BRIEF ENCOUNTERS

ISSN: 2514–0612
Journal homepage: http://briefencounters-journal.co.uk/BE

Intellectualizing My Anorexia: My (Literal and Literary) Encounters With Madness

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Source: *Brief Encounters*, Vol. 7 No. 1 (July 2023), pp. 1–10.
URL: http://briefencounters-journal.co.uk/BE/article/view/4
DOI: https://doi.org/10.24134/be.v7i1.4

I was fourteen the first time I was hospitalized for my mental illness. I would be hospitalized several more times in the following two years, in programs ranging from pediatric psych wards to residential treatment facilities, and even one stay in the ICU following a suicide attempt. Ten years later, my academic career is built on my research around how to create more authentic and ethical representations of mental illness, using my own experience as the case study around which I build my methodology. In essence, I have made my trauma the subject of my academic studies, and yet—as my therapist often says—I cannot see how it could have been any other way. Mentally ill memoirists and essayists possess unique authorial insight into their experiences but are often viewed as unreliable narrators due to the very conditions on which that experience is predicated. Therefore a creative work integrating lived experience of mental illness and critical knowledge of research in medical humanities and literary theory offers a unique perspective in that the author holds a dual position of authority over the reader while also garnering suspicion from them. In this hybrid creative nonfiction piece, I reflexively examine this unique position as I inhabit the dual roles of both patient and expert.

Intellectualizing My Anorexia: My (Literal and Literary) Encounters With Madness

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Lindsey Zelvin

For most of my life, I have been told I am not a reliable authority on my own experience. The mentally ill are not to be trusted, even when they appear to be sane. In her critically acclaimed book, *Mad, Bad, and Sad: A History of Women and the Mind Doctors From 1800 to the Present* (2007), Lisa Appignanesi writes with disapproval of a doctor telling his patient: "Your delusion is total, and all the more dangerous and incurable in that you speak just like a person who is fully in possession of her reason".[1] However, later in the same book, she also claims "the anorectic is a liar and also deludes herself", becoming "the suicide bombers inside the bourgeois family".[2]

I know I should not take it personally. Appignanesi was not writing about me. Anorexia was not even on my radar when she wrote this history. It would be nearly three years before I would develop the disease, the first of the four mental illnesses with which I would be diagnosed during my adolescence. I cannot argue with her claims either. I know firsthand how cruel and deceitful anorexia can be, creating mistrust and subterfuge where none would have been previously expected. But I cannot agree with her either; 'the truth' is much more complicated.

It has been over ten years since the last time I was institutionalized. Despite a rough adolescence, marred by hospitalizations and more treatment programs than I would like to count, I am, by most standards, a success story. I have managed to develop and maintain close personal relationships while embarking on a successful career as a writer and academic. This, to most medical professionals, would earn me the label of high functioning, despite my continued difficulties. But in both my personal and professional lives, I have been unable to escape the mental illness that has been my constant companion since adolescence.

Maybe, if I tried hard enough, I would be able to hide my conditions from all but my closest confidantes. When I was first diagnosed, hiding was all I did. It almost killed me. I have not been able to bring myself to do it since the day it nearly caused me to take my life. I chose a radically opposite approach. Living with this quietly was not an option

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[1] Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors From 1800 to the Present* (London: Virago Press, 2009), p. 103.

[2] Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors From 1800 to the Present*, pp. 430, 444.

for me. It was the quiet that got me the first time. I spent my formative teenage years listening to psychiatrists, therapists, doctors, social workers, and my own parents telling me what was wrong with me and what I needed to do about it. That I could not trust my own mind: that I was not a reliable narrator of my own experience.

I know what they meant. They wanted me to understand that the anorexia caused my brain to play tricks on me. That I should not listen to the intrusive thoughts telling me to starve myself and obsessively count each bite. That what I saw in the mirror was not a true reflection, but one manipulated by my body dysmorphia. That nothing bad would happen to me if I ate the piece of pizza or the cookie.

Their hearts were in the right place. They were trying to help, trying to rescue me from a wasting illness that would erode me from existence if given the opportunity. They had to act fast if they were going to save me from myself. But I do not think any of them ever really thought about years down the line. About the ramifications of repeatedly telling a teenager that their brain is lying to them. I do not think they realized that years later, ‘better’ as I am, I still question every moment, every thought, every experience of my life, to try to get at the ‘truth’ I was never trusted to tell.

I could not do that anymore, not if I was going to survive. I refused to have my story dictated to me by people who were not living through what I was. I needed to become the expert and to do so, I needed to learn everything there was to know about living with my chronic mental illnesses, which at this point had stretched to include anxiety, depression, and obsessive compulsive disorder in addition to the anorexia. I would put the pieces together myself, make sense of the life that had been shattered and try to rebuild it. This ambition (obsession) quickly turned into my professional vocation.

It’s been over twelve years since my first diagnosis. I’ve been trying to tell this story for over ten. But each year it slipped farther and farther away while simultaneously becoming more and more complicated, because it is ongoing. It is still being *written.* In the early years after I got ‘better’, I was convinced that if I could figure out what had happened to me and why, I could correct it and restore everything to the way it was supposed to be. The way it had been before I broke. I tried to excise the pain by writing it down. Reading my journals now, it is clear I was desperate to perceive myself as ‘recovered’. I strove to emphasize how much I learned and grew from the experience, that it made me a better, stronger person. If asked, I would be honest about what had happened, but I tried my utmost not to dwell on the negatives. Acquaintances found me inspiring. Close friends called me fake, claiming they knew I was not doing as well as I pretended to be. That my happy façade made them uncomfortable. Another chorus of people telling me I couldn’t be trusted.

I started journaling about a year into my illness. Trying to keep track of events, dates, and reactions so I could remember them later. But it is hard to write the worst moments of your life while they're happening. So inevitably, there are gaps in the record. I remember most of it, the doctors' appointments and emergency room visits, my parents driving me to two different states for months-long stays at residential treatment facilities. But every time, the memories get a bit distorted. Like I am viewing them slantwise through a keyhole, straining to get a better view. To say nothing of my parent's recollection, which often differs from mine. It compounds the worry that they might be right, all of them, when they say I can't be trusted.

Recently, I encountered an article titled 'Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen's *Girl, Interrupted* and Lauren Slater's *Lying: A Metaphorical Memoir*' in which Katrina Longhurst uses these texts as examples of Margaret Price's concept of counterdiagnosis, in which "the autobiographical narrator uses language to subvert the diagnostic urge to "explain" a disabled mind".[3] Despite years of reading about mental illness, this was a term I had never come across before and Longhurst's use of the concept in her analysis of *Girl, Interrupted* prompted not only an introduction to Price's work, but a meaningful return to a formative text that had profound relevance for me, both personally and academically.

The first time I read *Girl, Interrupted,* was during my second stay in residential treatment. The first one didn't produce the desired effect—I attempted suicide a month after being released. After a short sojourn in the Pediatric ICU, followed by my third stay in the adolescent psych ward, my parents shipped me off again.

Despite an unpromising exterior, this new place affected me in a way the others had not. For the first time, I had a therapist who respected my autonomy as a human being and acknowledged the traumatic experiences I had been dealing with. She was the one who proffered *Girl, Interrupted*, one of many books she loaned me that summer. Books that became chapters in a guidebook I began to curate alongside her to help me learn how to survive and move forward. As the first person who seemed to genuinely care about giving me the tools to understand myself, she was careful not to dictate my life to me, but rather worked with me to make sense of it and decide what I want for the future. She gave me *Girl, Interrupted* hoping that it could provide the connection I was unable to find in the people around me. She knew I needed a lifeline.

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[3] Margaret Price, '"Her Pronouns Wax and Wane": Psychosocial Disability, Autobiography, and Counter-Diagnosis' *Journal of Literary and Cultural Disability Studies*, 3.1 (2009), p. 17.

Susanna Kaysen became a kind of patron saint for me and *Girl, Interrupted* a holy text. So much so that while I can objectively appreciate the sheer 90s vibes of the Winona Ryder and Angelina Jolie film adaptation, the twisting of the source material never fails to infuriate me. The brilliance of Kaysen's testimony is not in the sensational stories of the McLean Hospital women's ward, but in her rendering of those eighteen months after she was declared 'insane'. Reading it for the first time at fifteen, I could not understand the complexity of what she'd produced, but I could feel its momentous weight even as I cradled the borrowed library book between my sweaty palms, straining to finish it before lights out. At twenty-six, I turn to Kaysen again as I work toward crafting the narrative of my own experience.

Katrina Longhurst claims that due to the status of "Kaysen's popular memoir [as] a touchstone for academics writing on mental health, gender, and life writing...Writing on *Girl, Interrupted* now runs the risks of being seen to be unoriginal" and yet "there is relatively little in-depth critical work on the memoir".[4] Encountering Longhurst's article created equal parts elation and devastation. The publication of this article proved there was an appetite for this kind of research, but she had published it first. I was a bit possessive over Kaysen, despite the nearly fifty year gap between our respective experiences of madness; she published her book in 1993, three years before I was born and over twenty-five years after her initial internment at McLean Hospital. But still, I could not help but feel like her memoir was designed to speak to my experience, placed in my path at just the right moment. Emotionally, the book meant a lot to me, having provided a level of connection I couldn't find outside of its pages. Academically, it meant even more, as it was Kaysen who showed me how multifaceted and carefully crafted such a memoir could be.

In the introduction to her analysis of *Girl, Interrupted*, Longhurst writes:

> there is much left to be said about the complexities of the text, particularly in what it offers a thinking through of literary studies' interaction with the medical humanities, feminist psychiatric disability studies and how it interacts with other subversive accounts of mental illness written by women.[5]

It is this astute summation of the depth of Kaysen's rendering that devastated me when reading Longhurst's paper. Because she put her finger on the thing that, at fifteen, I could feel but could not quite name. *Girl, Interrupted* as a text has always been subversive,

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[4] Katrina Longhurst, 'Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen's Girl, Interrupted and Lauren Slater's Lying: A Metaphorical Memoir', *Medical Humanities* (2018), p. 3.

[5] Longhurst, 'Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen's Girl, Interrupted and Lauren Slater's Lying: A Metaphorical Memoir', p. 3.

but it is the way the text “complicates and entangles [the diagnostic urge] in order to demonstrate the messiness and uncertainty of mental illness” that causes us to continue to talk about it nearly thirty years after its publication.[6]

Kaysen’s unreliability as a narrator is embraced throughout the book. This unreliability is twofold in that it comes both from a temporal distance from the events she records as well as her designation of having been ‘clinically insane’ at the time. She talks to the reader like a confidante, addressing us directly as she crafts a window into her experience of McLean. She does not ask us to believe her or try to prove her recollections true, and even produces alternate scenarios in the form of scanned pages from her medical file. She places the professionals’ account of her experience side by side with her own and lets the reader choose what they wish to believe. In doing so, she “reminds [them] that the near-ubiquitous restitution or triumph narrative simplifies, and frequently censors, the intricate and muddled experiences of illness”.[7]

As a severely mentally ill fifteen-year-old, I had difficulty accepting that ‘objective truth’ wasn’t something I would be able to take from Kaysen’s work. Her words were the closest I had to a guide through my life as it now was: shattered by ‘madness’. I wanted to trust her, to believe in the truth of her narrative because the consequences of not doing so were untenable. I needed her to tell me the truth because nobody else would. She had lived through circumstances like mine and emerged well enough to write about it. That writing had to be the truth. If I had had access to a computer at the time, I would have gone into a google spiral, looking up everything I could about her to confirm or deny the narrative she presented. Even now, understanding what she did and why she did it, I still find myself tempted to do so. The template of her work has shaped mine; it triggered something in me, providing the impetus I needed to begin. Of course, I want to believe her.

But the ‘the objective truth’ is not the point of the memoir. While Kaysen’s narrative does destabilize the psychiatric system into which she was placed, raising questions about the ethics of institutionalization and diagnosis, it also encourages the reader to question her sanity and reliability in her recollection of events. I will quote from Longhurst at length as her analysis of the vignettes around Kaysen’s referral to the psychiatric institution demonstrates the way in which Kaysen forces the reader to “acknowledge her unreliability and their reaction to it”:[8]

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[6] Longhurst, ‘Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen’s Girl, Interrupted and Lauren Slater’s Lying: A Metaphorical Memoir’, p. 3.

[7] Longhurst, ‘Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen’s Girl, Interrupted and Lauren Slater’s Lying: A Metaphorical Memoir’, p. 3.

[8] Longhurst, ‘Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen’s Girl, Interrupted and Lauren Slater’s Lying: A Metaphorical Memoir’, p. 4.

> Kaysen directly asks her reader ‘Do you believe him [the doctor] or me?’ and presents two alternative histories detailing the events of her referral. The doctor who referred her states that he interviewed Kaysen for 3 hours before making his decision; Kaysen claims that he took only 20 min. Using evidence taken from the photocopies of her admission notes, Kaysen constructs two different versions of events to back up each claim, pointedly stating that both cannot be true, that rather the reader must choose who they believe and then accept the implications of that choice. Here, Kaysen simultaneously undermines medical authority and draws attention to the unreliability inherent to her own narration. This episode acts an example of a wider battle surrounding authority between individual and psychiatric institution throughout the memoir.[9]

Kaysen acknowledges the reader’s right to mistrust her, she even admits to mistrusting herself. She purposely includes examples of her own ‘madness’ even as she criticizes the doctors for their condescension to and categorization of their patients. In forcing the reader to hold the dialectic of both her ‘madness’ and the brokenness of the system designed to help her, she makes them confront the ambiguity of her position and implicates them in her situation. She forces them to join her in her ‘madness’.

One of the most painful parts of experiences like Kaysen’s is the isolating feeling of being removed from the world and everything in it. She calls it a parallel universe, one of many “worlds [that] exist alongside this world and resemble it but are not in it”.[10] I knew that world well. I existed inside it for two years; I still make involuntary visits every so often. I feel myself falling, catch myself “pass[ing] over incrementally, making a series of perforations in the membrane between here and there until an opening exists”.[11] Sometimes, if I am strong enough, I can snag a foothold in the real world and claw my way back. But back then, I didn’t have the tools.

The worst part was that I could clearly see everything I was missing on the other side. Kaysen could too. She writes at the beginning of *Girl, Interrupted* “once you are in it you can easily see the world you came from” even though you can’t go back.[12] It is a unique kind of imprisonment, one most cannot make sense of. Like being locked in an interrogation room with a two-way mirror, except the glass is flipped, so you can see everyone outside while all they see is their own reflection.

No one in my life could understand how I had fallen so far so fast. They couldn’t understand how I could logically identify my harmful behavior but find myself unable

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[9] Longhurst, ‘Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen’s Girl, Interrupted and Lauren Slater’s Lying: A Metaphorical Memoir’, p. 4.

[10] Susanna Kaysen, *Girl, Interrupted* (New York: Random House, 1993 repr. London: Virago Press, 2000), p. 5.

[11] Kaysen, *Girl, Interrupted*, p. 5.

[12] Kaysen, Girl, Interrupted, p. 5.

to stop. I did not really understand it either. But Kaysen seemed to. Reading her words "it was my misfortune—or salvation—to be at all times perfectly conscious of my misperceptions of reality" shook me to my core, because finally someone understood how a person could clearly see their own downfall and be powerless to stop it.[13] When she wrote "I never "believed" anything I saw or thought I saw…I correctly understood each new weird activity" I wanted to shout my assent.[14] We were not stupid or insensible, either of us. We were simply locked inside our own worlds.

I will not pretend to know what Kaysen's life has been like since leaving McLean. Whether she, like me, continues to live in an in between, slipping between the worlds, constantly grappling for a footing. She mentions her life after McLean in a couple of her vignettes, writing:

> We were probably better than we used to be, before we went into the hospital. At a minimum we were older and more self aware. Many of us had spent our hospital years yelling and causing trouble and were ready to move on to something else. All of us had learned by default to treasure freedom and would do anything we could to get it and keep it. The question was, what could we do?[15]

She writes about madness as though she is tired of it rather than having been cured. That is her point. It is why she is such a good example of counterdiagnosis. Madness and sanity aren't always diametrically opposed. Both are, in some senses, a performance. When she writes "what could we do?" she follows it up with the necessary requirements for performing sanity: "Could we get up every morning and take showers and put on clothes and go to work? Could we think straight? Could we not say crazy things when they occurred to us?".[16] By this measure, I could claim recovery. But in the same breath, she snatches it away: "In the world's terms, though, all of us were tainted".[17]

Kaysen chooses to embrace the mark she can't erase, claiming the unreliability she has been unable to make sense of over the more than two decades since her incarceration. Longhurst writes that "Kaysen's retrospective narration is frequently unable to clarify or decide on the extent of her mental illness" and that "the continuous ambiguity and uncertainty of Kaysen's mental health at the time of her institutionalisation…is central to *Girl, Interrupted"*.[18]

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[13] Kaysen, Girl, Interrupted, p. 41.

[14] Kaysen, Girl, Interrupted, p. 41.

[15] Kaysen, Girl, Interrupted, p. 124.

[16] Kaysen, Girl, Interrupted, p. 124.

[17] Kaysen, Girl, Interrupted, p. 124.

[18] Longhurst, 'Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen's Girl, Interrupted and Lauren Slater's Lying: A Metaphorical Memoir', p. 5.

Reading this analysis in my childhood bedroom—the bedroom I lived in intermittently throughout my acute episodes of mental illness and institutionalization—I felt extraordinarily inadequate. Longhurst managed to articulate ten years of my experience in less than a paragraph. The initial pleasure I felt in the connection between us quickly devolved into self-flagellation. There I was, staring at my computer screen, trying to write about my supposed expertise that would give me the ability to not only render my own experiences of chronic mental illness but also build a methodology for crafting such narratives in more authentic and ethical ways, and she had already managed to publish the ideas that had taken me years to coordinate. I felt like a fraud.

My life has been defined by my mental illness. I did not have control over getting sick, and then I watched my life fall apart around me. So I chose to try to become an authority over my experience, researching the best ways to render it as creative practice, literary theory, and medical humanities, while obsessively studying others' rendering of their own experiences to understand what was most effective. I needed to be able to take ownership over that part of my life in whatever context I could. In some ways, this gives me back the control that was taken from me in my adolescence. But it can also suffocate me. That authority, that ownership I have claimed, means that every blow to my professional life feels like a personal attack: like my experience is not worthwhile or valuable enough to be witnessed, and should be discarded.

Katrina Longhurst untangled a problem I'd been struggling with for half my life before I had the tools or the knowledge to do so myself. And she did it in such an eloquent and thoughtful way, it made me wonder if my contribution was even necessary.

Both Kaysen and Longhurst made me feel known. Kaysen through her lived experiences and Longhurst through her analysis. I wanted more of Longhurst's analysis in Kaysen and more of Kaysen's personal narrative in Longhurst. While reading over Longhurst's insights into Kaysen's text, I couldn't help but wonder whether this was more than just theory to her too. I started to project onto her the motivations I'm still working through myself. And in doing so, I uncovered the gap where my work could fit.

I wished Katrina Longhurst had included more of herself in her article, expanding on what inspired her to perform such a close reading of this text. I wanted to read about the impact *Girl, Interrupted* produced on her, to see how similar or different her experience of the text was to mine. I wanted to understand her as the narrator of this article, glean her motivations for embarking on such a new reading of a text many would consider a cliché. I did not only want her analysis; I wanted her truth.

But that was not the purpose of her paper. I can understand why, as it is difficult to maintain academic authority when personal experience is brought in. Especially if that experience is one of mental illness. My biggest struggle during my undergraduate degree was keeping myself out of my writing. Over and over, I was told my voice was too strong. That I needed to stick to the text and the theory and keep a professional distance. But I always felt like there was more to the story. I could not understand how my work could suffer for being discernibly *mine.*

For a long time, I thought in binaries. Writing could be critical or creative. A person could be sane or insane. I could tell ‘the truth’ or I could tell ‘my truth’. But in returning to Kaysen again and again over the years, I am continuously reminded of the fallacy of either/or. Two opposing things can be true at once. I can both be the authority on my own experience and still struggle to understand what happened. The unsteadiness of my narrative does not have to diminish my credibility. In fact, it can add to it.

When reading Kaysen and Longhurst, I find myself wanting to be them both. A talented memoirist and a thoughtful academic. A woman ‘tainted’ by her institutionalization and a respected researcher. Someone who narratively renders their own experiences and one who analyzes those of others. Having spent the last decade gathering the tools to do both, I am confident in my ability to render my narrative in a new and innovative way as I read myself *through* the works of those who came before me. Ever since I first opened Kaysen’s memoir, book propped up on my pillow as I laid on my tiny twin bed at a rundown residential treatment center for girls with behavioral issues, elbows digging into the inadequate mattress as I tried to keep my sweaty palms from touching the pages, I knew this was inevitable.

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