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**WOMEN'S MENTAL ILLNESS IN ANGLOPHONE LITERATURE**

**AUTOR: María Rodríguez Herrojo**

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# TABLE OF CONTENTS

INTRODUCTION	3
THEORETICAL REVIEW	5
MENTAL ILLNESSES IN <i>THE VIRGIN SUICIDES</i>	12
MENTAL ILLNESSES IN <i>GIRL, INTERRUPTED</i>	16
COMPARING <i>THE VIRGIN SUICIDES</i> AND <i>GIRL, INTERRUPTED</i>	20
CONCLUSION	23
BIBLIOGRAPHY	24

## Introduction

He would be cruel indeed, to put a passion in her, and then to punish her for feeling it.(Waters, 2002, p. 237).

The study of women's mental health has long been a topic of considerable debate and diverse perspectives. Throughout history, women have been considered more vulnerable to mental illnesses due to various factors. Feminist scholars argue that these differences are not merely biological but are deeply embedded in the gendered structures of society. As noted in a study published in "Social Science & Medicine" (1984):

A consensus is emerging that women have higher rates of psychological distress and physical illness in our society and that these differences are largely due to the roles they occupy. [...] Women do appear to be more likely than men to occupy a nurturant role, and such role is associated both with a high level of social demand and intrusions into one's privacy. (Gove, 1984, p. 78 & 81)

This observation underscores the importance of examining how socially constructed roles and expectations contribute to the vulnerability of women to mental illnesses. Understanding these dynamics is crucial to analysing how female mental health is represented in cultural discourses and how this affects the female psyche. Literature, however, has served as a powerful way to explore its problematics. In this undergraduate dissertation, I will focus on two modern-day texts that tackle and delve into the representation of mentally ill women: *The Virgin Suicides* (1993) by Jeffrey Eugenides and *Girl, Interrupted* (1993) by Susanna Kaysen. In Eugenides' work, the Lisbon sisters fight against an environment that is profoundly oppressive to them, constraining their physical, emotional and mental freedom. Their family, specially their authoritative and religious mother, imposes a rigid discipline that limits any expression of individuality. After the youngest sister's suicide attempt, surveillance intensifies: their mother isolates them and locks them in a house that becomes a prison. This repression, however, does not only come from the family environment, but also from a society that only expects of them docility and beauty. Furthermore, the sisters face an internal fight against incomprehension, emotional emptiness and the impossibility of being heard. The boys that observe them – and who narrate the novel – do not really understand them but instead reduce them to symbols of tragedies.

In *Girl, Interrupted*, the young girls who are interned in a psychiatric institution struggle against a system that instead of trying to cure them, silences them. The hospital works as an extension of the outside world, a place that isolates those who do not behave like everyone else. Not knowing what to do with oneself becomes a sufficient motive to be considered ill and through the recollections of Susanna—both main character and narrator—the reader can experience the search for her own identity and voice amidst the chaos that tries to silence her. Her fight is not only against illness but to be recognised as a complete and functional human being beyond her symptoms. The analysis of these novels allows to reflect on the never-ending pull between female identity and the expectative laid upon them. Through characters such as the Lisbon sisters and Susanna, authors bring to light how women are conditioned from a young age to comply, conflicting with their hopes and desires.

Women's psychological experiences are not only marginalised but frequently portrayed via patriarchal lenses that frame them as unhealthy or unreasonable. Author Jane Ussher argues:

Psychoanalysis is seen as reducing women to biologically determined, perpetually envious, second-rate citizens; prescribing womanhood as a punishment to be borne; and seeing suffering or madness as an almost inevitable consequence. Again, the patriarchal environment which creates women's distress is seen to be ignored, whilst the woman herself is controlled through the therapy. (Ussher, 1992, p. 186)

This framing individualizes and psychologizes suffering. Feminist theorists challenge this view by reclaiming the validity of women's emotional experiences as responses to structural injustice rather than mere symptoms of psychological dysfunction. This perspective is key to understanding literary depictions of madness in female characters not as isolated anomalies but as critiques of the roles imposed on women. As Phyllis Chesler emphasizes; “the cumulative effect of being forced to lead circumscribed lives is toxic” (Chesler, 2005, p. 25). These feminist perspectives not only critique psychiatric discourse but also reframe madness as a form of resistance — a symbol through which women have historically expressed despair when other forms of expression were denied.

In examining the representation of mental illness in literature, this essay aims to analyse how these narratives create a space for making visible women's experiences—understood as

their emotional, and psychological realities, which have often been ignored or distorted by dominant discourses. Furthermore, as complementary objectives, this study seeks to highlight the significance of literature as a critical tool for exploring the complexities of female suffering and for challenging the sociocultural norms that contribute to its pathologization. As feminist theorist Susan Bordo asserts; “Female bodies have historically been significantly more vulnerable than male bodies to extremes in both forms of cultural manipulation” (Bordo, 2003, p. 143), making it essential to consider how cultural media reveals the internal conflicts that arise from the tension between individuality and social expectation, exploring the relevance of literature as a tool to unravel the complexities of women’s psychological suffering.

This undergraduate dissertation’s research technique is based on an interdisciplinary approach that blends feminist theory and gender studies with literary analysis. In order to do this, two main works—*Girl, Interrupted* by Susanna Kaysen and *The Virgin Suicides* by Jeffrey Eugenides—have been thoroughly examined. My analysis makes use of scholarly works and theoretical writings that tackle topics including the pathologization of otherness, the medicalisation of female subjectivity, and literary representations of the body and mind. Furthermore, while keeping the analysis concentrated on the two chosen texts, citations to other writers and works help to contextualise and enhance the theoretical framework.

## Theoretical Review

The diagnosis of nervous disorders under patriarchal lenses has always been a stronghold for the male discourse. Women were most of the time seen as more emotional and fragile as the other sex, which led to the pathologization of behaviours that stepped out of the box, such as emotional independence, the desire for autonomy and the dissatisfaction with traditional gender roles. During the nineteenth century, psychiatric discourses played a crucial role in constructing femininity as an inherently emotional, and unstable category. One of the most emblematic diagnoses of this period was hysteria, traditionally associated with the female body. The term hysteria originates from the Greek word *hystera*, meaning uterus—a linguistic root that already marks the condition as immanently female. It served to pathologize a broad spectrum of symptoms—ranging from anxiety and sadness to heightened sexuality—as deviations from the bourgeois ideal of womanhood. This ideal, shaped by Victorian values, promoted a model of passive and domesticated femininity, where women were expected to be

devoid of intellectual ambition. Any expression of dissatisfaction or agency could easily be construed as pathological. As the research article “Women And Hysteria In The History Of Mental Health” (2012) notes, “Melampus spoke of the women’s madness as derived from their uterus being poisoned by venomous humors, due to a lack of orgasms and *uterine melancholy*” (Tasca et al., 2012, p. 110), hysteria was formally recognized in early manuals as a disorder marked by somatic symptoms, most commonly diagnosed in young women, revealing a clear intersection between gender and diagnosis. Through key figures such as Sigmund Freud, hysteria evolved from a disorder of the body to one of the psyche, but it retained its disciplinary function. As Hélène Cixous writes, “Censor the body and you censor breath and speech at the same time” (1976, p. 880), highlighting how the silencing of female discourse has been historically linked to the appropriation of the female body. Within this context, many contemporary feminist theorists have reframed hysteria as a language of the body—a mode of expressing, through symptoms, that which could not be voiced in words.

Even in modern society, with the diagnostic of hysteria being long obsolete, there are still in many contexts negative connotations intertwined with women’s health in many contexts. Emotional and physical changes during the menstrual cycle are still, in most cases, stigmatized as a sign of irrationality and weakness. A vision strongly impregnated by the patriarchal logic - trying to explain women’s mental states as an inherent defect of women’s bodies. However, feminist psychology has played a crucial role in questioning the *status quo* by approaching mental illnesses through a critical and contextual perspective. Women, rather than passive victims of their biology, are seen by this socio-political movement as active subjects whose experiences are shaped by systems of oppression that affect their mental well-being.

One of the fundamental texts in the feminist critical thinking is *The Second Sex* (1949) by French existentialist philosopher Simone de Beauvoir. In this book, de Beauvoir reflects on how women have historically been constructed as the Other, forever subordinated to the male discourse; “The representation of the world as the world itself is the work of men; they describe it from a point of view that is their own and that they confound with the absolute truth.” (de Beauvoir, 2011, p. 166). Although de Beauvoir does not directly address mental illnesses in her essay, she approaches the idea of how existing complementarily to men condemns women to define their identities in relation to their assigned roles in society (mothers, wives, daughters etc.) contributing to their alienation as a sex. This therefore implies that women do not exist as autonomous subjects with desires and necessities but as objects whose value and existence

depend on the expectations placed onto them, laying the groundwork for a life of maladjustment. Women are set into society to assume a role that is subordinated to that of men and are not free to pursue auto-determination; “One is not born, but becomes a woman” (de Beauvoir, 2011, p. 295), with this statement, De Beauvoir holds the idea that gender is an imposed social construct and not a biological or natural characteristic.

On the second half of the twentieth century, with the evolution of clinic psychology and psychoanalysis, new currents started to appear which recognised the reciprocal interaction between gendered experiences and mental health. The study of these mental disorders from a more inclusive perspective began to reflect how sociocultural factors could be affecting women’s mental health, a shift that allowed researchers to analyse society’s constraints to which women saw themselves subjected and how these affected their emotional well-being. The bourgeois ideal of womanhood imposed a defined model of femininity rooted in domesticity, passivity, and moral purity. Those who resisted were often pathologized as irrational or unstable and obliged to fulfill their roles, Phyllis Chesler argues:

The fear of economic, physical, and sexual deprivation or punishment teaches women to value their own sacrifice so highly that they quite ‘naturally’ perform it. And if their anger about this natural self-sacrifice drives them ‘mad,’ asylum practices will exact their sacrifice anyway. (Chesler, 2005, p. 165)

These forms of symbolic and institutional control not only silenced women but also served to produce a definition of normality aligned with patriarchal interests. In response to this, literature and writing have emerged as a way of resistance, the complexities of women’s mental health, often obscured or pathologized by mainstream discourse, can now be voiced allowing not only to tackle the individual psychological aspects but to locate these disorders inside a broader sociocultural and political context. An early representation of this is Charlotte Perkins Gilman’s “The Yellow Wallpaper” (1892), a fundamental work in feminist literature that examines how a woman’s mental health can be stirred by the lack of agency. The narration of the decline of her mental state after being secluded in a room, turns into a critic on the limiting gender roles that are imposed onto women and how that deprives them of the ability of thinking and acting freely. The prescribed treatment after childbirth—the *rest cure*, which involved isolation, inactivity, and a prohibition against writing—demonstrates how medical

discourse functioned as a mechanism of control over the female body and subjectivity. While her diagnosis aligns with the historical context of hysteria, the symptoms she displays also strongly suggest a case of undiagnosed postpartum depression. On the article “Women at risk for postpartum-onset major depression” (1995) authors publish their conclusions on the correlations between perinatal care and mental health: “Postpartum depression can result in significant impairment of function in the new mother and may pose longer term adverse sequelae for maternal bonding, as well as the subsequent cognitive and behavioural development of the infant.” (Stowe & Nemeroff, 1995, p. 642) Moreover, “The Yellow Wallpaper” can be read as a story on confinement and the punishment of female autonomy—both bodily and intellectual. Similarly to what happens in the works that this essay analyses in more depth, the room becomes a literal and metaphorical enclosure of the feminine body, within which the protagonist projects her internal conflict, as well as her psychological decline.

Literature has demonstrated as well a continuous interest in the workings of the human mind, although the representation of psychological depth has evolved alongside historical shifts. In nineteenth-century fiction characters began to reflect internal emotional conflict and social pressures more distinctly. As Elaine Showalter notes, “madness is a female malady not because women are mentally ill, but because historically madness has been defined as a female disorder” (1987, p. 3), this construction of madness in gendered terms set the foundation for later literary depictions of mentally afflicted characters. While earlier literary periods provided characters with psychological complexity, it was during Modernism that a radical shift in focus was introduced: it prioritised the inner consciousness over external action, exploring the fragmented and nonlinear nature of thought. As Bradbury and McFarlane expose on their book on Modernist literature:

There were signs that betrayed to the sensitive, intuitive witness those secret shifts of the endless flux and infinite change of the inner life, that reality which was not objectively given but was something subjectively perceived through consciousness, an active motion of mind [...] “A *river* or a *stream* are the metaphors by which it is most naturally described. In talking of it hereafter, let us call it the stream of thought, of consciousness, or of subjective life” (James, 1890) (Bradbury & McFarlane, 1976, p. 197)

The development of techniques such as the stream of consciousness and interior monologues allowed authors to delve directly into the private realms of the psyche. Over time, in the twentieth century and beyond, psychiatric and psychological discourses began to shape literary structures themselves. According to Laurie Vickroy,

The fragmentation of narrative and identity common to the postmodern period gave more contemporary writers other means to express traumatic experience. These stylistic innovations have reflected our understanding of consciousness as well as our capacity to imagine the human psyche in all its facets. (Vickroy, 2002, Preface)

Narrators with unreliable perspectives, such as in *One Flew Over the Cuckoo's Nest* (1962), represented how mental illness could become both topic and narrative strategy. This advancement in benefit of narrative representations of women's mental illness not only challenged patriarchal discourses as spaces for gendered subversion. In fact, the intersection of gender, madness, and the supernatural has been a fertile ground for feminist analysis of earlier literary traditions, particularly within the Gothic time period, as American scholars expose: "In Gothic literature written by women, the demonic is often harmful at worst and ambiguous at best, usually conflated either with masculine violence or the frightening specter of feminine madness." (McCormick et al., 2018, p. 191)

The women who suffer from mental disorders in modern literature are not only ill characters but complex human beings that fight against gender expectations and in many cases, the impossibility of finding their place in a society that marginalizes them. In her 1929 essay "A Room of One's Own", Virginia Woolf engages with the imposition of gender roles and how these restrict women's creativity; "So long as you write what you wish to write, that is all that matters; and whether it matters for ages or only for hours, nobody can say"(2015, p. 77), Woolf describes how even women with an innate talent for creating see themselves stripped away of the material, economic and emotional means to be able to do so. The author argues how, historically, the female sex has been deprived of a space to call their own, not only physical, but also intellectual, and which holds them back from developing an identity and experiencing their reality throughout their own gaze. Met with hostility, women have always found difficulties in simply existing.

The indifference of the world which Keats and Flaubert and other men of genius have found so hard to bear was in her case not indifference but hostility. The world did not say to her as it said to them, write if you choose; it makes no difference to me. The world said with a guffaw, Write? What's the good of your writing? (Woolf, 2015, p. 39)

This of course paves the path for other women to start writing about the complex interaction between the feminine identity and psychological suffering. In *The Bell Jar* (1963) by American author Sylvia Plath, we follow the struggle of Esther Greenwood against depression. The mental illness that Esther suffers from is presented as a direct reaction to the social expectations of success, beauty and conformity that were laid upon American women in the 60s. The novel delves into the main character's feelings of entrapment between her desire to break the mould of the traditional wife and what is demanded, denying her of her own space of self-proclamation; "If neurotic is wanting two mutually exclusive things at one and the same time, then I'm neurotic as hell. I'll be flying back and forth between one mutually exclusive thing and another for the rest of my days." (Plath, 1971, p.113)

The psychological suffering experienced by women has often been examined leaving aside the social dynamics that may be at the root of this pain. But feminist scholars have long questioned this approach, suggesting that the high number of diagnoses like hysteria in the nineteenth century—or depression and anxiety today—among women may have less to do with innate weakness and more to do with the expectations placed on them. These diagnoses can be seen, in many cases, as responses to a society that restricts women's autonomy, demands emotional self-sacrifice, and offers little space for objection. In literature, this dynamic often takes shape through characters whose mental illness becomes a way to express what they're unable to say outright. As mentioned previously, "The Yellow Wallpaper" illustrates this clearly: the narrator's descent into madness is not just personal but deeply shaped by the social and medical systems that silence her voice and isolate her under the guise of treatment.

Susan Bordo (2003), writing on the cultural politics of the body, notes that disorders like anorexia and depression often reflect internalized ideals of femininity—thinness, passivity, and emotional fragility—as much as they do individual distress. Elaine Showalter (1987) also argues that madness has historically served as a female language of protest, a space where emotional and social contradictions can erupt when no other outlet is allowed. Literary works

like Jeffrey Eugenides's *The Virgin Suicides* and Susanna Kaysen's *Girl, Interrupted* take this further by showing how mental illness in young women is often inseparable from the pressures of conformity, domesticity, and a lack of agency. Women's emotions, doubts, and embodied experiences have frequently been seen as irrational—something to be treated rather than listened to. As feminist scholar Mary Beard reminds us:

We have to focus on the even more fundamental issues of how we have learned to hear the contributions of women [...] What we need is some old-fashioned consciousness-raising about what we mean by the 'voice of authority' and how we've come to construct it. (2017, p. 34)

In this excerpt, Beard highlights how women's attempts to articulate dissent have frequently been medicalised or dismissed rather than acknowledged as a rational discourse. This grounds the representation of madness as a symbolic reaction to the sociocultural erasure of female subjectivity. In her book *How to Suppress Women's Writing* (1983), American feminist academic Joanna Russ discusses the systematic exclusion of women in the literary world and the many ways their voices have been shut down by the patriarchal critic. Russ remarks how many women saw themselves forced to write following predetermined forms that did in fact not reflect their realities but that fit men's expectations.

When the memory of one's predecessors is buried, the assumption persists that there were none and each generation of women believes itself to be faced with the burden of doing everything for the first time. And if no one ever, did it before, if no woman was ever that socially sacred creature, "a great writer," why do we think we can succeed now? (2005, p. 114)

To the author this phenomenon is not only a matter of intellectual marginalisation but uncovers a deeper issue of structural defect of an oppressive system. Russ reflects on the need to be accepted and recognised that women suffer when trying to comply with the ideals the patriarchy entails. Mental illnesses on female characters as represented in literature become thus a metaphor of a woman's failure to adapt to a social design that is made to oppress them. This comprehensive framework provides a solid base to understand the representation of women's mental illnesses in two novels, *The Virgin Suicides* by Jeffrey Eugenides and *Girl*,

*interrupted* by Susanna Kaysen, texts in which their main characters see themselves trapped in social devices that limit their options and that impose traditional roles they cannot fulfil.

## Mental Illnesses in *The Virgin Suicides*

Jeffrey Eugenides' 1993 novel *The Virgin Suicides* narrates the story of the Lisbon sisters, five teenagers living in the American midwestern suburbs in the decade of 1970. The work is told through the eyes of a group of neighbourhood boys who observe the tragic events that surround the lives of the young girls. The sisters live under the strict and vigilant control of their mother while their father seems to be out of touch with reality and incapable to face the family's dynamic. Eugenides, born in 1960's, is a Greek-American author known for his unique style to narrate complex stories about identity, love and existentialism. His most well-known work, *Middlesex* (2002) and which earned him the Pulitzer Prize for Fiction, is a prime example on the exploration of gender, family and identity for those whose existence reside in liminal spaces, with an intersex protagonist who is born with both the male and female sexual organs. The novel is not only remarkable because of its representation of intersexuality, but because of its depth into intergenerational gendered relationships inside an immigrant family.

I hadn't gotten old enough yet to realize that living sends a person not into the future but back into the past, to childhood and before birth, finally, to commune with the dead. You get older, you puff on the stairs, you enter the body of your father. From there it's only a quick jump to your grandparents, and then before you know it, you're time traveling. In this life we grow backwards. (Eugenides, 2007, p. 425)

What differentiates this from common historical fiction novels is that Eugenides does not present his characters as flawless figures but instead shows them amidst their vulnerability. Throughout the novel, Jeffrey Eugenides reflects on how real life rarely lives up to the expectations we have when we are young. His first novel has topics which are far less experimental than those in *Middlesex*, but it still maintains the ability to combine the intellectual with the emotional, exploring topics such as mental health and the complexities in life. In *The Virgin Suicides*, the author constructs a portrait of teenage years filled with nostalgia. Both of these novels are characterised for being able to fuse topics related to personal

intimacy with thoughts on the society that surround his characters, entrapped between their personal desires and social expectations.

The central focus of the plot is the suicide of the five sisters, which are intrinsically related to various social and psychological factors. Their death in the novel is a wake-up call about their deep emotional suffering, and a failure from society to recognise and attend young girl's mental health. The Lisbon sisters are portrayed as beautiful but otherwise quite ordinary and emotionally overwhelmed by their reality. Throughout the novel we can see how their family and social environment leads them to live through severe emotional hardships and although each sister has her own unique personality, the reader can feel how they all face psychological unsteadiness that seems to intensify as time goes by. Cecilia Lisbon, the youngest sister, is the first to show behaviours that disclose symptoms of depression, such as attempting to end her life by cutting her wrists. In her case, suicide seems to be a desperate response to a life to which she finds no way out.

Dr. Armonson stitched up her wrist wounds. Within five minutes of the transfusion he declared her out of danger. Chucking her under the chin, he said, "What are you doing here, honey? You're not even old enough to know how bad life gets." And it was then Cecilia gave orally what was to be her only form of suicide note, and a useless one at that, because she was going to live: "Obviously, Doctor," she said, "you've never been a thirteen-year-old girl. (Eugenides, 1993, p. 5)

Through her character, Eugenides writes on the painful reality of being a teenage girl. The fight to find a purpose in an isolating home and the detachment of the adults that surround her. Dr. Armonson's remark shows a simplistic and downsized view of her suffering. Although well-intentioned, adults see her suicide attempt as a short-lived feeling of inadequacy, something that in their opinion, a teenager cannot fully understand due to young age. Cecilia, however, is trying to make him understand her extreme desperation, something he seems unable to grasp. Adults, represented in this scene by the doctor, tend to underestimate teenage agnst, often seeing them as immature or overly emotional. This episode can also be examined through the lens of cultural criticism, particularly drawing from Ann Cvetkovich's work in *Depression: A Public Feeling* (2012). Cvetkovich argues that dominant medical and social discourses often individualize depression, neglecting the conditions that produce it. Dr. Armonson's response aligns with this logic, attempting to frame Cecilia's suicide attempt

within a simplified medical narrative that disregards the broader emotional and social context of her life. From this perspective, Cecilia's suffering is not acknowledged as a legitimate response to her environment—marked by strict parental control and emotional isolation—but rather dismissed as a temporary imbalance to be medically resolved. As Cvetkovich suggests, understanding adolescent female depression requires attention to the social and emotional landscapes in which it emerges.

In *The Virgin Suicides*, Jeffrey Eugenides uses a first-person plural narrative voice in the form of the neighbourhood boys. This is fundamental to understanding of the novel as it provides an external and partial perspective on the sisters. The narrators, who never managed to meet the girls deeply, observe them from afar, which causes a mystical fascination in them. In her essay "A story we could live with: Narrative Voice, the Reader, and Jeffrey Eugenides's *The Virgin Suicides*" (2009), Debrah Shostak engages with the following statement: "Eugenides's use of the collective voice enables a kind of perspectival vertigo" (2009, p. 809). The use of this narrator allows for the Lisbon sisters to be portrayed in diverse and defective ways; "In the end we had the pieces of the puzzle, but no matter how we put them together, gaps remained, oddly shaped emptinesses mapped by what surrounded them, like countries we couldn't name." (Eugenides, 1993, p. 241).

Nonetheless, this gap also reflects the narrators' inability to understand their internal suffering, especially when it comes to their mental health. Through this narrative, Eugenides highlights how women, teenagers in particular, are often seen more as objects of desire or symbols of idealised beauty than as complex beings. The boys focus on their external appearance but cannot handle their interiors; "The adolescent boys – who nameless and numberless, serve as both voyeurs and memorializers to the Lisbon sisters – narrate every detail they can recall or excavate about the girls" (Shostak, 2009, p. 811).

This creates as well an atmosphere of nostalgia and regret. Although the boys try, almost two decades later, to understand what happened to the young Lisbons, they find themselves incapable to access their deepest thoughts and feelings.

The suicides seem inevitable because they have stopped time for the narrators, who seem to live in a timeless zone of contemplation of the Lisbon deaths. The girls, and the consciousnesses of the boys who follow them, are always moving toward

the moment of dying, despite the boy's romantic impulse to save them by becoming *custodians of the girls* lives. (Shostak, 2009, p. 813)

This nostalgia becomes a form of permanent loss—not only of their youth, but also of the chance to understand the girls in their full humanity. The neighbourhood boys, when looking back, are faced with the frustration of not being able to save the sisters, reinforcing the inability to understand other's suffering as one of the focal points of the novel. On understanding the adult figures in the novel, I find important to mention how the family dynamic represents a crucial role in the sisters' mental health and its decline throughout the novel. Mrs. Lisbon, a highly authoritarian figure in their lives, plays a negative role in her daughters personalities, especially after Cecilia's attempt, when she decides to isolate them from the outside world. Mr. Lisbon, a highschool teacher, is however portrayed as a man who seems incapable to face his daughters' emotional crisis.

“The house receded behind its mists of youth being choked off, and even our own parents began to mention how dim and unhealthy the place looked” (Eugenides, 1993, p. 140). In the novel, the Lisbon house is marked by a deeply claustrophobic atmosphere where everything seems to be controlled, from day-to-day activities to their social interactions. The previous extract describes how the vitality of the house begins to vanish, suffocated by the sisters' isolation and their mother's control. The claustrophobic environment of the Lisbon household can be further understood through the theoretical framework developed by Sandra Gilbert and Susan Gubar in *The Madwoman in the Attic* (1979), where the domestic sphere is conceived as a repressive space that confines and disciplines female identity. Mrs. Lisbon, in her role as both a mother and enforcer of moral authority, exemplifies what Gilbert and Gubar describe as the *angel in the house* turned warden—someone who internalizes patriarchal norms and imposes them on her daughters under the guise of protection. Following Cecilia's death, the increasing seclusion of the sisters echoes this tradition of domestic imprisonment, transforming the home into a psychological cage, “The girls never came to the window. They never went to school. They didn't even come out into the yard.” (Eugenides, 1993, p. 166). The girls' withdrawal from the outside world signifies more than parental concern, but a symbolic silencing of female subjectivity, in which emotional expression and autonomy are systematically denied. The Lisbon house becomes a site of deterioration, where social expectations about femininity and purity are enforced to the point of psychological collapse.

Outside their home, those that surround the sisters do nothing but increase their suffering. They do not only misunderstand their troubles but observe them from afar as if they were a spectacle of teenage misery. In this sense, the needs of the sisters are not fully understood or recognised by the adults in their lives, who never manage to delve into the depth of their emotional torments. This shows the reality of many women who find their feelings minimised and even ignored. Although showing signs of evident anguish, no one seems to be willing to act in consequence.

The tragic endings of the Lisbon sisters are as directly related with the mental illnesses they suffer as they are with their surroundings. Their suicides, presented as an act of extreme desperation, are a way to step away from a reality that asphyxiates them. Depression, despair and alienation are the main ingredients to end their lives. As Lisa Appignanesi argues in *Mad, Bad and Sad: A History of Women and the Mind Doctors* (2009), the suffering of women has often been treated in ways that obscure its sociocultural origins. In the case of the Lisbon sisters, their suicides can be seen not merely as individual pathologies, but as manifestations of a collective psychological response to a hostile environment that offers them no room for expression or agency. The novel resists purely medical interpretations of mental illness by presenting emotional suffering as entangled with gendered constraints and social neglect. The Lisbon girls are neither hysterics nor clinical subjects, but symbolic figures of how feminine distress is ignored rather than addressed. Their deaths thus emerge as an incrimination of a society that isolates and ultimately erases the inner lives of young women.

### Mental Illnesses in *Girl, Interrupted*

*Girl, Interrupted* is a memoir which narrates the experiences of Susanna Kaysen after she is diagnosed with borderline personality disorder and admitted into McLean mental hospital for two years. Throughout the novel, Susanna shares her experiences inside the institution and with the rest of patients as well as the medical staff. Kaysen offers a complex vision of mental health, social misunderstanding and the difficult relationship with identity in a marginalizing environment. Kaysen, born in 1948, has also published other works that continue her exploration of identity, mental illnesses and human relations, such as *The Camera My Mother Gave Me* (2001), an introspective novel that talks about the female experience. In her 1990 novel *Far Afield*, Kaysen examines the life of a man who sees himself in the Faroe

Islands, trapped between the past and the present, fighting to find his place in the world. The author's style is very particular; her writings are usually very introspective and often defy the traditional logic of a tale while focusing on the character's psychology and their interactions with those around them. Her works not only delve directly into mental health but also explore how the sociocultural systems shape our understanding of what is normal, questioning the reality of sanity.

One of the central themes of *Girl, Interrupted* is the questioning of mental illness and, especially that of Susanna's diagnosis. Throughout the novel, the main character shows ambiguity in respect to her disorder, letting it be known that she is never completely sure if her diagnosis is exact.

I got better and Daisy didn't and I can't explain why. Maybe I was just flirting with madness the way I flirted with my teachers and my classmates. I wasn't convinced I was crazy, though I feared I was. Some people say that having any conscious opinion on the matter is a mark of sanity, but I'm not sure that's true. (Kaysen, 1993, p. 158)

The memoir highlights the inherent contradictions of the authority of a psychiatric diagnosis. Susanna often reflects on the legitimacy of her mental illness showing the troubles young women undergo in order to define and understand their own psychological suffering in a system that treats them as mere clinical cases. Through her experiences, we see the problematics of a rigid approach that, instead of offering tools for rehabilitation, reinforces the idea that the *crazy* needs to be managed rather than understood. Authority figures, such as psychiatrists, seem to have more power and control over Susanna's life than Susanna herself, and their diagnoses often appear more arbitrary than scientific, generating a feeling of frustration in the main character. The text offers the reader a critical insight into what it means to be a patient inside a mental health institution. Kaysen highlights the faults and contradictions of the system, presenting a form of treatment that functions more as a control mechanism than as an effective therapeutic process. Throughout the narrative, she exposes—subtly yet effectively—that mental illnesses are not governed by rigid or universal laws, but are largely defined by arbitrary social norms. Treatment in the hospital is not purely medical but controlling and paternalistic, and the individuality of each patient is almost always ignored.

Instead of being seen as subjects with emotions, histories, and worries, patients are dehumanized and reduced to their diagnoses.

This critique aligns with key perspectives in sociological and philosophical theory, particularly in the works of thinkers such as Erving Goffman, who have analyzed the institutional dynamics of mental health care and their impact on personal identity and autonomy. In *Asylums* (1961), Goffman defines psychiatric hospitals as “total institutions” that systematically erode personal agency through routine, surveillance, and the stripping away of social roles.

Upon entrance, he is immediately stripped of the support provided by these arrangements. In the accurate language of some of our oldest total institutions, he begins a series of abasements, degradations, humiliations, and profanations of self. His self is systematically, if often unintentionally, mortified. (Goffman, 1961, p.14)

Feminist scholars have also emphasized how women’s pain is frequently dismissed or pathologized, and Kaysen’s memoir powerfully exposes this gendered dimension of psychiatric care. The institution she describes is not merely a medical facility—it is a site of social discipline, where young women are taught to internalize the message that their emotions are irrational and their autonomy must be surrendered. Thus, *Girl, Interrupted* functions not only as a memoir, but also as a critique of the institutional frameworks that suppress rather than support mental health: “Five-minute checks. Fifteen-minute checks. Half-hour checks. [...] Click, swish, *Checks*, swish, click. [...] It was our lullaby. It was our metronome, our pulse. It was our lives measured out in doses slightly larger than those famous coffee spoons.” (Kaysen, 1993, p. 55).

The themes of autoperception and the search for meaning in the middle of emotional turmoil are central as well to Kaysen’s time in McLean Hospital. Despite the hopelessness that permeates the interactions of those who are interned in the hospital, the novel also shows moments of clarity that, although few, allow the patients to experiment glimmers of self-comprehension and resistance. This duality between alienation and the pursuit of purpose is what confers this work a profoundly humanistic feeling, reflecting the universal tensions faced by those who live in the otherness. *Girl, Interrupted* portrays the complex emotional dynamics of mental illness through Susanna’s interpersonal relationships. In the hospital, she meets

different women who are struggling with their own diagnosis such as schizophrenia, depression and psychopathy. Through these interactions, Susanna learns both about herself as she does about the rest of the admitted patients. One of the most relevant figures in the hospital is Lisa, a patient who is presented to the reader as a diagnosed psychopath and whose defiant attitude and indifference concerning her own disorder become a contrast with Susanna's vulnerability.

"How the fuck else am I going to get any attention in this place?" Lisa always called the hospital "this place." [...] "I'd just like to see how you'd manage this place, never going outside, never even breathing fresh air, never being able to open your own fucking window, with a bunch of sissy cunts telling you what to do." (Kaysen, 1993, p. 80)

Throughout these social interactions, the novel exhibits the complexities of communication when it comes to mental illnesses. Susanna's inability to truly connect with those in her life shows the way these disorders can alter and hinder interpersonal relationships with others. Susanna Kaysen expresses this rupture plainly:

I was trying to explain my situation to myself. My situation was that I was in pain and nobody knew it; even I had trouble knowing it. So I told myself, over and over, You are in pain. It was the only way I could get through to myself. (Kaysen, 1993, p. 153)

Her retreat from social life is not simply a personal choice but a symptom of the psychological state she inhabits, as the experience of mental illness interrupts the capacity for connection. Dutch psychiatrist Bessel van der Kolk writes the following on trauma response: "Traumatized people often have enormous difficulty telling other people what has happened to them. Their bodies reexperience terror, rage, and helplessness, as well as the impulse to fight or flee, but these feelings are almost impossible to articulate." (2014, p. 43)

*Girl, Interrupted* also manifests how sociocultural expectations affect young women's mental health, especially in contexts where they are demanded to be acceptable in a society that does not value their individuality. Susanna, as many women do, faces the pressure to adjust to a precast life pattern that does not allow her to explore her own wants and needs.

For many of us, the hospital was as much a refuge as it was a prison. Though we were cut off from the world and all the trouble we enjoyed stirring up out there, we were also cut off from the demands and expectations that had driven us crazy. What could be expected of us now that we were stowed away in a loony bin? The hospital shielded us from all sorts of things. We'd tell the staff to refuse phone calls or visits from anyone we didn't want to talk to, including our parents. (Kaysen, 1993, p. 94)

This extract captures the two faces of internment. On one hand, the institution removes them from the outside world, freeing them from the pressure that drove them to develop these disorders in the first place, and therefore bringing them feelings of relief and protection. On the other hand, however, this same shelter is also a cage, as patients are deprived of autonomy over their own lives, limited to the medical staff's rules and their diagnosis. The isolation that comes with delimitations grants them a kind of freedom from the outside demands, but also gives them a label that they will carry for the rest of their lives, inherently making them question the real meaning of protection. However, the patients also take part in this game by exerting a sense of resistance and controlling who gets to have access to them while being interned, which suggests a fight to maintain a minimum amount of control over their own lives in an environment that strips them away. This act of rejecting certain visitors serves as a small reaffirmation of agency amid the broader depersonalization. The novel highlights how women, particularly those in risk of marginalisation, are more vulnerable to be labeled, pathologized and locked in institutions due to their behaviours. In many senses, the hospital where Susanna is admitted represents a microcosmos of a broader society that silences the emotional struggles of women.

### Comparing *The Virgin Suicides* and *Girl, Interrupted*

Both Jeffrey Eugenides' *The Virgin Suicides* and Susanna Kaysen's *Girl, Interrupted* address the issue of mental illnesses in young women, however, they do so from different perspectives and narrative styles. The two novels explore the profound psychological suffering of their main characters, but while this is silenced by tragedy in *The Virgin Suicides* in *Girl, Interrupted* Susanna faces her diagnosis, fighting to find a meaning to her life. One of the main differences between the two works lies in the way that mental illnesses are portrayed. In *The Virgin Suicides*, the Lisbon sisters are not explicitly diagnosed, we see their suffering manifested through repression, social reclusion and finally, their suicide attempts. The sisters'

anguish is represented indirectly, as the novel focuses more on the lack of comprehension of those around them than in a detailed reasoning behind their psychological condition. Although it can be inferred they have severe disorders such as depression, there is no clear diagnosis nor a deeper medical analysis. However, in *Girl, Interrupted* the portrayal of Susanna's mental illness is straightforward and clinical. The narrator faces the diagnosis of bipolar personality disorder, however, throughout the memoir the author poses doubts on the truth of this conclusion, suggesting that mental illness is a more fluid concept, one that depends both on the individual and social roles. While Kaysen delves into the difficulties of diagnosing and hospitalisation, Eugenides focusses on the implicit suffering and the underlying social factors for mental illnesses.

In *The Virgin Suicides*, the sisters are seen as weird by their peers, which pushes them even more towards solitude. They find themselves trapped in a house that is controlled by their mother and that segregates them from the outside world. This physical and emotional isolation is crucial in the novel. This happens similarly in *Girl, Interrupted*. Although Susanna plays part in a group of other women like her, society keeps tabs on her, which shows the same segregation the sisters experience, but inside the context of an institution. The lack of understanding of young women's mental disorders becomes an obstacle to healing and acceptance. Her and the other patients are secluded in McLean hospital, a place that turns into a metaphorical and literal prison for them. In both cases, the repression and confinement create a propitious habitat for introspection, but also for desperation.

In both Eugenides' and Kaysen's works, the construction of the female identity is built by a dichotomy between internal struggles and outside expectations. The identity of the Lisbon sisters is strongly influenced by social impositions, being perceived as symbols of chastity and beauty, but never as real teenage girls. The sisters see themselves trapped in the dynamic of their desires to live outside this oppressive environment. Susanna's fight for her identity is presented more explicitly in *Girl, interrupted* as she comes up against society's design while understanding her own condition. Kaysen's memoir explores how women with mental illness are often denied the possibility of defining themselves outside their diagnoses.

Furthermore, both novels delve into how femininity and sexuality are interconnected with how young women experience emotional suffering. Both Susanna's and Lux Lisbon's relationships with their sexuality is more complex and outspoken. Like in many other areas of

their lives, the sex lives of patients are monitored as the psychiatric system seems to treat sexuality as an erratic behaviour that needs to be regulated. Sexuality in these environments becomes either a taboo topic or, on the contrary, an area of great scrutiny by the medical staff. In some interactions that Susanna has with her therapist, sexuality is presented as something potentially dangerous, reinforcing the idea that mentally ill women need to be contained to avoid becoming ungoverned. In Lux's case, she is the only sister to engage in active sexual action, beyond her mother's control but in a way that also seems undesired and slightly desperate.

Historically, the regulation of sexuality has been central to mechanisms of power in modern societies, where sexuality is not merely repressed but subjected to a discourse that frequently equates female sexual expression with instability, as Kate Millet argues in *Sexual Politics* (1970): "However muted its present appearance may be, sexual dominion obtains nevertheless as perhaps the most pervasive ideology of our culture and provides its most fundamental concept of power" (1970, p. 25)

Regarding narrative style, both texts—though in different ways—use a narrative voice that creates emotional distance between the reader and the events being described. The first-person narrator of Kaysen's memoir offers an intimate but highly unreliable insight into the experiences as a patient in a psychiatric hospital and the aftermath of those. Susanna's avoidant nature is palpable as she is never able to fully commit to the world that surrounds her. In the same way, the lack of direct access to emotions in *The Virgin Suicides* also creates a sense of mystery and uneasiness which ultimately reflects in the impossibility of fully understanding the suffering of others. The resolution of *The Virgin Suicides* is tragic and open, with the deaths of the Lisbon sisters offering no clear resolution on the true reasons for their suffering. This ambiguity feeds the mysterious and nostalgic aura of the novel. *Girl, Interrupted* ends with a feeling of closure and personal growth for Susanna, who, after spending eighteen months interned, manages to find a path into recovery. Although the memoir does not offer a perfect resolution, the ending offers a glimpse of hope, contrary to the darkness that prevails in Eugenides' novel.

## Conclusion

In my comparative analysis of Eugenides' and Kaysen's work, I have explored how English literature engages with the complex aspects of mental illnesses in women, showcasing both their internal conflicts and their prospects. Through their characters, both novels examine isolation and the crudeness of living—and dying—with these disorders. On one hand, Susanna Kaysen offers in *Girl, Interrupted* a more straightforward focus on diagnosis and institutionalization at an early age, when she experiences a split between the search for meaning and the disconnection from reality. The memoir illustrates how women are often labelled and reduced to diagnoses, with little regard for the totality of their experience as human beings. On the other hand, *The Virgin Suicides* presents mental illness as an end, sparked by the male and patriarchal gaze that limits women's agency. The fatal conclusion leaves the reader to reflect on emotional emptiness and the weight of social expectations.

Both works urge us to question the social constructs surrounding women's mental health, particularly how these frameworks shape not only public perception but also the treatment they receive. We are shown the need for a broader understanding—one that addresses not only the clinical but also the sociocultural and emotional dimensions of illnesses. By portraying women at risk, both texts condemn the urgency of rehumanizing the female experience. As Bessel van der Kolk explains, "traumatized people chronically feel unsafe inside their bodies"(2014, p. 104), a statement that resonates deeply with the suffering portrayed in both texts. Their brains and bodies become battleground spaces, where the implications of trauma, repression, and institutional control are engraved. Elaine Showalter similarly reminds us that psychiatry has historically served as a cultural mechanism to regulate women. Her feminist critique is key to understanding the medicalization of female experience that Kaysen challenges and that is silenced in Eugenides' novel.

Ultimately, *The Virgin Suicides* and *Girl, Interrupted* show how women's mental illness is framed through misunderstanding, and control. Literature, as demonstrated in these works, does not only reflect such distortions, but also exposes and critiques them. Through their contrasting narrative perspectives—external in Eugenides, internal in Kaysen—both novels demonstrate that mental illness is never purely personal, but shaped by diagnosis, authority, and a gendered society. These narratives compel us to recover the voices of women long

silenced by stigma, and to demand a broader, more compassionate account of psychological suffering.

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