Voices of Identity and Diagnosis

An Analysis of Vocal Construction in Susanna Kaysen’s Memoirs

by

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For those who keep listening.
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Abstract

Are you a diagnosis or do you have a diagnosis? During the 20th century, the medical institution shifted its focus from healing to curing. Often, in medical professionals’ attempts to “cure,” the patient’s experience and voice is overshadowed by the voice and power of the medical field. In an effort to reclaim silenced voices, many individuals who have undergone experience with illness have begun to tell their stories. In fact, over the last three decades, illness narratives have become an increasingly popular genre in the literary marketplace. The question “Are you a diagnosis, or do you have a diagnosis?” is correlated with the question of narrative identity for these writers of illness narratives. For life writers, the understanding of self-identity is directly related to the way in which they construct their narrative identities. How does a diagnosis affect one’s understanding of oneself?

American author Susanna Kaysen’s memoirs, Girl, Interrupted and The Camera My Mother Gave Me, both chronicle separate episodes of illness in the course of Kaysen’s life and both texts certainly confront the question of whether one has, or one is, their diagnosis. In Kaysen’s first memoir, Girl, Interrupted, Kaysen constructs two narrators who project dissatisfaction with the compartmentalizing tendencies of the diagnostic process in the late 1960s. The text focuses on a teenage narrator and an adult narrator. The teenage narrator reconstructs experiences from the late 1960s, after she has just been diagnosed with Borderline Personality Disorder. She narrates her experiences in the hospital in which she is institutionalized as a result of this diagnosis. The adult narrator provides retrospective commentary and analysis on the experiences that the teenage version of herself depicts. These narrators’ voices work together in order to construct a narrative of the history of madness and to challenge the reader to rethink his understanding of the diagnostic process.

In Kaysen’s second memoir, The Camera My Mother Gave Me, the reader is offered the voice of a narrator whose diagnosis for debilitating vaginal pain remains unclear throughout the narrative. The challenges and devastating effects of this lack of diagnosis weigh on the narrator, who eventually narrates her vagina as having its own agency and voice. Through related experiences of dissociation and detachment from her vagina, the narrator comes to understand that disease is a language of the body and that she must listen to what her vagina is trying to tell her in order to begin to attempt to understand this language. The lack of a diagnosis complicates the narrator’s ability to understand what her vagina is trying to say.

In this thesis, I explore the connection between identity and diagnosis in Girl, Interrupted and The Camera My Mother Gave Me, specifically through the construction of narrative voice. The first chapter offers an analysis of the two, distinct narrators of Girl, Interrupted. The way in which these voices are constructed by the narrators suggest the impossibility of separating her identity from her diagnosis, even after being deemed “recovered” by the medical institution that has diagnosed her. In the second chapter, I analyze the narrator’s voice in The Camera My Mother Gave Me, and the reasons behind the construction of her vaginal voice. The way in which these voices interact and the very
existence of the vaginal voice itself suggest the necessity of a diagnosis for the narrator to experience the feelings of a repaired sense of self.

The manner in which these voices are constructed and the purpose for their construction work together to create a dialectic between identity and diagnosis. This dialectic suggests larger implications for the way readers consider the diagnostic process. Do our diagnoses define who we are, or do we define our diagnoses?
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Short Titles


Introduction

“I have cancer.”

“I’m HIV positive.”

“I’m bipolar.”

“I have ADD.”

In the 21st century, we have become accustomed to hearing these identity-claiming phrases. People are afflicted by a variety of medical issues, ranging in severity, which we frequently use to qualify our states of being. The medical institution has become such that we are tested, diagnosed, and labeled with a particular ailment, and subsequently sent to specialists on these diagnoses for treatment. This diagnostic process has shifted over the second half of the last century to be less about healing and more about curing. Doctors no longer want to hear about how you are, but rather what you are or what you have, in order to treat you most efficiently and effectively. However, this shift in the diagnostic process has raised an important question: Do you have a diagnosis? Or are you a diagnosis? How much of our identities are determined by diagnosis? And to whom are these identities salient? Just doctors? Ourselves? The general public? What does it really mean to be diagnosed and how does diagnosis affect the way we see others or ourselves? How do we respond?

In the last three decades, the literary marketplace has seen an influx of life writing on the experience of illness and disability, particularly narratives in which the experience of being diagnosed features heavily. In a New York Times article from 1996, Peter Kramer

1 G. Thomas Couser notes this shift in his 1997 work, Recovering Bodies (Couser, 10).
noted, “Ours is the era of autopathography” (Kramer 1996), a term which, according to G. Thomas Couser, depicts the “autobiographical narrative of illness or disability” (Couer, Bodies 5). Illness narratives fill the shelves of bookstores and are read voraciously, perhaps because these texts “serve to expose and dramatize what we would prefer to ignore most of the time, to arouse and (ideally) assuage our anxiety about our somatic selves.” Anne Hunsaker Hawkins suggests that readers are fascinated by illness narratives because they “describe dramatic human experience of real crisis.” She continues that illness narratives “appeal to us because they give shape to our deepest hopes and fears about such crises, and in so doing, they often draw upon profound archetypal dimensions of human experience” (Hawkins 31). Readers are drawn to illness narratives because they are simultaneously familiar and unfamiliar.

Often, these narratives about illness and the diagnostic process are written by individuals who may never have become known by the general public if not for the successful reception of their illness narratives. One such author is Susanna Kaysen. Kaysen is an American author of several texts: two works of fiction and two memoirs. Her memoirs, Girl, Interrupted and The Camera My Mother Gave Me were published almost a decade apart (1993 and 2001, respectively). The Camera My Mother Gave Me does not serve as a revision to or extension of the events related in Girl, Interrupted. Rather, both texts exist as memoirs of separate experiences surrounding the diagnostic process in the arc of Kaysen’s life.

Girl, Interrupted, Kaysen’s first memoir, is written twenty-plus years after the events concerning Kaysen’s institutionalization in a psychiatric hospital as a teenager in the

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2 G. Thomas Couser, Recovering Bodies, pg. 9
late sixties. The memoir is concerned with Kaysen’s diagnosis of Borderline Personality Disorder and subsequent eighteen-month institutionalization at McLean hospital. Kaysen writes from the temporally removed perspective of the early 1990s. Interwoven into her retrospective narrative of that past hospitalization, are chapters narrated from the perspective of her institutionalized teen self in 1967, as well as facsimiles of her case record that “officially” label her as, and link her behavior to, Borderline Personality Disorder. The memoir is chronologically and narratively fragmented, but most of the chapters hinge—directly or indirectly—on diagnosis. What does it mean to be diagnosed? Who gets to make diagnoses and how?

The Camera My Mother Gave Me is written eight years after the publication of Girl, Interrupted, and chronicles Kaysen’s two-year quest for a diagnosis for her vaginal discomfort. Unlike Girl, Interrupted, Kaysen wrote this second memoir in the early 2000s looking back on her recent struggle to find this diagnosis. While still a retrospective narrative account, the time elapsed between the experience and the writing is far shorter than the two decades that elapsed between the events and the writing of Girl, Interrupted. The narrative arc of The Camera My Mother Gave Me is chronological, beginning with a gynecology appointment for what she and her doctor initially assume to be a yeast infection. The struggle is tracked through various appointments with other medical professionals and alternative health specialists and a wide variety of treatment plans, and ends two years later with the same gynecologist, having made no forward progress toward a diagnosis. Kaysen’s narrator’s generally straightforward and often humorous narrative voice discusses her frustration over her lack of information and answers surrounding the nature of her pain, and begins to hint at the grief and emotional trauma that can be caused
by not knowing how to diagnose or treat a painful condition. The chapters relate the narrator’s conversations with her doctors, boyfriend, and other friends and depict how, as the narrator tells her boyfriend, her “whole life revolves around doing something about [the pain]” (Kaysen *Camera* 74).

Certainly, at its core, memoir is about identity. Who is writing and why? Paul John Eakin notes that, often, writers compose life narratives in order “to respond to a psychological imperative that gravitates to the performance of narrative as integral to the experience of identity” (Eakin 78). It is through the “performance of narrative” that life writers not only experience, but also discover, make sense of, and communicate a sense of self. The manner in which life writers construct their narratives relies heavily on the writer’s sense of self, and how the writer wishes to convey that self through writing. The construction of the narrative voice, then, becomes the optimal tool through which the writer is able to understand and communicate his or her sense of identity. Leigh Gilmore, in her text *Autobiographics*, positions the autobiographer as “an agent in autobiographical production” and suggests that “[a]gency, as a performance (that is, as discourse), has been identified as the action of the subject” (Gilmore 25). If it is the agency of performance that is the action of the autobiographical subject, then it is the manner in which the writer constructs the narrative that ought to be privileged over the content of the narrative itself. In other words, the way in which a writer chooses to tell his or her story says more about his or her self-conception than the story he or she chooses to tell.

The narrative voice of any text is important, as it serves as the strongest connection between storyteller and reader, but this is especially true of life writing. It is through the voice of the narrator that readers are best able to make sense of the narrator’s character
and, as such, the writer’s sense of self. However, not only does narrative voice affect the relationship between writer and reader, but this narrative voice’s construction and representation also serves as a tool for the writer to traverse his or her own past. Sidonie Smith and Julia Watson in their comprehensive reading guide, *Reading Autobiography*, suggest that voice is “an attribute of the narrating ‘I’” and serves as “a marker of the relationship between a narrating ‘I’ and his or her experiential history” (Smith and Watson 79). Voice, then, is utilized to bridge the gap between the writer’s construction of self as a narrator and the experience he or she is relating to the reader. As a relationship between a “narrating ‘I’”—a construction of the writer’s sense of self—and his or her “experiential history,” voice plays an important role in communicating how writers understand themselves in relation to their pasts and how that past might continue to affect them in the present. This can be a difficult task because, as Thomas Larson notes, “the person writing now is inseparable from the person remembering then. The goal [in constructing a relative self in the memoir] is to disclose what the author is discovering about these persons” (Larson 20).

The relation of voice to identity construction is particularly salient in illness narratives, as the subjects of illness narratives are often silenced by their illnesses or by the medical institution that seeks to diagnose, label, and treat the illnesses. Life narratives that focus exclusively on a specific experience with illness and not on the entirety of a life would be fittingly described as “illness narratives,” as G. Thomas Couser observes in his 1997 work, *Recovering Bodies*. Kaysen’s *Girl, Interrupted* and *The Camera My Mother Gave Me*  

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3 Couser defines ‘illness narrative’ as referring to “writing about the episode of illness, whereas full-life narrative refers to a comprehensive account of one’s life, including the illness” (Couser, *Bodies* 6, emphasis in original).
trace the trajectory of Kaysen’s experience being diagnosed as a borderline personality and
her search for a diagnosis of vaginal pain, respectively, and thus can be categorized as
“illness narratives.”

While Kaysen’s memoirs approach the issues of illness and the process of diagnosis
at different times in Kaysen’s life, under different circumstances, and in different ways,
there is striking commonality between the two: Kaysen attempts to work through and
project her thoughts on “diagnosis” through dialogue, particularly through the construction
of voice. In both texts, Kaysen gives agentive voice to unexpected interlocutors. In Girl,
Interrupted, she constructs separate narrative voices and places her case record facsimiles
in the text in particular ways so that she can engage in dialogue with them. Occasionally,
she references these documents directly and interprets them, or she argues or reasons with
them. In The Camera My Mother Gave Me, it is her vagina that she frequently—but often
subtly—engages in conversation and to which she gives more agency than one might
expect. For whom does Kaysen construct a voice and how does she go about accomplishing
this? What effect do these voices have on each text, and how do they interact with Kaysen’s
narrating “I”? What is their role in each narrative?

It is important to understand that the very process of writing each memoir was very
different, and certainly affected the construction of Kaysen’s narrators in each work.
Kaysen wrote Girl, Interrupted in 1993 about an experience that occurred—and a self that
existed—in the late 1960s. Kaysen had been removed historically from that particular self
and from her experiences at McLean for over twenty years. Further, readers of Girl,
Interrupted are meant to understand that the events and the narrative related in the text
have already occurred and have come to a close. The Camera My Mother Gave Me is quite
different in two respects. First, *The Camera My Mother Gave Me* was published in 2003 and was composed, presumably, with a very small time gap between the occurrence of the events related in the text and the time of writing. Second, *The Camera My Mother Gave Me* ends *in medias res*: Kaysen continues to struggle to understand her vaginal pain at the conclusion of the narrative. She is still searching for an adequate diagnosis. In this case, the reader is meant to understand that the events surrounding Kaysen’s understanding of her pain will continue past the conclusion of the narrative and into the present.

The manner in which Kaysen constructs the voices she chooses to represent in her texts creates a dialectic to suggest the ways in which we ought to consider the question of diagnosis: are you one, or do you have one? In the 1989 text *Autobiographical Voices*, Françoise Lionnet posits that female authors, particularly those individuals that might be considered “divergent” from what is “normal,” often “use linguistic and rhetorical structures that allow their plural selves to speak from within the straightjackets of borrowed discourses” (Lionnet 16-17). Kaysen constructs a variety of voices in order to “speak from within the straightjackets of borrowed discourses,” which, for Kaysen, is the societally privileged medical discourse. Arthur Frank, a sociologist who writes about illness narratives as a genre in his text *The Wounded Storyteller*, suggests that individuals who have experienced illness “need to become storytellers in order to recover the voices that illness and its treatment often take away” (Frank xx). Kaysen, in her construction of multiple voices in her texts, not only works to reclaim her voice from the medical institutions that have attempted to speak for her, but also constructs other voices and represents the voice of the medical institution itself. All of these voices together, and the
manner in which they are constructed, suggest possibilities for approaching the issue of diagnosis and identity.

In this thesis, I will explore the construction and effects of the different, strange voices in Kaysen’s memoirs. Through examining the unexpected interlocutors in the conversations surrounding diagnosis and disease in both texts, and how Kaysen constructs these curious conversationalists, I hope to illuminate possible answers to the question of what it means to be diagnosed and how that diagnosis affects one’s identity, as well as what happens when there is no diagnosis to be found. How do all of these voices work together to say something larger about the diagnostic process and its implications?

In the first chapter, I will analyze the two distinct narrative voices Kaysen constructs in *Girl, Interrupted*: Kaysen’s narrating “I,” — an adult narrator — and her narrated “I” — a teenage narrator. How do these voices interact within the context of the text? In the second chapter, I will examine Kaysen’s construction and representation of her vagina as a voice in *The Camera My Mother Gave Me*. I will discuss and analyze the moments in which Kaysen provides her vagina with more agency than we might otherwise expect. What does this voice say, and why is it important that this voice be projected through the vagina? What does it mean that the vaginal voice is constructed at all?

In analyzing the construction of voices in Kaysen’s memoirs, I hope to suggest ways in which Kaysen’s narrators’ understanding of self-identity is affected by the diagnostic process. To what extent does diagnosis, or the lack thereof, impact each narrator’s self-construction and self-conception? Who gets a voice and what does it say? How does the diagnostic process — and the diagnosis itself — silence or amplify these voices? Not only is it important to identify the cacophony of the voices of one’s own self, it is equally important
to listen to what they have to say and the manner in which they say it. As Kaysen’s narrator notes at the conclusion of *The Camera My Mother Gave Me*, “[My vagina] has something important to say to me. I’m listening. I’m still listening” (Kaysen, *Camera* 149).
Chapter One: Narrative Voices in *Girl, Interrupted*

*Girl, Interrupted*, Susanna Kaysen’s first memoir, is a text that incorporates narrators whose voices demand to be heard. However, the narration of *Girl, Interrupted* is complicated, as there are several different narrative voices present. The book is written twenty years after Kaysen was institutionalized in the nineteen sixties as a teenager, and the chapters move in and out of two specifically different perspectives: Kaysen reflecting on her experiential history at the time she is writing the book, and the older narrator’s representation of her young self as a teen in the hospital. The “Narrating ‘I,’” as described by Smith and Watson, is the “I” that is “available to readers” and is “a persona of the historical person” (Smith and Watson 72). In the case of *Girl, Interrupted*, the narrating “I” is the voice of the adult Susanna Kaysen, who is writing the book. This voice is constructed from the point of view of Kaysen in her early forties looking back on the events surrounding her time at McLean hospital from 1967 through 1969. The narrating “I,” whom I will refer to as “Kaysen” throughout this chapter, is the voice who offers commentary and analysis on past events.

The “Narrated ‘I’” is the “protagonist of the narrative” and “the version of the self that the narrating ‘I’ chooses to constitute through recollection for the reader” (Smith and Watson 73). The variety of possible identities capable of voicing the narrated “I” is numerous, but “can, for instance, be cast as the voice of a younger version of the writer” (Smith and Watson 75). The narrated “I” in *Girl, Interrupted* is, in fact, a younger version of the writer, Susanna Kaysen. Several of the chapters concern events that occurred during Kaysen’s hospitalization at McLean. For these chapters, Kaysen has constructed a narrated
“I,” whom I will refer to as “Susanna” throughout this chapter, to tell the narrative of these past events, but in a manner so as to convey them as though they are occurring in the present.

Kaysen constructs both a narrating “I” and a narrated “I” in the text and invokes both voices in equal measure. It is important here to take note of the chronologically fragmented nature of the text, as the temporality of the chapters has a distinct effect on which narrative voice Kaysen invokes at which points. In *Reading Autobiography*, Smith and Watson note that “[t]he conscious diffraction of times of telling and the fragmentation of chronological sequences are narrative means of emphasizing that a subject is not unified or coherent” (Smith and Watson 94). That these “I”s exist in glaringly different spatiotemporal moments and that Kaysen moves quickly and unexpectedly between the two underscores the disunity of Kaysen’s subject self. In what follows, I will examine each voice and how the construction of each of these voices serves to support or add dimension to Kaysen’s presentation of herself.

Furthermore, in *Girl, Interrupted*, Kaysen constructs a very particular implied reader, whom the narrator directly addresses at several points in the text. Smith and Watson note, specifically in reference to the chapter entitled, “Do You Believe Him or Me?” that Kaysen’s adult narrator “challenges her addressee as she contests the power of the doctor who labeled her as personality disordered” (Smith and Watson 89). Kaysen’s constructed, implied reader is skeptical, mistrusting, and presumably aligns his or her beliefs as concurrent with society’s conception of what is normal. Since this is the sort of universal reader Kaysen has constructed, the narrating “I” voice must be constructed in such a manner as to respond appropriately to the constructed reader. The narrating “I” is
aware of the constructed reader's skepticism and criticism, and she responds with understanding; yet she also challenges this reader to re-evaluate his or her conception of what is “normal” and what it means to be “sane” or “insane.” As Smith and Watson observe, Kaysen must “persuade her reader that, although she was unstable and at times self-destructive, she reliably knows herself” (Smith and Watson 35). One of the ways in which Kaysen accomplishes this persuasion is through her inclusive and welcoming narrative voice: she provides examples and asks questions of her reader that allow her to help us best understand her thought process and her understanding of herself. Kaysen's adult narrator is conciliatory and makes concessions, suggesting to the reader that, while she understands the viewpoints of the doctors who institutionalized her, she still feels that her self-conception is just as worthy to be voiced as the self the doctors and nurses of the late 1960s projected and diagnosed her as having.

The Narrating “I”: Adult Narrator, Kaysen

Kaysen’s narrating “I” voice—“Kaysen”—decidedly narrates only a handful of the chapters of the text. These include: “Toward a Topography of the Parallel Universe” (5); “Elementary Topography” (39); “Do You Believe Him or Me?” (71); "My Diagnosis” (150); “Farther on, Down the Road, You Will Accompany Me” (160); and “Girl, Interrupted” (165). I note “decidedly” because there are several chapters in which her narrating voice is interwoven with her narrated voice, or sounds dramatically different, but I will address those moments below. The aforementioned chapters include a great deal of commentary and analysis on her experiences as a teenager and frequently include direct addresses to the reader. One of the most striking instances of the direct engagement with the reader is
in the chapter entitled, “Do You Believe Him or Me?” As Kaysen engages directly with the facsimiles from her case record that bookend the chapter, she reconstructs possible timelines of events leading to her institutionalization as they may have occurred based on information provided in each document. Throughout her walkthrough of how events may have occurred, Kaysen asks her reader several important questions. First, she asks, “Does it matter which of us is right?” (Kaysen, Girl 71). While Kaysen notes, “It matters to me” (71), she does not answer this question on behalf of the reader, leaving us all to decide for ourselves whether or not it makes a difference to us. Her voice in this chapter is casually conversational. She uses language like, “I'll compromise”; “let's jump ahead”; and “Let's reconstruct it again” (Kaysen, Girl 71-72). The inclusive nature of her narrative invites the reader to become part of her thought process: she is not telling us what happened, but rather suggesting a possibility and asking us to accompany her through her thought process. The initially inclusive nature of this narrating voice is disrupted when at the end of the chapter, Kaysen states affirmatively, “Now you believe me” (Kaysen, Girl 72).

The adult narrator also tends to voice concessions, making her voice seem more conciliatory to her skeptical reader. In “Elementary Topography,” Kaysen recalls some of the thoughts and experiences she remembers having prior to her appointment with the psychiatrist who initially sends her to McLean. As she communicates her remembrance of these events, she concedes, “Take it from his point of view. It was 1967” (Kaysen, Girl 39), and continues to present a case for why the doctor may have felt it appropriate to suggest admission to a mental institution. She eventually concludes, “Maybe it was just too early in the morning for him as well as for me, and he couldn’t think of what else to do. Maybe, most likely, he was just covering his ass” (Kaysen, Girl 40). By presenting several conceivable,
rational explanations for the doctor’s actions, Kaysen’s adult narrator portrays herself as attempting to understand him and his point of view.

However, while her voice seems conciliatory and understanding—forgiving, even—at first, a closer reading shows the adult narrator’s voice as strongly ironic, which she uses as a device to undermine the authority of the medical institution. In order for the reader to understand this irony and for it to work in a meaningful way, Kaysen’s narrator must establish a strong connection and rapport with her reader (which she accomplishes through the inviting and seemingly conciliatory nature of her narrative, as discussed above). While she presents possible reasons for her doctors’ actions as viable and understandable, the underlying irony in her voice suggests that she believes the conditions of her diagnosis to be questionable. She presents herself as being just as capable of understanding her behavior as the doctors who diagnosed her to “cover [their] ass[es].” The adult narrator must resort to irony to criticize and undermine medical authority because, as she notes in an analysis of her diagnosis, challenging her doctors outright would make her “open to the further charges of ‘defensiveness’ and ‘resistance,’” both features of Borderline Personality Disorder (Kaysen, *Girl* 150). The only option that exists for the adult narrator to establish authority and challenge her diagnosis is to be ironic in her rendering of her doctors’ actions and decisions.

There are also three chapters, “Etiology” (15); “Velocity vs. Viscosity” (75); and “Mind vs. Brain” (137), that cannot be ascribed to the constructed “narrated ‘I’”—the teenage narrator, Susanna—but mark a clear departure from the previously established

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4 Kaysen and her adult narrator analyze the diagnosis of Borderline Personality Disorder as it appeared in the 3rd revised edition of the *Diagnostic and Statistical Manual of Mental Disorders* published in 1987, which is reproduced for readers on pages 147-149 of *Girl, Interrupted*. 
voice of Kaysen’s narrator. These three chapters appear to be narrated by a third voice entirely. This voice is extremely knowledgeable about science, especially physics. Kaysen’s narrator, here, shifts discursive registers. She is no longer constructing or criticizing possible timelines or motives, acknowledging where her understanding of events may be incorrect, or suggesting questions or lines of thought to the constructed reader. In these three chapters, Kaysen’s adult narrator projects a scientific sounding, authoritative voice and tells the reader things rather than gingerly suggesting possibilities, asking challenging questions, or using irony to undermine medical authority.

All three of these chapters include illustrated explanations of how the function of the mind might be deviant from what society understands as “normal.” “Etiology” suggests ten possible explanations for how a person who is diagnosed with mental illness might be perceived by members of a society whose views are concurrent with what the society considers to be “normal.” These explanations include a wide range of variations from the person being “a witch” to the person being “a victim of society’s low tolerance for deviant behavior” (Kaysen, Girl 15). “Velocity vs. Viscosity” offers two portraits of “insanity”: viscosity, in which “perceptions are thickened and dulled,” and velocity, in which “there is too much perception, and beyond the plethora of perceptions, a plethora of thoughts about the perceptions and about the fact of having perceptions” (Kaysen, Girl 75). The narrative voice assigns detailed examples to each form of insanity, and the phrasal structures of these examples mirror the type of insanity being described. Viscosity is characterized by elaborate phrases and sentences: “This thought has a glittering expanse of panic behind it, which is unreachable. Viscosity flattens the effervescence of panic” (Kaysen, Girl 78). Conversely, velocity is characterized by short, rapidly occurring phrases and sentences:
“Paradox. The tortoise and the hare. Achilles and the what? The tortoise? The tendon? The tongue? Back to the tongue” (Kaysen, Girl 77). In carefully constructing the language surrounding these examples to match the nature of the concept they describe, Kaysen’s narrator attempts to recreate the experience of both kinds of insanity for her reader. Finally, in “Mind vs. Brain,” the narrator constructs a metaphor for how the mind/brain processes information: two interpreters who dialogue about experiences. It is when the interpreters disagree on perceptions that one might be considered crazy. The narrator concludes the chapter by critiquing the medical field’s approach to mental illness, noting, “the [psycho]analysts are writing about a country they call Mind and the neuroscientists are reporting from a country they call Brain” (Kaysen, Girl 143).

Certainly, all three of these chapters illustrate a dramatic break from the narrative voice to which the reader has become accustomed. I would suggest that the discursive shift into a more authoritative, explanatory voice is an important step for the adult narrator of the text. With the exclusion of these chapters, the adult narrator has been a voice characterized by potential understanding of the medical authority’s viewpoints, the constructed reader’s skepticism, and her own memory’s possible shortcomings. She tries to make sense of her experiences and provide potential reasons for how and why events occurred in the manner that they did. Further, the narrator has established herself as being ironic in these critiques and understanding of these events. However, in these three chapters, Kaysen’s adult narrator works to explain sanity and insanity to her reader in a way it was never explained to her, instead of continuing to utilize irony to criticize the medical institution. In her analysis of the DSM’s definition of "Borderline Personality Disorder" in her chapter marked “My Diagnosis,” the adult narrator notes, “So these were
the charges against me. I didn’t read them until twenty-five years later. ‘A character disorder’ is what they’d told me then” (Kaysen, Girl 150). Kaysen’s adult narrator communicates to the reader that she was never made aware of the reasons behind her diagnosis, and it was only after she’d sought out the DSM herself that she understood “the charges against [her].” Feeling like she has been denied the reasons behind her diagnosis for over twenty-five years, Kaysen’s narrator’s discursive shift in these three chapters serves to push back against the exclusionary medical authority and provide her constructed readers with seemingly scientific reasons and explanations for insanity and the inner workings of the mind, which allows her to seem to the reader as though she credibly understands—and still contests—her diagnosis. Paired with the frequent use of irony in her other narrated chapters, the adult narrator’s voice aims to rationalize and criticize the actions of her doctors, allowing her to undermine the medical authority and make her reader question the condition of her institutionalization and the diagnostic process at large.

**The Narrated “I”: Teenage Narrator, Susanna**

Kaysen’s narrated “I” is representative of a remembered version of herself as a teenager in the 1960s during the time of her institutionalization at McLean. Most of the chapters that comprise Girl, Interrupted are narrated from this voice, including: “The Taxi” (7); “Fire” (17); “Freedom” (20); “The Secret of Life” (25); “Politics” (28); “If You Lived Here, You’d Be Home Now” (31); “The Prelude to Ice Cream” (48); “Ice Cream” (52); “Sharps” (56); “Another Lisa” (58); “Checkmate” (65); “Security Screen” (79); “Nineteen Sixty-Eight” (92); “Bare Bones” (94); “Dental Health” (107); and “Calais Is Engraved on My Heart” (110). The narrated “I” in Girl Interrupted is carefully constructed in order to best
represent Kaysen’s experiences at McLean as a teenager. However, unlike the narrating “I,”
the voice of the narrated “I” exists in order to relate specific moments or “vignettes,” most
of which are centered around the other girls at the hospital, rather than for Kaysen to
connect with and persuade her constructed reader that she is a reliable narrating voice. All
of the chapters narrated by Susanna present themselves as if they are being narrated in
“real time”; that is, from the perspective and voice of the teenage Susanna, the narration
unfolds as if it is occurring with no knowledge of future events. Instead of drawing
attention to the spatiotemporal break that exists between the narrating and the narrated
“I”s, Susanna’s voice narrates the chapters as if there is no future after whatever moment
has just occurred. However, it is important to note that Susanna is a “memory of a younger
version of the self” and does not actually narrate these chapters (Smith and Watson 73).

The teenage narrator—Susanna—is constructed as younger, more naïve, and less
likely to analyze events. The teenage narrator has a less polished voice than the adult
narrator. Susanna often uses colloquial phrases or makes flippant remarks about the
doctors and other members of the nursing staff: “Clearly, she was nuts. We were locked up
for eight hours a day with a crazy woman who hated us” (Kaysen, Girl 89). In utilizing the
naïve and unquestioning, matter-of-fact teenage voice, the younger narrator is able to posit
large claims about the “inside” world of the hospital and the “outside” world and draw
conclusions that readers may not expect. Frequently, the teenage narrator draws parallels
between the events that occur inside the hospital and what is happening “outside.” Often,
these parallels are not made more explicit than mere juxtaposition in her narration. In
“Politics,” the teenage narrator relates a story in which she accidentally pours caramelized
sugar on her roommate Georgina’s hand. The narrator says that Georgina does not scream,
and suggests that the nurses’ notes on the incident probably “ran something like this: ‘Patient lacked affect after accident’” (Kaysen, *Girl* 30). This incident occurs immediately before the narrator recalls that E. Howard Hunt or G. Gordon Liddy “nightly held his hand in a candle flame till his palm burned to assure himself he could stand up to torture” (Kaysen, *Girl* 30). In juxtaposing these incidents of burned hands, the teenage narrator subtly asks the reader to question the conditions of the diagnostic process. Why is Georgina a clinical case and “patient” who “lacked affect after accident” by failing to scream after burning her hand, while Hunt or Liddy is considered strong or brave for burning his hand in an attempt to see if he “could stand up to torture”?

Additionally, the younger narrator’s chapters are characterized by a severely fragmented chronology. For example, in “If You Lived Here, You’d Be Home Now,” the head nurse tells the girls that Daisy, one of the girls, has committed suicide. Several chapters later, in “The Prelude to Ice Cream,” Daisy accompanies them to the ice cream shop, but in the very next chapter, “Ice Cream,” Susanna notes that Daisy “had killed herself the week before” (Kaysen, *Girl* 52). The disruption of linear time can often be employed by narrators in order to suggest that the narrative subject is “not unified or coherent.” While it is easy to extend this generalization to Kaysen’s narrators in *Girl, Interrupted* due to the multiple narrators and their shifts in discursive registers, I would suggest instead that the younger narrator’s fragmented chronology is actually an attempt to reconstruct the narrator’s feelings surrounding her experience of time during her institutionalization. Frequently, the narrator discusses time in McLean as being organized around the nurses’ “checks.” She notes that five-minute checks (where a nurse would enter her room at five minute

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5 Smith and Watson note this in *Reading Autobiography* in their chapter on “Autobiographical Acts” pgs. 92-95.
intervals) were “[n]ot enough time to drink a cup of coffee, three pages of a book, [or] take
a shower” (Kaysen, Girl 54). The narrator is fixated on the idea of time and the way in
which it passes for her. Most strikingly, the teenage narrator reconstructs the experience
of a dental appointment during which she is sedated so that the dentist can remove an
abscess. She portrays herself as becoming panicked over being unsure of how much time
passed while she was sedated: “I was ahead of myself. He’d dropped me into the future, and
I didn’t know what had happened to the time in between... ‘It’s my time!’ I yelled. ‘It’s my
time and I need to know how much it was’” (Kaysen, Girl 109). The dentist is portrayed by
the narrator as “rolling his eyes” and evading her question. The younger narrator’s struggle
to understand what has happened to the time she has lost (in this vignette, particularly) is
echoed by the adult narrator’s interest in recovering lost time, most prominently in the “Do
You Believe Him Or Me?” chapter. The fragmented chronology, then, is not as much an
indication of a fragmented or incoherent sense of self as it is an attempt on the part of the
younger narrator to reconstruct an experience of being denied answers to her questions
about time, and, thus, experiencing time itself as fragmented.

The Blurred Narration

In several chapters, Kaysen’s narrating and narrated “I”s blend together to create a
mixture of the voices—a Susanna who is aware of the future, or a Kaysen who offers
specific insights into McLean generally reserved for Susanna’s voice. These chapters
include: “My Suicide” (36); “Applied Topography” (45); “Checks” (54); “Sharps” (56);
“Keepers” (83); “The Shadow of the Real” (116); “Stigmatography” (123); "New Frontiers in
Dental Health" (131); and “Topography of the Future” (134). Frequently, these chapters
will begin as narrated by the teenage narrator, Susanna, but the adult narrator’s voice will slip in with information or anecdotes that the teenage narrator—who has been constructed as being unaware of the future—should not be privy to. For instance, “The Shadow of the Real” begins, “My analyst is dead now. Before he was my analyst, he was my therapist, and I was fond of him. The view from his office on the first floor of the maximum-security-ward building was restful: trees, wind, sky” (Kaysen, *Girl* 116). The first sentence of this chapter suggests that Kaysen’s adult narrator will be lending her voice to the chapter, as the statement clearly identifies an event that occurred in the time after her release from McLean. However, by the third sentence, the reader is resituated in the analyst’s office at McLean, hearing about an appointment that teenage narrator Susanna discusses.

The other chapters I acknowledged also contain similar blending of the two narrative voices, slipping in and out of each voice, or combining aspects of both voices. The lack of clarity in the narrative voice in these chapters is indicative of Kaysen’s larger aims of the text: not only does she blur the lines between what it means to be sane or insane, but she blurs the line between the two distinct narrators that she, herself, has constructed. This sort of exercise of control over her narrative might serve to remind us that Kaysen is unwilling to define anything as binary, including her own narrative voices. However, the blurring of the distinct voices also suggests a disunity between Kaysen’s remembered self—the teenage girl she was in the 1960s—and her remembering self, the constructed narrator of the adult Kaysen.

Why does Kaysen choose to construct two distinct narrative voices, and why, then, does she blur the lines between them? What does this decision say about her identity? Certainly, the decision to construct separate narrators is partially a result of the times of
telling of the story. It would be unfaithful to Kaysen’s experiences to narrate her time in McLean from the standpoint of an adult, and it would be virtually impossible to construct a narrator who could be both her teenage voice and offer an informed look back on these past events. I contend that Kaysen’s decision is to construct two distinct voices for the two distinct selves she has identified as having a role in this story: the teenage self that experienced institutionalization in McLean on one hand, and the adult self who recognizes the need to return to and process the events of the past on the other. Further, Kaysen’s insistence on the distinctiveness of the voices in relation to the distinctiveness she sees in the two selves for which she is constructing these voices may be a reactionary measure against the medical institution, who labeled and diagnosed her as having an abnormal and disordered character. She makes the reader aware of this affront to her identity by acknowledging her diagnosis several times in the text, but also through the inclusion of several document facsimiles from her case record.

The Documents

In Girl, Interrupted, Susanna Kaysen includes twelve facsimiles of documents from her official case record. Kaysen interpolates these facsimiles between the chapters of the narrative and, unlike the fragmented nature of the chronology of the text, the documents follow a linear chronological arc. G. Thomas Couser calls the documents the “chronological spine” of the text and goes on to note that their interspersed inclusion within a set of “vignette-like chapters [which have] no discernible relation to the passage of time” is constructed carefully: it is Kaysen’s narrative structure through which she “undermines and subverts the validity of her diagnosis and the authority of the medical discourse to
which she was subjected as a patient” (Couser, Memoir 66-67). In order to “subvert” the “authority of the medical discourse,” Kaysen treats the documents as the literal voice of the medical field and engages and responds to them by drawing them into dialogue or by ignoring them altogether.

As noted in the section about Kaysen’s adult narrator, Kaysen rigorously engages with the documents that precede and follow the chapter entitled, “Do You Believe Him or Me?” She uses them as “evidence” and directly refers to content included in each document when she notes her admission time according to each document (Kaysen, Girl 69, 73). Similarly, Kaysen includes a chapter that directly quotes her diagnosis as described by The Diagnostic and Statistical Manual of Mental Disorders\(^6\), and follows it with a chapter in which she completely dismantles and deconstructs the language used to diagnose her. She “rewrites” the diagnosis by applying examples and critiquing the language used in the DSM. In this way, Kaysen engages some of the documents in a dialogue in which she is able to respond to or comment on them as if they are the medical voice, but without getting a response back. Within the realm of the book, she exerts her control and authority over these documents by situating them where she does, and choosing how she wants to respond (if at all): a privilege that was denied to her as a teenager being diagnosed and “treated.”

Some of the documents she neglects to acknowledge, or she briefly alludes to the document’s existence by relating the incident with which the document is concerned. For example, Susanna narrates a chapter called “Bare Bones,” which ends with Susanna panicking that she might not have any bones in her hands (Kaysen, Girl 103). The document

\(^6\) 3\(^{rd}\) revised edition.
that follows the chapter includes a progress note, a portion of which reads that Susanna “mentioned she would like to see an X-ray of herself to see if she has any bones or anything inside” (Kaysen, *Girl* 105). Dawn Marlan suggests that Kaysen’s inclusion, but general lack of attention to the documents, is designed to push back against the medical narrative they concern. Marlan says that “[i]n order not to validate their terms, the only ‘evidence’ she offers for the medical establishment’s perusal is their own documentation returned to them” (Marlan 99). This purposeful avoidance of further engagement with the documents serves to continue undermining the medical narrative simply with silence.

However, regardless of the ways in which Kaysen’s narrators do or do not interact with the documents, their inclusion at all is important. Kaysen provides her reader with an unmediated view of the diagnoses and assessments that the medical professionals at McLean assign her in Inter Office Memos and Progress Notes. These facsimiles provide documentation that Kaysen’s identity was dictated and regulated by these medical professionals who were imbued with the authority to do so. The last page of the text is the last page of Kaysen’s case record: a document that explicitly marks her as “recovered.” While Kaysen’s narrators give “the last word” to the medical institution through the citation of this document, this last word is that she is “recovered.” Here, Kaysen’s narrators force the reader to confront the question of what it *really* means to be “recovered” after being diagnosed. What, exactly, has been “recovered”?

**Conclusion**

All of the voices Kaysen constructs in *Girl, Interrupted* act as ways through which Kaysen can exercise control over her own life narrative. The narrating “I” provides the
commentary on and analysis of events in her own voice, the authority surrounding which she was denied as a teenager. The narrated "I" allows Kaysen to retell specific episodes from her time at McLean as a remembered version of herself as a teen. Kaysen frequently blurs the lines between these two voices and utilizes composite voices of the two, or changes discursive registers altogether. She draws the documents into a special sort of dialogue in order to simulate some control over the medical narrative’s treatment of her. Kaysen must create these voices and exert control over them, as Dawn Marlan said, “as someone who must respond to the fact that she has been given authorized portraits of herself which she cannot recognize, portraits that constitute the difference between being in the world and being outside of it” (Marlan 100). Kaysen’s narrative vocal construction pushes back against the concept of being defined by her diagnosis and works to reclaim her independence from the medical institutions that have dictated her presentation of self in the past.

The narrative voices in *Girl, Interrupted* are purposefully and poignantly constructed so as to force the reader to confront several difficult questions about identity and diagnosis. What does it mean to be “crazy” and who gets to decide? What does it really mean to be “recovered” from madness? In utilizing the two separate narrators, each of whom have distinct voices, Kaysen accomplishes several things. Her teenage narrator’s juxtaposition of events that occur inside McLean and those that take place in the “outside” world asks the reader to reconsider the diagnostic process and reevaluate the societal constructs of “insanity.” The adult narrator critiques the diagnostic process directly and employs irony to undermine the authority of the medical institution that had diagnosed and incarcerated her as a teenager.
The narrative ends with the document from her case record that marks her as "recovered," but leaves the reader wondering what this really means. What does it mean to be "recovered," and who gets to decide? What has actually been “recovered”? Her character? "Sanity"? *Girl, Interrupted* is ultimately about Kaysen's attempts at recovery due to her diagnosis. From the standpoint of the medical authority, the narrative arc tracks the recovery of her "character." For Kaysen's teenage narrator, it is about the attempt to recover time, and for Kaysen's adult narrator, it is an attempt to recover the interruption of her self due to her diagnosis and subsequent institutionalization. The impossibility of actually recovering these things becomes one of the main undercurrents of the text. The teenage narrator cannot recover the time she has lost due to her institutionalization, nor can the adult narrator recover the interruption of her life that this institutionalization caused. Further, the adult narrator suggests that she will always be linked to her diagnosis, as even twenty years after being deemed “recovered,” she continues to be questioned about her experience with madness. For Kaysen to construct the narrators to voice a history of madness and escape the reader's suspicion that the diagnosis may have been appropriate becomes an insurmountable difficulty of the project itself. Ultimately, these attempts by both narrative voices—and thus, both selves—are unsuccessful in actually escaping the strong ties to their diagnosis.
Chapter Two: Vaginal Voice in *The Camera My Mother Gave Me*

Eight years after the publication of *Girl, Interrupted*, Kaysen turns again to the memoir form. *The Camera My Mother Gave Me*, composed shortly after the events related in the text and published in 2001, chronicles Kaysen’s two-year quest for a diagnosis for her vaginal pain, and thus for some kind of mediation or cure. This pursuit of a diagnosis leads her to consult a variety of medical doctors and alternative health specialists, all of whom recommend drastically different courses of action. The stages of her quest, signaled in her chapter titles, trace Kaysen’s experience with the medical field. This quest begins with the first gynecology appointment, and follows Kaysen through referrals, subsequent treatment appointments and results. The narrative ends *in media res*: in the last several pages of the book, she has returned to the same gynecologist who is, once again, referring her to another treatment. In fact, as noted in the Introduction, the vaginal pain Kaysen experiences over the course of the text is not remedied at the end of the book, and the reader is meant to understand that the events of the text will continue past the conclusion of the narrative arc.

In *The Camera My Mother Gave Me*, as in *Girl, Interrupted*, Kaysen constructs two distinct voices. There is Kaysen’s narrating “I,” whose voice narrates her experiences at different doctor appointments, discusses conversations she has with friends, and explores the variety of treatment options suggested by the plethora of doctors and specialists Kaysen visits. And there is the agentive voice of Kaysen’s vagina, which becomes more prominent at the end of the narrative. How do these voices work in the larger context of the narrative?
The Narrating "I"

The Camera My Mother Gave Me is narrated by a narrating “I,” who is a construction of Kaysen as she conceives of her self during her experience (from the retrospective point of writing). Unlike the narrating “I” in Girl, Interrupted, who is an adult narrator looking back at events that occurred twenty years in the past, the narrator of The Camera My Mother Gave Me has not had as much time to analyze or reflect on the narrated events, and her voice is not as critical as the adult narrator of Girl, Interrupted.

The voice of the narrator of The Camera My Mother Gave Me is humorous at times, and clearly frustrated or disappointed at others. The delicate balance of attempting to make light of her situation while simultaneously being frustrated over the lack of answers surrounding the diagnosis and treatment of her pain becomes a point of tension. I would suggest that this tension has much to do with the retrospective construction of the narrative. At the end of the text, Kaysen’s narrator remains undiagnosed. The tension between the humor and the frustration in the narrative, then, may be due to Kaysen’s difficulty separating her feelings surrounding the experience at the time she is writing and the self she is constructing as experiencing everything at a prior time. While she might recall and construct her narrator to portray herself as finding some of her treatment options humorous and worthy of ridicule, the underlying frustration and irony that slips into the narrator’s voice captures the possible feelings of a woman who already knows that this particular treatment won’t work, nor will any that follow, as her pain remains undiagnosed. For instance, Kaysen’s narrator speaks on the treatment plans offered her by alternative health: "I could use the painful and mysterious baking soda— why, if my vagina
was insufficiently acidic, was I supposed to make it less acidic? I could use the painful and labor-intensive tea [bath]. Or I could use the poisonous boric acid” (Kaysen, Camera 17). Understandably, Kaysen’s narrator is unwilling to implement a treatment strategy that she doesn’t understand, that causes her pain, or that involves a poisonous substance, like boric acid, that, as the narrator notes, she has to purchase at a hardware store since it is banned from being sold in drugstores due to the frequency of customers being poisoned (Kaysen, Camera 17). However, while communicating her unwillingness to try painful or potentially dangerous remedies, this description also pokes fun at the kinds of remedies alternative health specialists suggest—“mysterious baking soda,” “labor-intensive tea [baths]” and “poisonous boric acid.” At a biofeedback appointment where she is told she must retrain her bladder and strengthen her pelvic muscles, she refers to the nurse at biofeedback as a “Urinazi” and the narrator, angry over the demand that she control and chart the number of times she urinates, notes, “While I was peeing I’d feel I was getting revenge on her. I caught myself thinking things like, You can’t tell me when to pee, and, How do you know when I should pee?, and, If I want to pee, I’m going to pee” (Kaysen, Camera 92, 90; speech quotations excluded in original). The narrator finds the biofeedback nurse’s treatment plan ridiculous, and pushes back against it by doing exactly the opposite of what she’s been asked to do, referring to the nurse by a humorous and questionably appropriate nickname.

The narrating voice of The Camera My Mother Gave Me also pays special attention to her vagina throughout the text. While this seems necessary as the text is about her vaginal pain, the extent to which Kaysen’s narrator makes comparisons or metaphors about her vagina and the agency with which she imbues it may border on excessive. Throughout the text, Kaysen’s narrator compares her vagina to several strange objects. The first is an agate
bowl, which she and her friend find in an antique store. The narrator describes the bowl: “It was about four inches across, with a slightly flared rim and a small ridge on the bottom, carved from a piece of agate the color of pea soup and shot through with black flecks and stripes... It’s my vagina, I whispered, that bowl” (Kaysen, Camera 34). The narrator’s comparison to this object is significant because of the color and age of the object. The bowl is green, which is a color generally associated with life or rebirth. The narrator buys this bowl after a promising appointment with the vulvologist who was able to treat her vaginal condition with a numbing agent, the effects of which are still working on the narrator at the time of her purchase of the bowl. I would suggest that perhaps the narrator was driven to compare her vagina to this physical object in an act of projection. She cannot exercise control over her vagina due to her pain, but she can, purchase and “own” the bowl, which she feels is, metaphorically, her vagina.

The other strange circumstance that involves a comparison of Kaysen’s vagina to a physical object occurs near the end of the narrative arc of the memoir. After a week uncharacteristically free of pain, the narrator decides to “poke around at” her vagina. She concludes that her vagina is dead because touching herself “was like poking at somebody else’s foot” (Kaysen, Camera 123). The complete dissociation of herself from her vagina—which now does not even seem to exist as part of herself, but of someone else—is understandably upsetting to the narrator.

In a Random House interview, Susanna Kaysen also compares the vagina to the “camera obscura.” She explains,

In Latin and Italian—maybe in Spanish too—camera means room. Camera obscura means dark room. That’s where we get the word for the thing that takes photographs. And the vagina
is a dark, private room. For some women, it’s the closest they’re going to get to having a room of one’s own. And I feel that the vagina is a gift from the mother, the passing down of gender.⁷

Kaysen’s use of the term “camera obscura” is an interesting one. According to Allan Mills, the camera obscura began “with the use of a small hole to allow light from a sunlit external scene to enter a dark room to form an inverted real image upon a receiving screen” (Mills 213). If the “camera” of reference in the title is symbolic or metaphorical for her vagina, as Kaysen suggests earlier in the interview, then her distinct reference to the “camera obscura” is worth exploring. If the camera obscura was built in order to project “an inverted real image,” extending the metaphor would suggest that the vagina—“a small hole”—takes in information, but might project it back as “inverted.” Throughout the text, Kaysen’s narrator is concerned with her vagina’s ability to discern pleasure and pain, and she frequently asks her doctors whether she might have a neurological problem. Her doctors steer her away from this notion, but the narrator remains unconvinced to the end of the narrative arc of the book. The comparison of the vagina to the “camera obscura” specifically becomes intriguing here—perhaps the narrator’s vagina is operating in the manner of the “camera obscura,” receiving information and projecting “an inverted real image” (pain, when the real image is pleasure), and perhaps the narrator is no longer able to register and interpret the inversion.

The projection and objectification of the vagina by the narrator suggests that the narrator is beginning to externalize her thoughts and feelings about her vagina and the

pain she narrates the experience of having. It is tempting to assume that the narrator’s projection of the vagina onto other objects is a sign of a decline in the narrator’s sense of unified selfhood. However, I would argue that the objectification of the vagina is actually the narrator’s attempt to externalize something she is unable to rationalize—her unexplainable vaginal pain—and attach this confusion to an object she can analyze. For instance, while she cannot physically “purchase” a diagnosis or immediate cure for her pain, she can participate in the act of purchasing the agate bowl, which may allow her to mentally exert control over an object where she has no control over its metaphorical representation—her vagina.

The question of the narrator’s psychological involvement with her physiological pain comes up multiple times over the course of the narrative. While The Camera My Mother Gave Me is most certainly about Kaysen’s struggle with an ailment of her body, the narrator frequently voices her concern, both to the reader and her doctors, that her pain might be psychosomatic. At the beginning of the text, when Kaysen first identifies her pain to her gynecologist, Doctor Tony, she says, “Sometimes it hurts when I have sex, I said. That’s what worries me. You can get a psychological problem from that—associating sex and pain” (Kaysen 8). Kaysen’s fear that her physiological pain may cause a “psychological problem” is her main concern here, not necessarily her general discomfort. This becomes an underlying question of the text: Is Kaysen’s pain unidentifiable because it’s really in her head? Doctor Tony is portrayed as steering her away from consulting a neurologist even at the end of the text, when the narrator insistently asks him, “Listen, I said, is this a neurological problem? It’s as if my vagina can’t process sensation correctly. As if any sensation feels like pain” (Kaysen 147). Doctor Tony notes that a neurologist would only
send her back to him, and the reader is meant to understand that the cycle will most likely continue.

The narrator’s fear of her pain being psychosomatic, and her potential inability to distinguish the perceptions of her vagina, culminates in a separation of the voices of the narrator and the narrator’s vagina. Near the end of the narrative arc, Kaysen constructs her vagina as having its own agentive voice, separate and distinct from the voice of her narrator.

**The Vagina as Vocal**

In *The Camera My Mother Gave Me*, Kaysen gives an agentive voice to her vagina. Initially, the ways in which Kaysen constructs this voice are subtle, and seamlessly intertwined with Kaysen’s narrating “I.” For instance, early in the text, the narrator describes a baking soda bath she takes in accordance with her alternative health specialist’s treatment plan: “[E]very evening I took my baking soda bath, and every evening my vagina’s song of pain got louder and louder” (Kaysen, *Camera* 16). While the subject of the first clause is “I,” referring to Kaysen’s narrator, the second clause’s subject is her vagina, which is possessive of a “song of pain”: an auditory description of a tactile sensation. As the text goes on, Kaysen continues to subtly construct this vaginal voice by putting her narrator’s self first in coordinating clauses, and, as a result, readers may be less likely to notice the agentive position her vagina is taking on. However, later in her narrative, as the narrator reconstructs a scene in which she and her boyfriend fight about whether or not she should agree to undergo a risky surgery that might relieve her pain, the narrator says, “I yelled. My vagina was yelling along with me, throbbing and stinging like crazy” (Kaysen, *Camera* 74). Here, as
she continues to do for the remainder of the text, Kaysen makes her vaginal voice explicit. Not only is she experiencing severe pain, she characterizes this pain through a vocal description: her vagina is “yelling.” Throughout the rest of the text, Kaysen attributes personified, agentive verbs to her vagina: it “remembers,” and it “calms down,” and it would “say hello” (Kaysen, *Camera* 123, 125).

At the end of the text, Kaysen’s narrator’s voice is in opposition to her vagina’s voice. Kaysen’s narrator reconstructs an experience in which she mistakenly assumes a younger man is attracted to her. The narrator says, “My vagina had not made this sort of mistake before. I had... But my vagina had never been wrong” (Kaysen *Camera* 138). Kaysen distinguishes her narrator’s voice and her vagina’s voice as not only separate, but as having opposite understandings of the same subject. Her pain is no longer the biggest concern with relation to her vagina: it is much more upsetting that she is no longer able to trust her vagina’s perceptions. After a narrative arc in which the narrator is frustratingly denied answers and a diagnosis of her pain, she says, “[The inability to distinguish pleasure from pain] might be fixable, but I wasn’t going to find anyone to fix it with me if my vagina had gone blind as well and couldn’t tell who was a promising candidate” (Kaysen, *Camera* 138).

Why does Kaysen attempt to construct this voice for her vagina? And why her vagina at all? Aside from the fact that her vagina is the source of her pain, the historical and cultural moment at which Kaysen is writing—the early 2000s—is one in which the general population’s eyes, and ears, have been turned toward the vagina, particularly due to Eve Ensler’s pivotal work, *The Vagina Monologues*.

*The Vagina Monologues* was initially performed as a stage show in New York in 1996 and was published as a book with a foreword by Gloria Steinem in 1998, three years
before the publication of Kaysen’s *The Camera My Mother Gave Me*. Due to the national attention *The Vagina Monologues* attracted and the formation of the national V-Day movement in 1998, it is extremely likely that Kaysen had seen, read, or at least heard about Ensler’s work prior to writing and publishing her book, particularly due to the success of the College Campaign. In fact, two of the monologues included in *The Vagina Monologues* bear a striking resemblance to Kaysen’s work in *The Camera My Mother Gave Me*: “My Angry Vagina” and “The Vulva Club.” “My Angry Vagina” relates the story of a woman who is angry about societal conventions of how vaginas ought to be treated. She channels this anger through her vagina, claiming “My vagina’s angry” and that before visits to the gynecologist, “It gets defended weeks in advance. It shuts down, won’t ‘relax’” (Ensler 69, 71). Like Kaysen’s narrator does for her vagina, this woman assigns an agency to her vagina we might not otherwise expect. Her vagina is “angry” and “defended.” She even goes on to imagine her vagina talking and wearing clothing, ending the monologue, “My vagina, my vagina. Well... it wants everything” (Ensler 73). It is not the woman who “wants,” but her vagina that does; Kaysen’s narrator constructs her vagina in a similar manner.

The other monologue that bears resemblance to Kaysen’s text is “The Vulva Club,” which relates the story of a woman who names her body parts, including her vagina. Eventually, her vagina fails to respond to its given name—“Itsy Bitsy”—and the woman and

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8 The “V-Day movement” is an organized, global activist response against violence toward women. The first “V-Day” occurred in 1998 with a performance of the monologues in New York to benefit local antiviolence groups (Ensler 197). By 2000, 150 colleges and universities worldwide had become part of “The College Campaign,” which supports and facilitates V-Day benefit events on participating college campuses (Ensler 198). Due to the successes of the College Campaign, the Worldwide Campaign started in 2001 (Ensler 175). As of 2008, “[m]ore than 700 campuses participate in the College Campaign and more than 400 cities participate in the Worldwide Campaign, totaling more than 3,000 benefits in 58 countries” (Ensler 213).
her husband panic. The woman notes, "Itsy was dead and mute and gone... for days she did not come, then weeks, then months. I became despondent" (Ensler 88-89). The trope of the unresponsive vagina, dissociated and characterized by its “owner” as being “dead” is clearly related to Kaysen’s work in The Camera My Mother Gave Me, which includes a chapter entitled, “The Dead Vagina.” “The Vulva Club” monologue concludes with the reawakening of the woman’s vagina (by calling it “Vulva”), and the narrator claiming, “all the other body parts were lined up... and they were definitely listening” (Ensler 90, emphasis added). While Kaysen’s text does not conclude with a reawakening of her vagina, the idea of the body having something to say and needing to “listen" is the way Kaysen concludes her memoir.

Ensler's The Vagina Monologues set the stage for women across the country (and the world) to begin speaking openly about their vaginas, and provided women not only a space in which to do so, but a format and a number of metaphors through which to express themselves. Ensler believes that if women speak openly about their vaginas, women have the potential to reclaim their bodies and their selves from the patriarchal constructs that cause women's vaginas to experience trauma either metaphorically (through shame or silencing) or physically (through rape). Ensler says in the preface to The Vagina Monologues, “I say [the word “vagina”] because when I started saying it, I discovered how fragmented I was, how disconnected my body was from my mind... as more women say the word... Our vaginas become integrated and respected and sacred. They become part of our bodies, connected to our minds, fueling our spirits. And the shame leaves and the violation stops, because vaginas are visible and real, and they are connected to powerful, wise,
vagina-talking women” (Ensler, xl-xl, xlv). For Ensler, healing—and eventually ending—violence against women must begin with speaking openly about the vagina.

For Kaysen’s narrator in The Camera My Mother Gave Me, the point at which the vaginal voice gains the most traction and agency immediately follows the narrator’s realization that her boyfriend has been raping her. At the beginning of the text, the narrator constructs several moments in which she attempts to communicate to her boyfriend that her vaginal pain makes sex uncomfortable, not enjoyable and always ends with her vagina being in more pain than prior to the sexual encounter. The narrator’s boyfriend is portrayed as callous and presented as a man who frequently makes her feel guilty or ashamed in order to convince her to have sex with him anyway. At an alternative health appointment, the narrator portrays herself as struggling to tell the nurse, “I think he’s forcing me to have sex with him... He pesters me every night until I give him a blow job or let him fuck me. I do it so he’ll leave me alone... He holds my head down, I said. He holds me down by the back of my neck. I could barely bring myself to tell her this” (Kaysen, Camera 97-98). The narrator’s reconstructed struggle to divulge this information to the alternative health nurse—which she can only do because “at that moment [I felt] that the alternative nurse and I were friends” (97)—indicates the extreme anguish in which the situation has put her.

Frequently, Kaysen’s narrator voices the detachment she experiences while having sex with her boyfriend. As she attempts to avoid thinking about the excruciating pain she is in, the narrator notes, “I pulled away inside myself, so that the events on the bed were far away from where ‘I’ was, and the pain was far away also. That worked, but I didn’t like doing it” (Kaysen, Camera 58). Sociologist Arthur Frank, author of The Wounded
Storyteller, argues, “A person who has recently started to experience pain speaks of ‘it’ hurting ‘me’ and can dissociate from that ‘it.’ The chaos narrative is lived when ‘it’ has hammered ‘me’ out of self-recognition” (Frank 103). The narrator refers to her vagina as “it” from the very first page of the text. However, it is only after realizing that her boyfriend is, in fact, raping her, that Kaysen’s narrator truly characterizes “it” as being separate from her narrating voice, and therefore, herself. Kaysen constructs her vagina as having agency by assigning “it” active and unexpected modifiers (such as, “exiled, starved, and in solitary confinement” (Kaysen, *Camera* 124)). Kaysen’s construction of her vagina as existing as a separate, agentive voice from her narrating voice seems to precipitate as a result of the trauma she experiences from a combination of her existing condition and her boyfriend’s rapes. According to Kim Hall, *The Vagina Monologues* suggests that “the measure of patriarchal violence is the extent to which women are unable to think of their vaginas as themselves” (Hall 104). Perhaps Kaysen’s construction of the vaginal voice in *The Camera My Mother Gave Me* stems from an attempt to combat “patriarchal violence” and rediscover the link between her vagina and herself. It is only through the personification and construction of a voice for her vagina that Kaysen might be able to bridge the disconnect between the two.

**Conclusion**

Kaysen’s narrator is portrayed as constantly trying to objectify her vagina by projecting it onto a variety of different objects—the agate bowl, someone else’s foot, the camera obscura—and consistently narrates her feelings of detachment from her vagina during reconstructed scenes of traumatic sexual experiences. This projection and
detachment culminates in the vagina constructed as beginning to speak for itself. On the last page of the narrative, Kaysen’s narrator leaves the reader a series of advisory statements:

Don’t separate the mind from the body. Don’t separate even character—you can’t. Our unit of existence is a body, a physical, tangible, sensate entity with perceptions and reactions that express it and form it simultaneously. Disease is one of our languages. Doctors understand what disease has to say about itself. It’s up to the person with the disease to understand what the disease has to say to her. My vagina keeps trying to get my attention. It has something important to say to me. I’m listening. I’m still listening. (Kaysen, Camera 149).

Kaysen’s narrator’s thoughts at the conclusion of the narrative arc communicates her understanding that separating the mind from the body does a disservice to one’s self. In fact, the narrator seems to suggest that separating body parts from the single “body” unit is also an inadvisable decision. In doing so, the self is prone to misunderstand the “perceptions and reactions” of the body. This epilogue further suggests that Kaysen’s narrator’s earlier strategy—the dissociation and detachment she narrates herself as experiencing—will not allow her to understand her body or her self. The narrator tells the reader that “Disease is one of our languages.” It is a language of the body, and every ill person must seek to understand “what the disease has to say to her” or him.

Ultimately, the lack of an appropriate diagnosis—or diagnosis at all—negatively impacts Kaysen’s narrator’s sense of self. In an effort to understand her vaginal pain, she narrates the dissociation she experiences by projecting her vagina onto objects and withdrawing from her body during sexual encounters with her boyfriend in order to ignore the debilitating pain it causes her. This dissociation does not suggest a fragmented understanding of the self, but rather marks the narrator’s attempts to understand what her
vagina is trying to tell her. By outsourcing her vagina’s voice through this dissociation, the narrator is making an effort to better understand her vagina’s language, which the narrator is unable to “translate” and understand. At the end of the narrative arc, the narrator recognizes her mistake in going about this understanding in the way that she does. However, the narrator notes that, while she still has not decoded what the “disease” her vagina has “has to say to her,” she is “still listening.” Her vaginal pain is not, at the conclusion of the narrative, something she just has, it is something that affects her sense of who she is.
Conclusion

For Susanna Kaysen’s narrators in *Girl, Interrupted* and *The Camera My Mother Gave Me*, diagnosis and identity are intimately intertwined. While the subjects of illness narratives are frequently silenced by their illness or by the medical authorities who diagnose these illnesses, Kaysen's narrators’ voices refuse to be silenced.

Both narrators in *Girl, Interrupted* challenge the diagnostic process and the conditions of their shared diagnosis. Both attempt to undermine the authority of the medical institution that labeled Kaysen as having a “character disorder,” and reject the unrecognizable identity assigned them by this medical authority. However, while both voices challenge the reader to reconsider the societal norms surrounding the line between “sanity” and “insanity,” and successfully blur the boundary between the two, neither narrator is able to separate her self from her diagnosis. The young narrator's entire experience and conception of herself is dictated by her institutionalization and her diagnosis. The adult narrator, despite being deemed “recovered” by her case file, has not truly recovered anything: she has not recovered the lost time or the interruption of her youth and, while her doctors seem to think her character has been “recovered,” questions surrounding her experience of institutionalization follow her into adulthood. Ultimately, narrating a history of madness to a reader who believes that the diagnosis may have been appropriate becomes a challenge of the project that results in the intimate fusion of diagnosis and identity.

For Kaysen's constructed narrator in *The Camera My Mother Gave Me*, the lack of a diagnosis becomes an insurmountable obstacle to understanding her self. The narrator’s voice is conflictingly humorous and frustrated, creating a tension that echoes the devastating
consequences of being unable to remedy her debilitating vaginal pain. The narrator reconstructs the detachment and dissociation she experiences as a result of her pain. She projects her vagina onto several unexpected objects and eventually constructs a vaginal voice after recognizing and naming the sexual trauma she experiences because of her boyfriend’s repeated rapes. This dissociation and detachment from her vagina ought not to be read as an indication of a fractured sense of self, but instead as an attempt by the narrator to give shape to the “language of disease” that her vagina is speaking to her. At the conclusion of the narrative arc, the narrator recognizes this strategy to be hopeless, telling the reader not to separate the mind and the body. Further, the narrator gestures toward her diagnosis being a potential translator for the body’s language of disease. In order to experience her identity as unified, the narrator must decode this language—with the potential help of her doctors and a diagnosis—but, at the conclusion of the narrative, remains unable to do so.

The effects of diagnosis on the construction of voice and identity for subjects of illness narratives is an important topic in the larger context of life writing. If the diagnoses of the medical institution have such a strong effect on a narrator’s understanding of his or her identity, what does this mean for these writers? How do the subjects of illness narratives begin to separate their sense of selves from the diagnoses of their illnesses? What does it say about societal “norms” regarding the ill and those who adhere unquestioningly to these norms? Is the general population awarding so much power to the authoritative figures of the medical institution that they are able to dictate even our sense of selfhood?

These questions reach far beyond the scope of Kaysen’s memoirs and require a much wider sampling of illness narratives and cultural study to even begin to answer. However, Kaysen’s memoirs point to the strong and intimate connection between identity and diagnosis and, as the narrator of The Camera My Mother Gave Me urges her reader, in order to begin
answering these questions, we must all listen to those voices that are silenced by illness and diagnosis. We must keep listening.
Works Consulted


