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An Interdisciplinary Approach:
Schizophrenia Derails Heteronormative Expectations in Psychological Narratives

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Required introductory psychology courses teach students a general and oversimplified version of the immense number of subfields within Psychology studies, much like introductory literature classes compress different genera throughout history into a miniscule number of “representative” texts. Nevertheless, these footholds generate an entryway into a whole new world of (specialized) exploration. Reading a text such as *The Quiet Room: A Journey out of the Torment of Madness* by Lori Schiller and Amanda Bennett provides a window for many students to crawl into one of Psychology’s darkest shadows, the field of abnormal psychology. Schiller’s non-fictional memoir, *The Quiet Room*, tells readers about the experiences of living with schizophrenia. Since psychology maintains a focus on the narrative of the mind, it has an innate interest in non-fictional literature. However, fictional literature offers *both* Psychology and Literary Studies a window into unique forms and styles of psychological narratives, such as found in the novel *The Drowning Girl: A Memoir* by Caitlin Kiernan.

The Quiet Room has a laser focus on schizophrenia and presents an accurate account of the inner world of a mind plagued with the diverse and intrusive symptoms of the illness. Schiller’s memoir is a non-fictional recollection of Schiller’s own personal experiences with schizophrenia and offers an insider’s view into the illness. Schiller recounts her ten-year fight with her mental illness from the first onset to several suicide attempts, including living life after diagnosis, moving in and out of mental hospitals, struggling to find the right balance of medications, and eventually finding hope in a seemingly hopeless situation. The book is used in introductory psychology courses to familiarize undergraduate students with abnormal psychology due to its highly descriptive explanations of symptoms, treatments, side effects of neurological drugs, and even the affective reality of the impossibility of living a “normal” life. The narrative is a collection of different perspectives including Schiller’s personal memories,

family members' and friends' inner circle viewpoints, formal hospital records, and Mental Health Professionals' personal and professional remarks on Schiller's case. This real-world perspective provides an in-depth understanding of the illness. It exposes the secrets persons with schizophrenia may hide from outsiders and explains why a person might hide those symptoms. In addition, Schiller's parents' reflections help to explain how their heteronormative expectations are unraveled as their awareness of the mental illness transforms into acceptance.

Conversely, Kiernan's novel does not seem to be centered on the fictional character Imp's schizophrenic diagnosis. Instead, the story is presented as a ghost story about Imp meeting a woman by the name of Eva Canning who may or may not be a mermaid, or possibly a wolf in disguise, or maybe both? Although Imp's schizophrenic diagnosis is explicitly stated at the beginning of the novel, it *appears* to take a backseat while the plot continues. Even though there are constant references to the mental illness, it is often mentioned in a round-about way and as being mostly insignificant in comparison to the mystery of who and what Eva is or the importance of Imp's relationship with her trans-girlfriend Abalyn. The "haunting" Imp experiences takes on a supernatural quality to readers while Imp mentions off-handedly her schizophrenic life such as meetings with her psychologist and personifying the many pills she must take every day. For this reason, the uniqueness of the story lies in the style and form of narration. There are several levels of narration of which the main character with schizophrenia is also the fictionalized schizophrenic author and the schizophrenic narrator in the fictional novel we are reading. Disregarding the diagnose, Imp the author/narrator/character identifies the source of her discomfoting confusion of memories, compulsive counting or writing, and other intrusive symptoms as being attributable to Eva rather than her schizophrenia.

Critics may be hesitant to look too deeply into the psychological reality of Kiernan's novel due to literary representations and signifiers of language rarely being literal. Although form and content can offer insight into the meaning of a text, scholars should not disregard that occasionally authors may actually refrain from being ambiguous. It is possible that what comes across as unworldly is intended to be realistic, yet in a situation where reality is twisted by the distortions of a psychological illness. For this same reason, psychologists could investigate the form and style of a disorganized mind by viewing a fictional narrative character as a case study. Doing this may provide insight into the universal human experience via emotions and motivations and lend toward a more holistic approach.

The first section of this paper will assert the need for scholars to intertwine Psychology and Literary Studies. The two fields are currently treated as distinct fields despite cross-discipline influences throughout history. I will discuss how psychology theories have already contributed to Literary Studies, yet the question remains on how literary critical analysis, infused with a scientific psychological perspective can contribute to destigmatizing mental illnesses. This paper will show that mental illness such as Schizophrenia challenges heteronormative expectations by exposing the compulsory able-mindedness that permeates our lives. The psychological narrative allows literary critics to observe the relationship between the lived experiences of persons with mental illness and other non-normative communities. Shared experiences of exclusion from heteronormative societal expectations, labels of imperfections, and the forced embodiment (despite non-physical considerations), expose the compulsory normative assumptions over minds and bodies of othered populations.

The following section glosses psychological accounts of schizophrenia; I focus particularly on auditory hallucinations from several psychological perspectives, because these

are key to Schiller's and Imp's hesitations about disclosing their symptoms. Next, I address the "othering" nature of stigmas and confront the contributing facets of stigmatization such as fear, stereotypes, and social control. Furthermore, I attend to the opposing definitions of literary ghost stories and psychological ghostwriting. I discuss the topic of schizophrenic authorship which will deal with authors who have a schizophrenic diagnosis and their need to separate themselves from their fictional work. Despite their obstacles, these authors may be writing schizophrenic characters in order to educate audiences to dispel some of the inaccuracies and injustices surrounding mental illness. Indeed, this paper will show how Kiernan manipulates her reader's into "experiencing" schizophrenia firsthand. Finally, I argue for utilizing a psychological-literary critical perspective to discover "hidden" meanings in Kiernan's text. These meanings include how to investigate the issues of narrative style and (dis)trusting the narrator from a new angle that would be lost if critics were to use only one perspective, either Psychology or Literary Studies. In this paper, I will be intermingling the science of abnormal psychology in combination with literary, feminist, disability and queer studies. Doing so provides an example how to braid these two fields together, but my research also adds to the discussion of the importance of converging the science of psychology with the humanitarian studies of literature. Thus, I contribute to the body of literary analyses in feminist disability critique within queer studies.

PSYCHOLOGY AND LITERATURE: A TWO-WAY RELATIONSHIP

Currently, Psychology and Literary Studies treat each other as two distinct fields even though psychological theories have influenced literary critiques. In literary courses, students often learn about Freud or Jung, yet other theorists tend to remain in the shadows; nevertheless, Abdolbaghi Rezaei and Seyyed Hassan Seyyedrezaei acknowledge the contributions of

psychological theories on literary critical perspectives. One example the authors offer is that the literary criticism Postmodernism is derived from the humanistic psychologist Carl Rodgers' theory of *individual sense*, which identifies that "the meaning of a literary text relies on the individual understanding of the reality existed within the text" (Rezaei and Hassan Seyyedrezaei 1909). Other examples include Maslow's and Rogers' *openness to experience* in New Criticism, Freud's obvious impact on Psychoanalytic Criticism, and lesser-known inspirations of Rogers' *Organismic Trusting* and *Experiential Freedom* in Postmodernism, Deconstruction, and Reader Response (Rezaei and Hassan Seyyedrezaei 1909-10). As we can see, psychology and literary criticisms have already been interwoven throughout history.

In an effort to move beyond disciplinary divisions, Jeffrey Williams praises an emerging tradition of blending the sciences with the humanities to establish *hybrid* fields, or rather *new* multidisciplinary fields of study. He contends that crossing the science of psychology with the humanitarian studies of literature "charges disciplines like English, foreign languages, history, and philosophy to explain their research outside the confines of their academic fields" so that they may enter into the public sphere in more meaningful ways (26). Here, Williams argues that creating new combinations increases scholarly interest and incites new research, methods, and results in many different areas of scholarship. One new expanse of multidisciplinary approaches is what he calls the *public humanities* which "aims to represent what the humanities themselves are doing to a wider public" (26). In essence, the purpose of this type of integration would be to establish and develop a discourse on how literary fiction based on psychological theories might have an impact on societal views and/or perspectives.

Another article, produced by the collaboration between doctorates in Literature, Philosophy, and Psychology, defines and differentiates the diverse interdisciplinary relationships

between psychology and literature. Rosemary Conceição dos Santos, João Camilo dos Santos, and José Aparecido da Silva address the merging of psychology and literature by informing scholars of the various ways in which psychology is used in understanding the author and how literature could be interpreted through a psychological lens in several ways. The interdisciplinary topic ranges from the Psychology *of* literature (including but not limited to the study of the author and their history, the creative process, and the psychological theories in literature) to psychology *in* Literature (such as a psychological perspective of interpretation in reader response, characters, and environmental aspects literature). Even as Literary Studies benefit from psychology due to “the description of the behavior and inner experience of an individual as a spontaneous activity, the continuity between the different degrees of problem solving and of the creative capacity and the attempt to interpret the unconscious life through dynamic forces,” the relationship is mutual (Conceição dos Santos, Camilo dos Santos, and Aparecido da Silva 10). Studying literature from a psychological perspective allows scholars trained in psychology to critique and analyze authors, creative processes, characters, and reader response as psychological studies.

Likewise, Badegül Can Emir writes, “there exists a two-way relationship based on mutual interaction between literature and psychology, in the form of evaluation of a literary work with the resources of psychology and obtaining *psychological truths* from a literary work” (Emphasis added 49). *Psychological truths* are empirically tested theories which have *yet* to be disproven. For example, theoretical concepts such as *universal emotions* are consistent behaviors that are present at birth and are seen across the globe regardless of culture. Can Emir’s argument is that both fields, Literary Studies and Psychology, benefit from each other’s work in understanding human nature/behaviors by referencing literature’s “text, its theme, the author, and the reader” as well as the characters themselves posing plausible case studies (Can Emir 50-51). It makes sense

to accept that “[p]sychological elements will be present in literary works as long as humans [or even human-like emotions in non-human entities] are the theme of the texts... [and] since psychology explores mental processes [among many other aspects of the human] it will also provide insights into literature” (Can Emir 50). The most prevelant aspect to remember from this interdisciplinary rhetoric is that “[i]nterpreting a literary work involves approaching its characters and events as if they could exist in real life and studying characters’ emotions, thoughts, and behaviors. Psychology is the most important platform on which this analysis can be done” (Can Emir 50). This is because by treating fictional characters as realistic representaions of human behaviors, the concepts of *universal emotions*, and basic *human motivations* would be one way in which literature can utilize psychology in the production and interpretation of literary characters. Similarly, these same concepts can be further developed by the psychological analysis of the characters and their actions. Can Emir’s article is not only an explanation of how the fields of Psychology and Literary Studies are intimately linked, but it is also an active call to literary critics and psychologists alike to interpret literature with a psychological perspective. This paper builds on Can Emir’s call “to provide literary psychology lessons in the university departments of literature and psychology in order to train specialists and to encourage reaserch in this area” (54). We need scholars trained in *both* fields with functional knowledge of how the two work together.

COMPULSORY ABLE-MINDEDNESS: STIGMATIZING SCHIZOPHRENIA

In addition to advancements in Psychological and Literary Studies, a psychological literary critique may show how mental illnesses such as schizophrenia disrupts heteronormative expectations and compulsory able-bodiedness by problematizing the concept of compulsory

able-mindedness. The most direct way to explain this is by noticing how the narrators in our two texts, by receiving diagnoses of mental disorders, go against both the standards of heteronormativity and compulsory able-bodiedness thus entering into queer studies and feminist disability critique. Robert McRuer's main argument that "able-bodied identity is at this juncture even more naturalized than heterosexual identity" means that there is a greater expectancy to be mentally and physically "normal" than it is to be heterosexual (302-303). We can see how this is so in both Schiller's parents' accounts as well as in a conversation between Imp and Abalyn.

Schiller's text discusses how heteronormative expectations for both her and her parents were shattered by the schizophrenic diagnosis. As her father (Marvin) reports, "She was supposed to go to college, meet a wonderful man, get married, have children and live a long and happy life" all of which is no longer a possibility in his mind post-diagnosis (Schiller 45). The diagnosis immediately disturbs the heterosexual assumptions for Schiller, but the destruction of her able-bodiedness also annihilates previously established heteronormative functions of those around her too. Schiller's mother Nancy discloses that she grew up daydreaming about getting married and having children, and even describes Lori as her "perfect child" (62). However, the emergence of the mental disorder destabilizes Nancy's heteronormative expectations for herself and she complains, "our traditional roles were jarred. I had always been a wife and mother. He [Marvin] was the breadwinner... I had depended on Marvin. Now, suddenly he was helpless... he had no power..." (64). This shows that Schiller having a mental disability traverses not only her own heteronormative potentials, but it also derails her parents' traditional roles. In Nancy's perspective, Marvin is no longer the family's protector and stable financial provider, and she is no longer the perfect, well-put-together, male-dominated, submissive mother of a perfectly healthy and happy daughter. Schiller being mentally compromised reaches outside and beyond

herself, extending into the social circle surrounding her. The definitive mental diagnosis crumbles all aspects of Schiller's *and* her family's expectant heteronormative life.

Kiernan, on the other hand, takes an alternative approach to juxtapose mental illness with compulsory able-bodiedness and heteronormative expectations. In a conversation between Imp and Abalyn, Kiernan writes (225-26):

“You’re a brave lady, Imp. I swear I couldn’t live with shit like that. You’re stronger than me.”

“No, I’m not. I’m just used to it. I haven’t ever been any other way. Not really. Besides, you’ve been through at least as much. I can’t imagine having the courage to do what you’ve done.” I was talking about coming out and her reassignment surgery, but she knew that without me having to spell it all out.

Through this conversation of “Imp and Abalyn’s Self-Congratulatory Society of Mutual Admiration,” Kiernan, a trans-woman diagnosed with several mental disorders, is attempting to explain to her readers how having a mental illness is analogous to being a trans-woman. This is not to say that Imp is a lesbian because she has schizophrenia, nor is it to say being a trans-woman *is* a mental illness, but it is to say that any and all expectations, heteronormative or otherwise, are non-existent and that a person with a mental illness is socially dis-communicated from society like a trans-person often is. By being proud of one another’s strength in the face of adversity, Kiernan’s characters acknowledge that although the struggles are by no means the same, they are parallel in difficulty. McRuer argues that “the system of able-bodiedness that produces disability is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness...” (301). Ultimately, he is claiming that a person with a disability, may it be mental or physical, is queered, minoritized, and stigmatized in a society that values heteronormative standards and able-body expectations.

Elizabeth Donaldson speaks to the problem of literature romanticizing mental illness and she offers instead “a new feminist theory of embodiment of mental illness” in which “mental illnesses [are] physical impairments” and that text should be interpreted in that light (95). She refers to Lennard Davis’ concept of the impairment-disability system (similar to Gayle Rubin’s sex-gender system— physical→social) and states that this approach “has been particularly useful for people in the disability rights movement, who combat stigma and who protect the civil rights of people with disabilities: by shifting attention away from the biological ([body/]impairment) to the social ([public/]disability) [or rather a ‘socio-medical condition’,] one can effectively identify and address discrimination” (Donaldson 95, 105). McRuer’s thoughts on embodying disabilities seems to confirm Donaldson’s claim, but he explains, “Since queerness and disability both have the potential to disrupts the performance of able-bodied heterosexuality, both must be safely contained—embodied...” (McRuer 305). He seems to suggest that embodiment is not what he wishes, but that this is how it is. By placing queerness in the body, it can be controlled by those who wish to control it. When heteronormativity is in a state of crisis and threatened by queerness, embodiment is the solution to contain the threat and maintain the status quo. For this reason, moving beyond physicality might be a better alternative and more applicable for mental disabilities. Because mental illnesses disrupts both concepts of able-bodiedness and heterosexual identities, we could extend McRuer’s conclusions of able-bodiedness into *able-mindedness*.

On a physical level, a neurological chemical imbalance is considered abnormal, and yet psychologists do not even fully understand what a balanced brain (physical), let alone what a “normal” mind (non-physical) looks like. Despite the current concept that mental illness supposedly originate at physical neurological level, heteronormativity, able-bodiedness, and able-mindedness are all “linked in their mutual impossibility and in their mutual

incomprehensibility” (McRuer 304). This simply means that society unfortunately rejects anything outside of heteronormative, able-bodiedness, and able-mindedness because they should, by current societal beliefs, not “naturally” exist. Furthermore, mental illnesses extend beyond the physical constraints due to how it is expressed in a non-physical realm and so, in essence, mental disabilities are both socially and physically stigmatized (*socio-medical* is the term Donaldson uses). However, in support of the necessary distinction between the physical and the mental, we turn to Mary Wood, who when writing of schizophrenic authors states, “Such a writer—the writer marked by a diagnosis of mental illness—is already framed by the reader as unreliable, more so than even the physically ill writer who is understood to be sane” (187). This promotes the idea that as able-bodiedness is “more naturalized” than heteronormativity, able-mindedness is “more naturalized” than able-bodiedness. With the understanding that McRuer claims non-heterosexuality is less normalized than able-bodiedness (more acceptable), then in turn, we also see that able-bodiedness is less normalized (more acceptable) than able-mindedness.

Mental disabilities complicate the concept of able-bodiedness because even if the physical aspect of the illness resides in the physical brain, the effects of the “abnormality” is in direct relation to the mental, emotional, and cognitive non-material domains in both social and self-identifying situations; therefore, *able-mindedness* conflates aspects of the physical, emotional, and mental. Schizophrenia thus proves itself to be disruptive in mind, body, gender performance, sexuality, and every other societal expectation. Also, as we will see, even reality itself (subjective or objective) is destabilized. Before we really get into the psychological root of societal rejection of compulsory able-mindedness by means of stigmatization, first we must define schizophrenia in a scientific, yet humanistic sense.

Schizophrenia, as deemed by The American Psychiatric Association (APA) is a psychotic disorder which lies on a spectrum and is often characterized by symptoms of delusions and hallucinations. (For a case specific scientific definition, refer to the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-#)*, the only APA approved diagnostic tool therapists use to diagnose patients with various disorders. The text contains information including, but not limited to, criterion, features, frequency in cultures, race, and sex, development, and course, as well as genetic and environmental factors).

However, for our purposes, Dr. Jane Doller, Schiller's therapist in *The Quiet Room*, maintains a humanistic approach to mental illness which was unusual at the time of Schiller's initial diagnosis. In Doller's perspective, when relating Lori's case, Doller states, "Lori clearly had full-blown schizophrenia: She was openly psychotic, paranoid and hostile. Her thoughts were disordered; her concentration and her mental abilities were impaired" (233). Generally speaking, Doller explains how the illness affects how a person who suffers from schizophrenia relates to the outside world by saying, "the thing that has broken is the person's ability to relate to another person. The thing that breaks is whatever it is that connects people to their environment, that allows them to recognize another person as someone outside themselves..." (235). Meaning that a person with schizophrenia has trouble knowing what comes from within themselves and thus within their own control and that which is, or is from, an external source. It is an inability to understand what is separate from their own person and an inability to understand other people's perspectives, thoughts, feelings, and intentions. This is the essence of a psychological term called *Theory of Mind (ToM)*. Among the above listed symptoms, according to Martin Brüne, a psychotherapy psychiatrist, schizophrenia is often associated with a lack of ToM which involves the ability (or inability) to understand another's intentions, thoughts,

feelings, and/or behaviors, thus impairing the sufferer's abilities "to cross check his or her inference against reality" (21). Brüne discusses how ToM is often either limited in schizophrenic patients or is hyperactive which in either case creates paranoia due to an inability to accurately interpret social signals from others and/or themselves (23). In other words, because a person with schizophrenia has an inability to distinctly identify and recognize people, places, things, emotions, and behaviors as being separate from themselves, they cannot understand where they themselves end and another begins, and vice versa. Simply put, sufferers cannot assess how other people may feel nor that their own behaviors are in fact their own actions within their control.

Yet another way of understanding schizophrenia is to read Nancy's account of it after doing some novice research on her own. Originally, Nancy was unfamiliar with the illness and because she had watched a movie with a character with a personality disorder, she had even mistaken her daughter's diagnosis for "split personality." However, she read some books only to learn, "my ideas had been wrong... [schizophrenia is] a brain disease, a chemical imbalance... hallucinate... voices commanding them... talking about them... delusions... very sick... sometimes drugs helped... sometimes drugs didn't help... Very often... don't get better... institutions... no hope" (71-72). Part of the reason *The Quiet Room* is being taught in Introduction to Psychology courses is to circumvent previous misconceptions students may have gained from other sources such as movies and other forms of media while encouraging class discussions of controversial theories of the etiology and development of mental illnesses. As we see from Nancy's primary source of reliance of entertainment, students are likely to have their own experiences and preconceptions of mental illnesses. Schiller's accurate portrayal of living with schizophrenia and her experiences with treatments allow students to gain a better

understanding of the illness by reading the text and discussing the content with psychology teachers and classmates.

THE OTHERED: HEARING SILENCED VOICES

Unlike the general public, psychologists determine a diagnosis by relying primarily on the criteria of symptoms. Although several mental disorders are classified as having symptoms of delusions, relatively few diagnoses have general hallucinations and even less have auditory symptoms. Although hallucinations can affect any of the five sense, the one I will be focusing on is auditory hallucinations which the DSM-5 describes as being “the most common in schizophrenia... usually experienced as voices... that are perceived as distinct from the individual’s own thoughts” (APA 87). Sarah Kamens notes that a person with auditory hallucinations, or ‘voice hearing,’ is “a person who hears voices, or a voice hearer, experiences sounds (e.g., human speech), messages, and/or other meanings that others do not... it is the experience of an addressee who receives a communication from a seemingly distal, invisible, otherwise anomalous source” (254-255). In an effort to explain auditory hallucinations, Doller asserts, “what has also broken is the brain’s ability to process emotions and thoughts... Emotions that would normally be comfortably catalogued as unacceptable take on a life of their own as voices that seem more real than the real world outside” (Schiller 235). In Doller’s view, voices are a means for schizophrenic patients to inwardly express emotions they no longer know how to classify, albiet the feelings are often over-exaggerated and very frequently self-condeming.

When first introducing her Voices, for example, Schiller uses descriptive words such as *terrible, evil, torture, fear, vicious, screaming, commanding, and pounding* (6). Her Voices are not those pleasant and friendly voices in a person’s mind encouraging them to push forward nor

are the slightly undermining voices of the negative self-talk we often discover swirling in our subconscious minds. As we learn from Schiller, the Voices are much worse, much louder, and always intruding. Schiller writes, “When the Voices began to shriek, I had to stay composed... hiding the Voices began to take up much of my time and energy. When the Voices began to screech and cackle, I looked to the floor... Sometimes they got so bad that I had to make up some excuse... and leave the room” (17, 21). Schiller discloses to her readers why she felt the need to hide the Voices and states, “Week after week I met with him [her first therapist], yet I couldn’t speak. I couldn’t talk about the Voices. It was too dangerous... They threatened me, and I believed them. If I squealed on the Voices, they might kill me. If I ratter on them, the person I told would have to die” (Schiller 24). Here, readers learn that persons with schizophrenia have a reluctance to discuss their symptoms as a conscious effort to protect themselves and others.

With this awareness, we become cognizant that Imp suffers from auditory hallucinations, yet there is an unwillingness to fully disclose the extent of her symptoms to the readers. One of the few times Imp directly mentions her symptoms is when she explains that she will frequently go for drives, “This is something I do sometimes, when I can’t sleep. When my head is too full of thoughts, voices, the past” (34). Despite this passing disclosure, Imp hardly discusses the voices she hears. One explicit example of Imp having auditory hallucinations is when she describes to her therapist “the one symptom that caused me [Imp] the most difficulty, that seemed to lie at the root of everything that shut me down and made it hard to be alive” (102). Imp says, “there’s static. White noise. Or someone whispering. And slowly that sound gets louder and louder... eventually, it grows so loud you can’t hear anything else... that sound won’t stop” (103). The therapist then tells Imp what she described is called “*intrusive thoughts*. Involuntary and unwelcome thoughts that can’t be shut out no matter how hard someone tries”

(103). This is undeniable evidence that Imp suffers from the *intrusive thoughts* of auditory hallucinations.

Another irrefutable indicator Imp suffers from auditory hallucinations is the ringing of a telephone. Although Imp never mentions it to us before, Abalyn asks her, completely out of the blue, “Why do you answer the phone when it hasn’t rang [sic]?” (120). Of course, Imp instantly corrects her grammar, just like we mentally did already, thus distracting us from the deeper meaning of the question—the meaning being that Imp does in fact have auditory hallucinations. Schiller describes how ordinary objects, like a telephone, became hostile. She tells us, “It rang again. Again no one. And then again, and again, and again. Always that same vacant feeling at the other end of the line... I became terrified of using the phone. But I couldn’t tell anyone why” (Schiller 17-18). Cross referencing Schiller’s text with Imp’s off-handed mention of the phone is a way Imp confesses her struggles without directly stating the importance of that information. Schiller tells us, “There almost never seemed to be a time when the Voices left me alone... The Voices were with me nearly constantly... They followed me into the night, and followed me into my dreams. I went for days without sleeping (23). We can only imagine how challenging it must have been for Imp to confide in her readers without being too direct. After all, with our understanding of Schiller’s experiences and the description to Imp’s therapist, the voices and sounds are ever present, yet she suffers do not feel like they can safely warn us. Hiding the symptoms and voices may have seemed necessary since the Voices threaten her life and the lives of the people she wanted to tell.

The other reason why schizophrenic person’s may hide their symptoms is due to fear of stigma and loss of social power. Lerita Coleman Brown mentions that “Some people are more capable of concealing their stigmas or escaping from the negative social consequences of being

stigmatized” (149), and Imp lets us know that she is one of those people when she says, “The dreams were making me sick, but I have always been good at hiding my craziness” (115).

Kamens also points out that many people hide their symptomatic voices for the simple fact that “when reported to a mental health professional, voices... act as signifiers for their own lack of discursive power” (260). This means that if a person hears voices, they are automatically considered an unreliable source and lose the autonomy of voice since professionals are only interested in the existence of voices, or lack thereof, without a care for what the voices actually say. This fear of the loss of social status and the destruction of personal accountability is best explained by the consequences of stigmatization.

Aspects of stigmatization include fear from lack of awareness of the development and course of disorders, social control by means of socializing, and stereotypes. Together, these forces create a social process of othering persons with mental disorders. Brown outlines a literature review of stigmas, specifically the probable causes and the possible reason for their continuation from a sociological perspective (cultural and socializing orientations and maintaining). Her proposal is “one that takes into account its [stigma’s] behavioral, cognitive, and affective components and reveals that stigma is a response to the dilemma of difference” (Brown 147). When we perceive differences in each other, we determine that some people are similar to us, and the others are “othered.” These othered persons, or rather stigmatized people, are subject to three primary aspects of stigmatizing: fear (affective), stereotyping (cognitive), and social control (behavioral) (Brown 157).

Fear is the affective response to being unfamiliar with mental illnesses. A lack of awareness results in a lack of understanding, and a lack of understanding often results in fear, and fear, Brown proposes “may be instrumental in the perpetuation of stigma... fear is not a

natural but an acquired response to differences or stigmas” (150). We can see how fear derives from misconceptions and misunderstanding when we read Nancy’s reflections after hearing the diagnosis “schizo-affective disorder:” “Schizophrenia? What did that word mean? I didn’t understand it... I didn’t know what they were talking about...schizophrenia meant split personality, didn’t it? I had heard about schizophrenia, and I had seen some movies about it,” then she immediately goes into a description of a film about an entirely different disorder (70). Even without prior misconceptions, Nancy makes a very valid point about the disorder, “schizophrenia? The word itself is horrifying” (71).

Brown comes to the conclusion that “fear usually stems from not knowing about the etiology of a condition, its predictability, and its course” (155). The etiology, or the *cause*, of a disorder is often attributed to genetic influences, as in gender and race, or environmental factors such as class and upbringing. The *predictability* refers to how accurate professionals can predict who will get the illness, while *course* refers to how the illness will be expressed throughout a person’s life. The matter of *cause* is addressed in Schiller’s memoir in Marvin’s reflections. In Marvin’s professional experience in Psychology, the parents, due to parental techniques during upbringing, are often to blame. He reasons, “there was only one cause for all mental illnesses, even the most severe: a faulty upbringing. Everything was tied to the way you were raised” (Schiller 45). He continues on with this line of thought by saying, “Everyone believed that it was early life experiences that were behind mental disorders. A patient with serious mental problems had been subject at an early age to unacceptable pressures, to confusing messages, or to some destructive behavior on the part of the parents” (Schiller 45). This self-blame eventually turns into a self- punishment, “It’s all your fault, I thought. Lori is very sick, and you *caused* it. You weren’t affectionate enough. You didn’t pay enough attention to her. You pushed her too hard.

You were too demanding. It's you who caused her problems. You. You. You" (emphasis added Schiller 48). Due to this fear of himself being to *cause*, Marvin of course adjusts his behavior to his son Steven and begins treating him differently by not pushing him as hard to succeed.

Assuming the parental influences may be the source of the illness and the fear of not knowing the inheritability of the illness results in the obliteration of Marvin's expectations for all of his children.

Conversely, rather than emphasizing the nurturing side of the spectrum (parental upbringing), Kiernan utilizes the nature (biological) explanation. Imp directly addresses her family history of mental illness directly by sharing that her mother died in a "hospital for the insane" and she was there "*because she was insane... because she was insane... she was insane*" (1). When moving on to her grandmother, Imp discloses that "she was also a crazy woman," but "No one put her away in a hospital, or tried to pretend she wasn't crazy," yet the grandmother ultimately commits suicide (2). In addition, Imp opens the possibility to the reader that she herself, as per knowledge of the hereditariness of mental illnesses go, is also mentally compromised. As if expecting the reader to come to the awareness on their own, yet just in case the reader lacks prior knowledge of the inheritability of mental illness, Imp clearly states, "I didn't realize I was also insane" at first anyway, yet she then aligns herself with "crazy people" using words such as "us" and "we" while at the same time distinguishing herself as separate from "sane people" (3). By attributing the illness to hereditary origins, Imp relieves her parents of the parental influences of her upbringing being the source of her situation and embodies the mental disorder—pulling it out of the mind. Imp uses hereditary to explain the source of the disorder which establishes a reason for *why* she is ill; albeit, with a hint of uncertainty with the claim that "schizophrenia *might* be hereditary, at least in *some* cases" (emphasis added 4). In effect, this

also prepares the reader to see the later conflict of attributing her symptoms to the external source of Eva. In either case, schizophrenia removes normative expectations or is embodied.

Brown promotes the consensus that stigma is a learned response in children due to the socialization of parents and role models via cognitive stereotyping and is continued as a means of social control where wealth has the upper hand. For example, “attributes or behaviors that might otherwise be considered ‘abnormal’ or stigmatized are labeled as ‘eccentric’ among persons of power or influence” (Brown 149). In Nancy’s recollection of her mother and her aunt she restates a common phrase that leads into awareness, “Poor people are crazy, they say, and rich people are eccentric... my mother hadn’t been eccentric. She had been sick... For if Lori was schizophrenic, then so was my mother” (Schiller 82). Nancy’s account goes on to discuss her feelings as a child surrounded by loved ones who were just “seeking attention” or “visiting family”, and “what was never spoken about,” yet she uses words such as *shame*, *fear*, *embarrassment*, *frightened/frightening*, *terrified*, and *humiliation* to describe how she felt as a child and how she now feels as a mother of a person with schizophrenia (Schiller 82-83). Nancy then proceeds to discuss how her mother and her aunt fit into all the stereotypical ideas about “crazy” people such as unkempt hair, poor dental hygiene, and uncontrollable screaming (83). Thus, continuing the stereotypical perception of mental illness in physical terms.

Marvin has a more social-centered understanding of stigma than his wife with his primary concern being on the social consequences—the behavioral side of stigma in relation to other people outside the immediate family circle. After Schiller’s first suicide attempt, Marvin’s primary concern is the social stigma of Lori’s actions and he writes, “In my mind, the most important help she needed was to make sure that nothing of this ever came to light... I knew she could carry a psychiatric label for a long time—if not forever. I didn’t want my daughter to be

stigmatized” (41). He comforts his daughter saying, ““no one will ever know you were here. It will be all over.’... I didn’t see Lori’s problems as serious. She didn’t need to stay in a psych ward. She isn’t mentally ill. She just had a few problems” (42). Although one might want to criticize Marvin’s actions as being insensitive and even narcissistic about his public image, he has a point. Brown acknowledges that “Another detrimental aspect of stigmatization is the practice of treating people, such as the ex-con and ex-mental patient who are attempting to reintegrate themselves into society, as if they still had the stigma” (154). This is to say that labels carry on much longer than temporary, when they are temporary, conditions. Marvin’s idea of parental protection via concealment of mental illness continues into Nancy’s statement as well. Marvin had told Nancy, “If we let people know about this, no one will ever let her forget it... It will put a terrible stigma on her. When she gets out, she will have to put this behind her. It will be impossible if people know where she has been” (63). In Marvin’s mind, Schiller’s attempted suicide was a momentary lapse of judgement due to stress rather than a life-long illness. He had not yet realized that Schiller has a mental disorder and so he was more concerned about her reputation and her future. As Brown notes, “These fears are grounded in a realistic assessment of the negative social consequences of stigmatization and reflect the long-term social and psychological damage to individuals resulting from stigma” (156). Once a person is hospitalized for psychiatric reasons, the label stays with a person throughout their life.

Nevertheless, people suffer the negative social effects of mental illness, even if they do not understand what is happening to the individual, because stigmatization is often inevitable for schizophrenic persons and their loved ones. The chapter written by “the other Lori”, a friend of Schiller’s, encapsulates what uninformed individuals believe about persons suffering from mental disabilities. She writes, “We thought she [Schiller] was trying to get our attention...Some

of us suspected she might be doing drugs... she was seeing a psychiatrist, so obviously the problems were being handled... what's she got to be depressed about?... I was getting tired of her funks. I didn't want to be her caretaker" (30-31). Unfortunately, Brown's literature review comes to find that "Non-stigmatized people, through avoidance and social rejection, often treat stigmatized people as if they were invisible, nonexistent, or dead" (156). This relates back to McRuer's assessment that societal pressures to be heteronormative, able-bodied, and able-minded result in an ostracization. Non-stigmatized persons put a physical and emotional distance between themselves and stigmatized people in order to socially distance themselves from the association and responsibility of the connection.

APPLIED THEORY TO LITERATURE

Mental disorders are stigmatized, much like queerness is rejected from heteronormative society. By adapting McRuer's question, we may ask, just as "able-bodied is to be 'free from physical disability,' [and] just as to be heterosexual is to be 'the opposite of homosexual,'" in the end, wouldn't people with mental disabilities rather be able-minded? (McRuer 303). If Schiller were asked this question, it would probably be a resounding yes (at least initially out of the fear of stigma): "I didn't want to be a crazy person. People shunned crazy people. They feared them. Worse, they called the men in the white coats to come put them in straitjackets and take them away to an insane asylum. I didn't want that to be me" (16). As Brown claims, "Normality becomes the supreme goal for many stigmatized individuals until they realize that there is no precise definition of normality except what they would be without their stigma" (155). In other words, people define normalcy as being themselves, but *without* the alleged negative characteristic that disengages them from being like those who are not stigmatized. Rather than

defining themselves by their similarities with others, they define themselves as “abnormal” because their disability creates a *difference*. And it is their difference from others which they would remove from themselves if at all possible.

SUBSECTION HEADER ON GHOSTWRITING

Stigmatizing also acts as a powerful means of social control in the professional world of Psychology. Imp claims to be writing a *ghost* story, a self-defining term in Literary Studies, but the term takes on a different meaning because in the psychological sense, *ghostwriting* is the forgotten memories (ghost) that haunt persons with schizophrenia. While in a state of psychosis, a person with schizophrenia is unlikely to remember what they say or do, but observers such as nursing staff and psychologists remember and record notes of the patients’ behaviors and conversations. Kamens defines *ghostwriting*, as it is found within medical ghostwriting in psychiatric research, as being, “the practice of writing a text to which someone else ultimately claims authorship... The ghostwriter is not named as an author in the text; instead, another person, typically a physician or other scholar, affixes their name to the published result” (254-55). Kamens asserts that “ghostwriting sets the stage for or inscribes *haunting* via a signifying process by which the original author *unintentionally* inscribes life historical meanings—including their own—into the body of the published text” (emphasis added 258). These personal life histories, thus recorded without the memory of the experiencer, become in of themselves, hauntings to the sufferers due to their *unhomely* nature of being “once familiar and unfamiliar” (Kamens 258). Referencing Derrida, Kamens claims, “both hearing voices and ghostwriting might be viewed as forms of haunting or being haunted” (257). In doing so, Kamens addresses

the post-colonial networks of oppression and hauntings between auditory hallucinations and ghostwriting.

Information collected from patients in moments of psychosis, including but not limited to self-reports, observations recorded in psychiatric evaluations, nurses' notes, and other types of medical records, are all considered as ghostwriting. Kamens argues that doctors' reports, nurses' notes and academic publications based on those sources are a form of unethical ghostwriting because they take the stories of their patients and make it into their own work. These notes then become written document to be filed, studied, to be written about, to become part of someone else's production, and yet, Schiller never gives consent for the use of her own experiences. She was unknowingly and unwillingly being *ghostwritten* without consent due to her illness. On one end of the spectrum, "ghostwriting exists on the 'upper' or privileged end of this discursive hierarchy. Ghostwritten texts are elite and colonizing communications in which the originator's identity vanishes... The nameless origin of the text and the foreclosure of authorship are rendered irrelevant" (Kamens 260). Ghostwriting then is "an exclusion not only of the person, but also the ways in which persons tell their own histories" (Kamens 261). Interestingly, although ultimately psychiatrists are silencing their patients through their diagnoses and then stealing their patients' voices without their consent, we see the use of ghostwriting in Schiller's work as a means of narration. Authors with schizophrenia, such as Schiller and Kiernan, would be well aware of psychiatric ghostwriting and are likely to incorporate the experience of it into their own writing. Schiller attempts to use the ghostwritings from her history to recreate her own story in her own words. By attaching the hauntings of her own ghostwritings into her own story within her control, she is reclaiming those reports as her own.

Conversely, Imp claims she is writing a *ghost story* which readers may initially interpret as being in the literary sense; however, Kiernan problematizes the term *ghostwriting* in her novel by twisting the literary terminology into the psychological meaning of the word. Offering the novel as a possible supernatural experience recontextualizes the phrase “ghostwriting,” bringing the uncanniness of real-life hauntings into a fictional and therefore non-threatening atmosphere. But as we discover, not everything in this fiction is as it seems on the surface. Imp describes the novel as a *ghost story* containing *hauntings*, yet we now know, due to an awareness of psychology, there is a dual meaning to these two terms. In a one-page interview with Charlene Brusso, Kiernan says, “hauntings is [sic] very dear to me. Not the ghostly sort... the nonsupernatural [sic] real-world sort (Brusso 39). In this statement, especially by saying “Not the ghostly sort” and “nonsupernatural,” we see that Kiernan is actually complicating the literary definition of ghost stories because her definition of ghostwriting is psychological in nature, not literally. Within *The Drowning Girl*, Imp proposes that *ghosts* are rather a transmission of ideas in the statement, “Hauntings are *memes*, especially pernicious thought contagions, *social* contagions that need no viral or bacterial host and are transmitted in a thousand different ways. A book...” (12). In a way, Kiernan is mimicking ghostwriting as it is in psychiatry because “ghost writing exacts a kind of double haunting, extending the lives of the voices themselves,” and likewise, Kiernan extends the life of Imp’s psychological ghosts and hauntings onto her readers (Kamens 262). Awareness of Psychology practices affords a unique perspective of the literary text that may have otherwise been overlooked. Without having a situational knowledge of psychology, critics may focus merely on the meme-esqueness of the intertextuality references and/or on the literal sense of ghosts. Knowing there are other definitions and forms of ghosts, ghostwriting, and hauntings means psychological literary critics have an entirely new perspective

of the story as being one that is less of being supernatural and more acting as a social critique. To further understand how Kiernan rejects the literary definition of ghostwriting, we must turn to her stigmatized position as an author diagnosed with schizophrenia.

Since authors with schizophrenic diagnoses face the constant oppression of stigma, they may feel the need to distance themselves from their fictional works involving mental illness; however, it seems these authors also feel the desire to dissipate inaccurate assumptions surrounding mental illnesses. Feminist studies has shown that women are often othered or unheard in the dominate patriarchal culture, and queer/disability studies have shown how those with physical disabilities or mental disorders suffer the same fate. Wood is also an author diagnosed with schizophrenia and her book, *Life Writing and Schizophrenia* discusses a wide variety of personal life experiences as an author with a mental disorder, but also includes a chapter that dives into a literary critique of Janet Frame's work as a schizophrenic author. Wood discusses the issues of how others, readers and critics, make judgements of Frame based on her fictional work and autobiographical texts, stating, "Readers repeatedly connected Frame to her mentally ill characters, seeing them as entirely autobiographical" (174). Kiernan discusses her diagnosis of various disorders including schizophrenia and she says, "I've spent most of my life struggling with serious mental illnesses. I've been diagnosed as latent schizophrenic, OCD, psychogenic seizure disorder, whatever" (Brusso 39), yet her apprehension of readers and critics equating personal experiences with her fictional work is probably why Kiernan feels the need to emphasize that "[b]oth [*The Red Tree* and *The Drowning Girl*] truly are fictionalized autobiographies dressed up as fantasy, my own self-administered psychotherapy" (emphasis added Brusso 39). Her anticipation of the ostracizing effects of disclosing her own personal diagnosis compels her to, as Wood says of Frame's character Istina Mavet, to "distance herself

from her diagnosis of schizophrenia and thus from popular conceptions of this condition” (Wood 174). Like Frame, Kiernan feels the need to put distance between her own personal life and the experiences of her characters.

We should note that both Schiller’s and Kiernan’s novels are about living with the disorder and that both books start with the illness, not end with the diagnoses. Much like how many novels end with a marriage, yet relatively few begin with one, instead of the diagnosis being a sign of an end to a life, it is actually a beginning to a different life. However in this situation, the new life is one of increased oppression due to intersectionality and what has ended are the able-bodied/heteronormative expectations. Both Schiller and Kiernan are authors who have dual identities, one being a woman with mental disability and the other being a trans-woman with a mental disability, and so we must investigate what that means for their ability to be heard in the mainstream culture.

Cathy Cohen emphasizes collective engagement through creating cooperative communities between persons of minority groups and her article encourages acts of activism through means of utilizing privileges allowed to persons within the groups to instigate civil unity. Cohen asserts, “a broadened understanding of queerness must be based on an intersectional analysis that recognizes how numerous systems of oppression interact to regulate and police the lives of most people... The synthesis of these oppressions creates the condition of our lives... the lived experience of existing within and resisting multiple and connected practices of domination and normalization” (441). The intersectionality of authors with dual intersectional identities are in an exclusive position to spread the word of a dual marginalized groups who are frequently silenced within themselves and within society. As we previously discussed, affluence plays a role in the differentiations between “eccentric” and “crazy,” but along these same lines,

Donaldson reminds us that “[p]sychiatry, feminist critics pointed out, unfairly pathologizes women” (92) and Wood discusses how men with the diagnosis are frequently cited as being brilliant mathematicians or creative artists, whereas women are “much more likely... be seen as physically abject, out-of-control sexually, chaotic in thought, imagination, and speech” (181). Even back in 2008, (though perhaps much earlier), feminist contributions to psychiatry and psychology were acknowledged and the gendered politics had shed a light on how “women have been disproportionately and in some cases falsely diagnosed as mentally ill” (Donaldson 94). Wood later states, “The term ‘schizophrenia’ takes on different meanings depending on the gender, race, class, or nationality of the subject” (182). The double standard of class and gender, even among those with mental illness, only serves to emphasize the oppression schizophrenic authors face, and yet white, American, middle to upper class status’ Schiller and Imp are a part of are not even among the most oppressed people of the marginalized schizophrenic community when class, race, and non-traditional genders are taken into consideration.

Due to these imposed social challenges, some authors may take a proactive stance to inform readers of the imbalance of power and maltreatment of those with mental disabilities. As Brown suggests, “some stigmatized individuals question the norms about stigma and attempt to change the social environments for their peers” (154-155). Schiller tells readers in her introduction that she is not only writing to inform her readers who are not familiar with schizophrenia, she is also reaching out to those suffering from the illness. She states, “I want to tell others about my journey so that those who have never experienced it will know what life inside of my schizophrenic brain has been like, and so that those who are still left behind will have hope that they too will find a path out” (Schiller 7). Schiller’s purpose in writing the book is not only to reduce stigmatic perceptions and try to foster empathy and understanding in

stigmatizers, but also to provide hope for the stigmatized and encourages them to maintain hope even when reality seems so unreal.

Although Kiernan's purpose is a bit vaguer, much like her novel, she expresses in the interview with Brusso that her writing is "fictionalized autobiographies... self-administered psychotherapy... [and] most people who've never had to live with serious psychological disorders have no idea how lucid someone with schizophrenia can be" (Brusso 39). Not only does Kiernan's writings give alternative perspectives of the disorder, provide a sense of therapeutic relief for herself, and spread awareness to others, but she also lets Imp "speak in her own voice," a voice which would probably be stolen and silenced in the real-world (Brusso 39). Rather than simply telling her readers about what it is like to live with schizophrenia, Kiernan prefers to show us by producing an experience.

By grounding her narrative in a first-person perspective of inner feelings, Kiernan draws the reader into the schizophrenic mind to experience it for themselves. What better way to create empathy than to make the reader feel, if only for the duration of the novel, how the character feels everyday of her life? Kiernan states, "I've always been writing about it [her mental illnesses] ... I finally figured out *how* to write it, instead of writing *about* it" (emphasis added for clarity 39). This means that Kiernan's struggle is not writing *about* mental illnesses or even being a writer *with* mental disorders, rather her effort resides in putting the illness into words so that readers could potentially understand it better. Kiernan creates through Imp a voice that readers hear in their own minds that is schizophrenic, othered, stigmatized, and often left unheard and silenced. Much like Frame, both Schiller and Kiernan aim to "disrupt the public discourse on schizophrenia in important ways" primarily "[t]hrough a range of literary strategies... [which] link [their] reading audience to the consciousness of those, including at time

the narrators themselves, who suffer the most severe forms of psychosis” (Wood 177).

Essentially, these authors narrate in a way that allows the readers to see life through schizophrenic eyes and experiences schizophrenic lives, at least temporarily.

One unique yet frustrating aspect of Kiernan’s narrative style is that the book forces the reader to take notes and do extensive research. As Imp’s mother says, ““you *might* want to remember it someday”” so “I [being both Imp and myself] should write down what *might* turn out to be important someday” (emphasis added 10-11). The immense number of references makes us want to obsessively research to the point where the book makes us feel schizophrenic-like, or rather paranoid-schizophrenic, like Imp. Simply put, paranoia is when a person has the overwhelming sense that someone or something is plotting against them. In our case as readers, we feel like there is a story “plot” that we are unaware of happening in the background. The illogical belief would be that book is sending us secret messages and hidden meanings meant only for us to interpret. The compulsion to write is a possible side effect of schizophrenia as we can see in many instances Imp feels unable to control the impulse to write. Imp has a notebook with a list of ways her father may have died, but what is most impressive is that we know there are at least 316 items on the list (2). She is currently writing a ghost story that she feels compelled to finish (12, 28-29). She also writes on napkins (6), records dreams (110-111), hand copies an entire story in French (but she cannot read French) (47), relates to us several paragraphs from library books and newspapers (59 and throughout), obsessively research throughout the entire novel, describes how she writes “odd bits of fiction I sometimes feel compelled to write” (105), and most pertinent, obsessively and uncontrollably writing “The Lobster Quadrille” by Lewis Carroll through almost 20 pages of the current novel (176-194). Imp discloses to us that she has several symptoms that she hides when she writes, “I did my best

to keep these rituals [compulsive counting] a secret, and I was deeply, privately ashamed of them... I was convinced that unless I did these things, something truly horrible would happen” (57). Not only does Kiernan’s writing style and narrative form make us feel the symptom of compulsive writing, but she also illuminates the sense of dread that comes with it.

The reader is also exposed to the inner conflict of a schizophrenic mind. It can easily take 6 hours to get through the first ten pages of *The Drowning Girl* on a first reading because each outside reference leads to another, and another, and another. Leading the reader, now researcher, into a never-ending downward spiral of obsession. We eventually have to block it out—that nagging feeling in the back of our minds telling me, this *might* be important. We should know what this is. It connects somehow. Have we heard it before? Do we know what that painting looks like? Does it even exist? Why do we not know this already? How can we be so dense to not know this information? The negative self-talk eats away at the reader every reference we do not investigate. And let us not get started with the names, date, and numbers, which Imp tells us are important when she says, “I’ve already filled these pages with a plethora of numbers (mostly dates) ... Perhaps there’s some secret I’ve unconsciously hidden in all these numbers...” (56). If we have managed to forcibly set aside our obsession with researching these innumerable numbers, we are forced to doubt ourselves for ignoring them. We wonder if we should go back and try to figure out why these numbers are there, what their significance is, what secret has been revealed that we missed by ignoring them. We make a mental note to notice them in the future. We feel the need to know how it all connects. It has to make sense somehow. It just has to. This is how Kiernan wants us to *feel*. We read, we research obsessively, and we write. And yet, “we can’t waste all of our time making notes about everything, can we?” ... ‘That would be silly, now, wouldn’t it?’” (10-11). There is nothing quite like a bit of self-doubt and self-condemnation to

kick off a growing list of intrusive thoughts and unwanted feelings we will soon experience while reading the rest of the novel.

(DSI)TRUSTING THE NARRATOR: CHANGEABLE RELATIONSHIP

One major concern in critical literary analysis is the reliability of the narrator, or rather the reader's ability to trust the narrator, yet with a psychological lens, we can understand Kiernan's unique style of narration in a different light. The underlying thread of any narratives is the matter of (dis)trusting the narrator to guide the reader through the story, but when we question our ability to trust the narrator, the relationship between the reader and the narrator settles into a state of dis-ease. As we already discussed, Wood tells us that an author with a mental diagnosis "is already framed by the reader as unreliable" (187) and yet Kiernan takes this several steps further by distancing her own schizophrenic self from the narrative by creating multiple levels of narration. With each level of narration being in its own way unreliable, readers cannot be certain who they can trust.

These multiple layers of narration are just another technique Kiernan uses to engage the emotions of her readers into feeling what it is like to have schizophrenia. Although questioning the reliability of the narrator is common act among literary critics, the psychological critical perspective offers us an entirely new viewpoint of Kiernan's narrative style. In just the first six pages of *The Drowning Girl*, readers are justifiably uncertain and insecure of the truth of the story, the reliability of alternative sources, the stability of the relationship between the reader and the narrator, the Voice of the "other narrator," and even our own interpretations.

One important aspect of Psychology is understanding schizophrenia and how it effects cognitive functioning such as memory, but in literary criticism, lapse in memory can create

distrust. After relating a memory of beating the family dog to death, Schiller tells us, “there is one big problem with this memory: It isn’t true. It never happened” (9). Here we see the narrator exploring their own reliability and acknowledging a lack of accountability in their subjective experiences and an inability to be objective in (false) memories leads readers to determine there is an inability in the narrator to even trust themselves. Similarly, Imp warns her readers that her “memory’s not very good” and she considers her own story as a “provisional truth” (20-21). Laura Dietz, mentions William Flesch and his concept of ‘the puzzle of narrative interest’ in which the question is: what is “the point of telling stories that aren’t true, and don’t pretend to be true[?]” (148). Imp asks this same question of her readers when she writes, “there’s no point doing this thing if all I can manage is a *lie...*”, which seems to be a viable truth claim; “Which is not to say every word will be *factual...*,” truth claim rescinded; “Only that every word will be *true...*,” truth claim again; “Or as true as I can *manage...*” (emphasis added 6). This back and forth of truth-claims causes readers to doubt the accuracy of the narrator’s account of the events which emphasizes the uncertainty found within the narrator. Therefore, we can conclude that the uncertainty within the reader is very much intended and is being purposefully established. It is not until later in the story when learning there are two memories of meeting Eva that readers realize how compromised her memory really is. In Imp’s mind, there really are two Evas. In addition, Imp speaks to the medications she is on and discloses that she has “only *tried*” to commit suicide herself, compared to her mother and grandmother who had succeeded, “And only once. Or twice” (5). This immediate self-correcting indicates that the narrator is not even sure of herself and her own past actions. A reader unfamiliar with psychotic disorders may think that one *should* be able to recount how many attempts of suicide one has attempted.

In moments of psychosis, recollection is unreliable due to the disorder's effects on psychological concepts of memory, cognition, affect, and speech, and therefore we must turn to alternative sources to fill in the missing gaps. In Schiller's novel, the author relies on the narrations of other sources, including the ghostwritings of hospital records and the accounts of family members and other loved ones, to fill in the inevitable lapses of memory. The novel portrays "Medical Records" as a "credible" source to fill in the gaps of her memory, in which the nursing notes state the patient is having, "episode[s] of sever auditory hallucinations coupled with intense psychomotor agitation... She stated she knows what to tell the doctors in order to let them discharge her... It became clearly evident in discussion how tormented she is by these voices and how had she is fighting to resist their commands... 'They'll kill me if I tell.'" (52). These are Schiller's experiences, some even her own words, yet she cannot remember it happening.

Kiernan plants the seed of distrust of professionals in her readers a different way. Imp shares how she sought professional help from therapists, is diagnosed as having disorganized schizophrenia, and is then later diagnosed as paranoid schizophrenia (4). The changeability of diagnoses instills doubt into the reader's mind the abilities of therapists to accurately diagnose their patients. The next source of unease comes from Imp telling the reader of how she has "not yet disclosed" seemingly trivial information to her therapist out of a mild fear of creating trouble (Kiernan 5). If Imp is withholding information from a professional who is only trying to help her, why should we trust the professionals if she doesn't?

As we discussed previously, once a person is known to be hearing voices, professionals no longer consider them a plausible source of information. Schiller is no longer able to tell her own story, but what's more is that others are telling it for her. The medical records state under

the title of “Informants,” “Patient, unreliable. Parents, reliable” (Schiller 74). We now understand the details from Schiller herself is questionable, yet there is the claim that other sources provide a dependable bases of information. Nevertheless, a few short pages later, Nancy states, “We played little games with the social workers... We made dates and didn’t keep them... It was our little revenge” (Schiller 80). Schiller’s parents were angry with the hospital staff due to staff turn overs, being told to give up hope, and an overall sense of feeling cheated out of a “normal” life for their daughter. From this confession though, readers learn that the gap-fillers, such as the “reliable” parents, are not as consistent and dependable as we are led to believe due to their fear of social stigma and otherness the diagnosis creates within them. In effect, we realize that we cannot even trust the accounts of these informational gap-fillers, because even those sources are open to inaccuracies and dishonesty.

The stability of the relationship between the narrator and the reader is also put into question. Right from the first page of *The Drowning Girl*, we understand there are several levels of narration when Imp writes, “she typed... she typed... I also typed” (Kiernan 1). Imp is a character as well as one of the (at least two) narrators, or at the very least seems to be narrating her own actions. Already, in just the first three lines, the reader is unsure of the nature and identity of the narrator, yet Imp is quick to correct the loss of trust by introducing herself properly, “My name is India Morgan Phelps, though almost everyone I know calls me Imp” (1). It is only the first page and we already on a first name basis with the narrator/author/main character which would be fine except Imp immediately launches us into a level of intimacy we may not have been entirely prepared for. To paraphrase: Here is my name, this is where I’m from, and by the way, my mother died in a mental institution and my grandmother was crazy (Kiernan 1). An abrupt and unexpected level of intimacy and disclosure could be disarming for

some readers, but it also forms an immediate bond between narrator and reader. Nevertheless, we cannot dismiss the disclosure that Imp lies, or at the very least, omits information when talking to professionals. Because of this, we must ask, how can we trust that Imp is not hiding secrets from us as well? She entrusts us with hidden knowledge and therefore we *must* be special. We as readers, and in this moment, Imp's friends, have a deeper connection with the narrator than she does with the therapist. Unfortunately, this false sense of security does not last for long. Imp shares her remorse for her inability to keep her family secrets from us, but she cannot tell us her story without breaking her family loyalty. However, breaking loyalties and telling secrets is a sign of a person who cannot be trusted, is it not? But we deem this as okay because she "*could* be writing *fabricated* versions of them, *fictional* avatars to stand in for the women they *actually* were." (emphasis my own 5). This statement alone may create a doubt for us to seriously to consider.

As we previously established in this paper, we know that Imp hears voices, and we are able to "hear" one of these voices in the form of the other "narrator." But, if Imp rarely confesses to hearing sounds or voices, then how do we know the second narrator is not just a literary device, an experimental technique, or even just an inner conversation like we all have? How do we know these sounds or voices are not metaphorically speaking? For starters, we can notice the intrusiveness of the alternate "narrator," with whom Imp has frequent discussions. One example being, "Imp stared a moment at what she had written, then added, 'Stop stalling, India Morgan Phelps. It's annoying'" (Kiernan 21). Although this could be interpreted as Imp simply talking to herself like many of us do, but the intrusion of the "narrator" voice occurs again, randomly, in the middle of a paragraph, and narrates Imp taking a break, going to the bathroom, eating an apple, and continue typing (Kiernan 23). We learned from Schiller's novel that occasionally the

voices were not all-over-powering; that sometimes, “they were more like chatterboxes in the back of my brain, talking to each other about me, narrating my every move” (20). The descriptive “narrator” is not her postponing the story line, but is a Voice, a symptom of schizophrenia, which we only know because of the psychological perspective. In addition, because we are aware of the intensity of the negativity of voices, we notice that the “narrator” slowly grows more and more critical, condemning, and even down-right malicious. We can easily compare the earlier gentle coxing to the later “‘Cut the crap and tell the story Imp...tell the story or don’t, but stop stalling. Stop Procrastinating. It’s annoying’ (Kiernan 98). Initially, like a friend, the “narrator” keeps the story on task. We begin to trust the “narrator” more than Imp herself. Like a narcissistic abusive relationship, we do not catch the downgrading at first, because it happens little by little. Imp leads us away, we follow. When she goes off topic, we go off topic. The “narrator’s” chastising to her slowly becomes a critical voice in our own minds. We cannot control it, but that does not matter. We have to follow the story. No matter where it takes us... and the “narrator” yells at us for it. It is not until we identify the “narrator” as a voice rather than a writing device that we can see how abusive the “narrator” becomes.

We are slightly comforted by Imp giving us a clear statement right from the beginning. She writes, “It seemed only fair to get the part about being crazy out up front, like a disclaimer, so if anyone ever reads this they’ll know to take it with a grain of salt” (6). This disclaimer lets us know not to take the novel too seriously and to not expect too much from the story line. In effect, even our expectations of a “normal” story are shattered by the disclosure of a mental disorder, but in the end, the story is safely embodied in a book. A negative side to this disclaimer is that it forces us to come to terms with our own stigmatizing beliefs that a person, much less a narrator, with a mental illness can or even should be trusted. Readers may reason, “Imp has a

mental disability, is her account trustworthy? Can we trust her perspective?” Even asking the question, “is this a reliable narrator?” shifts us into a battle of self-doubt. We have already discussed Imp hiding her symptomatic voices, but Imp will often slip in other areas too. Early in the novel she claims to have never had a migraine and then later states, “My usual cocktail of Excedrin and aspirin hasn’t helped. There is a railroad spike in my left eye, and there are gremlins running around in my skull banging on pots and pans. Skull goblins” (230). Initially claiming to not know what a headache feels like into having a “usual cocktail” to defeat *frequent visitors* (voices perhaps) “banging pots and pans” in her head tells readers that Imp often contradicts herself.

Due to her own self-contradictions, we cannot be certain which symptoms Imp suffers from, but if we are familiar with the psychology of schizophrenia, we begin to see through her denial and the effort of silencing her symptoms. Because of the frequency of conflicting information within the story, we must ask ourselves, do we not trust the narrator because of the diagnosis, or is the obvious contradictions forcing us to not trust the narrator? And, if only for the sake of the contradictions, are those contradictions due to the illness? All of our narrative sources, including our own interpretations, are put into question. Our reluctance to trust ourselves or others as well as doubting the validity of formally perceived reliable sources is all part feeling the uncertainty of schizophrenia. Who can we trust when we cannot even trust ourselves? Our trust is thoroughly shaken, and paranoia is ready to take its place as we begin the novel. Welcome to the world of schizophrenia.

A MOVE TOWARD LITERARY PSYCHOLOGY ANALYSIS

My paper has made the assertion that Psychology and Literature Studies have worked together in the past, yet now there is a need to blend the disciplines even more. This cross-disciplinary approach has uncovered schizophrenia's intersectionality and disruptive nature toward both heteronormative expectations and compulsory able-bodiedness. Despite their differences of time periods, disciplines, and genera, the cross analysis between these two texts have shown hesitations to disclose symptoms such as auditory hallucinations. Fear, stereotypes, and social control contribute to the ongoing stigmatization and othering of mental illness. But fortunately, authors who truly understand what it is like to live with disabling conditions are contributing to developing greater social awareness of unfair treatment and silencing of an underrepresented and oppressed population. Efforts by authors like Kiernan allow readers to experience what schizophrenia *feels* like by utilizing unique narrative techniques. Without a literary psychology analysis, the danger of average readers missing the richness of the experience or the depth of the social critique in these texts persists.

Works Cited

- American Psychiatric Association (APA). "Schizophrenia Spectrum and Other Psychotic Disorders." *Diagnostic and Statistical Manual of Mental Disorders*. 5th. Washington: American Psychiatric Publishing, 2013 Print.
- Brown, Lerita Coleman. "Stigma: An Enigma Demystified." *The Disabilities Studies Reader*. Taylor & Francis, 2013. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/cortland/detail.action?docID1125176>.
- Brüne, Martin. "Theory of Mind" in Schizophrenia: A Review of the Literature, *Schizophrenia Bulletin*, vol. 31, no. 1, Jan. 2005, pp. 21-42, <https://doi.org/10.1093/schbul/sbi002>.
- Brusso, Charlene. "Pernicious Thought Contagions." *Publishers Weekly*, vol. 259, no. 5, Jan. 2012, p. 39. *EBSCOhost*, search.ebcohost.com/login.aspx?direct=true&db=a9h&AN=71875653&site=ehost-live.
- Can Emir, Badegül. "Literature and Psychology in the Context of the Interaction of Social Sciences." *Journal of Humanities and Social Sciences* vol. 19, no. 4, 2016, pp. 49-55.
- Cohen, Cathy. "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics." *GLQ*, vol. 3, 1997, pp. 437-465.
- Conceição dos Santos, Rosemary, Camilo dos Santos, João, and Aparecido da Silva, José. "Psychology of Literature and Literature in Psychology." *Trends in Psychology* vol. 26, no. 2, 2018. http://www.scielo.br/scielo.php?pid=S2358-18832018000200767&script=sci_arttext&tlng=en.
- Dietz, Laura. "Adaptive Fiction: How Can Evolutionary and Cognitive Approaches to Literature Impact Creative Writing?" *New Writing (Clevedon, England)*, vol. 9, no. 2, Taylor & Francis Group, July 2012, pp. 147–55, doi:10.1080/14790726.2012.658069.
- Donaldson, Elizabeth. "Revisiting the Corpus of the Madwoman: Further Notes Toward a Feminist Disability Studies Theory of Mental Illness." *Feminist Disability Studies*. Indiana University Press, 2008. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/cortland/detail.action?docID=670277>.
- Kamens, Sarah. "Postcolonialism and (Anti)psychiatry: On Hearing Voices and Ghostwriting." *Philosophy, Psychiatry & Psychology*, vol. 27, no. 3, Johns Hopkins University Press, 2020, pp. 253–65, doi:10.1353/ppp.2020.0032.
- Kiernan, Caitlin. *The Drowning Girl*. ROC, 2012. Print.
- McRuer, Robert. "Compulsory Able-Bodiedness and Queer/Disabled Existence." *The Disability Studies Reader*, 2010, pp. 301-306.
- Rezaei, Abdolbaghi and Hassan Seyyedrezaei, Seyyed. "The Contribution of Psychology Theories in Literary Criticism." *Procedia- Social and Behavioral Sciences* vol. 84, 2013, pp. 1908-1911. https://www.researchgate.net/publication/273853336_The_Contribution_of_Psychological_Theories_in_Literary_Criticism/link/5551583d08ae93634eca0dc6/download.
- Schiller, Lori and Amanda Bennett. *The Quiet Room: A Journey Out of the Torment of Madness*. New York: Warner Books, 1996. Print.
- Williams, Jeffrey. "The New Humanities." *The Chronical Review Endgame: Can Literary Studies Survive?* (n.d.), pp. 25-28, Jan. 2021. http://connect.chronicle.com/rs/931-EKA-218/images/ChronicleReview_Endgame.pdf.

Wood, Mary. “‘The Speech Which Arranges the Dance’: The Undoing of Schizophrenia in Janet Frame’s Autobiography and Fiction.” *Life Writing and Schizophrenia: Encounters at the Edge of Meaning*, vol. 90, Brill, 2013, pp. 173-216.