren’t locked up on a psychiatric ward.

*The student nurses represent freedom and a rare glimpse of the “real” world. The patients, jealous of the student nurses’ lives, careers, and senses of normalcy and well-being, become slightly obsessed with them, looking to them as a brief reprieve from the seclusion and repetitiousness of their lives on the ward.*



The students and patients love talking to one another, and patients ask nurses about current movies, school, and their personal lives. In exchange for these tidbits of life on the outside, the girls on the ward do their best to control their tics and mood swings while the students are around. “Consequently,” Susanna writes, “the [students] learn nothing about psychiatric nursing [during] their rotations.” The student nurses leave the ward having seen only shades of the girls’ real selves and real problems, and Susanna notes that for many of the patients, being remembered as almost-well is the closest they will ever come to being cured.

*The patients, isolated from the “normal” routines and activities of other girls and boys their age, live vicariously through the students who pass through their lives fleetingly. Because the girls are always on such good behavior around the students, the students learn almost nothing. This is also, in a way, a gift that the students give the patients: they allow the girls to behave for a little while as they wish they could behave always, and thus be seen as they wish they could always be seen.*



## CHAPTER 22: NINETEEN SIXTY-EIGHT

The world didn’t stop, Kaysen writes, just because she and her fellow patients weren’t in it. On the TV, the girls on the ward watch coverage of the Vietnam war night after night, horrified by the violence abroad—and at home. They watch the assassinations of Martin Luther King and Robert Kennedy, and see, in footage of the protests and riots taking place across the country, “people doing the kinds of things we had fantasies of doing.”

*In this chapter, Susanna recalls the turmoil swirling outside of the ward, of which she and her fellow patients were only marginally aware due to the turmoil each of them faces every day inside herself. The girls long to escape their insular world and participate in the “real” world once again. The behavior they see reflected on TV is “crazy,” again blurring the line between what is accepted as normal and what is deemed in need of treatment or mediation.*



Susanna notes that the fantasies the girls had of dismantling authority, rioting in the street, and sticking their tongues out at policemen were easy to have because they came with no repercussions—from inside their “expensive, well-appointed hospital,” the worst punishment one ever received was an afternoon in seclusion. In the real world, they watched on TV as protesters were beaten, bruised, and sent to prison.

The most chaotic times on the “outside” are the easiest times inside—the girls don’t act out as much, because everything is being acted out for them on television. The girls have the sense that the world is about to “flip,” and the meek are about to inherit the earth, though this does not happen.

When the girls see footage of Bobby Seale, an activist and one of the founders of the Black Panther party, bound and gagged and “in chains like a slave” in a Chicago courtroom, they realize the world is not going to change. Cynthia sees her experience reflected in Seale’s—she, too, is bound, gagged, and tied down weekly for her electroshock sessions. Lisa, however, is angry at Cynthia for making such a comparison. Lisa points out that the authorities have bound and gagged Seale because “they’re afraid people will believe what he says.” The girls stare at the television, and marvel at how Seale has the one thing they will always lack: credibility.

*Though the girls long to participate in the riots and protests going on in the real world, they know that the protections extended to them in the hospital do not exist in that world. The girls have traded freedom for safety, in a way, and many are not necessarily ready to reverse that trade yet.*



*The girls see their own rage and pain mirrored on the television. In their position of privilege, they have less of an urgent need to risk their own safety to make their pain known and seen.*



*The girls are both free and not free in the ward, and they attempt to compare their struggles to the struggles they see unfolding on television. The girls see their pain and restriction mirrored in the pain and restriction of activists and protestors, but Lisa is careful to remind them that while the protestors on TV are prevented from speaking or acting on behalf of their beliefs because society is afraid of the truths they might reveal, she and her fellow patients are kept sedated and restrained for the opposite reason: no one believes in the things they care about or say because they have been classified as “crazy” people.*



## CHAPTER 23: BARE BONES

Kaysen writes that for many of the girls on the ward, the hospital was as much a refuge as it was a prison. Though they are secluded, there are also no demands made of them or expectations placed on them. The hospital shields them from receiving calls or visits from anyone they don’t want to talk to, and as long as the girls are on the ward, they are responsible for nothing at all except eating and taking their medications. In a strange way, the girls are free. They have nothing more to lose, and they have been stripped down to the “bare bones” of their selves. The hospital is what has stripped the girls down in the first place, but it does fulfill its obligation to help them. As the girls adjust to hospital life and forget how to do simple things, the hospital keeps them safe.

*Up to this point, Kaysen has mostly been highlighting the isolated, restrictive, and lonely nature of the psychiatric ward. Here, however, she begins to concede that the hospital did function as a refuge for many. Her perception of the ward is changing the longer she resides there. Likewise, as she begins to learn more and more about her fellow patients, she comes to understand that every woman around her has her own individual needs. While Susanna feels she was never in need of the hospital, many women around her are afraid to face their lives outside of it.*



One thing Susanna notes is that families are almost entirely absent from hospital life. She and her fellow patients often wonder if they themselves are just as absent from the lives of their parents and siblings. Susanna observes that “lunatics are similar to designated hitters,” and that while all families are crazy, there is usually one individual singled out as the most unwell. Some families, however, feel the need to prove that no one in their family is crazy, and these are the kinds of families which threaten to stop paying for their son, daughter, or other dependent to stay on the ward. A girl named Torrey, Susanna writes, had exactly that kind of family.

All of the girls on the ward like Torrey, Susanna says, because of her “noble bearing.” Torrey is an amphetamine addict, and is the only person Lisa respects, because of the fact that they both shoot up. Every few months, Torrey’s parents fly from Mexico where they live to Boston to berate and harangue her. After each visit, the girls ask Torrey why she agrees to see her parents when all they do is blame their problems on her and threaten to stop paying for her treatment, but Lisa points out that belittling Torrey is how her parents “show their love.” The nurses agree, and tell Torrey that she is brave for seeing her parents. Torrey, meanwhile, is just grateful for a break from Mexico, a place where she feels “dead,” and where the only respite from that feeling is to shoot up speed.

One August, Torrey’s parents call to tell her that they are coming to collect her and bring her back to Mexico. Torrey is afraid that if she goes home, she will overdose and die. The other girls offer to help Torrey, but are unable to secure any help from the nurses—even Valerie. On the day of Torrey’s departure, Torrey’s parents call and tell her to meet them at the Boston airport. The other girls suggest Torrey hop out of the taxi on the way to the airport and escape. When Torrey points out that she has no money, the girls pool theirs and give it to Torrey, urging her to develop a plan for where she’ll go and what she’ll do. Torrey worries that she doesn’t have the nerve to escape from a cab on the way to the airport, but the girls all assure Torrey that they believe in her.

In the morning, it is revealed that two nurses will be accompanying Torrey in the cab to the airport, and the girls devise a plan to create a diversion so that only one nurse will be able to take Torrey in the taxi. Lisa throws a tantrum, successfully diverting the nurse’s attention—but then Valerie is selected to take Torrey to the airport, and the girls know that “nobody [can] escape from Valerie.” Valerie offers Torrey something to “relax” her for the drive. The other girls, knowing it is Thorazine, a powerful sedative, urge Torrey not to take the medicine, but she drinks it anyway. Torrey’s eyes glaze over almost immediately, and she is led down the hall towards the ward’s exit.

*Apart from Daisy, Susanna knows little—or at least relays little—about the families of her fellow patients. However, with the arrival of a girl named Torrey, whose life is lived in the shadow of her abusive and overbearing family, Susanna begins to consider how families continue to function—or don’t—when one of their own is placed on a psychiatric ward and removed from their nuclear family unit.*



*Torrey is interesting, and one of the only patients who has gained the charismatic Lisa’s true respect. She seems to be doing better on the ward, except for the intermittent visits from her parents, which demoralize and deflate her. Everyone agrees that Torrey’s parents are too hard on her, but Lisa and the nurses’ argument that Torrey’s parents are just concerned and know no other way to express their love is a different way of looking at the strangling relationship between Torrey and her family.*



*Torrey’s situation is a lamentable one. Things are so bad at home that she is driven nearly to her death through drug use, but when she tries to escape, her family follows and continues to berate her and make her life miserable. Torrey is caught between a rock and a hard place, and when she is told she will be removed from the ward, she feels panic and dread at the thought of going back to living under her parents manipulative, destructive influence.*



*The other girls on the ward attempt to save Torrey, coming up with plans and diversions to keep her from returning to Mexico and what they perceive to be her certain death. Valerie is an immovable force, however, and any chance that she could be evaded is completely erased by the Thorazine, which “knocks the heart out” of Torrey and makes her into a pliant shadow of herself.*



The next day is awful, as the girls worry incessantly about Torrey. They attempt to make a “schedule” for themselves and divide their time between rooms to distract themselves, but tensions remain high. While sitting in the TV room, Susanna stares at her hand, and begins thinking that it looks like a monkey’s hand. She considers her veins and her tendons, and as she prods her hand, attempting to feel different bones, she becomes concerned that she does not have any. She begins scratching and gnawing at her hand, finally piercing the skin with her teeth.

The other girls notice what Susanna is doing and ask her to stop. Susanna insists that she doesn’t have any bones. Georgina leaves the room and returns with Valerie, who brings a cup of Thorazine for Susanna to take. Susanna accepts it and right after she swallows, she is hit by a “wall of water.” Unable to hear, speak, or stand well, Susanna allows Valerie and Georgina to help bring her back to her room and lay her down on the bed. Susanna feels that she is now “safe,” as she is officially “crazy,” and nobody will ever be able to take her out of McLean.

An insert from Susanna’s medical file, a progress note dated 8/24/67, states that Susanna has been doing “extremely well,” aside from a couple episodes. In one episode of “depersonalization,” the note says, Susanna became concerned that she was not a real person, and expressed her desire to see if there were any bones inside her body. The note concludes by stating that “the precipitating event for this episode is still not clear.”

## CHAPTER 24: DENTAL HEALTH

Susanna is eating when something happens in her jaw, and her cheek begins to swell. By the time she gets back to the ward from her meal, there is a swelling the size of a Ping-Pong ball on the side of her face. Valerie takes one look at Susanna, knows that she is having trouble with a wisdom tooth, and takes her over to see the dentist in a separate building. The dentist tells Susanna that she has an abscess and offers to take the tooth out. Susanna tells the doctor that she will not let him. Valerie suggests the dentist control the infection with antibiotics, and he agrees.

*The stress of knowing that Torrey has been returned to a terrible situation weighs heavily on the girls. As their despair worsens, Susanna begins to react to this new stress, possibly compounded with all the other pain she has suffered during her time on the ward, and she “acts out” in a desperate and bizarre way. Susanna’s dissociation from her body and desire to know what’s truly inside of her is perhaps symbolic of her now months-long struggle to get to the bottom of what it is that has landed her in McLean in the first place, and what she needs to find inside herself in order to “recover” and leave.*



*Susanna and her fellow patients were upset to watch Torrey succumb to the dark pull of the Thorazine, but now, as Susanna ingests the medicine for the first time, she sees it only as a comfort and a balm against the pain and desperation she is feeling. Just as Torrey found refuge in the hospital, Susanna too now finds comfort in being “safe” there. She is sick of fighting so hard to prove she is not crazy, and so she leans into her “craziness” instead, feeling relief to be doing so.*



*Susanna’s medical files reflect the clinical summary of her dissociative episode. Placing the scan just after her vivid and evocative remembrance of the event it describes plays into the theme of perception versus reality, as the same event is seen from two contrasting points of view.*



*When Susanna’s face swells up and requires her to visit the dentist, it becomes evident that since her hospitalization she has developed a wariness around medical professionals. Valerie accompanies and supports her, and does not say anything negative about Susanna’s skepticism and desire to avoid an extraction.*



After several days of taking penicillin, Susanna's swelling has gone down, but she has broken out in a rash. Valerie tells her that there can be no more postponing the tooth extraction, and warns her never to take penicillin again, as she is clearly allergic. When Susanna refuses to go back to the dentist at the hospital, Valerie offers to take Susanna to her own dentist in Boston.

At the dentist's office, the dentist tells Susanna to lean back in the examination chair and count to ten. Before Susanna can get to four, she is sitting up with a hole in her mouth. She wants to know where "it" went, and the dentist holds up her bloody tooth. Susanna, though, was not asking about her tooth—she was asking about the time. She has been dropped into the future, and is deeply unsettled. Susanna begs to know how long the procedure took and how much time was taken from her, but neither Valerie nor the dentist will answer her directly. In the cab, Valerie holds up Susanna's tooth. Susanna thanks Valerie for stealing the tooth for her, but explains that she still really needs to know how much time she lost during the procedure. Then she breaks down in tears.

*When Susanna develops a reaction to the penicillin, Valerie—knowing about Susanna's fear of doctors—offers to bring Susanna to her own dentist in an unprecedented act of kindness and empathy.*



*Susanna becomes upset and agitated when she realizes that she has "lost time" during her extraction. Susanna's fear of losing time mirrors her fear of losing the time she is spending in McLean. Susanna is afraid that when she finally leaves the hospital, there will be an unfillable chasm between her old life and her new one, and no way to account for what has happened in between. This experience at the dentist brings those fears to the forefront, and Valerie responds, again, with empathy and understanding.*



## CHAPTER 25: CALAIS IS ENGRAVED ON MY HEART

A new name, Alice Calais, has appeared on the blackboard. As Alice arrives on the ward, the other girls size her up. Susanna thinks that she doesn't look "too crazy." Alice introduces herself, and pronounces her last name like the word *callous* rather than *Cal-lay*, which is what the girls had imagined her name would sound like. When Georgina points out that Calais is a famous place in France, Alice seems not to know what she's talking about. As Alice settles into the ward, the girls find that it is easy to impress her—she knows "almost nothing about anything."

One morning, while eating toast with honey, Alice remarks that she has never had honey in her life. She tastes it, and remarks that it tastes like bees. The girls, bewildered by Alice's sheltered nature, speculate on what her life has been like. As the weeks go by, Alice reveals nothing interesting or exciting about her life, and instead really seems to have spent her life "locked up in a closet eating Cheerios," as Lisa begins to believe.

After about a month, Alice explodes "like a volcano." She is locked in seclusion, and the girls can hear muffled booming, yelling, and crashing from all the way down the hall. The next day, Alice is taken away to maximum security, and her name is removed from the chalkboard. Georgina, Lisa, and Susanna tell the nurses that they want to visit Alice, and the nurses allow them to.

*Alice Calais, the newest arrival on the ward, seems normal at first, and Susanna and her fellow patients are almost envious of this fact. However, it becomes clear that her "normalcy" veers too far in the other direction—Alice seems disconnected from the world around her, and there are large gaps in her knowledge.*



*In this passage Alice reveals herself to be not quite as normal as the others have thought her to be, but despite her odd lack of awareness about certain things generally regarded as common knowledge, nothing about her seems crazy.*



*The other shoe finally drops, and Alice—whom the girls have come to like—is taken off to maximum security. The girls' perception of Alice's normalcy was incorrect, and though they do not know exactly what has happened to her, it is clear that something has broken open within her, likely as a result of her transition to life on the psych ward.*



From outside, the girls note that maximum security looks no different than their own ward. Inside, however, there are heavy bars on all the windows, the bathrooms have no doors, and the toilets have no seats. The nursing station is not open, but encased in chicken-wire-enforced glass. Every room is a seclusion room, and there is nothing in each one but a bare mattress. The girls survey their new surroundings apprehensively as they move toward Alice's room.

When the girls arrive at Alice's room, they immediately notice that the walls—and Alice's face and limbs—are smeared with fecal matter. The girls don't want to enter Alice's room because of the smell, but talk to her from outside the door. Georgina asks Alice how she's doing, and Alice says that she's "okay," and is "getting better." Alice thanks the girls for their visit and waves goodbye. On the walk back over to their own ward, the girls tell the nurse accompanying them what they saw in Alice's room, and their nurse notes that Alice's behavior is "not that unusual." Susanna, perturbed by what she's seen, wonders aloud if one of them could snap and engage in similar scatological behavior. Georgina marvels at the fact that Alice professed to be getting better when she was clearly in deep distress. Lisa posits that everything is relative.

## CHAPTER 26: THE SHADOW OF THE REAL

Susanna writes that her analyst, Melvin—though dead now—was a man of whom she was once very fond. Apart from one incident in which he accused Susanna of wanting to sleep with him, their sessions were mostly okay, and Susanna enjoyed the opportunity to sit restfully in silence with him. Eventually, though, her therapist began asking her more and more about what she was thinking, and when Susanna—whose head was "empty"—didn't answer, he would assume to know how she was feeling. He would remark that she seemed sad or puzzled, and Susanna, reflecting back, writes that "of course" she was sad and puzzled—she was eighteen and behind bars.

After Melvin said many wrong things about Susanna to her face, she began to want to set him right. She felt irritated to have to cave and actually talk to her therapist, but felt a little bit sorry for him—his name, after all, was Melvin. Susanna would often see Melvin driving up to the hospital, and observed him driving three separate cars on different days: a wood-paneled station wagon, a sleek black Buick, and a fast green sports car. One afternoon, Susanna points out that Melvin's three cars represent his ego, superego, and id, respectively. She is delighted and amused to have made such a connection, but Melvin does not seem amused.

*The isolation Susanna and her fellow patients feel on their ward is profound and often a source of pain, rage, or sadness. That isolation is dwarfed by the bleak restriction of the maximum security ward, and as they walk through it they realize that things could, without a moment's notice, get much worse for any of them.*



*The girls' encounter with Alice serves to shatter entirely their perception that Alice was ever more "normal" than the rest of them. Alice's version of "better," after all, is being smeared with her own feces in a maximum-security room. The girls, when they see their friend Alice this way, realize that, just as the barrier between sanity and insanity is a thin one, the world of insanity contains levels and gradations which can be easily traversed without any warning. Lisa urges the other girls not to judge Alice, though, as everyone has a different definition of what it means to be "okay."*



*Susanna's therapist-turned-analyst, Melvin, is yet another man who presumes to know what Susanna thinks, feels, wants, and needs. Male figures in this book are figures of control and imposition, and Susanna's therapist—though Susanna admits that she eventually grew fond of him—is no exception to this rule.*



*Susanna, ever the contrarian, does not want to actually talk to her therapist or reveal anything about herself. However, the humiliation of having him constantly assume that he knows things about her and wrongly ascribe feelings and thoughts to her eventually gets to her, and she begins playing along. When Susanna attempts to actively participate in therapy, however, she turns the lens on Melvin, but is met with a marked lack of enthusiasm from Melvin.*



Melvin encourages Susanna to commit to analysis rather than just talk therapy, and flatters her by telling her that she is the only girl on the ward who could tolerate analysis, as she has a “fairly well integrated personality.” Susanna, excited by this compliment, agrees to start analysis. In their new sessions, Susanna stares at the wall rather than sitting face-to-face with Melvin, and while she does all the talking, Melvin answers only with “Could you say more about that?”

Because Susanna’s sessions with Melvin are in a separate area of the hospital from the rest of her group, she is given destination privileges. She is able to travel to Melvin’s office by herself, as long as she calls a nurse upon arrival there and calls back again when she is departing and heading back to the ward. Soon, Susanna is upped even further to grounds privileges, and in December, she discovers the **tunnels**. On one of her trips to Melvin’s office on a snowy day, a nurse suggests she takes the tunnels rather than walking out into the bad weather and offers to show her the way through. The tunnels have a wonderful smell, like clean laundry, and they are warm and humid. Susanna is enchanted by the yellow-tiled walls and high ceilings.

The nurse tells Susanna that the **tunnels** allow one to get anywhere in the hospital, but can often be confusing—you “just have to know the way” to make it through, as the signage is often incorrect or misleading. The tunnels become Susanna’s obsession, though she is not allowed to descend into them alone. Once a week, Susanna asks someone to take her through the tunnels; she feels like being inside of them is like “being in a map,” and she feels in touch with “the essence of the hospital” when she is walking through them.

One day, Susanna asks Melvin if he knows about the **tunnels**. Melvin asks Susanna to tell him more about them, and she explains that they run under the entire hospital and connect everything, and that they are warm, cozy, and quiet. Melvin retorts that the tunnels, to Susanna, represent a womb. Susanna refutes his claim, stating that to her the tunnels are the opposite of a womb, because a womb “doesn’t go anywhere.”

Susanna reveals that Melvin died young of a stroke. Susanna learned only after his death that she had been his first analytic patient. A year after leaving the hospital, Susanna quits analysis, sick of “messaging about in the shadows.”

*Analysis is a method by which Melvin thinks the deeper truths of the mind can be unearthed, and the method requires a strength which Melvin feels Susanna possesses. Though Susanna is aware that she’s being flattered, she agrees to begin analysis, perhaps hoping herself that the method will positively influence her perceptions and her state of mind.*



*The growth of Susanna’s privileges mirrors the interior growth that is happening inside of her. The tunnels are a symbol of Susanna’s desire to move forward in her recovery, and to explore all the avenues of her brain which she was either too fearful or intimidated to explore before. They are a place of calm and comfort, symbolizing the fact that Susanna is learning that her own mind can be such a place, too, despite all she has been told of its faults and “disorder.”*



*Susanna loves being in the tunnels, and the prospect of getting lost is just as exciting as the prospect of finding her way on her own. The tunnels cement themselves as a symbol of her process of recovery, and the joy she takes in realizing that the power to move through and past her disorder has been within her all along.*



*Melvin is again unable to understand what Susanna really thinks or feels, and attempts to impose a reading of her own brain onto her. Contrary to what Melvin believes, she does not want to be in a womb—to regress. Instead, she wants to move forward, and move on.*



*Susanna is not interested in anything any longer that is not going to help her move forward and understand her own mind.*



## CHAPTER 27: STIGMATOGRAPHY

Susanna and her fellow patients are encouraged—if they're well enough while still institutionalized—to apply for gainful employment. However, using the hospital's infamous address on applications severely hurts the girls' chances of getting work. Susanna tries to get a job at a sewing shop in Harvard Square, but her ties to the Mill Street address ruin her shot at the position when she interviews with a judgmental shopkeeper. Susanna feels the stigma against her and her fellow patients is deeply unjust, as most of them are much better than they were before they went into the hospital. Most of the girls on the ward are sick of causing trouble and languishing in the hospital, and most are motivated to do anything they can to regain their freedom.

Susanna notes that there is “always a touch of fascination in revulsion,” and that members of the “real world” who look upon her and her fellow patients with such revulsion are mostly afraid that if the “normal” person in front of them could end up in the “loony bin,” that they themselves could as well.

After she gets out of McLean, Susanna stops telling people that she had any association with the hospital, and soon the Susanna who had been a patient there is “a tiny blur.” Susanna herself begins feeling a revulsion for insane people, and admits that to this day she wants nothing to do with them. She no longer wants to hear about anything that reminds her of how sometimes “nothing feels real,” or of how the permeable barrier between sanity and insanity is always there, beckoning.

An insert from Susanna's file—a letter from the head psychiatrist at McLean to the New England Telephone Co.—speaks of Susanna's need to have access to a telephone from which she can call him “at the earliest possible date” in order to ensure that her “physical and mental well-being” are properly maintained. Another insert—presumably from the same doctor, though all names have been redacted from these forms and letters—speaks to Susanna's responsibility and stability despite her former institutionalization, and states that there is “no reason why she could not operate a motor vehicle.”

*Susanna and her fellow patients are caught in a catch-22. Though they are encouraged to pursue employment and start building lives for themselves that will help ease their transition out of McLean, the fact of their institutionalization bars them from opportunities which could prove to be life-changing. Though many of the women want to pursue new lives, they are judged and stigmatized before they're even given a chance to express their desire for change and betterment.*



*Susanna reiterates her thesis that people in the “real” world are so afraid of “catching” craziness—or realizing that “crazy” people are not that different from them—that they will not even associate with mentally ill individuals. Thus, the stigma against them only worsens.*



*Susanna herself falls victim to the trap of the “normal” world once she returns to it, and is so afraid of crossing back over the border between sanity and insanity that she distances and isolates herself entirely from anything that reminds her of her experience in a psychiatric institution—an attempt to remain in control of her own recovery and maintain a forward trajectory.*



*As Susanna leaves the psychiatric ward, she receives letters of support from those who seemingly have a deep investment in her success in her life outside of the institution. These forms contrast everything this chapter has just said about stigma, and foreshadow an important new development in Susanna's life, which will help her to overcome the stigma she faces.*



## CHAPTER 28: NEW FRONTIERS IN DENTAL HEALTH

Susanna's one-and-a-half-year stay at McLean is nearly up, and she is nearly twenty years old. It is time for her to plan her future, including what she'll do to support herself. She has held some odd jobs in her life, but has not been particularly successful in any of them. One of Susanna's social workers at the hospital asks her what she plans to do when she gets out, and Susanna answers that she wants to be a writer. Her social worker tells her that writing is a "hobby," and she must come up with a practical way to earn a living. The social worker suggests Susanna find work as a dental technician, as the training period only lasts one year and the responsibilities are manageable. Susanna argues that she hates the dentist, but the social worker urges her to be realistic and find some "nice clean work."

After the session with the social worker, Susanna finds Valerie and complains about how ridiculous it is that the social worker wants her to find a job as a dental technician. Valerie, however, does not seem to understand either, and tells Susanna—just as the social worker did—that dentistry is "nice clean work." Luckily, Susanna writes, she got a marriage proposal, and was immediately released from McLean. "In 1968," she says, "everybody could understand a marriage proposal."

*As Susanna prepares to leave the "womb" of the hospital, she is suddenly forced to reckon with the future she thought she might never be able to have. Susanna has become accustomed to life in the hospital, and a part of her is reluctant to return to the normal rhythms and patterns of life outside of the institution. Susanna does not want to be told what to do anymore, and wants to be truly free to explore her passions, but the manipulation and control of the staff at McLean seems at this moment as if it will extend beyond the hospital walls and control Susanna's choices as she prepares to reenter the world.*



*Susanna seeks advice from Valerie, who has long been a beacon of stability and empathy in a chaotic and apathetic environment. Susanna is a little discouraged to find that Valerie agrees with the social worker, but she is rescued from having to pursue a career she's uninterested in when she unexpectedly receives a proposal of marriage, which makes it appear as if she is ready for the real world and will be taken care of regardless of her own employment status.*



## CHAPTER 29: TOPOGRAPHY OF THE FUTURE

It is Christmas in Cambridge, Massachusetts, and Susanna has not yet been hospitalized. A friend's brother takes Susanna to the movies, where she meets her husband-to-be. Her friend's brother and her future husband went to high school together, and when the friend's brother introduces the two of them, sparks fly. That night, he and Susanna spend the night together. They part ways after the holidays, and the future "closes in on" Susanna: while she is at McLean, she forgets about him. Her future husband, though, does not forget about her. When he graduates college and returns to Cambridge, he tracks Susanna down, and finds her in the hospital. He promises to write to her while he is away in Paris over the summer, but Susanna pays him no attention, reasoning that "he live[s] in a world with a future and [she does] not."

*Susanna returns to the narrative of her past in order to explain the events that led to her engagement—the main reason she was able to get out of McLean. An old flame of Susanna's fades from her concerns as the reality of her mental illness and her hospitalization overtake her life, but she looms large in his mind long after their first encounter. When he tracks her down in the hospital, the isolated Susanna rejects a chance at connection, as she fears—not without justification—that she and this man are on very different playing fields when it comes to a future.*



When her future husband returns from Paris, Susanna is in a bad state. She has just endured her “bone” episode and her tooth extraction, and she does not want to see him when she is in such a state. The two of them talk on the phone instead, and he informs Susanna that he is moving to Ann Arbor. Eight months later, though, on another visit home, he asks Susanna again if the two of them can see one another. Susanna now has many privileges and is allowed to leave the hospital, so she visits her future husband at his apartment on several dates. Together they make dinners, watch TV, and go to movies.

One night, Susanna returns to the hospital from one of these dates and tells Lisa and Georgina that she has received a marriage proposal, and has said yes. Lisa asks Susanna if she wants to marry this man, and Susanna says “Sure,” though secretly she is not completely sure. When Georgina asks Susanna what will happen after she gets married, she says she doesn’t know—she hasn’t thought about it. Lisa tells her that she had better think about it long and hard.

Susanna tries to picture her future as a married woman, shutting her eyes tight and thinking hard. She can’t come up with anything, though, and opens her eyes and announces, half-joking, that maybe her life will “just stop” once she’s married. In the end, she reveals, she lost her husband—on purpose. She needed to be alone, she found, as she headed into her future.

## CHAPTER 30: MIND VS. BRAIN

Kaysen writes that no matter what they call it, most people like to think that they are in possession of something “greater than the sum of [their] neurons.” A lot of the “mind,” though, turns out to be brain. Memory and mood are both defined by cellular patterns and neurotransmitters, and thus are in the wheelhouse of the brain rather than the mind—but something must still interpret this “clatter of neurological activity.”

*As Susanna’s mental state fluctuates, she considers what it means to let someone in for the first time in a long time. Everyone she knows on the psych ward understands what she is going through, but connecting with a man who has no idea about the world in which she lives is daunting. Nevertheless, once she is feeling better, Susanna agrees to go out with her future husband, and finds that she enjoys his company.*



*Susanna, who so recently believed that she had no future at all outside of McLean, is suddenly faced with the possibility that she could have a “normal” life, and leave the hospital. The proposal represents a chance for Susanna to escape, but her friends urge her to think in more complicated terms, and to decide what kind of life it is she wants to lead.*



*Susanna can’t visualize what she wants, however, and can’t see what it means to be married beyond the fact that it will get her out of McLean. Following this path led Susanna to more isolation and heartbreak, in the end, though eventually she discovered that she needs to remain allegiant to herself above all else.*



*The distinction between the brain and the mind lies at the heart of much of what Susanna Kaysen has investigated throughout her memoir. Chemical imbalances and circuitry errors in the brain produce certain types of mental illness, and Susanna is envious of those who suffer from these disorders rather than a “character disorder” like she herself has had to negotiate.*



Even though the mind is the “interpreter” of the brain, these interpretations must still be merely functions of the brain. The problem of interpreting the brain is an endless one, Kaysen says, as “each interpreter needs a boss to report to.” Something about this interpreter-boss model reflects “the essence of [the human] experience of consciousness,” she argues. Thoughts and thoughts about thoughts don’t feel the same—the brain talks to itself, and this conversation influences perception. The first interpreter reports to the second interpreter, who analyzes the information that comes in. The two interpreters—mind and brain—influence one another and go back and forth. One is not dominant over the other, and Susanna posits that mental illness occurs when a communication problem arises between the two interpreters.

To illustrate her point, Susanna invokes the experience of being on a train, next to another train, in a train station. When the other train begins to move, one experiences the feeling of one’s own train moving, and it can take a while before the “second interpreter”—the brain—forces the mind to realize that it is in fact the other train moving. This process can take a long time, because it’s difficult to “counteract the validity of sensory impressions.”

The train conundrum is not an optical illusion, Kaysen notes, since an optical illusion contains two realities. The train conundrum allows one to suspend oneself between two different realms of consciousness—to suspend oneself in a place where “false impressions have all the hallmarks of reality.” Crazy, Kaysen argues, is simply the inability to get unstuck from this in-between space in which the mind’s perception overpowers the brain’s.

Treating the psyche and treating the brain are two very different things. The mind has schematic issues, while the brain has chemical and electrical ones. Kaysen takes issue with this dichotomy, though. Rather than treating chemical-electrical problems with medicine, she argues, some “cooperative efforts,” such as sort the brain makes when dealing with situations such as the train conundrum, would be useful in treating mental illness. Analysts and neuroscientists, she argues, are like foreign reporters writing from two different countries and refusing to read one another’s work, refusing to see the similarities between the two realms they have chosen to explore.

*As Susanna Kaysen attempts to understand how the brain and the mind work together to create consciousness—which can easily become fractured or disassembled completely—she relies on a model of two interpreters going back and forth with one another, each relying on the information the other provides. The mind—which many, as she stated earlier, hope is “greater than the sum of neurons”—is actually just the product and reflection of the firings or misfirings of those very neurons.*



*By using an illustration which demonstrates a disconnect between the mind and the brain, Susanna sharpens even further the thesis she has been honing throughout her entire memoir: that the sensations, situations, or perceptions often described as “crazy” are separated by a very thin barrier from experiences which are widely accepted as “normal.”*



*Kaysen helps her readers to understand that “craziness” is something most people have likely experienced on some level. The set of imbalances that, when pervasive, define mental illness, occur in all kinds of situations each and every day. Perception is everything, and the mark of mental illness is the inability to correct false perceptions that occur when the mind and the brain fall out of synch for a period of time.*



*After outlining the ways in which the mind and the brain communicate with one another and the consequences that occur when there is a fracture in that communication, Susanna Kaysen argues that mental health professionals should work with the mind and brain together rather than isolating them from one another, thus creating inconsistency and ineffectiveness in their patients’ treatments.*



A scanned insert from Susanna’s case file reveals a “formal diagnosis” of “schizophrenic reaction, paranoid type (borderline)”. Her prognosis reveals her doctor’s belief that her “depressive affect and suicidal drive” will be resolved through her hospitalization, though how well Susanna will be able to achieve “personality integration and ego function” is “hard to predict.”

*The term “personality integration” is a nebulous one. Using such a nebulous benchmark for “wellness” threatens to keep Susanna isolated within her disorder—and within McLean—for an indefinite period of time.*



## CHAPTER 31: BORDERLINE PERSONALITY DISORDER

Kaysen, borrowing from the *Diagnostic and Statistical Manual of Mental Disorders*, clinically describes the presentation of Borderline Personality Disorder, her diagnosis upon entering McLean. The disease creates a “pervasive pattern of instability of self-image, interpersonal relationships, and mood.” Self-image, sexual orientation, long-term goals, and values are all rendered unstable by this “marked and persistent identity disturbance,” and the instability spreads to mood and behavior. Shopping sprees, substance abuse, recklessness, casual sex, binge eating, suicidal threats, self-mutilating behavior, social contrariness, and recurrent physical fights are just a few “presentations” of BPD. The disorder is more frequently diagnosed in women, and complications of BPD include neurosis, major depression, substance abuse, psychosis, and premature death from suicide. According to the DSM, no information on social or genetic predisposition to the disease is available.

*As Susanna Kaysen outlines in clinical terms the definition, patterns, and presentations of the “character disorder” which derailed her adolescence and came to define much of her adult life, the blurry boundaries of the disorder become apparent. Reckless behavior, instability, uncertainty, and “contrariness” are behaviors which many experience over the course of a lifetime. Though a BPD diagnosis technically necessitates demonstration of a “pervasive pattern” of engagement in these behaviors, it is impossible to say conclusively whether Susanna Kaysen herself could have truly or rightly been categorized, at just eighteen, as a sufferer of BPD.*



## CHAPTER 32: MY DIAGNOSIS

Susanna Kaysen did not read “the charges against [her]” until twenty-five years after her time at McLean. During her hospitalization, all her doctors and nurses had told her was that she had been diagnosed with a “character disorder.”

*The fact that Susanna was never informed of her actual diagnosis highlights the webs of isolation and manipulation which structured life on the psych ward.*



Susanna had to hire a lawyer who would help her obtain her records from the hospital, and even then locating her exact diagnosis required her to pore over her admission and discharge forms and cross-reference them with the *Diagnostic and Statistical Manual of Mental Disorders*. She considers her diagnosis a “fairly accurate picture of [herself] at eighteen,” minus a few behaviors such as reckless driving and binge-eating. She is tempted to refute the diagnosis, but notes that resistance and defensiveness are two hallmarks of BPD.

*Kaysen has spent years excavating the records of her own personal medical history and parsing them to discover what it was that sent her to the hospital in the first place. In this tongue-in-cheek passage, Susanna admits that certain things she reads about her diagnosis ring true, and other things to this very day seem to mark her as a sufferer of the very diagnoses she wishes to challenge.*



Rather than refute it outright—though she clearly is in some disagreement with it—Kaysen begins to annotate her diagnosis for her readers. She makes her way through the DSM entry on the disease, starting at the initial definition. She starts by noting that the “uncertainty about self-image, sexual orientation, goals, [and] types of friends or lovers to have” still manifests in her life sometimes. When meeting new people, she constantly asks herself if the person she’s bringing into her life is the right kind of person to bring into her life.

If the diagnosis had been bipolar illness or schizophrenia, Kaysen says, she would be “blameless” in falling ill, and would be seen as a “real” insane person. She wonders what “borderline personality” even means, and concludes that it seems to be a “way station” between neurosis and psychosis in which the psyche is “fractured but not disassembled.”

Kaysen notes that she sees what is diagnosed as “borderline personality disorder” as simply a description of what it is to be an adolescent. The only thing that took her by surprise about her diagnosis was the description of self-mutilation; as a teenager, Susanna would bang her wrist repeatedly on the edge of a metal butterfly chair she had in her childhood bedroom, creating a “cumulative injury.” She’d had an earlier fascination with face-scratching, but found that it was too noticeable. Wrist-banging became the only way that Susanna could communicate or demonstrate her interior pain.

Kaysen, as an adult, feels that her misery “has been transformed into common unhappiness,” and so she is classified as “recovered.” She wonders whether her personality has truly crossed back over whatever “border” it had approached during the time of her illness. Susanna argues that her self-image was never unstable: she recalls seeing herself, as a teenager, as “unfit for the educational and social systems” around her. In fact, it was her parents’ and teachers’ image of her which was unstable and out of sync with their wishes for her. Her teachers often told her she was a nihilist, and her parents fretted over how she would make a life for herself out of her only discernable interests: boyfriends and literature.

*This section of the novel is marked by a major contradiction. Susanna wants to challenge her diagnosis, but admits that a contrarian nature is a hallmark of the disorder, and further concedes that some of the instabilities and alterations in perception that the disorder causes still infiltrate her life. Susanna wants to get to the bottom of whether her diagnosis was correct all along, or whether doctors were simply sensationalizing her symptoms and attempting to isolate and contain someone who was too “contrary” for their liking.*



*Susanna has expressed multiple times throughout the narrative her insecurity about the nature of her disorder—specifically, that it points to a fault in her personality or her character rather than a neurological problem in her brain, which would not be “her fault.” She feels that the nature of the disorder places her, for all of her life, in a constant state of flux between being merely fractured or unstable and being “disassembled” and truly insane.*



*Susanna struggles to reconcile the qualms she has about accepting her diagnosis with the fact that she did, as a teen, exhibit one of the most telltale signs: the desire for self-mutilation. Susanna was in such inner turmoil that she needed a way to try to relieve it, and saw self-harm less as a cry for help than a shout into the void.*



*Both the nature and appropriate measure of recovery are called into question in this passage, as Susanna considers what it means to have “recovered” from a disorder of the personality or “character.” She is still unhappy, she says, but in a more “common,” quotidian way. Her pain still exists, but is manageable, and she has continued forth on a career path which many around her considered untenable, achieving success in her writing and her life. She has, for all intents and purposes, made a recovery and gotten distance from the “border” of insanity, but now wonders what exactly that means.*



The result of such constant, overwhelming scrutiny, Kaysen says, was “chronic emptiness and boredom”—yet another major hallmark of BPD. Susanna felt anger at her being “shut out of life,” and while her classmates invested in their futures, Susanna became the first person in the history of her prestigious school not to go to college. Emptiness and boredom, Susanna says, is an understatement concerning the “complete desolation, despair, and depression” she felt as a teenager. Susanna concedes that she probably was crazy, though at the time she constantly belittled herself and told herself that all she needed was to pull herself together.

Announcing that she has a few more annotations to make, Kaysen considers the following sentence: “the disorder is more commonly diagnosed in women.” The DSM does not state that “the disorder is more common in women,” and Kaysen chastises the writers of the manual for not even bothering to try to “cover their tracks.” Many disorders are more commonly diagnosed in women, Kaysen argues, such as “compulsive promiscuity.” She observes that the gulf between the label of “promiscuous” in men and women is unfair.

Though Susanna avoided “premature death,” one of the major “complications” of her disorder, she admits that she thought about suicide almost constantly in order to make herself feel better about things. Susanna was never seriously suicidal, she maintains, but for someone like Daisy, she wonders if suicide is indeed a “premature” death. She doesn’t believe Daisy should have been made to sit in her “eat-in kitchen with her chicken and her anger for another fifty years.”

Kaysen wonders if she was just “flirting with madness,” the way she flirted with her teachers and classmates. Though she was often afraid she would become crazy, she was never actually convinced that she was, and she now wonders whether constantly questioning her insanity was and is a veritable mark of her sanity. To this day, Kaysen writes, she finds herself asking herself—and others around her—if she’s insane. She’ll wonder if she’s said something “crazy,” or preface a controversial line of thought by saying “Maybe I’ve gone totally nuts.” Though “crazy” is a common enough phrase, it is evocative and specific to Kaysen—it represents McLean, and it represents the “ever-shifting borderline” that continually beckons to be crossed. Susanna, at last, has no desire to cross it ever again.

*As Susanna more carefully delves into the memories of the feelings she experienced during her adolescence, she admits that she was probably suffering from a “craziness” which manifested as Borderline Personality Disorder. Susanna, a bright girl who felt squashed by others’ expectations of her, did not want to—and still, seemingly, does not want to—admit that she had a real problem. She has instead spent her life putting effort into pulling herself up by her bootstraps and trying not to get sucked back across the “border.”*



*Susanna arrives at one of the most groundbreaking points of the whole book as she points to the unfair way in which women’s psychological issues are diagnosed based on a double standard. Men are not as commonly diagnosed with BPD or other “character” disorders of its ilk, and Susanna posits that this is due to the exceptions, allowances, and excuses that society is willing to make for men that it is not willing to make for women.*



*Susanna wonders—again playing with societal perceptions—what a “premature death” means in a case like Daisy’s. For someone as trapped in a world of ritual, manipulation, and misery as Daisy was, it is unclear whether suicide was a “complication” of her disease or the only way of finding freedom from it. Susanna does not believe that society’s ideas of the “right” way to treat mental illness are always in line with the reality of what those suffering from mental illness actually want or need, especially when it comes to mentally ill women.*



*After a detailed annotation of her disorder and an investigation of her own memories and recollections of the time just prior to her hospitalization, Susanna Kaysen is still without answers when it comes to the landscape of her mind. She still isn’t sure what constitutes “crazy.” Her perceptions have been so skewed by society’s extreme sensitivity to “insane” behavior, and though she has been qualified as “recovered,” this uncertainty leaves her afraid to re-encounter the feelings and behaviors of her youth which brought her to the “borderline” of her own self in the first place.*



## CHAPTER 33: FARTHER ON, DOWN THE ROAD, YOU WILL ACCOMPANY ME

Kaysen writes that most of her fellow patients got out of McLean eventually. She and Georgina kept in touch, and occasionally visited one another. Georgina lived for a time at a women's commune, but eventually married. Once, Susanna and her husband travelled to visit Georgina and her husband on their farm in western Massachusetts. They spent the day cooking, refinishing windows, and playing with one of the farm's goats. When Georgina used a sweet potato to force the goat to do tricks, Susanna became agitated and sad. Eventually, Susanna writes, Georgina and her husband moved out to Colorado, though Susanna has no idea what happened to their goat.

A few years after Georgina left Massachusetts, Susanna ran into Lisa in Harvard Square. Lisa introduced Susanna to her child, and both women marveled at how “crazy” it was that she'd become a mother. Susanna notes that Lisa looked exactly the same out of McLean as she had inside. Lisa told Susanna that “everything changes” when one has children. Susanna, who had by that point in her life decided not to have children and was on the verge of a crumbling marriage, fell quiet. Lisa lifted her t-shirt to show Susanna the sagging, accordion-like flesh of her abdomen, explaining that having children changes one's body forever. Before the two parted ways, Lisa asked Susanna if she ever thought of McLean. Susanna answered that she did. Lisa said she did, too, and then said, “Oh, well,” and descended into the subway with her small child.

*In this passage, Susanna and Georgina figure out their connection to one another and the roles they will play in each other's lives now that they are out of McLean. On the visit to Georgina's farm, Susanna is perturbed when Georgina teases a goat with the promise of food. Susanna perhaps sees Georgina's dangling a reward in front of the goats as a kind of reminder of their time in McLean, where privileges were rare and true joy was hard to come by.*



*Susanna and Lisa's chance encounter is a surprise for both of them, and Susanna is shocked to find that the wild renegade has become a mother. Lisa, however, has been transformed by motherhood—not just in terms of her mood and temperament, but physically, as well, and she is all too eager to share these changes rather joyously with Susanna. The two women connect over their shared memories, but ultimately, the time at McLean—which had seemed so vital, dangerous, dramatic, and even life-or-death at times—has come to feel remote for both women, and especially for Lisa.*



## CHAPTER 34: GIRL, INTERRUPTED

The first time Susanna went to the Frick museum in New York, she was seventeen, and accompanied by the English teacher with whom she would soon begin an affair. She was so enamored with her teacher that she didn't notice two of the three **Vermeer paintings** there. However, as she walked past a painting featuring a “girl look[ing] out, ignoring her beefy music teacher,” Susanna recoiled, feeling that the painting was trying to warn her of something. Susanna abruptly left the museum to go to dinner with her English teacher. After dinner, he kissed her, and after the kiss Susanna went back to Cambridge, graduated high school, and then “went crazy.”

*Susanna's first encounter with a famous Vermeer painting is fleeting, but not quite poignant or memorable. Though Susanna felt that there was something the painting was trying to tell her, she disregarded it, and went on with her life. Susanna became ill and was, of course, eventually institutionalized, but the painting and its warning faded from her memory almost completely over the years. There is the faint suggestion that the warning that the painting's subject may have been trying to offer was in fact Susanna's subconscious mind trying to warn her of the affair with her teacher, though this is never discussed as a cause for Susanna's mental break.*



Sixteen years later, Susanna is at the Frick again, with a “new, rich boyfriend.” Though the two of them live lavishly and take many trips, this boyfriend often attacks Susanna’s character, chastising her for being alternately too emotional or too cold and removed. When Susanna’s boyfriend first suggested going to the Frick, Susanna excitedly said she had never been, though she right away realized that perhaps she had.

When the two of them arrive at the museum, Susanna instantly recalls having been there before and remembers the **painting** she “love[d]” in high school. Susanna bee-lines for the painting of the girl with her music teacher, and now stands in front of her, observing how the girl in the painting has “changed” over the last sixteen years.

The girl in the **painting** is no longer urgent, just sad. She is looking out, hoping that someone will see her. Susanna notes the title of the painting for the first time: *Girl Interrupted at Her Music*. Susanna sees that the girl is interrupted at her music as Susanna’s life had been interrupted “in the music of being seventeen.” She wonders what life can recover from such interruption, and she begins crying.

Susanna’s boyfriend comes up behind her and asks her what the matter is. She implores him to see that the girl is trying to “get out” of the painting, but Susanna’s boyfriend condescendingly tells her that she’s only thinking about herself, and doesn’t understand anything about art.

Susanna writes that since that visit she has gone back to the Frick many times to look at the **painting** of the girl, as well as the other two works by Vermeer collected there. The beautiful, ethereal light found in the first two paintings does not exist in the world anymore, though Susanna wishes it did. In *Girl Interrupted*, however, the titular girl sits in “another sort of light.” It is a “fitful, overcast” light by which one can glimpse oneself—and others—only “imperfectly and seldom.”

*Susanna is back at the Frick, and is again visiting with a man who seems in no way prepared to meet her emotional needs. It seems as if Susanna has made great attempts to divorce herself from her past, to the point of blocking out her prior visit to the museum, but as the visit approaches her memories begin to bleed through.*



*Susanna remembers having “loved” the painting of the girl and her music teacher, though in reality she had initially fled from it. Just as her memory of the painting has changed, Susanna feels that the painting itself has changed, too—or perhaps it is just Susanna herself who has changed so very much since her last visit.*



*Susanna sees her own journey—and her own violent interruption—reflected in the painting and the girl’s sad, lonely expression. Both Susanna and the girl have been interrupted at a crucial moment, and both are processing the consequences of that interruption quietly and painfully.*



*Though Susanna’s careless boyfriend thinks she is overreacting to the painting, he does not know the intense emotional and intellectual realization Susanna is having, and belittles her for exhibiting emotion.*



*The light that characterizes the Vermeer painting allows certain things to be glimpsed only “imperfectly and seldom,” and in this way mirrors reality. Not everything can be seen or understood at first glance, and indeed, not everything should be. The “fitful, overcast” lighting in the painting mirrors the fitful and overcast “lighting” of Susanna’s adolescence—the simultaneous mania and gloom of McLean, the fits and starts of adulthood, and the changeable, prismatic quality of Susanna’s passage into womanhood.*



One final insert from Susanna’s patient file—her discharge form—lists her intake date, September 4th 1968, and her date of discharge, January 3rd, 1969. She is stated as having “recovered” from borderline personality disorder.

*Susanna earlier wondered what it means to “recover” from something like a “character disorder,” and the book leaves the answer open-ended. The recurring motif of the inserted case files calls into question the veracity of the forms, despite their official nature—yet another facet of the theme of perception versus reality. The documents appear to be the ultimate authority when it comes to Susanna’s health, but Kaysen slyly calls this into question, prompting the reader to wonder whether the professionals treating Susanna could know more about her than she knows about herself. The complicated questions Kaysen has raised throughout her memoir linger in the air, like the filtering, hazy light in the painting from which the book derives its title.*





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