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Transcultural Journal for Humanities & Social Sciences (TJHSS)

Prof. Hussein Mahmoud

BUC, Cairo, Egypt

Email: hussein.hamouda@buc.edu.eg

Editor-in-Chief

Prof. Fatma Taher

BUC, Cairo, Egypt

Email: fatma.taher@buc.edu.eg

Associate Editors

Professor Kevin Dettmar,

Professor of English

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Professore associato di Lingua e letteratura araba

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Email: giuseppe.cecere3@unibo.it

Prof. Dr. Richard Wiese

University of Marburg/ Germany

Email: wiese@uni-marburg.de,

wiese.richard@gmail.com

Prof, Nihad Mansour

BUC, Cairo, Egypt

Email: nehad.mohamed@buc.edu.eg

Managing Editors

Prof. Mohammad Shaaban Deyab

BUC, Cairo, Egypt

Email: Mohamed-diab@buc.edu.eg

Dr. Rehab Hanafy

BUC, Cairo Egypt

Email: rehab.hanfy@buc.edu.eg

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Email:
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BUC, Cairo Egypt
Email:
elsayed.madbouly@buc.edu.eg

Prof. Dr. Herbert Zeman
Neuere deutsche Literatur
Institut für Germanistik

Universitätsring 1
1010 Wien
E-Mail:
herbert.zeman@univie.ac.at

**Prof. Dr. phil. Elke
Montanari**
University of Hildesheim/
Germany
Email: montanar@uni-hildesheim.de,
elke.montanari@uni-hildesheim.de

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Egypt
Email: Serket@yahoo.com

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Email:
manar.moez@buc.edu.eg

Isabel Hernández
Universidad Complutense
de Madrid, Spain
Email: isabelhg@ucm.es

Elena Gómez
Universidad Europea de
Madrid, Spain
Email: elena.gomez@universidadeuropea.es
Universidad de Alicante,
Spain
Email: spc@ua.es

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Maataoui**
Universidad Autónoma de
Madrid, Spain
Email: el-madkouri@uam.es

Carmen Cazorla
Universidad Complutense
de Madrid, Spain
Email: mccazorl@filol.ucm.es

Prof. Lin Fengmin
Head of the Department of
Arabic Language
Vice President of The
institute of Eastern
Literatures studies
Peking University
Email: emirlin@pku.edu.cn

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International School of
Tongji University
Email: 98078@tongji.edu.
cn

Prof. Wang Genming
President of the Institute of
Arab Studies
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Email: genmingwang@xisu.cn

Prof. Zhang hua
Dean of post graduate
institute
Beijing language
university
Email: zhanghua@bluc.edu.cn

Prof. Belal Abdelhadi
Expert of Arabic Chinese
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Lebanon university
Email: Babulhadi59@yahoo.fr

**Prof. Jan Ebrahim
Badawy**
Professor of Chinese
Literature
Faculty of Alsun, Ain
Shams University

Email:
janeraon@hotmail.com

**Professor Ninette Naem
Ebrahim**

Professor of Chinese
Linguistics
Faculty of Alsun, Ain
Shams University
Email: ninette_b86@yahoo.com

Prof. Galal Abou Zeid

Professor of Arabic
Literature
Faculty of Alsun, Ain
Shams University
Email:
gaalswn@gmail.com

Prof. Tamer Lokman

Associate Professor of
English
Taibah University, KSA
Email:
tamerlokman@gmail.com

Prof. Hashim Noor

Professor of Applied
Linguistics
Taibah University, KSA
Email:
prof.noor@live.com

Prof Alaa Alghamdi

Professor of English
Literature
Taibah University, KSA
Email:
alaaghamdi@yahoo.com

Prof. Rasha Kamal

Associate Professor of
Chinese Language
Faculty of Alsun, Ain
Shams University. Egypt
Email:
rasha.kamal@buc.edu.eg

**Professor M.
Safeieddeen Kharbosh**

Professor of Political
Science
Dean of the School of
Political Science and
International Relations
Badr University in Cairo
Email:
muhammad.safeieddeen@buc.edu.eg

Professor Ahmad Zayed

Professor of Sociology
Dean of the School of
Humanities & Social
Sciences
Badr University in Cairo
Email: ahmed-abdallah@buc.edu.eg

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Assembling the Fractured Self: A Jungian Reading of Susanna Kaysen's *Girl, Interrupted*

Jaidaa Hamada

Department of English Language and Literature

Faculty of Arts,

Alexandria University

Email: jhamada79@gmail.com

Abstract: This paper seeks to employ some of Carl Jung's theories to offer a re-reading of the treatment Susanna Kaysen receives as a patient diagnosed with borderline personality disorder in McLean Psychiatric Hospital, from 1967 to 1969; an experience she recounts in her memoir *Girl, Interrupted* (1993). Kaysen's self-portrait is reflected in the Dutch painter Johannes Vermeer's work "Girl Interrupted at Her Music", which depicts a young woman interrupted by an older gentleman while studying/playing music. Kaysen is burdened with a fractured self, and accordingly, she feels that the course of her life has been interrupted. A recourse to Jung's psychotherapeutic model can thus be embraced as an effective approach that helps mitigate the feelings of fragmentation, despair and desolation that afflict her during the course of her treatment. Of all the experiences Kaysen recounts in her memoir, her meetings with the doctor are the ones she denigrates the most. Throughout the narrative, she repeatedly repudiates them, recalling them each time in a derisive tone. It is particularly in this regard that Jungian psychotherapy is employed as a counterforce that helps render her voice audible, and consequently expedite the process of homogenizing her fractured self.

Keywords: Jung; borderline personality disorder; individuation; psychotherapy; fragmentation

"The shoe that fits one person pinches another. There is no universal recipe for living."

(Jung, *Practice* 41)

In the last section of her memoir *Girl, Interrupted* (1993), the American writer Susanna Kaysen explains the origin of its rather ambiguous title¹: "This time I read the title of the painting: 'Girl Interrupted at Her Music'. 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" (139). If Kaysen's self-portrait is reflected in the Dutch painter Johannes Vermeer's work (1658-1659)², which depicts a young woman interrupted by an older gentleman while studying/playing music, it is because she sees herself in terms of the very same words she employs in describing Vermeer's girl: "young", "distracted", and "looking for someone who

¹Susanna Kaysen was born and raised in Massachusetts. Her first novel *Asa, As I Knew Him*, was published in 1987, to be followed by *Far Afield* in 1990, then *Girl, Interrupted* in 1993. In 2001, she published another memoir *The Camera My Mother Gave Me*.

²"Girl Interrupted at Her Music" is painted in the baroque style, with oil on canvas, and since 1901 it has been showcased in the Frick Collection, in New York City. The painting features a girl interrupted by a man, probably her music teacher. Leaning over her to hand in or take a paper,

[t]he girl's head is turned away from him and towards the spectator.... On the covered table, beside the sheet of music, are a mandolin and the white jug which is in several of Vermeer's pictures, together with a glass of red wine. Before the table... is a lion-headed chair, with blue cushion. Two other chairs of the same design appear, in one of which the lady sits. The light is from a leaded window to the left; on the wall, nearby, is a bird cage which some have thought painted by another hand. (Hale 119)

would see her” (139). To be seen and validated in her true colours is precisely what Kaysen needs, for it is on account of the irreconcilability between how she sees herself and how others see her, that she pays the costly price of being confined to a psychiatric hospital, when she is barely seventeen years old, and diagnosed with borderline personality disorder, as she states: “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” (129). The result is inevitably a fractured self; one that Kaysen highlights even in the title of her memoir through the comma she anomalously inserts between the two words “Girl” and “Interrupted”, thereby emphasizing how the natural course of her life has been disrupted. If Kaysen needs anything at this moment in her life to circumvent the exhibited signs of her mental disturbance, it is definitely to be accepted for the person she is, without forcing her into an unfitting mould. A recourse to Carl Jung’s psychotherapeutic model can thus be embraced as an effective approach that helps mitigate the feelings of “complete desolation...despair, and depression” that afflict her during the course of her treatment (Kaysen 131). According to Jung, the goal of psychotherapy is “individuation”; that is, a “process... in which the patient becomes what he [she] really is” (*Practice* 10), eventually reaching a state of “human wholeness” (*Psychology* 62). In so becoming, he/she can thus come to terms with the world at large, as Jung further adds: “Individuation is an at-one-ment with oneself and at the same time with humanity, since oneself is a part of humanity” (*Practice* 108). This paper seeks to offer a re-reading of Kaysen’s memoir through the lens of Jungian theory, focusing on the injurious repercussions of the treatment she receives as a patient in McLean Psychiatric Hospital, from 1967 to 1969³.

The memoir opens with the first page of Kaysen’s actual “Case Record Folder”, bearing the admission date to the hospital on April 27th, 1967, and diagnosing her with “Borderline Personality Disorder” (Kaysen 7). Along similar lines, it ends with her discharge permission, obtained on January 3rd, 1969, and proclaiming her: “Recovered” (141). Between these two documents, with their respective referential dates and diagnoses, Kaysen recounts how she had to grapple with an onslaught of pernicious forces that resulted from societal and medical obliviousness to her sense of individuality. In this regard, her book is considered the progenitor of the “mental-illness memoir” (Merrigan); that is, an autobiographical narrative that articulates personal struggles with mental illness, besides calling for changes in how society perceives the mentally ill (Antolin 3). A movie adaptation of the book was released in 1999, under the same title. Directed by James Mangold and starring Winona Ryder, Angelina Jolie, Brittany Murchy, Whoopi Goldberg, Jared Leto, among others, the movie follows Kaysen’s plot line.

The narrative is interspersed with other miscellaneous documents from Kaysen’s real case folder at the hospital, such as “Inquiry Concerning Admission” (Kaysen 18), an “Inter Office Memorandum” (19), several progress notes (44, 61, 65, 92), and a letter to obtain permission for a phone call (110), among other official documents that authenticate an experience that has indelibly impacted her. “The fact that I was locked up taints everything”, she proclaims (127). She particularly takes to task the diagnosis, or rather the misdiagnosis, that is hastily imposed upon her by an authoritative doctor, who resolves that she is a case of borderline personality disorder, and accordingly she is to be confined, at once, to McLean Psychiatric Hospital.

Although Kaysen mentions male celebrities that were confined to the very same hospital at different points in time, such as Ray Charles, James Taylor and Robert Lowell (Kaysen 48), and

³ This is the very same hospital to which Sylvia Plath was admitted. Plath’s experience at McLean Hospital resonates in her autobiographical novel *The Bell Jar* (1963) (see end note 20).

despite the presence of a minority of male patients, the hospital is noted for housing mostly female figures. Typically, an inherent connection between women and mental disorders has always run rife. Though the name of the disorder may change from one historical era to another, this connection remains immutable. In her memoir, Kaysen, quoting an analyst who examined her at one point, states that at the end of the day all mental disorders are one and the same: “An analyst I’ve known for years said, ‘Freud and his circle thought most people were hysterics, then in the fifties it was psychoneurotics, and lately, everyone’s a borderline personality’” (127). As a result of this discrimination, “madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady” (Showalter 4). A common consensus is that women are “more vulnerable to insanity than men” since their reproductive system “interfere[s] with their sexual, emotional and rational control” (55). Unfounded allegations pertaining to female insanity are always linked to the “biological crises of the female life-cycle”; namely, puberty, pregnancy, childbirth and menopause (55). As far as borderline personality disorder is concerned, Kaysen highlights the gender bias related to it as she reads about it:

‘The disorder is more commonly diagnosed in women’. Note the construction of that sentence. They did not write, ‘The disorder is more common in women’. It would still be suspect.... In the list of six ‘potentially self-damaging’ activities favoured by the borderline personality, three are commonly associated with women (shopping sprees, shoplifting, and eating binges) and one with men (reckless driving). (132)

Gender discrimination is only one of the many inequities against which Kaysen struggles.

Of all the experiences Kaysen recounts in her memoir, her meetings with the doctor are the ones she denigrates the most. Throughout the narrative, she repeatedly repudiates them, recalling them each time in a derisive tone. It is particularly in this regard that Jungian psychotherapy may be employed as a counterforce that helps render her voice audible, and consequently expedite the process of homogenizing her fractured self. Treatment for Jung is a “dialectical process in which the doctor, as a person, participates as much as the patient” (Jung, *Practice* 116); hence, its corrective potential to the unitary method imposed on Kaysen.

Before venturing on highlighting the relevance of Jungian psychotherapy to Kaysen’s case, it is by no means a digression to give a brief account of some Jungian concepts pertaining to his “analytical psychology” (Jung, *Practice* 53)⁴, the term he chose to demarcate his approach from Sigmund Freud’s psychoanalysis. He explains that “[b]y ‘analytical’ [he] mean[s] a procedure that takes account of the existence of the unconscious”, from a collective standpoint rather than an individual (*Archetypes* 275); a point that will be further explained in this paper. Though Jung’s interest resides mainly in “more esoteric concepts like individuation and the collective unconscious, he always considered himself to be an empiricist or phenomenologist... insist[ing] that ... he was describing what he observed through his own experiences” (Mahr and Drake 348). It is worth noting that for the purpose of this research, only some selected concepts will be employed on grounds of their relevance to Kaysen’s case; namely, the collective unconscious, archetypes such as the shadow and the persona, active imagination, fantasy, synchronicity, individuation, the doctor-patient relationship in psychotherapy, the transcendent function, the mandala image, and alchemy. These concepts are briefly explained in the following section(s).

⁴ According to Jung’s own explication of the term “analytical psychology”, it is “something like a general concept embracing both psychoanalysis and individual psychology, as well as other endeavours” (*Practice* 53). For this reason, he feels ill at ease when psychotherapy and psychoanalysis are used interchangeably, particularly when “the layman employs the term psychoanalysis loosely for all modern attempts whatsoever to probe the mind by scientific methods” (53).

To a great extent, the germs of many of today's theories and practices of psychotherapy may be traced back to Freud's treatment of hysteria in Vienna and Jung's treatment of schizophrenia in Zurich (Schiller 2). At the onset of the latter's career, he was a staunch defender of classical Freudian concepts such as the sexual etiology of neurosis and his theory of dreams. Although they had been corresponding for almost a year, and Jung had already been employing Freudian concepts in his work since 1904, their very first meeting took place in 1907, at Freud's house in Vienna (Casement 9). For almost seven years, they both collaborated and shared a recognition of the importance of the unconscious. However, it was not long afterwards that their paths diametrically diverged:

Focusing on the individual person, Freud developed his psychoanalytic method based on infantile sexuality and psychosexual development, including the Oedipus complex. Jung emphasized a cultural-historical perspective that included the use of mythologies and religions. Freud was a rationalist for whom the aim of psychotherapy was understanding and insight. Jung leaned toward mysticism and receptivity to spirituality, emphasizing the development of a healthy personality. (Schiller 2)

The shattering blow to their collaboration occurred when they were together in the United States, and had developed the practice of analyzing each other's dreams. While Jung was in the process of interpreting a dream Freud had had, he felt impelled to ask him for more details about his private life for a more thorough unravelling of his dream; an undertaking that offended the latter who deemed it an encroachment on his authoritative stature (Casement 13). It was also during the very same trip that Jung formulated his theory of the collective unconscious; another point of disagreement with Freud who focused on the unconscious of the individual rather than "the imaginative life of humanity as a whole", as did Jung (Schiller 6).

In the Jungian paradigm, the unconscious has a twofold nature; a personal and a collective: A more or less superficial layer of the unconscious is undoubtedly personal. I call it the personal unconscious. But this personal unconscious rests upon a deeper layer, which does not derive from personal experience and is not a personal acquisition but is inborn. This deeper layer I call the collective unconscious. I have chosen the term 'collective' because this part of the unconscious is not individual but universal. (Jung, *Archetypes* 3)

The collective unconscious is thus the inborn part of the psyche that is unadulterated by personal nuances⁵. It is the "common unconscious substratum that connects every human" (Sacco 1). In Jung's own words, there are "irrational, symbolic currents that run through the whole history of mankind and are so archaic in character that it is not difficult to find parallels in archaeology and comparative religion" (*Practice* 50).

In Jung's viewpoint, the contents of the collective unconscious are called "archetypes", as he states: "Whereas the personal unconscious consists for the most part of complexes, the content of the collective unconscious is made up essentially of archetypes" (*Archetypes* 42). These archetypes hark back to the dawn of mankind: "So far as the collective unconscious contents are concerned we are dealing with archaic or—I would say—primordial types, that is, with universal images that have existed since the remotest times" (5). Jung further explains how "[o]ver the whole of this psychic realm there reign certain motifs, certain archetypal figures which we can follow far back into history and even into prehistory, and which may therefore legitimately be described as 'archetypes'" (*Practice* 124). Although the notion of an archetype has been extant since ancient Greece, "where the term *archetypos* conveyed the idea of an original form, a very first pattern" (Sacco 1), it is now more commonly associated with Jung's name, and is used to

⁵ Jung reiterates the difference between both by explaining how "[t]he collective unconscious is a part of the psyche which can be ... distinguished from a personal unconscious by the fact that it does not, like the latter, owe its existence to personal experience and consequently is not a personal acquisition" (*Archetypes* 42).

denote the universal structures or patterns of behaviour that govern psychic processes on both the individual and the collective levels. In point of fact, to venture upon defining these images, opaque as some of them are, is no easy exertion. Jung himself asserts that “these primordial images are difficult to define; one might even call them hazy”⁶ (*Practice* 13). Archetypal images are varied, chief among them are: the redeemer-figure, the shadow, the persona, the wise old man, the child, the witch, the hero, the mother, the trickster, the anima and the animus, the self, among countless others⁷. It is worth noting that not all these archetypes are employed in this paper. The criterion for choosing some of them is how far they are relevant to Kaysen’s case; namely the shadow and the persona.

The shadow is an oft-cited archetype used by Jung to refer to what people try to hide about themselves, particularly the inferior traits and dark aspects of their characters. Try as they might to curb the latent shadow, it will persist since it is an integral part of the personality (Jung, *Archetypes* 20). According to Jung, the confrontation with the shadow “is the first test of courage ... a test sufficient to frighten off most people, for the meeting with ourselves belongs to the more unpleasant things that can be avoided so long as we can project everything negative into the environment” (20). Jung goes on to highlight the imperative of undertaking this confrontation, notwithstanding how disconcerting it is, for one cannot fully come to terms with oneself without probing into the deepest recesses of one’s darker aspects: “The meeting with oneself is, at first, the meeting with one’s own shadow. The shadow is a tight passage, a narrow door, whose painful constriction no one is spared who goes down to the deep well. But one must learn to know oneself in order to know who one is” (*Archetypes* 21). In short, no self-image is ever complete or authentic without embracing the shadow as an innate aspect of oneself.

Tantamount to the shadow archetype is that of the persona; that is, the mask one shows to the external world: “Fundamentally, the persona is not real. It is a compromise between the individual and society as to the kind of semblance to adopt; what a man should appear to be” (Jung, *Two* 165). In other words, the persona is not the real person; “it may not be at all what we think ourselves to be inside” (Dobie 63). The discrepancy between the real and the mask is nuanced in Jung’s description of the persona as being “a semblance, a two-dimensional reality” (*Two* 165). Its dual nature is also evident in the way it leaves definite impressions upon others, and at the same time hides the true nature of the individual. Put differently, “the persona is not who we are in reality, but who we want others, as well as ourselves, to think we are” (Schiller 13). Jung further adds that it is only “a mask of the collective psyche, a mask that is a substitute for individuality, intending to make others as well as oneself believe one is individual. In reality it is only a role that is played” (*Two* 165). Simply stated, behind the persona there lurks the real and actual being; the true essence of the individual self.

⁶ To explicate this point, he gives the example of the “redeemer-figure” which corresponds to a saviour. Nonetheless, it assumes multifarious forms: “They seem to me to be built into the very structure of man’s unconscious, for in no other way can I explain why it is that they occur universally and in identical form, whether the redeemer-figure be a fish, a hare, a lamb, a snake or a human being. It is the same redeemer-figure in a variety of accidental disguises” (*Practice* 124).

⁷ Of these archetypes, the more obscure ones require a brief explanation; namely anima and animus. These two terms are the names Jung employs to denote the archetypes underlying someone’s experience of the opposite sex, deriving their origin from “the divine syzygies, the male-female pairs of deities” (Jung, *Archetypes* 59). The anima is thus the unconscious female image within a man, and by contrast, the animus is the unconscious male part of a woman. Just as every man carries within himself an unconscious image of the woman, that accounts for his attraction to her, every woman is likewise endowed with an unconscious aspect of masculinity that serves the very same purpose like that of her male counterpart (284). As such, the psyche is intrinsically comprised of both male and female characteristics: “Either sex is inhabited by the opposite sex up to a point” (27). Very much like the shadow archetype, the anima and animus lay the groundwork for self-acceptance; “they are all stations along the way to an acceptance of ourselves as we are, to letting life be” (Dunne 129).

Another important aspect of Jungian psychology is the contention that the conscious and unconscious realms act as indispensable compensatory agents to one another:

[I]n the process of individual development, it is above all the unconscious that is thrust into the forefront of our interest. The deeper reason for this may lie in the fact that the conscious attitude of the neurotic is unnaturally one-sided and must be balanced by complementary or compensatory contents deriving from the unconscious. The unconscious has a special significance in this case as a corrective to the one-sidedness of the conscious mind, hence the need to observe the points of view and impulses produced in dreams. (Jung, *Practice* 11)

Dreams are of paramount importance in the Jungian paradigm. Senseless as they often seem to be, they prove to be helpful conduits that compensate for what the conscious mind is unaware of. Although Jung shares the Freudian postulation that dreams are the key to unravelling the unconscious, he is more interested in those that are spawned in the collective unconscious rather than in the personal (*Practice* 151-2). Related as they are to the unconscious, dreams are the main source of archetypes for Jung (*Archetypes* 48).

Appertaining to dreams, and also acting as a reservoir for archetypes, is Jung's method of "active imagination", which he defines as "a sequence of fantasies produced by deliberate concentration" (*Archetypes* 49). Put differently, it is a means of "accessing and penetrating fantasy", by "tap[ping] into underlying material" (Dunne 12). Qualifying it as "active" derives from its ability to not only activate dream images and fantasies, but also to recognize signs or hints emanating from the unconscious. "Fantasy", or "creative fantasy", as defined by Jung, "is an intrusion from the realm of the unconscious...different in kind from the slow reasoning of the conscious mind" (*Practice* 34). If fantasy is dispensed with, the "unconscious [will be] seen ... as the collective predisposition to extreme conservatism, a guarantee, almost, that nothing new will ever happen" (34)⁸. On account of its crucial role, fantasy becomes an indispensable element in psychotherapy, as Jung states: "Both doctor and patient ... indulg[e] in mere fantasy-spinning" (45). In short, elements of dreams and fantasies are related to the imagination, which is the creative means of therapeutic progress.

Also of prime importance to Jungian psychotherapy is the concept of "synchronicity"; that is, discerning a meaningful connection between two seemingly unrelated events, images, or symbols that occur concurrently. In Jungian terms, synchronicity is a "phenomenon", happening when two events are bound by an "acausal" relationship, as the title of his book, *Synchronicity: An Acausal Connecting Principle* (1952), suggests (*Synchronicity* 5). As an example of this meaningful coincidence, "Jung tells of the sudden appearance in the physical world of a beetle resembling a scarab, the Egyptian symbol of rebirth, just as a patient was relating her dream of a golden scarab" (Dunne 211).

"Conscious freedom of choice" and "individual decision" are cornerstones of psychotherapy for Jung (Jung, *Practice* 109): "Without this freedom and self-determination there is no community, and ... without such community even the free and self-secured individual cannot in the long run prosper" (109). In other words, they play a crucial role in rounding out the fragmented individual into a unified whole, thereby attesting to the synthesizing dimension of the individuation process: "In all cases of dissociation it is therefore necessary to integrate the unconscious into consciousness. This is a synthetic process which I have termed the 'individuation process'" (*Archetypes* 40). Not for once does Jung refrain from underscoring the homogenizing potential that inhere in the individuation process: "I use the term 'individuation' to denote the

⁸ In highlighting the connection between the conscious and the unconscious, Jung explains: "I only know one thing: when my conscious mind no longer sees any possible road ahead and consequently gets stuck, my unconscious psyche will react to the unbearable standstill" (*Practice* 42).

process by which a person becomes a psychological ‘individual’, that is, a separate, indivisible unity or ‘whole’” (275). It is particularly in this regard that one can argue for its relevance to Kaysen’s fragmented self. In contradistinction to the treatment she receives, Jung unflinchingly emphasizes the patient’s individuality, hailing “human wholeness” as the goal to which the psychotherapeutic process ultimately leads (*Psychology* 62). Thanks to the ongoing individuation process, the individual can mediate the conflict between the conscious and unconscious parts of the psyche. The individual thus proceeds from fragmentation towards wholeness, encountering a wide array of archetypes, fantasies, dreams and synchronistic happenings.

The harmonizing of the conscious and the unconscious, from a Jungian standpoint, “is an irrational life-process which expresses itself in definite symbols” (Jung, *Archetypes* 289). In this context, the analyst plays a seminal role in trying to discern and identify those symbols, as Jung states: “Knowledge of the symbols is indispensable, for it is in them that the union of conscious and unconscious contents is consummated. Out of this union emerge new situations and new conscious attitudes” (289). To designate this union of contrariness, Jung calls it the “transcendent function”, explaining how it captures the kernel of his perception of the aim of psychotherapy: “This rounding out of the personality into a whole may well be the goal of any psychotherapy that claims to be more than a mere cure of symptoms” (289).

The homogenization of the self, in Jung’s viewpoint, is emblemized in the mandala image, the Sanskrit word for circle, dubbing it as “the psychological expression of the totality of the self” (*Archetypes* 304). Insofar as psychotherapy is concerned, it represents a stage “marked by the production of symbols of unity, the so-called mandalas, which occur either in dreams or in the form of concrete visual impressions, often as the most obvious compensation of the contradictions and conflicts of the conscious situation” (*Psychology* 63). In other words, the way mandalas show an array of diverse patterns bifurcating from a central point is a means of counterbalancing a given state of psychic havoc. This is made possible by establishing a focal point to which everything is related. Jung further explains this point by stating that “the severe pattern imposed by a circular image of this kind compensates the disorder and confusion of the psychic state” (*Archetypes* 388).

Mandalas are related to Jungian individuation as is evident in his proclamation: “The symbols of the process of individuation that appear in dreams are images of an archetypal nature which depict the centralizing process or the production of a new centre of personality” (*Psychology* 75). Mandalas thus represent a natural state of organization, stability and harmony⁹; universal symbols of “the energy of the human form” (Dunne 87). By implication, mandalas are germane to Jung’s hypothesis of discerning analogies between alchemy, Christian dogma and psychology. According to Jung, the symbols of alchemy occur in the psyche as part of the stock of images evoked in dreams; hence his concern with “the psychological significance of alchemy” (Jung, *Psychology* 59)¹⁰. Jung, in this sense, draws on the way alchemy unites opposites, allowing unconscious contents to be propelled forward to the realm of consciousness (*Practice* 320).

⁹ Elaborating on the mandala image, Jung states:

The Sanskrit word mandala means ‘circle’ in the ordinary sense of the word. In the sphere of religious practices and in psychology it denotes circular images, which are drawn, painted, modelled, or danced. Plastic structures of this kind are to be found, for instance, in Tibetan Buddhism, and as dance figures these circular patterns occur also in Dervish monasteries. As psychological phenomena they appear spontaneously in dreams, in certain states of conflict, and in cases of schizophrenia. Very frequently they contain a quaternary or a multiple of four, in the form of a cross, a star, a square, an octagon, etc. In alchemy we encounter this motif in the form of quadratura circuli. (*Archetypes* 387)

By “quadratura circuli” Jung means squaring the circle.

¹⁰ Although according to Jung “the concepts of alchemy and the individuation process are matters that seem to lie very far apart” (*Psychology* 41), he recognizes their proximity, as he states: “Alchemy is rather like an undercurrent to the

The broached Jungian concepts culminate in his liberating definition of psychotherapy as “a kind dialectical process, a dialogue or discussion between two persons” (*Practice 3*). Practicing what he preached, Jung was personally known to be accessible to his patients, which, in its turn, expedited their treatment process (Hauke 59)¹¹. For the purpose of this research, the corrective potential that inhere in the Jungian approach, and the importance he accords to the individual, are too obvious to be overlooked, particularly since Kaysen’s predicament primarily stems from an overt obliviousness to her own subjectivity. Jung’s hypothesis that “a person is a psychic system which, when it affects another person, enters into reciprocal reaction with another psychic system” (*Practice 3*), redefines the patient-doctor relationship on equitable grounds. No less seminal is his view of “the therapist [as] no longer the agent of treatment but a fellow participant in a process of individual development”(8); a liberating contention that runs counter to, and accordingly is an apt means of rectifying, the authoritative method of therapy incurred by the seventeen-year-old Kaysen.

The events of Kaysen’s memoir start in medias res, with a section entitled “Toward a Topography of the Parallel Universe”, depicting her already in the throes of her incarceration, together with a host of other inmates, in McLean Psychiatric Hospital. Theirs is “a parallel universe”, bearing an affinity with other marginalized worlds: “the worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this world and resemble it, but are not in it” (Kaysen 14). A boundary line is thus created from the outset, demarcating their world from that of the putatively sane, ethical, healthy and living. This ostracism is not only a means of exclusion from the realm of normality, but it is also a divisive force that exacerbates Kaysen’s fractured self, rendering the course of her life all the more interrupted. The section entitled “Stigmatography” reveals how she bears the brunt of others’ perception of her universe: “In the world’s terms, though, all of us were tainted” (108). However, nobody is impervious to being heralded into the very same “parallel universe”: “People ask, How did you get in there? What they really want to know is if they are likely to end up in there as well. I can’t answer the real question. All I can tell them is, It’s easy. And it is easy to slip into a parallel universe” (14). In so stating, Kaysen shakes standards of normality to their foundation, suggesting that anybody is likely to meet the very same fate and end up being banished to any “parallel universe”. The boundary line between sanity and insanity is too tenuous to maintain a strong foothold.

In this context, normality corresponds to Jung’s persona, which he describes as a “semblance” (*Two* 165); that is, a mask that is put on for appearances’ sake to gain social acceptance, respectability and inclusion. Once it falls, one slips at once into one of the many stigmatized parallel universes. Along similar lines, “the insane, the criminal, the crippled, [and] the dying” (Kaysen 14), may be viewed as specimens of the Jungian shadow archetype; that is, the dark side and unwanted aspects of a character’s personality that are integral to the psyche and, accordingly, cannot and should not be banished: “The shadow is a living part of the personality and therefore wants to live with it in some form. It cannot be argued out of existence” (Jung, *Archetypes* 20). In short, insofar as Kaysen’s “parallel universe” is concerned, the Jungian

Christianity that ruled on the surface. It is to this surface as the dream is to consciousness, and just as the dream compensates the conflicts of the conscious mind, so alchemy endeavours to fill in the gaps left open by the Christian tension of opposites” (59).

¹¹ An example of Jung’s reaching out for his patients is his being familiar with their backgrounds and dialects, thereby becoming more approachable and accessible: “In Switzerland, with its cantons and local dialects, apart from their illness, patients were not easily intelligible to their urban upper-class doctors, but ...Jung ...had Swiss countryside background and had the advantage of being familiar with Swiss peasant dialects thus making [him] more accessible to [his] patients” (Hauke 59).

approach may be said to posit a more accommodating realm with less vehement forces of interruption and exclusion.

As Kaysen proceeds to describe the attributes of their “parallel universe”, it becomes all the more evident how it is fraught with various manifestations of interruption:

In the parallel universe the laws of physics are suspended. What goes up does not necessarily come down, a body at rest does not tend to stay at rest; and not every action can be counted on to provoke an equal and opposite reaction. Time, too, is different. It may run in circles, or backward, skip about from now to then....Tables can be clocks; faces, flowers. Another odd feature of the parallel universe is that although it is invisible from this side, once you are in it you can easily see the world you came from. Sometimes the world you came from looks huge and menacing, quivering like a vast pile of jelly; at other times it is miniaturized and alluring, a-spin and shining in its orbit. (14-15)

Kaysen’s envisioning of the “parallel universe” in which she is locked is a product of her own impressionistic encounter with it, and, accordingly, it is not to be dismissed as illogical, unintelligible or hallucinatory. The images she projects may consequently be viewed as archetypes; that is, contents of the unconscious that should be acknowledged as both cues to a deeper collective unconscious and to general consciousness. Jung’s definition of the archetype as “essentially an unconscious content that is altered by becoming conscious and by being perceived, and ... takes its colour from the individual consciousness in which it happens to appear” (*Archetypes* 5), may be said to lend credence to Kaysen’s own view of her incarceration. Similarly, if she exhibits symptoms of borderline personality disorder, or any other mental disturbance, a Jungian perspective would still validate her as a “psychic system” in its own right (Jung, *Practice* 3).

Throughout the memoir, Kaysen exposes the overt annihilation of her subjectivity. Even insofar as medications are concerned, she is kept in the dark about them, as the head nurse emphatically puts it: “You know we can’t discuss medication with patients....We can’t discuss medication—you know that” (Kaysen 26). Appropriating Jungian individuation can help redress such an inequity, particularly because in his viewpoint, “this process follows the natural course of life—a life in which the individual becomes what he/[she] always was” (*Archetypes* 40). Had this assumption been embraced by Kaysen’s parents, community, and the medical establishment of her day, the course of her life would have been less interrupted. Had the doctor who diagnosed her with borderline personality disorder allowed her a pulpit for self-expression, she would not have felt herself being “snatched and fixed on canvas” (Kaysen 139).

Describing the act of admitting her to the hospital in terms of the words “snatched” and “fixed” is of paramount significance. While the former reflects how she is forcefully and without prior knowledge uprooted from the natural course of her life, the latter connotes her entrapment not only in the hospital, but also in the societal mould that is imposed upon her. “As far as I could see, life demanded skills I didn’t have”, she states (Kaysen 130). Failing to measure up to her parents’ and society’s expectations begets feelings of “chronic emptiness and boredom”, besides the more pernicious result of “self-loathing” (130). Kaysen herself admits that these expectations are responsible for sprouting the seeds of a mental disorder in her; whereupon the hospital becomes, paradoxically as it may sound, a haven and a means of incarceration: “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” (84).

A fractured self-image is the inevitable outcome, the intensity of which is heightened, though it should have been alleviated, after her meeting with the doctor. Rather than

attempting to converse with her to find out the reason behind her feeling ill at ease, he tries to project his own impressions on her. “‘You’ve been picking at yourself”, the doctor said. I nodded. He was going to keep talking about it until I agreed with him, so I nodded”, Kaysen states (16). Not long afterwards, he concludes their short meeting stating: “‘I’ve got a bed for you’, he said. ‘It’ll be a rest. Just for a couple of weeks’” (17). As if this decision is not enough, it turns out he is duping her, and the “couple of weeks” end up being two years:

Perhaps it’s still unclear how I ended up in there.... I didn’t mention that I’d never seen that doctor before, that he decided to put me away after only fifteen minutes. Twenty, maybe. What about me was so deranged that in less than half an hour a doctor would pack me off. He tricked me, though: a couple of weeks. It was closer to two years. I was eighteen. (41)

The way she sees her life as interrupted becomes all the more valid. As if judging by a divine right, the doctor’s self-assumed authoritative position and indisputable tone are conspicuous in the official hospital memorandum he writes, and which Kaysen includes in her memoir. It reads as follows:

Susanne Kaysen was seen by me on April 26, 1967, following my evaluation which extended over three hours I referred her to McLean hospital for admission. My decision was based on:

The chaotic unplanned life of the patient at present with progressive decompensation and reversal of sleep cycle.

Severe depression and hopelessness and suicidal ideas.

No therapy and no plan at present. Immersion in fantasy, progressive withdrawal and isolation. (Kaysen 19)

Needles to say, Kaysen is given no chance to discuss, contest, or even inquire about the terms of her hospitalization. The finality of the doctor’s judgement leaves her helpless, fractured and scared: “I was afraid”, she states (17).

Running counter to the doctor’s self-proclaimed authority is Jung’s dethronement of the psychotherapist’s supremacy over his/her patients:

When as a psychotherapist I set myself up as a medical authority over my patient and on that account claim to know something about his[/her] individuality, or to be able to make valid statements about it, I am only demonstrating my lack of criticism, for I am of no position to judge the whole of personality before me.... If I wish to treat another person psychologically at all, I must for better or worse give up all pretensions to superior knowledge, all authority and desire to influence. (Jung, *Practice* 5)

According to the Jungian paradigm, the psychotherapist is in no position to judge the whole of the patient’s personality, who is entitled to express his/her point of view, “unhampered by [the doctor’s] assumptions” (5). Instead, they must engage “in a dialectical procedure consisting in a comparison of ... mutual findings” (5). If this implies anything, it places both the patient and the doctor on an equal footing, channelling them towards the process of individuation. Jung also points out that the dialectical procedure “becomes possible only if [the doctor] give[s] the other person a chance to play his [/her] hand to the full” (5), and the only thing with which the doctor “can legitimately confront [the] patient” is the former’s “reaction” (5). This procedure may be said to be subverted in Kaysen’s case, with the doctor passing his judgements; she only succumbing. She comments on this stating: “I signed myself in. I had to, because I was of age. It was that or a court order” (41). Jung’s emphasis on “conscious freedom of choice” and “individual decision” as keystones of psychotherapy may be said to represent an apt curative approach to what Kaysen is going through (*Practice* 109).

Nowhere is the strained relationship between Kaysen and her doctor more evidently expressed in her memoir than in the section entitled: “Do You Believe Him or Me?”. As the title itself suggests, both are posited vis-à-vis each other, with the postulation that believing one necessarily excludes the other; a situation that can be redressed in the light of Jung’s perception of both the patient and the doctor as two fully realized “psychic systems”: “Hence we arrive at the dialectical formulation which tells us precisely that psychic influence is the reciprocal reaction of two psychic systems” (*Practice* 4). The word “reciprocal” goes against the grain of the method of psychotherapy experienced by Kaysen, which is primarily pivoted on curtailing her subjectivity, and which, in due course, begets a fractured sense of selfhood rather than helping her harmonize it. It is worth noting that “[o]ne essential symptom [of borderline disorder] is ‘splitting’, in which one holds two contradictory perceptions of the self or others as either all good or all bad and is unable to integrate them into a coherent total image. The patient vacillates from one image to the other” (Napal-Fernández 785). Throughout this section, Kaysen takes great lengths to defend her position and render her account more truthful than the doctor’s insofar as the time of the interview is concerned. Kaysen’s words are worth quoting:

That 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. (66)

There is a mounting sense of antagonism between Kaysen and the doctor¹². Statements like “the doctor says” versus “I say”, posit them at polar ends, with each trying to outwit the other. The doctor’s patronizing approach is undoubtedly injurious to Kaysen’s already disturbed status.

In this context, Jung’s emphasis on the dialectical doctor-patient relationship may be said to supplant the rivalry between both with “interact[ion]”: “In the doctor-patient relationship...two psychic systems interact, and therefore any deeper insight into the psychotherapeutic process will infallibly reach the conclusion that in the last analysis, since individuality is a fact not to be ignored, the relationship must be dialectical” (*Practice* 9). Hailing the patient’s individuality as indispensable to psychotherapy lends credence to the relevance of a Jungian approach to Kaysen’s case, for it is on account of pitting her against standards that are incongruous with her true self that she suffers the most. This is evident when she says:

My chronic feelings of emptiness and boredom came from the fact that I was living a life based on my incapacities, which were numerous. A partial list follows. I could not and did not want to: ski, play tennis, or go to gym class; attend to any subject in school other than English and biology; write papers on any assigned topics (I wrote

¹² Kaysen proceeds to give more evidence to prove the validity of her words vis-à-vis the doctor’s claim in a manner that widens the already unbridgeable chasm between both:

I have more evidence. The Admission Note, written by the doctor who supervised my case, and who evidently took an extensive history before I reached that nurse. At the top right corner, at the line Hour of Adm., it reads: 11:30 A.M. Let’s reconstruct it again. Subtracting the half hour waiting to be admitted and wading through bureaucracy takes us to eleven o’clock. Subtracting the half hour taxi ride takes us to ten-thirty. Subtracting the hour I waited while the doctor made phone calls takes us to nine-thirty. Assuming my departure from home at eight o’clock for a nine o’clock appointment results in a half-hour interview. There we are, between nine and nine-thirty. I won’t quibble over ten minutes. Now you believe me. (67)

poems instead of papers for English; I got F's); plan to go or apply to college; give any reasonable explanation for these refusals. (129)

The onset of her fractured self thus stems from gauging her abilities in terms of what she is not, rather than what she is. In other words, she is shorn of her right to chart her own life in her own terms; hence, the sense of interruption that pervades her life¹³.

This sense of interruption is also an outcome of her being out of tune with her world. Hemmed in by societal and familial demands, a strong sense of antipathy is bred towards the world, resulting in her seeing it as an avowed foe that she wishes to vanquish:

My ambition was to negate. The world, whether dense or hollow, provoked only my negations. When I was supposed to be awake, I was asleep; when I was supposed to speak, I was silent; when a pleasure showed itself to me, I avoided it. My hunger, my thirst, my loneliness and boredom and fear were all weapons aimed at my enemy, the world. They didn't matter a whit to the world, of course, and they tormented me, but I got a gruesome satisfaction from my sufferings. They proved my existence. (43)

The nadir of her frustration is her thwarted suicide attempt, instigated as it is by her desire to get rid of a part of her fragmented self¹⁴: "I wasn't a danger to society. Was I a danger to myself? The fifty aspirin...they were metaphorical. I wanted to get rid of a certain aspect of my character. I was performing a kind of self-abortion with those aspirin. It worked for a while. Then it stopped; but I had no heart to try again" (41)¹⁵.

The attempt at annihilating her individuality is replicated in her meetings with the analyst: Before he was my analyst, he was my therapist, and I was fond of him....I was often silent.... He started asking me 'What are you thinking?' I never knew what to say. My head was empty and I liked it that way. Then he began to tell me what I might be thinking. 'You seem sad today,' he'd say, or 'Today, you seem puzzled about something'. Of course I was sad and puzzled. I was eighteen, it was spring, and I was behind bars.

¹³ It is worth noting in this context that Kaysen's sense of interrupted self is cited as an example of the symptomatic manifestations of BDP in Olatz Napal-Fernández's medical essay "Borderline Personality Spectrum" (2019):

Sometimes the patients give descriptions of depersonalization, numbness, and emptiness [like]... Susanna Kaysen, a woman who was hospitalized for nearly 2 years in McLean Psychiatric Hospital.... She slips through one of the 'perforations in the membrane between here and there'. She also narrates an altered perception of herself and her own body, describing a profound alienation from her body and fight against a sense that she does not exist as a flesh-blood person.... Susanna describes her emptiness like a response to her lack of fit to the narrow roles society offered white middle-class privileged girls. (798)

¹⁴ In the section entitled "My Suicide", Kaysen explains her perception of suicide, and theorizes about the motives that have impelled her to venture on such a step:

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. And you need the means, the opportunity, the motive. A successful suicide demands good organization and a cool head, both of which are usually incompatible with the suicidal state of mind. It's important to cultivate detachment. One way to do this is to practice imagining yourself dead, or in the process of dying. (38)

¹⁵ A more harrowing suicide attempt is the one made by Polly, who sets her entire self on fire using gasoline:

I think the gasoline had settled in her collarbones, forming pools there beside her shoulders, because her neck and cheeks were scarred the most. The scars were thick ridges, alternating bright pink and white, in stripes up from her neck. They were so tough and wide that she couldn't turn her head, but had to swivel her entire upper torso if she wanted to see a person standing next to her.... Why did she do it? Nobody knew. Nobody dared to ask. Because —what courage! Who had the courage to burn herself. (Kaysen 21)

Eventually he said so many wrong things about me that I had to set him right, which was what he'd wanted It irritated me that he'd gotten his way. After all, I already knew what I felt; he was the one who didn't know. (Kaysen 101)

Very much like what she experiences with the doctor, the analyst projects his own ideas on her, rendering her all the more voiceless, and, consequently, fractured. The ameliorating potential of a Jungian approach becomes relevant in this regard, particularly in the way he “open[s] the door to suggestion” on the patient's part: “Not only do I give the patient an opportunity to find associations to his[/her] dreams; I give myself the same opportunity. Further, I present him[/her] with my ideas and opinions...in so doing, I open the door to suggestion” (*Practice* 44). This does not apply only to interpreting dreams, but also as an overarching objective to his approach: “[T]he prime task of psychotherapy...[is] to pursue with singleness of purpose the goal of individual development. So doing, our efforts will follow nature's own striving to bring life to the fullest possible fruition in each individual—for only in the individual can life fulfil its meaning” (110).

The following description of Jung's psychotherapy underscores its relevance to Kaysen's case, and how it can be enlisted to help her assemble her fractured self:

Jung sat opposite his patients in direct communication as one human being to another. Words – and their underlying hinterland, body language and dreams – were the fishing nets of the personal story. Once brought up for air, shared, and treated, however unorthodoxly, the contents were inevitably returned to the individual as a precious possession best understood personally. (Dunne 136)

On the other side of the spectrum, Kaysen, in a sardonic tone, repeatedly exposes the flawed methods of diagnosis and therapy employed at McLean Hospital, all of which are predicated on subduing the patients' individuality. Rather than listening to the patients, “they [do] a fair amount of talking themselves” (Kaysen 75). Adding insult to injury, the “talking” itself suffices to render the patients more troubled:

We had to hear a lot of talk in that place. Each of us saw three doctors a day: the ward doctor, the resident, and our own therapist. Mostly we had to hear ourselves talk to these doctors, but they did a fair amount of talking themselves. They had a special language: regression, acting out, hostility, withdrawal, indulging in behaviour. This last phrase could be attached to any activity and make it sound suspicious: indulging in eating behaviour, talking behaviour, writing behaviour. In the outside world people ate and talked and wrote, but nothing we did was simple. (75)

In a manner that runs counter to Jung's dialectical method, the patients are denied their right to give voice to their grievances: “Therapists had nothing to do with our everyday lives. ‘Don't talk about the hospital’, my therapist said if I complained about Daisy or a stupid nurse. ‘We're not here to talk about the hospital’” (78). This attitude on the therapist's part stands in sharp opposition to Jung's elaboration on “the idea of a dialectical procedure, where the therapist enters into relationship with another psychic system both as questioner and answerer. No longer is he the superior wise man, judge and counsellor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient” (*Practice* 8). Though supposedly meant to mitigate the patients' disorders and feelings of maladjustment, the incompetence of the people in charge reveal how Kaysen and the other inmates are held at a disadvantage even in alleged places of sanctuary and treatment. Often negligent of the patients' agony, and judging them from a deleteriously detached perspective, their diagnoses often exacerbate their suffering rather than mitigate it. Since the patients are mostly women, the treatment methods they receive may be said to become like “penalties for being female” (Chesler 56). In a retrospective look at their demise, Kaysen writes: “We'd reached the end of the line. We had nothing more to lose. Our privacy, our liberty, our dignity: All of this was

gone and we were stripped down to the bare bones of our selves.... Naked, we needed protection, and the hospital protected us. Of course, the hospital had stripped us naked in the first place—but that just underscored its obligation to shelter us” (84).

The doctor who examines Kaysen is one notable example among a multitude. As a specialist, he is assumed to “possess ‘right sense and sanity’ and have the expertise to identify those outside such boundaries” But here, ironically, his diagnosis relies on doubts—interrogative clauses—and all but scientific reasons” (Antolin 14). Kaysen’s fractured sense of selfhood is an inevitable outcome. In contrast to such an approach that stigmatizes the patients, Jung posits his method of psychotherapy that seeks to normalize their seemingly odd behavior:

When something happens to a man and he supposes it to be personal only to him whereas in reality it is quite a universal experience, then his attitude is obviously wrong, that is too personal, and it tends to exclude him from human society. By the same token we need to have not only a personal contemporary consciousness, but also a supra-personal consciousness with a sense of historical continuity. (*Practice* 46)

Jung also harps on the same point in his discussion of archetypes: “There is an a priori factor in all human activities, namely the inborn, preconscious and unconscious individual structure of the psyche” (*Archetypes* 77). In other words, deviation from commonly accepted standards of normality should not be a pretext for stigmatizing others; at the end of the day all individuals are bound by a collective unconscious. It is worth reiterating that according to Jung, the personal unconscious is predicated on the collective, which is innate, universal and characterized by the same attributes in all individuals. Accordingly, “[f]rom the unconscious there emanate determining influences which, independently of tradition, guarantee in every single individual a similarity and even a sameness of experience” (58). Kaysen’s “parallel universe” is thus every human’s universe (Kaysen 14).

Along similar lines, failing to gauge the sentiments of Kaysen and the other inmates can be rectified by appropriating Jung’s perception of the human psyche: “For the human psyche ... is a field on its own with its own peculiar laws.... It cannot be identified with the brain, or the hormones, or any known instinct; for better or worse it must be accepted as a phenomenon unique in kind” (*Practice* 17). Each and every individual psyche thus deserves to be validated in its own right; a conviction that can be buttressed in the light of Jung’s conviction that “[t]he prime rule of dialectical procedure is that the individuality of the sufferer has the same value, the same right to exist, as that of the doctor, and consequently that every development in the patient is to be regarded as valid” (10). This is markedly lacking in the treatment Kaysen receives. Had this assumption been appropriated to Kaysen’s case, her life would have been less interrupted. A veneration of the uniqueness of the human psyche is a much-needed therapeutic tool in Kaysen’s case. Much to her detriment, and as she records in her memoir, “the one thing we would always lack was credibility” (83).

Along the lines of the Jungian paradigm, the symptoms of any disorder she may be afflicted with, be it borderline personality disorder or any other, can thus be treated in a way that is more attuned to her individualistic self. In the section of her memoir entitled “Borderline Personality Disorder” she engages in a process of self-scrutiny wherein she sees how far her symptoms correspond to the etiology of this disorder as outlined in the “Diagnostic and Statistical Manual of Mental Disorders” (1987), (Kaysen 124). More than its medical aspect, Kaysen “addresses the social meaning and context of this diagnosis” (“Girl” 211). Even before embarking on such an endeavour, she defines it from her own perspective as “a way station between neurosis and psychosis: a fractured but not disassembled psyche” (Kaysen 127). Based on her own experience with it rather than on what she reads about it, no

more expressive definition could be accrued to describe her status. Wrist-banging, face-scratching, chronic feelings of emptiness or boredom, intense anger with frequent displays of temper, self-alienation, and, above all, an interrupted self, are some of the symptoms she reads about and identifies with. Kaysen's fractured self ultimately begets a self-deprecating attitude, leading her to view herself as being "useless": "I had a character disorder. Sometimes they called it a personality disorder. When I got my diagnosis it didn't sound serious, but after a while it sounded more ominous than other people's. I imagined my character as a plate or shirt that had been manufactured incorrectly and was therefore useless" (58). Kaysen's self-image as "a plate or shirt that had been manufactured incorrectly" can be a means of access to her psyche if viewed along Jung's emphasis on the role of active imagination; that is, the "method invented by Jung to amplify and activate dream or fantasy images...a way of meditating imaginatively, without conscious goal or program, on objective hints being thrown up by the unconscious" (Dunne 127). From a Jungian perspective, all contents of the unconscious, no matter how insensible or chaotic they seem to be, offer cues to an individual's psyche and accordingly can be enlisted in therapy: "Each of us carries his/[her] own life-form within him/[her] -an irrational form which no other can outbid" (Jung, *Practice* 41).

Since Kaysen probes into the ramifications of this disorder, a cursory overview of it can complement her account. The term borderline personality disorder was coined in 1938 by Adolph Stern, a psychoanalyst who named it as such since its symptoms straddle between psychosis and neurosis¹⁶; hence being on the borderline between both. In other words, it refers to "patients who appeared more severely disturbed than the neurotics that Freud felt were suitable for psychoanalysis, yet who did not show signs of outright psychosis" (Napal-Fernández 784). People afflicted with it face great difficulties in handling their emotions and impulses, which is the core of this disorder. They are sensitive to what is going on around them and often react with extreme emotions to the minutest changes in their surrounding environment (*Borderline* 2-3). They are burdened with constant emotional pain and exhibit a "pervasive and persistent pattern of instability and impulsivity" (Cailhol, Gicquel, and Raynaud 3).

Symptoms vary from one person to another, but generally speaking they include: intense but short-lived bouts of anger, depression or anxiety; emotional dysregulation; feelings of emptiness; paranoid thoughts; varying self-images that can change depending on the person's surrounding people; impulsive and injurious patterns of behaviour such as substance abuse, overeating, gambling or high-risk sexual behaviours; self-injury such as cutting, burning with a cigarette or overdose that can bring relief from intense emotional pain; suicide; fear of being abandoned; a sense of an interrupted self; dependency; impulsive and emotionally volatile behaviours; expressions of confusions and contradictions; and stormy interpersonal relationships with wavering attitudes to others (*Borderline* 3; Napal-Fernández 796-801).

Thankfully, research has shown that people can recover from borderline personality disorder. Recovery entails treating them as unique, valid and important; that is, as independent individuals entitled to having their goals and aspirations. They should likewise be given the freedom to make choices and decisions about their lives and to be treated with dignity and respect. Others must accept that their unique journey through life has taken a different path. Treatment should be in accordance with an individualized plan, rather than an

¹⁶ Psychosis refers to a condition where disturbances cause someone's personality to break down. The person loses touch with reality, and may imagine hearing voices or seeing things that seem unreal (*Borderline* 55). Neurosis, on the other hand, is a mental illness in which "insight is retained but there is a maladaptive way of behaving or thinking that causes suffering, for example, depression, anxiety, phobias or obsessions" (54).

overarching formula for all people alike. Investing them with hope about the future is also a crucial step in the process of recovery. Also highly recommended is their involvement in meaningful relationships with others (*Borderline* 40).

Going back to Kaysen's exhibiting of these symptoms, the one related to her self-alienation, and expressed through doubting the presence of her bones in the section entitled "Bare Bones", is worth quoting¹⁷:

I looked at my hand. It occurred to me that my palm looked like a monkey's palm.... I turned my hand over quickly. The back of it wasn't much better.... If I moved my hand I could see the three long bones that stretched out from the wrist to the first joints of my fingers. Or perhaps those weren't bones but tendons? I poked one; it was resilient, so probably it was a tendon. Underneath, though, were bones. At least I hoped so.

I poked deeper, to feel the bones. They were hard to feel the bones. Knucklebones were easy, but I wanted to find the hand bones the long ones going from my wrist to my fingers. I started getting worried. Where were my bones? ...I began scratching at the back of my hand. My plan was to get hold of a flap of skin and peel it away just to have a look. I wanted to see that my hand was a normal human hand, with bones.... I put my hand in my mouth and chomped. Success! A bubble of blood came out near my last knuckle, where my incisor had pierced the skin.

Do I have any bones? I asked them. Do I have any bones? Do you think I have any bones? I couldn't stop asking. (Kaysen 90)

This seemingly odd behaviour happens in the wake of her witnessing a traumatic experience undergone by Torrey, one of the patients who is a substance abuser and who is somewhat verbally exploited by her parents¹⁸. Much to her misery, and against her will, she is removed from the hospital and taken to Mexico by her parents. "It's death," said Torrey. "Being in Mexico means being dead and shooting speed to feel like you're not quite dead. That's all" (Kaysen 86). Witnessing this, Kaysen's already fractured sense of selfhood is exacerbated, and she indulges in this search for her bones; or, more accurately, her lost self.

Once again, resorting to Jung's perception of seemingly odd mannerisms may be said to offer a more understanding approach to Kaysen's attitude, viewing it as a result of difference rather than as a manifestation of madness:

¹⁷ In addition to this episode, Kaysen mentions two other self-damaging habits; wrist-banging and face-scratching:

I spent hours in my butterfly chair banging my wrist. I did it in the evenings, like homework. I'd do some homework, then I'd spend half an hour wrist-banging, then back in the chair for some more banging before brushing my teeth and going to bed. I banged the inside, where the veins converge. It swelled and turned a bit blue, but considering how hard and how much I banged it, the visible damage was slight. That was yet one more recommendation of it to me.... I'd had an earlier period of face-scratching. If my fingernails hadn't been quite short, I couldn't have gotten away with it. As it was, I definitely looked puffy and peculiar the next day I used to scratch my cheeks and then rub soap on them. (128)

¹⁸ The way Torrey is verbally abused by her parents adds another level of brutalization to her already shattered self:

We all liked Torrey.... The only thing wrong with her was amphetamines. She'd spent two years shooting speed in Mexico, where her family lived. Amphetamines had made her face pale and her voice tired and drawling.... Every few months Torrey's parents flew from Mexico to Boston to harangue her she was crazy, she had driven them crazy, she was malingering, they couldn't afford it. Then Mom said, 'You made me into an alcoholic,' and then Dad said, 'I'm going to see you never get out of this place,' and then they sort of switched and Mom said, 'You're nothing but a junkie,' and Dad said, 'I'm not going to pay for you to take it easy in here while we suffer'. (Kaysen 85)

The patient is inundated by a flood of thoughts that are as strange to him[/her] as they are to a normal person...we cannot understand his[/her] ideas. We understand something only if we have the necessary premises for doing so. But here the premises are just as remote from our consciousness as they were from the mind of the patient before he[/she] went mad. Otherwise he[/she] would never have become insane. (*Archetypes* 277)

In so stating, Jung attributes strangeness to difference in perspective; a remoteness from consciousness. His postulation that “the premises are just as remote from our consciousness as they were from the mind of the patient before he[/she] went mad”, not only normalizes madness, but also blurs the distinction between sanity and insanity. The shadow archetype, corresponding as it is to humanity’s darker aspect, may be said to offer an emancipatory potential. According to Jung, “if we are able to see our own shadow and can bear knowing about it, then a small part of the problem has already been solved: we have at least brought up the personal unconscious” (*Archetypes* 20). This, in its turn, wields an integrating impact on Kaysen’s fractured self. Moreover, it allows the inclusion of those who do not conform to the mainstream, demolishing the contours of Kaysen’s “parallel universe”, and rendering her and the other patients unsullied¹⁹.

Other symptoms of borderline personality disorder exhibited by Kaysen even before being admitted to the hospital, and during the course of her treatment, can be viewed along the same lines. Having a problem with patterns is another example²⁰:

I was having a problem with patterns. Oriental rugs, tile floors, printed curtains.... Supermarkets were especially bad, because of the long, hypnotic checkerboard aisles. When I looked at these things, I saw other things within them. That sounds as though I was hallucinating, and I wasn’t....But all patterns seemed to contain potential representations, which in a dizzying array would flicker briefly to life.... Reality was getting too dense. (Kaysen 42)

Kaysen’s assertion that her thoughts are not hallucinatory can be buttressed if viewed in the light of Jung’s assertion that “[a]s a rule, unconscious phenomena manifest themselves in fairly chaotic and unsystematic form” (*Archetypes* 276). The unconscious is to be given full rein to prove its presence, side by side with the conscious. Based on this consensus, Kaysen’s trouble with patterns can be understood as laying the groundwork for the process of individuation to run its course, ultimately helping her assemble her fractured self. Jung’s explanation of this point is worth quoting:

Conscious and unconscious do not make a whole when one of them is suppressed and injured by the other. If they must contend, let it at least be a fair fight with equal rights on both sides. Both are aspects of life. Consciousness should defend its reason and protect itself, and the chaotic life of the unconscious should be given the chance of having its way too—as much of it as we can stand. This means open conflict and open collaboration at once. That, evidently, is the way human life should be. It is the old

¹⁹ In this context, it is worth recalling Kaysen’s words: “In the world’s terms, though, all of us were tainted” (108).

²⁰ In another instance, on a visit to the ice-cream parlour with other patients, she experiences the very same dizzying effect:

The floor of the ice cream parlour bothered me. It was black-and-white checkerboard tile, bigger than supermarket checkerboard. If I looked only at a white square, I would be all right, but it was hard to ignore the black squares that surrounded the white ones. The contrast got under my skin. I always felt itchy in the ice cream parlour. The floor meant YES, NO, THIS, THAT, UP, DOWN, DAY NIGHT— all the indecisions and opposites that were bad enough in life without having them spelled out for you on the floor. (Kaysen 51)

game of hammer and anvil: between them the patient iron is forged into an indestructible whole, an 'individual'. (*Archetypes* 288)

It is being "forged into [this] indestructible whole" that Kaysen needs the most. The true essence of her recovery may be said to lie in reaching an inner state that corresponds to a Jungian mandala; the psychological expression of the homogenization of the self, "which does not spring from conscious reflection but from an instinctive impulse" (Jung, *Archetypes* 388).

Another symptom related to Kaysen's disorder is her perception of people:

Something also was happening to my perceptions of people. When I looked at someone's face, I often did not maintain an unbroken connection to the concept of a face. Once you start parsing a face, it's a peculiar item: squishy, pointy, with lots of air vents and wet spots. This was the reverse of my problem with patterns. Instead of seeing too much meaning, I didn't see any meaning. (Kaysen 42)

Once again she reiterates that she is not losing her sanity, adding that she is well aware of her occluded perceptions: "But I wasn't simply going nuts, tumbling down a shaft into Wonderland. It was my misfortune—or salvation—to be at all times perfectly conscious of my misperceptions of reality. I never 'believed' anything I saw or thought I saw. Not only that, I correctly understood each new weird activity" (42-43). Kaysen's self-image may be said to give expression to Jung's proposition that "[t]he unconscious produces compensating symbols which are meant to replace the broken bridges, but which can only do so with the active cooperation of consciousness... these symbols must be understood by the conscious mind; they must be assimilated and integrated" (*Practice* 123). While Kaysen's seemingly illogical perception may be said to correspond to the contents of the unconscious, her conscious awareness of her "misperceptions of reality" corresponds to "the active cooperation of consciousness". Once "assimilated and integrated", as Jung suggests, the road to individuation becomes less meandering. Accordingly, Kaysen's feelings of alienation from herself and others can be alleviated through the homogenizing power that is intrinsic to the individuation process, and which is also reflected in Jung's perception of the way alchemy unites dichotomies and allows unconscious contents to be thrust forward to "the very borders of consciousness for the purpose of compensating the crisis in which it finds itself" (*Practice* 320). By becoming conscious of what is generally unconscious, the process of self-integration is facilitated.

The very same approach may be well appropriated to other cases in the hospital, such as Georgina, who becomes Kaysen's closest friend and roommate, and who hardly exhibits visible signs of any disorder, but is admitted to the hospital on grounds of her mental instability. Another example is the high-spirited Lisa who takes to the habit of wrapping the furniture, among other things, with toilet paper, and who also repeatedly escapes from the hospital: "Lisa went to a different bathroom every time. There were four, and she made the circuit daily. She didn't look good.... She had wrapped all the furniture... 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" (Kaysen 27). If Lisa seems to transgress borders of sanity, her attitude, like Kaysen's, can be viewed as instigated by her "creative fancy" which Jung defines as "an intrusion from the realm of the unconscious" (*Practice* 34). One can accordingly understand her attitude in terms the union of conscious and unconscious contents, out of which emerge new conscious attitudes that Jung designates as a "transcendent function" (*Archetypes* 289), which, in its turn, helps assemble a fractured psyche into a whole.

Fleeing the hospital is likewise prompted by Lisa's impulsive acts, which according to Jung, are a byproduct of the unconscious (*Practice* 11). Contrary to the Jungian goal of psychotherapy to help "unify the personality into a whole" rather than being "a mere cure of

symptoms” (*Archetypes* 289), there is no interest in understanding the reasons that have impelled her to flee the place. Instead, all attention is geared towards the actual act of escape itself, and how it should be curtailed in the future: “This time, when they brought her back, they were almost as angry as she was. Two big men had her arms, and a third guy had her by the hair, pulling so that Lisa’s eyes bugged out. Everybody was quiet, including Lisa. They took her down to the end of the hall, to seclusion” (Kaysen 24). The brutality that is meted out on Lisa in seclusion suffices to validate Kaysen’s indictment of the methods of therapy she and the other patients have first-hand experience with:

To begin with, they’d cut her nails down to the quick. She’d had beautiful nails, which she worked on, polishing, shaping, bung. They said her nails were ‘sharps’. And they’d taken away her belt....It had belonged to her brother Jonas, the only one in her family still in touch with her. Her mother and father wouldn’t visit her because she was a sociopath, or so said Lisa. They took away the belt so she couldn’t hang herself. (Kaysen 25)

More like a punitive act than a therapeutic measure, seclusion is only one of many other methods of treatment employed in the hospital. As explained by Kaysen, “the real purpose of the seclusion room, though, was to quarantine people who’d gone bananas.... Anyone who sustained a higher level for more than a few hours was put in seclusion.... There were no objective criteria for deciding to put someone into seclusion. It was relative, like the grading curve in high school” (46). Instead of offering the patients a place of solace, it serves to exacerbate their suffering, adding more fissures to their fragmented selves. Paradoxically, it is also a place where the patients are allowed to give vent to their frustrations; “the seclusion room turns out to be completely ambivalent: it is both the hospital version of a high security prison cell, where the worst patients are confined to for a while, and an occasional refuge for the patients who need to let off steam” (Antolin 5-6). Much to Lisa’s detriment,

[t]hey didn’t understand that [she] would never hang herself. They let her out of seclusion, they gave her back her belt, and her nails started to grow in again, but Lisa didn’t come back. She just sat and watched TV Lisa always knew what she needed. She’d say, ‘I need a vacation from this place’, and then she’d run away. When she got back, we’d ask her how it was out there. ‘It’s a mean world’, she’d say. She was usually glad enough to be back. (Kaysen 25-26)

Seclusion, as an alleged method of treatment, is invariably implemented on various patients, besides other methods that serve more to subdue their individuality than to allay their agony. Electroshock therapy is another notorious method, as Kaysen recounts in her memoir: “We watched Cynthia come back crying from electroshock once a week” (24). “I’m not sad”, she explains to Kaysen, “but I can’t help crying” (26). In this context, one cannot but recall the predicament of Esther Greenwood in Plath’s autobiographical novel *The Bell Jar* (1963)²¹. Moreover, in her book *The Female Malady: Women, Madness and English Culture* (1987), Elaine Showalter regards shock treatment as an enactment of “masculine dominance and female submission” (207), and accordingly it serves more as a means of exploitation rather than a method of treatment. In another instance, Kaysen states: “We watched Polly shiver after being wrapped in ice-cold sheets” (24), until she eventually becomes “like a motorized corpse” (26). Even more harrowing, Daisy, another patient, is sexually exploited by her father himself: “Daisy had two passions: laxatives and chicken.... Twice a week her squat potato-

²¹ Esther Greenwood grapples with a barrage of coercive forces, like Plath herself, culminating in electroshock treatment. Very much like Kaysen and the other inmates, her aspirations and quest for selfhood are thwarted, thus resulting in her alienation, depression and eventually a suicide attempt. Also replicating the apathetic attitude exhibited by Kaysen’s doctor, Esther’s therapist is negligent of her agony and judges her attitude from an authoritative perspective; “he seemed unimpressed” by her account, Plath states (135).

face father brought a whole chicken Daisy's father wanted to stay as long as possible, because he was in love with Daisy. Lisa explained it. 'He can't believe he produced her. He wants to fuck her to make sure she's real'" (34-35).

Against such a depressogenic backdrop, it becomes evident that "mental asylums rarely offer asylum" (Chesler 74), pivoted as they are on subjugating the patient's individuality. In contradistinction, Jung's veneration of it can be clearly discerned in his "dialectical procedure":

Since individuality...is absolutely unique, unpredictable, and uninterpretable in these cases the therapist must abandon all his preconceptions and techniques and confine himself to a purely dialectical procedure...[which] is not so much an elaboration of previous theories and practices as a complete abandonment of them in favour of the most unbiased attitude possible. (Jung, *Practice* 8)

Put differently, Jung may be said to caution therapists to treat their patients in commensurate with their unpredictable and unique individuality. The treatment is to be geared towards individuation, without any attempt on the therapist's part to alter the patient's personality. As such, the dialectical procedure operates through the therapist's unbiased attitude, who engages in the procedure with the patient on equal grounds, rather than inculcating alien ideas in his/her psyche. Undoubtedly, it is this veneration of individuality that Kaysen, Lisa, Daisy, Polly, Esther/Plath, among countless others, need the most. Hemmed in by a constellation of societal expectations and demands that seek to confine them to preconceived models, their sense of individuality is inevitably atrophied.

Eventually, after two years, Kaysen is proclaimed "[r]ecovered": "I can honestly say that my misery has been transformed into common unhappiness, so by Freud's definition I have achieved mental health. And my discharge sheet, at line 41, Outcome with Regard to Mental Disorder, reads 'Recovered'" (Kaysen 129). Her reaction towards such a proclamation is not celebratory as much as it is contemplative. Mulling over the word "[r]ecovered", she retrospectively pits her newly recovered self against the formerly disturbed one, wondering about the reality of her disorder; assessing whether she has been correctly or erroneously diagnosed; and questioning how far she has been successful in crossing the borders that have been interrupting her life:

Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between sane and insane? Perhaps I'd actually had an identity disorder. 'In Identity Disorder' there is a similar clinical picture, but Borderline Personality ... preempts the diagnosis ... if the disturbance is sufficiently pervasive and ... it is unlikely that it will be limited to a developmental stage'. Maybe I was a victim of improper preemption? (129)

Although Kaysen can hardly undo the past and recover from her traumatic experience of hospitalization, her newly attained skill of crossing borders may help render the course of her life less interrupted:

Her strategy of systematic subversion and border-crossing allows Kaysen to question preconceived ideas and common, often false, opinions about madness, particularly women's madness, and mental patients. She can thus turn her personal experience of suffering into an indictment of the traditional assumptions about what constitutes mental illness and mental health. (Antolin 16).

Pondering her life choices, it dawns on her that she has been "shut out of life" simply because of her unconventional interests (Kaysen 131), rather than on account of her disorder:

What would have been an appropriate level of intensity for my anger at feeling shut out of life? My classmates were spinning their fantasies for the future: lawyer, ethnobotanist, Buddhist monk (it was a very progressive high school). Even the dumb, uninteresting ones who were there to provide ‘balance’ looked forward to their marriages and their children. I knew I wasn’t going to have any of this because I knew I didn’t want it. (131)

Further questioning what it is that constitutes madness, she ultimately arrives at the conclusion that one thing she would always abhor is to go through the very same ordeal again:

I got better and Daisy didn’t and I can’t explain why. Maybe I was just flirting with my madness the way I flirted with my teachers and class-mates. 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.I often ask myself if I’m crazy.... I start a lot of sentences with ‘Maybe I’m totally nuts’, or ‘Maybe I’ve gone ’round the bend’. If I do something out of the ordinary—take two baths in one day, for example—I say to myself: Are you crazy? It’s a common phrase, I know. But it means something particular to me: the tunnels, the security screens, the plastic forks, the shimmering, ever-shifting borderline that like all boundaries beckons and asks to be crossed. I do not want to cross it again. (132-33)

Finally, the last section of the memoir brings Kaysen’s narrative to a close as she discovers a meaningful connection between the girl in Vermeer’s painting and her own fractured self; a connection that becomes all the more significant in the light of the Jungian concept of synchronicity. Since according to Jung it is a key phenomenon in psychotherapy (*Synchronicity* 5), it thus signals a progressive step in Kaysen’s recovery. Based on the consensus that synchronicity occurs when an “archetypal image...doubled by a correspondent objective event, catches consciousness, ‘sets it in motion’, and becomes conscious, thus organizing human behaviour in a meaningful way correspondent to the symbol” (Sacco 4), Kaysen’s forging a connection between the painting and the course of her life is an indicator of her gaining insight into her own predicament, becoming all the more aware of how interrupted her life has been. As a result, she relates to Vermeer’s girl in a more “meaningful way”. This can also be evinced in how her perception of the painting changes over the course of time, particularly before and after her experience with her disorder and the ensuing hospitalization.

The first time she catches sight of the painting, when she is seventeen years old with her English teacher in New York, no clear personal connection is forged. Her mind is preoccupied with her English teacher’s kiss, her studies, the prospect of her graduation, and her failing biology: “I was seventeen in New York with my English teacher who hadn’t yet kissed me. I was thinking of that future kiss, which I knew was coming.... Besides the kiss, I was thinking of whether I could graduate from high school if for the second year in a row I failed biology” (Kaysen 138). Struck by the aesthetic merit of the painting, she only feels a compelling force drawing her to the girl, but still no intelligible personal bond is clear to her:

Her brown eyes stopped me. It’s the painting from whose frame a girl looks out, ignoring her beefy music teacher, whose proprietary hand rests on her chair. The light is muted, winter light, but her face is bright. 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!’ I moved backward, trying to get beyond the range of her urgency. But her urgency filled the corridor. ‘Wait’, she was saying, ‘Wait don’t go’. 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. (138-39)

Just as Vermeer's works are known to "reveal...psychological and stylistic problems of the most baffling kind" (Jacob 5), Kaysen's second encounter with the painting sixteen years later, this time with her boyfriend after her hospitalization, is laden with a similar problematic psychological dimension. This time Kaysen is not attracted to the sense of "urgency" that emanates from the painting; this time she identifies with the girl; both are "sad", "young", "distracted", "snatched" and "fixed on canvas" (Kaysen 139). In this context, it is worth noting that Vermeer's stock-in-trade is his "manner of seeing", that is, "a genius for vision...[that enables him] to look at things harder than others have looked at them" (Hale 4). Sixteen years after her first encounter, Kaysen herself may be said to be endowed with a newly acquired "vision" by means of which she sees the synchronicity between the girl's status and her own interrupted life, and gains a better understanding of herself.

It dawns on Kaysen that both have "changed a lot in sixteen years" (Kaysen 139). More importantly, both are "looking out, looking for someone who would see them" for the real persons they are, no longer clad in a Jungian persona to fit into society. At this point, Kaysen feels impelled to liberate the girl from her incarceration²²: "I had something to tell her now. 'I see you,' I said. My boyfriend found me crying in the hallway. 'What's the matter

²² Kaysen's reaction is reminiscent of the narrator's attitude in Charlotte Perkins Gilman's autobiographical story "The Yellow Wallpaper" (1892), another victim to coercive societal expectations and misconceptions about women's madness and treatment, particularly the infamous rest cure. Kaysen acts very much like the narrator when the latter tries to liberate the imagined woman whom she sees trapped in the yellow wallpaper of the room to which she is confined.

with you?’ he asked (Don’t you see; she’s trying to get out” (139). As Kaysen makes headway on her recovery journey, she may be said to enact the process of individuation, with her self-image becoming akin to a Jungian mandala, hailed as “the archetype of wholeness” (Jung, *Archetypes* 388). Hers has been an arduous yet enlightening journey that has taught her not to be perturbed by her difference from the surrounding world.

The concluding lines of the memoir reiterate not only the change Kaysen has undergone, but also highlight how one’s perception of oneself and others is often occluded by misconceptions, assumptions, societal and familial demands, among so many factors that render one’s odyssey interrupted, and one’s sense of selfhood fragmented; “we see ourselves and others only imperfectly, and seldom” (Kaysen 140). Through individuation, she can better see herself, with new opportunities shimmering in the horizon. In a Jungian manner, she reaches “the final step toward individuation: the discovery of who we really are, the opening of all those possibilities which exist because we are, finally, in touch with our talents and ourselves” (Bernier 10).

Attracted to Vermeer’s deftness in manipulating light effects, Kaysen looks at his paintings with ambivalent feelings of admiration, sorrow, regret, and hope, and realizes that of all his paintings, “Girl Interrupted at Her Music” is definitely one that stands out:

Light like this does not exist, but we wish it did. We wish the sun could make us young and beautiful, we wish our clothes could glisten and ripple against our skins, most of all, we wish that everyone we knew could be brightened simply by our looking at them....The girl at her music sits in another sort of light, the fitful, overcast light of life. (Kaysen 140)

In this regard, Kaysen comes close to what Jung hails as an “individual ... secured in himself [herself]” (*Practice* 109). Notwithstanding how far she has come in her journey of recovery, at least she has come to terms with herself. In Jungian terms, “if the worst comes to the worst, [she] will even put up with [it] once [she] understood the meaning of [her] illness” (10). Despite its being a natural process, it is an arduous one, fraught with interruptions, very much like those impeding the course of Kaysen’s life, as Jung states: “Because man has consciousness, a development of this kind does not run very smoothly; often it is varied and disturbed” (*Archetypes* 40). On the other side of the spectrum, Jung portends that once “his [her] wrong attitude being corrected, the patient can then fit into society again” (*Practice* 121), a lesson that is eventually imparted to Kaysen. To become a psychologically healthy individual, endowed with a homogenized self, Kaysen learns that she must discover and accept the different aspects of herself, even if they appear to be dark and unconventional.

To conclude, the main aim of this paper has been to propose a Jungian approach to Kaysen’s experience with borderline personality disorder and her ensuing confinement to McLean hospital as she recounts it in her memoir *Girl, Interrupted*. Since the methods of treatment she and her fellow inmates receive are pivoted, to varying degrees, on an overt atrophying of their sense of individuality, often exacerbating their suffering, different Jungian concepts and theories can thus be enlisted as a counterforce to these coercive methods. Generally speaking, many of Jung’s theories prove to be geared towards human wholeness, proclaiming it as the goal to which psychotherapy ultimately leads. In this regard, many of his concepts wield a homogenizing impact on Kaysen’s fragmented sense of selfhood. The real essence of her treatment process thus becomes a quest for attaining human wholeness.

An emancipatory dimension can be culled from Jung’s redefining of the relationship between the doctor and the patient, putting them on a par with one another, and divesting the former of any authoritative position. An equally liberating aspect of Jungian psychotherapy is the attention he accords to the individuation process, which actively contributes to rounding

out the fragmented individual into a unified whole. Since treatment for Jung is a dialectical process that involves the equal involvement of both the doctor and the patient, it can thus be utilized to examine Kaysen's experience in a manner that offers her a pulpit for self-expression.

In the light of Jung's view of psychotherapy, and through the process of individuation, Kaysen gradually assembles the shards of her fractured self. Even if the individuation/recovery process is not completed to perfection, at least she has partially come to terms with herself and the surrounding world, getting closer to becoming what she really is. Even if some fragmented pieces remain unassembled, it suffices that she has learnt about her disorder, and has gained insight into its meaning and symptoms, and most importantly into her own self. In short, she has learnt that "[t]he shoe that fits one person pinches another. There is no universal recipe for living" (Jung, *Practice* 41).

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