The Forbidden Genre: The Evolution of the Psychiatric Memoir and the Narrativity of Madness Pre- and Post-DSM

by

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# Table of Contents

ACKNOWLEDGEMENTS ........................................... 3

INTRODUCTION .................................................. 7

1. THE MEMOIR PRE-DSM ...................................... 18
   Clifford Beers and the Mental Hygiene Movement 18
   F. Scott Fitzgerald’s Career Ending *Crack-Up* 28

2. THE DSM ..................................................... 35

3. THE MEMOIR POST-DSM .................................... 42
   The Styron Moment 42
   From Damselfs on the Couch to Foucauldian Feminists 55
   A New Gold Standard: The Well Researched Atlas 73
   Voices on the Margin 95

4. NEW MEDIA NARRATIVES .................................... 99
   *The Sopranos* and TV’s Golden Age 99
   *BoJack Horseman* and the Pinnacle of the Memoir 105

CONCLUSION .................................................... 108

BIBLIOGRAPHY .................................................. 111
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Introduction

As scientific advances in psychiatry and neuroscience have illuminated the chemical nature of mental illness, there is nonetheless a uniquely human need for there to be a narrative that explains madness. These narratives are necessary for both the self and others, with the ability to understand and gain an awareness of such interior illnesses and their symptoms arguably being just as important to the recovery process as any medication. The duality of psychiatric narratives—the personal and the social—renders them dependent upon and vulnerable to an ever-changing vocabulary of medicine, specifically in the *American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM)*. These changes can be seen most acutely in memoirs of mental illness—more precisely called psychiatric memoirs for those involving chronic disorders—as well as in the national dialogue and popular culture that inform them, and, in some cases, vice versa. Between the *DSM*, pop culture, and memoirs exists a symbiotic relationship, wherein interior narratives of mental illness inform one another and often crash into each other, like the inside of a washing machine.

While authors throughout history have written confessional memoirs of all sorts, no one addressed mental illness in remotely as specific of a way as Clifford Beers did in 1903 with his autobiography and call to action, *A Mind That Found Itself*. Even with Beers, however, there was not yet a firm diagnostic vocabulary to rely upon and to help him conceive of his illness in the way modern patients and writers can. Today, memoirs of mental illness seem ubiquitous. Regardless of a wide grasp of statistics or an awareness of the barriers facing most of the population to
writing a psychiatric memoir, pop culture has reached a point of near saturation with narratives of mental illness, with talk shows chock full of celebrities writing comeback memoirs masquerading as psychiatric memoirs, from Carrie Fisher and Ozzie Osborne to more contemporary figures like Demi Lovato and Russell Brand. "Warts and all" has become a euphemism in many cases for struggles with addiction and depression.

Yet instead of ending one's career in the way F. Scott Fitzgerald's *The Crack Up* did in 1936, "warts and all" allow today's memoirists to cash in on a booming industry if they play their cards right. While the public is perhaps more familiar with the celebrity comeback memoir—even if they don't read them and simply see them appear on *Dr. Oz*—a myriad of unknown authors and semi-notable figures are able to enhance their public profile and social capital by writing memoirs about their struggles with mental illness. Sometimes this comes in the form of literally identifying with the disease or treatment, such as Andy Behrman in *Electroboy*, who has continually branded himself as a bipolar electroshock therapy patient and activist ever since his book was published by Random House in 2002, launching him into a seemingly infinite book tour. In other cases, a certain amount of social capital and career stability is required to enter the forbidden genre, such as with University of Southern California Gould Law School Dean Elyn Saks, who wrote her memoir of schizophrenia, *The Center Cannot Hold*, in 2007 after receiving her highest promotion and tenure at the law school, subsequently winning a MacArthur Genius Grant.
These authors also exist in their own newly created ecosystem, often reviewing each other's books and even explicitly promoting them, such as in Behrman's circle on Twitter and podcasts. Even the gargantuan and canonical figures of William Styron and Kay Redfield Jamison—whose work has certainly elevated the genre and led to beneficial research, activism and destigmatization—could not help but promote each other's work on camera (https://www.youtube.com/watch?v=1Dco2OdJDF0). Ultimately, there are still significant racial and class barriers to entering this economic ecosystem, rendering the seemingly ubiquitous psychiatric memoir a nonetheless forbidden genre to many. Questions relating to and stemming from this will be addressed in this thesis:

How did literary memoirs of mental illness go from forbidden throughout history to a useful self-branding tool for some, while still inaccessible to many?

Why did the language of symptoms evolve from vague and existential to grandiose and glamorized, all the while moving toward what is thought to be more scientific and precise?

What makes a good psychiatric memoir?

How do ordered and disordered narratives operate in the genre with different illnesses?

Do some illnesses render themselves to better narratives than others? What is the current gold standard for the psychiatric memoir?

Is the pinnacle any longer within the canon or even the published prose memoir itself?
The Forbidden Genre seeks to consider literary memoirs of mental illness as a genre and subsequently analyze what makes some effective and others not, how the genre has evolved, and whether these memoirs are a public service or merely self-serving in contemporary society. All the while, the components that inform these memoirs beyond personal experience—such as the scientific evolution of psychiatry and public perceptions of mental illness—are examined in the context of the formation of the diagnostic manual (DSM) and pop culture.

*  

Long before the advent of Prozac, notions of chemical imbalance, or anything close to the diagnostic terminology or mental health treatment we know today, there has been nonetheless as strong tradition of confessional memoirs in the Western canon. Augustine and St. Teresa of Avila, for example, wrote what today could be considered memoirs of mental illness were they to have access to the advent of diagnostic vocabulary in the Middle Ages and the Early Modern period, respectfully. Augustine’s focus on sin could very well be replaced with the grandiosity or reliance on diagnostic vocabulary of today’s memoirs, as could Avila’s description of her life of sin before the nunnery.

The psychiatric memoir proper starts with the groundbreaking work of Clifford Beers in A Mind That Found Itself (1903), a best-seller in its time that sparked the mental hygiene movement, the first grassroots movement for mental health care reform, by detailing Beers’ horrific hospitalization experience. Beers describes suffering from a kind of psychosis that resembles what we would now call
schizophrenia, receiving unauthorized treatments that were far more torturous than therapeutic.

Then F. Scott Fitzgerald published his 1936 essay, *The Crack-Up*, where he attempts to grasp his struggle with depression and alcoholism without a diagnostic terminology, rendering the story a lofty and existential confessional that proved to be ahead of its time.

The analysis then turns to innovations in psychiatry around World War II in a response to the epidemic of shell shock after World War I. Out of the flood of resources pouring into the Department of Defense, a little known clinician named William Menninger arose with an ability to categorize symptoms and illnesses in a way that no one before had been able to do, much less in such a prolific manner. His work lead to the rise of the *DSM* under the tutelage of Robert Spitzer, whose catalog of mental illnesses became the hegemonic authority on what is or isn’t a verifiable mental illness, as well as what treatment options and insurance coverage are appropriate for which disorders. The evolving scientific language of the *DSM* slowly bleeds into the public’s ontological conception of mental illness, leaving significant traces in the psychiatric memoir.

Soon after the release of the titanic *DSM-III*, the psychiatric memoir rises to literary prominence, carried by legendary novelist William Styron, who penetrated the public consciousness of mental illness and the stigma associated with it by publishing his memoir of depression, *Darkness Visible* (1990). Styron’s monumental addition to
the genre was helped in equal parts by his literary authority and his embrace of diagnostic terminology such as “chemical imbalance” and “serotonin.” His work opened the door for unapologetic feminist authors like Susanna Kaysen and Elizabeth Wurtzel to advance the point that mental illness isn’t the patient’s fault, and that psychiatry and hospitalization operate as Foucauldian institutions that discipline and punish patients in the interests of the State and corporations, particularly the pharmaceutical industry according to Wurtzel in *Prozac Nation* (1994).

While the psychiatric memoir does not undergo a purely chronological evolution of style and substance, the late 1990s and early 2000s begin to see thoroughly researched works coupled with personal stories, such as Kay Redfield Jamison’s *An Unquiet Mind* (1995), which combines the author’s PhD level background in psychology and Masters in psychiatry with her own struggle of living with bipolar disorder, Andrew Solomon’s *Noonday Demon: An Atlas of Depression* (2001), which traces the genealogy of depression from pre-Shakespearean melancholia to the modern conception of the illness and the pharmaceutical science that comes with it, and finally David J. Morris’ *The Evil Hours* (2015), a memoir of an Iraq War veteran that applies an analysis similar to Solomon’s, focusing on PTSD instead of depression.

Around the same literary moment, authors like Andy Behrman begin identifying not only with, but as their illness. Behrman’s *Electroboy* makes the case for the destigmatization of electroshock therapy with the author’s full embrace of his diagnosis
and treatment as essential to his identity. Along with this shift comes a kind of glorification of symptoms in the post-DSM era, which trickles down to today’s ubiquity of celebrity confessional memoirs on mental illness and addiction.

To understand how this drastic change occurred, it is helpful to move in chronological order. However, to more fully grasp the scale of the spectrum between Fitzgerald and more contemporary figures like Andy Behrman and confessional bloggers, one can look to contemporary pop culture that is both informed by and informing a larger dialogue surrounding mental illness.

From the beginning of the 21st Century, the medium of the moving image has produced films and television series that have engaged with mental illness in a direct and indirect confessional manner. In 2001, A Beautiful Mind won Best Picture at the Academy Awards along with Best Adapted Screenplay for its depiction of Nobel Laureate John Nash’s struggle with schizophrenia as he developed revolutionary advances in economics, most notably Game Theory. While the film’s wide acclaim implicitly combatted stigma, it also posed the problem of depicting an exceptional subject’s struggle with mental illness in favor of those of more common patients, unintentionally setting a precedent that only geniuses are worthy of being depicted on the silver screen with mental health problems. Around the same time came David Chase’s The Sopranos (1999-2007), whose narrative structure centers around an organized crime boss’ therapy sessions, giving a wide audience a look into modern psychiatry and establishing a strong trend of the “anti-hero” that television’s so-called
Golden Age has followed in several critically acclaimed series ever since. Most recently, Raphael Bob-Waksberg’s animated Netflix series *BoJack Horseman* (2014) has perhaps reached the pinnacle of the psychiatric memoir outside of prose, making a comeback-confessional memoir about a washed up star’s struggle with depression and alcoholism not only the central plot structure to start the series, but also the butt of a joke that needs no explaining because of the ubiquity of the genre in the 2010s. *BoJack* captures and critiques the ubiquity of the psychiatric memoir in celebrity circles by pointing out its absurdity, and then subsequently broadening the memoir to encompass a universal struggle with despair and unfulfillment in 21st Century Hollywood through the perspective of an anthropomorphic horse.

Before delving more deeply into the analysis and substance of the project, it may be beneficial to discuss how the project was initially conceived of and evolved over time. While I have been hesitant to insert myself into the project in any way in an effort to let the authors speak for themselves, providing an understanding of how the work itself morphed from its planned form to its final form should help most readers understand why certain choices were made.

For example, the scope of the project—while already ambitious enough—had to be limited for logistical purposes given the constraints of a senior honors thesis. This started with limiting the scope of relevant mental illnesses to four chronic disorders: schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), and major depression. This was a difficult choice, and one that does not diminish the ex-
periences of those with other mental illnesses. I would encourage scholarship concerning memoirs of eating disorders, addiction, anxiety, and personality disorders, just to name a few. The group of four that Professor Barber and I chose represent arguably the most serious illnesses in terms of societal stigma, and, in the literary realm, they all pose interesting narrative problems.

A rather quick realization Charlie and I came to is that different disorders lend themselves to different narrative qualities. The brooding and existential confrontations of depression, along with its potential to be conquered acutely, make for relatively palatable and straightforward comeback narratives that explore some of life’s most important problems along the way. More disjointed disorders, however, such as PTSD and schizophrenia, lend themselves to equally disjointed narratives that can be difficult to follow. Nevertheless, disjointed narratives applied to more cohesive disorders like depression, such as in the case of Kaysen in Girl, Interrupted (who is arguably misdiagnosed with multiple personality disorder as well), provide for more interesting structures to memoirs that could otherwise be conventional and straightforward. Other dangers come with bipolar narratives, particularly with regard to manic behavior, which can lend itself to over exaggeration because of its exciting and unpredictable nature, landing authors like Behrman in hot water for appearing to simply entertain readers.

While the project ostensibly started out as a pure literary analysis, it took on the spirit of the College of Letters by becoming increasingly interdisciplinary. To un-
understand the evolution of the memoir, history necessarily became involved. To understand the changing terminology of the memoirs, a working knowledge of psychology and psychiatry came into the picture. To better grasp and subsequently apply the evolution of psychiatry to the project, the philosophy of science emerged as an important discipline to grapple with. Broadening the scope of the project and following the threads beyond the memoir of how the vocabulary and public conception of mental illness has changed required delving into film and media studies. As the skeleton of the project began to fall into place, and as the writing exponentially amassed itself, it became clear that this project could be so big that it really isn’t mine. People constantly offer suggestions of memoirs that I should consider, and once the step is made outside of the memoir into pop culture and other fictional accounts, it feels as if an entire field of study is required to do justice to the existing material. That is not my job as a college senior, but I hope that this monograph will spark future scholarship in one direction or another.

More importantly, this is a call for a closer examination of the narrative behind mental health. While it’s already true that narratives are everywhere in human experience, the trials and tribulations of mental illness are particularly dependent on both internal and external narratives that attempt to make sense of this pain for both those suffering it and those close to them who want to help. To reduce mental illness to either a pure chemical phenomenon or a matter of character misses the mark. Finding the narrative behind both the scientific and personal aspects of mental health is key to
better understanding the entire phenomenon and how it affects the human experience. In a more profound sense, the narrative of madness is the narrative of the human condition.
Part One: The Memoir Pre-DSM

*A Mind That Found Itself*: Clifford Beers and the Emergence of the Psychiatric Memoir & the Mental Hygiene Movement

Clifford Beers, the founder of the Mental Hygiene movement, is also the forefather of the psychiatric memoir with his highly influential account of his hospitalization and recovery, *A Mind That Found Itself* (1903). Severely abused during his torturous stay at Grace Hospital in Connecticut (and subsequently Connecticut Valley Hospital in Middletown and Stamford Hall), Beers wrote an account of his experience that dually served as an argument for better treatment—or, quite simply, treatment as we would accept today—for the mentally ill, and for a grassroots movement to call attention to and support the mentally ill. Though he refers to his account as an autobiography—or even simply a biography of what he calls “another self” that suffered from the full symptoms of what is now diagnosed as schizophrenia—Beers’ *Mind That Found Itself* is most certainly a literary memoir by today’s standards and customs in its vivid narration.

Nevertheless, Beers most certainly has a legitimate claim to an autobiography, a term now often reserved for an account of self-accomplishment relative to the darker and more complex connotations of the memoir. Not only does he recover from his schizophrenia despite abuse and negligent care during his hospitalization; he goes on to become the seminal leader of mental health advocacy in the United States. This
somehow happens in between being tortured in a Connecticut hospital and dying in another one in Providence, Rhode Island in 1943 at age 67.

A Yale man, Beers begins his narrative recounting a feeling of general unease that he had after graduating from the university in New Haven. Fully aware of the pressure that comes with attending such a prestigious institution and the steep expectations of those in the alumni network, Beers worries that he is not living up to the standards of his Ivy League education as a young man. After one fateful afternoon in June of 1894, however, Beers had much bigger problems to worry about.

After falling out of his chair by a window at a family dinner, Beers slipped into a psychosis and was convinced he was going to die, suffering from an unknown and unspeakable pain as he lay on the ground to the confusion of his loved ones. Operating with a limited but nonetheless relatively substantial awareness of psychiatric practices and laws of the day, Beers was careful not to venture into the realm of suicide with his rambling words, and assumed the worst when he was checked into Grace Hospital. Before knowing the full extent of the late 19th century experience of hospitalization, Beers’ biggest concern upon entry was missing the Harvard-Yale baseball game, coupled with a paranoia that his former classmates would drag him out of the hospital and tear him to shreds on the parade to the game.

The motif of Beers’ Yale education repeats throughout the memoir, often with little development as to why it matters to him so much. The Harvard-Yale game is perhaps the most illustrative instance of Beers’ Ivy League shame, wherein he be-
comes mortified that his colleagues will find out that he has a debilitating mental illness and literally drag him through the streets. The Yale motif also serves as a parallel narrative for Beers, where he will often preface a Yale reference with "had I been well," or "had my health been good," indicating a sense of loss for the non-mentally ill self that recurs in later memoirs, such as with William Styron's desire to write productively again or F. Scott Fitzgerald's nostalgia for his former fame and grandeur.

"Had my health been good, I should at this time have been participating in the Triennial of my class at Yale. Indeed, I was a member of the Triennial Committee and though, when I left New York on June 15th, I had been feeling terribly ill, I had then hoped to take part in the celebration. The class reunions were held on Tuesday, June 26th—three days after my collapse. Those familiar with Yale customs know that the Harvard baseball game is one of the chief events of the commencement season...

My state of mind at the time might be pictured thus: The criminal charge of attempted suicide stood against me on June 23rd. By the 26th many other and worse charges had accumulated. The public believed me the most despicable member of my race. The papers were filled with accounts of my misdeeds. The thousands of collegians gathered in the city, many of whom I knew personally, loathed the very thought that a Yale man should so disgrace his Alma Mater. And when they approached the hospital on their way to the Athletic Field, I concluded that it was their intention to take me from my bed, drag me to the lawn, and there tear me limb from limb. Few incidents during
my unhappiest years are more vividly or circumstantially impressed upon my memory. The fear, to be sure, was absurd, but in the lurid lexicon of Unreason there is no such word as 'absurd.' Believing, as I did, that I had dishonored Yale and forfeited the privilege of being numbered among her sons, it was not surprising that the college cheers which filled the air that afternoon, and in which only a few days earlier I had hoped to join, struck terror to my heart."

Beers 15.

Part of the prescience, innovation, and sheer talent of Beers is his ability to at once remove himself from the experiences he recounts as an omniscient and objective narrator while simultaneously delivering what seems like a convincing account of how he felt at the time. The obvious and most remarkable aspect of Beers' account is certainly his combat against the stigma of mental illness, which, as he outlines in his Yale passages and elsewhere, was so strong that it was deemed to be practically a death sentence. Yet after reading the entirety of the text and understanding its subsequent impact, it becomes increasingly evident that engagement in movement politics was just as much behind the memoir as any struggle against stigma or desire to simply capture a personal experience. Beers is able to primarily support a call to action by recounting brutal torture scenes that he endured, and then describing the malpractice taking place from a perspective even further removed from himself.

The first instance of Beers' torment while hospitalized comes when he undergoes a technique that, at the time, sought to expel mental illness much in the way that leeches were used for general maladies in the Middle Ages. "The hot poultices placed
upon my feet and ankles threw me into a profuse perspiration, and my very active association with mad ideas convinced me that I was being 'sweated'—another police term which I had often seen in the newspapers. I inferred that this third-degree sweating process was being inflicted in order to extort some kind of a confession, though what my captors wished me to confess I could not for my life imagine.” (Beers 21.) Though this kind of abuse persists throughout Beers’ 2 year stay, much of his torment—like that of everyone who lives with chronic mental illness—comes from within.

Without a diagnostic vocabulary firmly based in science in the manner there is now in the post-DSM era, Beers is compelled to compose his memoir in existential terms. One common motif and vocabulary choice Beers makes that many writers before his time have made—from Augustine onward—is synthesizing his suffering into hellish and demonic terms.

“The little demon which had tortured me relentlessly for so many years evidently lacked the stamina which I must have had to survive the shock of my suddenly arrested flight through space. That the very delusion which drove me to a death loving desperation should so suddenly vanish would seem to indicate that many a suicide might be averted if the person contemplating it could find the proper assistance when such a crisis impends.”

Beers, 19.

Beers’ lack of an established diagnostic vocabulary—save for now outdated terms such as "melancholia," "visions," "false voice," and his recurring "Jekyll and Hyde" complex—also allows him to explore a moral realm that is largely avoided by
later memoirists, save for Fitzgerald who is left in similar circumstances to Beers with regard to diagnostic vocabulary. (It is worth noting that a shift back towards the moral realm has come with the advent of *BoJack Horseman*, the Netflix series that begins on the premise of a confessional psychiatric memoir and devolves into meditations on general sadness, morality, and other quasi-philosophical questions centering around the protagonist's depression and substance abuse.) After all, the mission of *A Mind That Found Itself* is a call to reform, not catharsis nor personal branding. This compulsion renders Beers an authoritative narrator, and gives what would appear to be a disjointed plot narrative—if it were, say, to be mapped out on a bulletin board scene by scene chronologically—a cohesive structure that centers around his argument for mental health reform on moral grounds.

"When I set out upon a career of reform, I was impelled to do so by motives in part like those which seem to have possessed Don Quixote when he set forth, as Cervantes says, with the intention 'of righting every kind of wrong, and exposing himself to peril and danger, from which the issue he would obtain eternal renown and fame.' In likening myself to Cervantes' mad hero my purpose is quite other than to push myself within the charmed circle of the chivalrous. What I wish to do is to make plain that a man abnormally elated may be swayed irresistibly by his best instincts, and that while under the spell of an exaltation, idealistic in degree, he may not only be willing, but eager to assume risks and endure hardships which under normal conditions he would assume reluctantly, if at all. In justice to myself, however, I may remark
that my plans for reform have never assumed quixotic, and therefore, impracticable proportions. At no time have I gone a-tilting at windmills. A pen rather than a lance has been my weapon of offence and defense; for with its point I have felt sure that I should one day prick the civic conscience into a compassionate activity, and thus bring into a neglected field earnest men and women who should act as champions for those afflicted thousands least able to fight for themselves."

Beers 50.

Sadly, Beers’ authoritative narration is supported by his accounts of horrific experiences in the hospital which would be deemed torture today without hesitation. The shock value alone of the account is one potential reason why it was a best-seller in its day. In a similar narrative tone to that of Susanna Kaysen almost a century later, Beers uses a more removed narration that remains calm and almost objective in its depiction of his torture, delivering the account matter-of-factly with little hyperbole and emotion. Perhaps the best example of this narrative style comes at the beginning of Chapter 17, where Beers recounts a harrowing 15 hours in a straight-jacket.

"After fifteen interminable hours the strait-jacket was removed.

Whereas just prior to its putting on I had been in a vigorous enough condition to offer stout resistance when wantonly assaulted, now, on coming out of it, I was helpless. When my arms were released from their constricted position, the
pain was intense. Every joint had been racked. I had no control over the fingers of either hand, and could not have dressed myself had I been promised my freedom for doing so.

For more than the following week I suffered as already described, though of course with gradually decreasing intensity as my racked body became accustomed to the unnatural positions it was forced to take."

Beers 70.

Perhaps the most striking aspect of *A Mind That Found Itself* in the forbidden genre is not the thorough account of abuse, but rather the vivid description of psychotic hallucinations that Beers suffered from both in and out of the hospital. “Certain hallucinations of hearing, or ‘false voices,’ added to my torture. Within my range of hearing, but beyond the reach of my understanding, there was a hellish vocal hum.” (Beers 46.) Beers goes on to describe one particular hallucination a few days into his hospitalization where he completely forgets that he's in the hospital. “I seemed to be no longer in the hospital. In some mysterious way I had been spirited aboard a huge ocean liner. I first discovered this when the ship was in mid-ocean. The day was clear, the sea apparently calm, but for all that the ship was slowly sinking. And it was I, of course, who had created this situation which must turn out fatally for all, unless the coast of Europe could be reached before the water in the hold extinguished the fires” (Beers 62.)

It is eventually revealed that Beers is able to acquire the self-awareness necessary to craft his memoir by finally exiting the Hartford Retreat after a brief relapse in
New York City, where he had been released after almost three years in Stamford Hall and the Connecticut Valley Hospital in Middletown. Beers literally wrote his way out of the hospital by composing a letter detailing the abuses he suffered at the hands of an assistant outside of the doctor's orders. Addressed to Connecticut Governor Abiram Chamberlain, the letter was not immediately met with any kind of governmental response, but it did embarrass the staff at the Hartford Retreat enough to earn Beers his release. A year after regaining freedom, Beers penned his account and began organizing for the mental hygiene movement.

Few accounts of mental illness have had an immediate impact in the way Beers' did in grassroots political organizing. Perhaps William Styron's *Darkness Visible* is the only remotely comparable work in terms of impact on the public consciousness. Within two months of the publication of *A Mind That Found Itself*, Beers founded the Connecticut Society for Mental Hygiene with colleagues such as philosopher William James. He then launched the National Committee for Mental Hygiene in 1909, and the movement grew from there, making incremental reforms that have been built upon right up through the recovery movement and today's activism.

Movement politics is what broke the levy for Beers to take a first stab at the genre, and it continues to allude to contemporary authors on a national scale. Mental health reform exists stratified, as if in different eras across states. The national dialogue is in a precarious state, and there is no singular leader for mental health reform.
But there was Clifford Beers, and for every critic of the ubiquitous celebrity come-
back memoir, there should be a counter argument to read *A Mind That Found It-
self*. 
Career Ending Prescience: F. Scott Fitzgerald's *Crack-Up*

"Warts and all," today's ubiquitous euphemism for psychological turmoil in celebrity memoirs, are what F. Scott Fitzgerald instead called *The Crack-Up* in 1936, the titular piece in a series of confessional essays that did not gain any sort of critical acclaim or significant revenue until after his death. Fitzgerald's *Crack-Up* is perhaps the best place to examine after Beers precisely because the true confessional literary memoir Fitzgerald seeks to write is still forbidden to him. The circumstances surrounding Fitzgerald's *Crack-Up* are important to understand not only for the context of the narrative, but also because of how inverted their relationship to the result of the confession is. That is to say, where today's memoirists are able to succeed in confessing to their past mental health problems—whether in notoriety, sheer income, and latent influence—Fitzgerald fails in all but one. *The Crack-Up* effectively ended Fitzgerald’s career as a writer (Du Bois, *New York Times*, July 23, 1945 [Books of the Times]), prevented him from attaining contracts for future projects, and yet somehow resulted in some of his most memorable quotes—and, arguably greatly influenced later memoirists, such as Styron, who would have been aware of this later writing of Fitzgerald’s by the time he reached a canonical status.

Fitzgerald's celebrity as a novelist during his prime was perhaps unparalleled to that of any other author in American history, with the closest comparisons now being hip hop or movie stars. Of course, now most American high schoolers read *The Great Gatsby* in high school or college, while many may have also seen the film adap-
tation with Leonardo DiCaprio, keeping Fitzgerald a household name in the 21st Century. Yet just as Fitzgerald’s peak fame was perhaps unparalleled as a novelist, so too was his fall.

By the time Fitzgerald was writing *The Crack-Up* in the mid 30s, it had been about a decade since the apex of his fame. His beloved Zelda had been separated from him and would end up dying seven years after him in a mental institution in Asheville, North Carolina, diagnosed with manic depression. Fitzgerald himself was holed up in a hotel room in West Hollywood, drinking himself to death while working as a fledgling screenwriter. He had gained weight and lost his charm, all while fading away from the public consciousness during the Great Depression as his fame withered.

Instead of confessing to being a depressed alcoholic, Fitzgerald presents his crisis, like Beers, in existential terms. From the first sentence, he presents his breakdown as inherently existential and establishes the barriers preventing him from making a complete confession.

“Of course all life is a process of breaking down, but the blows that do the dramatic side of the work—the big sudden blows that come, or seem to come, from outside—the ones you remember and blame things on and, in moments of weakness, tell your friends about, don’t show their effect all at once.”

Fitzgerald, *Esquire*, February 1936

After positing "blows" that he can tell his friends about, Fitzgerald puts forth something more profound that he cannot quite adequately describe without a diagnostic vocabulary.

“There is another sort of blow that comes from within—that you don’t feel until it’s too late to do anything about it, until you realize with finality that in some regard you will never be as good a man again. The first sort of breakage seems to happen quick—the second kind happens almost without your knowing it but is realized suddenly indeed.”

Fitzgerald, *Esquire*.

Here, Fitzgerald tries to capture the true internal turmoil he’s experiencing: a feeling that he has now peaked and reached a point of no return not just in his career, but his whole life. To a modern reader, and even a contemporary one for Fitzgerald, it’s unclear what exactly Fitzgerald is talking about in the first few paragraphs. *The Crack-Up* reveals precisely the struggle one faces in trying to convey such an intimate and interior experience, one that is dependent on the mind yet simultaneously impeded by it when it must be described.

Although a scientific narrative in the realm of "chemical imbalance" may have let Fitzgerald abdicate his responsibility to manage his problems, that unexplored frontier coupled with a heavy social stigma at the time—one that would remain particularly strong for men to the point that it was almost the same one Styron would end up facing—leaves Fitzgerald in an uncomfortable place as a narrator. So, instead, he
identifies something within—something he cannot explicitly name because of the social and vocabulary restrictions of his time—that is what truly bothers and perplexes him.

The fundamental conflict between the internal and the external torments Fitzgerald throughout the essay, intensified by his difficulty with describing his internal state of madness. Perhaps that is what he is trying to get at when he sets up a sort of dialectic that turns into one of his most famous quotes, which can be seen in places ranging from inspirational posters to the *Forbes* homepage.

“The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.”

*Esquire.*

Fitzgerald may fail his own test of a “first-rate intelligence,” unable to take this opposition to a higher plane in his essay. Instead, he meanders to various poorly lit corners of his mind, such as regretting his inability to cut it as a college football player or not being able to go to war overseas. Much like Styron does later—and still later, Jamison and Morris—Fitzgerald uses an abstracted and rather poetic buildup to get to the true subject of his essay, in this instance, in the form of a kicker that shows how he has fallen from his peak fame, talent, and charm.

"As the Twenties passed, with my own twenties marching a little ahead of them, my two juvenile regrets—at not being big enough (or good enough) to play football in college, and at not getting overseas during the
war—resolved themselves into childish waking dreams of imaginary heroism that were good enough to go to sleep on in restless nights. The big problems of life seemed to solve themselves, and if the business of fixing them was difficult, it made one too tired to think of more general problems.

Life, ten years ago, was largely a personal matter. I must hold in balance the sense of futility of effort and the sense of the necessity to struggle; the conviction of the inevitability of failure and still the determination to "succeed"—and, more than these, the contradiction between the dead hand of the past and the high intentions of the future. If I could do this through the common ills—domestic, professional, and personal—then the ego would continue as an arrow shot from nothingness to nothingness with such force that only gravity would bring it to earth at last.

For seventeen years, with a year of deliberate loafing and resting out in the center—things went on like that, with a new chore only a nice prospect for the next day. I was living hard, too, but: 'Up to forty-nine it'll be all right,' I said. 'I can count on that. For a man who's lived as I have, that's all you could ask.'

—And then, ten years this side of forty-nine, I suddenly realized I had prematurely cracked."

Esquire online.

While it may still seem unclear as to what exactly Fitzgerald is talking about, in a similar way to Styron and most authors who want to convey the seriousness of
mental illness, Fitzgerald introduces a morbidity to his confessional essay that raises the stakes. A mysterious doctor is mentioned later on, as well as the word "alcoholism" in reference to another man, but Fitzgerald largely keeps his self-reflection outside of the realm of the medical and instead in a more nihilistic milieu.

Fitzgerald ultimately meanders and digresses, providing some diagnostic analysis as best he can, but with little prescriptive insight. One last interesting passage, however, comes when he quite explicitly outlines symptoms of depression that jump off the page today.

"But I had a strong sudden instinct that I must be alone. I didn't want to see any people at all. I had seen so many people all my life—I was an average mixer, but more than average in a tendency to identify myself, my ideas, my destiny, with those of all classes that came in contact with. I was always saving or being saved—in a single morning I would go through the emotions ascribable to Wellington at Waterloo. I lived in a world of inscrutable hostiles and inalienable friends and supporters.

But now I wanted to be absolutely alone and so arranged a certain insulation from ordinary cares."

Esquire.

The desire for isolation, a lack of care for things once held dear, and a loss of identity are all textbook symptoms of depression—only for Fitzgerald, there was no textbook. Within the parameters that Fitzgerald establishes for himself lies the literary memoir of mental illness, wherein one engages with trauma and severe—sometimes
deadly—symptoms that have been taboo to discuss publicly for most of history. Fitz-
gerald’s account is made all the more interesting by the extreme swing toward the glo-
ification of symptoms and “coming out” that is seen in certain circles some 80 years 
later. Much like Beers, Fitzgerald is feeling around in the dark, unknowingly creating 
 norms and techniques in a genre that is forbidden to him, and one that his dabbling in 
will ultimately end his career.
Part Two: The *DSM*

The Verge Towards Chemistry and Categorization: William Menninger and the Development of the *DSM*.

In 1917, there were only 22 categories for mental illnesses. After Menninger developed his methodology in the army memo Medical 203 and began applying it in World War II, there were over 120 categories practitioners had to choose from. Much like other industries, the immediacy and intensity of war drove some of the greatest innovation in psychiatry in the 20th Century.

Without the innovation of William Menninger within the United States Armed Forces during World War II, the scientific and empiricist rigor that led to the thorough categorization of the *DSM* would not have been possible. Besides founding The Menninger Clinic with his brother Karl, for which both are more well known, William’s transition from a private practitioner in nascent psychiatry to dictating mental health procedures for over 8,000,000 people in the military significantly augmented psychiatry’s status and the sheer amount of categories for mental ailments (Menninger, W. W. (2004, Fall2004). Contributions of Dr. William C. Menninger to military psychiatry. Bulletin of the Menninger Clinic. pp. 277-296). According to A.C. Houts, Medical 203 was adopted by all of the armed forces and secondarily led to the *DSM* through the International Statistical Classification of Diseases.

As much of a pioneer as Menninger was, the necessity of innovation during wartime is what propelled his ideas to the fore in an era when psychiatry was not
taken seriously. As of 1940, most psychiatrists were working in mental hospitals. At the beginning of World War II, only 35 psychiatrists were employed by the US armed forces. By the end of Menninger’s tenure in the war, nearly 1,000 psychiatrists were employed in some capacity by the Department of Defense, accounting for a little under one third of American psychiatrists (Hans Pols and Stephanie Oak, War & Mental Health, NIH, 2007).

Much of Menninger's ability to enact such sweeping reforms lay in his ability to adjust the empirical results the armed forces were looking for, most principally, the return rate of soldiers to the front lines who sustained what was first known as "shell shock," and later referred to more broadly as "neuropsychiatric injuries." The army had initially relied on screening alone to prevent the loss of soldiers from non-physical injuries, which involved a variety of pseudo-Freudian and behavioral history tests. Only about 2% of applicants were turned down by the vague criteria, and no follow up research was done to test the effectiveness of the screening, which was orchestrated in large part by Thomas Salmon (Edward A. Strecker, “Military Psychiatry: World War I, 1917–1918,” in One Hundred Years of American Psychiatry, 1944).

Salmon's methods, which mostly followed the Orthodoxy left over from World War I, saw a massive discrepancy between soldiers rejected in screening and the number of soldiers sent back from the front lines with neuropsychiatric symptoms. One alarming case study was the Tunisian campaign of 1943, where as many as 34% of all combat related injuries were labeled as neuropsychiatric ("Comparative incidence of neuropsychiatric casualties in World War I and World War II." American Journal of
Psychiatry 1946). Suddenly there was a fervent demand for a new method, which Menninger took full advantage of. Top brass began to warm up to “the ideas of a small but outspoken group of psychoanalytically oriented psychiatrists, including Roy G. Grinker and William C. Menninger, who proposed to implement programs of forward psychiatry that resembled those of Salmon.” (Appel JW, Beebe GW, Hilger DW American Journal of Psychiatry, 1946.) Though the screening methods in place under Salmon failed, his techniques for returning soldiers to the front lines—which, again, was the chief concern of the armed forces rather than the lasting impacts of shell shock—proved to be effective, even more-so with the intervention of Menninger.

While Salmon’s efforts concerned the nuts and bolts of treatment methods, Menninger categorized. Working to establish psychiatry’s reputation as a deserving medical discipline, and serving in an advantageous position in the military rather than as a civilian private practitioner, Menninger created terms that suited the armed forces’ needs.

His new categories were tailored specifically to the traumas of war. For instance, “transient personality reactions to acute and special stress” included “combat exhaustion” and “acute situational maladjustment” as veritable diagnoses (Bartemeier, Leo H. M.D.; Kubie, Lawrence S. M.D.; Menninger, Karl A. M.D.; Romano, John M.D.; Whitehorn, John C. M.D. Journal of Nervous & Mental Disease: November 1946 - Volume 104 - Issue 05 - pp. 489-525). Shifting away from existential or Freudian terms that lay within the patient’s character, Menninger’s effort to create a scientific
terminology for the trauma-induced suffering of American troops in WWII moved the emphasis to the troops’ circumstances rather than their interior lives or characters. This externalization of diagnoses not only fit the short term interests of the armed forces, but also those of a burgeoning pharmaceutical industry that would rise to hegemonic power on the coattails of the *DSM*.

Menninger’s foundation in the precursor to the *DSM*, the American Psychiatric Association’s first diagnostic manual in 1952, can be traced back even further to the influential Medical 203 bulletin. Medical 203 shows why it is somewhat tricky to attribute Menninger’s legacy in psychiatry simply to the expansion of diagnoses. Often resisting a firm diagnosis, Menninger instead established a schema of “reactions” that preceded disorders.

One category alone, “somatization reactions,” includes six sub reactions that Menninger posits are by no means all encompassing, encouraging the establishment of additional sub categories based on variances in symptoms. The general category of “somatization reactions” is defined by Menninger as a “term used in preference to ‘psychosomatic reactions,’ since the latter term refers to a point of view on the discipline of medicine as a whole rather than to certain specified conditions,” (Menninger, War Department Technical Bulletin, Medical 203, p. 297). However lightly these reactions may be read in comparison to diagnoses, they reveal Menninger’s push to categorize symptoms and embed them in science. “Psychogenic gastrointestinal reaction,” for example, lists “heartburn” and “irritable colon” as symptomatic expressions of anxiety, stemming from battle related trauma. While some include lengthy definitions or lists
of symptoms, the “psychogenic genitourinary” simply includes “some types of menstrual disturbances, impotence, frigidity, dysuria, etc.” “Psychogenic asthenic reaction” is simply a patient complaining about being ascribed reactions in and of themselves. Many of these didn’t lead anywhere, while other parts of Medical 203 jump off the page as clear precursors to our modern conception of chronic psychiatric illnesses.

Menninger’s most prescient work is found in his section on “character and behavior disorders.” Though much of the sub-categories in the section simply address amoral behavior in a way that would not fall under the umbrella of mental illness today, Menninger’s definitions of “schizoid personality” and “cyclothymic personality” are remarkably close to the DSM V’s base definitions of schizophrenia and bipolar disorder. While Menninger’s conception of schizophrenia may bear more resemblance in the root word of the term rather than the vague definition, his definition of bipolar disorder conversely bears strong resemblance to the modern conception of the illness despite his divergent term. At number three, “cyclothymic personality” is defined as being “characterized by frequently alternating moods of elation and sadness, stimulated apparently by internal factors rather than by external events. The patient may occasionally be either persistently euphoric or depressed, without falsification or distortion of reality. The diagnosis should specify, if possible, whether hypomanic, depressed, or alternating.”

Under the pressure of returning soldiers to the front lines, Menninger produced the framework for our contemporary psychiatric vocabulary. Like many industries, psychiatry’s development was greatly accelerated by the demands of war, and
Menninger's way of meeting those demands was through categorizing, classifying, and sorting rather than coming up with multidimensional ideas about the root causes and treatments of the mental suffering of soldiers. The modern incarnation of this thinking finds itself in the pharmaceutical market and its hegemonic determinant, the *DSM V*.

The first *DSM* to truly penetrate the American public consciousness of mental illness would be the *DSM III-R* in 1987, which bolstered new diagnoses, beefed up and modified definitions of longstanding disorders, and a new attunement toward the advent of major pharmaceutical drugs such as Prozac. Between Menninger’s work and the cultural moment of the *DSM III-R*, Freudian thinking had permeated movies that attempted to be edgy in their portrayal of mental illness, such as *Vertigo* (1958), *Sisters* (1973), and *Blue Velvet* (1986). While the public dialogue surrounding mental illness remained limited in a small avant-garde circle, vast disparities existed in mental healthcare. In 1955, close to 600,000 people were in psychiatric hospitals while the white, wealthy elite in Boston, New York, San Francisco, and Washington D.C. enjoyed the expansion of Freudian psychoanalysis (Ronald J. Comer, *Abnormal Psychology* p. 18). Therapy sessions for the wealthy remained hidden like Catholic confessions, while the scores of poor and disenfranchised in psych wards remained ignored. Eventually, the tension between these opposing forces and the pressure of stigma led to an eruption in the late 1980s pouring into the 90s that would
bring mental illness increasingly closer to the fore of the American collective consciousness in pop culture and memoirs, starting with a short memoir of madness from an unknown yet mighty source.
Part Three: The Memoir Post-DSM.

The Styron Moment

It started with a realization: William Styron, one of the most revered and canonical writers of the latter half of the 20th century—a Prix Mondial winner, whom literary scholars consider one of the great American authors of the post-World War Two era—thought he was going to kill himself. There was no specific plan, at least not yet. But somehow, a passing glance out the window in Paris at the hotel he had stayed in when first visiting the city elicited the terrifying prospect that the deep depression he was experiencing may end his life.

With the help of therapy and medication, Styron eventually came out of his near-fatal depression and went on to write *Darkness Visible*, a memoir that first appeared in essay form in *Vanity Fair* and later published by Random House. Known for his voluminous novels that would often run into the high hundreds of pages, Styron’s *Darkness Visible*—his first work of nonfiction—is remarkably short at 84 pages. Nonetheless, it possesses a totality of intimate and vulnerable experiences that render it one of the most important—if not the most important—works of Styron’s career.

No public figure, much less a lauded and seemingly infallible grand master author, had ever opened up about a psychiatric illness in the way that Styron did, and in the process, he brought the fledgling genre of the psychiatric memoir to an unprecedented literary prominence.
Simultaneously and unintentionally, however, Styron’s raising of the bar for a quality psychiatric memoir reinforced the inaccessibility of the forbidden genre. The confluence of his prominence as a canonical author, his immense privilege as a wealthy, heterosexual white male, and being at a point in his career where he has little to lose all render Styron’s memoir to be the exception rather than the rule. As much as Styron’s *Darkness Visible* elicits wonder of what the psychiatric memoir can be with significant literary pedigree, it also raises questions about whom can write such memoirs without risking significant damage to their careers and personal lives. Styron was perceived to be brave for taking on such a risk, but relative to the rest of the population, there was no such risk at all, other than perhaps a posthumous footnote regarding his depression squeezed in between critical acclaim of his novels.

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Key to both Styron’s narrative and his illness is his precipitous rise as a phenomenon in American fiction in his mid-twenties. At age 26 he published *Lie Down in Darkness*, earning him an almost immediate public persona as an heir to William Faulkner as one of America’s preeminent Southern authors. Although Styron himself resisted the comparison, famously saying in a 1954 interview with George Plimpton of the *Paris Review*, “I don’t consider myself in the Southern school, whatever that is,” he argued. Despite his denial, many of his novels would touch on the South in either setting or characters.
From this young age, Styron developed habits that informed both his success as a writer and his near demise as a human being. In the same interview with Plimpton, Styron spoke about his writing habits and his emotional state while writing.

INTERVIEWER

And what time of the day do you find best for working?

STYRON

The afternoon. I like to stay up late at night and get drunk and sleep late. I wish I could break the habit but I can’t. The afternoon is the only time I have left and I try to use it to the best advantage, with a hangover.

INTERVIEWER

Do you use a notebook?

STYRON

No, I don’t feel the need for it. I’ve tried, but it does no good, since I’ve never used what I’ve written down. I think the use of a notebook depends upon the individual.

INTERVIEWER

Do you find you need seclusion?

STYRON

I find it’s difficult to write in complete isolation. I think it would be hard for me on a South Sea island or in the Maine woods. I like company and entertainment, people around. The actual process of writing, though, demands
complete, noiseless privacy, without even music; a baby howling two blocks away will drive me nuts.

INTERVIEWER

Does your emotional state have any bearing on your work?

STYRON

I guess like everybody I'm emotionally fouled up most of the time, but I find I do better when I'm relatively placid. It's hard to say, though. If writers had to wait until their precious psyches were completely serene there wouldn't be much writing done. Actually—though I don't take advantage of the fact as much as I should—I find that I'm simply the happiest, the placidest, when I'm writing, and so I suppose that that, for me, is the final answer. When I'm writing I find it's the only time that I feel completely self-possessed, even when the writing itself is not going too well. It's fine therapy for people who are perpetually scared of nameless threats as I am most of the time—for jittery people. Besides, I've discovered that when I'm not writing I'm prone to developing certain nervous tics, and hypochondria. Writing alleviates those quite a bit. I think I resist change more than most people. I dislike traveling, like to stay settled. When I first came to Paris all I could think about was going home, home to the old James River. One of these days I expect to inherit a peanut farm. Go back home and farm them old peanuts and be real old Southern whisky genteel.
Little did Styron know that the allusions he makes in this interview to “therapy,” “nameless threats,” “nervous tics,” and “hypochondria” would all play a role in his struggle with depression. By the same token, his reliance on alcohol to write—though he would always insist that none of his proper work was done under the influence—would become a form of self-medication that, once ceased, would plunge him into the depths of despair.

His remarks on drinking at an early age are also important for understanding his depression. Quitting drinking at age 60 was the most immediate precursor to Styron’s depression, according to a passage in *Darkness Visible*.

“The trouble was, at the beginning of this particular summer, that I was betrayed. It struck me quite suddenly, almost overnight: I could no longer drink. It was as if my body had risen up in protest, along with my mind, and had conspired to reject this daily mood bath which it had so long welcomed and, who knows, perhaps even come to need... Neither by will nor by choice had I become an abstainer; the situation was puzzling to me, but it was also traumatic, and I date the onset of my depressive mood from the beginning of this deprivation.” (*Vanity Fair* edition)

Contrary to the shock Styron’s revelation caused in the general public that several reviews and both his New York Times and Washington Post obituaries note, the roots of his depression stretch back on the public record all the way back to his 1954 interview with Plimpton in the *Paris Review*. Styron even acknowledges his over reliance on alcohol to keep his “demons” at bay. Though his abstention from drinking was practically involuntary in that his body would become nauseous with a sip of anything,
he became aware when writing *Darkness Visible* that drinking was more than just a way to play with ideas and sleep easy the nights before he would write with a hangover.

“Although, as everyone should know, [alcohol] is a major depressant, it had never truly depressed me during my drinking career, acting instead as a shield against anxiety. Suddenly vanished, the great ally which for so long had kept my demons at bay was no longer there to prevent those demons from beginning to swarm through the subconscious, and I was emotionally naked, vulnerable as I had never been before. Doubtless, depression had hovered near me for years, waiting to swoop down. Now I was in the first stage—premonitory, like a flicker of sheet lightning barely perceived—of depression’s black tempest.”

While Styron’s insight at many points of the memoir is revelatory, especially for a World War Two era baby-boomer like himself—part of a generation that kept personal matters notoriously close to the vest—there are nonetheless blind spots in *Darkness Visible* that need examination. Among them are an incomplete picture of his wife, whom he thanks for support but never details what said support consisted of or how she felt caring for a deeply depressed husband, a somewhat surprising unawareness of his privilege in combatting the disease, from being able to retreat to his secluded estate to having the financial resources that allowed him to not have to worry about maintaining an income while getting treatment, and an omission of the vicious personal backlash that he experienced after the publication of *The Confessions of Nat Turner*. 
While the initial reaction to *Nat Turner* was positive, a subsequent wave of criticism, culminating in *William Styron’s Nat Turner: Ten Black Writers Respond*, a book edited by the African history scholar John Henrik Clarke, left Styron to retreat from the debate surrounding the book. A broader question was raised, that of whether or not a white author could write about black subjects and truly understand their experience. In many ways, according to Styron’s *New York Times* obituary, his rigorous research in *Sophie’s Choice* was his indirect rebuke to the criticism he fell under for *Nat Turner*.

The blowback to the book had to have been an anxiety-ridden experience, but Styron does not include it in his memoir. In his 1954 interview with Plimpton, Styron similarly hesitated from identifying with the so-called Southern school of fiction, arguing he wouldn’t care if he didn’t write about the South again.

INTERVIEWER

Your novel was linked to the Southern school of fiction. Do you think the critics were justified in doing this?

STYRON

No, frankly, I don’t consider myself in the Southern school, whatever that is. *Lie Down in Darkness*, or most of it, was set in the South, but I don’t care if I never write about the South again, really.
And yet he did, writing about the South even in later works like *Sophie’s Choice*. Little is known about Styron’s reclusion in the wake of the *Nat Turner* controversy, but it is important to contextualize his feelings of isolation that were magnified during the peak of his illness. For Styron, regrets and issues of character are discussed in *Darkness Visible* (*Nat Turner* not among them), but his argument is precisely against these kinds of things as harbingers or causes of mental illness.

Contrary to the prevailing dogma of his time and centuries before, Styron argues that mental illness is not a character deficit. Even authors like Fitzgerald saw their undiagnosed existential suffering as an inherently negative and detrimental part of themselves despite their willingness to explore their own inner machinations. Yet by 1989, when Styron is writing about his depression, there had by now been three diagnostic manuals published by the American Psychiatric Association, Prozac has hit the market and become a household name in the progress, and the FCC has allowed television advertising for prescription medication, leaving the United States and New Zealand as the only two countries in the world that allow such advertising. With this perfect storm of societal changes, coupled with Styron’s skill, the public’s perception of mental illness began to significantly change. Furthermore, Styron’s engagement with diagnostic vocabulary in his literary narrative marks a seismic ontological shift in the conception of mental health.

Suddenly the introduction of genes, neurons, and chemical imbalances coupled with sheer empathy allow for an “it’s not your fault” narrative of mental illness that goes against the essential ethic and ethos of World War Two era figures like Styron.
Proverbial close to the vest, “pull yourself up by the bootstraps” accountability in psychiatry is suddenly put under the scrutiny of advances in science and psychiatry. Supported by a towering literary figure in Styron, the new narrative of mental health is able to gain traction in Western society that would have been unimaginable in any other confluence of circumstances.

At the same cultural moment in which Styron publishes Darkness Visible, Prozac is released in 1987 and finds itself on the cover of Newsweek in 1991. Brain scans appeared in 1989 under the Longitudinal Structural Magnetic Resonance Imaging Study model that showed different parts of the brain activated under the symptoms of various mental illnesses. A sudden and precipitous credence was given to the notion that mental illness was much more of a biological phenomenon than a character deficit, which Styron supports in his memoir.

An accelerating factor in the cultural moment surrounding Styron’s memoir that poses problems for other psychiatric illnesses is his emphasis on recovery.

“By far the great majority of the people who go through even the severest depression survive it, and live ever afterward at least as happily as their unafflicted counterparts,” Styron writes (IX, p. 75). “Save for the awfulness of certain memories it leaves, acute depression inflicts few permanent wounds. There is a Sisyphean torment in the fact that a great number—as many as half—of those who will be struck again; depression has the habit of recurrence. But most victims live through even these recurrences, often coping better because they have become psychologically tuned by past experience to deal with the ogre.”
Styron’s assessment of depression with its inherent conquerability poses problems not just for other mental disorders, but also inadvertently for the genre he has created. Chronic, lifelong psychiatric illnesses like bipolar disorder and schizophrenia require never ending treatment in medication and therapy. Though Styron contextualizes that depression can return, other psychiatric conditions effectively never end. This creates a narrative problem when writing about personal experience with mental illness.

Acute and finite illnesses like depression lend themselves to better narratives than other illnesses, like the disjointed narratives of PTSD and schizophrenia. The ability to comeback and beat depression gives the illness a narrative privilege that not all psychiatric illnesses will have. Within the legibility and success of these narratives come inherent advantages depression will have with the public and it’s empathy that a disjointed and scattered schizophrenia narrative may not be afforded. Once the market comes into the equation in publishing and subsequent branding, an unequal playing field is codified wherein some illnesses fair better than others because of how their symptoms translate into narratives. If that is the case, the genre of the psychiatric memoir is not as equally liberating as it may purport itself to be.

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Another one of Styron’s rather dubious claims that poses long term problems for the psychiatric memoir is his assertion that artists are more vulnerable to depression than people in other fields. Like many who have the intention of de-stigmatizing
mental illness, Styron lists a myriad of major figures who can be posthumously analyzed to have had depression.

“Just a few of these fallen artists, all modern, make up a sad but scintillant roll call: Hart Crane, Vincent Van Gogh, Virginia Woolf, Arshile Gorky, Cesare Pavese, Romain Gary, Sylvia Plath, Mark Rothko, John Berryman, Jack London, Ernest Hemingway, Diane Arbus, Tadeusz Borowski, Paul Celan, Anne Sexton, Sergei Esenin, Vladimir Mayakovsky—the list goes on. (The Russian poet Mayakovsky was harshly critical of his great contemporary Esenin’s suicide a few years before, which should stand as a caveat for all who are judgmental about self-destruction.) When one thinks of these doomed and splendidly creative men and women, one is drawn to contemplate their childhoods, where, to the best of anyone’s knowledge, the seeds of the illness take strong root; could any of them have had a hint, then, of the psyche’s perishability, its exquisite fragility? And why were they destroyed, while others—similarly stricken—struggled through?”

Styron, p.35-6.

The life and career of William Styron is inextricable from the American elite and, more broadly, the world elite of artists. Rather than citing broad statistics about the ubiquity of depression—which he does fleetingly in *Darkness Visible* with raw fractions and estimated figures out of ten rather than sheer numbers—he uses the weighty tactic of the lengthy list to put himself in the company of artists who struggled from depression, not the everyday patient. For Styron, the greatest consequence
of his depression is not the familial toll, which he acknowledges sparsely, nor the inability to perform everyday tasks, but rather the impact his depression took on his writing.

“Physically, I was not alone. My wife, Rose, was always present and listened with unflagging patience to my complaints. But I felt an immense and aching solitude. I could no longer concentrate during those afternoon hours, which for years had been my working time, and the act of writing itself, becoming more and more difficult and exhausting, stalled, then finally ceased.”

Styron 46.

Through no fault of his own, Styron was a writer. To make sense of his depression in coping with it, he did what he was best at and simply put his struggle on the page. His beautiful prose certainly elevated the psychiatric memoir to a new literary pedigree, but it also allowed him to hide behind his stylistic mastery and avoid some of the harder hitting personal truths about depression, such as relatively ignoring the struggle of his wife taking care of him in favor of lamenting the loss of his writing.

At the heart of this problem of the psychiatric memoir is its inherent reliance on language and narrative. While communicating the symptoms and struggles of mental illness also relies on verbal expression, narrative structure and expository or literary prose play a negligible factor for the patient and the clinician. Yet in the realm of the memoir, its success comes with the skill of the writer along with the content and structure of the narrative. There is an inherent relationship here between madness
and art, which has always had a broader role in culture, and is perhaps nowhere else more inherently problematic than when it comes to the confessional and literary nature of the psychiatric memoir.

Along a similar thread as his *Paris Review* interview, Styron gives a creative credence to madness, and, in some ways, argues that artistic creation is a way to either suppress, overcome, or channel mental illness into something better, putting figures of his stature on a different playing field than those struggling with mental illness without a significant public platform to fall back upon.
From damsels on the couch to Foucauldian feminists

After William Styron raised the literary pedigree of the psychiatric memoir and brought his confessional narrative into the public consciousness of the late 80s and early 90s, a wave of female writers began filling in his many blind-spots, and, in the process, introduced a variety of new narrative techniques. With these new techniques—such as non-chronological vignettes or stream of consciousness recollection by a self deprecating narrator—came new literary, philosophical, and even moral questions. Many of these particularly relate to the phenomenon of some mental illnesses and psychiatric experiences lending themselves to better narratives than others. Another important problem, especially in the case of Elizabeth Wurtzel in *Prozac Nation*—which was later adapted into a feature length film—is that she explicitly says that one of her life goals is to become a movie “That clinched it for me: I thought if I could become a movie, if I could disappear into celluloid, I could stop being me for a while.” (Wurtzel 170). Coupled with her self absorption, Wurtzel’s grandiosity poses an ethical problem for the psychiatric memoir as a means of self-branding and cashing in, a problem particularly relevant today. In addition to the problems of the texts themselves, the self awareness of these female authors brought issues of gender inequality in treatment to the fore of the conversation surrounding mental health.

How did representations of women with mental illness go from helpless and almost agentless damsels on the couch to unapologetic feminists taking control of their mental health and their own narrative? While almost any abnormal behavior in
women was once cast under the broad umbrella of “hysteria,” today women are widely seen as being far more open about mental illness than men, with many notable memoirists post-Styron being women. Lesser known authors, such as Terrie Williams, who built a Public Relations empire from the ground up—representing clients such as Prince, Miles Davis, Janet Jackson, and Eddie Murphy—had to completely step away from her business after suffering from a severe bout of depression that nearly took her life. Her memoir, *Black Pain: It Just Looks Like We’re Not Hurting* (2003), became a crucial addition to the genre that addresses issues and stigma facing people of color that white patients do not necessarily have to deal with. Authors of more famous works like *Girl, Interrupted* by Susanna Kaysen, and *Prozac Nation* by Elizabeth Wurtzel were at the avant-garde of the psychiatric memoir, bringing feminine agency into a realm that had long been a small cohort of brooding male writers. While a plethora of voices emerged in the forbidden genre post-Styron, but ultimately, only a privileged few established themselves in the canon and had their memoirs go the distance, from full book tours to movie adaptations.

Although Kaysen and Wurtzel were undoubtedly innovative and pioneering in their memoirs, they remained relatively privileged authors. Both white, Kaysen and Wurtzel grew up in relatively privileged backgrounds in rich cultural centers, Cambridge and Manhattan, respectfully. Kaysen’s father was a professor at the Massachusetts Institute of Technology (MIT) as well as an advisor to President John F. Kennedy. Wurtzel—who attended Harvard and worked for *The New Yorker*—la-
ments her divorced parents, who she describes as well-to-do baby boomers whose politics—or, in the case of her father, lack thereof—isolated them from the cultural tumult of both the 1960s and her illness. Her mother attended Cornell and the Sorbonne while her more distant and eventually absent father worked as an executive in the seemingly infinite corporate apparatus of mid-20th century IBM.

Ultimately, Wurtzel grows up in a more impoverished household than she started out in due to the divorce of her parents and the subsequent disappearance of her father after he refuses to pay child support. However, the cultural milieu she finds herself in—or from her perspective, closer to the outside looking in—"Does anyone really want to be a wallflower at the orgy?" (Wurtzel 28)—nonetheless renders more adept to accessing the literary world. While both authors address unique hardships they faced in childhood and in the throes of their respective illnesses, neither carve out caveats regarding their advantages in the ways that authors of their demographics and backgrounds normally would in contemporary confessional writings.

Integral to both narratives regarding privilege and societal dynamics, however, is a Foucauldian subtext that interrogates psychiatry and hospitalization as forms of discipline and punishment, whether for the sake of the State or for corporate ends. Both authors question the medical veracity and certainty of their madness, and instead question whether hospitalization and the prescription of psychiatric medication are methods to suppress undesirables.

Wurtzel goes so far as to make this point in her title alone, while following up quickly at the end of the introduction of Prozac Nation by simply saying, "And I can’t
believe, looking at myself in the mirror, seeing what to all eyes must appear to be a young and healthy twenty-five-year-old with flushed skin and visible biceps—I can’t believe anyone in his right mind would deny that these are just too many damn pills” (Wurtzel, 19). The end of her introduction and the lavish description of the party she opens the section with—a who’s who of young 20-somethings in New York where she quickly fades from a high of being the center of attention to writhing on the floor as a result of stopping her Lithium regimen—reveals her appeal: that of a beautiful young woman with ‘everything going for her,’ which she both exploits to her advantage and deconstructs for nuance throughout her memoir.

Wurtzel is aware of her dynamic of being a smart young girl who impresses people from a young age, or at least she applies such an awareness to her younger self after the fact while writing her memoir. She finds comedy and despair in how her persona disappoints people when she becomes ill, tracing it back as early as her first breakdown at age eleven.

“You see, until the very moment when I first broke down at age eleven, I was a golden girl in spite of everything. True, my parents were a little out of it and at each other’s throats all the time, but I had more than compensated for that by being adorable and charming in the way of precocious little girls, by doing well in school, by being stubborn and domineering, by being so fucking persistent.”

(Wurtzel 39.)
Much of the rest of the plot—insofar as there is one in Prozac Nation—is composed of lengthy self-pitying passages such as this one, which New York Times critic Michiko Kakutani said “would have benefitted enormously from some strict editing” and “make the reader want to shake the author, and remind her that there are far worse fates than growing up during the ’70s in New York and going to Harvard.”

It’s at Harvard where Wurtzel begins to show promise, winning a journalism award presented by Rolling Stone for her music. After being denied access to the cultural tumult of the 70s in New York, Wurtzel makes up for lost time by investing herself in the Cambridge music scene, writing a seminal article on Lou Reed in October of 1985, which wins the college journalism award from Rolling Stone. The article itself is only mentioned in passing in the memoir, associated in more detail with her losing her virginity to a Yale graduate after the magazine’s luncheon award ceremony than dedicating any space to lifted quotes. However, Wurtzel’s piece in The Crimson proves to be prescient in its examination of substance abuse and the impossibly thin line one must tow to be cool while remaining alive and healthy.

“While many rock stars who were once heroin addicts have now kicked smack (with an exaggerated sense of self-importance and fanfare) to delve into the pleasures of clean living, none had previously told the story of the vicissitudes of drug-crazed existence quite so blatantly or prolifically as Lou Reed. None wrote a song called "Heroin." None has quit the music business so abruptly, pleading lethal side effects and a litany of near-death experiences.

LET’S FACE IT: Lou Reed should be dead.”
Wurtzel’s clarity in *The Crimson* is sandwiched by a narcotic haze.

She has many flings with many men, saying she dated sixteen at once in Dallas, where she interns on the arts desk for the *Morning News* and experiences a period of unparalleled productivity, which she hesitates to call mania. As always with Wurtzel, it’s hard to tell if she’s being hyperbolic or not. The chapter on Dallas, “Drinking in Dallas,” has a vitality and brisk pace to it that Wurtzel is unable to find at almost any other point in the memoir, making its 28 pages an oasis in a 331-page desert.

Key to her trajectory at Harvard however is her freshman boyfriend, Noah Biddle, whom she describes as an “heir to a banking fortune, and Andover boy from Philadelphia’s Main Line who is such a brat that when Harvard told him he had to take time off before entering as a freshman, he actually hired a consultant to plan the year for him. He does so much coke that I have started to wonder how he will look with a third nostril. I don’t really like him much, but for some reason I will do anything to get him to like me, an impossible task…” (118). Alienating her roommate Ruby through her obsession with Noah, and by stealing her boyfriend later on, Wurtzel is left with a thin support network, neglected coursework, and too many drugs for her own good. Presenting living a life of excess as a corollary to her depression, Wurt-
zel begins to dabble more and more with drugs, all the while refusing to accept treatment at the suggestion and subsequent urging of her loosely defined friends and mother.

One of Wurtzel's literary techniques comes in the form of asides typed in italics, which most often convey her racing and self-harming thoughts while presumably a parallel storyline takes place outside of her head. Wurtzel pulls away from the progression of her life at Harvard so often that it becomes difficult to tell where she is or what is happening, despite the relatively linear and chronological narrative of the plot more broadly. Although there are other characters in the memoir, Wurtzel herself is the main show, asking rhetorical questions that she seems to either smugly know the answer to or that are too abstract for the reader to possibly know. "It would be possible to have more sympathy for Ms. Wurtzel if she weren't so exasperatingly sympathetic to herself," Ken Tucker wrote for The New York Times Book Review. One of the peak self-pity passages comes in the pivotal chapter called "Black Wave," where she begins to spiral out of control for the first time at Harvard.

"It wasn't supposed to be this way. I was supposed to be an exotic little American princess, a beautiful and brilliant bespectacled literature student reading Foucault and Faulkner at my rolltop desk in my garret room with hardwood floors, full of whimsical plants and chimes hanging from the ceiling and posters of movie stars from the forties and bands from the sixties on the slightly paint-chipped ivory walls... I wanted a futon with a thick crimson-col-

61
ored bedspread where I could make love endless nights through sleepy mornings with my boyfriend, a guy who had grown up in Connecticut and played lacrosse and the guitar and me, and who loved me with naughty desire, respect, and abandon.

Where was that girl who all that’s happening to? Why is she just so way down?

Why do I spend so much time looking out of my dorm room window at Harvard Yard, watching the boys with their jeans slung low on their hips, playing hackysack, kicking little beanbags around on the sides of their Top-Siders like everything is fine, not acting like they’re doomed at all? How do I get in on the life happening on the other side of this pane where the world is soft like mud and people aren’t afraid to roll in it?”

*Prozac Nation* 108.

Although Wurtzel does not undergo the same prolonged hospitalization experience that Kaysen does in *Girl, Interrupted*, she nonetheless eventually succumbs to the psychiatry of her day. Wurtzel had seen a therapist in her childhood before coming to Harvard, but she largely resists therapy until much later, preferring psychopharmacologists instead. She refers to these clinicians as “pill pushers” or other synonyms for drug dealers, relying mostly on Dr. Sterling, a seemingly well intentioned practitioner whom she remains skeptical of for most of her treatment.

This begins to change during a trip to London
where Wurtzel continues to make poor choices in men—most aptly captured in the chapter entitled “The Accidental Blowjob,” which would not be as funny as the author thinks on today’s college campuses—and eventually hits her version of “rock bottom” when she and Noah, who has made a miraculous comeback from nearly castrated freshman-year boyfriend to study abroad savior, simply get lost in Piccadilly Circus.

“And I know, know for sure, with an absolute certainty, that this is rock bottom, this is what the worst possible thing feels like. It is not some grand, wretched emotional breakdown. It is, in fact, so very mundane: Rock bottom is an inability to endure being lost in Piccadilly Circus. Rock bottom is an inability to cope with the commonplace that is so extreme it makes even the grandest and loveliest things unbearable.”

Wurtzel, 288.

Prozac finally embraces its titular role upon Wurtzel’s return to the U.S. after her head scratching and exceedingly privileged rock bottom moment. Dr. Sterling sits Wurtzel down and explains her new diagnosis: atypical depression. Sterling’s conservative approach resisted diagnosing her patient with bipolar disorder despite some mildly manic periods (such as Dallas), and instead carefully outlines how Wurtzel’s consistent downer state renders her an outlier on the spectrum of mental illnesses. By a similar approach, Sterling explains each generation of antidepressants to Wurtzel before arriving at Prozac. More explicitly than in Styron’s language of
chemical imbalances, Wurtzel explicitly states that she finds comfort in the form of Prozac and her diagnosis’s place in the *DSM*.

“It is interesting what happens to me as I lie in my bed in Stillman and listen to Dr. Sterling explain my diagnosis and my options. Having my situation boiled down to these scientific terms, to a disease I can look up in the American Psychiatric Association manual, gives me some kind of renewed sense of hope. It’s not just depression—it’s *atypical* depression. Who would have thought they have a name to describe what is happening to me, and one that pinpoints my symptoms so precisely?”

Wurtzel, 300.

The question of the influence of the *DSM* is finally answered in the case of Wurtzel: 300 pages into her memoir, she finally allows herself to be put at ease, all because there is finally a firm and scientific name for the experience she has struggled to put into words and construct a narrative around. That’s not to say Wurtzel abandons her critical lens, however. “Enter Prozac, and suddenly I have a diagnosis. It seems oddly illogical: Rather than defining my disease as a way to lead us to fluoxetine, the invention of this drug has brought us to my disease.” (301). Wurtzel goes on to take issue with the sheer number of Americans who are being prescribed Prozac by the time she writes her memoir in the mid-90s, a trend she sees as trivializing a veritable illness. After the introduction of Prozac, Wurtzel steadily settles into a less tumultuous life, and begins to appreciate smaller and unknown pleasures as simple as puppies and kittens.
It rightfully seems puzzling that a book called *Prozac Nation* wouldn’t introduce the titular subject until the very end, but that’s largely because the title wasn’t Wurtzel’s first choice. In her own Wurtzilian self-indulgence and flare for the dramatic, the author instead wanted to run with *I Hate Myself and I Want to Die*, until her publisher convinced her otherwise, according to an interview with *Vice* in 1996. *Prozac Nation* in fact came from the prologue, which is where Wurtzel gets into her best commentary in efficient brevity. Similar to her award-winning *Crimson* article, Wurtzel proves to be prescient again in the prologue where she sees a lowering of the bar of mental illness for the sake of corporate profit, honing in on the ubiquity of Prozac.

“And yet, I can’t escape the icky feeling I get every time I’m sitting in a full car and everyone but the driver is on Prozac. I can’t get away from some sense that after years of trying to get people to take depression seriously—of saying, I have a disease, I need help—now it has gone beyond the point of recognition as a real problem to become something that appears totally trivial.”

Wurtzel (341).

In just over a dozen pages, Wurtzel turns from an immature, self-involved brat to a genuine advocate for mental health reform. Furthermore, Wurtzel begins to examine deeper layers of mental illness beyond her own experience, citing Kaysen to explore how the chemical explanation and narrative of mental illness is not enough.
“As Susanna Kaysen points out in *Girl, Interrupted*, her memoir of a stay at McLean Hospital, ‘it’s a long way from not having enough serotonin to thinking that the world is “stale, flat and unprofitable”; even further to writing a play about a man driven by that thought. That leaves a lot of mind room. Something is interpreting the clatter of neurological activity.’” (345)

In *Girl Interrupted*, Susanna Kaysen deploys a different narrative tactic to the hyperbole and self-absorption of Wurtzel in a deft way by shocking the reader with an overwhelming sense of normalcy to her suffering, and, importantly, by focusing on the suffering of others as well. The content in many of the vignettes Kaysen includes in her memoir is shocking, but her narrative tone keeps everything coy, almost comically so, at times. Kaysen also does this by including her medical records as part of the text itself. While Wurtzel develops upon the genealogy of her golden girl identity that perpetually fails her, Kaysen uses vignettes and an at times indeterminate sense of chronology to give fleeting glimpses into her pre-hospitalization self, leaving the reader without a clear idea of what precisely landed her there in the first place other than what appears to be a nosy dermatologist who puts her in a cab to McLean Hospital.

The problem of which illnesses lend themselves to better narratives is flipped with Kaysen, becoming instead which narratives are better suited to convey chronic depression and a vague notion of borderline personality disorder. While the memoir tries to capture a totality of experience through fragments—whose details and essence perhaps give the reader a better feeling of the experience of hospitalization than a more ‘comprehensive’ linear account would have—the 1999 film version by James
Mangold tries to insist on a form of linearity and are which Kaysen does not include in her book. Harvard Professor of Law and Psychiatry Alan A. Stone effectively captures the essential discrepancies between the film and the memoir in an article from 2000 in the *Boston Review*.

Some reviewers of the book imposed on her ellipses their own sense of narrative, as would the subsequent film. In that more orderly narrative, Kaysen’s McLean hospitalization is precipitated by a suicide attempt; likewise, the film begins with Winona Ryder as Kaysen having her stomach pumped out. Psychiatric hospitalization after a major suicide attempt was pretty much the norm in 1967. But read the memoir carefully and you find that this suicide attempt took place two years prior to her McLean hospitalization. It was not the precipitating event, and she never tells her readers what, if anything, was. In her memoir, the doctor’s decision to hospitalize her is presented as an enigma that sets the tone for her reflections. Why did he send me to McLean? Why did I agree to stay there? What does my diagnosis, Borderline Personality Disorder, really mean? Thirty-three years later these questions are even more perplexing and difficult to answer.

Stone, *Split Personality* online.

If the best service of Wurtzel's memoir was the didactic prologue, perhaps the best attribute of Kaysen’s is how she is able to complicate things and remove herself from her experience of hospitalization, allowing the reader to engage and fill in the
blanks when necessary. The vignettes often center around one of the other girls on her ward in McClean, some of whom become her friends along the way. Whenever she encounters or describes a new character, it’s always in an honest and non-judgmental tone, often with a curiosity about the interior life of the fellow patient, whether it be in their motivations or backstory. Polly, for example, is described with great sobriety and nonchalance, with maybe a hint of care, despite the horrific circumstances that landed her in McClean.

“One girl among us had set herself on fire. She used gasoline. She was too young to drive at the time. I wondered how she’d gotten hold of it. Had she walked to her neighborhood garage and told them her father’s car had run out of gas? I couldn’t look at her without thinking about it.

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.”

Kaysen, 16.

Kaysen’s skill in conveying a totality of experience—which she may not have even set out to do—comes precisely because of her vivid descriptions in fragments juxtaposed with cold medical records interspersed throughout the memoir. Rather than begin with Polly’s whole story as an omniscient narrator, Kaysen simply presents what
she can see, and, just as the reader may be inclined to, she attempts to paint the rest of the picture. These glances and vignettes may not add up to the entirety of Kay-
sen’s stay in McClean, but they’re much more effective at conveying the feeling of be-
ing there than a more ‘complete’ chronological narrative such as Wurtzel’s. Another example of Kaysen nonchalantly shocking the reader to make a point about the horror of hospitalization comes when she describes getting her stomach pumped after a sui-
cide attempt involving taking fifty aspirin two years before she enters McClean. Even the logic behind the suicide attempt itself is jarring,

“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...

Actually, it was only part of myself I wanted to kill: the part that wanted to kill herself, that dragged me into the suicide debate and made every window, kitchen implement, and subway station a rehearsal for tragedy...

Having my stomach pumped brought me around. They took a long tube and put it slowly up my nose and down the back of my throat. That was like being choked to death. Then they began to pump. That was like having blood drawn on a massive scale—the suction, the sense of tissue collapsing and touching itself in a way it shouldn’t, the nausea as all that was inside was
pulled out. It was a good deterrent. Next time, I decided, I certainly wouldn't take aspirin.”

Kaysen 36-8.

The entire progression can easily give the reader goose bumps, from the metaphor of premeditated murder to “the sense of tissue collapsing and touching itself in a way it shouldn’t.” Though the details are raw and gory, Kaysen’s removed tone once again makes the narrative all the more powerful. Her grasp of the in the moment and post-facto accounts of madness, and carefully spitting them up and sorting them into vignettes, is what sets her apart from run of the mill memoirists of subjects psychiatric or otherwise.

Much like Styron and later authors, Kaysen feels that there is an intimate connection between madness and artistry. This is evident not only in her composition of the memoir, but also in passages where she references the legacy of mentally ill artists and the crossover in traits between the two entities.

“Our hospital was famous and had housed many great poets and singers. Did the hospital specialize in poets and singers, or was it that poets and singers specialized in madness?

Ray Charles was the most famous ex-patient. We all hoped he'd return and serenade us from the window of the drug-rehabilitation ward. He never did.”

Kaysen 48.
After jumping around to follow the side stories of her fellow patients and the gradual disappearance of progress that amounts to two years in McClean, Kaysen approaches a conclusion that psychiatric institutionalization is at best an arbitrary cordonning off of people who are no worse off emotionally than anybody else, and at worst a malicious attempt by the state to discipline and punish citizens. What’s most important for her is that the patients will act how they are treated—that if they are treated as crazy people, they will act accordingly. “But they were, and we were their six lunatics, so we behaved like lunatics.” (51.)

While Styron also explored the ambiguities of madness and despair in his bout with depression, he ultimately finds solace and certainty in pursuing treatment. Kaysen and Wurtzel, on the other hand, introduce a deep skepticism of the contemporary psychiatry attempting to treat them. Following similar threads as French philosopher Michel Foucault, though both fell ill before his work gained wider recognition outside of France, Kaysen and Wurtzel posit that madness is not necessarily the worst thing in the world, all things considered, and that both mental illness and sanity are societal constructions designed to maintain order, and, according to Kaysen’s vignettes, to reassure the boring lives of ‘normal’ people.

Beyond their literary innovation, Kaysen and Wurtzel made great strides in changing the perception of mentally ill women. One major consequence of Freud’s writing and the popularization of his work followed a gendered and sexist notion of hysteria, typified by well-to-do wives on the couch with the silent analyst. A male-centric savior complex developed, which can be seen in popular culture in films such
as Vertigo, with Kim Novak’s character carrying out a deception of madness, typified as hysteria, while simply behaving erratically with just enough of a pattern for James Stuart to think he’s uncovering a pattern. In more modern TV series like Mad Men, the show’s efforts to produce a highly accurate and critical period piece render Betty (January Jones) on the couch of a silent analyst as she tries to figure out why she’s so unhappy in her marriage with her cheating husband. With the feminine conception of hysteria, a similar connotation was developed in the public consciousness with therapy, wherein many men thought that talking to a therapist was only for women.

Much of what Kaysen and Wurtzel achieve in their memoirs is a thorough breaking down of the stereotypes associated with women seeking treatment, which comes not through explicit rebukes but rather an emergence of a narrative voice that reclaims the experience of mental illness from male narratives. While Wurtzel delivers unapologetically subjective and even hyperbolic narration, Kaysen counters with a removed and judgment free sobriety, both of which upend the kind of comeback “it’s not your fault” narrative Styron set up. Both Wurtzel and Kaysen deserve their status in the canon and common knowledge for their own hard earned reasons, but later memoirs prove that there is much more to be offered in realms of experience, narrative technique, and sheer research incorporated into the work.

Approaching the 21st Century, a gold standard for the psychiatric memoir came to fruition in the form of the well-researched atlas. Authors such as Kay Redfield Jamison, David J. Morris, and most notably Andrew Solomon took the memoir of pure personal experience with mental illness and merged it with extensive research about not only the illness itself, but often its role in society, including public perceptions and stigma, as well as chronicling a sort of revisionist history about the state of mental health care from their vantage point as patients—or, in the case of Jamison, that of both a patient and clinical psychologist with a PhD.

While earlier authors operated from the standpoint of pioneers seeking to combat stigma without as much established literature in medicine and especially memoirs, the atlas cohort positioned themselves instead against misunderstandings of mental illness that arose not only from ignorance like before, but increasingly from a confusion resulting from the increasing noise of changing public perceptions of mental illness and its more public role in American society. Solomon in particular makes an effort not only to address problems with mental health care in Western society, but also to illuminate his readers in the growing world of alternative treatments and non-Western practices, such as nuanced differences in mental health care in Western and Eastern Africa.

One reading of this new development—considering both the market and public perceptions of mental illness—is that personal experience of madness alone is no
longer enough for a successful psychiatric memoir. While Jamison could have very
easily recounted her manic episode in college on its own and quickly elaborated upon
her treatment, she instead takes a far broader perspective about mental health care as
an institution, from the evolution of medications like lithium to the attitudes of practi-
tioners towards the mentally ill, specifically some of her colleagues when they found
out she had bipolar disorder. Morris very well could have written a disjointed narra-
tive about his struggle with PTSD, but instead he writes a genealogy of the disorder
and examines its role in contemporary society along with the American public’s lack of
engagement with the realities of war. Solomon could have written another comeback
memoir about his struggle with depression and repeated relapses, yet instead he
traces the literary, scientific, and sociological evolution of depression from the Early
Modern period to the latest innovations of the 21st Century. While intent is difficult to
judge in the abstract of a literary and historical analysis, these memoirists nonetheless
raised the bar for the genre to a point of no return for "serious" memoirists who want
to enter the canon, for their research enhances their personal testimony to such an ex-
tent that subjective experience alone is no longer enough for the best psychiatric memo-
irs. The quality and depth of these works marks a schism from the tradition of the
confessional memoir, with its 90s pioneers in Wurtzel and Kaysen representing the
alternative trajectory taken by later authors such as Andy Behrman who identify as the
disease and privilege irreverence and raw authenticity over research and a removed
objective narration. This is ultimately the path followed by celebrities in the ubiquitous comeback memoir, leaving Morris and his 2015 memoir a lonely peak with the likes of Solomon and Jamison.
Jamison and a further duality in bipolar disorder

In 1995, renowned Johns Hopkins Professor of Psychiatry Kay Redfield Jamison came out of the shadows to reveal that she suffered from the same disease she studied: bipolar disorder, more popularly called manic depression at the time. Like most canonical psychiatric memoirists, Jamison comes from a privileged background in a military family, having published her memoir, An Unquiet Mind (1995), almost fifteen years after she received tenure at the University of Southern California Los Angeles. What sets Jamison apart from author memoirists is her dual identity as both patient and practitioner, leaving her to explore the grey area between the two. She is able to bring her research and clinical acumen into her memoir to inform and explain her personal narrative, as well as to provide historical and professional context to the evolution of psychiatry. In the process, Jamison builds upon successful narrative techniques from past memoirs and merges them with her professional background in psychiatry to create a new gold standard for the psychiatric memoir before the arrival of the 21st Century.

Perhaps the best example of the convergence of Jamison’s dual identities comes in the pivotal chapter ”Tenure,” where her illness and her profession that purportedly seeks to ameliorate it come into conflict. Acknowledging the privilege involved in such a process and end product, Jamison underscores that her identity as a bipolar patient was at the heart of the quest for tenure as well.

"Obtaining tenure was not only a matter of academic and financial security for me. I had, within months of starting as an assistant professor, my
first episode of psychotic mania. The years leading up to tenure, which extended from 1974 to 1981, consisted of more than just the usual difficulties of competing in the very energetic and aggressive world of academic medicine. They were, more important, marked by struggles to stay sane, stay alive, and come to terms with my illness. As the years went by I became more and more determined to pull out some good from all of the pain, to try and put my illness to some use. Tenure became a time of both possibility and transformation; it also became a symbol of the stability I craved and the ultimate recognition I sought for having competed and survived in the normal world."

Jamison 124-5.

Much of Jamison’s memoir is concerned with the research behind how people with mood disorders perform in the workplace, but here she outlines how her profession and her illness are intertwined. Having almost destroyed her career, bipolar disorder is now a force for inspiration in a certain way for Jamison. She wants something good to come out of her illness. Little did she know at the time of her manic episode, but Jamison would go on to sift through her disparate interests in the field to pick out mood disorders as her expertise, eventually opening up a clinic for them at Johns Hopkins, becoming one of the leaders in the field for helping those with bipolar disorder with the latest vetted treatments. While the comeback narrative had previously been reserved for acute depression and perhaps for mysterious undiagnosed illness of Clifford Beers, Jamison reclaims it for the lifelong battle of bipolar disorder.
Coming just a couple of years after the publication of Kaysen's *Girl, Interrupted* and Wurtzel's *Prozac Nation*, Jamison's *Unquiet Mind* builds upon some of the narrative techniques of both authors, while enhancing them with research and her medical expertise. Regarding Wurtzel, the most poignant example is how Jamison reclaims the comeback narrative and how she describes her manic behavior. While less irreverent than Wurtzel, Jamison nonetheless describes her peak symptoms with a rawness and authenticity that fits her cultural moment in the 90s and the recovery movement. The clearest difference between Wurtzel and Jamison is that Jamison does not use the present tense in her descriptions, where Wurtzel would in asides, but the frantic pacing and unabashed raw details remain.

"I kept on with my life at a frightening pace. I worked ridiculously long hours and slept next to not at all. When I went home at night it was to a place of increasing chaos: Books, many of them newly purchased, were strewn everywhere. Clothes were piled up in mounds in every room, and there were unwrapped packages and unemptied shopping bags as far as the eye could see. My apartment looked like it had been inhabited and then abandoned by a colony of moles. There were hundreds of scraps of paper as well; they cluttered the top of my desk and kitchen counters, forming their own little mounds on the floor. One scrap contained an incoherent and rambling poem; I found it weeks later in my refrigerator, apparently triggered by my spice collection, which, needless to say, had grown by leaps and bounds during my mania...
My awareness and experience of sounds in general and music in particular were intense. Individual notes from a horn, a oboe, or a cello became exquisitely poignant. I heard each note alone, all notes together, and then each and all with piercing beauty and clarity. I felt as though I were standing in the orchestra pit; soon, the intensity and sadness of classical music became unbearable to me. I became impatient with the pace, as well as overwhelmed by the emotion. I switched abruptly to rock music, pulled out my Rolling Stones albums, and played them as loud as possible. I went from cut to cut, album to album, matching mood to music, music to mood. Soon my rooms were further strewn with records, tapes, and album jackets as I went on my way in search of the perfect sound. The chaos in my mind began to mirror the chaos of my rooms; I could no longer process what I was hearing; I became confused, scared, and disoriented. I could not listen for more than a few minutes to any piece of music. My behavior was frenetic, and my mind more so."

Jamison 78-9.

Part of Jamison's unsung literary talent independent of her research is that she is able to capture the highs and disorienting regressions of mania, which are perhaps less conducive to writing than the depths of depression. Her pacing alone in the passage conveys a sense of the rush she feels while manic. The abstracted evidence of strewn clothes and notes sets the scene to communicate behavior that looks so strange from the outside but feels totally normal in the moment. The deterioration of both her
logic and the details of her obsession in the music passage form a beautifully illustrative example of the confidence and disarray that mania can bring almost simultaneously. Her sense for a kind of audio-synesthesia in the way she hears music when manic is difficult to compose on the page, and she seems to do it effortlessly. Even without her PhD, Jamison is a gifted narrator a cut above the rest in the genre.

Another example of Jamison taking a narrative technique from the canon and enhancing it with her research and medical background is the insertion of her own medical records into the memoir, a motif of Kaysen's, but approached from the opposite perspective. Looking at medical records from the perspective of a medical professional forms an interesting contrast to Kaysen's use of medical records, which confronts the reader with something completely foreign, revealing how different Kaysen's account of her experience and her personality are from the person listed in the medical records. Looking at medical records is nothing new for Jamison, but suddenly when they're her own, the experience takes on a whole new weight. Furthermore, to reconstruct a past self—a task so integral to the psychiatric memoir that Clifford Beers even explicitly set out to do it—for Jamison, requires understanding her medical history with both the lenses of her PhD and her lived experience as a patient.

"7-17-75 Patient has elected to resume lithium because of the severity of her depressive episodes. Will begin with lithium 300mg. BID [twice a day].

7-25-75 Vomiting
8-5-75 Tolerating lithium. Feeling depressed at realization she was more hypomanic than she believed.

9-30-75 Patient has stopped lithium again. Very important, she says, to prove she can handle stress without it.

10-2-75 Persists in not taking lithium. Already hypomanic. Patient well aware of it.

10-7-75 Patient has resumed lithium because of increased irritability, insomnia, and inability to concentrate.

Part of my stubbornness can be put down to human nature. It is hard for anyone with an illness, chronic or acute, to take medications absolutely as prescribed. Once the symptoms of an illness improve or go away, it becomes even more difficult. In my case, once I felt well again I had neither the desire nor incentive to continue taking my medication. I didn't want to take it to begin with, the side effects were hard for me to adjust to, I missed my highs, and, once I felt normal again, it was very easy for me to deny that I had an illness that would come back. Somehow I was convinced that I was an exception to the extensive research literature, which clearly showed not only that manic-depressive illness comes back, but that it often comes back in a more severe and frequent form."

Jamison 100-1.

Throughout the memoir, Jamison effortlessly drifts between the narrative voice of a practitioner and that of a patient, sometimes making it difficult to tell which
is speaking. Here, however, it's very clear that she is speaking as a normal patient right up until she references the research literature, where it strikes the reader once again that Jamison is pinched between an illness and a profession. She is able to piece her experience together by navigating between both perspectives, sometimes requiring the support of both. This takes Kaysen's bold technique to a higher and more nuanced plane, one that completely justifies the publishing of a new memoir with a previously used method. In adding a medical depth to her work, Jamison sheds light on the very act of the psychiatric confessional itself, opening new pathways for the incorporation of the treatment side that do not invalidate the experience of the illness in ways that Wurtzel and Kaysen would have been skeptical of, to be sure.

Interestingly, Jamison offers her own illuminating commentary on the long standing struggle between the Freudians and the Kraepelins—the humanist focused psychoanalysts and the chemically focused pharmacologists—perhaps without the intention of making a broader argument about the narrativity of mental illness.

"At the time, in clinical psychology and psychiatric residency programs, psychosis was far more linked to schizophrenia than manic-depressive illness, and I learned very little about mood disorders in any formal sense. Psychoanalytic theories still predominated. So for the first two years of treating patients, I was supervised almost entirely by psychoanalysts; the emphasis in treatment was on understanding early experiences and conflicts; dreams and symbols, and their interpretation, formed the core of psychotherapeutic work.
A more medical approach to psychopathology—one that centered on diagnosis, symptoms, illness, and medical treatments—came only after I started my internship at the UCLA Neuropsychiatric Institute. Although I have had many disagreements with psychoanalysts over the years—and particularly virulent ones with those analysts who oppose treating severe mood disorders with medications, long after the evidence clearly showed that lithium and the antidepressants are far more effective than psychotherapy alone—I have found invaluable the emphasis in my early psychotherapy training on many aspects of psychoanalytic thought. I shed much of the psychoanalytic language as time went by, but the education was an interesting one, and I've never been able to fathom the often unnecessarily arbitrary distinctions between 'biological' psychiatry, which emphasizes medical causes and treatments of illness, and the 'dynamic' psychologies, which focus more on early development issues, personality structure, conflict and motivation, and unconscious thought."

Jamison 59-60.

With Jamison, a sense of a broader trend in the philosophy of science and its effect on the psychiatric memoir explicitly comes into play. Now, the language behind psychoanalysis—which Jamison says she has abandoned—plays a role in a genre of memoirs that had previously depended upon it exclusively. The psychoanalytic language Jamison has rid herself of—which, she will later argue, liberated her professionally and personally—was all Beers, Fitzgerald, and even Styron, to a large extent, had
to rely upon. Jamison seems to feel as if she is on firmer ground with the Krae-pelin shift towards biological and chemical empiricism, while still crediting the philo-sophical approach behind the Freudian language and methodology. Perhaps without paying as significant of thought to it, Jamison posits evidence of the way in which the memoir is informed by the diagnostic vocabulary of psychiatry and the *DSM*, and how, in her case as a professional in the field, the personal narrative and the memoir can inform one's understanding of the medical terminology.
Andrew Solomon's *Noonday Demon: The Return to Activism and the New Gold Standard*

Raising the literary pedigree of the psychiatric memoir unparalleled with the exception of Styron, Andrew Solomon won the National Book Award upon publication in 2001, became a finalist for the Pulitzer Prize for General Nonfiction in 2002, and landed on the *New York Times* list of 100 best books of the decade with his 2001 publication of *The Noonday Demon: An Atlas of Depression*. Translated into 24 languages, *Noonday Demon* has also won the Books for a Better Life Award from the National Multiple Sclerosis Society, the 2002 Ken Book Award from the National Alliance on Mental Illness of New York City, Mind Book of the Year, the Lambda Literary Award for Autobiography/Memoir, and Quality Paperback Book Club's New Visions Award.

Solomon has made great strides for mental health reform and the genre of the psychiatric memoir, but the genre was perhaps less forbidden to him than almost any other author in terms of privilege. The son of Howard Solomon, a partner at Forest Laboratories, a pharmaceutical company valued at around $25 billion, Andrew Solomon graduated *Cum Laude* from the Horace Mann school in New York City in 1981 and *Magna Cum Laude* from Yale in 1985. Solomon's father was of such influence at Forest that when Andrew was suffering from the worst of his depression, his father convinced the board to secure FDA approval to market Celexa, an antidepressant SSRI (selective serotonin reuptake inhibitor). While of course Solomon had no control over his upbringing, nor does it diminish the quality of his work, his background
nonetheless speaks to the concentration of privilege required to be an influential psychiatric memoirist in the American publishing scene.

In *Noonday Demon*, Solomon demonstrates the heights to which the psychiatric memoir can be taken. Carried by privilege and access to the best care and holistic education—which Solomon acknowledges at several points—raw talent, and an intellectual rigor perhaps unmatched across genres, Solomon synthesizes his chronic depression with the evolution of psychiatry, a sociological framework that seeks to branch out of the confines of Western medicine, a theoretical understanding of the politics of mental health, interviews with real people suffering from depression, and a genealogy of the term 'depression' itself to form the ultimate psychiatric memoir. Beyond the sheer scope of the project's research, *Noonday Demon* also stands out as an explicitly didactic text that carefully and transparently educates its reader rather than placing education in a secondary role from which one's experience will speak for itself. Although Solomon does not ascribe to one particular political view or solution, his work represents the closest return to the movement politics mission of Clifford Beers in the young history of the genre.

Part of what makes *Noonday Demon* a far more approachable text than its size and name make it seem is that Solomon operates with an acute awareness that illnesses like depression are best understood narratively. "We know depression through metaphor," Solomon said in a 2013 TED Talk, a platform that has become part and parcel of the entire scope of self-help genre which the psychiatric memoir has arguably slipped into. He traces the development of how the word 'depression' has been used
in the English language since the advent of melancholia, through Shakespeare and the noble suffering of Hamlet right up until the latest fads of depressive artists. Yet Solomon also understands that the modern narrative of depression relies heavily on a chemical understanding of the illness, which he continually tries to nuance.

"Psychiatry's bible—the *Diagnostic and Statistical Manual*, fourth edition (DSM-IV)—ineptly defines depression as the presence of five or more on a list of nine symptoms. The problem with the definition is that it's entirely arbitrary. There's no particular reason to qualify five symptoms as constituting depression: four symptoms are more or less depression; and five symptoms are less severe than six. Even one symptom is unpleasant. Having slight versions of all the symptoms may be less of a problem than having severe versions of two symptoms. After enduring diagnosis, most people seek causation, despite the fact that knowing why you are sick has no immediate bearing on treating the sickness...

Chemistry is often called on to heal the rift between body and soul. The relief people express when a doctor says their depression is "chemical" is predicated on a belief that there is an integral self that exists across time, and on a fictional divide between the fully occasioned sorrow and the utterly random one. The word chemical seems to assuage the feelings of responsibility people have for the stressed-out discontent of not liking their jobs, worrying about getting old, failing at love, hating their families. There is a pleasant free-
dom from guilt that has been attached to chemical. If your brain is predisposed to depression, you need not blame yourself for it. Well, blame yourself or evolution, but remember that blame itself can be understood as a chemical process, and that happiness, too, is chemical. Chemistry and biology are not matters that impinge on the 'real' self; depression cannot be separated from the person it affects. Treatment does not alleviate a disruption of identity, bringing you back to some kind of normality; it readjusts a multifarious identity, changing in some small degree who you are."

Solomon 20-1.

Solomon addresses the largest problems with the narrativity of madness here head on, rightly pointing to the abdication of responsibility that a chemical conception of mental illness can allow, much in the way that David Chase’s "The Sopranos" will in pop culture. He also identifies the hegemony of the DSM with his bible metaphor, critiquing its attempt to neatly categorize such subjective problems as the severity of the symptoms of depression. Solomon adroitly identifies the arbitrary absurdity in the DSM’s numbers game, which—like Menninger’s war era categorizations—account woefully inadequately for any kind of depth of experience when it comes to symptoms. The manual may be good at drawing a neat line around depression, but Solomon tries to creatively point out to his reader how that effort to simplify things misses out on the full scope of depression, most of which cannot be fit neatly into a box in the way the DSM has tried.
While the footnotes in Solomon's volume are certainly rich, it is perhaps his literary acumen and awareness of narrative that stands out the most from the memoir rather than the ambitious scope of the research, much of which can become tedious and belaboring after a few hundred pages. His myriad examples from Antiquity and the Early Modern period of how depression has gone in and out of style do little to enrich the reader in terms of marginal benefit after the first two or three. His exhaustive study of the demographics behind suicide is powerful, but perhaps not much more powerful as he goes from group to group. Finally, his effort to conceive of non-Western approaches to mental health care is well intentioned, but ultimately tokenistic and shallow in its anecdotal reliance on interviews with people he met while in Africa, something he enjoys using for a punchline in public speaking engagements.

Where Solomon finds his sweet spot is in the grey area between the sciences and the humanities. He argues that we are neither advanced enough scientifically nor philosophically to fully understand depression, an insight he makes around the ten-minute mark of his 2013 TED Talk that is a culmination of what he says in four hundred pages in Noonday Demon. His versatile understanding of the truth in his writing and oratory sums of the nuance of Noonday Demon quite well.

"It's easier to help schizophrenics who perceive that there's something foreign inside of them that needs to be exorcised, but it's difficult with depressives, because we believe we are seeing the truth. But the truth lies. I became obsessed with that sentence: 'But the truth lies.'"

David J Morris' *The Evil Hours* and the cure for the disjointed narrative of PTSD.

"Trauma is the savagery of the universe made manifest within us," author and veteran David J Morris told NPR in a January 2015 interview. Owing a great deal of his memoir to the innovation of Solomon and Jamison, Morris applies their researched schema to his experience with PTSD after being wounded by a roadside bomb while working as a reporter in Iraq in 2007 (Morris previously served in the Marines during the 90s and saw no combat). While heavy in its subject, Morris' memoir is the most enjoyable read out of all of the authors in the canon, boasting a quick wit and an adeptness in metaphor that are difficult to match.

Broadly, Morris traces the development of PTSD as a diagnosis from early conceptions of trauma in history and literature through the Vietnam War and today. He particularly dedicates time to unearthing the forgotten story of Vietnam Veterans who fought and largely failed in the short term to have their trauma recognized as an illness falling under the responsibility of the Veterans Administration hospitals, despite the well documented nature of PTSD in the form of soldier's heart in the Civil War and shell shock in the World Wars—where Menninger made his name, no less.

Yet it is a new use for the psychiatric memoir where Morris stands out. While certainly advancing and solidifying the status of the researched atlas and doing a service for advocacy surrounding PTSD—where there is a relative dearth of literature despite it being the fourth most common psychiatric disorder in the United States—
Morris' most innovative addition to the genre comes in his ability to use the memoir as a tool for sharp social commentary. His knack for intertextuality coupled with a raw intuition for how to cut to the gritty truth of hypocritical Americans makes Morris a necessary voice for the 21st Century in this country and its prolonged overseas conflicts that go largely ignored by the general public.

Like Solomon, Morris is attuned to metaphor and takes a broad historical approach to his work, looking to discount presentism while simultaneously making an effort to get through to a modern reader on their own terms with the science and pop culture they're conditioned to read the disorder through.

"Over time, PTSD has changed not only the way humans understand loss but also how humans understand themselves generally; I am interested in it both as a mental condition and as a metaphor... In the classical world, the ancients in the wake of trauma might look for answers in epic poetry, such as *The Iliad* or *The Odyssey*. Today, we turn to the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. This fact alone is worthy of further exploration: most of us no longer turn to poetry, our families, or the clergy for solace post-horror. Instead, we turn to psychiatrists. This is, historically speaking, an unusual state of affairs."

Morris 2-3.

Again, an engagement with the *DSM* of intellectual curiosity rather than sheer outrage or passive acceptance unites Morris with Solomon and Jamison in their
pursuit of telling their stories of madness by seeking to gain a broader and nuanced understanding of the most powerful narrative device in the history of mental illness in the form of the diagnostic manual.

Morris' societal commentary extends into the realm of the American public and their fundamental misunderstanding of veterans and the realities of combat. For him, this lies at the crux of the difficulty veterans face when they return home with PTSD. The disconnect between the American public and what they experienced abroad creates a kind of parallel universe that, he argues, no sane person can tolerate.

"I learned very quickly that talking about the war wasn't just pointless but actually damaging in its own right. I could barely begin to describe what I had seen before I would be interrupted by a racist comment about Arabs or someone stopping me to explain how the war had just been about oil all along and that the important thing, really, was to develop alternative energies so that we could divest from the Middle East. After a while, I realized that the problem wasn't just that they didn't understand the war but that they didn't want to understand it. What I had to say was not only inconvenient to their piece of mind but a tangible threat to it. Americans could no more cope with the reality of the war than they could with the reality of particle physics. Not only was it beyond their ken, but the fact that it might be beyond their ken was beyond their ken. Trying to cut through the various layers of incomprehension, I was confronted by further obscenities. If, by some chance, I could get someone to
listen to me about what I had seen in Iraq, they would end up looking at me like I had a speech impediment. They'd meet my eyes, and I'd get The Look, a sort of mirror image of the famous Thousand Yard Stare from World War II, a look that told me more about American innocence than I ever wanted to know."

Morris 4.

The depiction of these encounters is an insightful encapsulation of the absurdity of modern American life and its almost colonial relationship to its military. The passage is also an illustrative example of how non-diagnostic rhetoric can enhance an account of madness in the post-DSM era, with an illuminating description of a personal experience intersecting with a societal phenomenon demonstrating something more profound about not just the illness, but the human condition.

In his notes about sources and process, Morris explicitly cites Andrew Solomon's *Noonday Demon* as a major influence upon his work, even going so far as to save the atlas of depression for last. This cohort, while lonely, deserves what may seem like exorbitant credit for their innovation in an underdeveloped and relatively young genre, still largely reserved for privileged voices. The well-researched atlases of these three authors provide rich learning opportunities for their readers, and they are the closest return yet to the original mission of Clifford Beers, fighting back against the narrative of devolution of the genre in the face of ubiquitous celebrity comeback memoirs, and fighting for the forgotten patients of misunderstood mental illnesses.
Voices on the Margin: Andy Behrman, Terrie Williams, and the Privileged Narrative

While the well-researched atlas has established itself as the new gold standard in the genre of the psychiatric memoir, other trajectories have been followed that were developed by previous writers, and less privileged, non-white authors remain at the margins of the publishing and social circles of the canonical memoirists.

Just as it does in comparative literature more broadly, the establishment of a canon, while it is ever-evolving, also enforces pre-existing hierarchies in the world, such as race, class, and gender. The psychiatric memoir is no different. All of the authors analyzed so far have been white, and an overwhelming majority came from backgrounds of thorough economic privilege. These are often the breaks necessary to cut through the crowd in publishing, making the psychiatric memoir no different than many other genres in the barriers many writers face.

There have been, however, non-white memoirists who have made an impact with their work, just not on the same national scale that the canonical white authors have been privy to. Meri Nana-Ama Danquah and Monica A. Coleman have written well received memoirs on depression and bipolar disorder, respectively. As black women, they have not made the same kind of circuit in book promotion that authors like Solomon have been able to, from TED Talks to Charlie Rose appearances. Coleman’s account was published only in 2016, so it remains to be seen if she can break through the glass ceiling, as it were.
One female of color author that stands out in her status as a public figure well connected to celebrity life is Terrie Williams who built a public relations empire from the ground up—representing clients such as Prince, Miles Davis, Janet Jackson, and Eddie Murphy—before having to completely step away from her business after suffering from a severe bout of depression that nearly took her life. Her memoir, Black Pain: It Just Looks Like We’re Not Hurting (2003), became a crucial addition to the genre that addresses issues and stigma facing people of color that white patients do not necessarily have to deal with. However, while she has appeared on networks like NPR and given commencement speeches that involve her memoir, but they are more often than not at historically black colleges and programming geared towards narrower non-white demographics. While Solomon has appeared on Charlie Rose multiple times after publishing Noonday Demon around the same time as Williams' Black Pain, she has never appeared on the program. While there is nothing remotely wrong with appearing at Howard University and on YouTube channels instead, there is no reason why Williams' voice on mental illness should not be on the same playing field for promotion as someone as privileged and well-connected as Solomon if it's the quality of the work that really counts. Having lived the black experience in America, Williams is in a more authoritative role to talk about many of the issues Solomon was credited as brave for bringing up in Noonday Demon, particularly barriers to treatment in what he calls "indigent communities."
Williams cites the "normalization" of pain in black communities as being used as a reason to not get treated for depression, coupled with internalized pain or externalized pain in the form of substance abuse and other forms of lashing out. In interviews across platforms, Williams often says the first reason she decided to write her memoir after a breakdown she experienced at the hand of depression was to combat the stigma surrounding mental illness, particularly in communities of color. Differing from Solomon slightly, Williams posits that having a name for depression is already a way to alleviate some of the pain of the illness, because the word itself is so often unspoken.

In an interview with the Connecticut Health Foundation in January of 2013, Williams spoke to the pre-existing literature of psychiatric memoirs and how they addressed communities of color. "I know there are lots of books out there about mental health, but there are very, very few—if any—that really spoke uniquely to the black American experience. You know? So that's why I had to do it," she said.

On the other end of the spectrum, there are privileged white authors who have not established themselves in the canon, not necessarily because of a lack of quality or even a failure to pay homage to the pioneers, but instead because the genre has moved on and the critical reception didn't come in the way it was supposed to. The most salient example in this realm is Andy Behrman, who published his controversial memoir *Electroboy* in 2002. In many ways, Behrman is the heir apparent to Wurtzel, only with electroshock therapy and bipolar disorder instead of Prozac and depression.
Like Wurtzel, he is unapologetic in his inclusion of raw details. Like Wurtzel, Behrman seeks to reclaim a form of treatment from an abstracted and misguided public perception in his title, in which he gives himself a nickname that identifies with electroshock therapy. And, finally, like Wurtzel, Behrman is unabashedly self-absorbed and provides hyperbolic and grandiose self-assessments and action scenes, which he admits are enhanced by mania. Yet there is no movie version of Electroboy as there is for Prozac Nation—though, supposedly, it has been optioned for one and there is indeed an Electroboy movie about a Swiss party organizer who suffers from anxiety.

Many reviewers, such as Rick Marin at The New York Times, mocked Behrman for what seemed like the sheer absurdity of his tale, which essentially involves living high on innocent, wild, and later dangerous manic episodes that land him in prison for forging art. Marin mocked Behrman after the lede by saying "The noonday demon made him do it," adding that the book's preface follows the genre as "the required bit of sociopsychology that precedes any memoir of dysfunction."

While Behrman's identification as the disease and its treatment may seem like the full Kraepelin manifestation of the chemical approach to mental health, he incorporates a pseudo-Freudian narrative tracing his illness back to his time in college, where an inferiority complex, a mediocre campus therapist (in his opinion), and a vibrant arts scene that included scores of drugs propelled his mania to unknown heights.
"At the end of August, complete with an updated nose, I left the tranquil suburbs for the frantic pace of college life in placid Middletown, Connecticut. I ended up at Wesleyan because I didn’t get into Harvard, Yale, or Princeton...

I was exposed to all types of new stimulants, and I quickly came to crave more and more of them: alcohol, drugs, sex, staying up all night. After a two-month binge in which I had met hundreds of people, went to parties, drank, and experimented with drugs, I lapsed into my first real depression."

Behrman, 18-9.

He then becomes enthralled with the campus therapist, Dr. Andrea Logan, who surprisingly has enough time to see him several times a week for four years in a row, now unheard of at campuses with "short term care" models. Despite the immense privilege of his college experience and the mental health care available to him—while not cutting edge—Behrman argues that "she didn't have any understanding of what I later learned was my illness."

For once, it appears that privilege may have worked against a memoirist from entering the forbidden genre. Nonetheless, Behrman’s identification as the disease and as radical treatment has caught fire in the blogosphere, as well as in a strand of celebrity memoirs, from internet stars like "Chronic Migraine Ellie" on TheMighty, a conglomerate blog for "invisible diseases," to celebrities like Emma Stone and Kendall Jenner who speak out on having acute anxiety as a debilitating mental illness.
Much of our pop culture today is closer to the Behrman-Wurtzel evolution of the psychiatric memoir than the heirs to Styron or the well-researched atlas cohort.
Part Four: New Media Narratives.

David Chase’s Semi-Autobiography in The Sopranos: How a Psychiatric Narrative Formed TV’s Golden Age

Television’s “Golden Age”—perhaps at its apex today with shows such as Mad Men, Breaking Bad, House of Cards, Game of Thrones,” and Mr. Robot gaining more critical acclaim than most feature films—would not exist were it not for a bold HBO series whose narrative structure centered around a mob boss in therapy for depression and crippling anxiety. David Chase’s The Sopranos innovated the genre of television so much that we take it for granted, but it also captures an important moment in American psychology that is worth reexamining today. More importantly, the semi-autobiographical nature of The Sopranos and its ability to allow trends in psychiatry, American attitudes toward mental illness, and personal experiences of madness to inform one another in the petri dish of the show make it a worthy area of further exploration outside of the literary psychiatric memoir.

The constant pathology of behavior in The Sopranos lends the show much of its realism, yet it dually functions as one of the show’s strongest critiques of contemporary American society. From Season 1 to 6, there is almost always a medical reason that explains the abnormal behavior in the show, and some of the main characters go through extensive battles and treatment with mental illnesses like depression, anxiety, and addiction.
Set in suburban New Jersey near Montclair, *The Sopranos* follows the leader of a major mafia family controlling North Jersey with a strong affiliation to one of the infamous New York Five Families. Critical acclaim for the show often relied upon testimony from FBI agents and ex-mobsters who attested to its resemblance to modern organized crime in ways that surpassed canonical mob flicks like *The Godfather* and *Goodfellas*, the latter of which shares several actors with *The Sopranos*, most notably Lorraine Bracco (Karen Hill, Dr. Jennifer Melfi), Tony Sirico (Tony Stacks, Paul “Paulie Walnuts” Gualtieri), and Michael Imperioli (Michael “Spider” Gianco, Christopher Moltisanti).

The show’s hero, Tony Soprano (James Gandolfini), is introduced in the show’s opening credits sequence in the driver’s seat of an SUV driving through the Lincoln Tunnel from Manhattan to New Jersey, slowly toking away at a cigar to the song “Woke Up This Morning [Bought Yourself a Gun].” While Tony may look tough and intimidating rolling through the Jersey Turnpike, the pilot episode itself begins with him in the waiting room for a therapy session, pondering the significance of a femme fatale sculpture in front of him.

While Tony still carries a heavy stigma of mental illness with him, he nonetheless finds himself in therapy because his anxiety attacks—which are rather severe and render him temporarily unconscious—have prevented him from being an effective mobster, much less a husband and father. Complicating matters for the hyper-masculine Soprano is his attraction to his therapist, Dr. Melfi (Bracco), who though fully aware of the natural phenomenon of transference, is allured by the opportunity to
treat a dangerous organized crime leader, and her fascination and excitement over-
shadow the risk. In a fascinating parallel narrative, Melfi’s feelings toward Tony are
fleshed out in her own therapy sessions with a colleague.

For viewers in the late 90s and early aughts, *The Sopranos* was the closest
they had ever come to seeing modern psychology up close, unless they were a part of
the one fifth of Americans who took some sort of psychiatric medica-
tion. Melfi’s choice for Tony is Prozac, a careful choice by David Chase. Prozac expe-
rienced a meteoric rise in American culture, becoming synonymous with depression,
perceived chemical solutions for happiness, and the field of psychiatry itself. There is
of course the psychiatric memoir called *Prozac Nation*, written by Elizabeth Wurt-
zel in 1994, later adapted into a film in 2001. However, *The Sopranos* does not
uniquely examine the chemical side of psychology.

Tony’s relationship with his mother comes under increased scrutiny during his
sessions with Dr. Melfi, who blends a Freudian approach to psychoanalysis with a
modern understanding of brain chemistry. Much of this pushes beyond the semi-auto-
biographical for Chase, who revealed in a 2007 interview with *Vanity Fair* that he
modeled Tony’s mother after his own. Neurotic, manipulative, and at times ruthless,
Livia Soprano (Nancy Marchand) exerts immense influence over Tony, even posthu-
mously. Flashbacks to her treatment of her son also allow the show to experiment
with the juxtaposition of two different Americas, that of the nostalgic 1950s and the
uncertain paranoia of the turn of the century.
Although most Americans don't know a mobster personally, *The Sopranos* is able to make a powerful, non-didactic commentary on American life by distilling our deepest desires and insecurities in a character model that is often obfuscated and revered in shallow hyper-masculinity. By inverting the canonical notion of the mob boss, Chase suddenly gives his viewers a look at the underbelly of American society. The middle class and working poor anxieties of Tony's made men, foot soldiers, and their families are different to the body politik's only in source of income.

Yet the most profound influence of *The Sopranos* is its integral use of mental illness within the narrative. Tony's therapy sessions with Dr. Melfi function nearly in the way soliloquies do in Shakespeare.

The question of whether the show de-stigmatized mental illness is difficult to quantitatively or qualitatively answer. A better question, perhaps, is for whom *The Sopranos* de-stigmatized mental illness, and what its mob and mob families’ stigma says about attitudes towards mental health in the United States writ large.

As the show advances into the late aughts, *The Sopranos* captures what Wurtzel calls "Depression Culture" increasingly thoroughly, wherein behavior is so heavily pathologized that depression saturates everyday life. On a similar thread to Solomon's cautioning of the relief in chemistry, Chase depicts characters who often abdicate personal responsibility over their mental health because of shallow euphemisms based in an elementary chemical understanding of madness.
“It’s an illness. It’s hereditary.” Tony says of depression in season six, episode seven. “It’s a, uh, a chemical imbalance,” – Sil, Tony's number two, in the same episode. These casual remarks are not in regard to Tony's treatment, but rather a nearly fatal suicide attempt by his son, Anthony Jr.

AJ’s suicide attempt becomes a source of reckoning for Tony in the show’s final season, but it also reveals an interesting insight into the relationship between depression and art that many memoirists touch upon, particularly Styron, Solomon, and Morris. Leading up to his suicide attempt, AJ becomes fascinated and subsequently alienated by his reading of W.B. Yeats' "The Second Coming," with the episode of his attempt bearing the same title. His mother, who is often skeptical of the veracity of mental illnesses despite being the one who initially forced Tony to go into therapy, asks her son’s therapist at the hospital what kind of poem "The Second Coming" is to teach to college students. Frequently deploying a derogatory metaphor of "playing the depression card" when her husband either honestly opens up about his struggles or instrumentalizes his diagnosis for his own nefarious ends, Carmela becomes more frustrated than ever when AJ cites his grandmother’s nihilism (the same character fashioned off of Chase’s actual mother) and name calling at home as sources of his depression. AJ’s fate is ultimately left in the air in the infamous diner scene that ends the series, but his hospitalization and Tony's fiery exodus from therapy with Dr. Melfi are the last instances of mental health care in the show, leaving a sour taste in the mouth of most viewers when it comes to psychiatry in their favorite HBO show.
Nonetheless, *The Sopranos* is a show worth re-examining or even discovering if one is so lucky. Subsequent shows like *Mad Men, Breaking Bad*, and even more abstract shows that focus more heavily on mental illness like *BoJack Horseman* all owe their success to the bold innovation of David Chase. Every Golden Age needs a first coat of paint, and few are worth scraping away at more than that of *The Sopranos*.
“Why Does There Always Have to be a Next?”: *BoJack Horseman* and the Pinnacle of the Memoir

Somehow, the pinnacle of the psychiatric memoir in pop culture has come in the form of an animated, hard partying, washed-up anthropomorphic horse whose comeback memoir is the butt of a joke that needs no explanation. *BoJack Horseman*, released by Netflix in 2014 under the guidance of showrunner and auteur Raphael Bob-Waksberg, details just how ludicrous the literary memoir of mental illness is in its construction, lack of authenticity, and its hypocritical boon to the careers of the elite who deploy it as a sort of comeback tool. Centering around its titular character, a washed up sitcom actor who hit it big in the 90s with a show called *Horsin’ Around* where he adopted three human children as a horse fatherly figure, *BoJack*’s first season is ostensibly about a mentally ill star who looks to resurrect his career with a memoir. Later deciding to hire a ghostwriter, BoJack himself faces similar problems as Fitzgerald and in some respects Styron despite being in an era and cultural milieu that mock memoirs of mental illness because of their ubiquity. In fact, because of this cliché, BoJack finds himself hesitant to disclose his darkest hours and real insights into his past, choosing instead, in a remarkably similar way as Fitzgerald, to put his interior anguish in existential terms rather than in explicit confession along medical and biological lines.

*BoJack*’s power in engaging its viewers with mental illness comes precisely in its rejection of the literary memoir in favor of an outside-in approach, where viewers see the full picture of BoJack through various interlocutors ranging from Charlie
Rose to a neurotic penguin looking to make a quick buck in publishing off of his
ghostwritten book. Horseman’s faux memoir blindsides him when his ghostwriter,
Dianne Nguyen, includes glaring insights into his isolating depression that are in fact
blind-spots to the horse who is supposed to be narrating this story. The subsequent
resurgence in fame and even reverence that reward BoJack upon the release of his
book reinforce the hypocrisy engulfing memoirs of mental illness in the 21st century.

For one, like many celebrity comeback memoirs, BoJack's best-selling
book *One Trick Pony* bears no resemblance his own work, but rather that of a ghost
writer. Secondly, the appeal of BoJack's internal turmoil is inherently inauthentic
and hypocritical, which Waksberg displays transparently by juxtaposing
how BoJack's problems often stem from his privilege and fame instead of from the
more quotidian sources of turmoil for his fans. Aware of this, BoJack more often than
not uses it for his advantage in one night stands rather than as a way to level with the
public over mental health.

While *BoJack* not only follows the legacy of *The Sopranos*, but indeed sur-
passes it in terms of critical acclaim surrounding its depiction of mental illness
("How *BoJack* Got So Good at Depicting Mental Illness" - *Vice*, "TV Finally Gets
Mental Illness Right with *BoJack Horseman*" - *Salon*, "Is *BoJack Horseman* the
Saddest Show on TV?" - *The Guardian*, "How *BoJack Horseman* Became TV's
Saddest and Funniest Show" - *Rolling Stone*, "*BoJack Horseman* and the Comedy of
Despair" - *The New Yorker*). However, inversely to David Chase, Raphael Bob-
Waksberg has resisted any semi-autobiographical traces in the show, as well as avoiding a firm diagnosis for BoJack or a source of his discontent.

"The goal was never like, *Let's really create an expose, let's really investigate this kind of thing, let's diagnose BoJack in a certain way.* I think it was more about just trying to write this character truthfully, and taking him seriously. The idea [was to take] a character trope that is maybe a little archetypical, or that we've seen before, but really believing in it, and trying to be honest and respectful to it," Waksberg told *Vice* in a July 2016 interview.

The BoJack flip, as it may be called, is that unlike the Sopranos and much of the canon of the psychiatric memoir, which seeks to unearth mental illness from the glossed over version of everyday life that gets created in pop culture and the public consciousness, Waksberg's show actively avoids tropes of mental illness among celebrities that are now so ubiquitous that they are easily turned into jokes, and that the audience can easily identify them in a protagonist without heavy cues. *BoJack Horseman*’s critical acclaim and cult status among TV fans looking for nuanced shows about mental illness is illustrative of a particularly strange moment in pop culture that memoirs and the *DSM* have not only informed, but, in many ways, formed.
Conclusion

The most immediate question facing the forbidden genre is simply where it goes next. A possibly more important rendering of that question is for whom will it go next. Thinking of the genre like a solar system, with gargantuan figures like Styron and Solomon occupying prime real estate around Saturn and Jupiter, it sadly seems that the vast majority of new figures are coming from a place of privilege close to the sun, or even trying to hitch a ride in the orbit of the genre’s major figures rather than carving out an original path.

Over the past several decades, the humanities in particular have undergone intense internal and external scrutiny for long relying upon a kind of groupthink regarding a strict interpretation of the Western Canon. This has resulted in many graduate and undergraduate programs enhancing and more often simply replacing the longstanding curriculum with non-Western, anti-canonical texts by authors who are not heterosexual white men. Yet there is a strong argument to be made that all this has done is to replace one kind of groupthink with another.

The psychiatric memoir does not need a simple prescription of identity politics to fix its structural inaccessibility. However, for a genre that purports itself to combat stigma and educate its readers about misconceptions of mental illness, new memoirists—and those in the canon who continue to speak publicly and promote their books—should be primarily concerned with accessibility. The collection of this project’s conception of the canon for the genre could have involved exclusively privileged
white authors in several permutations because of how saturated the psychiatric memoir is with one kind of author. While there are clearly already authors of color who have published on a variety of disorders, the failure of the publishing industry and media institutions to expose their work to the public in the same way white authors are able to is a structural problem worth focusing on solving.

Terrie Williams, for example, was encouraged to write her memoir in almost the exact same way as Styron and Solomon. Her project started out as an essay published in *Essence Magazine*, just in the way that Styron got his start in *Vanity Fair* and Solomon in *The New York Times Magazine*. However, the prestige and scope of the general readership between *Essence* and the other two publications is vast. Ideally, an author like Williams should be able to present her work in any of those publications as long as the work is good enough.

Another pressing question for the genre is what will happen in the long-standing struggle between Freudian and Kraepelin vocabulary. Clearly authors like Solomon, Jamison, and Morris have taken a keen interest in melding the two or using them in a sort of dialectic. Otherwise, it appears that the two approaches could become increasingly polarized as advances in neuroscience continue and a retro-philia for Freud matures over time. *BoJack* may be evidence of a return to the Fitzgerald and Beers approach to character studies of mental illness, but the hegemony of neuroscience and biochemistry will likely have their way no matter what.

Most importantly, it remains to be seen if more authors will carry on the mantle of Beers and engage with movement politics to spark a more cohesive mental
health reform movement. Solomon and other memoirists have been able to carry the mantle, but only in elite circles, again reinforcing structural problems within the genre. With the right pieces in place—accessibility, narrative techniques, research, and awareness of the influence of the *DSM*—a memoirist could use a working knowledge of the genre to restore it to its rightful origins and combat public perceptions of the ubiquity of celebrity memoirs. Further scholarship in the psychiatric memoir and increased accessibility for diverse authors could hopefully spur such a political movement.
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