MADNESS AS A WAY OF LIFE: SPACE, POLITICS AND THE UNCANNY IN FICTION AND SOCIAL MOVEMENTS

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ABSTRACT

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Madness as a Way of Life examines T.V. Reed’s concept of politerature as a means to read fiction with a mind towards its utilization in social justice movements for the mentally ill. Through the lens of the Freudian uncanny, Johan Galtung’s three-tiered systems of violence, and Gaston Bachelard’s conception of spatiality, this dissertation examines four novels as case studies for a new way of reading the literature of madness.

Shirley Jackson’s The Haunting of Hill House unveils the accusation of female madness that lay at the heart of a woman’s dissatisfaction with domestic space in the 1950s, while Dennis Lehane’s Shutter Island offers a more complicated illustration of both post-traumatic stress syndrome and post-partum depression. Thomas Mann’s The Magic Mountain and Curtis White’s America Magic Mountain challenge our socially-accepted dichotomy of reason and madness whereby their antagonists give up success in favor of isolation and illness. While these texts span chronology and geography, each can be read in a way that allows us to become more empathetic to the mentally ill and reduce stigma in order to effect change.

This project begins with an introduction to several social justice movements for the mentally ill, as well as a summary of the movement over time. The case studies that follow illustrate how the uncanny and the spatial may effect the psyche and how forms of direct, structural, and cultural violence work together in order to create madness where it may not have existed at all or where it is considered a detriment when it is merely another way of living. The madhouses in the texts examined herein, and the novels from which
they come, offer a way to teach us how to enact change on behalf of a community who still suffers from discrimination today.
to Escher, my little prince and wild thing, for showing me that it is possible to straddle two worlds without ever having to settle on just one.
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<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Page</strong></td>
</tr>
<tr>
<td>PROLOGUE .......................................................................................................................... 1</td>
</tr>
<tr>
<td>INTRODUCTION ...................................................................................................................... 2</td>
</tr>
<tr>
<td>CHAPTER I. MEDICINE, MEDIA, AND THE MOVEMENT: MADNESS IN OUR CONTEMPORARY MOMENT ....................................................................................................................... 26</td>
</tr>
<tr>
<td>CHAPTER II. SPATIAL SYMBIOSIS AND INSISTENT HOSPITALITY: FEMALE MADNESS IN SHIRLEY JACKSON’S <em>THE HAUNTING OF HILL HOUSE</em> ................................. 48</td>
</tr>
<tr>
<td>CHAPTER III. “YOU TOLD YOURSELF SANITY WAS A CHOICE:” MADNESS IN DENNIS LEHANE’S INSTITUTION NARRATIVE <em>SHUTTER ISLAND</em> ............................ 77</td>
</tr>
<tr>
<td>CHAPTER IV. PSYCHIC SIGNIFICANCE OF PEOPLE, PLACES, AND THINGS: MADNESS IN THOMAS MANN’S <em>THE MAGIC MOUNTAIN</em> AND CURTIS WHITE’S <em>AMERICA’S MAGIC MOUNTAIN</em> ............................................................................. 104</td>
</tr>
<tr>
<td>CHAPTER V. CONCLUSION ...................................................................................................... 138</td>
</tr>
</tbody>
</table>
The summer I began to coalesce many of my ideas about what would become this project was also the summer of Michael Jackson’s death. On June 25, 2009, Michael Jackson was an UCLA Medical Center. Around the world, fans mourned Jackson, his music sales soared, and there was almost non-stop media coverage of Jackson’s life and death, both of which were shrouded in speculation and mystery. Like many others, I sat glued to the television screen, watching old interviews with Jackson as well as specials that chronicled his oftentimes bizarre behavior and his troubled life. Not long after Jackson’s death, questions were raised about the nature of his relationships with his doctors and their involvement with his death; in November of 2011, his physician Conrad Murray was sentenced to four years in jail for involuntary manslaughter. As I watched this coverage, it seemed so clear to me that the behavior Jackson exhibited that most had described as unusual or eccentric or disturbing mirrored behaviors that I was reading about in both non-fiction and fiction works on madness. Jackson’s celebrity seemed to have immunized him from serious discussions of possible mental illnesses in favor of gossip and legal dramatics. That his doctor, whose oath should have been to “do no harm,” was responsible for his death was a reminder that doctors have an authority over us that is often unquestioned, goes unchecked, and can be lethal. Jackson’s death inspired me to think about how we define reason and madness, the existence of madness in everyday life, our cultural tendency to declare anything unfamiliar as abnormal, and the power structures that exist between society, doctor, and patient. While this project cannot do justice to all of these ideas, they have continuously motivated me and guided me in thinking about what might be done prevent the harm caused by our cultural and medical ideas about reason and madness.
"But I don’t want to go among mad people,” Alice remarked.
“Od, you can’t help that,” said the Cat: “we’re all mad here. I’m mad. You’re mad.”
“How do you know I’m mad?” said Alice.
“You must be,” said the Cat, “or you wouldn’t have come here.”

Alice’s Adventures in Wonderland (1865)

“All literature is protest.”
Richard Wright (1957)

In The Interpretation of Dreams, Freud claims of Oedipus that “His destiny moves us only because it might have been ours” (Freud 280). Freud’s intimation, that we have the capability to identify and empathize with a character because we think it is merely an act of fate that he has acted out a tragedy that we might have done, is an often over-looked yet potentially transformational way of reading literature. To read fiction with an eye towards understanding allows narratives and characters to shape the way we think about the world and people around us. T.V. Reed’s concept of “politerature,” which he defines as “literature that employs narratives and strategies useful to social movements” (xii), broadens Freud’s claim into the realm of the practical: how can we not only identify and empathize with a character, but also use their narrative to change the way we think about the injustices that surround us? In Fifteen Jugglers, Five Believers: Literary Politics and the Poetics of American Social Movements, Reed analyzes Ralph Ellison’s Invisible Man as politerature, arguing that it can act as a warning to activists and social movements that there can be no real change if leaders, speeches, etc. are misunderstood. He cites the invisible man’s notable battle royal speech where he “learns the lesson of the ambiguities of rhetorical reception” (Reed 80). So while a critical race or left-leaning theorist reads Invisible Man and analyzes the various injustices made explicit by the text, reading as politerature goes further in finding ways the text can be mobilized for social change, as a tool for building better social responsibility. By their nature, grassroots social movements demand a populace willing to change their minds about an issue or a population of people, and in this
project, I argue that reading fictional narratives of madness through the lens of politerature can strengthen mental health social movements. Understanding novels of madness as politerature creates a new way of reading that may be utilized beyond the traditional spheres of English and Cultural Studies Departments and into classes in Psychology, Ethics, Criminal Justice, or even outside the university setting altogether into places where people live and work for the mentally ill such as hospitals or prisons and campaigns/social movements that seek to gain rights and acceptance for those considered mad. Like Reed’s text, each chapter on fictional works will consider literature disparate from one another in terms of genre--gothic, institution narrative, satire--yet all share the connective theme of madness and each reading will illustrate how, though madness may look different in different times and in different places, the fictional stories of these mad characters may help real people with real struggles. As Thomas Szasz, in his seminal *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, claims “This book presupposes no special competence or training in the reader – only open-mindedness” (Szasz xviii), so too this project demands open-mindedness to a new way of textual analysis, a willingness to follow fictional narratives as case studies and imagine how we might use those narratives to sustain and promote justice for the mad and mentally ill in our society today.

The introduction here explicates the term “politerature” and will define the Galtungian conception of violence, provide a brief overview of the idea of madness, provide a summary of the four chapters that follow, and introduce the theories of topoanalysis and the uncanny that will influence each chapter.

Chapter One, “Medicine, Media, and the Movement: Madness in Our Contemporary Moment,” describes the evolution of mental health social movements and the violence
committed against the mentally ill population everyday. Using peace and justice scholar Johan Galtung’s theory of cultural, structural, and direct violence illuminates the insidiousness of the violence directed at the mentally ill and reveals to readers forms of violence that they may not recognize as violent. This revelation is key to a politerary reading, as it allows us to help social movements identify additional sites for resistance, a necessary step in Reed’s iteration of the term. Galtung identifies and describes three types of violence, cultural, structural, and direct, which all depend on one another to function. Direct violence is perhaps the most recognizable to everyday citizens; it refers to actual, physical harm to a person or group of people. We can see this violence in conflicts as large as war or in individual instances of brutality. In thinking about madness, Galtung’s ideas about direct violence are complicated, as violent acts such as straightjacketing or forcible drugging are often considered medically necessary and for the safety of the patient and public. Here the lines blur into structural violence, which is often more invisible than direct violence and describes the everyday practices of discrimination or domination that are embedded into our daily life and often go unquestioned. Cultural violence functions invisibly, on an ideological level, whereby art, literature, news, history, and other cultural products leads us to believe that some violence is merely unavoidable. A historiography of institutionalization and our constant onslaught of media stories about violence perpetrated by the mentally ill are examples of cultural violence that lead us to believe the structural and direct violence enacted against the mentally ill is necessary. Because novels about madness often end in tragedy, they can also function as cultural violence; a superficial reading may lead one to believe that incarceration or death is the best and necessary ending for a mad character. In a politerary reading, understanding how Galtung’s theory of violence works within the novels illuminates how it functions similarly in the real world. This illumination might spark social
movements to notice cultural violence that it can work against effectively, causing structural and direct violence to crumble away with it.

Galtung argues that cultural violence appears in “the symbolic sphere of our existence…that can be used to justify or legitimize direct or structural violence” (Galtung 291). Cultural violence allows for the existence of “direct and structural violence” by making them look “right–or at least not wrong” (Galtung 291). Galtung points out that this functions at a subconscious level (291-292) where we accept claims from the legal and medical communities uncritically because of their esteemed place in society. This acceptance often leads to a change in our “moral code” and creates an “opaque reality” (292). Novels that portray madness often fall prey to Galtung’s assertion that the opacity of reality leads us “not to see the violent act…or at least not as violent” (292). Both the cultural artifacts and their narratives and characters reinforce stereotypes of madness and blindly propagate violent depictions of the mentally ill and the force necessary to contain them.

I consider four narratives of madness: Shirley Jackson’s *The Haunting of Hill House*, Dennis Lehane’s *Shutter Island*, Thomas Mann’s *The Magic Mountain*, and Curtis White’s *America’s Magic Mountain*. Though the theme of madness is vast and the narratives highlight various challenges and stereotypes faced by those deemed mad, each of the novels draws our attention to two major areas: spaces, epitomized by a type of madhouse, and the uncanny. In order to achieve a focused case study, the chapters will consider how both the spatial (understood via Gaston Bachelard’s method of topoanalysis, which he defines as a “systematic study of the sites of our intimate lives”) and the uncanny (via Freud) are inextricable from madness itself, and the ways in which reading them makes both Galtungian violence and strategies of resistance easier to see. How does a space become a madhouse? How might we distinguish it from a
haunted house or a mental institution? Mental institutions or any other state-sponsored space to incarcerate, reform, and/or heal madness are explicit in their designs and intentions to thwart outbursts of madness and separate the mentally ill from the rest of the population. Haunted houses are designed to frighten and disorient; fears and hallucinations are established explicitly and therefore require less imagination – mummies jump out behind corners, you view your reflection in distorting mirrors – oftentimes, too, participants are affected in the same way. A madhouse is a place that provokes a state of madness through its uncanny manipulation of spatiality and materiality and its reliance on structural and cultural violence. Here we will embark on a topoanalytic study of four novels that portray an eclectic variety of such madhouses.

In teaching politerature, a more specific strategy is needed in order to identify what might be useful to a specific social movement; here, space and the uncanny act as pedagogical tools to extract the injustices to the mentally ill from the novels. Though the novels often end poorly for their protagonists, this new way of reading will show how that was only one possible outcome, how lives could be saved by considering madness as a “strategy for living in an unlivable situations,” as a way of life.

History and Terminology

As early as 1798, Dr. Philippe Pinel published *La Medicine Clinique*, an exposition on the inhumane treatment of patients in the French insane asylum La Salpetriere. Pinel’s work would still have a substantial influence more than a century later in Michel Foucault’s foundational *Madness and Civilization: A History of Insanity in the Age of Reason*. While the everyday lives and treatment of those deemed mentally ill have continued to capture critical attention and imagination, most of the literature on the affliction and its space is dedicated to scientific explanations, patient (auto)biographies, or historical narratives. Sylvia Plath’s *The Bell*
Jar, Susanna Kaysen’s *Girl, Interrupted*, and Kate Millett’s *The Loony-Bin Trip* account for popular conceptions of the relationship between hysterical women and the mental health establishment while fictional accounts such as Ken Kesey’s *One Flew Over the Cuckoo’s Nest* and Stephen King’s *The Shining* perpetuate the dangers and violence inherent in the lives of the mentally ill – at the hands of the medical establishment or in their identities as unpredictable and savage criminals.

Theoretical texts such as Sander Gilman and Susan Gubar’s *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Imagination*, Elaine Showalter’s *The Female Malady: Women, Madness and English Culture, 1830–1980*, and Marta Caminero-Santangelo’s *The Madwoman Can’t Speak: Or Why Insanity is Not Subversive* act as fundamental analyses of popular fictional works and their representations of female madness. Tracking the historical, cultural, and narrative transformation of madness, texts such as Roy Porter’s *Madness: A Brief History*, Edward Shorter’s *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* to Andrew Scull’s *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* and Robert Whitaker’s *Mad in America: Bad Science, Bad Medicine, and The Enduring Mistreatment of the Mentally Ill* all provide a comprehensive look at the changing stigmas surrounding madness and madhouses.

As all writers on madness and mental illness make their own decisions on terminology, I have explicitly chosen the term “madness” over the medical designation “mental illness.” In *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, Edward Shorter writes: “Just as one would not insist that Parkinsonism or multiple sclerosis are socially constructed, one many no longer argue that schizophrenia and depression are social constructs lacking a basis in flesh and blood. Yet how patients experience these conditions, and how society makes sense of
them, are indeed subject to the influence of culture and convention” (Shorter viii). I am interested in madness as a state of being, as a social construction and how that construction affects those diagnosed with mental illnesses; however, mental illness burdens the life of many people and those who want to be treated by psychiatric practices have the right to whatever medical services they desire. I follow Lillian Feder’s claim, in her introduction to *Madness in Literature*, that:

The term madness is currently used to describe a wide variety of contradictory attitudes and almost any conduct that can be either justified or attacked as extreme: politically, madness is used to designate a long-repressed sense of injustice and therefore a legitimate motive for confrontation and as a charge against dissenters that carries the penalty of incarceration in a mental hospital; socially, it is interpreted as an illness of the mind or as an acceptable personal withdrawal from the values of a repressive society; and aesthetically, it is depicted as a consummation, the ultimate self-expression that is inevitably self-destructive. The connection among all these is a concern – however primitive or sophisticated – with mind, with deviation from some norm of thought and feeling, whether as a threat, a challenge, or a field of exploration which must yield revelation. (Feder xii)

Rhetoric scholar Stephen Harper writes similarly, and highlights the important of the distinctions:

I refer frequently to ‘mental illness’, which is generally regarded as a (relatively) non-stigmatizing term and is appropriate in descriptions of madness in psychiatric or institutional contexts. I regard ‘mental health problems’ as more stigmatizing, as the phrase reifies and labels individuals as problematic, while ‘health’ invokes its obverse of
disease, suggesting images of mental illness as fearful contagion. I have chosen to use the term ‘madness’ in other contexts, where the meaning of the term exceeds psychiatric discourse. ‘Madness’ is a term still widely used by pressure groups such as Mad Pride and, indeed, I would argue that it is a useful term for critics to retain insofar as it problematizes the pathologizing implications of phrases such as ‘mental illness’. In particular, the term allows cultural critics to shift their critical focus from marginalized individuals to questions of institutional and social madness. (Harper 462-463)

E. Fuller Torrey argues “Of all the burdens borne by mentally ill individuals, stigma is one of the heaviest. It affects opportunities for employment, housing, and social relations and becomes a scarlet letter that all mentally ill persons must carry” (Torrey 164). In the interest of fighting that stigma, I will adhere to the term “madness” whenever possible.

Chapter Overviews

Chapter I explores the current trends and organization in the mental health movement. From the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, often referred to as the “Bible” for psychiatry by rights group MindFreedom International, this chapter provides a look at the ways in which our contemporary culture wrestles with madness and those it deems mentally ill as well as the evolution of the movement. It reveals the struggle between the medical community and the social movements that is often at the heart of the violence against the mentally ill vis-à-vis both actual medical diagnoses and social stigma. Further, the overwhelming amount of media depictions of madness, from news reports to popular culture, influences mass understanding and guides our currents of thinking. This chapter provides an introduction to the case studies that follow, both in terms of what help
the characters might be searching for and how we might use the novels to help the rights groups themselves.

Chapter II, “Spatial Symbiosis and Insistent Hospitality: Female Madness in Shirley Jackson’s *The Haunting of Hill House*” considers the narrative of the novel’s protagonist Eleanor, who goes to stay at Hill House to be part of an experimental team of researchers. Hill House bears an unfortunate reputation because of its storied past and, immediately upon her arrival, Eleanor begins to take on the qualities of the house. Among the foursome which she rounds out, Eleanor psychic state is the most fragile by far, and it is for her that Hill House morphs into a madhouse. Eleanor suffers from manipulation by Dr. Montague, who invited her to Hill House, and the authority granted to his words by his title. Further, the uncanny elements in Hill House infect her mental life as she frequently experiences an elision of reality and imagination that the others do not. *The Haunting of Hill House* allows us to see a madhouse in a very particular cultural moment where female hysteria was catching on in psychiatric practices and the job of housewifery was changing due to rapidly increased technology.

Though there is tremendous scholarship on *The Haunting of Hill House*, there has been no real consideration of Eleanor’s character through the lens of madness or of mental illness. Rather than leave Eleanor’s story a tragedy, with both Dr. Montague and Hill House triumphant in the end, understanding Eleanor as mad throughout the narrative allows readers to see the many ways in which we could have left her at the end of the narrative. Further, through the lens of madness, *The Haunting of Hill House* transcends the gothic/haunted house genre and operates as politerature. The novel reveals the structural and cultural violence that housewife culture perpetuated by upholding a dominant patriarchy where women who chose an alternate way of life were considered abnormal and, in Eleanor’s case, mad. Her madness is not relegated her
mental state but also to her desire to live her life independently as a strategy of resistance. Such an analysis of *The Haunting of Hill House* could lead to a re-consideration of other gothic literature, which often relies on tropes of space and the uncanny, as well as a repressed female desire.

Next I will consider Dennis Lehane’s popular novel *Shutter Island* (2003) as it represents the Ashecliffe Hospital for the Criminally Insane. Lehane is the only author considered here who writes of a space that is explicitly maintained to quarantine madness. There is a twist in the novel where we realize the protagonist, Teddy Daniels, who acts as a U.S. Marshall on a murder investigation at Ashecliffe, is actually Ashecliffe patient Andrew Laeddis who killed his wife after discovering she murdered their children. *Shutter Island* reckons with questions of narrative stability and the power that doctors hold over their patients. Infamous for experimental activities, Shutter Island and its doctors also harness Teddy’s guilt about his past to construct a narrative the blurs the boundaries between sane and insane, reason and madness. Similar to Jackson, Lehane imbues his protagonist’s madness with traces of gender trouble as Teddy’s masculinity is somewhat broken after his time in World War II and his failure to protect his family. The novel also overtly represents direct violence against the mental ill in terms of incarceration and shackling, while complicating our views of this violence by characterizing the patients as dangerous criminals.

Like *The Haunting of Hill House*, *Shutter Island* endows the space its characters inhabit with an extreme amount of power. In fact, the tagline for the film version of *Shutter Island* – “Some Places Never Let You Go” – highlights the authority the space of the asylum has over its inhabitants. And while we eventually learn that Teddy is part of a master plot established by the institutions’ doctors and not a U.S. marshal but a patient at the asylum, this narrative twist
ending reinforces the relationship between space and narrative and their permeating sovereign influence over a subject’s psychic state. Because of its isolated location and myriad of architectural designs (from Civil War-era buildings to a terror-inducing lighthouse), Shutter Island reinforces the chaotic and sinister effects of space on the psyche. As the doctors concoct a narrative for Teddy to act out, they are only able to do this because of the various places that the Island affords for hiding and exploring. Ultimately, the doctors are unable to “cure” Teddy of his mental illness and therefore lobotomize him. As politerature, *Shutter Island* is unique in that it offers several narratives that may help the mental health social movements, from the importance of recognizing the early warning signs of post-partum depression and post-traumatic stress disorder to the transparency that ought to be required in the standard operating procedures of mental health hospitals and prisons.

In the final chapter, I consider Thomas Mann’s 1914 sanatorium novel *The Magic Mountain* in tandem with Chris White’s 2001 *America’s Magic Mountain*. Set in the remote and idyllic mountains of Davos, Switzerland, Mann’s *The Magic Mountain* immediately makes clear the separation between the chaotic, modern world “down below” and the peaceful life of patients “up here” at the International Sanatorium Berghof. While Berghof is a tuberculosis health retreat rather than an insane asylum or a madhouse, Mann’s depictions of the various patients and the journey of his protagonist Hans Castorp illustrates the mental instability associated with the diseased, fears of infection, and the complicated relationship between doctors and patients. Because Hans is either convinced into his illness by the doctor or manifests the symptoms because he has fallen in love at the sanatorium, the Wonderland-type characters he meets there, and the particular narrative strategies that Mann employs, we can conceive of Mann’s sanatorium as a kind of mad-house: containing fantastic characters, objects imbued with
magical/supernatural powers (the x-ray machine, the thermometer), evil overlords (doctors) and frightening spaces. Like the exchange between Alice and the Cheshire Cat that acts as an epigraph for this introduction, my reading of *The Magic Mountain* suggests that there might exist a madness that lays dormant in the unconscious only to be stimulated by the arrival to a madhouse.

White’s novel, *America’s Magic Mountain*, published in 2004, is a contemporary take on Mann’s novel with a huge amount of textual borrowing (the title, the protagonist also named Hans Castorp, the isolated setting). While Mann was writing in reaction to fascism, White reacts to capitalism–his Berghof is an alcohol treatment center called The Elixir, set in an old strip mall near Chicago. And yet, rather than be “cured” of their disease, “patients” at The Elixir are encouraged to embrace their disease, meaning that the therapy and treatment for alcoholism is to sit in a room alone all night, drinking vodka and watching *Hawaii Five-O*; essentially, they are encouraged to become functioning alcoholics. White provides a satire of Mann’s madhouse, creating a space where one is tricked into illness and often denied rights, knowledge, and a way out. Utilizing Bill Brown’s “thing theory,” I reveal how these two novels both harness everyday objects as a means to control space and characters, turning once peaceful, pallid locales into malignant places of infection.

As “literature that employs narratives and strategies useful to social movements,” *The Magic Mountain* is unique in that it models the political behavior of disengagement that unnerved Mann. So in following Reed’s idea of politerature, the novel allows us to read the protagonist Hans as mad and understand how his qualities and choices may be useful in the mad liberation movement. A large part of the narrative is an example of what the movement hopes to move away from: unwavering medical practices and confinement/institutionalization. But Hans’
ability to find a way of life for himself, free from the trappings of a “normal” life, surrounded by things imbued with “psychic significance,” and a love that transcends the boundaries of time and space, illustrates a strategy for living outside of the mainstream mental life. White’s novel invites us to challenge medical and legal authorities as both the keepers of knowledge and the representations of one’s best interests.

Both protagonists choose illness as a way of “living in an unlivable situation:” my focus in this dissertation is not on the surface of each text, with its depictions of tuberculosis or alcoholism, but madness as an escape from life, a step towards liberation. In a culture driven by capitalism, does not opting out of a good job and a nice house betray a certain madness? White’s Hans does just that. That the appreciable difference between the two novels is the dichotomy of their spatial settings illustrates how particular places are attached to different cultural moments, yet can produce a similar psychic effects on their inhabitants.

_The Magic Mountain_ and _America’s Magic Mountain_ offer a new way of thinking about a madness that is less dangerous than the versions of madness embodied by Eleanor or Andrew/Teddy’s. Much like Mad Pride organizations that champion “creative maladjustment,” the _Magic Mountain_ novels show two distinct versions of nonconformity that create a culturally constructed madness. The Hans’ succumbing to madness resembles more of a resignation to themselves that they cannot be what the world wants them to be, and yet may be happy nevertheless. Mann and White each endeavor to represent their own cultural moments and, in doing so, show how the mind may be molded by time, place, and things and how that molding creates a mad response to social and political demands.
The Uncanny: “Uncomfortable, uneasy, gloomy, dismal, uncanny ghastly; (of a house) haunted”

Both madness and the uncanny defy linguistic certainty, both have to do with the mind, and both are often spatially-oriented. The Freudian unheimlich (the uncanny), sometimes translated and defined as “haunted,” and commonly understood as something that is familiar yet frightening, reveals how the descent from reason to madness is often materially-oriented and rooted in what we often consider comfort. Freud calls the canny “a place free from ghostly influences” and the madhouses studied here will in fact be just the opposite.

Like madness, the uncanny is “the name for everything that ought to have remained…secret and hidden but has come to light” (Schelling in Freud). Freud cites Jentsch’s work on the uncanny as his starting point, most notably the question of “whether a lifeless object might not be in fact animate” (Freud 935). And because heimlich refers often to the comforts and familiarity of the home, the transition to an uncanny space necessarily involves an upset – here through the animation of the inanimate, a ghostly spectre, or, as Freud later introduces, the double (940) and the “repressed which recurs” (Freud 944). Where Freud’s seminal essay “The Uncanny” takes E.T.A. Hoffmann’s short story “The Sandman” as its text for analysis, he claims of the reading experience: “we know now that we are not supposed to be looking on at the product of a madman’s imagination, behind which we, with the superiority of rational minds, are able to detect the sober truth; and yet this knowledge does not lessen the impression of uncanniness in the least degree” (Freud). Looking beyond Freud’s glorification of the “rational mind,” his statement nevertheless illuminates the relationship of the text and reader. When we see the uncanny, we see madness, and we cannot turn away. In “Remarks on a Canny Moment,” Samuel Weber states that “The uncanny is bound up with a crisis of perception and phenomenality, but concomitantly with a mortal danger to the subject, to the “integrity” of its
body and thus to its very identity” (Weber 1131). When we perceive the uncanny, we are beginning to see the roots of a character’s madness and the integrity of his or her identity fracturing.

Susan Bernstein sees this fracturing as potentially hopeful. In her article, “It Walks: The Ambulatory Uncanny,” she describes the uncanny as “the possibility of an opening, of change, or repetition with a difference” (Bernstein 115). The uncanny may be liberatory; it may open up a new world of acceptable answers to the question “How might one live?” When that answer is madness, the uncanny is often our first clue that a character is somehow different from the rest.

All of the protagonists in the novels analyzed here begin their journeys with a change: specifically, a change of space. Bernstein also defines the uncanny in relation to space when she describes her concept of the uncanny guest who “interrupts our understanding to show its temporal and spatial distention” (Bernstein 1117). Eleanor, Teddy, Hans, and Hans are all uncanny guests. Each acts a reminder of something unfamiliar or alien, “of the difficulty of distinguishing clearly between language and reality, between feelings and situations, between what we know and what we ignore” (Bernstein 1118). For the reader, they act as a representation of madness; for their narrative counterparts, they act as an “alien invader” (Bernstein 1117).

In his book “The Architectural Uncanny,” Anthony Vidler traces the theoretical life of the uncanny. For Lacan, it is “the very “image of lack”.” For Derrida, it is the “unstable links between the signifier and signified.” For Baudrillard, it is the “propensity for the double, for the elision between reality and fiction, its insistent trompe l’oeil” (Vidler 9-10). For Vidler, a significant part of the uncanny is “that mental space where temporality and spatiality collapse” (Vidler 39). It involves a sense of “homelessness” that affects each of the protagonists analyzed in the following chapters. Ominously, he defines “space as a threat, a harbinger of the unseen,
oper[ating] as medical and psychical metaphor” (Vidler 167) and further explication of spatial theory will illuminate this statement.

Stephen Frosh investigates the concept of haunting and its relationship to space and the mind in “Hauntings: Psychoanalysis and Ghostly Transmission.” He cites Avery Gordon, whose description of events sounds ominously like the Freudian uncanny: “I used the term haunting to describe those singular yet repetitive instances when home becomes unfamiliar, when your bearings on the world lose direction, when the over-and-done-with comes alive, when what’s been in your blind spot comes into view. Haunting raises specters, and it alters the experience of being in time, the way we separate the past, the present, and the future” (Gordon xvi in Frosh 241). Gordon privileges time in the quote here, but hauntings, and the uncanny, further alter the experience of being in space.

The Spatial

The complicated and porous relationship between subject and object has continually motivated varying theories of representation, identity, and relationality. Which is beholden to which? Are we constituted by things or are they constituted by us? What these questions fail to consider is an even more fundamental question of space – How are our relationships, our representations, our identities, constituted by where we reside, our choices (free or otherwise) regarding shelter and habitat? In Ethics and the Practice of Architecture, Wasserman, Sullivan, and Palermo note the intrinsic relationship between questions of right and wrong and the burdens of architectural structure and design. Their claim that “improving life, through the choices we make in a given situation – for architecture, through the design of buildings and landscapes – is one aspect that most people agree is part of the ethical quest for the ‘good’” (4) suggests that the space we inhabit in homologous to our societal positionality vis-à-vis ethics. This type of
correspondence is illustrated most obviously in buildings such as prisons or insane asylums where we are instantly aware (because of certain structural and (a lack of) aesthetic choices) that the subjects housed inside are there as a ramification of choices that others have deemed unacceptable for public society. Vidler agrees that “even as the spaces of exile, asylum, confinement, and quarantine of the early modern period were continuously spilling over into the “normal” space of the city, so the “pathological” spaces of today menace the clearly marked out limits of the social order” (Vidler 168). Further, in his article “The Architectural Parallax: Spandrels and Other Phenomena of Class Struggle,” Slavoj Zizek posits that architecture might function as “ideology at its purest, providing an imaginary (although “real,” materialized in the actual disposition of houses) solution to a real social deadlock which has nothing to do with architecture” (2). Wasserman, Sullivan, Palermo, and Zizek all argue that decisions concerning space reflect ethical and ideological judgments; as such, analyzing the representation of space and how it effects the psyches of a character may give us a clue to the construction of their madness and how space transforms into a madhouse.

In The Poetics of Space, Gaston Bachelard introduces his method of topoanalysis; he describes the method as the “systematic psychological study of the sites of our intimate lives” (Bachelard 8). Bachelard locates this site as the home and, more broadly, in both the memories of former homes or in precise locations common within the home such as the attic, cellar, and corners. And while certain spaces within the house reflect sometimes sinister attributes stimulated by our unconscious, the home is the space “of the non-I that protects the I” (Bachelard 5). Implicit in Bachelard’s topoanalysis is a kind of psychic anthropomorphism that imbues the house with an unconscious and a will that, although he does not investigate it in Poetics, can as
easily turn malevolent just as it can protect. Similarly, household objects may be “awakened” and “produce a new reality of being” (Bachelard 68) that might equally terrorize as well as comfort. Other critics have offered spatially-influenced paradigms to explore these non-felicitous spaces: Betty Friedan’s “comfortable prisons,” Erving Goffman’s “institutional spaces,” and Claude Levi-Strauss’ “zero institutions.” I call these spaces madhouses.

**The Political**

In 1948, the United Nations ratified the Universal Declaration of Human Rights, of which Article I declared: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” Motivated by the conclusion of World War II and the continuing revelations of its atrocities, the Universal Declaration of Human Rights attempted to curate a state of humanity not dependent on the politics of exclusion. And yet the very rhetoric of Article I, its definition that to be a human being is to be “endowed with reason,” excludes those subjects identified as mad and subjugates the entire culture of the mentally ill. The easiest way to exclude a population of people is to remove them from sight and interaction with the general population. Distance, and therefore space, acts a weapon in the fight against madness and the mentally ill. The move to institutionalization and the complete segregation of mental patients from everyday life represents structural violence as, like segregation laws in the U.S. or Apartheid laws in South Africa, it delegitimizes an entire population of people through state-sponsored systems that therefore promote a discriminatory ideology.

Institutionalization began, as many note, with an allegedly beneficent and optimistic goal: to cure and protect the mentally ill. Shorter reminds us of “the notion that institutions themselves

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1 In his *Introduction*, Bachelard limits his topoanalytic scope to “felicitous space” (xxxi).
could be made curative, that confinement in them, rather than merely removing a nuisance from
the vexed family or the aggrieved village elders, could make the patient better” (Shorter 8).
Since hysterical women were sent to the sea-side for relaxation and fresh air, space has been
thought to have an impact on mental health. Unfortunately, “asylums had become vast
warehouses for the chronically insane and demented” (Shorter 33) and the public learned of the
atrocities committed inside these madhouses by the controversial documentary expose Titticut
Follies (1967), feature films such as The Snake Pit (1948), Life magazine’s expose “Bedlam
1946.” Even as recently as 2009, PBS aired a Frontline episode “The Released” that chronicled
the challenges patients had re-integrating after leaving an institution.2 These revelations
prompted deinstitutionalization (Torrey 1) but it could not undo the dangerous stigmas that
surrounded the mentally ill and the necessity of the psychiatric community. And it certainly
could not undo madness that exists outside the boundaries of mental institutions.

In his Fifteen Jugglers, Five Believers: Literary Politics and the Poetics of American
Social Movements, Reed aims to convince “literary critics that their work is unavoidably political
and needs to become more attuned to radically democratic social movements…also…social
movement actors…that their work needs to become more literary” (xi). Reed claims “the
political task should be to coordinate…different metanarratives of resistance…each of which
will have within it certain similar tensions between micro- and metanarrative structures” (17). It
is precisely Reed’s call for a “politerature” as theory (xii) that I will enact through revealing the
spatial and uncanny narratives that infiltrate the texts analyzed in chapters II, III, and IV. And
while neither Brown nor Freud take the task of literature as their main focus as Reed does,

2 PBS’ Frontline series offers a variety of episodes about madness and the mentally ill. I screened “The Lobotomist”
for two Cultural Pluralism classes and students were fascinated by watching the surgeries and hearing from adults
who had lobotomies as children. The PBS website also offers great teaching materials to go along with their films. I
would highly recommend taking advantage of them for classroom use.
Brown notes that literature acts “as a mode of rehabilitative reification” (937) and Freud suggests that “the storyteller has a peculiarly directive power over us….he is able to guide our current of emotions” (951).

Frederic Jameson reminds us that the political must remain the “absolute horizon of all reading and all interpretation” (Jameson 17). I follow Jameson’s idea of the “political unconscious” – that all literature has a political meaning and a narrative that must be unearthed and decoded. Jameson accounts, throughout his body of work on literature, architecture, and the subject/object relationship, for the “schizophrenic disintegration” of the subject. Bill Brown provides a theoretical treatment for Jameson’s maddening diagnosis of the subject and, for Brown, the treatment is literature itself “as a mode of rehabilitative reification” (Brown 937). Brown’s theories of the vital importance of literature and inanimate objects, coupled with Bachelard’s theory of space, provide a novel and dynamic way to unearth and expose the political unconscious and literary politics of the novels analyzed herein.

In “Media, Madness, and Misrepresentation: Critical Reflections on Anti-Stigma Discourse,” Stephen Harper argues that “perhaps media representations of the mentally ill should be criticized not for their inaccuracy, but for their evasion of larger issues of social and institutional violence” (474). With this project, I shed light on the violence that affects the mental health community through the representations of madness and madhouses in literary texts. In trying to be part of the anti-stigma discourse that Harper promotes, I argue that we must learn (and teach) a new way of reading, of politerature as textual analysis, in order to find strategies that may promote an end to cultural and structural violence at the expense of the (allegedly) mentally ill. According to Harper, anti-stigma discourse “seeks to expose popular media ‘misrepresentations’ and ‘myths’ about mental illness that serve to stigmatize the mentally ill and
frustrate the job of providing care and support for them” (461). He claims that in academia, this work is often “overgeneralized” (461); this project considers specific texts written or set in specific cultural moments in order to find some particularities in a sea of generalities.

Galtung argues that cultural violence appears in “the symbolic sphere of our existence…that can be used to justify or legitimize direct or structural violence” (Galtung 291). Cultural violence allows for the existence of “direct and structural violence” by making them look “right – or at least not wrong” (Galtung 291). Galtung points out that this functions at a subconscious level (291-292) where we accept claims from the legal and medical communities uncritically because of their esteemed place in society. This acceptance often leads to a change in our “moral code” and creates an “opaque reality” (292). Novels that portray madness and madhouses often fall prey to Galtung’s assertion that the opacity of reality leads us “not to see the violent act…or at least not as violent” (292). The immersive world of fiction and the ability we have to identify with a mad or mentally ill character so intimately, as in the texts studied here, allow readers to see the Galtungian notions of violence at work that we might not find in a news spot on whether or not the mentally ill should be allowed to own guns or a lack of funding for mental institutions. Like Freud says of our identification, that we might imagine ourselves as Eleanor, that we might put ourselves in her place, and recognize our own gender constraints or the judgment we feel about how to live our lives. A good activist knows that awareness is a big part of the battle and politerature requires us to ask: What can we take away from these texts that activists on the ground could utilize? And the answer to that is often found where these analyses pull back the curtain to reveal the methods of violence we often do not see.
Works Consulted


I. Contemporary Diagnostics

In his speech “That’s What America Is,” politician and gay rights activist Harvey Milk implored his audience to “Come out to your parents...Come out to your relatives...come out to your friends...Come out to your neighbors...to your fellow workers...to the people who work where you eat and shop... come out only to the people you know, and who know you. Not to anyone else. But once and for all, break down the myths, destroy the lies and distortions. For your sake. For their sake” (Milk in Shilts 224-225). While Milk was of course referring to sexuality, today this same request could be made of those with diagnosed mental illnesses. The National Institute of Mental Health (NAMI) estimates that 1 in 4 adults suffer from a “diagnosable mental disorder” (“The Numbers Count: Mental Disorders in America” http://www.nimh.nih.gov) with 1 in 5 adults taking “at least one psychotropic medication” (Smith 36). The rate and amount at which we are being diagnosed with mental illnesses, coupled with the cultural and popular perceptions of the mentally ill, demands that we give more attention to this issue that spans the cultural, social, medical, and legal realms of our society. In May of 2013, the Diagnostic and Statistical Manual of Mental Disorders released its 5th edition (DSM-5) and became the newest vehicle by which the medical community, insurance companies, and, by extension, the legal system, relates to the community it produces.
The *DSM* is released by the American Psychiatric Association and is often referred to as the Bible for Psychiatry. The *DSM* provides symptoms and diagnoses as well as disorder codes for payment and insurance purposes. The work for the *DSM-5* began in 1999 and was finally approved in 2012, with the book going on sale at Amazon at 992 pages for $117.99. The website provides updates and revisions to the text, as well as online assessments for use by medical professionals on their patients (http://www.dsm5.org/Pages/Default.aspx). The update of the *DSM* was fraught with controversy about the lack of transparency on the part of the contributors as well as the non-disclosure agreements they were made to sign, and the possibility of collusion with the insurance industry. Former task force member for the *DSM-III* and chairman for the *DSM-IV* Allen Frances went as far to publish a book entitled *Saving Normal: An Insider’s Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* to help elucidate the potential dangers of the information provided in the *DSM-5*.

It may seem like a medical manual is not a text about which lay people may debate or have opinions, or that, as only one book, it does not have the power to determine the course of a movement. But the *DSM* reigns sovereign in doctor’s offices and insurance companies across the country. It is by far the standard measuring procedure for mental health and to flip through its pages is to see how contemporary society thinks about illness and normality, sanity and reason. The *DSM* has a real impact on people’s lives and the power to control the perception of certain behaviors or identifications as disordered or not. A major example of this would be the 1973 removal of homosexuality from the *DSM*. In his article “The Removal of Homosexuality from the *DSM*: Its Impact on Today’s Marriage Equality Debate,” Jack Drescher discusses the

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3 The controversy surrounding the most recent edition of the *DSM* has called into question whether or not the medical community ought to use it as a Bible or a guide. Please see http://www.nytimes.com/2013/05/21/health/the-dsm-5-as-a-guide-not-a-bible.html.

4 Frances also authored *Essentials of Psychiatric Diagnosis: Responding to the Challenge of DSM-5* as a cautionary guide for medical professionals using the *DSM*.
“cultural shifts” that occur via what exists in the *DSM*. But as Ethan Watters argues, “Western mental health practitioners are prone to believe that…the 844 pages of the *DSM-IV* prior to the inclusion of culture-bound syndromes describe *real* disorders of the mind, illnesses with symptomatology and outcomes relatively unaffected by shifting cultural beliefs. And, the logic goes, if they are unaffected by culture, then these disorders are surely universal to humans everywhere” (Watters 5). This tension, or denial, regarding the relationship between cultural shifts and mental disorders illustrates the medical community’s unwillingness to look outside itself – an alarming inclination given the fact that it is often bedfellows with big pharmaceutical corporations. Mary Wood challenges the idea that the diagnoses described in the *DSM* can ever be as static as the manual and its community suggests. She claims

> Narrative itself, with its production of multiple meanings and reference to multiple contexts, calls into question any reduction to a few words of summary, such as appear in a diagnosis. In addition, medical diagnosis itself is both an interpretation, which thus holds hidden in its own shadow multiple alternative interpretations, and a trace marker for larger narratives with their own multiple histories, vocabularies, writers, and audiences. (Wood 196)

It would appear then that some doctors and literary theorists think similarly: the *DSM* should not have a place of authority in the medical community, with the power to significantly alter people’s lives, if it is so highly dependent on interpretive strategies.

*The DSM-IV Casebook* provides an actual place to see the narratives and cultural scripts that the psychiatric community uses for pedagogic and diagnostic purposes. According to Wood, “Where the *DSM-IV* itself provides catalogs of symptoms that characterize each

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5 *The DSM 5 Casebook* is scheduled for release in October 2013.
diagnostic category, the *Casebook* presents narratives of individual “cases,” then teaches its readers how to interpret patient speech and behavior and to transform these signs into signifiers, or, rather, symptoms” (196). Wood describes a narrative in the *Casebook* as “mimic(king) the tone and phrasing of a detective story, appealing to the reader’s knowledge of the detective genre” (Wood 204). This description of the case study as detective story (or detective story as case study) evokes comparisons to *Shutter Island*. The idea that we might read *Shutter Island* as one long case study is to put ourselves in the place of the clinicians in the novel; in fact, as we learn that Dr. Cawley and Dr. Sheehan have been monitoring Teddy’s behavior constantly and using it to evaluate whether or not he will successfully recover, the novel becomes a case study, with each detail more and more relevant to Teddy’s ultimate diagnosis. The mystery of the novel then becomes, not “Will Teddy solve the mystery?” or “Will Teddy recover?” but “What are clues that lead the doctors to Andrew’s diagnosis?” where his “diagnosis is a ‘sentence’ in that it is simultaneously a linguistic entity, a declaration or judgment, and a plan for action in the real world whose clinical consequences may spell dullness, drama, or doom for the diagnosed” (Treichler in Wood 199). There is a similar narrative arc in both *The Haunting of Hill House* and *The Magic Mountain* whereby Eleanor and Hans are both constantly analyzed by the medical authorities in their presence – at first, against the protagonists’ better judgment – until the doctors manage to convince even them that they suffer from a disorder (be it mental or physical). And yet, the diagnosis is not recuperative. All of the novels end with their narrators’ symbolic or literal death. What we can learn from these tragic endings in reading the novels as politerature will work towards preventing the demise of real-life Eleanors and Teddys.

The *DSM* has the power to cause real danger to those it diagnoses because it can lead to courses of treatment that might rely on over-medication or other medical and legal practices that
take away one’s personal sovereignty, such as control of one’s finances. Further, the danger of stigmatization and normalization also haunts those deemed mentally ill. In his *The History of Sexuality*, Foucault describes ruling by normalization as “not by punishment but by control” (89). When we, as a society and through our institutions, idealize reason, certain behaviors become unacceptable and we begin to internalize this idealization, police ourselves, and may suffer silently. Coalescing with Foucault’s idea of normalization in terms of sexuality, the longtime diagnosis of homosexuality as a mental illness illustrates the danger of medicalizing and criminalizing a way of life. The taboo nature of post-partum depression also provides an illustrative example. Those who suffer from post-partum depression experience emotions that betray the idealized new mother personality and yet those who deny those emotions, who stifle them in order to appear “normal,” often have tragic endings. In March 2013, Cynthia Wachenheim jumped eight stories from her apartment balcony with her 10-month-old son strapped to her chest, killing her and only slightly injuring her child. *The New York Times* summarized the content of her suicide note:

She said that she would give her life to bring his health back and that she hated herself for the first time in her life. She believed that her son’s falls might have brought about a serious medical condition, perhaps cerebral palsy or autism, which would have “lifelong consequences.”

Her belief that she failed to prevent it caused her to “crumble.” She wrote that she was depressed and could no longer socialize. She was sure that people would see her behavior as postpartum depression or psychosis. (Hartocollis and Ruderman)
Wachenheim’s belief that she had failed to lived up to the ideal image of motherhood as well as her shame that admitting such a thing was too stigmatizing reveals the danger in a mental health community that holds everyone to the same high standards of normality and reason.

Media coverage of the Sandy Hook Elementary School shooting, Gabrielle Giffords’ shooter Jared Lougher, and the trial of the Aurora, CO shooter James Holmes emphasize popular attitudes that equate violence with mental illness. *Slate*’s William Saletan notes that “the common thread is mental illness” when he looks at all three cases. And yet Adam Lanza, responsible for the shootings at Sandy Hook, had not been diagnosed with a mental illness. *Frontline*’s Adam Clark Estes notes that “Almost as long as we’ve known his name, we’ve known that Adam Lanza struggled with some sort of mental illness.” But Estes claims that there were conflicting reports over whether Lanza was ever diagnosed with Asperger’s, and highlights that those with Asperger’s are not prone to violence. He writes “many wondered if there something else going on. Schizophrenia, bipolar disorder, psychosis – something must’ve tripped a wire in his brain and made him snap.” Our cultural need to label Lanza as mentally ill is reliant on the stigma that the mentally ill are violent and unpredictable and that is a stigma that the mentally ill must live with everyday. That argument is so convincing that gun lobbyists are able to use it to their advantage; arguing that guns are not the problem in mass shootings, the mentally ill are. Saletan writes that “Disclosing mental health problems makes all of us uneasy” and it is not hard to see why anyone would hesitate disclosing or seeking treatment for a mental illness when their bedfellows would become any violent criminal whose crimes society could not make sense of any other way.

Psychiatric survivors, those who have been hurt by the negative ramification of a psychiatric system such as institutionalization, electroshock treatments, or forced drugging yet
have somehow escaped, note a frequent habit of doctors to ignore or not listen to their own descriptions of their symptoms, former lives, or desires about treatment. On the MindFreedom International website, Mike Hlebechuk asks “Why did the doctors tell me--an intelligent, gifted person--that I would never work, would never get through school, would be on medications for the rest of my life, and should stay on social security disability indefinitely? I tend to excel at whatever I do, but I was told I'd never do anything beyond a social security check.” Mike’s story reveals that his father’s sudden physical abuse catalyzed his own mental illness, but that his psychiatrist ignored his story in favor of a psychotic diagnosis. Beate Braun claims that before any of her psychiatric treatments and over-medications, her mere diagnosis was enough to be ignored: “If you are diagnosed with schizophrenia, they talk with you like you are not there. They talk about you but not with you, but you have to hear it. But if you really want to talk, the doctors and nurses in the hospital don't have time for a conversation.” The estrangement that the medical community engenders between patients and themselves leads to an estrangement between patients and their diagnoses. Coincidence or otherwise, both Beate and Mike live happier lifestyles removed from institutions and on low doses of medications, utilizing their other passions such as work or the outdoors in order to maintain a “normal” life.

In the political world, laws made about the health care industry and funding effect the mentally ill. When the Mental Health Systems Act was repealed in 1981, a central funding source for the community was depleted (Frank and Glied). The early 1980’s also brought President Reagan’s decision on Social Security Disability Insurance and Supplemental Security that “changed the eligibility criteria” and “disproportionately affected people with mental illnesses” (Frank and Glied). Similar concerns were raised about how health insurance companies treated mental illnesses different than physical illnesses, as the former tend to consist
of “heterogeneous cases” that could not be taken into account in their classification systems.

Frank and Glied point out that over the next decade, the health care system and new policymakers undid many of the restrictive and damaging rules brought about in 1980’s; yet, the stigma of mental illness and the effects to those who suffered during that time could not be so easily thrown off.

II. Effects of Media & Entertainment

Beyond the medical and political communities, the media wields a substantial amount of power to alter circumstances and perceptions of the mental health system and the mentally ill (Wahl 1594). In the 1880’s, reporter Nellie Bly managed to have herself committed to Blackwell’s Island in New York on assignment from her editor to write about the true conditions of what she saw and experienced there. Upon practicing in her apartment the evening before, Nellie “remembered all [she] had read of the doings of crazy people” (Bly 4). Nellie’s imitating of the insane faces she had seen is reminiscent of the medical notion in her time that insanity could be read on faces and in looks. Wood references Sander Gilman’s Seeing the Insane to describe this practice:

Sander Gilman quotes early British psychiatrist Hugh Diamond on the use of photography to capture the face of madness: “I may particularly refer to the four portraits which represent different phases of the case of the same young person commencing with that state of Mania which is marked by the bustled hair, the wrinkled brow, the fixed unquiet eye, and the lips apart as if from painful respiration” (Seeing the Insane 164). This kind of close observation and reading of a patient’s face was considered crucial to the project of diagnosis. The face was thought to reveal the diseased state of the brain and psyche, both of which were considered to be implicated in this mysterious illness in which patients seemed to exist in another reality. (Wood 197)
Bly’s performance of these features was convincing enough to have her committed to a madhouse where she witnessed horrible mistreatment and malpractice by doctors and nurses.

Not only did Bly use media depictions to help her get into the madhouse, but her post-madhouse description of the experience, described in *Ten Days in a Mad-House*, caused the state of New York to delegate $1 million dollars to the mental health system in its state. Bly’s experiment shed light on the deplorable treatment of “the most helpless of God’s creatures, the insane” (Bly 3). Bly recounts being asked “Did I ever see faces on a wall? Did I ever hear voices around?” (23). Although she denied these (stereo)typical symptoms of mental illness, all of the doctors she encountered found her insane and in need of institutionalization. *Ten Days in a Mad-House* describes horribly unsanitary conditions, abusive nurses, and inedible food within Blackwell’s, leading Bly to wonder “What, excepting torture, would produce insanity quicker than this treatment?” (Bly 38).

David Rosenhan conducted a slightly different experiment in the 1978 where Rosenhan oversaw a group of sane people got who themselves admitted to various mental hospitals, public and private, across the United States. Each of the participants, like Nellie Bly, was able to alter their answers to admittance questions only slightly in order to be diagnosed with a mental disorder. Of this, Rosenhan thinks “Given that the hospital staff was not incompetent, that the pseudopatient had been behaving as sanely as he had been outside of the hospital, and that it had never been previously suggested that he belonged in a psychiatric hospital, such an unlikely outcome would support the view that psychiatric diagnosis betrays little about the patient but much about the environment in which an observer finds him” (Rosenhan). The ease with which the medical staff at these hospitals admitted and labeled these subjects as mentally ill really
provides the medical community itself with its own diagnosis and highlights the subjectivity and interpretive nature of a diagnosis that has a debilitating power.

While Bly and Rosenhan have different experiences regarding the quality and care provided by the hospitals’ staff, they both find that once in a mental hospital, you will be seen as insane solely by virtue of your admittance there – what Rosenhan calls “the Catch 22 position of psychiatric patients” (Rosenhan). Like *Ten Days in a Mad-House*, Rosenhan’s “On Being Sane in Insane Places” garnered much attention, shed light on alarming medical practices, and contributed to the process known as deinstitutionalization.

But Wahl claims that “It is not just dramatic events or disclosures that influence attitudes, behaviors, and policies related to mental illnesses. Ongoing patterns of coverage also may influence public opinions and choices in more subtle ways” (1595). He argues that perceptions of the mentally ill drawn from the media have the power to influence employment and the willingness of the public to approve of forced treatments and leads to harsh public policy (Wahl 1596). In his article published in 2003, Wahl finds that the most dramatic theme in media-supplied stories of the mentally ill was “dangerousness” (Wahl 1595). He argues that this sensationalism essentially led to a public perception that equated the mentally ill with axe murderers (1595-1596). He laments that journalists “neglect stories of recovery and achievement” (1599), and I would argue that our contemporary moment has moved to a point of over-privileging this idea. In a recent *Slate* article “Madness Made Them Great,” Joshua Kendall argues that several prominent men in U.S history (from Thomas Jefferson to Charles Dewey to Steve Jobs) all suffered from a mental illness, without which they could not have been so successful. Similarly, television shows such as *House*, whose title protagonist is a mentally unstable but unparalleled diagnostician, and *The Big Bang Theory*, whose main character
Sheldon Cooper is commonly thought to have Asperger’s Syndrome but is genius who received his doctorate before he reached puberty, illustrate this newfound equation of madness with brilliance. Sheldon’s constant refrain – “I’m not crazy, my mother had me tested” – ridicules the notion of psychiatric diagnostic tools (Is there a test Sheldon cannot pass?) and reinforces the idea that, in fact, Sheldon’s friends see him as unstable and so should we.

These dueling notions of the mentally ill as dangerous and the mentally ill as brilliant fail to see the nuances in patients and diagnoses. We need to see more complicated narratives of the mentally ill – not only weapon-wielding killers (who statistically make up a miniscule percentage of the mentally ill) and the high-functioning genius who is so brilliant he, of course, does not need any help from the medical community and is not held to the whim of the DSM.

III. Current Movements

There are a great variety of groups and organizations that work towards a better understanding, both culturally and legally, of the mentally ill. An introduction to these groups provides us with a snapshot of what the mad liberation and justice movement looks like today. One can see that the world has not come much farther in its perception of people like Eleanor, Teddy, and the Hans’. Though those novels span geography and chronology, looking at these groups, it appears those novels could be set in contemporary America and no one would be surprised at the treatment and persecution of those who suffer within their pages. Could Teddy have activated the MFI Shield Program to protect him from his forced lobotomy? Would Eleanor have felt less confused and alone had she known that it had been possible for others to lead functioning lives while occasionally hearing voices and seeing delusions? Spreading knowledge about the existence of these groups will hopefully promote the idea that there is a problem with the mental health system and the way the public views the relationship between the system and

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6 The creators of *The Big Bang Theory* have denied that they imagined Sheldon as a character with any formal diagnosis.
its patients as well as the needs of those who “navigate the space between brilliance and madness.” So though I argue that fiction, the media, and the medical community all have the power to alter cultural discourse and perceptions, society still holds certain stigmas about madness that these groups are currently working to undo; as such, a discussion of a few groups is necessary to get a snapshot of where the movement stands today. These organizations generally fall into one of three categories: Pride/Liberation, Support, and Justice.

Perhaps the most prominent Mad Pride group is MindFreedom International (MFI). With its office in Eugene, Oregon, the seeds of what would become known as MFI in 2005 were begun in 1986. According to its website, “MindFreedom International is a nonprofit organization that unites 100 sponsor and affiliate grassroots groups with thousands of individual members to win human rights and alternatives for people labeled with psychiatric disabilities” (www.mindfreedom.org). MFI is an umbrella organization that unites hundreds of grassroots campaigns for social justice for victims of psychiatric terrorism and mental health violations. The leadership of MFI is made up of “psychiatric survivors” who seek to peacefully save others from their fate. It is completely independently funded and has Non-Governmental Organization Consultative Roster Status in the United Nations – a defining aspect of which is “authority to speak for its members” (Consultative). While MFI has as its core a commitment to social justice and non-violent protests, it often engages in humor and shock value to demonstrate its point. Mad Pride events consist of bed pushes, of people dressed as clowns and holding rubber chickens and giant (inflatable) hypodermic needles. The group’s former director (until a recent accident), David Oaks, gives lectures and presentations that take audiences out of their stupor by dressing up and playing jokes. While poking fun at stereotypes and the practices of organizations such as the American Psychiatric Association (at whose meetings MFI often stages
large protests), MFI has also managed significant victories in the mental health field and on
behalf of the psychiatric survivors in need of its assistance. At its heart, MFI embraces the idea
that madness is a part of everyday life and should not be forcibly exterminated. The website
boasts: “You’ve heard of gay pride…black pride…Here’s a pride that 100 percent of humanity
can unite about: Mad Pride! All of us are different, not one has a grip on reality, and we’re all on
the edge. So celebrate!” (www.mindfreedom.org). The idea that there is no one single reality
that people either have a grip on or do not suggests that there does not exist a state of normality
that we can all be judged against; rather, perhaps a bit like Eleanor and her cohorts at Hill House,
we all may have different experiences in the same situation without any being privileged over
another.

And yet, beyond its sometimes playful demeanor, MFI has as its mission statement: “In a
spirit of mutual cooperation, MFI leads a nonviolent revolution of freedom, equality, truth and
human rights that unites people affected by the mental health system with movements for justice
everywhere” (“Who We Are” www.mindfreedom.org). Its goals are to “win human rights
campaigns in mental health,” “challenge abuse by the psychiatric drug industry,” “support the
self-determination of psychiatric survivors and mental health consumers,” and “promote safe,
humane and effective options in mental health” (www.mindfreedom.org). MFI takes several
tactics to achieve these goals and effect in real change within the mental health community. The
organization’s website provides a wealth of information and resources – from a “knowledge
base” where site visitors can learn about anything from the history of psychiatry to notable
activists to drug alternatives as well as many personal narratives of psychiatric survivors that
illustrate how very necessary their movement is to alter the stigma of mental illness. The website
creates a virtual community of victims-turned-activists who serve to transform their violent experiences into peace-building ends.

MFI provides two specific efforts in its attempt at non-violent revolution. The first is the MindFreedom Shield Campaign. In essence, the Shield Campaign provides members with a defense against involuntary institutionalization and drugging. When a member of the Shield needs help, they alert the MFI office to “activate the MindFreedom Shield Solidarity Network” and oftentimes action is taken in the form of human rights alerts and exposes. In May 2011 and November 2012, the Shield was successfully used to stop electroshock treatment on patients in Minnesota and New York, respectively (www.mindfreedom.org).

In addition, MFI recently started an “I Got Better” campaign to “challenge the messages of hopelessness in mental health care” (www.mindfreedom.org). Akin to Dan Savage’s popular LGBT campaign “It Gets Better,” the “I Got Better” project consists of video testimonials by psychiatric survivors letting the world know that it is possible to leave the mental health care system and live a functioning, happy life; in their words: “there are many ways to mental wellness – what’s yours?” (www.igotbetter.org).

MFI calls itself “pro-choice,” not “anti-psychiatry” (www.mindfreedom.org/mfi-faq/more-mfi-faqs). From calling for nonviolent revolution, the “I Got Better” project, and its “pro-choice” label, the debt and camaraderie the mad liberation movement has with other civil rights movements – with the racial justice movement of the 60s, with the gay rights movement which recently saw notable victories itself, and with the reproductive rights movement that still wages on today – is clear. Aligning itself with another contemporary popular movement, MFI staged an Occupy the APA Protest where “in the spirit of liberty” over 200 people protested at the American Psychiatric Association Annual Convention (www.mindfreedom.org). So beyond
MFI’s ability to help victims in need and provide access to useful information about the mental health industry, the organization helps to situate mad liberation as a movement that needs attention in order to achieve cultural, legal, and medical change within its community.\(^7\)

Another grassroots campaign in the mad movement is The Icarus Project. The Icarus Project describes itself as “Navigating the Space Between Brilliance and Madness.” Like MFI, the Icarus Project is “a radical mental health support network” and “online community.” In the same vein that MFI believes no one has a handle on a single reality, the Icarus Project “recognize(s) that we all live in a crazy world and believe(s) that sensitivities, visions, and inspirations are not necessarily symptoms of illness.” They follow the tenets of “educating ourselves about alternatives,” “balancing wellness and action,” “access,” “non judgment and respect for diversity,” non-hierarchy and anti-oppression,” “nonviolence,” and “transparency.” In terms of practical advances, the Icarus Project created Campus Icarus to help organize campus groups that expand “the dialogue about mental health, provide(s) peer support alternatives to school counseling center services, developing activist campaigns, creating art, and engaging in nontraditional academic exploration of “psy”-subjects” (http://theicarusproject.net). Campus Icarus is the sort of “social movement at the level of knowledge going on in our universities” (Reed 145) that has the power to alter the way an entire generation thinks about mental health

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\(^7\) I invite interested readers to visit www.mindfreedom.org. The site is a trove of narratives, event information, mental health alternatives, and resources for anyone interested in the mad movement. A short, written description such as this cannot do justice to the vastness of what the MFI site provides its visitors. Further, a visit to http://igotbetter.org/ provides an excellent variety of testimonials, in both video and written form, of personal narratives of the mental health system. I discuss MFI in greater detail than the other groups here because it is an umbrella organization that works with so many other groups around the world, holds events in all countries, and provides such a dynamic wealth of information to its members. Having spent time with its former leader, David Oaks, when he acted as a keynote speaker for a conference I helped to organize, I also have a deeper understanding of its mission and the ways and reasons it has for its public activities. I am indebted to David Oaks for our talks about the mental health system, how his views and attitudes were shaped, and for making me think more complexly about why these organizations exist and what they must do on behalf of their members.
and madness. A major difference between MFI and the Icarus Project is the latter’s privileging of art as an outlet to highlight the singularity of one’s madness.⁸

Similarly, the mission of the National Empowerment Center (NEC) is “to carry a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and extreme states” (www.power2u.org/). Though its mission is similar to MindFreedom International and the Icarus Project, the NEC hosts an Alternatives Conference where the mad liberation movement is discussed and celebrated by its community members. Further, its members also consult with mental health professionals in order to effect policy (“What We Do” www.power2u.org). NEC also sells curricula and provides legal and crisis prevention information in a more teaching-oriented approach than MFI and IP.⁹ However, all three groups seek to undo, through cultural stereotypes and medical diagnoses, the debilitating stigma of mental illness. The existence of these groups highlights the struggle the mad liberation movement has to make itself relevant and the burden it has to provide for its own members.

A second type of group that exists is support groups for those who suffer from particular symptoms associated with madness. Intervoice (The International Community for Hearing Voices) works to “show that hearing voices is a normal though unusual variation” in human experience. Intervoice distinguishes between distressing and non-distressing voices; a distinction that allows for categories of people who vary in their necessity for any sort of therapeutic help. The group assumes “the problem is not hearing voices but the difficulty to cope with the

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⁸ A visit to http://theicarusproject.net illustrate some of the great art, fiction, and other creative outlets explored by the group’s members, as well as text copies of its publications.

⁹ Those interested in further information about training and outreach for professionals should visit www.power2u.org.
experience.” This coping difficulty is something we saw in Eleanor, where Luke, Theodora, and Dr. Montague did not accept her discussion of hearing voices; rather, it was taken as a sign that there was something unstable about her.

Hearing Voices Network takes a more explicitly political stance with a position statement on the DSM 5 posted on its website (www.hearing-voices.org/). Taking a holistic approach to hearing voices, the network defines recovery as “living the life you choose, not the life others choose for you…Many people who hear voices don’t need to recover – they are already living lives that they love” (www.hearing-voices.org/). We have, of course, thought about what recovery means before, specifically in the case of Curtis White’s America’s Magic Mountain. Much like his cousin and the people Hans meets at The Elixir, groups such as the Hearing Voices Network challenge the idea that there is one successful, “normal” way to live. The Paranoia Network (www.nationalparanoianetwork.org) is similar in ideology, though is to support people who have delusions. Much smaller and local, it holds weekly meetings for its members to attend.

PsychRights: Law Project for Psychiatric Rights is a group that focuses on justice for the mentally ill within the mental health system. The website contains an affidavit by journalist and writer Robert Whitaker\(^\text{11}\) that seeks to undo the science surrounding psychiatric drugs. The President and CEO of PsychRights, James B. Gottstein, says in his article “Psychiatry: Force of Law” that the mental health and legal systems condone perjury because of the idea that the mentally ill will be “better off” being drugged and/or institutionalized (Gottstein). In a speech

\(^{10}\) For an in-depth narrative of Intervoice’s aims and reasons for voice hearing, please visit http://www.intervoiceonline.org/

\(^{11}\) Robert Whitaker is the author of Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill (2010) and Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America (2011). While his affidavit is extensive in terms of laying out his research findings about various psychotropic drugs and their (in)effectiveness, I consulted a lawyer to learn how useful his statement would be in any specific case; because he is a reporter, not a doctor, a judge would have to find an expert to verify his statement and testify to that in court. Many thanks to Chad Bank for his legal assistance in this matter.
Gottstein presented at an Alternatives Conference, entitled “How the Legal System Can Help Create a Recovery Culture in Mental Health Systems,” he argues that a change in public perception could lead to alternate strategies for dealing with the mentally ill. With this statement, Gottstein sustains my argument that the ability to change perceptions through stories will have a real effect on the everyday suffering of those stuck within a labyrinthine medico-legal system.

Gottstein praises MFI’s David Oaks networking relationships with journalist, as it gives him the power to shape media stories and, by extension, how the public sees the mentally ill. Like all of the other organizations discussed here, PsychRights posts a category called “Everyday Horrors of the Mental Health System” which contains over 100 stories of people hurt or traumatized by the system. He argues that we must “promote and make stories” (Gottstein 23-24) in order for the public to understand that forced drugging or electroshock is not the best response in all cases of the mentally ill. As Ethan Watters notes that “Individuals in a given place and time will react to illnesses similarly, in other words, because they share the same limited repertoire of cultural scripts for how to play their part” (Watters 160). Watters bolsters PsychRights’ claim that until we change the stories we tell amongst ourselves, it will be challenging for anyone to narrate their own experiences in an understandable way. PsychRights claims that its “mission is mount a strategic legal campaign against forced psychiatric drugging and electroshock in the United States akin to what Thurgood Marshall and the NAACP mounted in the 40’s and 50’s on behalf of African American civil rights” (www.psychrights.org/htm).

That we live in an increasingly online, connected world vastly improves the chances that an Eleanor or Teddy or Hans would have for preventative help that would have rendered their unfortunate ends unnecessary.12 Large, virtual communities such as these the mad liberation

12 The social connection and anonymity provided by the internet can also very negative effects such as cyber-bullying, stalking, and identity theft. Here I am making a narrow claim that the connectivity provided by the Internet
movement provides answers Fromm’s claim that “the insane person is the one who has completely failed to establish any kind of union, and is imprisoned, even is he is not behind barred windows. The necessity to unite with other living beings, to be related to them, is an imperative need on the fulfillment of which man’s sanity depends” (30). The very existence of groups such as MFI, the Icarus Project, Intervoice, and PsychRights is a first step towards undoing stigmas of madness. Helping people establish unions with people like themselves make them feel less imprisoned and more likely to feel safe doing the important work of spreading their stories. As Wood notes of the writers and editors of The DSM-IV Casebook: “We know already, then, that the writers of the case histories have chosen to make these stories “not only very educational but also fun to read” (xiii). The case writers do not only want to assist in a scientific process of diagnosis; they also want to tell a good story” (203). Patients and survivors must begin to make their stories heard over the din of a psychiatric community that tries to speak for its victims and control their stories.

IV. Conclusion

Ethan Watters notes that the next frontier in mental health is beyond doctors curating knowledge and diagnoses, but drug companies redefining narratives about mental illness through their equation of false science for large profits (Watters 198, 235). The mad social justice movement is fighting for recognition as the next civil rights movement to be fought and won – to not have the well-being and lives of its members determined by pharmaceutical corporations. As T.V. Reed notes in Fifteen Jugglers, Five Believers: Literary Politics and the Poetics of American Social Movements: “contact with movements can generate questions that remind theorists of the difference between changing theories and theorizing change” (Reed 151). It is

is a way to transcend a space we may be trapped in and connect with others who feel similarly. Mad in America, for example, has a twitter account that posts daily articles about justice for the mentally ill and sufferers who feel alone may find solace in that reading that they would be hard-pressed to find another way.
my hope that my project here is a small part of our call to “promote and tell stories” and to shape the new narrative of madness in the 21st-century.

Moving beyond the individual, Erich Fromm wonders if society itself may be insane. He asks: “Can we be so sure that we are not deceiving ourselves? Many an inmate of an insane asylum is convinced that everybody else is crazy, except himself. Many a severe neurotic believes that his compulsive rituals or his hysterical outbursts are normal reactions to somewhat abnormal circumstances. What about ourselves?” (Fromm 3). Given that today one needs to only settle in for a night television to watch House or The Big Bang Theory, log on to read the news at Slate or The New York Times, or take a trip to the movie theater to see an Oscar-nominated film such as Silver Linings Playbook to be inundated with varying narratives and messages about contemporary madness and its various forms and societal effects, it appears that we are regularly taking comfort in our privileged place as outsider.
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CHAPTER II.
SPATIAL SYMBIOSIS AND INSISTENT HOSPITALITY:
FEMALE MADNESS IN SHIRLEY JACKSON’S THE HAUNTING OF HILL HOUSE

“This house, which seemed somehow to have formed itself, flying together into its own powerful pattern under the hands of its builders, fitting itself into its own construction of lines and angles, reared its great head back against the sky without concession to humanity. It was a house without kindness, never meant to be lived in, not a place for people or for love or for hope. Exorcism cannot alter the countenance of a house; Hill House would stay as it was until it was destroyed.”

The Haunting of Hill House

“Does it force her to deny reality, as a woman in a mental hospital must deny reality to believe she is a queen?”

The Feminine Mystique

Shirley Jackson’s 1959 novel The Haunting of Hill House is a unique text in the study of mental illness as there exists no formal diagnosis anywhere in the narrative. Rather, the novel introduces us to a culturally-constructed form of madness that manifests itself within a traditional gothic setting. But rather than merely revealing traditional gothic tropes of female repression and maternal conflict, a topoanalysis of The Haunting of Hill House reveals that the spatial and uncanny aspects of Hill House are directly linked to Eleanor’s mental state; or, the way her mental state may be manipulated. Reading the novel with a mind toward finding strategies for resistance and deployment by social movements, we find layers of violence occurring within Hill House that are made possible by the uncanny qualities of the space, the cultural ideas around housewifery, as well as our dependency on the structural systems that privilege patriarchy.

Though Dr. Montague is not a doctor of medicine, his title stands in for the structural violence done by the field of psychiatry while Hill House itself stands for the cultural violence of what Betty Friedan calls the “comfortable concentration camp” that the home symbolized for women in Eleanor’s time. Because Dr. Montague is able to use Hill House to blame for Eleanor’s descent into madness rather than his refusal to allow Eleanor to lead the independent life she desires, Hill House functions like Galtung’s cultural violence in that it makes the structural
violence done to Eleanor by a patriarchal society invisible. Dr. Montague depends on the uncanny nature of Hill House to bolster his own reputation by using Eleanor’s madness to prove his research hypotheses about Hill House. Without Hill House, there is no way for him to reinforce his patriarchal dominance; just as Galtung asserts that direct and structural violence cannot exist without cultural violence, Eleanor’s tragic ending is made possible by the House but is really Dr. Montague’s way to delegitimize her desire for a new way of life outside the traditional constraints of femininity.

Contrary to Gaston Bachelard’s analysis of the home as a comforting, “felicitous” space, the excerpt that begins this chapter, taken from *The Haunting of Hill House*, proffers an alternate perception of the home as a maleficent space not meant to remain true on the promise of its function. For while Bachelard claims the home is the place “of the non-I that protects the I” (5), Hill House introduces itself as a purposely inhospitable space wherein the non-I provokes the I into a state of uncertainly, fear, or madness. This chapter will present how it is that an allegedly haunted space such as Hill House may be transformed into a madhouse and, further, how such a space may affect its inhabitants (or, more specifically, certain inhabitants over others). With its power to infect the mental lives of its visitors, Hill House stages an enactment of a haunted, spatially-originated madness that preys upon conceptions of the Freudian uncanny as well as narratives of madness, illness, and gender. *The Haunting of Hill House* both reveals and engages with the violence enacted by doctors and the ways in which this form of violence creates a sinister space that infects its inhabitants with hallucinations and false narratives – two highly popularized symptoms of madness. *Hill House* offers a new worldview of madness and female hysteria through the ever-perpetuating manipulations of both the house itself and the character of Dr. Montague. The fictional visions that Eleanor experiences within Hill House act as metonyms
for very real concerns in the culture of mental illness and the dominance of male doctors in female-oriented diseases. It is in recognizing these metonyms that we can consider the novel a work of politerature: social movements may consider encouraging the education of more female physicians, educating the public about “madness as a way of life,” or raising awareness about the societal systems that make invisible the ways in which it attempts to eradicate difference or change.

Jackson’s novel is often considered the classic haunted house story and is noted for its reliance of psychological and psychical suspense rather than its outright depiction of horror. While Jackson suffered from her own experiences with mental illness and wrote two other novels more explicitly dealing with illness itself\(^\text{13}\), it is only *The Haunting of Hill House* that relates madness to a particular space and that particular space to a narrative constructed by an overbearing patriarchal force. *Hill House* is the tale of four characters – Eleanor, Luke, Theodora, and Dr. Montague – who embark on a stay at the legendary sepulchral Hill House to study its supernatural phenomena. Unlike her other two house-mates Theodora and Luke, Eleanor sees the invitation to stay at Hill House as a potentially life-changing opportunity. Chosen by Dr. Montague for her previous encounters with the supernatural, Eleanor emerges as the character who shares an intimate and preternatural relationship with Hill House.

*The Haunting of Hill House* tells the story of, Dr. Montague, Eleanor, Theo, and Luke, and their time spent at Hill House. Dr. Montague, an anthropologist hoping to study and eventually publish findings on the supernatural occurrences allegedly transpiring there, assembled the team by mailing inquiries out to people who had some experiences with mysterious phenomena; Eleanor and Theo were the only two recipients to actually arrive at Hill

\(^{13}\) *The Bird’s Nest* on multiple personalities and *We Have Always Lived in the Castle* on homicidal psychopathy.
House, while Luke is sent as a representative of the current owners of Hill House and is its future heir. While Theo decides to join the group at the last minute after a fight with her roommate, Eleanor looks forward to the trip and it is from her eyes that we begin the narrative. Having been recently unburdened from all of her caretaking duties by her mother’s death, Eleanor sees the invitation to Hill House as a symbol of her newfound independence. Jackson writes that “Eleanor had been waiting for something like Hill House” (Jackson 7) and Eleanor indeed immediately succumbs to both Dr. Montague’s mysterious invitation and Hill House’s mysterious qualities. Less serious by nature, Theo and Luke find a comedic drama in the mystery surrounding Hill House, whereas Eleanor’s personality leaves her more open to suggestion.

Hill House’s reputation precedes it and Jackson gives the House a life and personality of its own. All the characters are warned about the House before they cross the threshold – Eleanor by local townspeople, Theo and Luke by the caretaker Mr. Dudley. Infamous for its mysterious occurrences and unfortunately departed tenants, Hill House remains unoccupied until Dr. Montague acquires its rental. As each of the foursome arrives, the caretaker Mr. Dudley and his wife warn each guest that the couple does not stay at Hill House after nightfall, and their house is too far away to hear any screams. Once there, Dr. Montague instructs his guests to take notes on their experiences inside Hill House as supernatural events begin almost immediately. Eleanor is the most affected by these events, forging a bond with Hill House that leads Dr. Montague, Theo, and Luke to worry for her mental state. After only days inside, the others become convinced that Eleanor has gone mad and she eventually flees, only to crash her car into a tree on the way out.

Using Jackson’s novel as a guide, and Eleanor as a case study, this chapter engages with the many “cultural nightmares” of female madness and reveals how the text may enlighten readers to the malevolence of a manipulative spatial psychosis and the potential of hysteric
liberation. Unlike the madhouses and their respective fictive works discussed in later chapters, Hill House is not a medical facility, a rehabilitative institution, or an insane asylum; Dr. Montague is a Doctor of Anthropology yet still looked to as the diagnostician, the expert on the female psyche, the arbiter of reason and madness. And as we look to the novel for direction and guidance navigating the complicated descent into madness, Dr. Montague is soon revealed as a sort of Freudian puppet-master. In describing his invitations for assistance at Hill House, Jackson writes “Consequently his letters had a certain ambiguous dignity calculated to catch at the imagination of a very special sort of reader” (5). This quote echoes Freud’s claim from “The Uncanny” that “the story-teller has a peculiarly directive power over us; by means of the moods he can put us into, he is able guide the current of our emotions, to dam it up in one direction and make it flow in another, and he often obtains a great variety of effects from the same material” (951). Jackson provides Dr. Montague with an array of narratives and materials to affect his assistants – their own storied pasts, his mysterious interest in the house, the mythology surrounding the Hill House’s first owners, and the actions of Hill House itself. Dr. Montague expertly uses the House’s unaccountable occurrences to curate the mental state of each character and, through his peculiar actions, illustrates for readers how easily a patriarchal society is able to manipulate the ways in which we view each other and our differences. As we will see, Dr. Montague creates decidedly different effects in Luke, Theodora, and Eleanor with the very same stories and occurrences within Hill House. Because it is only Eleanor who is searching for a new way of life, only she is considered mad.

14 In Bill Brown’s “How to Do Things With Things (A Toy Story),” Brown offers “the instability of any talking doll…its fluctuation between the animate and inanimate” as one example of our persisting “cultural nightmares” (943). One can easily make the connection between Betty Friedan’s description of 1950’s housewives (whose relevance will be discussed below) to such a talking doll and the over-arching fear that women would become too animated. Of course, my argument reveals Dr. Montague’s acts to inanimate Eleanor as an act of psychic manipulation akin to the obsession with domesticating women in their suburban spaces.
I will begin with contextualizing Jackson and the themes in her fiction as they both are certainly products and reactions of their time. In *The Feminine Mystique*, Betty Friedan invokes the archetype of the progressive female writer with her claim that “Shirley Jackson makes the beds, loves and laughs at her son – and writes another book” (Friedan 109). As an author that explicitly wrote on themes of the female psyche and the insidious (oftentimes patriarchal) structures that form our conceptions of women and their behavior, Jackson’s characterization in Friedan’s text generates, fairly or not, questions of intent and authenticity. Describing Jackson as a “Housewife Writer,” Friedan implicates the author of well-known works such as “The Lottery” (1948), *The Bird’s Nest* (1954), *The Haunting of Hill House* (1959), and *We Have Always Lived in the Castle* (1962) into an assemblage of female writers who write subversively but live traditionally.¹⁵ Jackson’s works act as cautionary tales against the potential entrapments of domestic space and the dangers that these spaces hold for women who do not (or can not) live up to their traditional roles.¹⁶ Friedan further argues that not only did the 1940’s bring about the feminine mystique, it was also during this time that Freudian ideas become household words in America and that women were powerless to question any conclusions of the analyst or his followers (Friedan 167). In fact, she claims that Freudian theories had become de rigueur “accepted fact” and that many analysts were deafened to the real problems that plagued their female patients (Friedan 191). We can of course imagine a reading of *Hill House* where Eleanor’s behavior and her relationship with Hill House is presented as a battle between the id and superego, but I hope to illustrate that other Freudian concepts (such as the uncanny) can be useful in explaining spatial implications on psychic behavior and what readers can learn from

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¹⁵ Friedan also cites playwright Jean Kerr and poet Phyllis McGinley as contemporary Housewife Writers.

¹⁶ Jackson’s *The Bird’s Nest* is the story of a young woman with multiple personalities while *We Have Always Lived in the Castle* is the story of homicidal sisters “trapped” in their family mansion. Both portray women unable to conform to societal expectations of proper domestic bliss.
such an analysis. As Friedan notes, women’s magazines eventually replaced fiction works with “service pieces” that could be better incorporated into the “daily life of an average housewife” (Friedan 106) and I would suggest that novels such as *Hill House* be viewed as counter-examples to these services pieces or replacements of fiction installments; really, a story to be read as a template for a possible way of living more useful than tips on buying a washing machine and short stories about “a housewife in pursuit of a ball of dust” (Friedan 107). As women in 1963 voraciously devoured *The Feminine Mystique* as a text that finally gave voice to their troubles, so could *Hill House*, if read in the same vein, have provided guidance “in order to live in an unlivable situation.”

Angela Hague argues, in her article “‘A Faithful Anatomy of Our Times’: Reassessing Shirley Jackson,” that:

> Had Freidan more carefully read Shirley Jackson’s literary fiction [rather than her service pieces], she would have understood that Jackson’s characterizations of middle-class women are in fact portraits of the women she described in *The Feminine Mystique*, women who, lacking any sense of self or ability to function in the world outside the home, begin to fragment and dissociate when forced to act independently. (76)

While I concur with the latter half of Hague’s claim, that there is a clear parallel between Friedan’s housewives and Jackson’s protagonists, *Hill House*’s Eleanor finally begins to embrace herself once she arrives at Hill House and acts independently. Her fragmentation and dissociation there is actually her forging such a bond with Hill House that she has been unable to form in any other heteronormative, socially acceptable way. So as Hague claims that “so many of Jackson’s women at the end of their stories” are “lost” (80) and “abandon their identities” (80), I would

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17 Interestingly, Bachelard notes “the phenomenologist who follows women’s construction of the house through daily polishing must go beyond these psychoanalyst’s interpretations…we can go deeper, that we can sense how a human being can devote himself to things and make them his own by perfecting their beauty. A little more beautiful and we have something quite different” (69).
argue that Eleanor is precisely the opposite; at the end of her story, though lifeless, she has found her way and, as she puts it, will “just call myself Eleanor” (Jackson 213). Hague’s conclusion, that Jackson’s “fiction should be read as a significant contribution to our understanding of psychic disruption that has characterized postwar experience” (90-91) falls short of using Jackson’s fiction for transformative purposes and situates both her characters and Jackson herself firmly within a structure that idealizes reason over madness.

Rumored to have suffered from mental illness herself, and with a majority of her writing explicitly considering female madness in variant forms, it seems that Jackson, intentionally or otherwise, complicated Friedan’s claim that “It can be less painful, for a woman, not to hear the strange, dissatisfied voice stirring within her” (71); where “voice” here may signify not only the dissatisfied sounds of domestic entrapment but also the symptomatic hearing of voices associated with madness. Because while feeling dissatisfied with housewifery may disrupt a family dynamic or, in its best case, lead to social reform, hearing voices in the schizophrenic sense often leads to sedation by psychotropic drugs or incarceration in a mental institution. And as we will see in an analysis of Hill House, Jackson’s female protagonists often blur the boundary between socially discontent and mentally unstable. And yet much of Friedan’s rhetoric mirrors the language of madness with phrases such as “walking corpses (425),” “voice stirring within her (71),” “their ability to predict the future (432),” “lives a vicarious life through mass daydreams (426, 469),” and “imaginary methods of cleaning (311).” Occupying this hazy place between bored and mad epitomizes the confusion and discrimination that Jackson illustrates through Eleanor in Hill House. That Friedan’s language in describing the lives of housewives parallels the rhetoric of madness in evoking images of over-drugging (“walking corpses”) and psychosis (“voices stirring”) reveals the organic relationship between social roles and medical diagnoses.
This relationship makes politerature all the more necessary, especially in areas such as nursing and medical school where students must learn to recognize the distinction between a method of resistance and a harmful illness.

Jackson’s legacy illustrates Friedan’s claim that “the plight of the trapped American housewife had become a national parlor game” (70). Although Eleanor is indeed unmarried, she has spent the previous years in tortured domestic life caring for her ailing mother. She stands in opposition to three veritable housewives in the novel: her sister, Mrs. Montague, and the caretaker’s wife Mrs. Dudley. Whereas the latter three women are seemingly content in the roles they inhabit, Eleanor struggles with the housewife ideology – at some time embracing it (as in her desire to neaten the kitchen after dinner – “It’s not nice to walk away and leave a dirty table” (Jackson 122) and at other times rejecting it (as when she imagines her future sharing an apartment with Theo). As one iteration of “the double” in “The Uncanny,” these women all represent “unfulfilled but possible futures” (Freud 941) for Eleanor; although, perhaps tellingly, Eleanor’s future fantasies never seem to include a husband. Seeing these potential futures is precisely what turns Hill House from a mere haunted house into a madhouse for Eleanor. They are her first visions there and while they progressively become more frightening, they symbolize her release from reality.

Roberta Rubenstein describes Jackson’s own relationships with the tropes of which the author writes while synthesizing feminine gothic readings of *Hill House*. In her “House Mothers and Haunted Daughters: Shirley Jackson and Female Gothic,” Rubenstein is guided by Claire

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*Hill House* represents this parlor game quite literally, as when Dr. Montague’s wife arrives at Hill House with her planchette (as Dr. Montague describes it: “Planchette…is a device similar to the Ouija Board, or perhaps I might explain better by saying that it is a form of automatic writing; a method of communicating with – ah – intangible beings…” (Jackson 187)). In some of the first scenes where Eleanor’s inner thoughts betray her mental state to readers, the other occupants are discussing chess, bridge, & etc. Further, the several film adaptations of *Hill House* take this idea very literally – often offering a monetary prize for the visitor who can remain the longest within the haunted house.
Kahane’s definition of the female gothic as “an imprisoning structure [where a protagonist] typically a young woman whose mother has died, is compelled to seek out the center of a mystery, while vague and usually sexual threats to her person from some powerful male figure hover on the periphery of her consciousness” (Kahane in Rubenstein 312). Once more, if we follow this description of the feminine gothic, Eleanor’s characterization is premised on a potential sexual relationship or desire as also required by the feminine mystique. While my argument considers the relationship between Eleanor and Dr. Montague and Eleanor and Hill House in different terms, the uneven power dynamic and concept of malevolent structures remain the same. Eleanor’s constant refrain of “journeys end in lovers meeting” suggests that, if one exists at all, the intimacy she feels is with Hill House alone. Via Adrienne Rich, Rubenstein claims that literature of the female gothic most often involves an “ambivalent attachment” between mothers and daughters (Rubenstein 309). She points to Jackson’s own poor relationship with her mother as possible inspiration for the author’s pre-occupation with the genre as a whole and, more specifically, “ambiguous houses” (Rubenstein 311). In fact, Rubenstein claims that Jackson’s Gothic fiction is “sustained through images of “home” (an emotional space) and houses (which often function as the material manifestation of that space) that typically captivate their female occupants or seekers in both appealing and threatening senses” (Rubenstein 317). Rubenstein’s claim follows Friedan’s description of the home as a “comfortable concentration camp” (Friedan 423) and wholly encompasses Freud’s portrayal of the uncanny as familiar yet frightening (Freud 930). So while Rubenstein reads Hill House as a paradigm for maternal desire and acceptance, the definition of the female gothic itself allows us to view the novel as an exploration of the relationship between the female psyche and space – in a sense, presupposing the complicated mother/daughter relationship inherent in the genre and instead focusing on the
larger, more cultural, issue of spatial politics. To describe the relationship between Eleanor and her newfound space in Hill House, I like Friedan’s use of the biological term “symbiosis:” “the process by which, to put it simply, two organisms live as one” (401).

From Haunted House to Madhouse

_The Haunting of Hill House_ begins with Dr. Montague assembling a team to meet him at Hill House in order, as he states, to investigate its supernatural phenomena. From the opening pages of the novel, however, the reader realizes that Dr. Montague has more than a personal gratification invested in discovering the secrets of Hill House. When thinking on the “money and pride” he sacrificed to rent Hill House, Dr. Montague laments not for long as “he expected absolutely to be compensated for his pains by the sensation following upon the publication of his definitive work on the causes and effects of psychic disturbances in a house commonly known as “haunted”” (Jackson 4). As the narrative progresses and the desperation to prove Eleanor’s madness intensifies, we are forced to wonder if Dr. Montague has in fact constructed an elaborate parlor game that plays on Eleanor’s fragile psychic state in order to cement his intellectual and capitalist concerns. After all, he needs “effects” in order to achieve a successful experiment there. Very shortly into their stay at Hill House, he states: “My book will rock my colleagues back on their heels” (Jackson 59), making clear that his purpose is to see dramatic effects there. Dr. Montague is able to manipulate Eleanor under the guise of benevolence – due not only to the authority granted to him by his title but also the commonly accepted trope of protecting both women and the mentally ill. Before Eleanor even arrives at Hill House, Dr. Montague is “made infallible” to her by his expert directions that lead her on her way to Hill House. She drives, “moving her car with controls in his hands” (Jackson 23), already allowing herself to blindly follow Dr. Montague’s instructions. On the foursome’s first night at Hill
House, Dr. Montague states “the evil is the house itself” and so solidifies Eleanor’s uneasy feeling about the House.

Further alienating Eleanor, the first place Dr. Montague brings the group on their morning tour is the library, where Eleanor promptly exclaims “I can’t go in there” (Jackson 103) and Dr. Montague regards “her with interest” (Jackson 103) and clearly points out that she is the only one to have such a reaction to the room (Jackson 104). After the mysterious occurrences in Hill House begin, Eleanor’s reactions trouble Dr. Montague. He warns her: “If I thought you really could believe that…I would turn you out of Hill House this morning. You would be venturing far too close to the state of mind which would welcome the perils of Hill House with a kind of sisterly embrace” (Jackson 140). Eleanor’s replies in affable agreement with the Doctor, but her interior monologue reveals that she feels singled out by his warnings. Eleanor’s dual monologues reinforce her place as both a victim and a challenge to Dr. Montague. While on the exterior, she succumbs to his ministrations, her interior monologue reacts to his every accusation of her potential instability. At Hill House, Dr. Montague begins to identify Eleanor as his patient, at once forcing upon her the feminine mystique (finally – she can define herself in relation to a man!) while simultaneously playing the part of the good doctor by attempting to release her from voluntary incarceration within Hill House. Towards the end of the novel, Eleanor feels that she has “been reproved” (Jackson 156) by Dr. Montague for her laughing response to Theo’s room being destroyed. The Doctor looks at her “curiously” and “sharply” (Jackson 156), essentially looking at her as an object of study on the psychic effects of Hill House. Dr. Montague continues to wield such a power over Eleanor and she remains (outwardly) under his control from the moment she gets in her car to make the journey to Hill House until the moment her car crashes into a tree upon his expulsion of her from the House.
Because novels such as *Hill House* depict the helplessness or danger of female madness fall prey to Galtung’s assertion that the opacity of reality leads us “not to see the violent act…or at least not as violent” (292), readers must practice close analysis and see Eleanor’s embrace of her madness and Dr. Montague’s selfish manipulations in order to understand that Eleanor’s death was not inevitable, but merely the outcome of a society that allows the structural oppression of female resistance. The danger of cultural violence exists where it fortifies “direct and structural violence” by making such violence look “right – or at least not wrong” (Galtung 291). Galtung points out that this functions psychologically at the level of internalization (291-292) where, like ideology, a more invisible insidiousness takes over and one accepts this less conspicuous form of violence willingly and, more importantly, uncritically. While Galtung cites a flag as one illustration of cultural violence, we might also consider the service features in women’s magazines cited by Friedan as an example of the cultural violence done to women. The service features essentially veil female oppression by publicly allowing women to write and publish while undercutting the notion of female intellect and independence by making them write about housework and home appliances. Further, there would likely be no shortage of arguments that Freudian theory more generally acts a form of cultural violence. An acceptance of these forms of violence often leads to a change in our “moral code” and creates an “opaque reality” (Galtung 292) – both ideas that the genre of female madness and hysteria are particularly vulnerable to and often perpetuate. Both Friedan and Jackson illustrate how various conceptions of reality plague women as they attempt to imagine a future for themselves that transcends their current domestic lifestyle. In fact, Friedan’s claim that a woman’s “limitless world shrunk to the cozy walls of home” (92) allows us to consider the home itself as a form of cultural violence. Affirming the primacy of space in a woman’s life while simultaneously implying an uncanny
aspect to such a space (trapped within “cozy walls” – what could be more familiar yet frightening?) makes clear how the manipulation and cultural associations of the home can in fact be a violent force upon a woman’s psychic state. Specifically regarding Jackson’s writings, Hague implicitly evokes the spatial uncanny and cultural violence of the home with her argument that “Although Jackson’s domestic writings offer the idyllic version of home that the traditional culture sought to promulgate, her literary fiction presents a world in which “home” can instantly transform into a frightening and unpredictable environment that represents the darker side of family security” (Hague 82).

From the exploitation of her psychic and emotional weaknesses to her oppression at the hands of patriarchal forces, Hill House illustrates how the trope of the haunted house acts as a form of cultural violence. That cultural violence transforms Hill House into a madhouse and therefore justifies the structural violence enacted against Eleanor. Her stay at Hill House parallels the lives of repressed housewives whose entrapment within their homes was their only way of life. Further, Dr. Montague ably channels the historical tendency of madness by masking his violent behavior with a guise of care and benevolence as he transforms Hill House from a mere space of haunting to a space that functions as a madhouse for Eleanor. The haunted madhouse, then, is characterized as a space where oppression manifests itself through dreams, hallucinations, other supernatural phenomena and, most influentially in the case of Jackson’s novel, the uncanny.

Narratives of madness provide dual meanings for Galtung’s term “opaque reality;” first, their representations of helpless females render the structural violence enacted by others necessary and therefore perhaps not violent at all. Further, narratives of madness often contain literal representations of “opaque realities” where characters experience delusions and distortions
of lived experiences where they are unable to distinguish the false from the true. So as these works function on several different levels of reality, it becomes much easier for those in power to decide which reality is reality and to enact their cultural and structural violence against a woman descending into madness. Dr. Montague sets the stage quite simply for himself in *Hill House*, whereby his constant questioning-turned-refusal surrounding Hill House’s haunting infects Eleanor’s more fragile psyche and reinforces his control over her and what he later diagnoses as her illness.

In cooperation with Hill House’s transformation into a madhouse, Dr. Montague’s rhetoric consistently employs the dichotomy between reason and insanity. While he, Eleanor, Luke, and Theo are all discussing another eventful day at Hill House, far enough along in the narrative that all the characters are suspicious of Eleanor’s mental state, Dr. Montague claims: “Fear…is the relinquishment of logic, the *willing* relinquishment of reasonable patterns. We yield to it or we fight it, but we cannot meet it halfway” (Jackson 159). Dr. Montague’s quote here is telling because, contrary to those other characters who blame the space of the house itself for Eleanor’s behavior, his use of “*willing*” indicates agency in one’s decision to relinquish logic. And while Dr. Montague does not name “insanity” here (but “fear” instead), the consistent arc of *Hill House* suggests that the characters equate fear of a potentially haunted house with a lack of reason. The scene in which Dr. Montague speaks this line, in particular, illustrates both the separation of Eleanor’s mental state from that of the remaining trio as well as her internalization of this difference. As Jackson sketches Eleanor’s internalization in this scene with such descriptions as “Eleanor said, feeling she had somehow an apology to make to all of them…,” “Am I talking like this?,” “I was just talking along, she told herself, I was saying something – what was I just saying?,” and “Eleanor looked down, realizing that she held a brandy
glass…Obediently Eleanor sipped at her brandy” (Jackson 159-161), we see the stark contrast between Eleanor on one side and Luke, Theo, and Dr. Montague on the other. While Eleanor muses to herself, she outwardly expresses concern about “surrendering” to Hill House, succumbing to the cultural violence of Hill House’s narrative, and catalyzing a path towards the structural violence inherent in a madhouse. Further, if we consider Samuel Weber’s reading of the Freudian uncanny, where he claims that “for each doubt banned, two return in its place” (1107), then this scene is precisely the moment where we see Eleanor become an “uncanny guest” (Bernstein 1117) in the uncanny space. Dr. Montague further expounds on the singularity of Hill House, calling it “a masterpiece of architectural deception” (Jackson 106) and claiming that its “every angle is slightly wrong” (Jackson 105), constantly reinforcing the house’s singularity as defined by its space. Eleanor succumbs to Hill House’s “insistent hospitality” (Jackson 67) and becomes trapped, not by the haunttings of inhabitants past, but by the madness of the House’s spatiality, the hysteria with which she reacts, and Dr. Montague’s reaction to her.

A more detailed analysis of the novel will illustrate just what affected Eleanor’s descent into madness, the relationship of Hill House itself to its inhabitants, and allow us to make suggestions as to what readers might take from this fictional account of the cultural violence within a haunted house.

Journeys End in Lovers Meeting

In Thomas Scheff’s article “Schizophrenia as Ideology,” he suggests that madness is not a weakness – not a flaw in our evolutionary development – but rather a strategy for living in an unlivable situation. We might imagine Scheff as positing madness as a means of negotiating Brown’s “cultural nightmares” and while we must caution ourselves from privileging a state of being – madness, insanity – that plagues and debilitates a population of people, we should
consider what utility representations of madness that seem to embody Scheff’s claim might do. In *The Haunting of Hill House*, readers are presented with an arguably haunted house that causes symptoms culturally associated with madness.

Through its cast of characters, *The Haunting of Hill House* presents its readers with several distinct worldviews. Via Dr. Montague, Jackson creates the ultimate, modern “reality” – a medical discourse permeated with references to science and legitimate rationalizations for alleged supernatural occurrences within the house. Luke and Theodora provide the comic foils through their transgressive worldviews rooted in sexuality. It is Eleanor who completes the dynamic superfecta that possesses the prophetic gaze. That Eleanor is contrasted with Mrs. Montague and Mrs. Dudley serves to emphasize the effect that both Dr. Montague and Hill House have on her psychic state. Eleanor’s frequent visions within Hill House generate a narrative of female hysteria and mental illness that culminate in a depiction of madness that transcends the bounds of the novel. In fact, we can see parallels to Eleanor’s experience in real-life stories of madness – such as Susanna Kaysen’s *Girl, Interrupted* or Kate Millett’s *The Loony Bin Trip* – and we might therefore benefit from a closer reading of fictional representations of madness as potentially shedding light on mad experiences in a way that non-fiction might not.

Eleanor’s frequent hallucinations, epitomized in the personification of Hill House – and highlighted in the scene where “The room came clearly alive around her” (Jackson 94) – illuminate the mindset of a corseted femininity seeking to transcend traditional master narratives. The various forms that these hallucinations take, be it writing on the wall in blood, drastic changes in temperature, voices from the house itself, each represent Eleanor’s repression at the hands of her family, Luke, Theordora, and especially the patriarchal medical authority of Dr. Montague. Even though the other characters sometimes experience these occurrences as well,
they are each able to manage them outwardly – rather than Eleanor who projects her feelings, thoughts, and fears inwards. When Dr. Montague says to Theo, Luke, and Eleanor, “Fear…is the relinquishment of logic, the *willing* relinquishment of reasonable patterns. We yield to it or fight it, but we cannot meet it halfway” (Jackson 159), he is both evoking the typical dichotomy of reason versus madness and describing Eleanor’s psychic state as opposed to the other characters.

In this way, *The Haunting of Hill House* offers a modern worldview of madness and hysteria through the relationship between Eleanor and her cohort of characters (including Hill House). Because we read the novel through Eleanor, readers glean an alternate look at what Dr. Montague, Luke, and Theo see as madness. Where they worry for her reason, that her fear of Hill House has caused her to *relinquish her logic*, Eleanor’s interior monologue proves that she is relieved to have her new bond with Hill House, scary though it may be. Though the others fear that she is falling “victim” to Hill House, they fail to distinguish between the House’s very ability to madden and the nature of such a madness. Eleanor is indeed driven mad by Hill House, but she accepts her fate as a new way of living. Jackson’s modern worldview of madness is a liberatory one; one that, like Friedan, rejects strict Freudian psychoanalysis but recognizes the effects of an uncanny space and the role that the power of suggestion might play in construing narratives of madness.

Eleanor’s visions allow her to break free of Dr. Montague’s strict narrative and create her own worldview of a new freedom that embraces the spirited and unknown. Her desire and pleasure in Hill House – which I suggest is also her desire for such a mad worldview – is illuminated in her constant refrain of the phrase “journeys end in lovers meeting” – her journey, of course, being from her sister’s home to Hill House, and the end being her descent to madness
there. Dr. Montague’s treatment of Eleanor primes Luke, Theo, and Eleanor herself to believe that she is vulnerable to the singularities of Hill House and it is Dr. Montague who necessitates her forcible exit that ends in her death.

Haunted by her past and the specter of her mother’s recent death, Eleanor becomes increasingly solipsistic as she experiences Hill House in a vastly different manner than her fellow characters. While the idiosyncrasies of Hill House’s architecture and the disorienting quality of its physical space unnerves each character, only Eleanor is made a victim of Dr. Montague’s narrative, due to her already fragile psychic state and her disciple-like attitude towards the will and power of Dr. Montague and Hill House. Once she arrives at Hill House, Eleanor becomes a sort of uncanny double of herself – she wants to present herself a new, independent Eleanor yet must constantly retreat into her own mind in order to project this second self. Her visions take dual forms – as hallucinations within Hill House and also as visions of her life after Hill House – both looked on as equally mad by her fellow characters. Like the Freudian uncanny, Eleanor finds the frightening in what should be familiar (her family, a getaway with friends) and her descent from reason to madness reveals that madness is often found at the limit of the canny – what we usually imagine as comfort – as it transcends the borders to the frightening uncanny.

And because the canny refers often to the comforts and familiarity of the home, the transition to the uncanny necessarily involves an upset. In *Hill House*, we see this upset through the animation of the inanimate (Hill House itself), a ghostly spectre (the legend of Hill House), or, as Freud later introduces in “The Uncanny,” the double and the “repressed which *recurs*” – a notion clearly illustrated in the novel as Eleanor continually unearths and revisits traumatic events of her past which she does not want to admit but cannot suppress – most notably, her childhood experience with the supernatural and her mother’s death. Hill House too becomes a double of
itself as “Inner and outer worlds blur and boundaries disappear in Jackson’s disturbing portrayals of environments that can suddenly metamorphose into terrifying alternative versions of themselves” (Hague 90).

These uncanny experiences culminate in Eleanor’s madness – both in diagnostic form (as Dr. Montague realizes that she has become unstable) and her own interior monologue where she realizes that she has become somehow separated from the rest of the characters. In the midst of her descent, Eleanor wonders “how can these others hear the noise when it is coming from inside my head? I am disappearing inch by inch into this house, I am going apart a little bit at a time because all this noise is breaking me; why are the others frightened?” (202). If we follow Anthony Vidler’s argument in *The Architectural Uncanny* – that “only those on the margin would feel at home in such an [haunted] abode” (20) – then we, like Dr. Montague, Luke, and Theodora, are able to define Eleanor’s mental state in relation to the space in which she exists. In his chapter “Unhomely Houses,” Vidler characterizes the uncanny as “that mental space where temporality and spatiality collapse” (39) and I would suggest that this is precisely how we may define Eleanor’s madness. Only moments after entering Hill House, Eleanor is already attuned to its singularity: “The house was vile. She [Eleanor] shivered and thought, the words coming freely into her mind, Hill House is vile, it is diseased; get away from here at once” (Jackson 33). Unlike the other characters who are mildly frightened yet also seemingly amused by Hill House’s haunting occurrences, Eleanor feels herself becoming a part of Hill House. Upon simply being shown around the house and to her room, her train of thought is already beginning to unravel: “I [Eleanor] am like a small creature swallowed whole by a monster, she thought, and the monster feels my tiny little movements inside” (Jackson 42). According to Roger Caillois in “Mimicry and Legendary Psychasthenia,” “assimilation to space is necessarily
accompanied by a decline in the feeling of personality and life” (30). Rather than read the latter quote from *Hill House* then as a metaphor for maternal desire as we might in a feminist gothic reading of the novel, I would argue, via Caillois, that Eleanor is almost instantaneously assimilated into the house and begins taking on its “mad” qualities.

So what are we to do with Eleanor’s madness? Why don’t the other characters share her fate? This second question is perhaps a bit easier to answer. Dr. Montague is, of course, a man of science and therefore does not succumb to Hill House’s siren song; Theodora and Luke are both much too confident in themselves and rooted in their own lives and worldviews – Theo’s as veiled homosexuality, Luke’s as overt masculinity. It is only Eleanor who still lives life as a child, who is seeking a strategy for living in an unlivable situation – both at Hill House and at home, where she lives a confined life at the behest of her sister and brother-in-law. She has a stake in refusing Dr. Montague’s patriarchal narrative and rules as they are the same as those oppressing her at home – unlike Theo and Luke who have managed to create paths on their own and unlike Dr. Montague whose path is a traditional master narrative. From the beginning of the novel, we see Eleanor empathizing with a child’s worldview and, in fact, she later adopts this as her own in visions of her future after Hill House.

On her way to Hill House, Eleanor stops to eat at a diner where she sits near a family – father, mother, and a young daughter – arguing whether or not to indulge their daughter – who will not drink her milk because “she wants her cup of stars” (Jackson 22) – a cup with blue stars at the bottom only revealed when one takes a sip – which was left at home. As she listens to this argument, the narrative describes Eleanor’s inner monologue: “Don’t do it, Eleanor told the little girl; insist on your cup of stars; once they have trapped you into being like everyone else you will never see your cup of stars again; and the little girl glanced at her, and smiled a little subtle,
dimpling, wholly comprehending smile, and shook her head stubbornly at the glass. Brave girl, Eleanor thought; wise, brave girl” (Jackson 22). Much later in the novel, Eleanor takes on this cup of stars as her own when describing her apartment to Theo. The again, as she envisions her life, after she describes her guilt at her mother’s death to Theo and Luke, Eleanor thinks “I will find a little house, or maybe an apartment like hers [Theo]. I will see her everyday, and we will go searching together for lovely things – gold-trimmed dishes, and a white cat, and a sugar Easter egg, and a cup of stars. I will not be frightened or alone anymore; I will just call myself Eleanor” (Jackson 213). Eleanor imbues this cup of stars with psychic significance and, as Bill Brown notes, objects may be transformative whereby “psychic survival depends on saturating the object world with significance” (Brown 941) – Eleanor envisions the cup of stars as a symbol of freedom, of validation of her “mad” worldview – one where she is not bound by traditional gender stereotypes and constantly enveloped by guilt over her mother’s death. When the little girl’s father says to her mother “You’re spoiling her…she ought not to be allowed these whims” (Jackson 22) as Eleanor silently watches the scene, we can see the parallels between her and the little girl. After all, Eleanor’s trip to Hill House is a whim that her sister attempted to deny her. Even before her arrival at Hill House, then, Eleanor feels indebted to Dr. Montague – for indulging her in a way no one has. This scene in the diner is a hint that Eleanor’s psyche is already unsteady.

Previous to arriving at Hill House, Eleanor had been charged with taking care of her ailing mother. She describes her life as attached to a sick-room, filled with the blandness and sterility of a dutiful caretaker. One evening, when Eleanor was sleeping, her mother banged on the wall yet Eleanor did not awaken until morning – only to find her mother dead. Eleanor clearly carries the burden of her mother’s death – wondering if she enacted a sort of Freudian
wish fulfillment and, once in Hill House, she dreams this scenario over again (Jackson 127-128).

This analysis strongly resonates with Eleanor’s psychic state – after years of caring for her mother and sacrificing a life of her own – an exhausted Eleanor follows Freud’s line of thinking that the dream, although disturbing, is just a dream, and that she should in fact stay asleep.

Freud of course describes a similar type of dream in *The Interpretation of Dreams*. In Freud’s case, a father dreams of his son standing over his bed reciting the line “father, can’t you see I’m burning?” only to wake up and come to find that a candle has been knocked over and his son has burned to death. Freud offers a couple of possible interpretations here. First, he suggests that the father remained asleep as a means to see his now-dead son for a few moments more. This seems quite unlikely in Eleanor’s case as her inner monologue and the narration insinuate her relief-bordering on happiness—that she is no longer forced to prolong her role as caretaker. Freud also suggests that the father failed to awaken in order fulfill his wish of more precious moments of sleep (*Interpretation* 547-611). That Eleanor experiences this dream in Hill House suggests though that her wish fulfillment was more than a desire for sleep – whether this is her own retroactive analysis or not – an implies that trauma and guilt over lapsing or not caring about her feminine duties contribute to her descent into madness.

**Spatial Symbiosis**

Jackson’s personification of Hill House employs spatial rhetoric to illustrate its instability. Upon being shown her room, “Eleanor shook herself, turning to see the room complete. It had an unbelievable faulty design which left it chillingly wrong in all its dimensions, so that the walls seemed always in one direction a fraction longer than the eye can endure, and in another direction a fraction less than the barest possible tolerable length…what nightmares are waiting, shadowed, in those high corners…” (Jackson 40). Beyond evoking a
sense of “‘an unheimlich house’” (Freud 945), Eleanor’s perception of Hill House establishes that, beyond its infamous history, its design and construction conjures feelings of instability. Freud notes than “an uncanny effect is often and easily produced when the distinction between imagination and reality is effaced” (946) and we see in Eleanor’s perception a convolution imagination and reality created by Hill House’s spatiality. Even Eleanor’s cohorts sense a strangeness in Hill House although it does not effect their psyches so severely. Only moments after her arrival, Theo claims “I would very much like to get this roof off from over my head” (Jackson 46) thereby revoking Hill House’s status as a home, or a place of welcome shelter. Similarly, after a tour of the house, Dr. Montague announces, “I have led you to civilization through the uncharted waste of Hill House” (Jackson 64). So while the others never experience the effacement of imagination and reality as totally as Eleanor experiences, they do not consider Hill House a space where “the non-I protects the I.”

Being the voice of reason among the group, Dr. Montague attempts to “fix” Hill House’s demeanor with the use of doorstops and fancy dinners (Jackson 65). In his discussion of metaphors, Bachelard asks, “Shall we repeat with the logicians that a door must be open or closed? And shall we find in this maxim an instrument that is really effective for analyzing human passions?” (221); Dr. Montague lives up to his status as the “logician” when Eleanor points out that “Every door in this house swings shut when you let go of it” and he responds “Tomorrow…I will make a note. Door stops” (Jackson 65). Where Eleanor attributes a force behind Hill House’s design, Dr. Montague quickly stifles any possibility that he cannot master the space in which they reside. After all, the doctor requires an air of authority early on if he is to be taken seriously in his declarations about Hill House and Eleanor further along in the narrative. And we may find in Dr. Montague’s vocalized desire to keep the doors open a desire
to be viewed as someone who is welcoming, generous, and accepting in order to make his later malicious actions against Eleanor seem unsuspicious. Vidler highlights the importance of doors in the uncanny house: “The resulting confusion of rooms, each forced to act as passage to the next, one with as many as nine doors, generated a complex network of relations…” (43) and, in doing so, reveals that Eleanor does indeed become “the daydreamer whose mental map these rooms seemed to emulate…” (43) as Dr. Montague is increasingly successful at convincing the others and Eleanor herself that she and Hill House are forming a dangerous bond via his questioning of her visions and his pointed remarks that she stands alone in her experiences.

Throughout the novel, doors remain a topic of conversation amongst the foursome, symbolizing inside and outside, asylum and escape. When Theo and Eleanor reach the breakfast table after their first night in Hill House, the Doctor greets them by announcing: “You will never believe this now, of course…but three minutes ago these doors were wide open. We left them open so you could find your way. We sat here and watched them swing shut just before you called” (Jackson 97). The doctor’s claim invites disbelief and Eleanor obliges after a brief talk about breakfast with “Did you really leave all the doors open for us?” (Jackson 98). That it is Eleanor who asks the question suggests that she has already come to believe that Hill House has a personality all its own. Luke’s response: “That’s how we knew you were coming…We saw the doors swing shut” and Theodora’s cavalier reaction suggest a more jocular attitude about the irregular design flaws in the house and catalyzes Eleanor’s interpretation that it is only she who understands the nature of Hill House (Jackson 98). This conversation about doors begins Eleanor’s obsession as she worries further about the meaning of the doors in Hill House while in the kitchen with Theo. Rather than relief at the ease in which one could escape a haunted house built with so many escape routes, Eleanor chooses to focus on why one would need so many
escapes routes and it is directly after their talk that Eleanor has her first suspicious experience losing herself within her thoughts of Hill House’s design and almost falls off the veranda (Jackson 112-114). As Dr. Montague astutely notes “time after time we choose the wrong doors, the room we want eludes us” (Jackson 105).

In the more traditional haunted house fashion, Hill House has a storied past that leaves all of the characters on edge. Dr. Montague lectures Luke, Theodora, and Eleanor on Hill House’s historical context:

You will recall, the doctor began, the houses described in Leviticus as ‘leprous,’ tsaraas, or Homer’s phrase for the underworld: aidao domos, the house of Hades; I need not remind you, I think, that the concept of certain houses as unclean or forbidden – perhaps sacred – is as old as the mind of man…Hill House, whatever the cause, has been unfit for human habitation for upwards of twenty years. What it was like before then, whether its personality was molded by the people who lived there, or the things they did, or whether it was evil from the start are all questions I cannot answer. (Jackson 70)

In the same scene, while Eleanor is internalizing her reservations about Hill House as her companions do the opposite by talking freely aloud, the doctor claims “Hill House was a sad house almost from the beginning” (Jackson 75) as he launches into the narrative of the House’s construction and its first occupants. Hugh Crain commissioned Hill House for his wife and two daughters, but his wife was “lifeless” upon arrival to their new house and Crain later married two more women who suffered similarly tragic deaths. The House eventually belonged to the daughters and the eldest lived there with a female companion from the village as the youngest was married. As is wont to happen in matters of inheritance, Hill House became the center of a legal battle after the older sister died, left the house to her companion, and the younger sister and
her husband laid claim to the house. At this point in his telling of the narrative, Dr. Montague claims “and here, I think, is the first hint of Hill House in its true personality” (Jackson 79) – suggesting perhaps that when the companion argued that the younger sister had snuck in during the night and stolen items from Hill House, the companion was already being maddened by the House or that the House itself was somehow responsible for these missing items. That the companion eventually killed herself within the walls of Hill House (having “been maddened by the conviction that locks and bolts could not keep out the enemy” (Jackson 81)) and it remained unlived in as it passed down to Luke’s relatives foreshadows Eleanor’s own experience within the House and allows Dr. Montague to establish a pattern of behavior engendered by Hill House regarding its young, single, female occupants. As Bachelard points out, a house “must retain its shadows” and we can therefore understand how a once troubled Hill House would repeat its behavior. Dr. Montague uses this story as a weapon of cultural violence – setting the stage for the later need to forcibly remove Eleanor from the place she so wishes to stay.

The relationship between Eleanor’s experience of madness and the occupation of Hill House signifies a causal chain catalyzed by false narratives created and perpetuated by the medical community and its ability to draw on a character’s past that still psychically haunts them. This representation reveals the structural violence of the medical field that is often invisibly embedded in our society. Reading the literary representations of madness helps to unearth the damaging and questionable ethics of a patriarchal medical community. As a work of politerature, groups such as the ones discussed in Chapter One could utilize the novel in a reading group to help their members feel less estranged and psychology courses could assign the novel as a way to use Eleanor as a case study and discuss how symptoms may not always be

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19 The ambiguous sexuality of both Theo and the older heir of Hill House suggests a relationship between madness and sexuality that cannot be fully explored here.
what they seem. As anti-stigma discourse, the novels reveals that the stereotypes often applied to hysterical woman are a result of resistance to conformity rather than an actual mental disorder.

This particular reading of *The Haunting of Hill House* also suggests, through Eleanor’s madness, that “seeing things” may just indeed be an alternate worldview – a sort of Wonderland – from which to imagine the oppressive everyday. To again reference – and to finish – with Bill Brown, we might begin to think of literature as a sort of “rehabilitative reification” and a way to think about social problems in the material world. As Eleanor thinks, “Peace…what I want in all this world is peace, a quiet spot to lie and think, a quiet spot among the flowers where I can dream and tell myself sweet stories” (Jackson 195), we are forced to wonder why this seemingly reasonable desire, an indulgence refused, is transformed into madness.
Works Consulted


“...we know that we are not supposed to be looking on at the products of a madman’s imagination, behind which we, with the superiority of rational minds, are able to detect the sober truth; and yet this knowledge does not lessen the impression of uncanniness in the least degree.”

Sigmund Freud, *The Uncanny*

“Will I survive? seems, I said, equivalent to “will there be some person alive who is the same person as me”

Derek Parfit, “Personal Identity”

Dennis Lehane’s 2005 novel *Shutter Island* brings us to a far different madhouse setting than Jackson’s *The Haunting of Hill House* and, while it wrestles with many of the same questions regarding madness, the uncanny, and spatiality, *Shutter Island* introduces additional concerns surrounding the more violent aspects of the mental health industrial complex. Like *Hill House*, *Shutter Island*’s entire narrative spans the time of about four days in the mid-twentieth century. Yet *Shutter Island*’s protagonist is male, its architecture is varied, and its madness more medically defined. Lehane begins his novel with a stark contrast to Jackson; rather than the foreboding Hill House, Ashecliffe Hospital sat “benignly” on Shutter Island (Lehane 2). *Shutter Island* is the only text considered in this project that portrays a literal madhouse populated with the mentally ill. Foucault argues that when confronted with a sick patient, one experiences “the inability of a confused subject to relate to his situation in time and space” (*Madness* 27) and *Shutter Island* provokes such a confusion. Told from the viewpoint of who readers think is a U.S. Marshal, Lehane’s novel offers mysteries and twists throughout, concluding with the revelation that our protagonist is a mental patient at Ashecliffe after all.

*Shutter Island* is a complex narrative; understanding it as a work of politerature is a labyrinthine task in unraveling the many ways in which the text wrestles with mental illness. From post-partum depression to post-traumatic stress disorder, a politerary reading of *Shutter
Island emphasizes the importance of community awareness if social movements are ever going to gain equal rights and freedoms for its community members. Like Eleanor, Teddy meets a tragic ending (this time, in the form of a lobotomy), but the novel presents that as not his only possible fate. The violence enacted by the mentally ill in Shutter Island further makes it an important contribution the contemporary movements that must fight everyday against the stereotype of the dangerous madman. Thinking about Teddy’s violence as a “strategy of resistance” allows us to read his case study as a tragedy of help too late – much like the tragedy of the veterans who suffer from PTSD today.\(^\text{20}\)

Writing on Lehane’s novel proved a small challenge as the research on it thus far is slim; indeed, most of the academic texts found at all were regarding Martin Scorsese’s hugely popular 2010 film adaptation, also named Shutter Island and starring Leonardo DiCaprio. Throughout the bulk of the chapter, I will focus on the novel, and though the plots of the novel and the film are strikingly similar, I will be mindful about conflating the two as well as letting others’ work speak for both when unintended by them.

One shared characteristic in all writing about Shutter Island is the difficulty in describing its plot, and the further difficulty of by what names to refer to the characters. Such as all stories with a major plot twist, Shutter Island aims and succeeds at disorienting its audience. Shutter Island begins with U.S. Marshal Teddy Daniels and his new partner Chuck Aule taking a boat to the infamous Shutter Island, home of the Ashecliffe Hospital for the Criminally Insane. Daniels and Aule have been sent there to investigate a case of a missing patient, Rachel Solando, who was admitted to Ashecliffe for murdering her children and then mysteriously disappeared from

\(^\text{20}\) Shutter Island complicates the the relationship between mental illness and violence by creating empathy for Teddy and, in essence, asking us to forgive him for murdering his wife. Teddy’s homicidal act read as a strategy for resistance is only one way to read the novel’s philosophy on mental illness; future research will hopefully delve into the further complications presented by the narratives portrayal of mental illness.
her cell. Once on the island, the Marshals work with the hospital psychiatrist Dr. Cawley, who fills them in on the riddles or clues that Rachel left in her cell as well as describes the various patients and treatment philosophies that drive Ashecliffe’s treatment of the criminally insane. Dr. Cawley claims that Ashecliffe straddles several different ideologies in response to mental illness. He says: “The old school…believes in shock therapy, partial lobotomies, spa treatments for the most docile patients. Psychosurgery is what we call it. The new school is enamored of psychopharmacology…I believe in talk therapy” (Lehane 97). All three treatments appear to be in effect at Ashecliffe, perhaps because many doctors make up their board of directors and, as Dr. Cawley puts it, their field is at war.

At the start of their stay, Teddy suffers from nightmares about his wife Dolores who died in a fire and flashbacks to his time as a soldier in World War II as well as migraines for which he takes medication from Dr. Cawley. Teddy eventually divulges to Chuck that he was sent to Shutter Island by a Senator who believes the doctors at Ashecliffe are engaging in unethical psychiatric practices and, in addition, that he believes the man, Andrew Laeddis, who started the fire that killed his wife, is currently in a cell at Ashecliffe. As a hurricane blows in, Teddy and Chuck are stuck on the island, and during their covert search for Laeddis, Teddy becomes increasingly convinced that Cawley, the absent Dr. Sheehan, and the rest of the staff at Ashecliffe are engaging in violent, mind-altering, and unethical behavior akin to Nazi experimentation practices.

While Dr. Cawley eventually insists that Rachel has been found (and, indeed, produces her), Teddy continues to pry and sneak around the island. In a twist ending, once Teddy has reached the island’s lighthouse where he thinks vile experiments are taking place, and there meets Dr. Cawley who informs him that he, Teddy Daniels, is actually Andrew Laeddis (note the
anagram) and has been a patient at Ashecliffè since his wife (Dolores Chanal: Rachel Solando) drowned his three children and he then shot her. In an attempt to avoid performing a transorbital lobotomy, Dr. Cawley allowed Teddy/Andrew to play out the elaborate narrative he had constructed to overcome his guilt during his time at Ashecliffè in hopes that he would finally “solve the mystery,” admit to his crime, and begin rehabilitation. His partner, Chuck Aule, was played by his psychiatrist Dr. Sheehan, who too hoped to avoid the procedure. After their encounter in the lighthouse Teddy/Andrew does appear to embrace both his identity and his crime; yet, as the next scene begins, he awakens as Teddy and, amidst a conversation with Chuck, is taken away for his lobotomy. Because for the bulk of the novel, Andrew actually believes he is Teddy and Sheehan is Chuck, I will refer to their characters as Teddy Daniels and Chuck Aule throughout, with the exception of the discussion of the final scenes.

**The Uncanny in *Shutter Island***

Freud’s notion of the uncanny once again aligns itself with several aspects of a madness narrative. Early in his essay, Freud writes: “there is a doubling, dividing and interchanging of the self. And finally there is the constant recurrence of the same thing – the repetition of the same features or character-traits or vicissitudes, of the same crimes, or even the same names…” (9, emphasis mine). One can see the connections with *Shutter Island* immediately. In the penultimate scene between Dr. Cawley and Teddy, readers get the sense that the latter has attempted to solve the same mystery over and over again. Teddy is himself doubled as, even though he does not realize it, to everyone else on the island he is simultaneously both Teddy and Andrew. His delusional narrative also forces others to take on additional selves (Chuck/Dr. Sheehan, Rachel Solando/nurse at Ashecliffè) so that identities on the island shift often. That Teddy attributes to Rachel the same horrendous crime that he suffered through suggests an
uncanny attachment to that particular memory. Coupled with his use of anagrams for he and Dolores’ alternate identities (the same names), Teddy seems to divide and repeat at the same time. He and Andrew explicitly share certain traits: memories of combat in WWII and a suspicion of psychiatric practices. As Foucault claims in *Madness: The Invention of An Idea*, “regression is not a natural falling back into the past; it is an intentional flight from the present” (56) and, as such, we can see the singular uncanniness of *Shutter Island* as that which still hinges on recurrence, but a recurrence of an act intended to continue the double, to avoid the present. Teddy’s entire narrative delusion is an iteration of “Freud’s haunting experience” that “consists of his looking into a mirror and seeing an alienating figure that turns out to be him too” (Gordon 54 in Frosh 244). A “haunting fear” for Freud is that “In the future I might become what I have always been…” (Frosh 244) and *Shutter Island* illustrates Teddy’s uncanny attempt to avoid this at all costs. While enmeshed in his role-playing narrative, Teddy experiences “the positive plentitude of the activities of replacement that fill that void” (Foucault 28) left by the psychotic break after his crime.

It is Teddy’s narrative cover-up that is, like the uncanny, “in reality nothing new or alien” as it is merely a disordered alphabet and a tired noir mystery and is, for Teddy, “something which is familiar and old-fashioned in the mind and which has become alienated from it only through the process of repression” (Freud 12). And because “an uncanny effect is often and easily produced when the distinction between imagination and reality is effaced” (Freud 13), *Shutter Island* enacts the uncanny both in the character of Teddy and in the novel as a whole – where readers experience the effacement of imagination and reality when they discover the truth in the lighthouse with Dr. Cawley, and the also are forced to experience Teddy’s imagination, reality, and imagination over again.
In her article “Cogito ergo sum: Critical Logic and Mad Discourse in *Shutter Island*,” Michelle Iwen evokes the uncanny when she claims that *Shutter Island* is about the “boundary between sanity and madness” (66). Further, in Vidler’s *The Architectural Uncanny*, the author notes that, for Baudrillard, the uncanny can be found in “the elision between reality and fiction” (9). Both Iwen and Vidler bolster Freud’s effacement claim and, as Vidler claims “the genre of the detective novel owes its existence to such fears – “the unsolved murder is uncanny,” wrote the psychoanalyst Theodor Reik’” (ix). *Shutter Island* and Teddy’s uncanny elements deconstruct the meaning that the various narratives have on Andrew’s mental state. He *needs* the double to function. In the film version, Scorsese suggests that he willingly puts Teddy’s mask back on in order to be lobotomized, to escape the haunting that his double causes.

**Architecture and Space in *Shutter Island***

Both the novel and the film are preoccupied with the architecture of Ashecliffe and the spatial incongruities of Shutter Island itself. Beyond the physical structures, Iwen further uses spatial discourse to describe the mad psyches, referring to “layers of narrative architecture” (69): “The idea of a carefully constructed but structurally unsound architecture of Solando’s damaged psyche is what allows her to exist in a maximum security psychiatric hospital while cognisant only of her home and maternal and wifely duties” (68). Considering the entire novel as an architectural metaphor reveals an intricate structure without a real foundation to steady readers or viewers. Differing from the film, the novels begins before the start of the action, with a prologue written as a diary entry of Dr. Sheehan from May 3, 1993. The prologue is disorienting – the ramblings of an old, melancholic man that provides no real context for what is to come besides a mysterious allusion to Teddy. It is also in the prologue that readers are introduced to the architecture of Ashecliffe, described by Dr. Sheehan as appearing “nothing like a hospital for the
“criminally insane” (Lehane 2). As the novel proper (and film adaptation) begins, Teddy is getting sick in a boat bathroom on the rocky waters taking he and Chuck to Shutter Island. In that first scene, the narratives build quickly: Teddy’s flashbacks to his childhood, his flashbacks to his now-deceased wife Dolores, Chuck’s past with the Marshal’s in Seattle, their upcoming case on Shutter Island. Sheehan’s prologue gives no indication that, truthfully, none of these narratives exist outside of Teddy’s psyche; therefore, readers and viewers begin with a “structurally unsound” (Iwen 68) foundation from which to understand the rest of the story. If we consider Vidler’s assertion that “the theme of the uncanny serves to join architectural speculation on the peculiarly unstable nature of “house and home” to a more general reflection on the questions of social and individual estrangement, alienation, exile, and homelessness” (ix), in relation to the structure of the story itself, the audience is indeed left without a “house and home” – a safe place to begin and end. Vidler’s claim also represents Teddy himself. His double is an attempt to estrange himself from himself, to flee from the horrible act of, not just killing his wife, but ignoring her madness and essentially causing her crime as well. Teddy is also without a safe place to end; his options are to accept his past or a lobotomy, the former too tragic for him to consider. Social movements such as MFI and the Icarus Project would do well to understand that, without mental health patients seeing a light at the end of the tunnel, their decisions might often lead to their demise. This can motivate organizations to lobby for more transparency in the decision-making process on behalf of the mentally ill and also offer support groups for the mentally ill to think and talk about the myriad of choices they have for continuing to live.

Dr. Cawley himself makes a similar argument to Iwen’s when he describes Rachel’s psychic state to Teddy and Chuck. He states: “Her delusions – particularly the one that allows her to believe her three children are still alive – are conceived on a very delicate but intricate
architecture. To sustain the structure, she employs an elaborate narrative thread to her life that is completely fictitious” (Lehane 50). The architectural discourse to describe the psyche affords the doctors an easy opportunity to declare someone “unsound” – where foundations do not exist and there is no clear path from “here” to “there” – something must be awry. And, as unsound buildings will eventually collapse, so too will unsound narratives and psyches.

When Teddy meets who he thinks is the “real Rachel” – a woman in a cave who claims to have been a doctor at Ashecliff, she too uses a structural metaphor to delineate the very nature of madness. Rachel clarifies her point for Teddy: “I’m not crazy. I’m not. Of course what else would a crazy person claim? That’s the Kafkaesque genius of it all. If you’re not crazy but people have told the world you are, then all your protests to the contrary just underscore their point…If you are deemed insane, then all actions that would otherwise prove you are not do, in actuality, fall into the framework of an insane’s person actions” (Lehane 269-270). In essentially describing a catch-22, Rachel illustrates to Teddy the shaky ground that an alleged “crazy person” must tread. Akin to penrose stairs popularized by artist M.C. Escher – a staircase designed as a continuous loop – no getting on, off, higher, or lower – anyone accused of being crazy exists in a space where nothing they do will alter the circumstances or the space in which they exist. Rachel’s invocation of the Kafkaesque conjures stories infamous for their “unsound narratives,” such as The Trial and The Castle, that also depend on labyrinthine spaces and mysterious, perhaps maniacal, overseers. Superceding the plot in Shutter Island, the novel makes an argument that the entire system relating to madness is a narrative created by heads of institutions and an inescapable architecture for its victims. What all the novels and scholarship analyzed here make clear is that there is no single, stable definition of madness, giving the term an overarching power as it may be levied at anyone at anytime. In Shutter Island, the doctors use
the label of madness to debate their own ideas about recovery (or the possibility thereof) and, though movements often rebel against static terms and labels, the novel teaches us that without a way to determine who is in need of help, then others with their own interests in mind will decide the help is needed, and in what form that help will come (be it electroshock, lobotomy, or institutionalization).

_Shutter Island_ contains a remarkable amount of passages and dialogue about architecture given the main characters are two middle-aged male U.S. Marshals. By page 27, there are already two very detailed descriptions of the various buildings that make up Ashecliffe. Dr. Cawley describes a “mansarded Victorian…dark, beautiful Tudor minicastle…quaint, clapboard cottages…low-slung cinder block dormitories…twin red-brick colonials…and the fort…and the lighthouse beyond…” 21 (Lehane 2-3), where Teddy’s first view of the island consists of “a maroon mansarded Victorian with a black trim, small windows that gave the appearance of sentinels. The one to the right was a Tudor that commanded its small rise like a castle” (Lehane 27) and his view of the hospital “was charcoal-colored, its brick rubbed smooth by sea, and it rose six stories until the dormer windows up top stared down at them” (Lehane 31). One immediately notices that Teddy’s vision of the island and the hospital is much more foreboding and focused on the aspects of surveillance (sentinels, dormer windows), and claustrophobic protection (a castle). Of course, the name of the island itself, “Shutter Island,” reminds one of a ubiquitous household window shutter, ever present but often unnoticed. In a flashback to a boat ride with his father, Teddy asks him “Why Shutter?” to which he replies “Some places just get a name and it sticks” (Lehane 8). The definition of shutter, “each of a pair of hinged panels fixed

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21 In “The Architectural Parallax: Spandrels and Other Phenomena of Class Struggle,” Slavoj Žižek argues that had not Norman Bates’ character in _Psycho_ been forced to navigate through the varied architectural spaces of the Bates Motel and the home with Mother, he may not have gone mad. _Shutter Island_ contains even more dichotomous spaces, perhaps leading Žižek to argue that everyone on the island is insane, or that patients cannot help but stay or go mad upon their arrival.
inside or outside a window that can be closed for security or privacy or to keep out the light,"\(^{22}\) at once establishes the secret and sinister nature of the island that Teddy claims he has been sent to investigate.

The most notable spatial aspect discussed amongst the characters in the novel is the distinction between Ashecliffie Hospital Wards A, B, C, and the lighthouse. In Teddy and Chuck’s first interaction with Deputy Warden McPherson, he describes the wards: “Ward A of this institution is the building behind me to my right, the male ward. Ward B, the female ward, is to my left. Ward C is beyond those bluffs directly behind this compound and the staff quarters, housed in what was once Fort Walton. Admittance to Ward C is forbidden without the written consent and physical presence of both the warden and Dr. Crawley. Understood?” (Lehane 29). Later in the same conversation, Teddy asks McPherson about the lighthouse. McPherson claims that it is a sewage treatment facility (Lehane 31), but as the story unfolds, Teddy becomes convinced that dangerous, experimental procedures are being forced on patients there. Once Teddy reveals his real goal in coming to Shutter Island to Chuck, the partners must plot over how to gain access and navigate Ward C.

Shutter Island is also home to several other distinctive spaces that Teddy and Chuck “happen” to find themselves investigating: Dr. Cawley’s office (Lehane 38), his secret room beyond his office (Lehane 179), a hydrotherapy room (Lehane 64), Teddy and Chuck’s bunk with the orderlies (Lehane 82), a mausoleum (Lehane 141), and the cave where Teddy finds Rachel (Lehane 269). The missing person investigation begins with a spatial mystery: how did Rachel Solando escape her room? She disappeared barefoot, left no signs other than her riddles on paper, and no one saw her disappear. Entering her room to investigate, Teddy is affected just

\(^{22}\) http://oxforddictionaries.com/definition/english/shutter provides two further definitions of shutter: “2 Photography A device that opens and closes to expose the film in a camera. 3 Music the blind enclosing the swell box in an organ, used for controlling the volume of sound.”
upon stepping in: “Cawley closed the door behind them and Teddy felt the immediate sense of imprisonment in his spine. They might call it a room, but it was a cell” (Lehane 47). Like Eleanor’s singular response to the library in *Hill House*, Teddy experiences a physical sense of uncanniness in a mysterious space. When Teddy suffers from what he claims is one of a series of chronic migraines (perhaps really a withdrawal symptom of his psychotropic drugs), Dr. Cawley gives him a pill and a place to rest: ““Don’t tell anyone,” Cawley said, “but there’s a room through there where I steal my naps sometimes’” (Lehane 179). Dr. Cawley’s secret room adds another layer of mystery to his character for Teddy and also superfluous space possibly intended for the purpose of trapping Teddy inside and keeping an easy watch on him while he is medicated and recuperating. The room allows Teddy to be tricked into thinking that he is being left alone, when really the only way out is through Dr. Cawley’s office. Teddy’s bunk with the orderlies proves to be an easter egg for close readers at the end of the novel; after Teddy’s breakthrough with Dr. Cawley in the lighthouse and his acceptance of his identity as Andrew Laeddis, the last chapter begins with him waking back up on his bunk, a fleeting signal that affirms his regression before he goes outside to converse with Chuck.

*Shutter Island* contains many references to the island’s hold over its inhabitants. In his diary entry, Dr. Sheehan writes that his wife is “not sure I ever left” Shutter Island although he had not been there in decades (Lehane 1). At the start of their search for Rachel, Teddy thinks “it seemed the nature of the island to push all comers back to the coast” (Lehane 55). And once Teddy reveals the search for Laeddis as his true reason for coming to Shutter Island and he and Chuck discuss the relative danger of their mission, Chuck reminds him: “It’s an island, boss. They’ll always find us” (Lehane 154). When Teddy finds Noyce in a cell, the patient tells him that if he can’t let Dolores go, “Then you’ll never leave this island” (Lehane 242). In the film, “a
recurrent line of dialogue…is “the only way off the island is the ferry, and they control the ferry”” (Pheasant-Kelly 217). One of the film’s popular taglines – “Some Places Never Let You Go” – further reinforces that, at its core, Shutter Island is about one’s relationship to space, how space and the psyche interact, and the power of our physical and material world over our bodies and minds. Without a hospital such as Ashecliffe on an otherwise deserted island, Dr. Cawley’s research would have been impossible: who can imagine Teddy being allowed to play out his narrative on the streets surrounded by a civilian population?

Ashecliffe holds a distinct place even among its own kind. While searching Ward C for Laeddis, Chuck and Teddy run into an orderly who tells them “You know…I’ve worked a few rough places. Jails, a max prison, another place was also a hospital for the criminally insane…Yeah. Worked some places. But this place?...They wrote their own playbook here” (Lehane 227). Of course, the orderly is playing on Teddy’s suspicious that Dr. Cawley and his fellow medical personnel on the island are working under a grant from HUAC that funds experimental Nazi-like practices. Yet, as readers, we eventually learn that Ashecliffe is indeed unique in its practice to let the inmate take over the asylum. Because of its distinct spatial qualities, Teddy is not required to be in a cell or in shackles as Shutter Island itself acts as his cell (Pheasant-Kelly 214). Pheasant-Kelly argues that “the fictional institution also tends to possess distinctive spatial qualities…the labyrinthine workings of the institution may reflect the pathologically or criminally disturbed mind” (216) and he believes that “Such a system of spaces exists in Shutter Island…Teddy’s descent into the passageways of Ward C represents an exploration of his repressed unconscious” (216). The spatiality of Shutter Island allows for Teddy to explore a psyche that imprisons him. Though he ultimately rejects his uncanny double, his journey of exploration introduces readers to the uncanny and spatial elements of madness.
Pheasant-Kelly’s article, “Institutions, identity, and insanity: abject spaces in *Shutter Island,*” is an analysis of the film; however, its theories on fictional institutions and the effects of their spatial qualities are just as applicable to the novel. He reminds us that Teddy experiences an “apparent lack of spatial constriction” and that “a spatial control mechanism…may affect one’s sense of self” (216). The story does indeed take a turn when Rachel brings it to Teddy’s attention that he has likely never been left alone on the island – calling into question his “spatial constriction” and it is that progenitor that leads him to think he has been duped into being trapped on the island, to be eventually deemed “crazy.”

Iwen argues that Teddy’s journey through the spatial mysteries and metaphors of Shutter Island has a Cartesian nature: “Daniels’ actions on Shutter Island are the enactment of Descartes’s ideas of reliance on individual search and inquiry, while avoiding the authoritative texts that form the methodological background of Daniel’s academically trained counterpart Chuck Aule/Dr. Sheehan” (73). While her claim emphasizes my intuition that those “suffering” from madness are indeed looking for a new way of doing things (much like Eleanor’s reaction to Dr. Montague), it also suggests that Teddy must navigate the space of Shutter Island alone and that spatial relations exist outside anything truly knowable – like the uncanny and like madness itself. Teddy’s obsession with space is illustrated at the end of the novel, when he finally arrives at the lighthouse where he believes Chuck may be held. There he meets Dr. Cawley:

“This is it,” Cawley agreed. “This is the lighthouse. The Holy Grail. The great truth you’ve been seeking. Is it everything you hoped for and more?”

[Teddy] “I haven’t seen the basement.”

[Cawley] “There is no basement. It’s a lighthouse.” (Lehane 321).
This interaction between Teddy and Dr. Cawley borders on the absurd but emphasizes the privileged place that architecture and spatiality hold in Teddy’s psyche.

The Madness and Mental Illness of *Shutter Island*

Like *Hill House*, *Shutter Island* suggests that certain kinds of mental illnesses are often gendered. In Michael Kimmel’s *Manhood in America: A Cultural History*, he suggests shell shock was the masculine counterpart to female hysteria (133). Kimmel notes that, as opposed to women who were often confined to bed rest as treatment for hysteria, “Men, by contrast, were pushed out to western dude ranches to take in the masculinizing freshness of the out of doors, Men, after all, had to rediscover masculinity” (135). Similarly, Andrew is given a masculine role to play: U.S. Marshal Teddy Daniels. While Drs. Cawley and Sheehan hope that the narrative of investigation will help Andrew recover, there is an underlying theme of restoring the masculinity that Andrew lost after his despair at seeing concentration camp victims and protecting his wife and children. Unlike *Hill House*, *Shutter Island* explicitly engages with issues within the mental health community. Teddy is, in various descriptions in the novel, the film, and accompanying academic criticism: mentally ill, insane, delusional, a diseased mind, a damaged product, in psychological disarray, a madman, and living with a disturbed state of mind (Lehane, Fuller, Iwen, and Pheasant-Kelly).

While introducing Teddy and Chuck to the facility, Dr. Cawley expounds on the good work they do at Ashecliffe: “In a less enlightened age, a [violent] patient like Gryce would have been put to death, but here they can study him, define a pathology, maybe isolate the abnormality in his brain that caused him to disengage so completely from acceptable patterns of behavior. If they can do that, maybe we can reach a day where that kind of disengagement can be rooted out of a society entirely” (Lehane 35). He does his best to separate his work from the horrific work
of the past: “Just a half century ago, even less in some cases, the thinking of the kind of patients we deal with here was that they should, at best, be shackled and left in their own filth and waste. They were systematically beaten, as if that could drive the psychosis out. We demonized them. We tortured them. Spread them on racks, yes. Drove screws into their brains. Even drowned them on occasion” (Lehane 38). At Ashecliffé, he claims, they work towards “A moral fusion between law and order and clinical care” (Lehane 35). In fact, the experience of reading Shutter Island is often akin to reading non-fiction works on the history of psychiatry. Lehane’s stated use of Robert Whitaker’s Mad in America is quite evident. Cawley describes the state of psychiatry in “Warfare…Ideological, philosophical, and yes, even psychological warfare” (Lehane 96). He explains:

The old school…believes in shock therapy, partial lobotomies, spa treatments for the most docile patients. Psychosurgery is what we call it. The new school is enamored of psychopharmacology…A drug has just been approved – lithium is its name—that relaxes psychotic patients, tames them, some would say. Manacles will become a thing of the past. Chains, handcuffs. Bars even, or so the optimists say. The old school, of course, argues that nothing will replace psychosurgery, but the new school is stronger, I think, and it will have money behind it…I believe in talk therapy, basic interpersonal skills. I have this radical idea that if you treat a patient with respect and listen to what he’s trying to tell you, you might just reach him. (Lehane 96-97)

Cawley’s affinity for something akin to Freud’s talking cure explains the indulgent attitude towards Teddy’s delusional narrative. Cawley’s rhetoric, preferring “patient” to “prisoner” and “medicating” to “drugging”23 (Lehane 49, 324), and his case notes on Andrew reading “Patient

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23 Galtung notes the danger of Cawley’s rhetorical sleight: “After some time, direct violence is forgotten, slavery is forgotten, and only two labels show up, pale enough for college textbooks: ‘discrimination’ for massive structural
has erected a series of highly developed and fantastical narratives which preclude, at this time, his facing the truth of his actions” (Lehane 326) suggests a generous outlook on both his work and the patients with whom he works. His notes on Andrew do not hint at the horror of his act, but rather seem to praise his ability in narrative construction. Whereas Drs. Cawley and Sheehan believe the “way to the mind…is through an honest reckoning of the self” (Lehane 346), we learn that Teddy “told [him]self that sanity was a choice” (Lehane 335) when he was ignoring the warning signs of Dolores’ descent in madness. It is Teddy rethinking his judgment of Dolores who makes the grandest anti-stigma statement that “her insanity was not her fault, not something she could control, not some proof of moral weakness or lack of fortitude” (Lehane 360). Rather, Teddy believes his unwillingness to help her, his refusal “to see it because if she actually were his true love, his immortal other self, then what did that say about his brain, his sanity, his moral weakness?” (Lehane 360) constituted the true moral weakness and therefore blames himself for the death of their three children. His “fantastical narrative,” then, seems to be constructed, not to avoid facing his murder of Dolores, but to avoid facing his failure to save her from “what terrified her most…an insect of unnatural intelligence who’d been living in her brain her entire life, playing with it, clicking across it, wrenching loose its cables on a whim” (Lehane 360). The penultimate scene in Shutter Island suggests that no one sees Dolores as wholly responsible for her crime; in fact, it was inevitable. Yet because Teddy is under a doctor’s care, he is expected to overcome his madness or be violated himself with the “permanent measure” of a lobotomy (Lehane 332). The dichotomy between Dolores and Teddy here shares a concern with mental health professionals that mentally ill people are often seen as hopelessly violent even though research does not necessarily support that statement. Shutter Island represents the two as

violence and ‘prejudice’ for massive cultural violence. Sanitation of language: itself cultural violence” (Galtung 295).
inextricably linked. When Dr. Cawley asks Teddy “How much violence, Marshal, do you think a
man can carry before it breaks him?” (Lehane 192), he suggests that enough violence would
eventually lead anyone to experience a psychotic break. While Teddy is beginning to believe that
he has become a victim of spatial violence at the hands of Dr. Cawley in the form of confusion
and entrapment, Dr. Crawley is referring to the death of his wife and his traumatic flashbacks to
his time emancipating concentration camps in WWII.

As the novel takes place at a hospital for the criminally insane, Dolores and Teddy are
not the only two representations of madness on display. At the start of their investigation into
Rachel’s disappearance, Teddy and Chuck interview the patients who saw her at their group
therapy session the night before. In a span of fifteen pages, Lehane introduces five patients from
Ashecliffe, each with varying levels and symptoms of madness. All violent, some in a state of
denial similar to Teddy, though readers must remember that each of these patients knew Teddy
as a fellow patient, one of their peers, and either lacked the mental capacity to realize the game
or were smart enough to play act in his fantastical narrative. One of the female patients they
interview, Bridget Kearns, displays lucidity in a way Teddy cannot. She defends her crime: “I
think if a man beats you and fucks half the women he sees and no one will help you, axing him
isn’t the least understandable thing you can do” (Lehane 114). Although Bridget is not
mentioned in any other reviews or analyses of Shutter Island, her brief exchange with Teddy
establishes her as another double for him, a remarkably uncanny moment: punished for a crime
of self-defense or revenge, locked up at Ashecliffe, but somehow not succumbing to the madness
the space demands. Although Teddy’s guilt stems from ignoring the danger signs that his wife

24 Although the novel largely overlooks other patients at Ashecliffe unless they have a direct engagement with
Teddy’s narrative, trailers for the film version of Shutter Island often depicted a frightening-looking, frail, old
woman in shackles making a “shush” motion at Teddy as he and Chuck walk up to the hospital for the first time.
While this occurs somewhat similarly in the novel, Teddy is largely unfazed, and her visual depiction in the movie
frightens the audience in a way that her brief description in the novel cannot.
might harm his children, his crime and Bridget’s crime is the same – spousal murder. Bridget represents a possible future for Teddy, a healthy acceptance of an illegal act not done with pure evil and malice. In fact, it would not be at all surprising to hear an alternate Teddy say: “I think if a woman drowns your children, wants you to sit at the table with their dead bodies and eat dinner, and puts your gun to her stomach, shooting her isn’t the least understandable thing you can do.”

Foucault offers another telling symptom of Teddy’s madness in citing the transformation from dialogue to monologue from which ill patients often suffer:

Dialogue, as the supreme form of the evolution of language, is replaced by a sort of monologue in which the subject tells himself what he is doing or in which he holds a dialogue with an imaginary interlocutor that we would be incapable of holding with a real partner, like the psychasthenic professor who could deliver his lecture only in front of a mirror. It became too “difficult” for the patient to act under the gaze of others….

(Madness 39)

Very literally, in holding a dialogue with Chuck, Teddy is acting out Foucault’s claim. Because Drs. Cawley and Sheehan cannot get through to Teddy as themselves, as he is incapable of seeing himself as Andrew Laeddis and therefore responding to their professional attempts to cure him, they morph themselves into “imaginary interlocutors” in order to cure him another way. As Andrew feels an overwhelming sense of responsibility and guilt for the deaths of his children and wife, his identity as Teddy allows him to not only avoid the gaze of others, but to avoid seeing himself as he truly is and be held morally accountable for his actions, to avoid becoming who he has been. As Foucault explains, “one can escape the present only by putting something else in its place; and the past that breaks through in pathological behavior is not the native ground to which
one returns as to a lost country, but the factitious, imaginary past of substitutions” (Madness 56).

Andrew does exactly so: he evades the present by creating an identity for himself as Teddy, a renegade U.S. Marshal rooting out evil in the psychiatric community and with a past, not as a killer, but as a widower and victim of another’s homicidal tendencies. The doctors see Teddy’s “imaginary past of substitutions” as a dangerous aspect of his illness that must be cured; Dr. Cawley tells him “If you don’t accept who you are and what you did, if you don’t make an effort to swim toward sanity, we can’t save you” (Lehane 350).

Many interpretations of Teddy’s character (from within and outside the text) suggest that he suffers from Post-Traumatic Stress Disorder (PTSD) from the horrors he saw in concentration camps to seeing his three dead children. Ethan Watters’ description of PTSD reads eerily like another iteration of the uncanny: “The symptoms that make up PTSD, which include intrusive thoughts and dreams, memory avoidance, and uncontrollable anxiety and arousal when the victim is reminded of the event, seem utterly commonsensical’ (71). In watching the work of a therapist helping children in the wake of a tsunami, Watters learns about the important of play therapy for PTSD sufferers; the therapist tells him that they must tell their stories (74-75). Read through this lens, the entirety of Shutter Island is Teddy re-telling the wrong story, and, thus, avoiding his PTSD altogether. Unfortunately for him, mere avoidance is not an option.25

Stephen Harper suggests that “perhaps media representations of the mentally ill should be criticized not for their inaccuracy, but for their evasion of larger issues of social and institutional violence” (474). While both the novel and the film do a more than adequate job representing and critiquing oppressive psychiatric practices, the conclusion of the story makes clear that, although

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25 Watters notes that avoidance is seen as a very viable option outside Western cultures. He explains in Crazy Like Us: The Globalization of the American Psyche that often in third-world and war-ravaged countries, where a relative’s death or disappearance is a much more common occurrence, children and spouses will often be told that the missing person has gone abroad to work for a long time.
some of its members may disagree, the psychiatric community will do whatever necessary to
disable patients they see as a threat. So while one interpretation of the conclusion to Teddy’s
“mystery” on Shutter Island does invalidate his idea that there were violent, experimental
practices taking place there, his threat of and eventual lobotomy undoes the critiques to the
mental health community made by the characters throughout the novel. In fact, Dr. Sheehan
makes Andrew responsible for the structural and institutional violence in the medical community
at large: “The same zombiefication and warehousing that are going on now will continue under a
more publicly palatable veneer. Here, in this place, it comes down to you, Andrew” (Lehane
346). Here Sheehan refers to the pharmaceutical and psychiatric communities talent of “making
reality opaque, so that we do not see the violent act or fact, or at least not as violent” (Galtung
292). With the knowledge that, although it is not their first choice, Drs. Cawley and Sheehan will
demure to “men who believe the way to the mind is by way of ice picks through the brain or
large dosages of dangerous medicine” (Lehane 346), are we meant to believe that there are not
any radical practices happening on Shutter Island? Or do the doctors undermine their own
statuses as reliable narrators of the situation when they make plain their complicit behavior in
such violent acts?

Lehane’s use of Robert Whitaker’s Mad in America: Bad Science, Bad Medicine, and the
Enduring Mistreatment of the Mentally Ill suggests that we should view the doctors on Shutter
Island as malevolent and even dangerous. In Part Three of Whitaker’s book, entitled “Back to
Bedlam (1950-1990s),” he writes about the hypocritical nature of American doctors who called
for the hanging of Nazi doctors while performing lobotomies on their own patients (233-235).
Like Teddy fears of the doctors on Shutter Island, Whitaker accuses the medical community in
1950s America of harmful experimentation akin their Nazi counterparts. He claims, “the ink on
the Nuremburg Code was barely dry when Paul Hoch, director of research at the New York State Psychiatric Institute, began giving LSD and mescaline to schizophrenics in order to investigate the “chemistry” of psychosis” (Whitaker 235). In this way, Lehane makes Teddy’s fears about the lighthouse sound less than crazy and in fact justified to a modern, informed audience.

Lehane’s other source, Alex Beam’s *Gracefully Insane: The Rise and Fall of America’s Premier Mental Hospital*, represents Dr. Cawley’s real-life counterpart, Alfred Stanton. Stanton ran McLean Hospital in the 1950’s and, like Cawley, believed in less violent tactics to relieve mental patients of their symptoms (Beam 120-128). Stanton modernized McLean, in thought and practice, as Cawley is unable to do fully as Ashecliffe.

Harper claims that films (and, by extension, other cultural products) about madness26 “do tend to present madness as a narrative complication that is relatively easily overcome, resulting in a triumphant emergence into truth and enlightenment” (Harper 475). Both versions of *Shutter Island* fall prey to this tactic, and this is indeed what in large part makes the text a work of cultural violence. The above quote by Dr. Sheehan illustrates how Teddy was expected to overcome his illness largely on his own, excepting that they constructed “the most extravagant role-playing experiment psychiatry has ever seen” (Lehane 333). While this tactic works at first (Teddy, albeit briefly, admits his true identity and his crimes), he almost instantly regresses to the point of necessitating a lobotomy. His regression is then seen as *his fault*.

Iwen claims that Teddy “provides an alternate reading of madness – that of carefully constructed reason” (77). She believes that “By focusing on the liminal space between the functional mechanics of the brain, the construction of subjectivity and the animalistic madmen, Lehane requires readers to be sophisticated in their readings of the seemingly distinct realms of

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26 He gives the example here of *A Beautiful Mind* (Ron Howard, 2011), a biographical drama about John Nash.
sanity versus reason and madness versus mercy” (78). She is quite right to point out that *Shutter Island* spans a vast number of themes from mental illness to violence to psychoanalysis and that we must be watchful for what falls between the cracks. She gives the audience the job of a close reading, in hopes that they will empathize with Teddy and use *Shutter Island* as a work of cultural peace rather than seeing Teddy as a hopelessly violent and incurably mad. Her argument invites readers to consider both Teddy and Andrew as distinct representations of reason and madness. Each occupies a hazy space between the two and, because we understand more fully the construction of Teddy, the double, and we are not trained to read him as mad, Iwen’s statement suggests that it may be more merciful to leave Teddy in his mad state than to force him to confront the truth (or lobotomize him). For Teddy, Rachel Solando occupies this liminal place, and it is his visit with her that wakes him up to his own danger on Shutter Island and the power of others to control the definitions of “sanity” and “reason.”

In the end, we might have to be comforted with the lines Teddy utters to comfort himself: “This may be the best I can offer for now. Laeddis will live. Ashecliffe will go on. But we’ll content ourselves knowing we’ve begun a process, a process that could, ultimately, bring the whole thing tumbling down” (Lehane 259).

**Psychiatric Reactions to *Shutter Island***

Because of the success of both the novel and the film, *Shutter Island* understandably drew the attention of medical professionals who practice in the fields and alongside the patients represented by the story. My research found two opposing medical opinions on whether or not *Shutter Island* benefits its viewers and the mentally ill population.

In *Australian Psychiatry*, Klaus Martin Beckmann asserts that “Although on the surface the usual stigma of medication and its side effect, neurosurgery for mental disorders and
psychotherapies as part of the movie, the film also shows empathy with a psychotic patient and attempts to counter the stigma of psychiatry.” Beckmann believes that the film (and, by extension, the similar plot points in the novel) brings the public closer to someone who has persevered through a psychotic break. He goes so far as to state that “Medical and other health professionals will benefit from being aware of this movie since it promotes empathy, explains how mental illness can affect a patient’s life and gives a good account of psychopathology.” His latter claim suggests that Shutter Island’s fictive world may have a positive effect in the real world of mental health today.

Dr. Jeffrey Geller has a distinctly different take. As a professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School of Worcester, Dr. Geller claims that “Shutter Island concerns me as a psychiatrist” (1653). While Geller commends Lehane for reading Gracefully Insane and Mad in America as research for the novel, he wonders, perhaps rightly so, why Lehane would not consult a psychiatrist. Here Geller seems to assume that Lehane has a responsibility to the audience of his fiction to accurately represent the current state of the mental health system. He claims that Lehane does a poor job of reminding readers of the novel’s time period and worries that the public will get the idea that lobotomies and the other medical practices in the novel are still considered traditional psychiatric treatments (1653). Geller’s worry here takes for granted that, even as a piece of fiction, Shutter Island has the power to sway public opinion of the mental health world. Implicit in his argument that fiction can do harm is the opposing idea that it may do some good – as Beckmann claims. Geller also claims that the novel “does harm” its descriptions of the patients at Ashecliffe, his liberal use of the history of psychiatry, and his portrayal of the withdrawal symptoms of psychotropic drugs (1653). His concern that the withdrawal plot could act as a deterrent for people who could be
helped by these drugs signals a very real effect that *Shutter Island* may have on the lives of the mentally ill, as well as imbues Lehane with a power and responsibility that is not usually afforded to fiction novelists. Geller’s review was published in 2003, two years before the film was released, and he ends his review with a hope: “Certainly, the movie could be on one hand a gripping tale and a commercial success and on the other hand could destigmatize rather than stigmatize psychiatric patients and the treatments they receive” (1653). The dichotomy he creates suggests an impossibility of a commercial success at the box office that destigmatizes madness.

Beckmann and Geller offer two drastically different medical reactions to *Shutter Island*. What might account for this difference and what, if anything, are we to take away from it? Their opposing accounts of the story stem first from two different textual analyses of Teddy’s time on Shutter Island. Even members of the medical community have difficulty sorting out and agreeing on the meaning behind *Shutter Island* – reinforcing the precarious nature of both fiction and madness. Open to interpretation, Teddy’s narrative has alternate meanings, not only to the characters with whom he interacts, but with the medical community and viewing/reading public who are at once unraveling a sensationalist mystery plot and learning a lesson about the origins, ramifications, and treatments of madness. That *Shutter Island* was taken seriously by the medical community suggests, at the very least, there exists a concern among the community that (pop)cultural works have the ability to sway public opinion, and, in some cases, perhaps assist medical professional in their duties. Beckmann’s claim that medical professionals would “benefit” from the film suggests that one might not be surprised to see a copy of *Shutter Island* on the shelf in a psychiatrist’s office alongside the *DSM-IV*.

I favor Beckmann’s reading over Geller’s: as readers are given an inside look at Andrew/Teddy’s psyche, we come to understand why he is haunted, the causes of his fractured
psyche, and may wonder how we might have reacted in his place. As a new generation of war
veterans return home, Lehane’s descriptions of Teddy’s flashbacks resemble contemporary
stories about PTSD and struggles over veterans benefits. As “literature that employs narratives
and strategies useful to social movements,” Shutter Island illustrates how we can occupy a space
between reason and madness that Mad Pride groups may use throughout the movement. Yet the
novel also straddles the fence between stigma and anti-stigma discourse. By ignoring Dolores’
post-partum depression and using her actions as a way to find right in Andrew’s wrong, Shutter
Island further buries the cultural violence done to women by the ideology of motherhood while
revealing the ways in which direct violence (i.e. Andrew’s service in World War II) leads to
further direct violence (his murder of Dolores) that requires him to become a part of the
structurally violent psychiatric/prison system. But what the revelations of these types of violence
also allow is for readers to see themselves alongside their journey with Teddy; though he
commits a horrible act of violence, following his narrative lets readers empathize with him, to
notice the machinations of the psychiatric systems in place on Shutter Island, and helps us see
that social movements need to offer strategies of resistance that do not involve violence but
practical strategies for differentiating between illness that need attention (like PPD and PTSD)
and seeing madness as a way of life.
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CHAPTER IV

PSYCHIC SIGNIFICANCE OF PEOPLE, PLACES, AND THINGS: MADNESS IN THOMAS MANN’S THE MAGIC MOUNTAIN AND CURTIS WHITE’S AMERICA’S MAGIC MOUNTAIN

“Cultures become particularly vulnerable to new beliefs about the mind and madness during times of social anxiety or discord.”

Ethan Watters, Crazy Like Us: The Globalization of the American Psyche

“Life is Recovery.”

Curtis White, America’s Magic Mountain

A Different Sort of Madhouse

Moving beyond the haunted space of Jackson’s Eleanor and the psychiatric space of Lehane’s Teddy, this chapter will illustrate the transformation of a different sort of madhouse – one that is peopled by an eccentric cast of characters and filled with anthropomorphic things. Thomas Mann’s 1924 bildungsroman The Magic Mountain and Curtis White’s 2004 America’s Magic Mountain both explore quasi-medical institutions: a tuberculosis sanitarium and an alcohol recovery center, respectively. In the novels, no one is “mentally ill” or “crazy” or “criminal;” rather, the protagonists enter a world – a “social community” (Mann 426) – where attendance is allegedly voluntary and one can seemingly leave at any time. Unlike Hill House, the actual physical spaces do not “come alive” but instead act as metonyms for the social problems they contain. Both explicitly engage with sickness – in the physical rather than the mental sense – portraying characters in search of a cure. In each work, there is a focus on recovery: what does it really mean? Is it ever really possible? Must we look outside ourselves for a cure for what is within? Analyzing The Magic Mountain and America’s Magic Mountain alongside one another allows us to see the concept of madness at work across time, space, and commonly-held stigmas of high and low art. Mann and White both wrote cultural and political works in addition to their fiction and knew that “their work [was] unavoidably political” (Reed
Mann’s novel ends in direct violence: the start of World War I and its protagonist’s death on the battlefield. But it also reveals structural and cultural violence in unique ways. The medical community at the International Sanatorium Berghof, personified by Dr. Behrens and Dr. Krokowski, engage in the quarantine ideology that hides illness away from everyday experience. In addition, the many casual references to Hans’ bill at the Berghof highlight the ways in which the structure of the medical facility is tied to profit and therefore reliant on patients to be continually valuable. In an interesting take on Galtung, medical equipment such as thermometers and x-ray machines act as instruments of cultural violence, as they become the means by which patients are diagnosed and become more or less permanent residents at the sanatorium. But Hans uses these instruments to his advantage; looking for an excuse to depart from his life “down below.” The Magic Mountain and America’s Magic Mountain highlight the power that personalities have to shape a lived environment; further, they illustrate the influence of things – material objects – over the psychical life of patients at the International Sanatorium Berghof and The Elixir. When W.J.T. Mitchell asks “what is gained by focusing so minutely on these exemplary objects?” (Mitchell 180), the answer is a glimpse into how objects shape mental life – how the physical, beyond the spatial, shapes the psychical.

As politerature, The Magic Mountain offers the possibility of utilizing the tools that seek to oppress us in order to save us. Social groups may consider the ways in which the DSM might be used to their advantage, or how they could harness the work of institutions and the American Psychiatric Association to work in their favor. America’s Magic Mountain operates similarly: encouraging alcoholics to drink transforms the poison into the cure. Further, America’s Magic
Mountain de-stigmatizes diseases such as alcoholism by using it as a metaphor for the toxicity of modern life. America’s Magic Mountain features a Doctor, Mayor, and a Reverend who are all granted special powers by the space they occupy at The Elixir. And yet, much more than Mann does, White eviscerates the offices for which these men stand: a corrupt Reverend Boyle who has affairs with his married patients, for example. In this way, White’s narrative encourages us to question decisions made about our minds and bodies in just the same way that the Mad Movement encourages its members to do.

In April of 1925, immediately following the publication of The Magic Mountain, “Mann was convinced that his fellow Germans were unprepared for political responsibility, a lack that made them vulnerable to the worst demagogic appeals. By examining the individual pastimes – if you will, the “metaphysics” of fads and hobbies – that served in lieu of politics; he anticipated the reign of unreason that swept his country” (Heilbut 492). Here we can see a direct correlation with the narrative of The Magic Mountain. Hans’ various obsessions with rest cures, music, outdoor activities, and the various other recreations provided for him, rule Berghof in a way that infects the mental life of its patients and, indeed, leads them to an unreason that Hans, at least, comes to think of as freedom. Further, Mann’s preoccupation with his countrymen’s lack of “political responsibility” is mirrored in his Hans’ resignation of his life “down below.” Rather than become invested in his country and future, Hans chooses to live completely ignorant of the turmoil growing in Germany during the onset of WWI.

The Magic Mountain illuminates its author’s struggle with the political atmosphere of his time: a growing fascist regime and a populace unwilling or unable to react. According to his biographer Anthony Heilbut, “He began to conceive of Germany as a nation of Hans Castorps. Less than a year later he described the ways spiritual confusion had made his countrymen
“problem children of life,” as if Hans’s complaint had grown epidemic” (Heilbut 488). Beyond the social or cultural implications that The Haunting of Hill House and Shutter Island might engender, The Magic Mountain forces us to confront the relationship between madness and the mental life of a society threatened by an insidious “strategic deployment of terror” (Heilbut 412).

The term “madness” exhibited in the novels may be less familiar and more inchoate than we have seen so far with Eleanor, Teddy, and their cohorts. As Ethan Watters avers, mental illnesses “are inevitably sparked and shaped by the ethos of particular times and places,” both of these novels are products of their times and, as such, their madness is culturally constructed. Mann and White each endeavored to represent their own cultural moments and, in doing so, showed how the mind may be molded by time, place, and things and how that molding creates a mad response to social and political demands.

The Magic Mountain

I. “But, then, it is more moral to lose oneself or let oneself be ruined to save oneself.”

Thomas Mann’s 1924 novel The Magic Mountain introduces us to a quasi-medical space in the form a tuberculosis sanatorium—the International Sanatorium Berghof. Our protagonist, Hans Castorp, arrives at Berghof to visit his cousin Joachim and remains there for seven years. Nestled high in the Alps in Davos, Switzerland, Berghof is home to an eccentric cast of characters, all of whom differ in gender, ethnicity, class, and severity of illness. Upon Hans’ arrival, though, he cannot help but notice how strange it is that such differences are ignored between the population at Berghof. Hans marvels at his cousin Joachim’s casual references to a woman he calls “tous-les-deux” – named for the only words she speaks (Mann 39) as well as his loudly intimate Russian neighbors and his tablemates who proudly proclaim the minutest details of their illnesses. Berghof is a veritable wonderland of characters that at first shock Hans but...
whom eventually he finds familiar – in a way I imagine a visit to the Mad Hatter is jarring at first but then celebrating an un-birthday party everyday becomes totally natural.

The cast of characters at Berghof is almost endless; it is therefore necessary to focus on the most relevant to the madhouse quality of the sanatorium as well as Hans’ mental state. For the latter, his beloved Clavdia Chaucat and his intellectual mentor Herr Settembrini; for the former, the patients who make up the Half-Lung Club, the psychic patient Ellen Brand, and Clavdia’s “traveling partner” Mynheer Peeperkorn. The sanatorium doctors, Dr. Behrens and his assistant Dr. Krokowski both influence and lend a sense of credibility to Hans’ medical state. But I will start at the beginning: with Hans Castorp himself.

Mann’s narrator opens the novel’s first chapter by describing Hans Castorp as “an ordinary young man” (Mann 3). Throughout the novel, through flashbacks or Hans’ storytelling, we learn that Hans is indeed ordinary – perhaps even mediocre. Essentially an orphan and raised by his grandfather and uncles, Hans has no real emotional connections to people in his life, feels only that he must work hard enough in order to make money, not to make anyone proud or be particularly successful at his occupation. His trip to Berghof was to come to end as he embarked on his career as a maritime engineer. Because of his weak connections with the people and places of his home in Germany, Hans’ disposition is ripe for molding by the people he meets at Berghof. Any fondness he feels for his cousin Joachim is not matched in respect for Joachim’s advice – to escape the Berghof by any means necessary. That Hans experiences love for the first time while visiting Joachim leaves both his heart and mind vulnerable to manipulation. His madness is established at the moment he allows himself to be convinced by Dr. Behrens that he has indeed fallen ill and should no longer think of himself as a visitor to the sanatorium, but as a patient. In a moment, with a temperature elevated barely one degree, Hans dissociates with his
now-former life. If not on their own, readers recognize this change as alarming, as mad, through Joachim’s eyes. Upon Hans’ arrival, Joachim had “repeatedly expressed his satisfaction that at last someone was here with whom it was possible to have a rational conversation” (Mann 14, emphasis mine); while soon after Hans’ diagnosis, Joachim is shocked by his cousin’s attitude: “He [Hans] replied that he “had been” an engineer. –Had been? – Had been, insofar as his illness and a stay up here of still quite indeterminate length had interfered with his plans; this was a critical time in his life, perhaps even a turning point, one could not know for sure. (Joachim stared, scrutinizing him in horror)” (Mann 288).

Hans’ reaction to his diagnosis is certainly not typical: he does not fret about dying or any of the other medical effects of tuberculosis, he does not lament his confinement to bed or at Berghof. In fact, he accepts his diagnosis with a false show of resignation, a show that does not fool many of his fellow characters. The diagnosis does not depress Hans, rather:

It established Hans Castorp’s freedom. This was the word he used, not explicitly, not by forming the syllables in his mind, but as something he felt in its most comprehensive sense, in the sense in which he had learned to understand it during his stay here – though that was a sense that had little to do with the meaning Settembrini attached to the word. And as he heaved a sigh, his chest quivered as the wave of terror and excitement that he knew quite well by now swept over him. (Mann 222).

It is many of his fellow characters that assist in Hans’ implicit surrender to madness (in his words, freedom).

Early on in his visit with Joachim, Hans and his cousin take a walk on which Hans experiences a discomforting meeting. They walk by another group of patients, one of which whistles at Hans in a startling way. As Joachim explains to Hans that the group they passed calls
themselves the “Half-Lung Club” and can whistle through their pneumothorax due to a surgery done by Dr. Behrens and doses of nitrogen, Hans becomes beyond amused, almost to the point of hysteric:

“Has the club been registered?” he asked, through he found it hard to speak, and it sounded more like a whine or whimper from suppressed laughter. “Do they have by-laws? What a shame you’re not a member, Joachim, because then they could include me as an honorary guest – or associate member. You should ask Behrens to put you temporarily out of commission, Maybe you’d be able to whistle, too, if you really set your mind to it, after all it must be something you can learn. That’s the funniest thing I’ve ever heard in my life, “ he said, talking a deep breath. “You’ll have to forgive me, really, for talking like this, but they were in a merry mood themselves, your pneumatic friends. Here they come walking up…and to think that it was the Half-Lung Club! ‘Tweeet’ she whistles at me – what a harum-scarum! What absolute devil-may-care. (Mann 49-50).

The Half-Lung Club both frightens and amuses Hans as well as exemplifies the sorts of novel characters at Berghof. These strange, idiosyncratic patients show Hans that the Berghof is not simply a tuberculosis sanatorium; rather, it is a place where peculiarity is normal and an adherence to any sort of social or cultural norm is unnecessary. This contributes to Hans’ madness as it allows him to imagine a life where he gives up a career and a salary, the very tenets of a successful life, for a chance at love with Clavdia and aimless days spent on rest cures and cafeteria meals.

Ellen Brand and Mynheer Peeperkorn provide a different sort of influence than the Half-Lung Club. As a self-proclaimed psychic, arriving many years into Hans’ stay, Ellen adds an element of the supernatural to the narrative. Because she arrives after Joachim’s death (by
laryngeal tuberculosis), a group of patients and Dr. Krokowski conduct a sort of séance where she is to summon Joachim. The uncanny element here is unmistakable. Hans is so troubled by the sight of his dead cousin, his cousin’s double, that he violently brings the séance to a halt. Once a familiar and comforting sight to Hans, now the vision of Joachim is frightening. Ellen’s introduction into the plot, and especially the credibility granted to her “powers” and “visions” by the presence and encouragement of Dr. Krokowski reinforces my argument that Berghof houses all sorts of mad characters and that these characters have a powerful impact on those around them. Ellen is especially relevant as she influences not just Hans, but other patients and Dr. Krokowski as well.

The influence of Mynheer Peeperkorn is similarly large, though Hans certainly bears the brunt of his arrival at Berghof. Like Ellen, Peeperkorn arrives late in the narrative, but unfortunately for Hans who had been waiting many long years for the return of his crush Clavdia, he arrives with her as her “traveling companion.” But it is Peeperkorn’s “blurred personality” (Mann 544) that enhances the madhouse atmosphere. Peeperkorn insists on throwing lavish post-dinner parties with an abundance of games, rich food, and, most importantly, wine. Peeperkorn’s dinner scenes are dream-like in quality, they last for hours, and when they are over, readers are left to wonder whether or not the occurrences within them actually took place. Once again, the patients at Berghof are introduced to a new way of life where, unlike in an industrial society, different ways of living co-exist harmoniously together. A woman who can whistle from her pneumothorax, a psychic, a larger-than-life man whose

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27 The relationship between Clavdia and Mynheer Peeperkorn is never explicitly described. Depending on the sanatorium gossip you choose to believe, the two are lovers, Clavdia is using Peeperkorn for his money and station, or they have some sort of mutually beneficial arrangement. What we are privy to as facts are that they are not married and that they do not share a room at Berghof, although Clavdia cares for Peeperkorn when he is ill. Hans refers to Peeperkorn as “that man [who] shared traveling expenses” with Clavdia (Mann 565).
drunken revelries contain a hint of fantasy: it becomes easier to see how Hans might have felt
that he had gone among the mad people and to embrace the same mind-set for himself.

Clavdia Chaucat and Herr Settembrini significantly influence Hans’ stay at Berghof.
While I argue that is a combination of many characters, spaces, and things within Berghof that
contribute to Hans’ madness, the narrative overwhelmingly suggests that Hans’ love for Clavdia
(or perhaps his misplaced love for a schoolboy friend from long ago) is the biggest factor is his
decision to stay on after Clavdia has left, to wait indefinitely for her inevitable return.28 The
evening before her departure, she lends Hans a pencil and the two begin a conversation while
Hans claims to be “as if in a dream. It is a dream for me, you know, for me to be sitting here like
this…” (Mann 331). It is the thought of Clavdia that sustains Hans for his early years at Berghof
and it is the news of her return that awakens his spirit once more. Clavdia also introduces an
element of the uncanny into the narrative. Hans is originally attracted to her because she reminds
him of a boy from his school days, Pribislav Hippe. In a flashback that takes the form of a
daydream, the wonders: “And he look so strangely like her – that woman up here. Is that why
I’ve been so intrigued by her?” (Mann 121). Hans’ obsession with Pribislav is never fully
explored or explained, but he treats Clavdia as Pribislav’s double and she certainly embodies the
“repressed which recurs” salient to the iteration of the mad uncanny that I am distinguishing.

Herr Settembrini is Berghof’s intelligentsia. He is a man of letters, a writer, a
philosopher, a thinker. Joachim predisposes Hans to have a bad impression of Settembrini, but
Hans becomes enamored with him nonetheless. Even upon their first meeting, Settembrini
invokes the subject of reason: “I hope you have nothing against malice, my good engineer. In my

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28 It is worth noting that although we are taking Hans as our example (as he is the protagonist and so about him
many more assertions can be made), the narrative makes clear that long stays at the Berghof or comings-and-goings
over a lifetime are not uncommon there. It is therefore not wrong to conjecture that other patients experience
Berghof as a madhouse as well.
eyes it is the brightest sword that reason has against the power of darkness and ugliness. Malice, sir, is the spirit of criticism, and criticism marks the origin or progress and enlightenment” (Mann 59). Settembrini, and later his partner Naphta, are Mann’s tool for political commentary. Settembrini’s constant evocation of reason is clear in its use as a tool against the fascism about which Mann was writing/reacting, but it also reminds us of the dichotomy between reason and madness. While the men are philosophizing together in Naphta’s apartment, they speak openly about mental illness for the only time in the novel and the comments are worth quoting at length:

The gentlemen had only to think of the mentally ill, of hallucinations, for example. If one of his companions, the good engineer or Herr Wehsal, for example, should happen to see his dead father sitting in the corner of his room at dusk that evening, see him look up and hear him speak – it would be absolutely horrible for the beholder, a dreadfully shocking, distressing experience, so disconcerting that he would doubt his own senses, his very reason, and feel he had to vacate him room as soon as possible and put himself under psychiatric care. Was that not so? But the joke was that this could not happen to any one of these gentlemen, because their minds were healthy. And if it ever should occur, then they would not be healthy, but sick, and instead of reacting like a healthy person, that is, turning tail and running in horror, they would think it quite normal, join in the conversation, they way people hallucinate did. The belief that one would be healthy enough to regard one’s hallucinations as a horror – that was the failure of imagination of which healthy people were guilty…

…how one ought to pay no attention to those who suffered from hallucinations, to pazzi in general, advancing the proposition that such people let themselves get carried away, quite illegitimately, and often had it within their power to control their madness, as
he had himself observed on several visits to madhouses. Because whenever a doctor or a stranger appeared on the threshold, the hallucinating patient would usually cease grimacing, talking, and gesticulating and behave himself, letting himself go again only afterward. Letting oneself go, in fact, was doubtless a definition of madness in many cases, inasmuch as it was a way of fleeing from great affliction and served weak natures as a defense against the overpowering blows of fate, which such people felt they could not withstand in their right mind. But then anyone could use that as an excuse, so to speak; and he, Settembrini, had brought many a madman back to reality, at least temporarily, by confronting his fiddle-faddle with a pose of unrelenting reason. (Mann 444).

Settembrini makes many assertions about madness in this brief conversation with his cohorts. He describes it first as a catch-22 of sorts – the “you can’t be mad if you are saying you’re mad” logic – and yet the passage also suggests that he sees something innate, intrinsic about the mad, “unhealthy” mind (from the standpoint of the medical community or perhaps society more generally). One either has a healthy mind and therefore cannot hallucinate or one has an unhealthy mind and does not see hallucinations as hallucinations at all. That Settembrini sees imagination as having a part to play in the construction of madness proves that he clearly views madness as, not merely culturally constructed, but *individually* constructed in such a way that each person should be able imagine what they wish, “let themselves go,” and then retreat from their madness. It is, in fact, Settembrini who does his best to convince Hans that he does not need to stay at Berghof; rather, he has visited, had his fun among the locals, and should then return back to real life and reason.
And yet Settembrini’s monologue does a disservice to those who suffer from a mental illness. His cavalier attitude, his condescending rhetoric, his assumption that he can bring anyone back to reason is really an argument that true madness does not exist; surprising, given that Settembrini failed to convince Hans to leave Berghof and return to his life down below. Settembrini is the embodiment of Galtung’s cultural violence here: his monologues and his writings on illness (all philosophical, none medical) reinforce the direct and structural violence that mental health patients suffer from by essentially asserting that mental illness is a transitory state from which one can come and go. Galtung sees “violence as avoidable insults to basic human needs, and more generally to life, lowering the real level of needs satisfaction below what is potentially possible” (Galtung 292). Settembrini’s statements devalue the plight of the mentally ill and do violence to those who need the help of the medical community.

And now we have reached the two people in whom we may see echoes from chapters past: Dr. Behrens and Dr. Krokowski. Like Hill House and Shutter Island, The Magic Mountain owes much of its madness to the doctors who practice within its pages. Dr. Behrens is the head doctor at the International Sanatorium Berghof as well as its only medical doctor. Upon Hans’ arrival, Joachim describes them both: “Behrens is an old cynic himself – a regular brick, by the way, an old fraternity man and a brilliant surgeon, you’ll like him, seems to me. And then there’s Krokowski, his assistant – a very savvy character. They make special note of his services in the brochure. He dissects patients’ psyches” (Mann 9). Dr. Krokowski becomes sort of a terrifying figure to Hans: “Dr. Krokowski, who was lying in ambush for him in hope of subjecting his psyche to dissection, which aroused in Hans Castorp a wild, truly mad terror” (Mann 89). But as his time at Berghof wears on and Hans becomes in need of justification for his stay, Joachim sees Hans “vanish into the twilight of Dr. Krokowski’s analytical pit” (Mann 362). Joachim feels
betrayed by this sight and never mentions it to Hans, nor is it mentioned anywhere else in the novel, so we are left to conjecture its meaning and what the two men talked about in that “analytical pit.” Dr. Krokowski’s “field of study had always been concerned with those dark, vast regions of the human soul that are called the subconscious” (Mann 645) and, though he at first terrifies Hans, our ordinary young man finds himself a mix of jealous and offended when the doctor passes him over on his nightly rounds when Hans is still just a visitor at Berghof. Dr. Krokowski’s power over the patients at Berghof lies in the mystery of his profession and the subjects of his weekly lectures – the nature of illness, love, the mysteries of mental life. Like *Hill House*’s Dr. Montague, Dr. Krokowski’s influence is not precisely medical, it is premised on his knowledge of the psyche, subconscious, and, as I would imagine for Hans, the roots of our deepest desires. In her article “Novel Visions and the Crisis of Culture: Visual Technology, Modernism, and Death in *The Magic Mountain,*” Sara Danius argues that “Castorp is incapable of reading what he sees” (Danius 200). Because Hans cannot read himself, he is forced to submit to Dr. Krowkowski’s psychic dissection and for an explanation of his madness.

Dr. Behrens is the most authoritative figure at Berghof. He is the medical expert, the diagnostician, and therefore it is he who decides who needs to stay at the sanatorium and for what duration. And yet Dr. Behrens, for all his authority, once shared the affliction of his patients: “So he had taken up residence as one of those physicians who not only supervised people’s stay here, but also shared their sufferings, who did not battle disease from a position of personal wholeness and independence, but who bore the marks themselves…With all due respect, one must ask whether someone who is part of the world of illness can indeed be interested in caring or even nursing others the way a healthy person can” (Mann 130). This description elicits suspicions about the nature of recovery and the dichotomy, also discussed by
Settembrini, between the sick and ill. *The Magic Mountain* suggests that states of sickness and wellness are transitory, perhaps both residing within us, to be performed at necessary moments. Hans becomes ill when he wants to stay at Berghof; Dr. Behrens becomes well when he wants to run Berghof as his own. This does not suggest that madness is transitory, but that it is constructed by others, that one can be influenced into the illness.

When Hans first meets him, the doctor insists that Hans is not completely well and would benefit from the rest cures taken by all of the Berghof’s patients. Dr. Behrens is of course the one who submits Hans to his first x-ray, a defining moment for our protagonist. The doctor originally sees Hans’ “decision” to stay as a triumph, but as the years pass, Dr. Behrens gives up hope for finding a cure Hans and thinks of him a regular mainstay of the sanatorium, unlikely to ever depart. Dr. Behrens is something of a celebrity of at Berghof; patients eagerly look forward to dining with him as well as his description of their illnesses. When Dr. Behrens takes Hans’ temperature and replies: “Not at all untalented for a beginner” (Mann 171), he gives Hans a sense of belonging at Berghof. Dr. Behrens legitimizes Hans’ stay and cements his freedom while confining him to his bed for weeks.

**II. “A man changes a lot of his ideas up here.”**

The International Sanatorium Berghof is a singular space; but it has similarities to other public spaces such as a hotel, it allows for the co-mingling of its residents while also including private quarters; like a spa, it has a certain focus on relaxation and wellness. Similar to a liminal space such as the seashore, Berghof is, like where the tide meets the sand, a place where differences are largely elided.

Differentiating itself from spaces such as spas or hotels, Berghof provides new social codes and status symbols for its guests. First upon Hans’ arrival, he notices that men are not
wearing hats – his first clue that things are a little off at his destination. He learns from his cousin that such things as fur-lined sleeping bags for use during rest cures and mercury thermometers are marks of both luxury and serious illness – really, marks of belonging at Berghof.

In fact, Hans learns that the ultimate status symbol at this strange place at which he’s arrived is nothing material at all – it is rather one’s severity of illness. In simple terms, one’s temperature. Once Hans gains his elevated temperature (and, by extension, his thermometer and sleeping bag), he is secured a more-or-less permanent place at the sanatorium (in Mann’s words, “Hans Castorp counted now” (187) and grants him a freedom from his industrial life back in Hamburg.

Language symbolizes the difference between the space of the Berghof and the place from whence Hans came. Joachim introduces him to the phrases “up here” and “down below” – as in: “Three weeks are almost nothing for us up here…’Home in three weeks,’ that’s a notion from down below” (7). At first, this delineation upsets Hans, makes him worry about his cousin’s soundness of mind. Of course, he later adopts it and becomes himself someone “up here,” markedly different from the Hans from “down below” that arrived. As Laura Otis points out, in her article “Thomas Mann: The Tigers of Wrath and the Origin of Cholera,” “In his fiction, however, Mann explores the same anxieties about the violation of borders and the use of boundaries to construct identity” (Otis 149). So what happens when Hans from “down below” crosses the boundary and becomes Hans “up here”? Almost the whole of Mann’s novel attempts to answer that question, and the answer is, I would argue: he succumbs to madness. As Bachelard argues that “The dialectics of here and there has been promoted to the rank of an absolutism according to which these unfortunate adverbs of place are endowed with
unsupervised powers of ontological determination” (Bachelard 212), the use of “here” at Berghof determines one’s mental state.

At the very start of *The Magic Mountain*, Mann’s narrator expounds on the essence of space:

Space, as it rolls and tumbles away between him and his native soil, proves to have powers normally ascribed only to time; from hour to hour, space brings about changes very like those time produces, yet surpassing them in certain ways. Space, like time, gives birth to forgetfulness, but does so by removing an individual from all relationships and placing him in a free and pristine state – indeed, in but a moment it can turn a pedant and philistine into something like a vagabond. Time, they say, is water from the river Lethe, but alien air is a similar drink; and if its effects are less profound, it works all the more quickly. (Mann 4)

Here Mann posits the ultimate way to cross a border— to begin anew, brainwashed from all of the learned stereotypes of home. While this does not happen to Hans on his train ride to the Berghof, as the train is quickly putting miles and miles of space between he and home, the more time that Hans spends at Berghof, the stronger the impact this strange space has on him. At first sent into hysterics at the idea of frequent rest cures, he eventually not only finds them not strange, does not just accept them as the idiosyncrasies of others, but looks at them as necessities – to his health, and therefore his protected place at the sanatorium.

In an illustrative example of this from the novel, Hans’ Uncle James arrives to visit his nephew with the hopes of bringing him back “down below.” Upon arrival, Uncle James experiences the same unsettling feelings as Hans did upon his arrival years before. After interacting with Hans, the doctors, and other patients at Berghof, Uncle James concludes that “he
was now the guest of a world, a social community” (Mann 426) – completely distinct from his world, the world Hans left, down below in Hamburg. Somehow, the spatiality of the Berghof allows its inhabitants to create a social community that alarms visitors yet entraps a majority of them – Mann’s narrator takes care to point out that many guests of the Berghof come and go throughout the years, as if leaving for good is only achieved through death, or as the novel concludes, war (death and war being arguably interchangeable).

A look at the “intimate sites” that make up Berghof highlights its singularity in comparison to other social spaces. Like a hotel, there is a dining room (though with a finite number of tables and assigned seating), individual rooms, and, to some extent, outdoor extracurricular activities such as carriage rides and hiking. But what is more intimate than the X-ray room – where Hans first comes in to contact with an interior portrait; a moment that is really a defining one for him, signaled to the reader by the phrase: “he crossed the threshold into the X-ray room” (211). Once inside, Hans sees the X-ray room as follows: “You could make out clinical apparatus of various sorts: glassware, switch boxes, and tall vertical gauges, but also a camera-like box on a rolling stand and rows of glass photographic plates set along the walls. You couldn’t tell if you were in a photographer’s studio, a darkroom, or an inventor’s workshop and sorcerer’s laboratory” (211). Mann provides us with his own topoanalysis here – describing the various ways in which the room could be read. But how do we read it armed with knowledge of its workings and the foresight of its effects on Hans? Entering a space that literally allows one to see inside another transfixes Hans, he is moved almost to tears upon sight of his cousin’s heart. While the purpose of getting one’s interior portrait taken at Berghof is to ascertain the degradation of one’s health, x-rays have the normative effect of showing all of our similarities.
Lungs, a heart – underneath our learned values and culturally prescribed morals, we are all made up of the same things and in this way, the x-ray room at Berghof is the epitome of equality.

But the x-ray room also has an uncanny, maddening effect on Hans. He becomes obsessed with the idea of interior portraits – his and others – attributing to them more meaning than actual exchanges. He says to his unrequited love Madame Chaucat: “Well, I have seen your exterior portrait. But I would much prefer to see your interior portrait you have locked up in your room” (334). After Hans has his own first-hand experience in the room, he carries around his x-ray as an almost uncanny double of himself. In a conversation with his fellow patient, the philosopher Settembrini, Hans begins: “I did indeed receive it,” Hans Castorp confirmed with importance. “Just recently. Here it is.” And he reached for his inside breast pocket. [Replies Settembrini] “Ah, you carry it in your wallet. As a kind of identification…” (238). It would appear that it is precisely the spaces that make Berghof a singular liminality that invade Hans’ psyche and create an uncanny atmosphere whereby space holds a powerful sway. The x-ray itself is, of course, a double, a doppelganger, a symptom of the uncanny that Hans carries about with him at all times. And remember that while we are taking Hans as our example, many visitors to Berghof fall under the same spell – though the novel takes pains to contrast him with a few free-thinkers.

The International Sanatorium Berghof also exhibits “the way in which one type of violence may be reduced or controlled at the expense of increase or maintenance of another” (Galtung 293). While Berghof is not an institution or a hospital, it does do its duty as a space of quarantine – a space where tubercular patients go to keep from infecting the larger citizenry. Its idyllic landscape, rich food and drink, and novel technology veil the more malevolent separatist goal of the sanatorium.
III. “Wait! Look out! An epoch begins! For me!”

Bill Brown has integrated and furthered the work of both Freud and Bachelard with his “thing theory” – adding a material element to the construction of a space’s atmosphere and power and, therefore, of the subjects housed inside. Brown, in his “How to Do Things with Things (A Toy Story),” attributes “the uncanniness of everyday life” to the moment “when the object appears to assume a life of its own” (939). While he does credit Bachelard with “imagining how built space constructs the human psyche,” Brown faults him for ignoring the power of objects located within such space. For Brown, objects may become part of our “cultural nightmares” (943) and may be just as transformative as space itself whereby “psychic survival depends on saturating the object world with significance” (941). Whatever their theoretical disagreements, I find that Bachelard and Brown work nicely together for a more encompassing psychoanalytic approach to the spatiality of Berghof and porous boundaries of the psyche.29

X-rays are far from the only things – in Bill Brown’s sense – that Hans incorporates into his life at Berghof. First is a thing brought from down below – his cigars, called Maria Mancinis. Hans brings enough Maria Mancini’s with him for his 3-week stay, claiming “if a man has a good cigar, then he’s home safe, nothing, literally nothing, can happen to him” (Mann 47). He animates them in his discussion with Dr. Behrens: “Of course she has her little moods, but the quality control must be especially exacting, because Maria is very dependable and has an

29 Danius also relates the space of the Berghof to the things inside. She argues that “Mann’s optical toys thus situate the world of the novel in a space of physiologically based vision, emancipated and instrumentalized all at the same time, a space, in short, haunted by the asymmetrical relationship between the object of perception and the perceiving subject. As a theme, this unbalanced dichotomy will resound in later sections of the narrative, prefiguring, in particular, Castorp’s experience of how his body’s opaque interior is articulated by the X-ray” (Danius 187-188). Her assertions, while interesting, are related more to the nature of visuality in the novel and, therefore, outside the scope of this chapter.
of course, the “little moods” he describes began occurring upon his arrival at the sanatorium, where his first Maria Mancini did not bring him her usual joy. For Brown, this moment is transformative:

We begin to confront the thingness of objects when they stop working for us: when the drill breaks, when the car stalls, when the windows get filthy, when their flow within the circuits of production and distribution, consumption and exhibition, has been arrested, however momentarily. The story of objects asserting themselves as things, then, is the story of a changed relation to the human subject and thus the story of how the thing really names less an object than a particular subject-object relation. (Thing 4)

The moment Maria ceases to continue providing her designated function is the moment she “comes alive” and has the power of thing-ness. Further, he imbues the cigars with “psychic significance” as he thinks: “Did not Maria act as a kind of connection between him, a man withdrawn from the world, and his former home in the flatlands?” (Mann 381). When he eventually ceases ordering his Maria Mancinis to be shipped to him from down below, that is a significant moment for Hans, a total break with his former life.

Though Hans is only a young man, he intuits the meaning that any new procurements will have on his stay up in the Alps. On his way to town one day:

He even briefly considered whether he ought not to buy a sleeping bag, but backed off from that – indeed felt somewhat frightened by the idea. “No, no,” he said, “we’ll just stick to the blankets. I’ll find some use for them again down below – people have blankets everywhere. There’s nothing so special or sensational about blankets. But a fur-lined sleeping bag is much too distinctive – you see what I mean? I’d feel as if I were planning to make myself at home here for good, as if I’d become one of you, so to speak.
So then, I’ll not say anything more about it, except that there would be absolutely no point in my buying a sleeping bag for just these few weeks. (Mann 93)

Hans’ nervous chatter underscores the clear link between space and things, a relationship that he is powerless to defend himself against.

In a chapter about “important procurements,” Hans, having just had his temperature taken from a nurse and received his first elevated temperature, purchases a mercury thermometer from her (Mann 165). In the exchange where he faux-casually tells his cousin about his elevated temperature, the significance of this event is evident: “You took your temperature? With what?” Joachim cried, stunned. “With a thermometer, of course,” Hans Castorp replied, not without a mixture of severity and scorn” (Mann 167). Joachim’s reaction to Hans alerts the reader that this is, of course, not a casual purchase, but indeed an important procurement – really, it signifies Hans’ transformation from a visitor of the sanatorium to a patient there. He breaks down the boundaries between himself and the rest of the characters “up here,” makes himself at home, with this thing, this thermometer. Both Joachim and Hans imbue the thermometer with a “talismanic potency” (How 940) that has both the ability and the power to make decisions about their own lives.

These things Hans collects – as there are many more – in his 7 years at the International Sanatorium Berghof reflect his psyche’s formation by the space of the sanatorium itself. Only to depart when forced to serve in World War I, we last see him on the battlefield – another great equalizer – embodying a more dangerous cultural nightmare – really, a thermometer in the form of a weapon.
America’s Magic Mountain

Curtis White’s 2004 novel America’s Magic Mountain is a re-imagination of Mann’s novel. The later novel is a contemporary take on The Magic Mountain with textual borrowing (the title, the protagonist named Hans Castorp, the isolated setting). His Berghof is an alcohol treatment center called The Elixir, set in an old strip mall near Chicago. And yet, rather than be “cured” of their disease, “patients” at The Elixir are encouraged to embrace their disease – meaning that the therapy and treatment for alcoholism is to sit in a room alone at night, drinking vodka and watching Hawaii Five-0; essentially, to become a functioning alcoholic. For social movements, the potential importance of embracing a diagnosis or way of life cannot be underestimated. When shame can be erased, public perception has a better chance at shifting as more and more mentally ill people can “come out” and show themselves as people rather than violent criminals as they are often depicted in the media. Rather than merely writing Hans as having no control over his newfound addiction or as a stereotypical drunk, the narrative demystifies diagnoses of addiction by revealing the other toxins in our everyday lives that we have accepted (specifically, White’s satirical choice of a recovery center in an abandoned industrial park where people live in abandoned fried chicken restaurants suggests that our capitalist system produces poisons that we ingest everyday).

Curtis White is a professor of English at Illinois State University as well as an author of many books, most notably Memories of My Father Watching TV (1998), Requiem (2001), and The Middle Mind: Why Americans Don’t Think for Themselves (2003). White’s most recent book, The Science Delusion: Asking the Big Questions in a Culture of Easy Answers, was published in 2013 and received highly critical reviews.³⁰ His non-fiction work is cultural

criticism and his fictional America’s Magic Mountain continues much of his critique through his satire. In The New York Times review of the novel, Jamie Manrique writes that White “lacks the savage heart and merciless intellect of a true satirist” and claims that America’s Magic Mountain is an “an ill-conceived, anemic satire:” an overly harsh critique that nevertheless makes plain White’s effort to deconstruct American culture. The Village Voice is kinder to White, calling the novel “a thin but humorous dissection of the American education system, liberal banality, and so-called “boutique diseases.””

Overall, there are fewer people and things in America’s Magic Mountain merely because the novel is over 400 pages shorter than its counterpart; however, the concept of spaces within it is slightly more varied as the buildings that make up The Elixir are varied and repurposed so they come with a history all their own.31 In terms of the people that largely affect Hans’ mindset, there are his cousin Ricky, the child Teddy, Cecile, the Caring Caravan International, and the three establishment leaders: Mayor Jesse, Reverend Boyle, and Professor Feeling. Many of the ideas about space are from the buildings that make up The Elixir, abandoned establishments such as Daffy’s (a fried chicken chain used as a cafeteria) and Mr. Donut (a pastry shop converted into a dormitory). But the novel also considers the many spaces in a home as formative to the healthy family. Aptly enough, the things that begin to drive Hans mad correspond to both The Magic Mountain and Mann’s Hans: an old copy of The Magic Mountain, his German coffee maker he has brought from home. The madness on display in America’s Magic Mountain may seem more familiar to us, and there is more explicit talk of illness, recovery, and mental life; whether or not that is related to a greater familiarity with the disease (we see alcoholism more than tuberculosis), the fact that Hans majored in Industrial Psychology and therefore thinks clinically

31 White’s novel engenders the question of what might happen to all of our capitalist public spaces (stores, coffee shops, etc.) in a post-capitalist world. This is not a question I can delve into here, or would be answered in the scope of my project, but perhaps a future mode of inquiry.
about these ideas (whereas Mann’s Hans would think more philosophically), or because White molded his characters after personalities that we see today, is debatable.

I. “you have your own distinct conditions”

Here Hans Castorp is once again an ordinary young man on his way to visit his cousin before beginning a career at the Caterpillar Company (a large, well-known corporation). This time, Hans has been sent by his Aunt to check on his cousin Ricky, a patient at The Elixir. Upon his arrival, Hans’ reaction is quite similar to his earlier counterpart: shock, nervousness, fits of hysterics. But as the story goes, eventually Hans morphs from insisting that he is completely healthy to becoming a permanent fixture at The Elixir. Arguably, the extent of his madness may be even greater than Mann’s Hans, as The Elixir is a much less pleasant place to wile away a lifetime than Berghof. White’s Hans is much more anxious, perhaps because the people that surround him and The Elixir itself display malicious qualities, their madness unhinged and unpredictable. Hans becomes an uncanny figure to himself in the place: “Anything which was less than completely familiar (and in this place even his hands looked a little alien) filled him with anxiety” (White 118). Eventually his anxiousness can only be cured with the siren song of the alcohol that is more than plentiful at The Elixir. White’s narrator states: “Hans Castorp got “worse” during his visit to his cousin at The Elixir. No fair-minded person would deny this. Why did Hans get worse? In what sense did he get worse?” (White 189). In one sense, of course, Hans is worse because he becomes an alcoholic and essentially gives up his career. Why he got worse is a question with more speculative answers, though I argue that Hans got worse – become mad – because of the effects of the people, space, and things that surround him at The Elixir.

Hans’ cousin Ricky bears no resemblance to Joachim. He is crass, brash, overbearing, and condescending; though, he is a well-loved fixture at The Elixir by the authorities and patients
alike. Upon Hans’ arrival, Ricky claims: “My doctor has recused himself of my case” (White 21), essentially bearing the responsibility for himself. Hans find this ridiculous, of course, but Ricky has succumbed to The Elixir’s fluid ideas about recovery that Hans at first does not understand. Hans and Ricky do not spend much time together; it is not long before Hans realizes he cannot count on Ricky as a comforting presence. Cecile is White’s answer to Clavdia. Cecile’s relationship with Hans is much less interesting and complex than that between Clavdia and Hans. I mention her only because she becomes the closest thing to a comforting presence to Hans at The Elixir. And yet, he is still terrified of her and her sexual promiscuity. Essentially, Hans has no anchor at The Elixir and is therefore at the whim of its madness.

A notable difference between Berghof and The Elixir is that children live at the latter. The children of patients stay there with their parents, and, if their parents expire at The Elixir, many of the children just continue to roam around the place, sometimes working, mostly harassing Hans. One particular child, Teddy, haunts Hans from the moment he arrives. Like Ricky, Teddy is incredibly rude and crass (though this more shocking for the reader and Hans since Teddy is a child). Teddy has a constant bloody handprint on the back of his t-shirt, the presence of which haunts Hans throughout the novel. At times, Teddy tries to counsel Hans, to show him the way of The Elixir and it is Teddy who eventually explains to him their “rest cure:” drinking alone in front the television all night. Even on his own, Teddy is a large contribution to the madness of the space. He acts in unexpected ways for a child, his moods are unpredictable, and his physicality (the handprint, his poor hygiene) disarms Hans.

Another strange function of The Elixir is the services of a group called Caring Caravan International. Hans meets the women in this group as he enters the Mr. Donut to go to his room: “We are from Caring Caravan International, a far-flung business enterprise established to make
strange places feel like him in our mobile society, so that everywhere is our home and no place is foreign, no, not even if you were in colorful Kabul, and we are your basket ladies!” (White 95). While the Caring Caravan International is also clearly related to space, their effect these ladies have on Hans is so disarming that it is more their presence than their message that is important here. Like the Half-Lung Club, they stun Hans momentarily; really, make him feel as if he has entered a madhouse with crazed, yelling woman who refuse to leave him alone.

The Elixir has three authority figures: Mayor Jesse, Reverend Boyle, and Professor Feeling. They represent “administration and the rule of law,” “orthodoxy,” and “intuition and invention,” respectively (White 39). All three of them are barely comprehensible and in no way contribute to the patients leading any sort of healthy lifestyle. Reverend Boyle occupies no real important function for Hans as he acts mainly as a counterpart to Ricky. Though, like Dr. Behrens and Dr. Krowkowski, they do all believe that everyone is sick (and in need of a little vodka). At one point in his stay, Hans sits down with the purpose of interviewing Mayor Jesse. While most of the text is nonsense, the Mayor does talk somewhat lucidly about the place of The Elixir within the community and with the government. He claims:

It’s because the state of Illinois is afraid of us is what it is. Sure, they got questions about our methods…’Funding’ gives them a little bit of contact with us, if not influence. Sure as hell ain’t control…alcohol don’t hurt nothin’! It helps families, man. It is part of the Ritual of Family Life and has been for some time…where is this cure at? You call this “better” than something else?...But we got irregular means…A mean deprivation of human rights is more like what it was. (White 154-157)
For all his nonsense, Mayor Jesse elicits the fundamental question of who gets to decide what is “better” or “worse” – “reasonable” or “mad”? In the Mayor’s mind, and the minds of all those at The Elixir, it is madness to force a drunk father to become sober.

Of the three, Professor Feeling occupies the most prominent space in Hans’ mental life, but it appears that Hans does not realize this is the case. Like Dr. Behrens, Professor Feeling lightly mocks Hans when the young man insists that he is only visiting The Elixir and staying a short while: “So let me understand….nothing for you to recover from, eh?” (White 116). But Hans Castorp and Professor Feeling have a more storied past. Though Hans fails to remember or stubbornly refuses to make the connection, it becomes clear that Professor Feeling was once sent to study the Castorp household and make recommendations for a course of action for its alcoholic patriarch. In fact, the Professor began a sexual relationship with Hans’ mother and become a father-figure to Hans and his sister for at least one Christmas. This flashback gives the reader a glimpse into Hans’ past and his relationship with alcoholism as well as the irreverence of Professor Feeling for the patients with whom he works. So while the influence of Dr. Behrens and Dr. Krokowski is more implied and somewhat informed by the medical knowledge of the time, it seems clear that the authority figures at The Elixir have a more obvious effect on the madness of the place because of their unprofessional natures and incomprehensible behavior.

II. “Having a cup of tea in that psychic landscape is not so restful, old boy.”

The Elixir is described as “a recovery spa” that caters to “boutique diseases” (White 1-2). The narrator suggests that the novel belongs, not to Hans, but to The Elixir itself: “Its peculiar history is at the center of much of our story. Regional spas and their cures were being featured on the covers of every upscale magazine in the country” (White 2). And yet, The Elixir’s description elicits no sense of “the not-I that protects the I:” “These buildings seemed simply
enormous, unmoored and dangerous” (White 19). Like Hill House, the spaces themselves are maddening, with extreme emotions all their own: “You can practically see the buildings weep” (White 91). The danger of the place is summed up by Professor Feeling’s statement that “this place, this place of Cure, it can kill you. It is a dangerous place” (White 129). In this way, The Elixir becomes a madhouse because what it actually is is not what it should be. Rather than “a recovery spa” where one recovers, it is a “dangerous place.”

Even Hans’ room in the Mr. Donut is unsettling to him. The Mr. Donut building itself speaks to Hans (White 174-175) and “seemed to understand Hans better than he understood himself” (White 176). His room is more malevolent: “Hans was beginning to think he didn’t much like this room in which books hid bottles and the TV seemed to open out to other hidden realms. Never mind Aunt Pearl’s efforts to make him feel welcome. Such a welcome had its own strangeness. What else did this room hide?” (White 102). Hans’ room has an unheimlich quality, it is like a haunted house that masquerades as a protective home. But we learn that Hans has always had such a suspicion of space. When Aunt Pearl (of Caring Caravan International) is helping to welcome him to his room, he thinks: “But haven’t we always found that doors, veils, drawers, coverings, anything which hides something else from less than frankly open view, haven’t we always found this closing off, this shutting in, this hiding to be suspicious, even sinister? Doors, who trusts ‘em? On the other side of the door, isn’t that your girlfriend having sex with her drama coach?” (White 96). Hans’ fear that one will always be betrayed by space is elided at the spa where “many of the qualities of The Elixir which were first disturbing became more familiar” (White 131). Hans’ feeling is theorized further by Brown’s reading of Bachelard:

When Gaston Bachelard defined hybrid objects in 1957, he was imagining how built
space constructs the human psyche. He described how drawers and chests and wardrobes exist as “veritable organs of the secret psychological life,” how they serve as a kind of phenomenological prosthesis, providing “images of intimacy” without which “our intimate life would lack a model.” These are the things he called “objects-subjects.” He understood their hybridity to result from their capacity as objects to produce subjects, for without a sense of the secretness of our secrets we would hardly be who we are. (How 942)

This notion of “objects-subjects” is something we see in both *The Magic Mountain* and *America’s Magic Mountain*, yet White writes these objects-subjects with much more terror. Mann’s Hans is mildly irritated when his cigars are no longer relaxing, White’s Hans is borderline terrified when his coffee maker whirs incorrectly. Because White is critical of the toxicity inherent in a capitalist society, his attitude towards the things that define us (for Hans, his coffee maker) is merciless. He notes how they can deceive us (what looks like a book is merely hiding spot for what ails us), how they terrify us, and how lost we are after they fail to produce us as subjects.

Hans uncanny spatial experience here illustrates the influence that the “images of intimacy” at The Elixir have over him, and its contribution to his descent into madness. Hans himself recognizes this powerful influence:

Well, on the one hand I’d say I’m feeling a lot better. But I’m not sure that that should make a lot of sense because there was nothing wrong with me when I arrived here…This place may be salutary for the sick person, but for the well person, it is contagious…But perhaps what’s being revealed is that I’m not well at all! That’s the scary thing. I’ve been ill all these years and I didn’t know it. Perhaps my experience here is simply making
clear to me that I really needed the therapy. Like the Mayor says, ‘Never saw a boy who couldn’t use a little treatment.’…I’m so confused. I’m miserable, and yet I’m starting to like it here. I’m getting to the point where it’s difficult to imagine my life without this place. (White 191)

The idea that alcoholism would be contagious is, of course, not medically sound, so we may take Hans’ statement to mean that the space itself causes not a sickness per se, but madness. Hans realization that he fits in among the mad people changes his own feelings about whether or not he belongs there, but also what it means to be truly happy in a space – which, for Hans, does not mean “truly happy” but merely “not miserable” or on the path to recovery.

Another important space discussed in *America’s Magic Mountain* is the family home and the Ritual Family Room. The medical and social studies within the novel suggest that the home is the root of alcoholism and that many of the rituals and traditions within the home depend on it. The novel show graphs made during the Castorp family case study depicting where members of the family dwelled within the house:

The study team carefully mapped the Castorp home for its available spaces and entered them on a grid. The available spaces were living room, dining room, kitchen, master bedroom, second bedroom, bathroom, front porch, front yard, backyard and hamper. (Note: the team was obliged to add “hamper” because on several relevant occasions young Hans [thirteen at the time] got into the dirty clothes hamper and closed the top down on himself, in which place he stayed for hours at a time or until a particularly noxious scene could be concluded). (White 179)

Hans has a history of utilizing unexpected spaces for comfort and safety, as an escape from his alcoholic father. Notably, during the time when Professor Feeling was acting as his father-figure,
Hans rarely hid and rather spent most of his time in his bedroom or with the family in the Ritual Family Room.

The studies of the home revealed that the most important space in the home was the Ritual Family Room. The alcoholic patriarch asserted his dominance and the traditions of the family were upheld in this space. The father had, for example, unrestricted access to the armchair and the television remote, even if he was asleep in front of the television. Any disturbance in the power dynamics of the Ritual Family Room would shake the every aspect of family life. That the spatial dynamics of his home were important to Hans’ development may not have been realized by a young Hans, the Hans of The Elixir recognizes the need for at least some escape: “But it occurs to me that healthy people ought to go for a walk in the evening if the weather allows. I think they say it’s salubrious. But we should not huddle together in a Quonset Hut. There’s nothing healthy in that. I can’t say why I think this, but I do” (White 214). Unfortunately, Hans’ walk proves less than invigorating and his return to The Elixir is not a triumphant one. Instead, he gives himself up to the mad spaces that make up the place and lets his mind wander within them. Mann’s Hans experiences a similar urge for a walk through nature and, though his meandering is also partially frightening due to his getting lost and perhaps ill, leads him to epiphany regarding Clavdia and Pribislav. The spatial differences in the novel may attest to this difference: the industrial setting of America’s Magic Mountain denies Hans any sort of natural remedy for his anxieties. While Mann’s novel plays on the common use of nature and fresh air as a cure for nervous ailments, White limits the space where Hans may roam and, in essence, allows him no escape from his madness.
III. “Oh, occasionally things go a little cuckoo”

One of the first things Hans comes into contact with in his room is a copy of Thomas Mann’s *The Magic Mountain*. As Hans examines it, he thinks: “there was something strange about the book. He was reading the phrase, “the agreeable sensation of being totally lost and abandoned,” when he felt a “softness” in the book’s center. If he pressed in the middle of the page, the book sprang back, like pressing the “soft spot” on an infant’s head. He turned curiously toward the center of the book and, ouch!, a half-pint of vodka fell out and banged against his sternum” (White 43). So Hans’ first experience with a thing at The Elixir is already a mysterious one. A book that is not a book at all. This moment is also an interesting take on cultural violence whereby the staff at The Elixir has actually manipulated a cultural form (literature, in the form of *The Magic Mountain*) to further their own agenda (to turn Hans into a functioning alcoholic). The manipulation of things is much more overt in White’s novel, engendering a more sinister quality to the Elixir than the Berghof.

Like Mann’s Hans who needs his Maria Mancini’s from “down below,” White’s Hans brings with him “his own handsomely engineered German coffee-maker” (White 64). When Hans finally settles in to enjoy his routine and the cup of coffee at the end of it, he finds that the routine is impossible to follow satisfactorily, that turning on his coffee grinder somehow elicits a jarring sound from some other mysterious place. This is a jarring sensation for Hans, “Like turning the ignition on the car and hearing the neighbor’s lawn mower” (White 65). Hans’ one comfort, his one thing from home, is ruined in a moment.

The things that effect both Mann’s and White’s Hans’ illustrate “how inanimate objects constitute human subjects, how they move them, how they threaten them, how they facilitate or
threaten their relation to other subjects” (Thing 7). Really, Brown is describing how things can manipulate our mental life such as we become, or appear, mad.

**Conclusion**

In his book *Crazy Like Us: The Americanization of the American Psyche*, Ethan Watters claims: “Individuals in a given place and time will react to illness similarly, in other words, because they share the same limited repertoire of cultural scripts for how to play their part” (Watters 160). Analyses of *The Magic Mountain* and *America’s Magic Mountain* illustrate a microscopic view of two given places and times, where the scripts are being re-written and two protagonists are learning how to play their new parts. For both Hans’, their place and time leave them wanting – a metaphor for escaping the all-consuming glorification of fascism and the high-pressured economy of capitalism. As works of politerature, the novels remind us that having a “limited repertoire” of how to acceptably live one’s life creates confusion and madness among those who are questioning or dissatisfied. The Hans’, like Eleanor, are merely looking for an alternate way of life and, in doing so, succumb to a madness that allows them to be themselves among the mad people.
Works Consulted


CHAPTER V
CONCLUSION

“Since prisons and madhouses exist, why, somebody is bound to sit in them. If not you, then I. If not I, some third person. Bide your time: when in the distant future prisons and madhouses will have gone out of existence, there will be no bars on windows nor hospital robes. Of course, sooner or later, such a time will come.”

Anton Chekov, “Ward. No. 6”

The summer that I finished writing this dissertation coincided with the release of Baz Luhrmann’s *The Great Gatsby*. Like many other English majors, I eagerly anticipated seeing *Gatsby* on the big screen, especially as played by Leonardo DiCaprio. But as the film began, there was something new to the narrative: a sanatorium. In Luhrmann’s story, the narrator Nick Carraway begins writing his novel *The Great Gatsby* while in a sanatorium being treated for alcoholism. It is his psychiatrist who urges him to write the story of his memorable summer with Jay Gatsby. As a narrative device, this afforded Luhrmann an easy opportunity to introduce his narrator; but this choice also highlights the how far madhouses and mental illness have permeated our culture.

Analyses of *The Haunting of Hill House*, *Shutter Island*, *The Magic Mountain*, and *America’s Magic Mountain* reveal that literature represents madness as culturally constructed for its contemporary moment. The novels illustrate that madness is often located in a particular space and stimulated by the people and things that surround us everyday. As we live in an increasingly virtual world, this focus on space suggests that there are still ways in which we rely on space to protect us and are surprised when it fails. In a literal or metaphorical way, Eleanor, Andrew/Teddy, Hans, and Hans each set out on their journey seeking some sort of asylum, a safe haven from their past, their future, or from the societal constraints of their time. They end up, of

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32 The recent article “Loneliness is Deadly” argues that our increasing dependence on virtual space is actually dangerous and that loneliness is akin to a mental disorder such as depression. Please see http://www.slate.com/articles/health_and_science/medical_examiner/2013/08/dangers_of_loneliness_social_isolation_is_deadlier_than_obesity.html.
course, at a very different kind of asylum that fails to be “the non-I that protects the I.” In Hill House, Eleanor finds her struggle come to life: the tension between her desire to tidy the kitchen and her desire to share an apartment with Theo acts itself out through rooms that come alive and a house that disorients at every turn. At the Ashecliffe Hospital for the Criminally Insane, Andrew/Teddy embarks on his own journey to safety by the way of a role-playing narrative that will hopefully cure him. Teddy arrives on Shutter Island with the thought that he is there to keep it safe – to solve the mystery of a missing woman. Because he fails to realize that he is part of an elaborate experiment on the part of his doctors, he only slowly recognizes the dangers that the space of Ashecliffe affords. From the bars that incarcerate prisoners in Ward C that would act as a death sentence during a storm to the landscape of Shutter Island that disallows any sort of escape (and therefore total control by the doctors and wardens of Ashecliffe), Shutter Island, like Hill House, challenges our dichotomous ideas about safety and danger. Shutter Island’s cultural moment is defined by the struggle throughout the mental health community as well as fears about war and the seemingly boundless limits of human torture. The space of Ashecliffe and Shutter Island is meant to protect the public from violent madmen, but it cannot protect us from the madness that exists outside its authority. Thomas Mann and Curtis White offer two examples of madness in the form of escapism. The Hans’ use their quasi-medical facilities and the power afforded to the doctors who practice there, despite their vested interest in recruiting patients for their facilities, as a means to find security from a world that demands too much of them. As cultural and political critics, Mann and White write protagonists who cannot handle the world they exist in and use diagnoses to escape from what they see as the madness “down below.” The madness exhibited in Eleanor, Andrew/Teddy, and the Hans’ illustrate how the Freudian notion
of the uncanny -- epitomized by the haunting of a “repressed which recurs” and the concept of
the double – may be exacerbated by both spatiality and materiality.

Contemporary popular culture provides us with other texts within which to consider this
madness. A further study might analyze texts such as *Silver Linings Playbook*, a recent
successful film adaptation in which both protagonists suffer from mental illnesses. Televisions
shows such as *United States of Tara* and *The Bridge* depict characters that suffer from mental
illnesses (notably, both female) yet attempt to live a “traditional” life outside of a madhouse.
*American Horror Story* represents the brutal, violent nature of mental illness, and as it morphs
into *American Horror Story: Asylum* may show how contemporary ideas about
institutionalization are still affected by the horrors of the institutions pre-1960. Further, future
study should consider multi-ethnic depictions of madness. Gabriel Garcia Marquez’s short story
“I Only Came to Use the Phone” provides a fascinating look at the stigma of merely arriving at a
sanatorium. Roberto Bolaño’s epic *2666* is truly a study in various forms that madness takes,
both in characters and narrative.

At the pedagogical level, I hope to see courses offered on politerature and the effects of
spatiality on mental illness, as well as a stronger relationship between humanities departments
and social action networks on campuses. Utilizing Galtungian theories about real-world violence
as a means to reveal the ways that fictional texts can help to shape mental health social
movements is a new way to think about teaching theory as social responsibility. The case studies
I considered here can act as templates for further inquiries into this topic. In a sense, I have
introduced theory as praxis, harnessing a new of reading as literary analysis for social good. By
demystifying particular types of violence, both invisible and visible, practical social justice
changes can occur through awareness of injustice against the mental health community and
utilization by social groups such as MFI and others discussed here. Though we often practice politically liberal readings of fiction within the academy, that is certainly not the case in all departments in all universities, and those readings do not often consider that needs of social movements to enact real social change in the world we live in today.

In this moment, in America, we are experiencing a new kind of institutionalization: prisons as de facto insane asylums. In an article from August 3, 2013, The Economist exposes that “Depending on how you measure it, Sheriff Dart’s jail [in Cook County, Illinois] is either the largest, or second-largest, mental-health institution in America. On any given day in Cook County jail one building is home to between 2,000 and 2,500 people with diagnosed mental illnesses” (“Locked in”). Because of funding cuts, massive deinstitutionalization, and a pharmaceutical culture that promises cures for any illness imaginable, those with severe mental illnesses today are left on their own, or with their families, to struggle through everyday life. The imprisonment of the mentally ill only reinforces the stereotype that they are hopelessly violent and dangerous. While Mad Pride groups seek to help those stuck in institutions or to feel more at home with their diagnoses, our current moment is in need of a movement that creates safe spaces for those who are otherwise criminalized and incarcerated. If “funds for the mentally ill remain a soft target” (“Locked in”), then grassroots community organizing and social justice movements may be the only hope that the mentally ill have to achieve some help and dignity in America today. Structural violence will certainly continue in the absence of any catalyst otherwise, especially bolstered by our culturally violent media that often depicts the mentally ill as madmen.

In The Medicalization of Everyday Life, Thomas Szasz writes that “we cannot be sick or die without the clinician, whether we want him or not” (7) and as long as clinicians continue to
depend on texts such as the *DSM* and pharmaceutical conglomerates, it will be a challenge to convince ourselves that “letting go” is anything but a serious illness requiring drugs or incarceration. Szasz’s distaste for the clinician and his “insistent hospitality” reiterates the dangers that doctors pose to their patients when they force their diagnostic criteria and courses of treatments on unsuspecting victims, as do the doctors analyzed in these chapters.

Ethan Watters provides a cautionary tale when he describes the impact of Americanization: “Our golden arches do not represent our most troubling impact on other cultures; rather, it is how we are flattening the landscape of the human psyche itself. We are engaged in the grand project of Americanizing the world’s understanding of the human mind” (1). Watters is concerned that American exports have reached much farther than McDonald’s, and that this exportation has clear ramifications: “It turns out how a people in a culture think about mental illness – how they categorize and prioritize the symptoms, attempt to heal them, and set expectations for their course and outcome – influences the diseases themselves. In teaching the rest of the world to think like us, we have been, for better or worse, homogenizing the way the world goes mad” (2). Where Watters claims “for better or worse,” I argue that teaching the world to imprison the mentally ill is far, far worse than we can do.

In an interview with Watters, Judi McGruders claims that “When humans do not assume they have rather complete control of their experience, they do not do deeply fear those who appear to have lost it” (McGruder in Watters 159). McGruder’s statement highlights one of the major purposes of my investigation here: to show readers how very easy it is to lose control of one’s experiences, especially in certain places and at the hands of so-called professionals. In revealing how the shedding of gender traps led to hysteria in *The Feminine Mystique*, Betty Friedan gave a generation of once and future housewives the comfort that others shared their
struggles and that they should not fear the unfulfilled voices that spoke within them. The ability of literature to create empathy may in fact be one of the most important “narrative strategies” that may be harnessed by social movements.

