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Writing About Madness

Living with a serious psychological condition is something that many of us cannot even fathom. Some brave people suffering from these disorders realize that others may have little or no understanding of their problems (or even strong misconceptions), and try to teach them by writing about their experiences. Yet, in memoirs dealing with issues as stigmatized as dissociative identity disorder<sup>1</sup>, eating disorders<sup>2</sup>, alcoholism, borderline personality disorder<sup>3</sup>, and even depression, to name a few, authors must find ways to protect their image and defend themselves. These may be straightforward attempts, or they may be subtle, via subconscious defense mechanisms. Distancing can be healthy if it allows authors to see themselves as new people, separate from the disorders that have been overcome. In other cases, it may be less healthy, if it involves unfairly blaming others or denying the presence of an obviously debilitating problem. Allowing readers into their most vulnerable moments is undeniably difficult, and so it is interesting to examine how these authors write about their disorders with the intent of having a large audience. The author's final work often appears as a work written by a changed (or even a separate) person from the main character in the book, a phenomenon that I refer to as "distancing."

It is worth mentioning that people with specific psychological disorders seem to use these defense mechanisms more frequently. It often seems as if those suffering from psychological disorders with relatively established biological origins (e.g. depression, bipolar disorder, schizophrenia) are more straightforward in their writing, utilizing fewer of these techniques. Some examples of these straightforward and extremely open books

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<sup>1</sup> Previously known as Multiple Personality Disorder, this occurs when one who has suffered severe abuse dissociates (becomes disconnected with reality) and allows a new identity to take over.

<sup>2</sup> Consists of both anorexia nervosa (self-starvation) and bulimia nervosa (binge eating and purging).

<sup>3</sup> A personality disorder in which one is emotionally unstable and unable to have normal relationships. Self-destructive behavior and suicide attempts are not uncommon.

include *An Unquiet Mind* (by Kay Jamison, on bipolar disorder), *Electroboy* (by Andy Behrman, on bipolar disorder), *The Noonday Demon* (by Andrew Solomon, on depression), *The Quiet Room* (by Lori Schiller and Amanda Bennett, on schizophrenia), and *The Eden Express* (by Mark Vonnegut, on schizophrenia). Authors with other disorders that have likely but uncertain biological ties (e.g. addictions, alcoholism) may or may not use these techniques. *A Million Little Pieces* (by James Frey, on addictions and alcoholism) is extremely honest, but frequently emphasizes Frey's past struggles with emotional openness and recognition of his problems. *Drinking: A Love Story* (by Caroline Knapp, on alcoholism) is quite honest as well, though this memoir provides an interesting form of distancing that I will examine soon. Most of the books that I have chosen to discuss are those written by people with what one might consider "true psychological disorders" (those that seem to be caused by the mind instead of some concrete biological malfunction). These books seem to use defense mechanisms most often, possibly because there is no concrete biological explanation on which to blame the problem. When a psychological disorder is caused by the mind, it seems that the stigma increases, and so does the distancing. (In a couple cases, however, those with depression also use distancing, which does not really fit with this generalization, since there is strong support for the biological basis of this disorder.)

Literary defense mechanisms can be seen in a variety of memoirs written about a range of psychological disorders. Methods of distancing are often interrelated or overlapping, which makes them difficult to label. I have attempted to break them down into seven basic categories: outright denial, fictionalization, language dissociation,

“splitting,”<sup>4</sup> blame, comparison, and balancing problems with achievements. Outright denial, a relatively simple method, can be seen in the memoir about borderline personality disorder entitled *Girl, Interrupted*, by Susanna Kaysen. The process of intentionally fictionalizing a life story (which allows for changes in details or even omission of information) is seen in Morgan Menzie’s memoir, *Diary of an Anorexic Girl*. What I have labeled language dissociation—unusual diction and/or use of external narration—can frequently be seen in memoirs of dissociative identity disorder (DID), such as *When Rabbit Howls*, by Truddi Chase, and *First Person Plural*, by Cameron West. “Splitting,” also found in memoirs about DID, involves letting multiple identities claim different experiences, lessening the emotional load and stigma each personality must carry. This method of distancing, of course, reflects the basic nature of the disorder, but can also lead to the study of the writing style itself. Yet another technique involves insinuating that others are partially to blame for psychological problems, thus lifting part of the burden. This can be seen in Elizabeth Wurtzel’s *Prozac Nation*, on depression, and Marya Hornbacher’s *Wasted*, on anorexia nervosa and bulimia nervosa. In books of this genre, authors also frequently use comparison. In *Drinking: A Love Story* and *Girl, Interrupted*, in order to demonstrate relative sanity, the authors compare themselves to others in worse conditions. The authors of *Wasted* and *Prozac Nation*, however, emphasize the severity of their past problems, stressing their relative sanity in the present time. Finally, in *Darkness Visible*, a memoir of depression, William Styron counters the implied dysfunction of his psychological disorder with frequent references to his many

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<sup>4</sup> While the term “splitting” has been used in a variety of contexts, Dr. Elizabeth Fifer first used it to identify the breaking of one narration into separate sub-narrations, as seen in Dissociative Identity Disorder.

accomplishments. The use of these varied techniques seems to facilitate writing about painful life experiences.

In *Girl, Interrupted*, Susanna Kaysen demonstrates the use of outright denial as a defense mechanism. Many years after her hospitalization for borderline personality disorder, Kaysen finally decides to research this diagnosis. After quoting the *Diagnostic and Statistical Manual of Mental Disorders III-R*, she uses an interesting phrase: “So these were the charges against me” (150). This seems to indicate that she feels that they were incorrect and that she was judged unfairly. She goes through the diagnosis and argues most of the descriptions. She begins; “ ‘Instability of self-image, interpersonal relationships, and mood... uncertainty about... long-term goals or career choice...’ Isn’t this a good description of adolescence? Moody, fickle, faddish, insecure: in short, impossible” (152). After granting the doctors the advantage of identifying her secret “self-mutilating behavior,” and giving a short history of these actions, she returns to her argument. She questions the phrase “social contrariness,” and eventually concludes: “They don’t define ‘social contrariness,’ and I can’t define it, so I think it ought to be excluded from the list. I’ll admit to the generally pessimistic outlook. Freud had one too” (154). She soon breaks into the technicalities of differing viewpoints and interpretations of behavior, which aids her in arguing the next description; “My self-image was not unstable. I saw myself, quite correctly, as unfit for the educational and social systems. But my parents and teachers did not share my self-image. Their image of me was unstable, since it was out of kilter with reality and based on their needs and wishes” (155). A few pages later, she goes on to insinuate sexism in her diagnosis. If Susanna Kaysen is denying the suitability of her diagnosis, one must ask: was she correct?

Did Susanna Kaysen have borderline personality disorder? It is hard to tell, since the official description of the disorder consists of fairly vague statements. Most of the descriptions are relative, which brings on the issue of comparison. Who was Susanna Kaysen being compared to? Teenagers in general? Her classmates in high school? She explains that she was simply different from the people in her high school; “I was the first person in the history of the school not to go to college.... In 1966, I was a pariah” (156). She goes on to say: “I was that one who wore black and—really, I’ve heard it from several people—slept with the English teacher. They were all seventeen and miserable, just like me. They didn’t have time to wonder why I was a little more miserable than most” (156-7). It seems bizarre to assume that incompatibility with others’ expectations could lead to a diagnosis of psychopathology and institutionalization, but social deviance can easily become a gray area.

To look at the issue on a more general level, was Susanna Kaysen psychologically disturbed at all? Her thoughts on suicide seem to indicate that she was. In writing about a fellow patient’s suicide attempt, she wonders: “Why did she do it? Nobody knew. Nobody dared to ask. Because—what courage! Who had the courage to burn herself? Twenty aspirin, a little slit alongside the veins of the arm, maybe even a bad half hour standing on a roof: We’ve all had those. And somewhat more dangerous things, like putting a gun in your mouth” (17). She later recalls her own past suicide attempt, and her lack of justification for it: “My motives were weak: an American-history paper I didn’t want to write and the question I’d asked months earlier, Why not kill myself? Dead, I wouldn’t have to write the paper” (36). Afterward, she seems to view her suicide attempt as a positive event. As she describes it, “I felt good. I wasn’t dead, yet something was

dead. Perhaps I'd managed my peculiar objective of partial suicide. I was lighter, airier than I'd been in years" (38). It is difficult to determine if this is the behavior of a person with borderline personality disorder or suicidal depression. In analyzing her stability, the reader may notice another passage, in which Kaysen recalls having been unsure about the presence of bones and tendons in her hand. She proceeds to pick apart her hand, creating a mess of blood and broken skin. Nurses and doctors saw this as psychotic behavior, but, to her, it was simply a scientific experiment carried too far. As questionable as some of her other behaviors may be, suicide attempts and personal bodily damage are indeed indicative of some degree of psychological instability. Whether the label "borderline personality disorder" or "depression" (or even something else) is appropriate may depend on the doctor, but, based on her behavior, neither seems unreasonable.

Why does Susanna Kaysen deny her diagnosis? It is possible that she thinks she is misdiagnosed. Perhaps a less stigmatizing label, such as depression (which also seems to fit her wide variety of questionable behaviors) would be more appropriate. Considering her suicidal and self-mutilating desires and actions, it is probably unrealistic to assume that she was completely psychologically healthy. Did she realize her unstable nature but resist the stigmatizing label, or was she blind to the dangerous nature of her behaviors? It seems as if she *must* have realized the danger in her actions and that she is simply unwilling to admit to it. If so, then denial serves as a literary defense mechanism, allowing her to separate herself from her illness by claiming she never really experienced it. And, by insisting that her diagnosis was incorrect, she makes it easier for herself to be open regarding her experiences at McLean Hospital.

Another way to distance oneself from psychological illness in a memoir is to fictionalize the account. In *Diary of an Anorexic Girl*, Morgan Menzie writes about her personal experiences, but chooses to make the book a novel instead of an autobiography. If the book is based on her struggle with an eating disorder, why did she choose to fictionalize the account? In her introductory disclaimer, she gives several reasons. She explains: “What you are reading really happened to me, just not in exact detail, because my memory is not, as they say, that of an elephant’s. If you are so tormented by the mystery of what is real and what is not and as a result feel your black-and-white world slipping into gray... realize that I don’t even remember what’s real and what’s not at this point” (vi). Perhaps she made this decision simply because of a limited memory, but there may be more to the decision. She hints that she had fun with the act of fictionalizing; “But you should know that my story has been fictionalized. No, not all the characters in this novel are fictional. I’m not that brilliant; my creativity stops just short of plausibility. Most, with the exception of one or two individuals (who, if I had my way, I would bring to life) are real. Names have been changed, with the exception of Oreo the cat” (vi). It is interesting to note that she has also chosen to rename herself (as “Blythe”). Since it is, after all, a fictional account, she can create an entity separate from herself to safely study and critique. She does not only alter herself, however. In the acknowledgements section, she admits to having purposely distorted the personality of at least one of the main characters: “‘Owen,’.... The fact that there isn’t an ounce of meanness in you was just too tempting. I had to make you a *little* shady. Call it the mischievous writer in me, but I wanted to see how you would be with a mean streak” (vii). Yet, in the introduction, she explains that she wrote this book as a type of therapy.



If she wishes to relive her experiences and come to terms with them, why did she not write her story as accurately as possible? While the work still retains the pain and vulnerability of a life with anorexia nervosa, Menzie has made it easier to write about these painful experiences. By fictionalizing the account, she leaves her options open for adding, changing, or deleting important information. Readers must appreciate this book as a piece of semi-autobiographical fiction, and accept Menzie's various reasons for writing it in this way.

There are more subtle literary defense mechanisms than outright denial and fictionalization. What I have termed "language dissociation" involves either using vague language to describe painful memories or using an external point of view in narration. These types of language dissociation seem to be common in memoirs about Dissociative Identity Disorder (DID). It seems logical that using vague and detached words would be common in these types of accounts, since those suffering from DID are coping with memories of physical, sexual, and/or psychological abuse. Using an external point of view during narration also makes sense, since those writing about life with a fragmented sense of self may find it difficult to narrate from a personal point of view.

*When Rabbit Howls*, by Truddi Chase, best demonstrates the use of language dissociation via vague and detached words. For instance, although the book is an autobiography, she chooses not to write in the first person. She instead narrates from an external point of view (to be discussed later), often referring to herself in the third person as "the woman." An example of an early description of herself is: "The woman introduced herself with a firm handshake and a warm smile. She waved him to the sofa and knelt on a pair of orange floor cushions. She said she hated chairs" (3). The memoir

takes on a detached feel. Chase also has difficulties referring to her therapist by his real name, which she describes in a letter to him: “I don’t think we can refer to you in these pages as ‘Doctor Phillips,’ or by your first name either. Somehow it brings you and the authority you represent too close, and the sick feeling rises up. If you don’t mind, another name has been chosen—‘Stanley.’ I know it sounds like the name of an innocuous, lifeless entity. It is meant to” (14). So, in Chase’s narration and letters to her therapist, she masks Dr. Phillips and hides his authority, facilitating the catharsis necessary for therapy. Chase refers to her stepfather, who had abused her mercilessly, simply as “the stepfather,” which allows her to detach herself and deny real relation. She explains this to her therapist relatively early on: “‘I’m not related to anyone.’ Being forced to identify with the stepfather as someone related to her when she knew he was not, was tantamount to picking one’s nose in public. Aside from his tackiness, he had been evil. It was something one could feel whenever he walked into a room” (87). Similarly, she refers to her mother as “the mother.” Although her mother did not abuse her as frequently as her stepfather, she did so occasionally, and she always looked the other way during her stepfather’s cruelty. Chase recognizes her use of this language, and finds it strange, but somehow cannot change this habit: “‘Did I say “the mother”? I know that’s wrong. I should say “my mother.” One should do what’s right.’” (89). It seems perfectly logical that Chase would not want to associate herself with a family that caused her so much suffering. Unfortunately, her rejection of family also carries over to her daughter, Page, who obviously had no part in the abuse. Some of Chase’s younger personalities do not feel old or mature enough to be a mother, or are unwilling to admit to sexual experience. As one of the tortured personalities explains, “‘I have never been married.... I’ve never

been pregnant. What do you take me for, a fool?’” (87). Chase rejects any form of family, taking a distanced approach in speaking of blood relations, and referring to those who raised her in very impersonal terms.

Vague use of language can also be seen in the way Chase refers to male anatomy. Her dominant personalities have no memories of rape, but some of her concealed personalities do. The subconscious memories seem to be responsible for Chase’s inability to use the word “penis” during therapy. Early on, she is very unclear in speaking about sex: “‘Yes. After I see his—’ She stopped, unable to say the word. She was trembling. ‘After he puts me on top of him, there’s no picture. Nothing’” (9). Later on, she tries to get more specific: “ ‘Right now, what bothers me most is the pink thing in the flicks [of memories]. It’s there with all that wiry brush around it and it seems to pertain to me, and yet it doesn’t. The flicks won’t stand still long enough” (98). Even as therapy progresses, she has difficulties with this term. The memories of her tormenters and the abuse are too painful to articulate.

Chase’s difficulty in admitting to any relation to her mother or stepfather shows the lasting effects of physical, sexual, and psychological abuse. Her denial of any ties to them, along with her inability to find the words to describe her memories, shows a fragmented, pained, and detached mind. Speaking in this way allows her to begin to admit to her problems and uncover the damage her abusers caused without full identification with her past self. While her word choice in describing abuse is often brought to her attention by her therapist, another form of language dissociation can only be seen in the actual text of the memoir: the use of an external viewpoint.

Much of *When Rabbit Howls* is written from the point of view of an omniscient, external narrator. Though Chase is the author of this book, she often narrates situations in which she was not present. She sometimes narrates her therapy sessions from her viewpoint, but she also has a tendency to switch to her therapist's viewpoint. She even sometimes takes on the perspective of a student (who also has DID) in her therapist's class. The frequent switching of narration and the related omniscient feel of the story allows Chase to separate herself from her past experiences. Telling the story in a novelistic manner and looking at the problem from a distance allows Chase to focus on the facts, dialogues, and descriptions, and to ease away from the pain.

During several passages in the book, the narration is completely external, within the mind of someone other than Chase. For instance, the book begins by introducing her therapist, Dr. Phillips. The narration reads: "As he pulled into his parking space that morning, the back windows already streamed with light. The spring wind that had buffeted his car on the highway shoved him bodily across the parking lot, whipping at his tweed jacket and tearing at his briefcase. Reflected in the glass doors as he strode through them was the blurred image of his six-foot, forty-year-old frame" (1). Chase's choice to begin the book with a narration of her therapist's activities seems significant, as if we will be reading a story that will be told by a therapist, not a patient. She even takes his point of view in critical analyses her behavior. For example, she includes his early thoughts on her dissociative behavior: "As in the first interview, she'd continued to refer to 'people,' and always on a note of apprehension or fear. He was careful not to let her see how that astounded him.... Almost everything frightened her" (12). She often narrates therapy sessions as if framing herself as a mystery character: "There were no pauses between the

words, they tumbled out of her mouth. She spewed hatred for everything and everybody, including herself; denied the worth of whatever she had accomplished, or might accomplish, in her lifetime. Her eyes remained, for the most part, veiled behind the bangs” (91). It is almost as if, in the writing of this memoir, she *becomes* Dr. Phillips, the expert therapist of a disturbed young woman. She even narrates professional conversations Dr. Phillips has with others, obviously conversations that Chase did not observe, their inclusion hinting at her desire to understand her case from an outside, professional point of view. Understanding her illness in this way serves as a therapeutic technique for her recovery.

Cameron West uses a similar technique in writing about his experiences in *First Person Plural*, his memoir of DID. While Chase often switches to the narration of her therapist, West switches among his own viewpoint, that of his therapist, that of his wife, and a unique, removed type of self-narration. In one chapter, West begins with a description of his morning: “I awoke feeling surprisingly chipper and clear, although the left side of my face was raw and sore” (63). Soon after, on the same page, the narration shifts focus to the thoughts and actions of Rikki, his wife: “Rikki sat down, nervously clutching her purse in one hand and the pictures in the other....Rikki watched Arly nervously, sensing something big was going to happen, but not knowing what” (63). Even though this passage is written in the third person, the thoughts and viewpoint portrayed are clearly that of Rikki. Two pages later, in describing his own dissociation, West switches to a third narrative focus—that of his therapist—when viewing his dissociation into an alternate named Davy: “Davy’s hands dropped to his sides and he slumped back in the chair, exhausted and whimpering, his breath coming in spasms. He

started scratching at the wound on his left cheek. ‘Don’t scratch yourself, Davy,’ Arly said firmly. He continued scratching and Arly jumped up, took his left hand, and put it at his side. ‘No scratching, Davy’” (65). The constant shifting of perspective allows the reader to understand the emotion and difficulty of the situation from all points of view. As with Chase’s memoir, this method probably helped West to better comprehend a time in his life when he lacked control and full understanding. It also probably allowed him to keep from completely reliving this pained, disturbed part of his life, by allowing him to observe his past self from an outside point of view.

The prologue of *First Person Plural* includes a very unusual type of narration only possible in this type of memoir. In this passage, West narrates an incident of self-mutilation from his own point of view, but in a situation in which he was not in control of his actions. The narration begins: “Looking out my upstairs bedroom window through a curtain of fog, I see a vague image under a street lamp. I squint my eyes, and as the image slowly becomes clearer, I can distinguish a human outline....*Who is that?* It’s a slim, dark-haired man in a T-shirt and blue jeans. He’s doing something, but I can’t quite make it out....*What’s he doing?*” (1). After this confusing passage, it is brought to the readers’ attention that West is looking into a mirror while he cuts himself, but he has no power to stop these actions, since they are being carried out by an alternate personality. This depersonalization experience is conducive to external narration, as are many elements of his disorder. This explains how West’s memoir comes to take on such an omniscient, external point of view.

The use of external narration seems to be helpful in creating a continuous and all-inclusive story. It also serves the purpose of allowing the authors to understand the

situations from multiple viewpoints. Yet, there seems to be a deeper purpose as well. Writing about one's psychological disorder from an outside perspective seems to allow the authors to study the past as if watching a separate person whose story they can only try to tell objectively and professionally. The levels of distancing and use of defense mechanisms in memoirs about DID remind us that the disorder itself is one of dissociation—branching out into multiple personalities to cope psychologically with intense abuse. Additionally, Chase and West seem to split the text among multiple personalities and viewpoints, creating very separate characters in the process. I will turn to this process now.

“Splitting,” a unique coping technique exclusively seen in memoirs about dissociative identity disorder, lets separate personalities hold and dictate different painful memories. The disorder itself begins when one mentally removes oneself from difficult situations and lets alternate personalities take over consciousness (and thus hold memories of these times). In memoirs about DID, authors write as if the alternates are indeed separate characters. While the texts do not, by any means, claim that the alternates live in different bodies, they do treat them as individual characters with separate minds. The authors build upon the distinct body language, diction, and memories of the alternates, reinforcing their individuality. Thus, Chase's “self” character dissolves into ninety-two characters in *When Rabbit Howls*, and West's “self” character fragments into twenty-four individuals in *First Person Plural*.

Chase's memoir provides a good example of “splitting.” Different personalities speak in different ways, deal with different memories, and are described as having distinct physical characteristics and temperaments. It is evident that all of these passages

deal with Chase, but her method of strictly differentiating the personalities allows her to allocate different painful memories to different selves, thus lessening the pain, and granting individuality to each of the different identities. Initially, she describes herself as “blond and slender, but big boned and moderately tall, her body well muscled, her movements fluid. Her cheekbones were high, and her eyes, which were partially obscured by bangs, had an oriental slant. Composed and in charge...” (4). Her early perceptions of herself seem to be that of capability, maturity, and physical attractiveness. Yet, when she begins to dissociate (and split the concept of self), her self-descriptions begin to vary. As Chase (the author) narrates ninety-two personalities, Chase (the character) branches into ninety-two distinct characters. An early dissociation scene, in which Chase recounts a rape memory, portrays her in a childlike manner; “There was a whine in the voice, like that of a very little girl. ‘He is so big. I don’t like this’” (32). Readers are also given some more complex passages in which they can see shifts between personalities; “soft eyes, wider and more lively, sparkled at him under ash-gold fringes of hair. ‘I don’t know. This far.’ Her hands came together, moved apart. ‘Music,’ said the same childlike but suddenly lispy voice, ‘it was pretty the way they sang...’” (91). This short excerpt shows a subtle change between the voices of two of the younger personalities and the ease with which they shift dominance. Later in the memoir, Chase gives descriptions of the different personalities physically interacting, which seems impossible. Chase writes: “The little one, though she had been calm throughout the recall, stopped. Catherine could hold her no longer and, with a faint cry, the child’s thought crumpled. Mean Joe moved fast, his hands huge and black against the pale skin. He snatched up the waif in the dull brown dress. Her head of golden curls drooped against his shoulder” (255). This scene is



difficult to imagine, since the characters all exist within the same body. It seems that readers are meant to assume that physical support symbolizes emotional support. In several italicized passages, Chase again throws the reader into the chaos of her mind. One can see the verbal interactions and mental confrontations that occur within her private world. For example, one passage vaguely introduces a new character; “I know you, *the Gatekeeper said*. I know your name. Ean. *She hesitated, grasping immediately that voicing his name was against the rules*. Who is the woman? / Not who, *he said, and the brogue in his voice was rich and full*, but what. Concern y’rsel’ wi’ that. *He was gone as if he had never existed...*” (22-3). Passages like this are intriguing, as one can begin to sort out and differentiate the voices of the separate personalities. Reading about their physical interactions with one another is particularly unusual, as the reader, without DID, may find this concept difficult to grasp. Chase and her alternates feel the need to be identified as individuals, and distinguish themselves through gender, age, assertiveness, and even accents. By recording their separate existences so specifically, Chase grants them all this individuality. This seems perfectly appropriate when one notes that the form of therapy she pursues encourages all of the personalities to peacefully coexist (instead of forcing them to merge).

The method of splitting, or branching out the main character’s narration into multiple characters, is also present in West’s *First Person Plural*. West originally describes himself as a “distinguished-looking, middle aged” (3), “slim, dark-haired man” (1). While these are physical descriptions, one can get a general idea of his age, professional air, serious attitude, and self-respect. Yet, later passages, during dissociation, describe distinctly different characters. The first emerging personality,

Davy, has a difficult time accepting West's body. The following passage draws a sharp division between the present speaker and Cameron West as readers know him: "Davy slowly looked down at his body, his gaze wandering down his shirt to his thighs and his knees. Then he leaned forward and peered over the edge of the chair, down at his feet. 'Wow,' he said, incredulous, eyes wide. 'I'm big. I'm a giant'" (67). The original West is clearly not the one speaking in this quote. Thus, Davy becomes a separate character, as do West's other alternates. Later in the story, Per (possibly from the French word for father, *père*), a much older and calmer personality, emerges. Again, his mannerisms and way of speaking are distinct; "Per sat placidly, hands folded in his lap, his eyes soft, his face alert. 'I don't blame you for being upset,' he said, looking at her kindly. 'I don't know where I came from. I watch over things, Rikki...over Cam and the others. I watch over the little ones'" (91). The alternates are all unique. Clay is young, and stutters when he speaks. Switch is full of anger, and often expresses this anger through self-mutilation. Some of West's personalities are even female. Having a female personality within a male body can be confusing (and vice versa), as readers learn about halfway through the memoir. Dusty, one of West's female personalities, has a brief flirtation with Robbie, a female DID patient's male alternate. It is an unusual flirtation, as the presently dominant personality of each person is of a different gender than the body. Yet, the interacting personalities are so attracted to one another's present personalities that they ignore the visible gender. Dusty shows her frustrations at existing in a male body; "'Of course I am [a girl],' she said, a little hurt. 'I know I don't look like a girl out here,' she gestured up and down at my body, 'but I am. And I know you're a boy'" (192). One can see that the personalities—Dusty, Davy, Per, Clay, Switch, and nineteen others—all become separate

and distinct. Although recognizing and writing about the separate personalities this way seems to be a good strategy to distribute the painful memories and give recognition to all of his components of self, he also expresses a need to unite them into a single self. As one personality writes on a paper covered with smudges of blood from Switch's destructive attempts: "We need to work this out alone. We can't afford to spin out of control. We will die out there. We will die and we can't count on anyone. Not on anyone. I need to hear from you. Help me out. Help me out. Help me out. Help me out. Pain is all around. Where is god. I need help. Where is god. I need help. Lately I'm circling the drain and you know it" (268). Some of the personalities are desperate and lonely. If they must remain separate, they need to at least work together so that West can lead a somewhat normal life. Assuming that he later finds a way to make this situation work (an assumption that readers can make based on his completion of a Ph.D. and this memoir), recognition of the individuality of his separate personalities may serve as a tribute to them. Because the memories are dispersed among the twenty-four personalities, they lessen the burden of abuse. This method of splitting the concept of self into multiple selves in writing about DID appears to be a fitting way to discuss this disorder—dividing the painful experiences among the different, unique characters that have claimed them. The many main characters represent the narrator's experience of having many distinct selves. This method shields him from the abuse (by dividing it), recognizes the individuality and importance of the separate personalities, and gives the reader a personal look into life with DID.

Another way that these authors separate themselves from their psychological disorders is by sharing the responsibility for the disorder with someone else, usually a

parent. By assigning partial blame to a parent, one may feel relieved of part of the burden of psychological illness. In *Prozac Nation* and *Wasted*, Elizabeth Wurtzel and Marya Hornbacher trace the roots of their problems back to their dysfunctional childhoods. While this is sometimes done very subtly, outright blame can also be seen at times.

A large portion of *Prozac Nation* is dedicated to reconstructing Wurtzel's early childhood and family life. Early in the book, Wurtzel connects her parents' divorce with her unstable psychological foundation and eventual depression. She writes: "This marriage could have peacefully ceased to be one fine day with an understanding that it was just a mistake, they were just two foolish kids playing house. Problem was, they had a child, and for many years after they split up, I became the battlefield on which all their ideological differences were fought" (27). Wurtzel places most of the blame on her father. She explains that her mother tried to provide her "with some sense of community and stability" while her dad "would spend most of our Saturday afternoon visits sleeping, leaving [her] to watch TV or paint with watercolors or call my mom and say, *Daddy won't move, I think he's dead*" (27). To stress her bad memories of her father, Wurtzel recalls: "One day, when I was about ten, my father told me that he had never wanted to have a kid with my mom, that their marriage was for shit and he had thought a child was a bad idea" (28). Wurtzel's preference for her mother can be seen in her decision to dedicate the memoir to her. While it may seem like Wurtzel is being too harsh on her parents (especially her father), one must acknowledge the difficulty of growing up with divorce and a physically and emotionally absent father. As if explaining how she came to be so depressed, Wurtzel cites numerous examples of their mistakes in raising her. She

discusses her mother's disposal of her at a summer camp for five consecutive summers (78), her father's decision to move without giving her his new contact information (105), and her father's outright refusal to sign the appropriate insurance forms that would have provided funds for her much-needed therapy (142). It is not difficult to see how resentments could grow from these experiences.

One could continue citing the instances in which Wurtzel writes about her awkward and unpleasant childhood—since there are many—but it may also be helpful to study her personal reflections about this period in her life. She analyzes the betrayal-filled family relations: “[My mother and I were] hugging and kissing and crying some more because we swear we’re never going to let Daddy come between us again. And then, sure enough, Daddy comes between us when Mommy isn’t busy coming between me and Daddy.... I was always betraying one of them with the other. As if this were a love triangle. Which, of course, it was” (81). This quote sums up her understanding, frustration, and exhaustion about what was happening. She also recounts a conversation in which she had told her mother that she never got to enjoy her childhood. She remembers saying, “I hated being the only child, I hated being so dependent on you because Daddy was out of it, and I hated the way you were so dependent on me. I never got to be a little kid. I never got to just have fun” (129). She brings her parents’ mistakes to their attention, but also speaks of these issues with her therapist. At one point, she traces her dependence on her boyfriend back to her lack of attention from her father (216). She even recalls a therapist saying something like “Because your parents divorced when you were so young and pursued such different lifestyles with such

clashing value systems, you have a split foundation, you are a fragmented person” (43), which seems to summarize her thoughts on her parents’ responsibility for her problems.

Since Wurtzel seems to find such good explanations for her depression in her parents’ actions, one may wonder if they really were responsible. But, since Wurtzel’s depression was drastically improved through medication, it seems likely that there may also be a biological component to the problem. It seems doubtful that their actions were *entirely* to blame. Perhaps a biological predisposition to the problem made her more likely to experience it, but her rocky childhood served as the trigger. In any case, her parents may be partially responsible, and Wurtzel feels the need to stress their connection to her problem. Tying her depression to her parents most likely helps her understand (and accept) her situation, making it clear that she, Elizabeth Wurtzel, is not completely responsible for her current state. By deciding that she was not to blame, she can create distance between herself and her depression.

*Wasted* is very similar to *Prozac Nation* in its focus on tracing the roots of psychological instability back to childhood. Early in the memoir, Hornbacher describes her situation in terms of the research literature on eating disorders: “If you are bulimic, it is assumed that you come from a chaotic family. If you are an anorectic, it is assumed you come from a rigid and controlling family. As it happens, mine was both” (22). Like Wurtzel, she finds many explanations for her problems when she thinks about her childhood. She explains, “My father, a brilliant and severely depressed man, was by turns adoring and unstable. My mother, a brilliant and severely repressed woman, was by turns tender and icy” (21). She remembers being puzzled by their inconsistency and stressed by the tension her relationships with them created. But, while she seems to

blame them at times, she also refrains from giving them full responsibility: “Let it be noted here that it is decidedly not their ‘fault.’ If someone tells you to jump off a bridge, you don’t have to jump. But if you jump, you can always blame them for pushing you. It would be very easy to blame this all on my parents, if I weren’t so painfully aware that I was also very curious about how it would feel to fall” (24). While she prefers not to blame them entirely, she does recall making certain food associations with each parent. She writes: “And so, with one parent at a time, I ate. Each had special foods, foods that only he/she was allowed to give me, all comfort foods, each food a statement of nurturance, a statement about the other parent’s lack thereof” (26). She also recalls learning early in childhood that “‘hungry’ was the same as lonely” (27).

In *Wasted*, Hornbacher has an uncanny memory for seemingly unimportant events. Of course, in her memoir, they all make sense in relation to her eating disorder, but they would otherwise be considered random and insignificant. For instance, she remembers being five years old, drinking a diet soda, and telling her friend, “I’m gonna be as thin as my mom when I grow up” (11). She remembers, at around the same age, banging on a piano, desperately trying to get her mother’s attention (19). She recalls the awkwardness of going through puberty early, and her mother’s discomfort with buying her a bra and explaining menstruation. These uncomfortable moments seem to instill in her a feeling of self-consciousness about her body. She recalls a painful experience in which her anorexic and alcoholic grandmother gives her an outfit several sizes too small. Hornbacher explains it as: “an outfit suitable for a ten-year-old that was too tight and made me look like a sausage. I cried and said I was fat, alone in the guest room with my mother.... I saved the outfit. I wore it almost every day in the hospital a few years later

when I was seventeen, and it hung from the bones of my shoulders and hips, bagging at the ankles and ass” (97-8). This passage shows the impact that seemingly insignificant events can have. It makes the reader wonder how seriously Hornbacher reacted to her father’s friendly nicknames, “Piglet” and “Grape Hog.”

These memories appear significant, as does Hornbacher’s overall dysfunctional family situation. If her parents unintentionally added to her problems, one would expect that they would at least be shocked to learn of her disorder. Surprisingly, when she first admits to being bulimic, her mother simply says: “I used to do that” (82). As she becomes sicker, they do get very concerned about her, but they still deny responsibility. When she suggests that she picked up some of these dangerous habits from her mother, her mother replies: ‘*Sweetheart*, you didn’t pick anything up. You just came this way” (156).

Hornbacher’s tendency to connect her anorexic and bulimic behaviors to her dysfunctional family life is very similar to Wurtzel’s technique with depression. Both young women lessen the burden of their problems by distributing the blame, and this blame does not seem to be completely undeserved. It helps the authors understand the possible origins of their conditions and to feel less guilt. Considering Hornbacher and Wurtzel’s family issues, it seems symbolic that both young women unintentionally get pregnant but miscarry the unwanted children. These are obviously not deliberate acts, but they seem to appropriately reflect Hornbacher and Wurtzel’s thoughts regarding parenting.

Comparison is also a useful technique in talking about psychopathology. While some authors choose to discuss others who were in worse conditions than themselves



(*Drinking, A Love Story* and *Girl, Interrupted*), other writers choose to portray themselves as being in the worst possible shape (*Wasted* and *Prozac Nation*). Making themselves look sane compared to others lessens the stigma of psychological illness; making themselves look comparatively ill when writing about the past makes them appear relatively sane in the present.

Caroline Knapp provides a good demonstration of the use of comparison by both using and explaining this technique in *Drinking, A Love Story*. One can see her diverting attention from herself in passages such as: “*There’s Elizabeth—she was bulimic for about seven years. There’s Jamie—alcoholic, but his drug of choice is pot.... There’s Bobby—alcoholic, pill addict.... There’s Amy—she’s the one who used to steal Valium from her cousin. There’s John—alcohol and cocaine. There’s Louise—alcohol and heroin*” (138). When identifying people with more severe problems, Knapp does not seem so ill. However, it is not fair to say that she makes herself look good in every passage. On occasion, she throws herself right in with the others. For example, she writes: “About a year after I quit drinking, three women and I, all sober now, sat in a restaurant and determined that on a single evening in June of 1983, we were, respectively, starving, throwing up, stealing, and popping Valium. Oh, and drinking” (133). However, she more often portrays herself as a less severe alcoholic than others. Interestingly, she is aware of this, and recalls having used this technique when worried about her possible alcoholism.

Knapp is self-analytical in writing about her disorder. For example, she recalls an interaction with a stranger who was obviously an alcoholic; “She kind of reeled in there, very drunk, and slurred something about quitting that ‘fucking place, those fucking losers.’ I was washing my hands and I just looked at her. She stared back at me and said,

‘Do you know what I *mean*? Am I making myself *clear*?’ I had no idea what she was talking about so I just smiled and said, ‘Oh yes. Absolutely’” (26). Knapp remembers thinking, after that encounter, “*What a life, huh?* She was far worse than my friend Elaine and far, far worse than me, and so she was very helpful to me for a very long time, symbolizing not what I feared I might become but what, for the moment, I wasn’t. My drinking was so social by comparison, so normal. Wasn’t it?” (26). In this passage, she pairs herself with Elaine. In another passage, though, she stresses that Elaine was a much worse alcoholic. In speaking of this woman, Knapp writes: “Elaine drank a lot, more than I did, and she drank especially hard when the relationship with the married man got rocky, which was often. She drank beer and vodka, and she’d call me up on bad nights and ask me to come over. The beer made her overweight and the vodka made her sloppy, and she’d sit on her sofa with a bottle and cry” (6). Knapp sympathizes with this woman, understands the part alcohol plays in this situation, and sees a connection with herself. But, in recalling her friendship with this woman, she realizes how she used Elaine in order to feel better about her alcohol problem. Knapp writes: “But some small part of me (it got larger over the years) was always secretly relieved to see Elaine that way: a messy drunk’s an ugly thing, particularly when the messy drunk’s a woman, and I could compare myself to her and feel superiority and relief. I wasn’t *that* bad; no way I was *that* bad” (6-7). Later in the book, she again writes of Elaine, and explains her presence as a deterrent from seeking help; “For years I could see that truth in other people, but not in myself. I could see it in my friend Elaine, the way her drinking seemed to stand in the way of any real opportunity she had to grow or change or learn from her own experience. *She’s too out of it to have a healthy relationship*, I’d think, feeling smug.... *She doesn’t*

*know who the hell she is*" (167). In a similar way, Knapp also uses her friend Abby as a point of comparison. She remembers, "I could always feel some part of me using Abby's story to call my own alcoholism into question, to compare, to look back and say: *Me? No way*" (31). The following quote seems to serve as a summary of this technique and Knapp's use of it: "Of course, active alcoholics love hearing about the worst cases; we cling to stories about them. Those are the *true* alcoholics: the unstable and the lunatic; the bum in the subway drinking from the bottle; the red-faced salesman slugging it down in a cheap hotel. Those alcoholics are always a good ten or twenty steps farther down the line than we are" (30). As Knapp explains, it helps "to speculate about the drinking habits of other people, especially if their drinking habits look troublesome" (110). This technique is not limited to alcoholism and addictions, however. Another good example of the use of comparison can be seen in Susanna Kaysen's memoir, *Girl, Interrupted*.

*Girl, Interrupted* is an interesting book to discuss in conjunction with *Drinking, a Love Story*, since they both use the same general method in very different ways. As compared to Knapp, Kaysen seems to be writing more of a popular, attention-grabbing book. Kaysen writes about a collection of maladjusted and severely psychologically unstable teenagers with unusual quirks or habits. She brings attention to their psychopathologies, but de-emphasizes her own. Is she stressing their instability to capture the readers' attention, or is she using them to make herself look comparatively sane? The answer probably involves both motivations. Although she was committed to McLean Hospital and diagnosed with borderline personality disorder, she seems to focus more on her peers' illnesses and activities. Kaysen dedicates a chapter to the story of a fellow patient named Polly. She introduces her with the words: "One girl among us had

set herself on fire. She used gasoline” (16), going on to frame Polly as a mysterious yet friendly young girl who had changed for the better after her violent suicide attempt. Kaysen writes about Polly’s friendliness, compassion, and composure, yet gives no reason for her drastic action. Kaysen also focuses on Lisa, a young, anorexic, drug-addicted sociopath. Her initial description of Lisa is strange: “She rarely ate and she never slept, so she was thin and yellow, the way people get when they don’t eat, and she had huge bags under her eyes. She had long dark dull hair that she fastened with a silver clip. She had the longest fingers I had ever seen” (20). Kaysen describes Lisa’s manipulative nature, her attempted escapes, and her pompous attitude. Another strange character, Daisy, is introduced with the description: “Daisy had two passions: laxatives and chicken” (32). Daisy is an unusual character whose eccentricities are discovered during one of her many stays at McLean. As Kaysen remembers Lisa recounting, “‘Daisy’s room is full of chicken...She peels all the meat off because she likes to keep the carcasses whole. Even the wings—she peels the meat off them. Then she puts the carcass on the floor next to the last carcass. She has about nine now. She says when she’s got fourteen it’s time to leave’” (34). Another unnamed character, briefly mentioned at a few points in the story, “was a Martian’s girlfriend and also had a little penis of her own, which she was eager to show off” (31). And, finally, one cannot discuss the unusual characters of this book without mentioning Alice, a seemingly normal young girl who was committed without any noticeable reason. While she seemed introverted and relatively normal to her peers, the nurses were visibly concerned about her. One day, while visiting Alice in the maximum-security wing, Kaysen begins to understand that she was far from normal; “Alice’s room didn’t smell good. Her walls were smeared with

something [that turned out to be excrement]. So was she. She was sitting on her mattress with her arms wrapped around her knees and with smears on her arms” (113).

Most of Kaysen’s relatively short memoir deals with portraits of the psychological illnesses of others. She touches upon her own diagnosis of borderline personality disorder, but argues the validity of it. Even though she writes about her suicide attempt and other unstable actions, she seems to insinuate that her experiences were insignificant in comparison to others’ drastic and almost unbelievable actions. Did she do this to tell an interesting story or to make herself seem comparatively sane? It could be either, but Kaysen does not admit to using comparison, as Caroline Knapp does in *Drinking, A Love Story*. Yet, it seems that she must, to some degree, be aware that stressing other characters’ psychological instabilities makes her appear relatively normal and stable. The most obvious explanation for this behavior would be that it is a defense mechanism, a way of dissociating herself from her supposed disorder by de-emphasizing its severity. Using very different styles, Knapp and Kaysen both seem to demonstrate this technique in their writing.

While Knapp and Kaysen downplay their disorders in comparison to those of the people surrounding them, other authors choose to write about their past problems in exactly the opposite way. Some authors, including Marya Hornbacher and Elizabeth Wurtzel, stress the severity of their past illnesses. Doing so recognizes the difficulties they went through, emphasizing—through their current clarity of mind and thoughtful analyses—the improvements that they have made. Considering their present stability, labeling their past problems as dangerous, difficult, and painful makes them seem foreign. Thus, the authors can simultaneously recognize their disorders and deny that

they still have power over them. A way to detect this technique is to study the severity of the authors' descriptions and to look at the way they refer to their present functioning.

In *Wasted*, Hornbacher writes about her eating disorders with almost painful clarity. She analyzes her experiences, the probable causes, the unexpected side effects, and the emotions associated with anorexia and bulimia. She reinforces the severity of her illness by recounting doctors' notes, life expectations, physical problems, and her constantly decreasing weight, stressing her all-consuming sickness and proximity to death. Through these descriptions she both recognizes her past and implies how far she has come.

It is important to see Hornbacher as she views herself. In an introductory explanation, she describes her life in terms of her illness. She writes: "My weight has ranged over the past thirteen years from 135 pounds to 52, inching up and then plummeting back down. I have gotten 'well,' then 'sick,' then 'well,' then 'sicker,' and so on up to now" (3). She includes a passage about her first encounter with bulimia, which occurred at age nine. Hornbacher recalls: "One minute I was your average nine-year-old, shorts and a T-shirt and long brown braids, sitting in the yellow kitchen, watching *Brady Bunch* reruns, munching on a bag of Fritos, scratching the dog with my foot. The next minute I was walking, in a surreal haze...out of the kitchen...into the bathroom...throwing up until I spat blood" (9). She does not only write about numbers, health, and vivid memories, however. She also analyzes herself from an emotional point of view. Her memoir includes some very critical psychological analyses; "In truth, you like the pain. You like it because you believe you deserve it...the belief that you are so evil as to deserve starvation and any other form of self-mutilation...One part is the part

you're trying to kill—the weak self, the body. One part is the part you're trying to become—the powerful self, the mind” (124). She is not afraid to tell her readers what happens psychologically when one decides to starve oneself: “You go insane about now. You understand, it just happens. Crazy isn't always what they say it is” (171). The later pages of the memoir are somewhat disconnected, as they consist of the fragments she remembers from the peak of her illness. Her recollections are scattered, and her writing style reflects this. She writes: “I went in search of a scale. Seventy. I took off my belt and shoes. Sixty-seven. That's when I began bingeing. It was all over then. From there on out, everything is a blur” (267). A few pages later, the countdown continues; “I think I'm dead. Finally....Fifty-two. Then everything goes white. From here on out things are very blurry” (271). While personal narrations are, of course, the most powerful, Hornbacher also thinks it is important to touch upon the perceptions of others. These accounts add much validity to her story.

Hornbacher's inclusion of doctors' notes throughout the memoir allows her to show the severity of her illness through the eyes of professionals. She finds her records from a hospital stay, which contain a list of her psychological and physical problems. These diagnoses include: “anorexia nervosa,” “malnutrition secondary to severe starvation,” “bulimia nervosa,” “major depression, recurrent,” “mixed personality features,” “bradycardia,” “hypotension,” “orthostasis,” “cyanosis,” “heart murmur,” and “severe digestive ulceration” (178). One cannot argue the gravity of her situation or the danger of her medical problems. During a later hospital stay, similar diagnoses are made, along with observations about her dysfunctional family situation. At the end of the report, there are strong cautionary notes to the nurses who watch her: “Admit for long-

term residential treatment. Caution: Has been hospitalized on four separate occasions for her eating disorder. Building restriction until further notice. Twenty-four hour watch” (186). It is evident that the doctors and nurses are strongly concerned and unsure of how to help her recover. In reviewing the “two-thousand-plus pages of illegible notes” (3) made about her condition, she comes across many comments about her prognosis. She explains: “I learned, among other things, that I am ‘chronic,’ a ‘hopeless case.’ I sat in my folding chair and perused the picture presented by these charts, a picture of an invalid, a delusional girl destined, if she lived, for a life of paper gowns and hospital beds” (3). Immediately following this passage, she brings attention to the inaccuracy of their predictions and her overall present health. She writes: “That picture is a bit inaccurate. I am neither delusional nor an invalid. Contrary to the charts that slated me for imminent expiration, I have not, to the best of my knowledge, expired” (3). The juxtaposition of these two passages emphasizes her recovery and stresses how different a person she was at the time of her illness. Since this occurs at the beginning of the memoir, readers are primed to understand the following story as something that occurred in a very different time in her life. This separates Hornbacher from her old self, but also allows her to write in detail about the past. Another powerful use of juxtaposition lies near the end of the memoir. She writes: “February 18, 1993. I am given a week to live. Four years (approximately 169 weeks, 1,183 days, 28,392 hours) pass. March 11, 1997. I am alive” (276). While she often chooses to point out the inaccuracy of the doctors’ expectations in a smug manner, it is nonetheless powerful to hear such serious threats predicted for this young woman that readers have come to care about.



Another way to measure Hornbacher's illness is through the eyes of her friends. Her former roommate describes spending time with her during a particularly rough point in her eating disorder. Her friend, Lora, writes: "...Your head looked really too heavy for you to be carrying it around on your bones like that. And your bags for that matter were about to make you collapse like a Slinky...And then you needed a back rub and I swear I felt like I was giving a back rub to a bird...I remember my friend Ryan thinking you were like terminally ill and me saying I hope the hell not" (259). The accounts of others certainly support Hornbacher's dramatic statements.

In *Wasted*, one can see Marya Hornbacher stress the severity of her experiences with eating disorders. The account is (deservedly) dramatic and intense. As opposed to the accounts of Kaysen and Knapp, Hornbacher has chosen to make herself the most severely sick character in the memoir. She describes herself as so sickly, in fact, that it could be argued that she appears proud—and possibly even brags—about how bad and dangerous things became. Elizabeth Wurtzel, in *Prozac Nation*, also chooses to make herself the most unstable figure in her memoir. Wurtzel writes about the gravity of her depression by describing the hopelessness and despair she feels when it hits. She writes about both pure depression and depression triggered by life events, and recounts the emotional pain she had felt during these times. Unlike Hornbacher, she does not call on anyone else to describe her during this period. Wurtzel simply uses her own words to convey her horrible experiences of living with this disorder.

*Prozac Nation* is fascinating even if only for Wurtzel's vivid descriptions of depression itself. Her intense diction and expressive ability are very effective in portraying what life feels during depressive episodes. One of these descriptions comes as

early as the third page, under the loose guise of a narration about a messy room: “I’m sure that I have nowhere to run, that I can’t even walk anywhere without tripping and falling way down, and I know I want out of this mess. I want out. No one will ever love me, I will live and die alone, I will go nowhere fast, I will be nothing at all. Nothing will work out” (3). A little later in the memoir, Wurtzel recalls attempting to describe depression to a friend. She remembers saying: “I want out of this life. I really do. I keep thinking that if I could just get a grip on myself, I could be all right again. I keep thinking that I’m driving myself crazy, but I swear, I swear to God, I have no control. It’s so awful. It’s like demons have taken over my mind. And nobody believes me. Everybody thinks I could be better if I wanted to” (63).

Another important passage about her experiences with depression deals with her envy of those who can turn pain into creativity. At this time, she has yet to discover her literary talent, but longs to put the depression to some use. She writes: “Jesus, I wondered, what do you do with pain so bad it has no redeeming value? It cannot even be alchemized into art, into words, into something you can chalk up to an interesting experience because the pain itself, its intensity, is so great that it has woven into your system so deeply that there is no way to objectify it or push it outside or find its beauty within” (251). Near the end of the memoir, Wurtzel feels that she has hit “rock bottom.” She describes this as the worst possible feeling, a feeling of pure despair for absolutely no reason. She writes: “this is rock bottom, this is what the worst possible thing feels like. It is not some grand, wretched emotional breakdown. It is, in fact, so very mundane: Rock bottom is an inability to endure being lost in Piccadilly Circus. Rock bottom is an inability to cope with the commonplace that is so extreme it makes even the grandest and

loveliest things unbearable” (288). These quotes speak for themselves about the horrors and depths of depression, and really need no explanation. They must simply be appreciated for their insight and ability to describe a severe depression unlike what most of us have experienced.

There are also some points in which Wurtzel describes depressive episodes triggered by life events. While she always suffers from this disorder, difficult situations often cause intensified feelings of despair. Wurtzel gives moving descriptions while writing about these events. In speaking of the end of her first significant romantic relationship, Wurtzel writes: “For the first time in my life, my pain had a focus...I didn’t care about anything except how this was the worst pain ever” (103). Most of her intense depressive episodes occur after problems with men. While the previous quote refers to the end of her first relationship, the following quote deals with her discomfort in spending time away from her subsequent boyfriend. Wurtzel recalls: “I’d wake up in the morning still crying and I’d start to wonder if it was possible that I’d been crying in my sleep all night long. The only way I could doze off on nights like that was by sneaking one of Alden’s Halcion pills out of the bottle she kept on her desk drawer” (214). Wurtzel describes her hopelessness, loneliness and despair as being the epitome of these emotions. Unlike the writings of Knapp and Kaysen, Wurtzel and Hornbacher describe their suffering as being unparalleled, allowing them to recognize and accept their past problems. This also serves as a barrier—allowing them to admit to and describe the worst, knowing it has passed and is no longer representative of them or their present lives. Their current clarity and stability serve as a contrast and make them seem like separate people.

Coupling descriptions of psychological disorder with recognition of strengths and accomplishments provides yet another method of distancing in these memoirs. In *Darkness Visible*, William Styron often pairs his internal bouts of depression with the external recognition of his literary abilities. He also often writes of his depression in comparison with the depressions of some of the greatest artists and writers of all time. These methods allow him to balance his negative daily circumstances with his admirable life achievements, as if the two components are meant to cancel one another out in an analysis of his overall functioning.

Styron focuses on his depressive episodes that occur during some type of honor, such as when he writes about being recognized with the Prix Mondial Cino del Duca, an international prize awarded to a writer or scientist “whose work reflects themes or principles of a certain ‘humanism’” (5), as Styron explains. He describes this award as something that “should have sparkingly restored [his] ego” (5), especially since he was only the second American to have ever been chosen to receive it. Many of his descriptions of depression are embedded in passages about the award itself, the ceremony, the lunch held in his honor (which he skipped), a celebratory lunch with his editor, and the \$25,000 check he received (and temporarily misplaced). Another passage describes the depression he felt while being photographed for a magazine article. Yet another passage describes the point at which he was lifted out of his depression. This passage only briefly deals with his achievements, as he is moved by a film whose actress, he casually mentions, “had been in a play of mine” (66). Additionally, throughout the memoir, there are short synopses of the books and plays he has written. Their inclusion almost resembles advertising. Lists of his writings can be found in the beginning of the

book, scattered throughout the memoir, in the “About the Author” section, and (complete with descriptions and ordering information) in the last two pages of the autobiography. One cannot read this memoir without being fully informed about the literary successes of William Styron. While this may at times seem to be a bit excessive, he certainly has reason to be proud of his works. Producing world-renowned prose during times of severe depression is certainly something worthy of satisfaction. Although I have so far only stressed Styron’s pride in his accomplishments, it must be noted that this short memoir contains (arguably) some of the most well-known and detailed accounts of depression ever written.

Another way that Styron almost justifies his depression with his achievements is by comparing himself with other great writers and artists. He notes: “Despite depression’s eclectic reach, it has been demonstrated with fair convincingness that artistic types (especially poets) are particularly vulnerable to the disorder—which, in its graver, clinical manifestation takes upward of twenty percent of its victims by way of suicide” (35). He implies his inclusion in this category of fine artists, and goes on to list fellow creative geniuses who also suffered from affective disorders; “Hart Crane, Vincent van Gogh, Virginia Woolf, Arshile Gorky, Cesare Pavese, Romain Gary, Vachel Lindsay, Sylvia Plath, Henry de Montherlant, Mark Rothko, John Berryman, Jack London, Ernest Hemingway, William Inge, Diane Arbus, Tadeusz Borowski, Paul Celan, Anne Sexton, Sergei Esenin, Vladimir Mayakovsky” (35-6). Much later in this memoir, he returns to listing names. Styron writes of the poetry and prose of those who suffered from mood disorders: “from Hamlet’s soliloquy to the verses of Emily Dickinson and Gerard Manley Hopkins, from John Donne to Hawthorne and Dostoevski and Poe, Camus and Conrad

and Virginia Woolf” (82). He even writes about his past problem with alcohol in the context of other literary geniuses: “Like a great many American writers, whose sometimes lethal addiction to alcohol has become so legendary as to provide in itself a stream of studies and books, I used alcohol as the magical conduit to fantasy and euphoria, and to the enhancement of the imagination” (40). He explains that alcohol helped fuel his creativity, as it has for so many other renowned authors. While he is certainly among a league of fine authors, his manner of speaking about his fame is noticeably pompous. He seems to feel less alone in such prestigious company. This technique seems to level out the implied dysfunction of depression, proving that, even with this terrible disorder, he is more than capable of functioning normally. By claiming that it was not able to conquer his life, he successfully distances himself from depression. He asserts that, although depression was at times almost unbearable, it did not have a negative impact on the quality of his work.

While most of the memoirs I have read are very open in some ways, the authors still hold back. They must often detach themselves from their past psychopathology in order to feel comfortable writing about it in the present. Denial serves as a straightforward defense mechanism, as seen in *Girl Interrupted*. Similarly, one can also separate oneself from past problems by fictionalizing the account, thus giving oneself permission to change details as desired, as in *Diary of an Anorexic Girl*. There are also multiple forms of language dissociation, such as using vague or childish words to indicate feared people or objects, or using an external, omniscient point of view in narration, as in *When Rabbit Howls* and *First Person Plural*. An unusual type of literary distancing method also seen in memoirs written by people with dissociative identity disorder is

splitting—allowing different personalities to take on different memories and become different characters. Sharing the blame (usually with a parent) can also make dealing with a psychological disorder much more bearable, as seen in *Wasted* and *Prozac Nation*, in which the authors trace the origins of their disorder back to dysfunctional childhoods. Comparison is used in different ways in these memoirs. Making oneself seem less ill than others in similar situations can lessen stigma and distract attention from oneself, as seen in *Drinking, A Love Story* and *Girl, Interrupted*. Stressing the severity of one's illness but emphasizing current sanity is an important writing method in *Wasted* and *Prozac Nation*. And, finally, writing about one's disorder in the context of one's accomplishments and achievements can serve as a balance, as is demonstrated in *Darkness Visible*.

These eclectic memoirs have at least one thing in common: they are written by brave people who have survived lives with very difficult psychological conditions. These memoirs relieve a burden the authors are carrying and also teach others about the disorders from which they have suffered. In lessening the burden, authors often use defense mechanisms and other techniques to make their disorders less intensely connected with themselves. Distancing techniques allow the authors to separate themselves from their problems and to look at their situation with some clarity and objectivity, also lessening emotional suffering. By writing about themselves from a distanced point of view, the writers can begin to view themselves as new, changed, and healthy people. This attitude can facilitate writing, healing, and arriving at a feeling of comfort. While appreciating and analyzing their art, we must also have appreciation for

the courage and time that has gone into creating these moving and psychologically revealing autobiographies.



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