

“The Eloquence of the Locks and Bars” – Metaphors of Confinement in Novelistic Enquiries into Mental Health

(Roman Bischof, Gothenburg, 11 June 2019)

Introduction

Literary engagement with mental illness and psychiatric practice have produced a number of classics in the past century. While probably the best-known text – Ken Kesey’s *One Flew over the Cuckoo’s Nest* – presents an entirely fictional narrative, many others – e.g. Sylvia Plath’s *The Bell Jar*, Susanna Kaysen’s *Girl, Interrupted* and Joanne Greenberg’s *I Never Promised You a Rose Garden* – are at least partly autobiographical. As Susan J. Hubert points out, the 20th century produced a host of mental illness narratives written primarily by women, often fictionalised and published under a pseudonym. *The Bell Jar*, for instance, was first published under the pseudonym “Victoria Lucas”, and Joanne Greenberg originally used the pen name “Hannah Green” for *I Never Promised You a Rose Garden*. Mary Jane Ward initially denied that *The Snake Pit*, a 1948 novel denouncing the practices in mental asylums, reflected any part of her life. Susanna Kaysen’s *Girl, Interrupted*, on the other hand, which was published almost five decades later and also takes on a critical stance towards psychiatric practices around the mid-20th century, is a prominent example of a proper memoir depicting Kaysen’s time at McLean Hospital in the late 1960s.

As Hubert further notes, a shift occurred in women’s mental illness narratives (she uses the term “madness narratives”) between the 1920s and 1960s. Whereas earlier 20th century writings put more emphasis on maltreatments patients of certain mental institutions were exposed to, later works focus more on the process of recovery aided by psychiatric professionals. Concurrently – and at least in part consequently – a metaphorical conceptualisation of confinement begins to supersede its literal meaning:

Instead of focusing on external oppression, such as false imprisonment, the "one-man power" of the superintendent, and the particular vulnerability of women, the writers of women's madness narratives of this era internalize their oppression and accept the expert opinions of their doctors. The diseased mind, rather than the institution, constitutes the prison, and the doctor is no longer seen as a jailkeeper but rather as an expert who has the ability to release women from the prison of mental illness. (61)

In this paper, I will focus on the ramifications of this reconceptualization for the representation of the experience of mental illness in narrative texts. In other words, I will aim to show how metaphors of confinement function in works of that era (the mid-20th century) and how they have persisted well into the 21st century. For the first part, I will focus on Joanne Greenberg's semi-autobiographical novel *I Never Promised You a Rose Garden*, published in 1964, and Sylvia Plath's *The Bell Jar* (1963). For the second part, I will take a brief look at two more recent novels, namely John Wray's *Lowboy* (2008) and Nathan Filer's *The Shock of the Fall* (2013). Both authors have no first-hand experience with the illness they depict – schizophrenia in both cases – though Nathan Filer can certainly draw from his training and work experience as a psychiatric nurse. As recent fictional representations, they can give us an indication as to how the imagery associated with mental illness and psychiatric practice has changed and to what extent it still connects to that of the confessional memoirs and novels of the mid-20th century.

I Never Promised You a Rose Garden

My first focus will lie on Joanne Greenberg's *I Never Promised You a Rose Garden*. As the author points out in the afterword to the 2009 edition, the book, first published in 1964, was not intended as a memoir. Still, her motivation for writing stems from an urge to represent the experience of mental illness and institutionalisation which is apparent in most 20th-century psychiatric novels and memoirs:

I didn't want to write a case history; I wanted to show what being mentally ill felt like, how it felt to be so deeply estranged from the world. To do this requires cutting away great swaths of time, eliminating people and events, yet trying to remember as accurately as possible what remains. What was the therapy like? How did life feel? (288)

Thus, the novel is just as much an aesthetic venture as an enquiry into personal memory. Deborah, the story's sixteen-year-old protagonist, does not represent the author, but her experiences are meant to bring across "accurately" the first-person perspective of a teenager diagnosed with schizophrenia. The main narrative of *I Never Promised You a Rose Garden* follows Deborah's treatment in a mental hospital from the moment she is first brought there by her parents until three years later, when she manages to leave the institution and pass an exam which attests her an education equivalent to having graduated from high school. Much of her successful re-entry into society is accredited to the work of her psychiatrist, Dr Clara Fried,

who helps Deborah to uncover the sources of her illness with a lot of empathy and professional flair. As Paul Bail points out, Dr Fried is a homage to Greenberg's therapist Dr Frieda Fromm-Reichmann, with whom she intended to jointly write her case history before the latter's death prevented the project from taking shape (150).

Despite the clear focus on Deborah's state of mind, she is not the novel's narrator. Instead, the story is told by a heterodiegetic narrator, which allows the perspective to shift between an external and different internal focalisations, i.e. between a birds-eye point-of-view and closer descriptions of the inner life of various characters. Thus, the narrative provides insights into the hopes and fears of Deborah's parents, the professional and personal reflections of Dr Fried and into the different mental stages of Deborah, as she drifts in and out of psychosis.

Throughout the novel, focalization on Deborah's parents provides an outside perspective on both Deborah's illness and on life in the mental hospital. Their thoughts, conversations and actions offer a commentary on psychiatric practice and the stigma that surrounds the mentally ill. As Deborah's father Jacob is set against leaving his daughter in the care of strangers, he perceives the psychiatric institution as nothing more than a prison. His reluctance to give Deborah's treatment at the hospital the benefit of the doubt leads his daughter to deny him the right to visit her:

She [Deborah] knew that this hospital was good for her. She knew also that she could not defend her knowledge, that she could not express why this was really where she belonged. Considering her own muteness and **the eloquence of the locks and bars**, Jacob might be overcome by the horror and sadness she had seen in him when they had first brought her there. He might decide to end this "imprisonment." The women on Disturbed were always howling and shrieking. One of them might tip the balance the wrong way. Deborah knew all this, but she could not utter it. (24, my emphasis)

By denying her father the right to visit her, Deborah makes use of the "eloquence of the locks and bars" in her own interest. There is a striking parallel between Deborah's decision to lock her father out of the mental hospital and her initial reluctance to confide in Dr Fried. The fear of not being understood, of not being able to communicate leads her to avoid confrontation. In her illusion, this manifests itself in another locked door:

[Dr Fried] sat on the other side of the heavy twelfth-century iron portcullis that Deborah occasionally found separating them. The portcullis had been raised this time, invisible, but when the doctor had mentioned parents and a visit, Deborah heard the sudden heavy rasp, and down it clanged between them.

“What is it?” the doctor said, not hearing the clang of lowering, but perceiving its effect.

“I can’t really see you and I can’t really hear you,” Deborah said. “You are behind the gate.”

“Your medieval gate again. You know, those things have doors on them. Why don’t you open a door?”

“The door is locked, too.” (23)

This passage highlights an overarching conceptual metaphor which underlies much of the narrative of Deborah’s illness and treatment: THE MIND IS A PRISON. While in this case, the portcullis evokes the image of a medieval castle rather than a modern prison, its important quality is that it is locked by an entity outside of Deborah’s influence, just like the gates of the mental hospital. If Deborah manages to take hold of the key to her mental prison (through psychotherapy), she may also open the door that leads out of the hospital. The likeness between mental health and the possession of a key is further reflected in the symbolic property of the keys carried around by the nurses. As Deborah puts it, “[t]he only thing that separated [Hobbs, one of the nurses] from us was three inches of metal key he used to fondle for assurance.” (Greenberg 95)

The walls and locked gates of the mental institution are thus similar to the barriers that exist between Deborah’s mind and the outside world. At times, her illness blocks her vision, prevents her from communicating or makes her lose contact to the outside world altogether. The story of her remission is the story of braking down both boundaries: regaining control of her consciousness is the first step to regaining control of a life outside the mental hospital. In Deborah’s case, therefore, the mental hospital fulfils its purpose: she is removed from the outside world physically because she is removed from it mentally. Ultimately, it is the mind that controls the body. Thus, it is a logical consequence that Deborah’s redemption comes about by means of psychotherapy rather than medication, surgery or electric shocks.

The Bell Jar

The famous metaphor that ended up becoming the title of Sylvia Plath's *The Bell Jar* also highlights social as well as personal ramifications of mental illness. Just as Esther Greenwood, protagonist and first-person narrator of the autofictional novel, is moved from a "cramped city hospital ward" to a "private hospital that had grounds and golf courses and gardens" (185) after her suicide attempt, she uses the metaphor to underline that physical confinement is not at the root of her sorrows:

If Mrs. Guinea [a successful writer sponsoring Esther's treatment] had given me a ticket to Europe, or a round-the-world cruise, it wouldn't have made one scrap of a difference to me, because wherever I sat—on the deck of a ship or at a street café in Paris or Bangkok—I would be sitting under the same glass bell jar, stewing in my own sour air. (185)

Plath's bell jar metaphor exemplifies the mind-as-prison Hubert ascribes to the psychological novels of the time. Replacing the locks and bars by glass makes the impression of confinement even more powerful: As all senses are affected, the world outside becomes unrecognisable, while the air is slowly but steadily deprived of life-supporting oxygen. The great impact Esther's depression has on her perception of the world is highlighted in another instance, as her stay at the private hospital is nearing its end. She remembers a conversation with her mother, who she accuses of being primarily concerned with her own social image:

"We'll take up where we left off, Esther," she had said, with her sweet, martyr's smile. "We'll act as if all this were a bad dream."

A bad dream.

To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream.

A bad dream. (237)

The person in the bell jar can be watched and studied (like a dead baby in a laboratory jar), but her own view is distorted, her other senses impaired by the impenetrability of the glass. The metaphor thus highlights the imbalance of perception between persons experiencing mental distress and those around them, suggesting that mutual understanding is difficult if not impossible to achieve.

The Shock of the Fall

I would like to stay with the concept of dreams as we move forward 50 years to Nathan Filer's 2013 novel *The Shock of the Fall*. As a recent mental illness narrative, it can be considered to fall into the category of what Gesa Stedman calls "brain plots" (Stedman 113) and Marco Roth calls the "neurological novel", or "neuronovel". For Roth, the emergence of the subgenre at the turn of the 21st century is grounded in an adjustment of literature to the increased dominance of neuroscientific theories of the mind: "What has been variously referred to as the novel of consciousness or the psychological or confessional novel—the novel, at any rate, about the workings of a mind—has transformed itself into the neurological novel, wherein the mind becomes the brain." (n. pag.)

The Shock of the Fall is narrated by Matthew Homes, a young adult with schizophrenia who is committed to a mental hospital because he hears his dead brother talking to him. In a crucial moment of reflection, Matthew connects the brain-centred logic Roth ascribes to the 'neuronovel' with another metaphor of confinement:

When I'm heavily medicated I sleep for up to eighteen hours a day. During these times I am far more interested in my dreams than in reality, because they take up so much more of my time. If I'm having nice dreams, I consider life to be pretty good. When the medication isn't working properly – or if I decide not to take it – I spend more time awake. But then my dreams have a way of following me.

It's like we each have a wall that separates our dreams from reality, but mine has cracks in it. The dreams can wriggle and squeeze their way through, until it's hard to know the difference. Sometimes the wall breaks completely. It's then that the nightmares start. (21–22)

Here, a wall separates dreams from reality, confines them to separate parts of the mind. The mind is likened to a house which relies on the stability of its walls in order to be a safe space. The dreams themselves are not the problem, but as soon as dreams and reality cannot be separated any longer – due to the broken-down wall – the experience becomes that of a "nightmare". As the passage suggests, pharmaceuticals can help to control the illness – to stabilise the wall, so to speak – but the novel's plot also reveals that engaging with the traumatic memory of his brother's death by means of writing about it is of even greater importance and eventually leads to Matthew's discharge from the mental hospital. Following the metaphor

used by Matthew, the novel's premise is that medication can help to confine and thus keep in check delusions, but their content needs to be addressed with the help of narrative.

Lowboy

In the case of Will Heller, the teenage protagonist in John Wray's *Lowboy*, the brain's chemistry has a greater importance and increasingly dominates Will's part of the narrative as the plot progresses. As he is on the run in New York's vast subway system, Will has stopped taking his medication, his actions becoming less and less predictable for his mother and the police officer who try to find him. In comparison to Matthew Homes, Will's awareness of his own illness is even more firmly rooted in neurology:

[Will] listened to the sound of the wheels, to the squealing of the housings at the railheads and the bends, to the train's manifold and particulate elements functioning effortlessly in concert. Welcoming, familiar, almost sentimental sounds. His thoughts fell slackly into place. Even his cramped and claustrophobic brain felt a measure of affection for the tunnel. It was his skull that held him captive, after all, not the tunnel or the passengers or the train. I'm a prisoner of my own brainpan, he thought. Hostage of my limbic system. There's no way out for me but through my nose. (5)

Equating his self with his brain, Will is "held captive" by his skull. The last sentence highlights the absurdity of this equation and is Will's proof that he "can make jokes again" (5). Nevertheless, the brain is clearly depicted as the location of the self and being confined by the skull alludes to the "biological reductionism" Marco Roth ascribes to the neuronovel: If consciousness is nothing but a function of the brain, our selves are entirely determined – held captive – by our body.

Conclusion

With the examples presented here, I hope I have been able to illustrate some of the breadth of implications metaphors of confinement can have in relation to the depiction of mental illness in novels. Further, I hope to have demonstrated the persistence of this class of metaphors from the mid-20th century until today and the way they have been adapted to address the increased focus on the brain as the seat of the self. In all cases I have discussed, metaphors of confinement stress the focus of the narrative on the social ramifications of mental illness as well as the experience of the illness itself. Their ubiquity is a sign of their great ability to shed light on the

interconnection of both of these aspects and thus to help conceptualise what it means to live with a mental illness.

3. Works Cited

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