What about me was so deranged that in less than half an hour a doctor would pack me off to the nuthouse? He tricked me though: a couple of weeks. It was closer to two years. I was eighteen. (Kaysen 39)

After a twenty-minute interview with a psychiatrist, eighteen-year-old Susanna Kaysen was compelled to sign herself into McLean Hospital, a psychiatric institute, where she would spend nearly two years. Kaysen’s memoir of the experience, *Girl, Interrupted* (1994) remained on the *New York Times* paperback bestseller list for at least seven years after its initial publication. According to *Publisher’s Weekly*, customer demand for Kaysen’s memoir quickly surpassed the original printing of 13,500, which resulted in *Girl, Interrupted* being “temporarily out of stock” (Maryles 18). As recently as 2000, a reporter for the *Boston Globe* suggested that Susanna Kaysen’s *Girl, Interrupted* threatened to replace Sylvia Plath’s *The Bell Jar* as the “Must-read for young women in high school and college” (Bass 7). Like *The Bell Jar* (1963), *Girl, Interrupted* exists as a cross-written text that straddles the arbitrary border between young adult and adult literature. “Many teenagers read the book long before they encounter it in class, just as a previous generation of young women were drawn to *The Bell Jar*” (Bass 7). The popularity of *Girl, Interrupted* and the association of the text with U.S. adolescent girls warrants further consideration of the memoir as a text read by young adults and as a representation of adolescent girlhood that offers a complex commentary on feminine coming-of-age.

In this essay, I analyze Kaysen’s memoir as a unique narrative mode through which she intervenes in knowledge about feminine adolescence. Specifically, I trace how Kaysen relies on the figure of the wounded girl...
to make visible and counter gendered pedagogies that seek to define feminine adolescence, especially white middle- and upper-middle class adolescent girlhood, as a period of traumatic passage. Kaysen’s retrospective account of her confinement at McLean Hospital makes a cultural intervention that challenges the notion that mental illness is rooted solely in the individual. Like other cross-written texts, then, Kaysen’s memoir “has not only aesthetic but also practical value” (Flynn 181). Kaysen returns to, and reorganizes, her girlhood in a way that disrupts the objectivity of psychiatric discourses that seek to press her particular experiences into a generalized trajectory of feminine development.

Girls, Theorized

Catherine Driscoll argues that adolescent girlhood arises as “An idea that depends on and contributes to a range of particular but not inevitable knowledges” (4). Contemporary understandings about feminine adolescence develop from historically and culturally bound gendered pedagogies and practices that seek to classify subjects into particular modes of adolescent girlhood. Since “the invention in late nineteenth-century America of the concept of adolescence” (White 9), adolescent girlhoods have often been associated with white, middle-class norms of femininity and linked to psychological risk (e.g., Nathanson; Smith-Rosenberg). This representation of adolescent girlhood as a period of crisis surfaces in different time periods in distinct ways in a variety of cultural texts written for or about young women. Materials for children and adolescents feature different manifestations of this character, including Disney’s filmic representations of fairy tale princesses, such as Sleeping Beauty (1959), or heroines in recent young adult novels, such as Patricia McCormick’s Cut (2001). These representations make visible larger competing cultural lessons about the perceived educational and/or psychological needs of adolescent girls.

Kaysen’s representation of her adolescence in Girl, Interrupted engages with this broader cultural curriculum that links adolescent girlhood to vulnerability. Diane Middlebrook wrote in her 1993 review, “Preoccupation with confinement in a pink-and-white body is one of the themes that makes this a girl’s story” (9). Published in the 1990s about her institutionalization in the 1960s, Kaysen’s memoir provides a perspective on the ways in which certain truths about adolescent girlhood are produced at the expense of others. The memoir explores how theorizations of adolescent girlhood often depend on larger meaning making apparatus, such as psychological discourses, that are less neutral than
gendered. Kaysen’s memoir was published in 1993 during a period of renewed concern about, and preoccupation with, U.S. adolescent girls as vulnerable subjects.

Throughout the 1990s social scientists, such as Carol Gilligan and Mary Pipher, depicted feminine adolescence as a period of crisis when adolescent girls’ academic achievement and self-esteem began to plummet (American Association of University Women; Brown and Gilligan; Pipher; Orenstein). Parents, teachers, and mentors were called to action to rescue girls and to help them develop what *New Moon Magazine* calls a “healthy resistance to gender inequities” (Patron 56). Concerned adults such as Anna Quindlen wrote:

> My daughter is ready to leap into the world, as though life were chicken soup and she a delighted noodle. The work of Professor Carol Gilligan of Harvard suggests that some time after the age of eleven this will change, and that even this lively little girl will pull back, shrink, that her constant refrain will become “I don’t know.” (27)

Mary Pipher’s bestseller, *Reviving Ophelia* (1994) brought the image of the “girl in crisis” into the mainstream. The popularity of bestselling books, such as Pipher’s and Lynn Mikel Brown and Carol Gilligan’s *Meeting at the Crossroads*, demonstrate the representation of American adolescent girls as wounded; while not the only way of thinking about feminine adolescence, in the 1990s this viewpoint came to dominant popular cultural understandings of adolescent girls. The cultural backdrop provides one context for Kaysen’s memoir, which can be read as part of a larger network of girlhood texts in which the figure of the wounded adolescent girl is especially visible. In this way, *Girl, Interrupted*, published one year before *Reviving Ophelia*, “is legible only in reference to a wider field of cultural representations” (Walker xxiii).

*Girl, Remembered*

One of the reasons for the appeal of Kaysen’s memoir for audiences of all ages rests in the complex ways in which she writes about mental illness. Not originally intended for a young adult audience, *Girl, Interrupted* swerves away from the “impulse to moralize about how people grow” (Trites 73) that marks most fiction written specifically for adolescents. Taking on the dual position of adult and adolescent in her coming-of-age memoir permits Kaysen to engage with pedagogies of gender that allow for complexity and contradiction.

Like other memoirs, *Girl, Interrupted* is a self-reflective and highly constructed representation of the self that draws on conventions of fiction
and often incorporates other cultural materials. Leigh Gilmore writes that, “Texts perform a complex kind of cultural work—never more so than when they seek to represent the ‘self’” (Autobiographies 22–23). For Kaysen, this cultural work involves reconciling competing materials, including hospital records, psychological diagnoses, and her memories. Writing a memoir offers Kaysen an occasion to confront and organize these materials, to provide a social context for them, from her perspective. “Girl, Interrupted also provides a snapshot in time, in America, and in psychiatric care” (Kong 2). In the twenty-five year span between confinement and the writing of her memoir, Kaysen witnessed second-wave feminism as well as changes in the treatment and diagnosis of mental illness. Kaysen’s memoir offers a shift in perspective about adolescent girlhood and madness.

Feminist sociologist Dorothy Smith argues that women’s individual stories of mental illness are often translated to fit overarching ideological narratives. Smith suggests that practices of thinking and writing:

convert what people experience directly in their everyday/everynight world into forms of knowledge in which people as subjects disappear in and in which their perspectives on their own experience are transposed and subdued by the magisterial forms of objectifying discourse (4).

In Girl, Interrupted Kaysen rewrites her official case history, where her experiences are read and interpreted in ways that fit the diagnosis of borderline personality disorder. Kaysen’s return to her adolescence allows her to point out how her behaviors arose from her “lived situation” (Smith 169), rather than from an individual pathology.

Girl, Interrupted

Girl, Interrupted chronicles Kaysen’s stay at McLean through a series of vignettes that describe a “parallel universe” in the psychiatric hospital. Unlike her middle-class peers, Kaysen does not attend college. Rather, she finishes her lessons in girlhood at McLean Hospital, described as an “Exclusive, exotic boarding school” (Hall-Balduf 7). In her review of Girl, Interrupted for the New York Times, Susan Cheever writes that:

In the 1960s, when I applied to college, the really glamorous places, the institutions where the most interesting girls went, were not the Ivy League’s sister colleges, like Smith, Wellesley, Radcliff and Mount Holyoke, but the institutions in another resort of Ivy League, places that also had tree-lined campuses with tennis courts and high tuitions—Austen Riggs in Stockbridge, Mass. And McLean Hospital in Belmont, Mass. (1)
As Cheever points out, McLean resembles more an elite school than a mental hospital; Kaysen’s memoir recalls college girls’ and boarding school stories. She lands in an all-female world, where the parameters of appropriate gendered behavior expand. In a section entitled “Freedom,” Kaysen recalls pranks in the ward during which one of the patients, Lisa, “Wrapped all the furniture, some of it holding catatonics, and the TV and the sprinkler system on the ceiling in toilet paper. Yards and yards of it floated and dangled, bunched and draped on everything, everywhere. It was magnificent” (24).

Mitzi Myers and U. C. Knoepflmacher suggest that the settings of cross-written texts often blur established binaries. They write, “Whether addressing adult or child audiences, or both, such fluid texts often rely on settings that dissolve the binaries and contraries that our culture has rigidified and fixed” (viii). McLean Hospital allows Kaysen to hover between little girlhood and womanhood. Like childhood, adolescent girlhood provides a place from which Kaysen narrates her history. As Carolyn Steedman points out, “The modern self is imagined as being inside, and it is this spatial sense that the term ‘interiority’ seeks to describe: the self within, created by laying down an accretion of our childhood experiences, our own history, in a place inside” (12). As the title of her memoir suggests, Kaysen begins her story at a point of rupture. She constructs her move from little girlhood to adolescence to womanhood as less a straightforward journey than an arbitrary one through which her interiority is defined by cultural practices outside of herself.

To tell her story of interrupted adolescence, Kaysen relies on the figure of the wounded adolescent girl. It is the traumatized adolescent girl’s metaphorical and literal placement on the outskirts of the social that allows Kaysen to communicate her unconventional story. As Claudia Nelson and Lynne Vallone argue, the “Girl” exists as “simultaneous subject, object, and opponent of cultural classification” (5). Like Ophelia, who speaks truths about her father’s death and Hamlet’s betrayal through her mad ramblings, Kaysen’s position as mentally ill narrator allows her to relay the “facts” from another vantage point. Gilmore argues that:

A first-person account of trauma represents an intervention in, even an interruption of, a whole meaning-making apparatus that threatens to shout it down at every turn. Thus a writer’s turn from the primarily documentary toward the fictional marks an effort to shift the ground of judgment toward a perspective she has struggled to achieve. (Limits 23)

Kaysen’s self-representational project focuses on the particular and, in the process, questions, rather than reifies, the cultural “truth” that adolescent girlhood and mental illness are naturally entwined.
That readers will question her version of events is evident throughout the text. In a section entitled “Do You Believe Him or Me?” Kaysen recreates her meeting with the doctor who would send her to McLean. She brings the issue of her legitimacy as a narrator to the forefront by refuting the referring doctor’s claim that he met with her for more than three hours before he committed her to McLean. Kaysen writes:

The doctor says he interviewed me for three hours. I say it was twenty minutes. Twenty minutes between my walking in the door and his deciding to send me to McLean. I might have spent another hour in his office while he called the hospital, called my parents, called the taxi. An hour and a half is the most I’ll grant him.
We can’t both be right. Does it matter which of us is right?
It matters to me. (71)

Kaysen makes several hypotheses about the doctor’s point of view, much like the hunches he makes about her psychological state. Then she leads the reader through the events as she remembers them.

Kaysen supports her claims by referring the reader to the hospital forms she signed upon admittance to McLean. Relying on the hospital’s institutional zest for documentation, she discredits the doctor. Here, the papers that mark “the charges against” her are also the documents that allow her to indict the psychiatrist who packed her off to a mental institution (150). At the end of this section, she concludes: “There we are, between nine and nine-thirty. I won’t quibble over ten minutes. Now you believe me” (Kaysen 72). Kaysen invites the reader to side with her as the authority on her experience. She establishes a different kind of truth that exceeds the ways in which the gendered pedagogies embedded within psychiatric and cultural discourses attempt to construct her.

Through the adolescent girl’s perspective Kaysen makes “public something that is considered extremely private” (Daniel 52). Her memoir makes visible cultural pedagogies and practices that allow her girlhood experiences to be defined as simply a personal crisis. While simultaneously working against the definition, the adolescent girl, albeit in a displaced mode, intervenes in the larger cultural sphere. Anita Harris, in Future Girls: Young Women in the Twenty-First Century, points out that, “Historically, young women have been both excluded from physical spaces demarcated for youth, and have been delegitimized as speaking subjects. Girlhood itself is almost invariably located within analytical frameworks of private and domestic worlds” (164). Memoir provides a mode of telling through which Kaysen stakes a claim on public territory.

Kaysen’s personal narrative engages with, and counters, authorized psychiatric discourses. “Their record provided a viewpoint on the
experience that I couldn’t provide. I didn’t have their kind of clinical
detachment and particular prejudices and thoughts” (Daniel 52). As she
places pressure on the gendered terms of her diagnosis, she offers
counter pedagogies. Just as counterpoint melodies exists above or below
the main one, counter pedagogies move about in relation to dominant
themes. Specifically, Kaysen inserts counter pedagogies that denaturalize
the links between feminine adolescence and mental instability. To do so
Kaysen provides an “annotated diagnosis” (150) that adds to, rather than
refutes, the charges against her. In this way, memoir provides an
additional narrative form for generating knowledge about adolescent
girlhood.

Kaysen begins her memoir with a facsimile of the first page of her case
record, “Established diagnosis, mental disorder: Borderline personality” (3). Later, she devotes one chapter to the Diagnostic and Statistical
Manual of Mental Disorders, 3rd Edition (DSM) definition of “Border-
line Personality of Mental Disorders,” which she quotes verbatim. She
then juxtaposes the DSM definitions with her own explanations. Kaysen
writes:

My self-image was not unstable. I saw myself, quite correctly, as unfit
for the educational and social systems.

But my parents and teachers did not share my self-image. Their image
of me was unstable, since it was out of kilter with reality and based on
their needs and wishes. They did not put much value on my capacities,
which were admittedly few, but genuine. I read everything, I wrote
constantly, and I had boyfriends by the barrelful. (155)

Kaysen places pressure on the ways in which her resistance to the
institutions of family and school are read as a lack of self-esteem, as
private, rather than as a rebellion against repressive social norms.

More importantly, she points out how gendered pedagogies that seek
to school her into these social and cultural norms of femininity are
embedded within the DSM. Kaysen underscores that the DSM defines
borderline personality as a disorder that is “more commonly diagnosed in
women”(157). Kaysen argues:

Note the construction of that sentence. They did not write, “the disorder is
more common in women.” It would still be suspect, but they didn’t even
both trying to cover their tracks. Many disorders, judging by the hospital
population, were more commonly diagnosed in women. (157)

Kaysen remarks that:

In the list of six “potentially self-damaging” activities favored by the
borderline personality, three are commonly associated with women (shop-
Kaysen points out how sexual behaviors are linked to the gendered terms of her diagnosis. She underscores the socially constructed link between a girl’s sexual practices and her mental health. When Kaysen places a teenage boy at the center of these diagnostic criteria, she exposes a gendered pedagogy aimed at disciplining girls’ bodies. Kaysen asks:

How many girls do you think a seventeen-year-old boy would have to screw to earn the label “compulsively promiscuous”? Three? No, not enough. Six? Doubtful. Ten? That sounds more likely. Probably in the fifteen-to-twenty range, would be my guess—if they ever put that label on boys, which I don’t recall their doing.

And for seventeen-year-old-girls, how many boys? (158)

Her replacement allows Kaysen to work within and against the discourse of risk used to institutionalize her. In the process, she underscores how psychological discourses are not neutral, but tied in specific ways to cultural lessons of femininity that seek to position the adolescent girl as injured.

Significantly, Kaysen’s “promiscuity” refers to a sexual relationship she had with her high school English teacher. This student-teacher relationship haunts Kaysen’s narrative and provides a curious undercurrent to the narrative’s focus on the etiology of mental illness. Kaysen’s high school education included private tutoring in heterosex from her English teacher. While Kaysen does not make an explicit correlation between her final breakdown and her relationship with the English teacher, its prominence in the narrative suggests its psychic import. The title of Kaysen’s memoir alludes to Vermeer’s famous painting housed in the Frick Museum, “Girl Interrupted at Her Music.” Kaysen writes:

It’s the painting from whose frame a girl looks out, ignoring her beefy music teacher, whose proprietary hand rests on her chair... I looked into her brown eyes and I recoiled. She was warning me of something—she had looked up from her work to warn me. Her mouth was slightly open, as if she had just drawn a breath in order to say to me, “Don’t!” (166)

Kaysen first sees the painting on a trip to the museum with her high school English teacher, who after the visit, pursues an intimate relationship. Kaysen realizes later that the girl in the Frick painting offered her a warning: “I didn’t listen to her. I went out to dinner with my English teacher, and he kissed me, and I went back to Cambridge and failed biology, though I did graduate, and, eventually, I went crazy” (166).
The doctors at McLean gloss over the teacher’s power in relation to his female student, or the possibility of Kaysen’s desire for him. They define it as an “attachment” (Kaysen 85). It is not the English teacher who lacks boundaries. Rather, it is Kaysen, who is diagnosed as lacking healthy boundaries. Kaysen’s personality is so ill defined that she cannot distinguish between healthy attachments and unhealthy ones, and she takes the blame.

Kaysen’s behavior is defined as promiscuous and serves as evidence that she has chosen the wrong route to safely navigate the dangerous passage from girlhood to adulthood. Under reason for her referral to the hospital, the record reads: “Increasing patternlessness of life, promiscuous might kill self or get pregnant” (11). Read as a case of abnormal female sexual development, doctors construct her as a willing and disturbed participant.

Kaysen’s narrative, much like girls’ school stories, ends with conventional feminine behavior. A marriage license secures Kaysen’s release from McLean. The same gendered criteria through which she was institutionalized allows for her entry back into the world. As a young woman tied to a man she is no longer at risk for promiscuity. Kaysen passes safely from a mental institution to the institution of marriage. On one level, then, Kaysen’s memoir reifies normative discourses of heterosexual femininity.

However, Kaysen doesn’t live happily ever after. In this way, *Girl, Interrupted* offers an interesting alternative to young adult novels about girls in mental hospitals published from 1990–2000. The wounded girl protagonists in novels—such as Patricia McCormick’s *Cut*, John Mardsen’s *Checkers* (1996), or Jennifer Owing Dewey’s *Borderlands* (2002)—are each healed by the end of the novel through the “talking cure.” The withdrawn and silent heroine, guided by a well-adjusted adult, reaches a therapeutic breakthrough that allows her to speak about and recover from her past trauma. Kaysen has no such eureka moment. In addition, Kaysen’s memoir differs from popular girl-rearing manuals, such as *Reviving Ophelia*, that share this plot line in which adults are positioned as saviors of adolescent girls. Kaysen’s memoir surfaces as a borderline narrative that throws into relief how everyday cultural texts participate in the production of gendered pedagogies that define adolescent girlhood as a period of psychic trouble.

Kaysen’s particular experiences and critiques of the social are later revised to fit a generalized frame about adolescent girlhood as a period of crisis. Kaysen’s subtle commentary and critique of the notion of dangerous passage are re-organized in the film version of the text in ways that
ultimately undercut the serious issues she raises in her memoir about mental illness.

*Girl, Revised*

“The good news is that writer-director James Mangold’s ‘Girl, Interrupted’ is one of the best films of the year. The bad news is that you have to be a hyper-sensitive 17-year-old girl to think so” described Paul Tatara in his CNN review of the movie based on the book (Tatara).

In 1999, *Girl, Interrupted* was made into a Hollywood movie starring Winona Ryder, who also co-produced the film. Throughout the memoir, Kaysen makes visible how the gendered pedagogies frame her diagnosis and treatment. However, the pedagogies Kaysen counters are recuperated in the movie. Numerous differences exist between the film and the memoir. Here, I focus briefly on the ways in which the film re-asserts the adolescent girl as a “hyper-sensitive” subject, who paradoxically is empowered through her vulnerability.

Unlike the initial printing of the memoir, the film appears to be aimed at a young adult audience. Alison Bass, writing in the *Boston Globe* in 2000, goes so far as to suggest that the movie tie-in cover features “a close-up of a model’s face, cut in half by type and somehow reminiscent of the bare midriffs so popular among teenage girls today” (7). The film draws upon the convention of young adult fiction. Throughout, the writers have inserted “didactic explicit ideologies” (Trites 73) that are articulated by adults. The adults in Kaysen’s narrative are given a much more developed role in the film and provide the protagonist with knowledge that allows her to successfully move past adolescence to adulthood. Dr. Wick proves herself a kind and compassionate guide, who represents the benefits of talk therapy. (See Gabbard for an analysis of *Girl, Interrupted* in relationship to other filmic representations of “The Talking Cure.”) Kaysen’s ability to tell her story through the wounded adolescent girl in a way that educates, but doesn’t dislocate the young adult reader, is overridden in the film, where the implied adolescent viewer “is at least temporarily displaced” (Trites 74).

Overall, Kaysen’s memoir is revised to fit contemporary discourses of wounded girlhood prevalent in the 1990s, in which the privileged white adolescent girl presents symptoms of low self-esteem, such as depression and/or eating disorders. As others have pointed out, this notion of wounded girlhood is inseparable from ideas about “girl power.” The adolescent girl finds herself empowered only after she discovers that she is vulnerable, a script that also occurs in young adult fiction. (See
especially Trites 96, for her discussion of sexual abuse survivors in young adult fiction.)

Anita Harris extrapolates the ties between girlhood, vulnerability, and empowerment. She writes that:

The primary focus of this concern about girls’ self-esteem is white, middle-class young women who are supposed to succeed, or who are perceived to have everything and yet cannot overcome psychological obstacles to their own guaranteed success. The problem is defined as their personal, psychological barriers to feeling confident and optimistic, being able to achieve, and developing internal resilience, strength, and self-belief. Accordingly, strategies for overcoming these problems are generally therapeutic and individualizing in approach, and they take the young woman as the unit of analysis and the project that must be worked on and regulated back into success. (33)

This cultural pedagogy is placed throughout the film. In one exemplary scene, Valerie, an African American nurse played by Whoopie Goldberg, offers Kaysen tough love in the form of a dunk in cold bath water. She provides a verbal reprimand that captures the wounded girl ethic of the 1990s: “You are a self-indulgent little girl who is driving herself crazy” (Girl, Interrupted film).

In the film, Kaysen’s memoir is read through pedagogies of feminine adolescence prevalent in the 1990s. The white middle-class adolescent girl is expected to get “back on track.” The movie alters Kaysen’s lessons to return to the individual as the source of the trouble, rather than the social. In a review of the film version of Girl, Interrupted, titled “Get Over It, Little Girl. Stop Your Whining,” Stephen Holden sums up the film as, “A small, intense period piece with a hardheaded tough-love attitude toward lazy, self-indulgent little girls flirting with madness: You can drive yourself crazy, or you can get over it. The choice is yours” (9). As Holden’s comments suggest, the film version elides the careful and pointed critique that Kaysen makes about the ways, in which her experiences were ignored through a diagnosis that refused to see her behaviors as anything other than pathological. The movie suggests how a familiar script of girls as hyper-sensitive in adolescence organizes and pre-disposes readers to interpret feminine adolescence in particular ways.

Kaysen’s resistance is appropriated and commodified to fit with gendered pedagogies that seek to teach girls that empowerment comes only after victimization. Abby McGanney Nolan argues that the film is “a showcase for Ryder’s winsome victim” (130). The film’s re-inscription of 1990s pedagogies of adolescent girlhood helps to set into relief the complex narrative strategies of Kaysen’s memoir. These gendered pedagogies surface through an examination of how some young women readers interpreted Kaysen’s memoir.
Sandra Taylor argues that popular cultural forms “play a part in the construction of femininity in two main ways—first through the ideologies embodied in the texts themselves, and second through the ways in which they enter the lives of teenage girls (137). Perhaps one of the most surprising responses to Kaysen’s book was the reaction she received from some young female readers, who have flocked to her. “Girls and young women who have perhaps had some of the same suicidal thoughts and self-destructive behaviors that Kaysen did as an 18-year-old have been some of the biggest fans of the book” (Kong 2).

During Kaysen’s promotional tour for *Girl, Interrupted*, young women with bandages on their wrists waited to speak with Kaysen about their own suicide attempts. In an interview, Kaysen states that the girls “wanted to look at me and understand themselves” (Kenney 6). Given that Kaysen writes about her suicide attempt, it is perhaps not all that surprising that girls turn to Kaysen. Her personal account of her experiences makes her somehow accessible. However, Kaysen is uneasy with this attention. In an interview, she said she received a “strangely nonliterary response.” The reaction she got had “nothing to do with the book” (Sharkey 24). In a curious turn of events, Kaysen found herself turning away from these girls, much as her psychiatrists kept her at arms’ length.

The bodily readings of Kaysen’s text suggests that girls continue to ingest a cultural pedagogy that teaches girls to turn their anger inward rather than outward, that instructs them to view self-destruction as the only viable option for resistance. It may be that self-inflicted harm might be a cultural rite through which young women act out and resist the girlhood pedagogies that frame their passage from girlhood to womanhood. Kaysen, for example, describes her suicide attempt as symbolic of her desire to kill one part of herself. About her committal to a mental hospital Kaysen writes: “I wasn’t a danger to society. Was I a danger to myself? The fifty aspirin—but I’ve explained them. They were metaphorical” (39).

These physical symptoms may be less pathological than an adaptive response to trauma. Laura Brown argues that trauma is not “outside the range” of everyday life, especially for oppressed groups. Within heteropatriarchy, women and girls experience and/or recognize the potential threat of gender-based violence, albeit in different constellations given the variables of race, ethnicity, class, and sexual orientations. Brown places seemingly individual experiences into the context of everyday
traumata and argues that attention to “the lives of girls and women, to the secret, private, hidden experiences of everyday pain, reminds us that traumatic events do lie within the range of normal human experience” (“Not Outside” 110). She argues that behaviors commonly linked with character disorders might be read as an adaptive response to repressive social norms. In this sense, Kaysen’s borderline symptoms suggest “not a disordered personality but a normative, functional, and at times creative (although distressed) response to potentially dangerous situations and oppressive cultural norms” (Brown, “Feminist” 220). In this way, girls’ symptoms emerge as a comprehensible and likely response to repressive social norms or traumatic experiences, rather than as the symptoms of a disorganized personality.

It may be that through suicide attempts, and other forms of self-mutilation, such as wrist banging or cutting, girls make visible surreptitious girlhood lessons that teach young women that their experiences are inconsequential, that their reactions to oppression are pathological and that that their bodies incite gender-based violence. At the same time, these young women attempt to control the terms of that harm through self-destruction. As Susanna Kaysen suggests, “Suicide is a form of murder—premeditated murder. It isn’t something you do the first time you think of doing it. It takes getting used to” (36). Writes Kaysen, “Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal?” (154) She returns to the image of the girl in the Vermeer painting:

Interrupted at her music: as my life had been, interrupted in the music of being seventeen, as her life had been, snatched and fixed on canvas: one moment made to stand still and to stand for all the other moments, whatever they would be or might have been. What life can recover from that? (167)

Through the figure of the wounded adolescent girl, Kaysen underscores how her diagnosis, treatment, and recovery are tied to gendered pedagogies about white, upper-class femininity. In turn, she questions the ways in which psychological and popular discourses about adolescence attempt to press adolescent girls into positions of vulnerability. In this way, Kaysen provides a text within which she embeds alternative gendered pedagogies that teaches about the ways in which the adolescent girl is compelled to occupy the position of traumatic subject.

Kaysen crafts a text that is distinct in its pedagogical intentions from texts written specifically for young adults. That young women’s experiences fail to fit the ideological frames used to interpret feminine adolescence raises larger questions of representations of adolescent
girlhood in young adult fiction and in texts read by and marketed to young women. As Pam Gilbert and Sandra Taylor ask, “How many speaking positions of authority are available to young teenage women?” (42). *Girl, Interrupted* attempts to provide an alternative speaking position with complex results. For instance, the film version of the memoir and the responses of a sample of adolescent female readers seemingly reaffirm the lessons about wounded girlhood that Kaysen counters.

Kaysen questions the idea that madness is solely the result of hormones, a disorganized personality, or a chemical imbalance. As she charts the “topography” of her illness and marks that place where she made a border crossing into a “parallel world” of madness, she simultaneously charts the complexities and consequences of defining girlhood in relation to madness. As Kaysen re-organizes and recollects her girlhood, she traverses and highlights, explicitly and implicitly, the invention of feminine adolescence. Through her retrospective creations, Kaysen emphasizes girlhood as a physical and psychic territory. She draws attention to how the social categories of adolescent girlhood are produced and resisted through cultural texts. Within her narratives, she offers alternative pedagogies that blur the line between adulthood and adolescence, and tutor us about the insufficiency of the time-bound and gendered identities that culture imposes.

_Elizabeth Marshall is an Assistant Professor at the University of Maryland, College Park, where she teaches courses in children’s and adolescent literature. Her research focuses on representations of gender and sexuality in texts for young readers._

**Notes**

1 When she was twenty, Winona Ryder committed herself to a psychiatric hospital to treat anxiety attacks and depression. When the movie version of *Girl, Interrupted* appeared critics focused on Ryder’s struggles. See especially Conant’s “Winona’s Search for Sanity,” which appeared in the *New York Times Upfront*, a news magazine for teens in grades 9–12.

2 In her memoir, Kaysen describes Valerie as looking “a lot like Lisa, though she was fair” (83). The film portrays Valerie as African American, a move that further emphasizes Kaysen’s whiteness and privilege. See Cross (49) and Gabbard (10).
Works Cited


Elizabeth Marshall


