EXTRA/ORDINARY MINDS: MAD GENIUS RHETORIC AND
WOMEN'S MEMOIRS OF MENTAL ILLNESS

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ABSTRACT

Nora Katherine Augustine: Extra/Ordinary Minds: Mad Genius Rhetoric and
Women's Memoirs of Mental Illness
(Under the direction of Jordynn Jack)

This dissertation examines how autobiographical narratives by/for persons with mental

illness draw from set of cultural clichés (topoi) I call "Mad Genius" rhetoric. As popular as it is

controversial, Mad Genius rhetoric imagines an age-old link between "madness," or apparently

problematic mental states, and extraordinary gifts of creativity, intelligence, and other talents. I

ask: How is Mad Genius rhetoric taken up by real mentally ill people, especially women, in self-

referential texts? What conditions encourage authors to construct Mad Genius personae in life

writing, and what rhetorical purpose do such personae serve? Examining these questions through

a lens of mental health rhetoric, I build case studies grounded in four highly influential mental

illness memoirs: Susanna Kaysen's *Girl, Interrupted*, Kay Redfield Jamison's *An Unquiet Mind*,

Nana-Ama Danquah's *Willow Weep for Me*, and Elizabeth Wurtzel's *Prozac Nation*. I argue

each author's narration enacts a Mad Genius persona at the nexus of her severe psychic pain and

her personal gifts, explicating both how she draws on Mad Genius topoi in her writing and the

contextual factors that apparently encourage her to do so. Specifically, my studies explore four

discrete Mad Genius topoi: 1) the Tortured Artist, which posits that genius leads to madness; 2)

the Brainiac, which posits that madness confers genius; 3) the Survivor, in which madness and

genius are thought to share a common source in external trauma; 4) the Ex-Gifted Kid, in which

madness/genius are thought to be innate and inextricably intertwined. As a preface to my case

studies, each chapter also analyzes Mad Genius rhetoric in some contemporary pop culture

archive, emphasizing both the enduring popularity of these four topoi and the centrality of auto/biographical narratives in their widespread circulation. Notions of personal specialness do seem to carry mentally ill authors through acute crises, but my readings reveal the rhetorical functions of Mad Genius, demystifying its enduring popularity amid broader cultural stigmas against mental illness. Reading these popular books as individualized responses to systemic rhetorical exclusion, I conclude that Mad Genius topoi are evidently effective, yet ultimately unsustainable frameworks through which to cope with severe psychic pain.

To Mairin and Patrick, a couple of geniuses.

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LIST OF ABBREVIATIONS

ASPD   Antisocial Personality Disorder

BPD   Borderline Personality Disorder

DSM   Diagnostic and Statistical Manual of Mental Disorders

MDD   Major Depressive Disorder

MDI   Manic-Depressive Illness

MHRR   Mental Health Rhetoric Research

OCD   Obsessive Compulsive Disorder

PTSD   Post-Traumatic Stress Disorder

SSRI   Selective Serotonin Reuptake Inhibitor

INTRODUCTION: EXTRA/ORDINARY MINDS

If you want to start a blog that "actively promotes or glorifies self-injury or self-harm,"

don't do it on Tumblr (Tumblr Staff, 2012, para. 6). On February 23, 2012—five years after its

founding in February 2007—the popular microblogging website informed its 34 million active

users that they would soon be strictly prohibited from promoting self-harm through the images,

text, and other media they shared with fellow users.[1] In a post to the Tumblr Staff blog titled "A

New Policy Against Self-Harm Blogs," the parameters of this rule were clarified as follows:

> Don't post content that actively promotes or glorifies self-injury or self-harm.
> This includes content that urges or encourages readers to cut or mutilate
> themselves; embrace anorexia, bulimia, or other eating disorders; or commit
> suicide rather than, e.g., seek counseling or treatment for depression or other
> disorders. Online dialogue about these acts and conditions is incredibly important;
> this prohibition is intended to reach only those blogs that cross the line into active
> promotion or glorification. (Tumblr Staff, 2012, para. 6)

In addition to its outright ban on blogs encouraging self-harm, Tumblr shared plans for new

Public Service Announcements to be shown above the search results for words and phrases

commonly associated with self-harm. For example, a search for posts tagged with the term

"anorexia" might yield this message: "Eating disorders can cause serious health problems, and at

their most severe can even be life-threatening. Please contact the [resource organization] at

[helpline number] or [website]" (Tumblr Staff, 2012, paras. 8-9, brackets in original).

Why the need for these changes? Although Tumblr staff affirmed their commitment to

free speech, they nonetheless argued that "Tumblr sometimes gets used for things that are just

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[1] 73 million people had joined Tumblr by the first quarter of 2013, and nearly 34 million of them were "active users" (users who had "used or contributed to Tumblr in the past month") (Mari, 2013, para. 2). In the second quarter of 2012, Tumblr had 34.2 million active users.

wrong" (para. 1). Indeed, given the site's longstanding bans on hate speech, phishing, and other illicit activities, Tumblr reminded users that "[they] do draw some limits" regarding the content they tolerate on their servers (para. 1). Tumblr's innovative microblogging format, combined with the anonymity and global scope of the internet, had made it an appealing forum for people struggling with stigmatized mental illnesses to connect with one another. But whereas Tumblr staff invited "dialogue" about self-harm, their stance on *pro*-self-harm blogs was unambiguous: "These are messages and points of view that we strongly oppose, and don't want to be hosting" (para. 2). In sum, Tumblr staff had decided they could no longer condone self-mutilation, eating disorders, suicide/suicidality, or other forms of self-harm through their moderation practices. By deleting seemingly dangerous content and promoting supportive resources, they hoped to discourage their community members from hurting themselves or other people.

For some, the notion that Tumblr ever had condoned self-harm—and moreover, that pro-self-harm content was so prevalent on the site as to merit a response from the staff—came as an utter shock. Tumblr user i--do--what--i--want-blog, for one, reblogged the policy announcement with the comment: "Waoh, back the fuck up. There are people who are ENCOURAGING self-harm? The fuck is wrong with people?" (2012, para. 1).[2] But such reactions notwithstanding, few would deny Tumblr had gained a reputation in 2010s culture as a platform for young people to blog about mental illness. The high-profile suicide of 15-year-old Jamie Hubley (son of Allan Hubley, a Canadian politician), for instance, had drawn considerable media attention to Tumblr in October 2011. Having blogged for months about his struggles with bullying, major depression, and cutting—his posts "interspersed with angst-filled quotes and startling images of self-harm. . .

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[2]The spelling, punctuation, and other formatting choices of all Tumblr comments cited in this chapter appear exactly as written in the authors' original blog posts.

gathered from all over the web"—Hubley published a farewell note to Tumblr shortly before his

untimely death (Pearson, 2011, para. 17). Four months after that, a widely-read *Huffington Post*

article profiled the rise of "pro-anorexia" blogs on Tumblr, depicting "a secretive community of

teenage girls who celebrate ghoulish thinness, relish photos of emaciated women, and furtively

share tips about how to stave off hunger" (Gregoire, 2012, para. 2). Tumblr's then-director of

communications acknowledged the dangers such blogs might pose to their community, stressing

that the staff was "not interested in Tumblr promoting the acceptability of damaging practices"

(Gregoire, 2012, para. 47). The new Content Policy was announced two weeks later.

Given that 46% of Tumblr's active users in 2012 were 16-24 years old, the question on

everyone's minds seemed to be whether this website really could influence young people to hurt

themselves—and the users' own opinions on this issue varied widely (Mari, 2013, para. 3). As of

now, the Tumblr Staff blog post that announced the new Content Policy has been shared and/or

"liked" 25,206 times by Tumblr users. 15,951 of those notes (including 1,731 text comments) are

still publicly available, and I personally read and labeled the comments according to six themes:

1) generally supportive of the policy, 2) generally opposed to it, 3) ambivalent and/or skeptical

about it, 4) expressing unawareness or indifference concerning self-harm blogs, 5) offering meta-

level commentary (e.g., soliciting others' opinions), and 6) unintelligible to me (e.g., written in a

non-English language).[3] Some Tumblr users have written essay-like responses to this policy, so

my labels do occasionally overlap: for instance, numerous comments voice the authors' concerns

about the enforcement of this policy while also vigorously endorsing it. And by my count, an

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[3]Why can I only read 15,951 notes? Thousands of Tumblr blogs have been deleted—by the user
or by Tumblr (due to inactivity)—in the eight years since this policy was posted. Additionally, a
significant number of the notes on this post are inaccessible to me because they are posted to
private blogs, which are only viewable by followers the author has approved.

overwhelming majority of user comments do endorse Tumblr's crackdown on pro-self-harm

blogs. 75% (1,291 comments) clearly support the ban, often using phrases like "thank god," "it's

about time," "long overdue," or simply "finally!" Apparently, these bloggers shared the belief

that pro-self-harm blogs posed a serious threat to Tumblr's users—or at the very least, they

confirmed to Tumblr staff that they would prefer not to see self-harm content on the site.

But not everyone was pleased to hear of Tumblr's ban on pro-self-harm blogs, nor were

Tumblr's users entirely optimistic about the efficacy of this action. Of all user responses to the

policy announcement, 11% (192 comments) oppose the ban, and 19% (332 comments) convey

some degree of ambivalence regarding its aims and scope. The two most common complaints

are, by far, that it unduly restricts users' freedom of speech and that it risks worsening the plights

of the very people it was intended to help. Indeed, a comment from user pizzaworms argues that

whereas there are "VERY, VERY FEW 'PRO-ana' blogs" on Tumblr, "there ARE thousands of

blogs run by people with eating disorders who otherwise have no other outlets and it is sick and

cruel to take away the one thing they have that lets them express themselves" (2012, para. 4). As

pizzaworms's criticism implies, a major point of contention in Tumblr-wide discussions of the

self-harm blog policy—and in all debates about free speech, perhaps—is whether and when one

person's speech can be construed as a credible threat to another person's safety. Irrespective of

their positions on self-harm, comments on the policy post are noticeably united in their confusion

as to how, exactly, Tumblr plans to define "blogs that cross the line into active promotion or

glorification" (Tumblr Staff, 2012, para. 6). Or as user laurarexie puts it:

> I think tumblr needs to be quite careful in deciding what promotes and what is
> simply expression. What to one person might seem like somebody simply keeping
> track of and describing their illness in detail may be seen by somebody else to be
> "promoting it", and it's exactly the same the other way around. (2012, para. 1)

Tumblr's stated goal was to rid its servers of blogs that glorified self-harm, thus urging users to seek treatment for mental illness instead of turning to dangerous coping mechanisms (or suicide). But the staff never intended to purge the site of all references to self-harm—like many of their users, they valued Tumblr's therapeutic potential as a forum for sharing personal stories about mental illness. So, where *is* the line between promotion and expression? Therein lies the paradox of this policy. It seems Tumblr wanted to allow users to find meaning in their experiences of mental illnesses without suggesting that mental illness is, itself, particularly meaningful. One need not argue such a task is absolutely impossible in order to observe that it is very, very hard. Ultimately, a quip from user mashedpotatoesandcellophane seems to state the opinion of many Tumblr users: "I'm glad I don't have to make important internet decisions" (2012, para. 1).

This doctoral dissertation began with a question: What does it mean to "romanticize" (or "promote" or "glorify") mental illness, and why do people write and read narratives in which mental illness is romanticized? No single answer to this exists, of course, and an exhaustive list of explanations lies beyond the scope of this project. But in time, my research has been guided by my observation that autobiographical narratives of mental illness—whether posted to modern social media platforms, dictated to twentieth-century social scientists, fictionalized in canonical modernist literature, or whatever—are suffused with a set of topoi I collectively refer to as "Mad Genius" rhetoric. As popular as it is controversial, Mad Genius rhetoric envisions an age-old link between "madness," or apparently problematic mental states (now often classified as psychiatric disorders), and exceptional gifts of creativity, wisdom, intelligence, beauty, or other talents. When we say someone is romanticizing mental illness, that is often what we mean: they are suggesting people who have experienced severe psychological distress are capable of thinking, feeling, knowing, and/or doing remarkable things that non-mentally ill people cannot.

Since antiquity, stories of eminent people who supposedly suffered from "madness" (e.g., artists who died by suicide) have been circulated as proof of a link between mental illness and extraordinary talent. In the 1960s, Western medicine was flooded with criticisms from doctors, sociologists, and political activists who cast psychiatry as a system for suppressing exceptional individuals. Feminist scholars since the 1970s, in particular, have often appreciated female madness (typified by literary "Madwomen") as a symbol of women's stifled creativity under patriarchy. Now hundreds of contemporary scientists have written thousands of pages claiming to prove the existence of Mad Genius, showing correlations between their research subjects' psychiatric histories and scores on psychometric tests. Still, dissenters to Mad Genius rhetoric all across the academy emphasize that idealized notions of "madness" neither accurately reflect the experiences of real people with psychiatric disabilities nor provide any realistic means by which to relieve their pain. Mad Genius rhetoric carries risks: it seems to assume a universal human psychology, discredit the achievements of so-called gifted persons, and devalue mentally ill individuals who choose to seek treatment. Moreover, the historic oppression of women and other marginalized groups in psy- science fields—through theories and practices that have over-diagnosed them with labels of "madness" yet categorically denied them those of "genius"—certainly complicates any efforts to study Mad Genius in an empirical manner. If Mad Genius is real, regrettably few conclusions can be drawn about its uses (so to speak) if the concept is not adequately analyzed through a lens of gender, race, class, and other intersections of identity.

This project intentionally suspends the question of whether Mad Genius really does (or should) exist, instead investigating *why* and *how* it exists from a rhetorical perspective. I want to understand: How is Mad Genius rhetoric taken up by real mentally ill people, especially women, in autobiographical narratives inspired by their disorders? What sociocultural factors motivate

women with mental illness to construct Mad Genius personae in life writing, and what rhetorical purpose do such personae serve? Examining these questions through a lens of mental health rhetoric research (MHRR), I build case studies grounded in four of the most famous mental illness memoirs published during the modern American memoir boom: Susanna Kaysen's *Girl, Interrupted* (1993), Kay Redfield Jamison's *An Unquiet Mind* (1995), Nana-Ama Danquah's *Willow Weep for Me* (1998), and Elizabeth Wurtzel's *Prozac Nation* (1994). I argue each of these memoirs constructs a Mad Genius persona at the nexus of the author's severe psychic pain and her personal gifts, explicating both the ways in which she draws on Mad Genius topoi in her writing and the contextual factors that apparently encourage her to do so. Specifically, my chapters explore four discrete Mad Genius topoi, which I identify by the following shorthand terms: 1) the Tortured Artist, which posits that genius leads to madness; 2) the Brainiac, which posits that madness confers genius; 3) the Survivor, in which madness and genius are thought to share a common source in external trauma; 4) the Ex-Gifted Kid, in which madness/genius are thought to be innate and inextricably intertwined. Notions of personal specialness do seem to carry these authors through acute crises, but my readings reveal the rhetorical functions of Mad Genius, demystifying its enduring popularity amid broader cultural stigmas against mental illness. Reading these best-selling books as individualized responses to systemic rhetorical exclusion, I conclude that Mad Genius topoi are evidently effective, yet ultimately unsustainable frameworks through which to cope with severe psychic pain.

In the sections that follow, I trace the major intersections of literature, psychiatry, and rhetoric scholarship that have informed my methods and methodology in this dissertation. In particular, I survey a few sociological perspectives on Mad Genius rhetoric—to preface the more extended analyses offered in my body chapters—and review existing academic research that

addresses the epistemological significance of mental illness memoirs. Next, I draw on an existing

conceptual model for analyzing mental illness narratives from a rhetorical perspective, situating

my critique of Mad Genius rhetoric within ongoing MHRR discussions about the extreme

stigmatization and rhetorical exclusion of persons with mental illness. Finally, I present the

macro-level structure of my argument, summarizing the key features of each body chapter as

they individually and collectively illuminate the functions—but also the limitations—of Mad

Genius rhetoric as a means of coping with mental health stigma.

On Madness, Genius, and Mad Genius

Although this project analyzes the rhetorical aspects of Mad Genius, focusing on its

meanings to mentally ill people themselves, there are many possible reasons for this concept's

cross-cultural/historical popularity. At its core, Mad Genius rhetoric seems to mimic a common

sociological phenomenon in which stigmatized traits are associated with complementary positive

traits—mentally ill individuals might be ascribed special mental gifts just as (e.g.) gay men,

ostracized for their presumed effeminacy, are also often ascribed special talent in traditionally

feminine spheres. Erving Goffman's foundational 1963 study, *Stigma: Notes on the Management

of Spoiled Identity,* offers numerous insights into the social functions of Mad Genius. While

discussing the attitudes of "normals" towards stigmatized persons, Goffman notes that although

"we tend to impute a wide range of imperfections on the basis of the original one," we also

usually "impute some desirable but undesired attributes, often of a supernatural cast, such as

'sixth sense' or 'understanding'" to the same individual (1986, p. 5). In Goffman's view, humans

operating within a framework of social stigma will all but automatically assume that negative,

"subhuman" traits are offset by some other positive, superhuman ("supernatural") traits in the

stigmatized person. As I said above, these positive traits are often complementary to the original

stigma—for instance, Goffman cites scholarly research on the "unique judgment" attributed to

blind persons due to their reliance on "special channels of information unavailable to others" (p. 5). These positive traits do not negate the stigma, but they provide societies with a means of assigning significance to human misery that might otherwise seem random—a stigmatized person's "trials" may instead be understood "as a blessing in disguise, especially because of what it is felt that suffering can teach one about life and people" (p. 11).

Goffman's theories indicate that both normals and stigmatized persons are complicit in promoting the belief that stigma is a "blessing" that, even as it causes great distress to the stigmatized person, also confers special abilities (e.g., access to special psychic realms). Clearly, the notion of a complementary gift linked to stigma allows normals to feel less dissonance over their rejection of stigmatized persons, releasing them from the burden of either challenging the roots of stigma or reducing its harmful effects. And for stigmatized persons themselves, the therapeutic functions of viewing stigma as a blessing are also apparent. These stereotypes offer what Payne (1989) would call a "consolation" approach to therapeutic rhetoric: if stigmatized traits "cannot be repaired or completely undone," then at least they can be "consolingly interpreted in ways that make the consequences less painful, easier to accommodate, or even valuable according to some alternate set of priorities" (p. 152). For instance, as the disabled subject of one case study cited by Goffman writes, "it wasn't only suffering: it was also learning through suffering. I know my awareness of people has deepened and increased. . . . I could not have learned *that* dashing all over a tennis court" (1986, p. 11). When stigmas are linked to extraordinary talents, neither normals nor stigmatized persons are disputing the notion that the latter are not "normal"—what matters is whether their abnormality is viewed as wholly bad, wholly good, or some mixture of the two. Applying Goffman's theories to Mad Genius rhetoric, then, one could conclude this concept proliferates (at least in part) because, although it eases

humans' guilt and pain vis-à-vis the oppression of mentally ill people, it poses no serious threat to the power structures that create and maintain that oppression.

Susan Sontag's influential 1977 work, *Illness as Metaphor,* hints at another important social function of Mad Genius rhetoric. Sontag argues that the tendency to link (some) deadly illnesses to positive personality traits stems from a universal human "need to express romantic attitudes about the self"—and importantly, that tendency is especially strong when said illnesses have no obvious external causes or cures (p. 35). Whereas tuberculosis was romanticized in past centuries, Sontag writes, "in the twentieth century, the repellent, harrowing disease that is made the index of a superior sensitivity, the vehicle of 'spiritual' feelings and 'critical' discontent, is insanity" (p. 35). Indeed, Sontag suggests that romantic visions of "insanity" are not historically unique, but rather closely resemble a previous "act of distortion" in Western culture (i.e., the social construction of tuberculosis) (p. 35). And just as "the myth of TB" faded with increased scientific knowledge of the disease and more effective treatments, Sontag's arguments imply that "insanity," too, will cease to be romanticized when it is no longer shrouded in mystery (p. 35). Thus according to *Illness as Metaphor*, Mad Genius rhetoric could be seen as the product of "a modern idea of individuality" (p. 30)—specifically, the notion that "people [are] made singular, made more interesting by their illnesses" (p. 31)—and humans' fear of the unknown. Put differently, Mad Genius is just one of many possible expressions of human individualism, and it is only because we do not understand mental illness that we are able to romanticize it.

In highlighting the mysteriousness of some illnesses as a key determinant of cultural discourse about them, *Illness as Metaphor* points to one of the biggest challenges scholars must face when theorizing about Mad Genius. Surely it is productive to study mental illness through the lens of stigma, yet "stigma" by definition refers to a disadvantageous mark that is—if not

literally written on the body—recognizable by the dominant culture. Mad Genius rhetoric, on the other hand, seems to cope with an unclear disadvantage by linking it to an unclear advantage. By this I mean, the human mind is fallible in its attempts to measure itself: there is no consensus in any academic field regarding the exact definition, causes, or effects of either mental illness or mental gifts. As I discuss further in this project's second case study, attempts to establish a scientific link between psychiatric diagnoses and metrics of mental aptitude are fraught with methodological problems. Even if it is possible both to define madness/genius and to prove that the two are correlated, doing so would not prove that one causes the other, nor would it confirm the direction of that relationship (i.e., which *one* causes the other). Indeed, it is noteworthy that Becker's (1978) analysis of Mad Genius—the only book-length work known to me that studies Mad Genius from a sociological perspective—frames the so-called "Mad Genius controversy" as a "change in the dominant conception of *genius*" rather than a reflection of societal attitudes towards madness (p. 13, italics mine). Similarly, Schlesinger's (2012) inflammatory book *The Insanity Hoax* frames Mad Genius as an attack on creative people, arguing its vision of artists as "simultaneously envied for their brilliance and pitied for their handicaps" (p. 10) dangerously "devalues the artistic product" (p. 11). As one would expect, both of these scholars' findings differ greatly from those of scholars who interpret Mad Genius rhetoric as a societal response to mental health stigma (or those who view Mad Genius as a scientific reality).

How can one clarify the relationship between madness and genius—let alone the significance of Mad Genius rhetoric—if both labels are essentially subjective and rely heavily on self-report for diagnosis? It is due to these labels' ambiguity that I use "Mad Genius rhetoric" as an umbrella term for a vast range of communications that posit varying connections between "bad" and "good" mental phenomena. Like Becker, I take an "agnostic" approach to Mad Genius

rhetoric, aiming to "describe patterns of. . . beliefs pertaining to mental illness without having to endorse or reject them" (1978, p. 15). This project is predicated on the basic truth that people do (and will) believe in Mad Genius, irrespective of any empirical research on the matter. They believe it because they want to, and they can: Mad Genius endures, not in spite of the fact that it cannot be proven, but precisely because it cannot be disproven. As stated above, my intention is to explore *why* and *how* humans circulate Mad Genius rhetoric, emphasizing how they may influence others' attitudes and behaviors in relation to mental health as a result. There are very few scholarly studies that examine Mad Genius from a sociocultural perspective—even fewer that investigate what it means to mentally ill people themselves. Despite the apparently broad appeal of Mad Genius rhetoric, MHRR often assumes that cultural stereotypes about mental illness are mostly perpetuated by non-mentally ill individuals. Perhaps this was true when persons with mental illness had little-to-no voice in mainstream society, but given the increased availability of personal accounts of mental illness since the late-twentieth century, it is now possible to analyze how Mad Genius rhetoric both shapes and is shaped by such texts. Hence, to contextualize the methods I employ throughout this project—namely, rhetorical analysis of autobiographical writing—I now turn to a review of existing research on mental illness memoirs.

Interdisciplinary Scholarly Analyses of Mental Illness Memoirs

In this section, I briefly discuss a range of representative scholarship by researchers and clinicians who have studied the significance of mental illness memoirs in their respective fields. To be clear, my focus is on studies that compare multiple books by separate authors—rather than those that analyze a single book and/or author—and attempt to make generalizations about the epistemological value of mental illness memoirs as a class. Although the authors whom I quote directly are identified by their disciplines, I organize their claims according to three key themes: humanistic significance, medical significance, and rhetorical significance. I find this last theme,

rhetorical significance, to be the least thoroughly explored in existing scholarly literature about mental illness memoirs. But although they are not always recognized as such, creative non-fiction memoirs are inherently rhetorical, making arguments about the authors' identities and life stories. Chiefly interested in the relationship between mental illness memoirs and the authors' sociocultural contexts (specifically, Mad Genius rhetoric), I discuss how current MHRR lays groundwork for the methods of rhetorical analysis I employ in my project's four case studies.

Humanistic Significance: Self-Knowledge and Expression

Scholars analyzing mental illness memoirs often focus on the powerful meanings these texts hold for their authors, regardless of their reception by popular audiences. As sociologists Westerbeek and Mutsaers (2008) observe, "the authors of *published* autobiographical texts are experienced writers and often have careers in journalism, fiction, or science" (p. 31). A highly successful memoir is rarely the author's first (or last) written project, and someone who succeeds in writing and publishing memoir is, by definition, a professional writer. Hence, these authors are thought to be uniquely motivated and qualified to write about mental illness—and in doing so, they stand to gain numerous personal and professional benefits (Westerbeek & Mutsaers, 2008). In keeping with common scholarly perspectives on memoir and life narrative, then, the feat of composing a memoir about one's mental illness has been associated with the affirmation of one's subjectivity (Stern, 2003; White, 2008), the exploration of selfhood and identity (Bullard, 2002; Cheever, 2000; Marshall, 2006), the cathartic purge of previously buried memories and emotions (Russell, 2007; Williams, 2011), and various other forms of self-enlightenment. By contrast, literary critic Zimmerman (2007) argues that depression memoirs only claim to impart wisdom about the human psyche while actually falling short of doing so: in struggling futilely to describe their illnesses, authors are "reenacting the failure of meaning at depression's center" (p. 466).

Does the humanistic value of mental illness memoirs extend beyond their ability to model identity formation and the narrativization of human lives? One would think so, but scholarly attention to these texts as aesthetic objects—for instance, through close readings of their content and forms—is quite limited.[4] Given that memoirs are sometimes contrasted with other life writing genres (e.g., auto/biography) on the basis of their literary merit, some studies do analyze individual mental illness memoirs alongside works of fiction with little-to-no differentiation between the two (see Baker et al., 2008; Bridgford, 2012; Caminero-Santangelo, 1998; Lee, 2017). But purely fictional texts still dominate the field of literary studies: of all the scholarship I have read that cites mental illness memoirs, research by literary critics only comprises about one quarter. It is the so-called truthiness of the memoir genre—its attempts to represent real people in the real world—that forms the basis of many scholars' interest in these books. Moreover, given the many gaps in modern psychiatric knowledge, it seems valuable for analyses of mental illness memoirs (in particular) to situate the events of the "plot" within the specific real-life contexts in which they occurred. In considering how these texts depict the symptoms, diagnosis, and treatment of serious psychiatric conditions, scholars seek to tap their practical utility.

Medical Significance: Education and Interventions

The transmission of "true" information about mental illness from writer to reader through the memoir genre may, directly or indirectly, be beneficial to allied health fields. Since the early days of the memoir boom, health and medical researchers have valued mental illness memoirs for their capacity to educate lay audiences about the science behind psychiatric diagnosis and treatment (Clifford et al., 1999; Sommer et al., 1998). Scholars who hold this view pointedly

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[4]This is not to say that no memoirs are ever recognized as literature and analyzed as such. I only want to observe that memoirs about mental illness, for the most part, have not been.

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deemphasize the aesthetic qualities of a given memoir to consider it as a type of case study—the reader's mission is to mine the book for helpful facts about mental illness. For instance, social psychiatrist Whitley (2012) notes that because memoirs "regularly point to positive aspects of mental health care," they are able to circulate information about treatment options in a manner that is both accessible and inspiring to readers with little prior knowledge (p. 358). Additionally, medical anthropologist Armstrong (2012) argues that memoirs contain unique insights into patients' "information needs and information preferences"—that is, the facts about illness and treatments that patients in recovery actually want and need from their doctors—thus clinicians can improve their communication skills by reading these stories (p. 341). When memoirs are viewed as clinical tools, information seems to be extracted from them in a fairly straightforward fashion: patients can read memoirs to learn about their own illnesses; friends and family of patients can learn about their loved ones' conditions; clinicians can learn about diverse manifestations and treatments of a given disorder; non-ill persons can read memoirs for their own personal edification (McAllister et al., 2014). Fittingly, several scholars have also suggested that memoirs be taught in abnormal psychology courses (Norcross et al., 2001; Segrist 2008).

Beyond these data-driven applications of mental illness memoirs, numerous researchers praise such books for educating readers about the subjective experience of mental illness, including its long-term and/or secondary effects (Armstrong, 2012; Donohue-Smith, 2011; McAllister, 2014; Whitley, 2012). It is suggested that, because science writing values emotional detachment for the sake of minimizing bias, the "human" quality of mental illness is absent from more strictly scientific texts. Memoirs, on the other hand, can convey "the suffering, the distress, the devastating effect on the family, the loss of status and the insidious impact of stigma" that characterizes many psychiatric conditions (Whitley, 2012, p. 357). Surely, the medical relevance

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of feeling another person's feelings is less easily observable than that of (e.g.) reading about the neurological processes that cause those feelings, but memoir-induced empathy may have a more immediate impact on the well-being of mentally ill persons. McAllister et al. (2014), a team of psychiatric nursing scholars co-authoring with a memoir expert, argue that depictions of real people's recoveries in the memoir genre can bring "the benefits of universality, empathy, hope, and guidance" to patients and loved ones who do not personally know anyone else who has been treated for mental illness (p. 553). As this statement suggests, scholars researching the medical significance of mental illness memoirs do tend to appreciate these books more for their tales of triumph over disease than for their depictions of disease itself (i.e., of extreme psychological distress). However, that trend may be as much a consequence of generic conventions as it is of those scholars' values. Feminist scholars Gilmore (2010) and Muzak (2009) both observe that mental illness memoirs, like all memoirs, usually feature linear narratives with happy endings— even at the expense of more accurate and nuanced records of the authors' experiences. In their suggestions that such narrative choices are strategic on the part of authors and publishers, these scholars subtly call attention to the rhetorical dimensions of this genre.

Rhetorical Significance: Culture and Strategies

McAllister et al. (2014) identify two key challenges that must be resolved for the use of mental illness memoirs in clinical settings to be viable: 1) books should be systematically vetted to ensure that readers only access the most valuable content, and 2) the processes of assigning and discussing readings should be closely observed, tested, and standardized (pp. 556-57). In other words, these scholars want a means by which to measure the benefits of any given memoir both in theory (pre-reading) and in practice (mid-/post-reading). Although McAllister et al. focus primarily on assigning memoirs to patients in psychotherapy programs, their recommendations

seem applicable to any context in which someone hopes to use a mental illness memoir to bring about some positive outcome. Once again, the challenge lies not in deciding what to do—for who would argue patients should be assigned worthless texts?—but rather in deciding how to do it. It is therefore crucial to note that, for many psy- science researchers and clinicians, the value of a mental illness memoir ultimately hinges on its ability to persuade. Offering both scientific and experiential knowledge interwoven with an enjoyable, accessible story, these books are uniquely positioned to sway clinicians, friends/family of patients, and even the general public to change their beliefs and actions concerning mental health such that they may better serve the interests of persons with mental illness. Moreover—and most importantly, for many scholars— mental illness memoirs hold the promise of identifying new patients and propelling them towards recovery: they can convince readers with mental health issues to seek treatment (Clifford et al., 1999; Donohue-Smith, 2011; McAllister et al., 2014; Sommer et al., 1998; Whitley, 2012).

That the central purpose of mental illness memoirs should be to improve the lives of real people with mental illness—especially by promoting recovery—is a position shared by virtually all of the researchers I cite in this review. That being said, scholars diverge in their opinions as to what kind of content is most persuasive to readers and, relatedly, the extent to which authors can/do deliberately use rhetorical strategies in their writing. According to McAllister at al., for example, it is problematic to expose mentally ill people to memoirs that discuss harmful "myths" about their disorders (e.g. that anorexia is a "teenage, middle-class, female disease"): instead of being persuaded to come forward and seek recovery, readers may be even more discouraged by their increased awareness of stigma (2014, p. 557). Psychologists Thomas et al. (2006), however, suggest that memoirists who emphasize the most unpleasant aspects of mental illness can help to "increase feelings of vulnerability to negative. . . outcomes" on the part of mentally ill readers (p.

419). For these scholars, the enormous popularity of the memoir genre—and data showing that mass media do affect consumers' health behaviors—means "memoirists may be poised to exert considerable influence" on readers (p. 418). In revealing the permanent, life-altering effects of prolonged periods of illness, popular memoirs may "serve as a deterrence" to readers who would otherwise resist treatment (Thomas et al., 2006, p. 419). By the same token, then, Thomas et al. caution against circulating memoirs that "conflate psychopathology with desirable attributes" or "depict 'sufferers' as holding coveted forms of social capital," asserting that vulnerable readers may "come to view their own [symptoms] not only as more normative. . . but also as more positive or glamorous" (p. 424). Although they find "most memoirists cite altruistic motivations for writing their books," Thomas et al. affirm that the actual impact of a mental illness memoir depends upon the author's writing choices, the audience's values, and so on (p. 418).

Interestingly, Thomas et al. indicate that the glamorization of mental illness in some memoirs is "inadvertent" on the authors' parts, finding that such texts are mostly (if not solely) detrimental to persons who already exhibited some degree of mental illness prior to reading them (2006, p. 419). On the other hand, a small number of scholars position memoirists as quite active participants in their books' portrayals of mental illness, illuminating how these authors use specific language and narrative choices to influence their readers' opinions (Pryal, 2010; White, 2008; Young, 2009). Social worker Young (2009) performs close readings of four different mental illness memoirs, explaining how the authors portray themselves as "accomplished, self-possessed, and socially integrated" persons in order to refute "the established cultural discourse of mental illness as limitation" (p. 52). Communications scholar White (2008) argues that mental illness memoirs by women, in particular—which she reads through Smith's (1993) concept of "autobiographical manifesto"—use memoir as a discursive "tool for resistance. . . . against the

stigmatization of mental illness" by consciously politicizing the authors' experiences and calling

for social change (p. 7). Finally, MHRR scholar Pryal (2010) analyzes how mentally ill authors

build ethos in autobiographical writing, noting four specific rhetorical strategies as conventions

of the "mood memoir" genre (p. 479). For Pryal, these conventions are directly tied to mental

health stigma: because mentally ill people are categorically denied credibility on the basis of

illness, their memoirs cannot shift readers' views about mental illness unless/until they persuade

readers of their rhetorical authority. Pryal's study is distinct in that, among all scholarly analyses

of mental illness memoirs, it is the only one I know of that explicitly attends to their rhetorical

significance. It is also the only one that alludes to Mad Genius, connecting it to a strategy Pryal

calls "laying claim" ("simple name- or statistics-dropping"): "the creative genius trope is a

powerful source of authority, one that most mood memoirists employ" (2010, pp. 496-97).

Future Directions for the Study of Mental Illness Memoirs

As noted by Thomas et al. (2006) above, most mental illness memoirs do state the

authors' desires to serve some greater good by publishing their life stories. I do not doubt that

learning factual, optimistic information about recovering from mental illness through a widely-

accessible memoir is beneficial to some audiences. However, memoirists' descriptions of more

ambiguous and/or subjectively enjoyable aspects of their illnesses must play a role in the

significance of their stories, too. Whereas mental health professionals organize their readings of

mental illness memoirs around the central goal of getting patients into treatment, it is clear that

mentally ill authors (and readers) do not always share that goal. That is, people with mental

illness do not necessarily assume that eliminating mental illness is the purpose of their work.

Preliminary research by White (2008), Young (2009), and Pryal (2010) suggests it is authors'

hopes of transforming cultural discourse around their illnesses (i.e., ending stigma, not ending

illness per se) that drives their language and narrative choices. But in the context of Mad Genius

rhetoric, perhaps such an undertaking—to end mental health stigma by writing a memoir—is

even more complicated than it is implied to be in current scholarship. Just as Tumblr struggled to

delineate between discussing mental illness and "promoting" mental illness on its users' personal

blog posts, mentally ill memoirists and readers may be hard-pressed to build arguments against

mental health stigma that do not, in effect, argue *for* mental illness in the process. When does

destigmatization find its basis in empathy and identification ("I'm not so different from you—

I'm just as good"), and when does it verge on radical individualism and chauvinism ("I *am*

different from you—I am better")? In the present project, I seek to build on other scholars'

methods of analyzing mental illness memoirs by clarifying both the negative and, indeed, the

positive messages these books convey about mental illness. As I discuss in the sections below, a

rhetorical approach enables me to analyze how mentally ill authors' experiences interact with

their sociocultural contexts, thus illuminating their memoirs' possible effects on their audiences.

Telling the Whole Story: Rhetorical Analysis of Mental Illness Memoirs

To study mental illness memoirs from a rhetorical perspective, garnering their unique

insights into the concept of Mad Genius, this project should account for the multiplicity of

factors that shape each author's story. The most pertinent model I have found for my method in

this dissertation is by Donohue-Smith (2011), a scholar of developmental psychology and

psychiatric nursing who has developed "an ecologically-based conceptual model" to be used as a

"framework for systematic analysis of the mental illness memoir" (p. 138). In Donohue-Smith's

view, the creative, narrativized, and overall constructed nature of memoirs makes them distinctly

different from medical case studies and other verbal/oral media commonly used to study mental

illness. For this reason, "telling the whole story" of a mental illness memoir means paying close

attention, not just to basic facts of the plot such as "the narrator's personal characteristics (e.g.

age, socioeconomic status, intellectual ability)" or "the qualities of the symptoms (e.g. type, severity, age of onset, frequency)," but also to possible interactions between these facts over the course of the author's life (Donohue-Smith, 2011, p. 142). As shown in Figure 1, the factors that significantly shape the writing of a mental illness memoir might be divided into five categories: "Client and family characteristics," "Community/neighborhood characteristics," "Therapist characteristics," "Agency characteristics," and "Cultural and societal influences" (Donohue-Smith, 2011, pp. 145-46). To assist in generating observations about a given memoir, Donohue-Smith also provides what she calls a "checklist of factors" or "inventory of influences" that may fall under each of these five categories (p. 138; see Appendix for complete inventory). Although "the salience of specific themes or model elements may vary" across different texts—the items in the inventory are common, but they are not universal—Donohue-Smith encourages "learners. . . to consider as many elements of the model as possible" (p. 141). It is just as important, of course, to notice what authors do *not* discuss in their books as it is to notice what they do.

As a scientist and clinician, Donohue-Smith has limited interest in the humanistic significance of mental illness memoirs, locating these texts' value primarily in their ability to educate psy- science students about the subjective experience of mental illness. In her study, the task of analyzing memoirs is compared to that of listening to patients' disclosures in therapy:

> If sufferers must be able to tell a meaningful story to be considered "well," clinicians must have a clinically valid and reliable strategy for creating their own meta-narrative, one that deconstructs and reinterprets the story told by the client without distorting or disregarding the client's voice. (p. 138)

While Donohue-Smith does not articulate her claims in rhetorical terms, the "meta-narrative" process to which she refers—one of breaking stories down into their constitutive parts and reinterpreting them in light of key contextual factors—clearly entails a type of intellectual labor similar to rhetorical analysis. She stresses the importance of audience, noting that memoirs

Figure 1

The Trajectory of the Mental Illness Narrative: A Conceptual Model
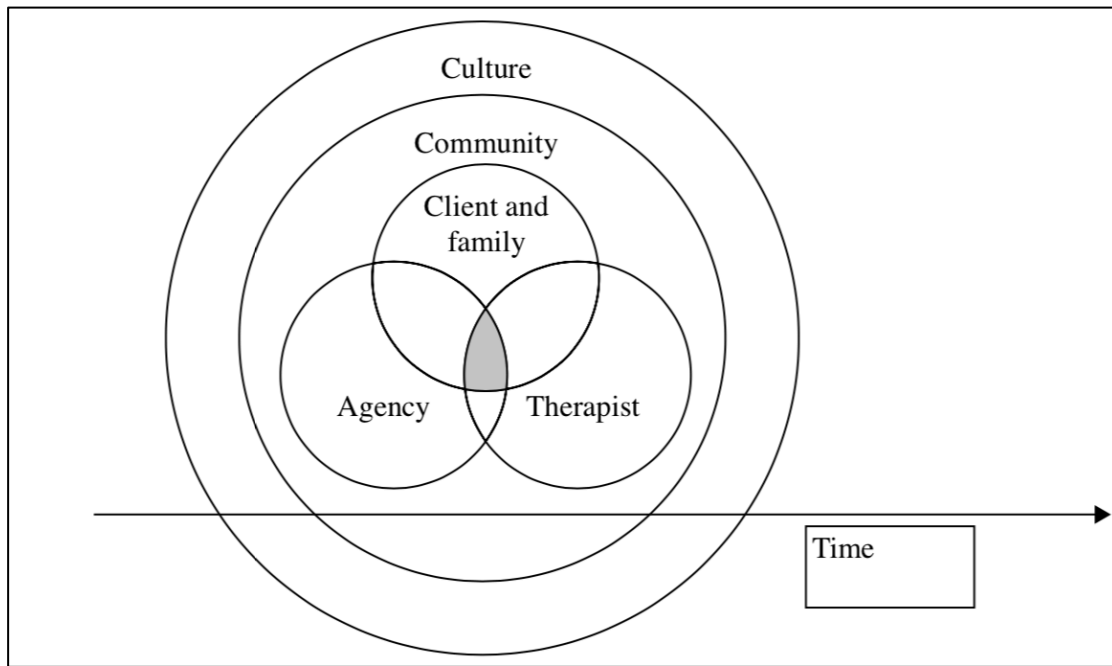
Note. This figure was produced by Donohue-Smith (2011) to be used in conjunction with her more detailed "Inventory of Influences on the Mental Illness Narrative" (see Appendix).

published for a "mass public" differ greatly from oral narratives shared directly with a therapist: "Each story has a real or imagined 'listener,' and the narrative may differ in both form and content, depending on the audience" (p. 143). Additionally, while discussing the many "internal and external barriers" mentally ill authors must surmount in order to write "in a way that is authentic, yet ultimately affirming," Donohue-Smith contrasts memoirs that are written mostly to inform readers with those that may be written to persuade (p. 138). In Donohue-Smith's view, mentally ill authors are at times inclined to spread unreliable information through their memoirs, writing "counter narrative[s]" for the purpose of "rejecting the illness label" and lodging "a defense of the maladaptive behaviors that [others] view as problematic" (p. 139). It is due to these overtly rhetorical aspects of mental illness memoirs, then, that Donohue-Smith advises her readers that "caution should be used" when learning from these books: although a memoir can be

a powerful educational tool, it is "even more valuable when accompanied by a careful examination of the factors. . . affect[ing] the construction of the narrative itself" (p. 138).

Of all the factors in Donohue-Smith's inventory of influences, the category most relevant to my research on Mad Genius rhetoric is "Cultural and societal influences." This category includes "General societal attitude toward mental illness and treatment," "Representations of mental illness in the popular media," "Dissemination and application of research findings," "Mental health/mental illness as national funding priory [sic] receiving," and "National standards for insurance companies in treating mental illness" (p. 146). Three items listed under "Patient characteristics"—"Perceptions and interpretations of their symptoms," "Individual beliefs about the nature of mental illness," and "Strengths: (e.g. . . . intellectual ability, other skills/talents, education)"—are also closely related to my project. Needless to say, these factors are highly interdependent on each other and other inventory items. Scientific research affects both societies' and individuals' attitudes about mental illness, which in turn influences the kinds of healthcare policies they support, which impacts the availability of treatments, which shapes how mental illness is depicted in mass media, and so on. But according to Donohue-Smith's model, "Cultural and societal influences" is the most macro-level category under which all other factors are eventually subsumed—this category holds the most persuasive power by far, and for this reason, it is also the most complex. Humanity's beliefs about mental illness are simultaneously quite diverse (from person to person) and yet remarkably rigid: "Attitudes toward the mentally ill may be difficult to alter, since they can be less rooted in science than in values, cultural practices, even witchcraft" (Donohue-Smith, 2011, p. 139). In other words, it is not clear what exactly solidifies a person's views of mental illness, but it *is* clear that scientific knowledge does not

suffice. Given the basic mysteriousness of the human mind, our judgments of mental traits and states are always already contingent on our own personal experiences and values.

Although mental illness is often perceived as a scientific phenomenon, to study mental health rhetoric (through the memoir genre, in this project), one must realize that science alone does not dissuade people from thinking negatively of mental illness—but neither, I wish to emphasize, does it dissuade people from thinking positively of mental illness. As Donohue-Smith notes, cultural artifacts "participate in creating the 'dominant cultural narrative' of mental illness," and that narrative is essentially ambivalent: "Media representations may increase stigma through negative portrayals (e.g. *Psycho*) or may glamorise or promote maladaptive behavior, as has [been] noted [by others]" (p. 142). If popular media both reflect and influence societies' attitudes towards mental illness, then it is no wonder they are often accused of romanticizing psychiatric symptoms—for it is apparent to any scholar who studies mental illness narratives that the authors often "perceive some aspects of their disorder[s] as positive or even pleasurable," and that fact is captured in their writing (Donohue-Smith, 2011, p. 139). The "maladaptive behavior" (i.e., madness) they promote is that which they associate with special "clarity," a "heightened sense of interpersonal power," "impossible dreams made real," and other extraordinary abilities (i.e., genius) (Bloch, 1996, as cited in Donohue-Smith, 2011, p. 139). Importantly, Donohue-Smith's comments here suggest a sort of cyclical relationship between mentally ill persons' private experiences of their symptoms and what she calls the "dominant cultural narrative" of mental illness. Popular media may influence someone's perceptions of their condition as a source of special powers, but a person's subjective pleasure may also move them to write (or speak, or otherwise communicate) positively about mental illness in a public forum—and both of these facts can be persuasive to general audiences. Once again, Donohue-Smith points to the rhetorical

dimensions of memoir, cautioning against authors whose portrayals of mental illness are as sensationally positive as mainstream media portrayals of mental illness are unjustly negative.

For Donohue-Smith's purposes, it is important to note when a memoir is romanticizing mental illness only insofar as this may mark the author as an unreliable narrator. But for my purposes, Donohue-Smith's method helps to elucidate the complex web of contextual factors that motivate such authors' supposed unreliability—and the effects their narrative choices may have on their audiences. In drawing on Donohue-Smith's conceptual model and inventory to analyze Mad Genius rhetoric in mental illness memoirs, I affirm the host of "challenges, ambiguities, and contradictions" that inhere in this unique rhetorical situation (Donohue-Smith, 2011, p. 143). While I do not operate under the assumption that Mad Genius is real—that a special link between mental illness and mental talents really does exist, and it is good for humans to seek knowledge about that link—I neither regard Mad Genius rhetoric as some sort of barrier to the true meaning of a given memoir. On the contrary, Mad Genius rhetoric seems to be an end in itself for mentally ill authors who enact it in their memoirs: it is a set of preexisting cultural narratives about psychiatric disorders that, when invoked, make arguments about these authors that they find gratifying and that their audiences can readily accept. Indeed, there is a fundamental difference between authors who discuss madness and/or genius versus those who discuss Mad Genius. The former are two distinct concepts that might coexist in one narrative, and the latter is a well-known cultural cliché that audiences recognize due to its inclusion in a great many narratives. Although mentally ill authors' engagement with Mad Genius rhetoric may not be strictly intentional, it is not a coincidence. By linking their conditions to their presumed gifts and talents, the authors in my archive defend themselves against a range of negative stereotypes about mental illness—and in doing so, they appeal to readers with a variety of interests.

Two common rhetorical terms are useful for framing my discussion of Mad Genius

rhetoric in the remainder of this project, and moving forward, I will use them frequently: "topoi"

(i.e., commonplaces) and "personae." Both of these refer to elements of a shared culture that

rhetors can reasonably assume their audiences will recognize and accept; topoi are like culturally

available ideas and personae are like culturally available roles. More specifically, Prelli (1989)

defines topoi as "repeatable and acceptable themes that deal with shared beliefs, values, and

opinions," noting that they "have to do with situationally appropriate. . . thoughts and action" (p.

108). These stock concepts and arguments enable rhetors to find common ground with their

audiences, thus they can be instrumental in establishing one's desired rhetorical persona (or

assigning personae to others). Keränen (2010) describes personae as "stock cultural positions or

roles [from] existing narrative frameworks that encourage certain responses over others" (p. 30),

explicating the relationship between topoi and personae as follows: "personae may be viewed as

symbolic condensations of role types that, when enacted, imply a host of preexisting narrative

elements and character traits that derive from communal cultural knowledge—that is, from

shared norms" (p. 28). Hence, an author may draw upon topoi to construct a particular narrative

persona, but an author may also assume a familiar persona as a means of strengthening or

claiming some associated topoi. When I refer to Mad Genius topoi and personae, I mean a set of

stock narratives about the human mind that serve to link madness to genius (in varying ways)

and a corresponding set of stock cultural roles that are available to mentally ill people.

As previously stated, my case studies in this project explore four distinct formulations of

Mad Genius topoi, arguing that the four authors in my archive draw on the Tortured Artist,

Brainiac, Survivor, and Ex-Gifted Kid topoi (respectively) to enact these associated personae in

the writing of their memoirs. To preface my readings of best-selling mental illness memoirs,

each body chapter also analyzes Mad Genius rhetoric in some contemporary pop culture archive (e.g., social media posts), emphasizing both the enduring popularity of these four topoi and the centrality of auto/biographical narratives in their circulation. I read the memoirs in my primary archive as individualized responses to the systemic rhetorical exclusion of mentally ill people, showing in particular how they resist the notions that mental illness is chronic and incurable, that mentally ill people are irrational, that mental ill people are weak, and that mentally ill people are burdensome. As my case studies will show, the specific persona each author constructs—the Mad Genius topos that apparently appeals to her—can be connected to specific circumstances of her life story, which are in turn informed by factors at every level of Donohue-Smith's (2011) inventory of influences. These authors do not argue that Mad Genius exists: they assume it exists, often quite explicitly, and this fact underlies each memoir's arguments about the specific type of Mad Genius its author claims. But in demystifying the rhetorical functions of Mad Genius topoi and personae, my readings also point to the dangers of coping with extreme psychological distress by linking it to extraordinary talents. In short, I find that the deceptively therapeutic effects of Mad Genius rhetoric (for individual mentally ill persons) fail to counteract each topoi's distinctly harmful implications for mentally ill people as a collective.

Extra/Ordinary Memoirs: Summary of Archive and Chapters

The texts that anchor my case studies in this project represent four of the earliest and most famous first-person, book-length accounts of psychiatric illness ever to be published in the United States. My interest in these texts hinges on their contrast to stories that preceded them: they are not fiction (or fictionalized) novels like Sylvia Plath's *The Bell Jar* (1963) or Joanne Greenberg's *I Never Promised You A Rose Garden* (1964); they are not third-person accounts written by non-ill journalists such as Flora Rheta Schreiber's *Sybil* (1973) or Susan Sheehan's *Is There No Place on Earth for Me?* (1983); they are not late-career autobiographies published by

persons of preexisting fame and influence like William Styron's *Darkness Visible* (1990) or Kate

Millett's *The Loony-Bin Trip* (1990). On the contrary, each of the authors I examine in this

dissertation explicitly identifies herself as someone who once sought treatment for a diagnosed

mental illness, and her creative non-fiction book intentionally and principally organizes the

events of her life around that identity. Whereas each woman was arguably unknown within the

American social imaginary prior to publishing her memoir in the 1990s, in 2021 these texts

continue to be remembered for their appearances on bestseller lists, nominations for prestigious

awards, adaptations into (at times award-winning, Blockbuster) films, translations into numerous

languages, and/or readerships across a wide range of popular and scholarly contexts.

It is due to these memoirs' influence in American culture that I find them especially well-

suited to an analysis of Mad Genius rhetoric. Rather than studying a large sample of "ordinary"

women for the purpose of capturing latent statistical realities, I perform close readings of a small

sample of "extraordinary" women (who are read by millions) to interpret the messages they have

already circulated about mental illness. My research is rooted in textual analysis, thus I make no

formal claims regarding these authors' abilities to alter their readers' attitudes and behaviors. I

seek rather to clarify the arguments their stories make, directly or indirectly, for it is self-evident

that famous memoirs affect dominant discourse about mental illness. The memoir genre's claim

to truthfulness ensures that readerly investment in these books differs dramatically from that in

fiction texts: our common acceptance of the "autobiographical pact" means that, despite the

obvious creative and constructed qualities of memoirs, readers receive them as true stories about

real people who inhabit the same external world we do (see Lejeune, 1989). In other words,

according to Couser (2011a), the memoir genre "seeks to exert *leverage* (force) on reality. . . . It

has, or aspires to have, more *traction* (pulling power) than fiction" (p. 170). Autobiographical

writing has long been valued by social justice advocates for enabling oppressed groups to record untold "histories of violence" in human voices that persuasively "compel readers to negotiate identification and witnessing" (Gilmore, 2010, p. 659). In the wake of the 1990s memoir boom, the American publishing industry boasts ever more opportunities to write and consume stories of marginality and thereby induce empathy, action, and paradigm shifts. If the narratives circulating in famous memoirs both reflect and (ultimately) constitute widespread perceptions of mental illness, it is crucial to understand the stories they tell—and do not tell—about Mad Genius.

To preface my chapter summaries below, I should finally note that studying personal accounts of mental illness against the rhetorical authority of science and medicine is even more critical in the wake of the Food and Drug Administration's approval of Prozac (fluoxetine) in 1987. The first in a class of psychopharmaceuticals now known as selective serotonin reuptake inhibitors (SSRIs), Prozac all but revolutionized American psychiatry in the early 1990s. In his best-selling pop science book *Listening to Prozac: A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self*, Kramer (1993) writes that Prozac "led to changes in the way psychiatrists see patients and the way patients see themselves" due to its high efficacy, few side effects, and "clean" operation on a specific brain chemical (p. 66). Never had there been so much support for the belief that mental states were determined by one's brain chemistry, and those who seek treatment for mental illness in a post-SSRI world are essentially obligated to reckon with biological psychiatry in some fashion. To be clear, not every author in my archive has taken SSRIs: their books' varying portrayals of psy- science research and biological psychiatry are discussed in greater detail within each body chapter. Still, I contend that the discovery of Prozac reverberates through all mental illness memoirs of the 1990s onwards. Scientific and social progress since that era, as opposed to anti-psychiatry (social constructionist) sentiments of the

1960s, has enabled mentally ill women to "experience madness as something more than a label attached to difference" and find validation of their pain under systems that historically oppressed them (Caminero-Santangelo, 1998, p. 51). Yet psychiatry's growing preoccupation with biology erases enduring sociocultural factors—such as Mad Genius rhetoric—that still inevitably shape people's subjective experiences of mental illness. To recover the context of "madness" and "genius" both in and out of psy- science fields, I pivot to autobiographical narratives.

Causes or Effects: Overview of the Four Case Studies

The first body chapter of this dissertation analyzes Susanna Kaysen's *Girl, Interrupted* (1993), a book published in 1993 and adapted into an Academy Award-winning film in 1999, although it is set in the women's ward of the famous McLean Hospital during the late 1960s. I proceed from a review of prominent art/artist-related topoi as documented by modern media fans on TV Tropes, the internet's largest existing pop culture wiki. Collectively, cultural stereotypes about art/artists capture what I call the Tortured Artist topos: the notion that extraordinary gifts and talents lead to madness. Reading *Girl, Interrupted* for insights into the Tortured Artist topos, I show how the text connects Kaysen's core writerly identity to her ambiguous journey into, and eventually out of, psychiatric illness and hospitalization. Kaysen's portrayal of her borderline personality disorder as the price of her exceptionality as a gifted young woman writer—and as a disorder she apparently abandons when artistic fulfillment is finally feasible—can be understood, in my analysis, as a rebuttal to the notion that madness is chronic and incurable.

Kay Redfield Jamison's *An Unquiet Mind: A Memoir of Moods and Madness* (1995) lies at the center of my second body chapter. As an accomplished psychiatrist and scholar, Jamison is highly invested in the notion that her manic-depressive illness (MDI) has a genetic and biological basis; *An Unquiet Mind* also repeatedly, unambiguously asserts that MDI is linked to special

gifts and talents. The notion that madness confers genius is, in this study, designated as the Brainiac topos. With a glance at influential scientific research on this topos—to which Jamison herself has personally dedicated a great deal of her career—I show how articles published by one of the most widely-read pop science magazines in the world (*Psychology Today*) continue to popularize the notion that the Brainiac topos is scientific fact. Next, I explore how Jamison's memoir presents a model of coping with mental illness specifically through one's engagement with scientific research and theories. By depicting both madness and genius as scientifically tangible, verifiable traits, Jamison seems to adapt age-old Mad Genius stereotypes for credibility in a post-SSRI age. I suggest that her portrayal of her special talents (e.g., her professional productivity) as a consequence of her mental illness is closely tied to the threats her illness poses to her positions of power in the many academic, medical, and social institutions that shape her life story. Through her enactment of a Brainiac persona all throughout *An Unquiet Mind*, Jamison implicitly challenges the notion that individuals with mental illness are irrational.

Chapter three attends to Nana-Ama Danquah's *Willow Weep for Me: A Black Woman's Journey Through Depression* (1998), a text of slightly lesser fame than the others in this project but one that wields equal (or greater) influence over current cultural discourse about mental illness. Approaching Mad Genius rhetoric as a means of building ethos before non-mentally ill audiences, it is in this chapter that I draw most heavily from the academic subfield of mental health rhetoric—for scholars in this emerging field all but unanimously cite ethos as the foremost concern of mentally ill rhetors. To contextualize my discussion of Danquah's life story, I draw from an archive of wildly popular, deceptively autobiographical songs by/for young women in the American music industry since the early 2000s, identifying the Survivor topos as the notion that extraordinarily traumatic experiences build extraordinarily good character. In other words, it

is the belief that madness and genius share a common source in external trauma. My reading shows how *Willow Weep for Me* constructs the author's persona as a paradigmatic Survivor—in essence, an expert at survival—through its focus on the extremity of Danquah's life events, the role of such traumas in her development of depression, and the excellent personal character she seems to have built along the way. Highlighting her continuous survival against the odds, Danquah frames her traumas as proof of her exceptional strength, thus affirming the value of her writing before readers she expects to associate her illness with personal weakness.

In my fourth and final chapter, I investigate Elizabeth Wurtzel's *Prozac Nation: Young and Depressed in America* (1994) alongside a century's worth of psychology research on the alleged correlation between childhood giftedness and mental illness. According to the Ex-Gifted Kid topos, the psychological roots of madness and genius are essentially innate and inextricable: each one can be interpreted as both a cause and effect of the other. I trace the Ex-Gifted Kid topos through early 1900s research on high-IQ children, feminist psychology studies of "gifted girl" dilemmas during the 1970s onwards, and contemporary meme culture on Instagram and other social media platforms. Reading *Prozac Nation* for insights into the Ex-Gifted Kid topos, I suggest that Wurtzel's enactment of an Ex-Gifted Kid persona in this text is a means of coping with both mental health stigma and, more implicitly, her experiences of societal sexism as a high-achieving young girl. In conflating Wurtzel's thwarted gifted girlhood with her lifelong struggle with depression, *Prozac Nation* seems to challenge the belief that mentally ill persons are burdensome, even wicked people. On the contrary, Wurtzel conveys that the misery an Ex-Gifted Kid endures is far greater than any pain they might inflict on others.

The conclusion of this project examines the collective significance of the four preceding studies, pondering what is at stake (and for whom) in the widespread circulation of Mad Genius

rhetoric through best-selling memoirs and other popular media. Honoring the role that creative cultural artifacts play in countless women's processes of recovering from mental illness—and reckoning with the contours of Mad Genius rhetoric that remain to be explored—I imagine a future in which engaging with Mad Genius rhetoric might not be so appealing to persons in distress. Writing and reading so-called "romanticized" accounts of mental illness probably does have therapeutic effects for individual persons, but this dissertation as a whole should challenge the notion that such widely accepted coping mechanisms are natural, inevitable, or superior to other means of grappling with the various pains and pleasures of the human mind.

CHAPTER 1: MADNESS, INTERRUPTED:
ARTIFACTS OF A TORTURED ARTIST

Madness: it's nice work if you can get it. Or at least, it used to be. In Arthur Frank's

foundational study of illness narratives, *The Wounded Storyteller*, he suggests the paradigmatic

"madness" memoir of the 1990s initially arose from its author's wishes—as a world-famous

novelist—to dispel unsavory rumors about a mysterious career hiatus during the 1980s (1995, p.

120). Indeed, William Styron's *Darkness Visible: A Memoir of Madness* not only helped Styron

"squelch" rumors about his supposed alcoholism and deteriorating talent (Frank, 1995, p. 120); it

effectively revived his career, ushering in a new era of American publishing in which memoirs of

psychological disorder could draw unprecedented amounts of money, fame, and critical acclaim

even for previously unheard-of authors. According to Zimmerman (2007), the publication of

Darkness Visible "marks the launching point of the depression narrative as a definable and

culturally important literary category" (p. 465), and other authors with other mental illnesses

quickly followed suit. There have been no apparent limits on the range of clinical diagnoses and

personal dilemmas identified as "madness" in the history of literature, as is illustrated in the titles

of several best-selling memoirs: Styron's title refers to depression, but Kay Redfield Jamison's

An Unquiet Mind: A Memoir of Moods and Madness (1995) addresses her experiences with

bipolar disorder, Elyn Saks's *The Center Cannot Hold: My Journey Through Madness* (2007) is

a memoir of schizophrenia, and Susannah Cahalan's *Brain on Fire: My Month of Madness*

(2012) details her diagnosis with a rare form of encephalitis. Countless other authors either

identify with madness in the body of their famous memoirs about mental illness or else pointedly explain why they decline to do so.[1] What is it about madness that moves so many writers to claim it as their own? Or is it, as one is so often led to believe, that madness claims the writer?

Styron wrote his story of depression in hopes of conveying the seriousness of its "inexplicable agony" and, consequently, challenging the stigma against those who have endured it (Styron, 1990, p. 84). The resulting text is positioned as an intellectual project: one that might "establish a frame of reference out of which one or more valuable conclusions might be drawn" (p. 34). But alongside its overt humanitarian and educational aims, *Darkness Visible* interweaves a vision of the illness rather less pragmatic than the narration here purports to be. Styron's objections to the very word "depression," for example, seem to issue from his belief that this term is not exciting enough to capture the specialness of his condition: he judges it as "bland," insufficiently "evocative," full of "insipidity," lacking "any magisterial presence," and "a true wimp of a word" (p. 37). Through criticisms that contrast the banality and passivity (not to mention effeminacy) of the word "depression" with the awesome power he ascribes to his own subjective experience of it, Styron subtly romanticizes mental illness (the titular "darkness") even as he envisions his memoir rendering it more "visible." Here and elsewhere, this landmark memoir reveals its author's loyalty to an age-old cult of madness and mad people that permeates literary artifacts about mental illness dating back to classical antiquity.

The notion that persons with mental illness are set apart from other humans by their psychic extremity is both implicit in the statements above and explicit in myriad other moments

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[1]For example, Elizabeth Wurtzel writes towards the end of *Prozac Nation*: "I have studiously tried to avoid ever using the word madness to describe my condition. Now and again, the word slips out, but I hate it. Madness is too glamorous a term to convey what happens to most people who are losing their minds" (1995, p. 294).

of *Darkness Visible*. Comparing the intensity of his emotions against those of "healthy people" (p. 17), Styron stresses others' "basic inability. . . to imagine a form of torment so alien to everyday experience" as depression (p. 35). Clearly, he is not urging his readers to develop mental illness, secure this elusive imaginative ability, and thereby access exotic realms of experience that transcend the everyday. On the contrary, he hints that average humans—with average minds—are unlikely to know the exquisite misery of mental illness:

> it has been demonstrated with fair convincingness that artistic types (especially poets) are particularly vulnerable to the disorder. . . . Just a few of these fallen artists, all modern, make up a sad but scintillant roll call. . . . When one thinks of these doomed and splendidly creative men and women, one is drawn to contemplate their childhoods. . . . could any of them have had a hint, then? (p. 35)

Crafting a fairly conventional endorsement of Mad Genius rhetoric—what I am terming more specifically in this chapter as the "Tortured Artist" topos—Styron cites a list of twenty well-regarded artists who died by suicide between the years of 1890 and 1980. According to Styron, the link between artistic personality and madness is so strong it all but determined these figures' fates: despite the remarkably diverse circumstances of their deaths, their suicides retroactively confirm to Styron that they were always doomed to die for art. Importantly, the passage's solemn tone seems less reflective of his grief over these artists' so-called falls than of his admiration for the great heights from which they fell: their deaths are dramatized not just because they died by suicide, but because they are "fallen *artists*," "sad but *scintillant*," and "doomed but *splendidly creative*." Evidently, these are artists for whom life-threatening mental illness was the price of exceptionality, and they paid it in full. Thus Styron's claim that it "has been demonstrated" (by whom, and how?) "with fair convincingness" (according to whom?) that artists are prone to mental illness is, finally, self-sustaining: it is Styron who reinforces the Tortured Artist topos, both in his assertion of its veracity and in his construction of his own Tortured Artist persona

throughout his memoir. It is Styron who is "convinced," and presumably, so too will be the audience of *Darkness Visible*. After all, the madness depicted in this enormously popular book is not an invention of the author's imagination—this is a true, autobiographical account.

Inspired by some of the most popular narratives of mental illness in mid- to late-twentieth century American culture, this chapter examines how the Tortured Artist topos—defined here as the notion that genius leads to madness—is invoked in autobiographical works by "mad" writers as a means of reconciling their apparent artistic ability with their experiences of severe, chronic psychic pain. Whereas Caminero-Santangelo (1998) argues in *The Madwoman Can't Speak* that "Madwoman" literary symbolism confers an "illusion of power . . . whose only outcome must be greater powerlessness" (p. 3), I suggest that Tortured Artist identity provides an illusion of reconciliation between genius and madness that can only lead to greater ambivalence. To ground my discussion, I analyze Susanna Kaysen's 1993 memoir *Girl, Interrupted*, a famous account of psychiatric institutionalization that features a woman writer as its protagonist, though she is rarely recognized as such by scholars. I illuminate how this text draws on Tortured Artist discourse, arguing it depicts Kaysen's psychiatric career largely as a product of her innate artistic ambitions. In other words, Kaysen's madness seems to be the price she paid for her exceptionality as a gifted young woman who aspired to be a writer in the 1960s.

Following an overview of Tortured Artist discourse as it is captured in a modern archive of pop culture topoi, I situate *Girl, Interrupted* both in Kaysen's entire oeuvre and in the cultural milieu that shaped (and was shaped by) her best-selling memoir. Here I elucidate my choice to read this text as a literary artifact rather than pure fiction or non-fiction, and when I subsequently review existing scholarly studies of this book, I loosely divide them into analyses that read *Girl, Interrupted* as a psychiatric case study versus those that approach it as a critique of psychiatry in

literary form. Through close readings of *Girl, Interrupted,* concentrating on the relationship between Kaysen's core writerly identity and her ambiguous journey in and out of mental illness, I illuminate how this memoir engages with the Tortured Artist topos. To conclude, I imagine alternatives to Tortured Artist discourse that grapple with the chronicity of mental illness, recognizing both the enduring comforts drawn from this topos and the long-term dangers of constructing madness as a symbol of extraordinary creativity.

Eccentric, Starving, Mad, Disillusioned, Angsty, Dead: Tortured Artists in Pop Culture

The origins of Tortured Artist mythology are, inevitably, unclear. Some would say the sheer ubiquity of the Tortured Artist topos in various cultures is proof that it must be true—it is not so much a stereotype as it is a clear historical fact. And as I discuss in my next chapter, an ever-growing body of research by twentieth and twenty-first century scientists has attempted to establish a link between (measurable) creativity and (diagnosable) mental illness. But by a large margin, the most common method of validating the Tortured Artist topos has been to search the annals of art and literary history. Believers tend to cite auto/biographical facts about real artists, especially records of now-famous artists who died by suicide, to support the notion that artistic genius predisposes one to madness. Moreover, cultural artifacts themselves—especially literary works—play an increasingly critical role in circulating Tortured Artist discourses. As *Darkness Visible* illustrates, narratives that are simultaneously creative *and* "true" can wield a great deal of influence over audience's perceptions of the subject matter, particularly when those narratives are widely read. Both reflective and, eventually, constitutive of popular discourse about art and madness, autobiographical works by famous (or soon-to-be famous) writers may well be the most crucial artifacts of Tortured Artist identity in the American social imaginary.

On the website TV Tropes, the broadest and most highly-trafficked pop culture wiki currently on the internet, thousands of users have been collaboratively editing and adding to a

catalog of pop culture topoi since 2004. As of June 2020, the TV Tropes catalog comprises

29,365 discrete topos pages; subpages have been generated to detail topos appearing in 83,220

different works by 8,639 creators ("Page Type Counts," n.d.). Although the wiki originated as an

index of television topos, it now invites contributions across twenty-four different media

categories: films, comics, literature, animation, music, television, theater, video games, and

many more ("Administrivia: Media Categories," n.d.). As this list suggests, TV Tropes's focus is

on "works of art" ("Tropes," n.d., para. 1), and its administrators identify it as a resource for

analyzing narrative. By TV Tropes's definition, a topos (what they call a "trope") is "a

storytelling device or convention, a shortcut for describing situations the storyteller can

reasonably assume the audience will recognize" ("Tropes," n.d., para. 2).[2] Foundational to TV

Tropes's enterprise is the idea that "[topoi] are tools" ("Tropes," n.d., para. 2)—neither

inherently good nor bad, topoi are standard narrative devices that help artists tell stories their

audiences can follow. For this reason, contributors are instructed to discuss topoi solely through

descriptive, non-value laden language ("Administrivia: Prescriptive vs. Descriptive Language,"

n.d., para. 1). The website strives to be "accessible and fun to read" ("Administrivia: The Goals

of TV Tropes," n.d., para. 3), urging users "to *celebrate* fiction, not bash it" ("Administrivia: TV

Tropes Customs," n.d., para. 8) and write "for the reader. . . . not about you or for you ("This

Troper," n.d., para. 1)." Above all, it is stressed that the website's "primary purpose. . . is to

catalog [topoi]" for fans' learning and enjoyment, "because fans will be fans, and we are all fans

of something" ("Administrivia: TV Tropes Customs," n.d., para. 7).

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[2]As is increasingly common in modern parlance, TV Tropes uses the word "trope" as a near-synonym for a cultural motif, theme, cliché, or what rhetoricians call topos. To avoid confusion in this chapter, I will continue to use the terms topos/topoi, marking those substitutions accordingly when I quote directly from the wiki.

I have chosen to anchor this chapter's articulation of the Tortured Artist topos in TV Tropes's wiki in order to provide a novel, comprehensive analysis of the ways in which art/artists are associated with madness in modern culture. In doing so, I wish to illustrate the enormous presence these clichés have had—and still have, even in one of the most current sources I could possibly consult—in the American social imaginary. By my count, TV Tropes hosts pages for at least eleven discrete topoi elaborating on the premise that artists are fundamentally, and often distressingly, different from non-artists ("Art Tropes," n.d.).[3] Two of these take a neutral stance on the archetypal artist's emotional health, focusing on portrayals of artists as highly unusual individuals whose works are inscrutable to ordinary people. These topoi are the "Eccentric Artist" type—artist characters who "don't conform to social norms" (para. 1) because "to do so would stifle their creativity" (para. 3) (n.d.)—and the associated stereotype that "True Art is Incomprehensible" (n.d.). Another topos, "Artists are Attractive," describes the deceptively positive cliché "that artists. . . have higher levels of compassion/insight/patience than the 'average Joe'" and therefore appeal to potential romantic partners (n.d., para. 2). However, this topos page also clarifies that such characters' desirability often stems more from others' perceptions that they are "tortured or vulnerable" or "a rebel" than from their actual behavior ("Artists are Attractive," n.d., para. 2). Not surprisingly, then, the large majority of TV Tropes's art/artist-related topoi revolve around the archetypal artist's unhappiness, and each one explicitly links the artist's distress to their exceptionality. Furthermore, as I will demonstrate below, the examples provided by TV Tropes users almost always feature artists from "Real Life."[4]

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[3]Here I wish to mention that, although I am often an avid reader of TV Tropes, I have never personally created or contributed to any of the pages I discuss in this chapter.

[4]There is some inconsistency in the cataloging of "Real Life" examples on TV Tropes: some topos pages include "Real Life" examples alongside fiction examples under the same medium,

In depictions of the "Starving Artist" archetype, the artist is "talented but cash-deprived" because society fails to recognize their abilities (n.d., para 3). It is noted on the topos page that "Due to several influential artists having historically been starving artists, . . . these portrayals are often quite romantic" (para. 3), and the Real Life examples provided include painter Henri de Toulouse-Lautrec, writer Jules Verne, and musician Kurt Cobain. But according to another topos, one way an artist might ascend from obscurity is to do "outrageous and sociopathic things in public either *as* art, or so that people will pay attention to their art" ("Mad Artist," n.d., para. 2)—in contrast to the Eccentric Artist cited above, who defies social norms in mostly harmless ways, the "Mad Artist" archetype focuses on artists who will engage in "the most grotesque, evil things" in order to express their creativity ("Laconic: Mad Artist" n.d., para.1). For example, the "Muse Abuse" topos addresses artists who selfishly exploit their personal lives to make art even "to the serious detriment of the people around them" (n.d., para. 2). Dispersed across the Muse Abuse page are variegated examples of Real Life creators—novelist A. A. Milne, cartoonist Hank Ketcham, radio personality Howard Stern, and more—whose works allegedly poisoned their relationships with loved ones. That being said, TV Tropes' usage of the Mad Artist topos entails that such a character's madness is both evil and largely circumstantial: as "The right-brain equivalent to the Mad Scientist" (para. 2), the Mad Artist's "descent into madness" is largely triggered by external factors (e.g., "a shunning from the community or a dismissal of his work"), and the consequences are deadly (para. 5) ("Mad Artist," n.d.). Due to both the villainy of the Mad Artist archetype and its established lack of connection to diagnosable mental illnesses in the real world, TV Tropes users are prohibited from adding Real Life examples to this page.

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some list "Real Life" as a discrete medium with its own examples, and some split the entire topos page into "Fiction" (or "In-Universe") examples versus "Real Life" examples with subdivisions by medium.

The edit history for the Mad Artist page on TV Tropes shows that it used to contain nearly eighty user-generated examples—some of which referred to an entire school, movement, or genre—of Real Life artists who supposedly embodied this topos ("History: Mad Artist," n.d.).[5] Unfortunately for the users who added those examples, TV Tropes bans Real Life entries on certain of its topos pages, including those that would assign moral value to real life contexts as well as those that amount to unsubstantiated gossip ("No Real Life Examples, Please!," n.d.). Consequently, the entire Real Life section of the Mad Artist page was deleted by a TV Tropes user in 2015 because, in their words, "Real life examples would be a bit too controversial" ("History: Mad Artist," n.d., edit no. 1947539). This is not to say the Mad Artist topos page entirely rejects the notion that artistry is linked to madness; it surely entertains that possibility, affirming "There is an element of Truth in Television with this [topos]" because "The list of creative people who have exhibited symptoms of mental illness is inexhaustible" (n.d., para. 7). Nonetheless, a semi-hidden text note embedded in the topos description clarifies that this topos "is controversial, and evidence exists that the link between creativity and insanity is exaggerated" (para. 7). It is further emphasized that "most Real Life Mad Artists aren't violent"—nor, presumably, evil—and "They're much more prone to Angst (para. 7).

That artists of all varieties are destined to be "angsty" is a stereotype supported by nearly all the art/artist-related topoi on TV Tropes. Whereas the Eccentric, Starving, and Mad Artist archetypes all emphasize the artist's devotion to their craft even while facing an indifferent

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[5]A brief sampling of this list includes painters Richard Dadd, Salvador Dali, Francisco Goya, and Andy Warhol; writers William S. Burroughs, Philip K. Dick, James Ellroy, Alan Moore, Leopold von Sacher-Masoch, Marquis de Sade, and Oscar Wilde; poets Gu Cheng, Émile Nelligan, and Ezra Pound; filmmakers Alfred Hitchcock, Werner Herzog, and George Lucas; and musicians Syd Barrett, Michael Jackson, Daniel Johnston, Lady Gaga, and Kanye West ("Mad Artist: History," n.d., edit no. 1947539).

audience, the "Reclusive Artist" archetype centers on rich and/or famous artists who isolate themselves from others "as a result of Artist Disillusionment" (n.d., para. 2)—that is, the artist's tendency to "suffer and become quite disillusioned" with art when their so-called "dream job" fails to live up to their idealist expectations ("Artist Disillusionment, n.d., para. 3). In extreme cases of Artist Disillusionment, this topos is said to lead to "Creator Breakdown" (n.d., para. 10), another topos that occurs when a "creator's real life unpleasantness is integrated into their work" ("Laconic: Creator Breakdown," n.d., para. 1). The Creator Breakdown page insists that artists "are just like anyone else" and thus prone to universal human tragedies—some of the Real Life "breakdowns" listed were seemingly unrelated to the artists' work, such as those that followed a family member's death (n.d., para. 3). But on the whole, the Creator Breakdown topos page indicates that artists' breakdowns are *not* like those of ordinary people: when artists experience excessive angst, "they have someone to take it out on—[their] fictional characters" ("Creator Breakdown," n.d., para. 3). That is, artists can channel their angst directly back into the profession that "broke" them in the first place, perhaps prolonging both in the process. Accordingly, the Creator Breakdown description positions breakdowns as a fairly natural, even desirable part of the creative process, claiming "some [TV] shows have achieved their highest ratings. . . in the middle of a bout of Creator Breakdown," and therefore "it would be hard to argue that angst can't help you make some really good art" (n.d., para. 4).

As on other art/artist-related topos pages in this wiki, contributors to the Reclusive Artist, Artist Disillusionment, and Creator Breakdown pages cite dozens of Real Life artists whose lives supposedly followed these patterns of suffering in order to make great art.[6] Collectively

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[6]In addition to some of the artists already cited above, these pages currently list (e.g.) writers Arthur Conan Doyle, Charlotte Perkins Gilman, Stephen King, and J. D. Salinger; filmmakers Darren Aronofksy, Federico Fellini, and Alan Parker; comedian Dave Chappelle; and musicians

normalizing—and often glamorizing—artistic angst, these topoi reify another vital topos: the idea that "True Art is Angsty." True Art is Angsty posits that only creations with tragic or cynical content can be properly classified as art, whereas "Anything with an unambiguously Happy Ending is a piece of cheap boring commercial tripe or even propaganda" ("True Art is Angsty," n.d, para. 2.). Simply put, if prevailing pop culture stereotypes depict an array of "tortured" states as the proper destiny of gifted artists, it would follow that only "tortured" creations deserve the highest praise and recognition. Because this topos assumes some creators artificially infuse their work with angst for angst's sake (and therefore "should be mocked as pretentious and elitist"), this page excludes Real Life examples ("True Art," n.d., para. 1). Still, the troubling real-world implications of this topos are not lost on TV Tropes users: taken to an extreme, its equation of existential pain with artistic ability feeds directly into the topos that "Dead Artists Are Better." The belief that dead artists are praised more than living ones is, according to TV Tropes, supported by the fact that "this has happened in many cases" ("Dead Artists," n.d., para. 2). In the case of tragic or untimely death ("dying at their peak"), specifically, a dead artist's legacy is preserved because "they don't have the time to taint their earlier successes. . . with divisive later works" ("Dead Artists," n.d., para. 3). As one would expect, the Real Life section of this topos page lists a host of celebrated artists who died by suicide, such as actor Robin Williams, writer David Foster Wallace, and musician Ian Curtis.

In sum, the pop culture fans who frequent TV Tropes have catalogued a multitude of topoi, creators, and artifacts that perpetuate a set of cultural clichés I am calling (altogether) the Tortured Artist topos. Although each topos page conveys its own nuance about the role of

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Karen Carpenter, George Harrison, Lauryn Hill, George Michael, Roger Waters, and Brian Wilson. Many of these artists are cited on multiple pages—for example, Dave Chappelle, George Harrison, and Lauryn Hill are cited as examples of all three of these topos.

art/artists in storytelling, they converge in their association of artist identity with experiences of extraordinary distress: together, they affirm that madness, angst, and even death are necessary costs of realizing one's creative gifts. Moreover, nearly every page's claims are supported with lists of real artists whose life stories apparently conform to Tortured Artist molds, and those lists are ever growing. For TV Tropes's purposes, auto/biographical information about these artists should only matter insofar as it helps explain how audiences come to recognize Tortured Artist topoi and how storytellers employ them. That is, this wiki is less concerned with analyzing *why* certain topoi exist than with documenting *how* they exist. But in its constant addition of new examples or revisions to old examples—while noticeably struggling to differentiate between Real Life and fiction—TV Tropes illuminates the ongoing process through which media and reality are mutually constructed. Exposing the artifice of art, this wiki raises (but does not answer) questions about the evolving significance of artist biographies in contemporary culture. What does it mean for a real person's life story to represent both the foundation of a supposedly factual, historical record and the culmination of an aesthetic, narrative cliché?

If I expand my scope beyond this contemporary wiki, I find threads of Tortured Artist mythology constantly resurfacing in human arts history—the names change, but the basic fascination with unhappy artists endures. For example, Paul Verlaine popularized the term *poète maudit* ("accursed poet") in 1884, honoring gifted poets who had been rejected by mainstream society (Burch, 1961). Psychiatrist Hans Prinzhorn's landmark 1922 book about artists with schizophrenia, *Bildnerei der Geisteskranken* (*Artistry of the Mentally Ill*), influenced painter Jean Dubuffet's founding of the *Art Brut* ("Raw Art" or "Outsider Art") movement in 1948 (Thévoz, 1976, pp. 34-35). The premature deaths of several young, famous musicians from 1969 to 1971 sparked popular fascination with a so-called "27 Club," the notoriety of which was cemented

after Kurt Cobain's 1994 suicide at the age of 27 (Sounes, 2013). And as recently as 2012, journalist Christopher Zara published a collection of brief artist biographies titled *Tortured Artists: From Picasso and Monroe to Warhol and Winehouse, the Twisted Secrets of the World's Most Creative Minds* in which he argues "The connection between pain and art—i.e., the tortured-artist phenomenon—is probably as old as art itself" (p. 10). None of these events proves that artists are, in fact, at an increased risk of developing mental illness. What they do reveal is popular audiences' intense preoccupation with Tortured Artist discourse in the process of telling artists' life stories. Still to be determined are the effects of this topos on the stories artists tell about themselves; that is where this chapter's analysis of *Girl, Interrupted* intervenes.

Susanna Kaysen's Facts, Fictions, and *Girl, Interrupted*

So prominent in late 1990s American pop culture was *Girl, Interrupted* that its premise may need little introduction. This 170-page memoir recounts a relatively brief period of author Susanna Kaysen's life: the 18 months she spent in treatment at McLean Hospital, a famed psychiatric institution in New England, during the late 1960s. Born in 1948 as the daughter of a prominent economist, Kaysen was voluntarily admitted to McLean in 1967 at age 18 following several years of unhappiness, self-harming, and a suicide attempt at age 16. In one of the most memorable moments of *Girl, Interrupted*, Kaysen states that the psychiatrist who referred her for hospitalization did so after interviewing her for only 20 minutes (1994, p. 71). Unbeknownst to Kaysen, a doctor at McLean diagnosed her with "Borderline Personality," an experimental diagnosis that would not be officially catalogued in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) until 1980 (see Wirth-Cauchon, 2000, p. 145). Kaysen's treatments for this disorder included daily individual therapy, weekly group therapy, and a fluctuating intake of medication. It is strongly suggested toward the end of *Girl, Interrupted* that Kaysen's acceptance of a marriage proposal was the deciding factor in her

doctors' decision to release her: "Luckily, I got a marriage proposal and they let me out" (1994, p. 133). Her full-time residence at McLean ended in 1968 when she was 19 years old, and she was officially discharged from the hospital in 1969 at the age of 20.

Decades after Kaysen left McLean, she began writing short pieces inspired by her recollections of the hospital, eventually enlisting a lawyer's help in gaining access to her old medical records. Selections from a project titled "Toward a Topography of the Parallel Universe" were printed in the literary periodicals *Ploughshares*, *AGNI*, and *The Boston Review* during the late 1980s and early 1990s. Those stories were narrated from the perspective of unnamed female protagonist who had spent time in a psychiatric institution; one editor who published Kaysen's work described her portrayal of the "foster-sisterhood of the mental ward" as a collection of "chilling, simple declarative sentences that purport to be pitiless [but] evoke . . . an enormously sympathetic shiver" (Kumin, 1988, p. 12). In each of these early publications, Kaysen's stories were billed as fiction. But ultimately, the title "Toward a Topography of the Parallel Universe" would be given to the opening chapter of Kaysen's first memoir, an explicitly autobiographical book. Although she had previously published two novels of modest success, Kaysen's memoir was a smash hit—an early icon (and partial catalyst) of the 1990s memoir boom, a *New York Times* best-seller for eleven weeks in hardcover and sixty-one weeks in paperback (NYT Book Review, 1993, 2000), and the source text for a 1999 Academy Award-winning film starring Winona Ryder. That book is, of course, *Girl, Interrupted.*

Beyond its frank discussion of a highly stigmatized topic, Kaysen's memoir drew attention from popular audiences for its unconventional construction. For example, although Kaysen knew little about her specific diagnosis and treatments while she was at McLean, these facts are known to readers from the very first page of *Girl, Interrupted*—this shows a facsimile

of Kaysen's "Case Record Folder" from the day she was admitted (p. 3), and numerous other private documents dated 1967 to 1973 appear throughout the text with little-to-no commentary from the author. These documents, Kaysen's minimalist narration, and her noticeably dry sense of humor are some of her memoir's defining qualities—readers learn almost as much about her fellow patients at the hospital as we do about her life before or after McLean. *Girl, Interrupted* is also remembered for its distinct narrative structure, which was atypical for an autobiographical text at that time. Rather than using traditional numbered chapters and recording her life story in chronological order, Kaysen wrote a series of non-linear vignettes ranging in length from one to 11 pages; each one is given a distinctive, often cryptic title. Notably, one section of the book simply cites the diagnostic criteria for Borderline Personality Disorder as printed in the *DSM-III* (p. 147-149), and the following chapter consists of Kaysen's point-by-point response to those "charges" (p. 150). She suggests, for instance, that the diagnosis she received is sexist in its pathologization of activities "commonly associated with women" and probable judgment of sexually active women as "compulsively promiscuous" (p. 158). For this reason and others, as I will discuss further in the next section of this study, *Girl, Interrupted* as whole is very often characterized as a 1990s feminist critique of 1960s psychiatry.

Few would dispute that *Girl, Interrupted* is Kaysen's most widely celebrated work thus far—but although it was her first memoir, this book was hardly her first foray into literature. Nor was it the first (or last) of her projects to grapple with the consequences of life narrative and, in doing so, draw intermittently from the author's personal experiences. Prior to the publication of *Girl, Interrupted* in June 1993, Kaysen's fiction novels *Asa, As I Knew Him* (1987) and *Far Afield* (1990) had been published to fairly positive reviews, and each generated speculation among critics as to how much it was based on her own life. Praising the emotional intimacy and

verisimilitude of *Asa, As I Knew Him*, a novel-within-a-novel about the young narrator Dinah's affair with an older married man, critic Jonathan Kirsch of *The Los Angeles Times* wrote: "I was repeatedly tempted to believe it is largely autobiographical, that Susanna Kaysen is Dinah" (1987, p.16). Kaysen's second novel, *Far Afield*, follows an anthropology student though a year of his doctoral research on the Faroe Islands; this book was soon recognized as a vague sketch of Kaysen's own experiences living on the Faroes with her former husband (an anthropologist) in the early 1970s. And in the years since *Girl, Interrupted* catapulted Kaysen to fame, she has published one more memoir, *The Camera My Mother Gave Me* (2001)—an account of chronic vaginal pain and its effects on her relationships—and a heavily autobiographical (by Kaysen's admission) novel about her childhood, titled *Cambridge* (2014).

Kaysen's works vary widely in their plots and themes, but they share a common disinterest in strict divisions between fiction and non-fiction. Although she became famous for her self-disclosures about such taboo topics as mental illness and vulvodynia, in Kaysen's interactions with the press throughout the 2000s, she repeatedly stressed her right to withhold private information from her fans (see Igo, 2018, p. 328). According to Kaysen, the self she presented in her memoirs was not necessarily identical to the flesh-and-blood author, and she had never intended to give audiences unrestricted access to her life. Comparing readers' questions about her sexual practices after *The Camera My Mother Gave Me* to questions she received about her parents after *Girl, Interrupted*, she told one interviewer: "Sometimes I think people have forgotten that memoirs are books. This isn't a CAT scan of my emotional life, it's an artifact, structured and arranged by *me* to provoke certain emotions in you (Penguin Random House, 2002, para. 7; see also Igo, 2018, p. 328). Similarly, after telling another interviewer that all memoirs ought to be read as "artifacts," Kaysen explained this position as follows:

> I don't expect memoirs to be true in every detail. . . . What makes the facts interesting is that they are told in a way that resonates with somebody else's experience. . . . I don't see that much difference between writing a novel and writing a memoir. (Winik, 2001, para. 24; see also Adams, 2005, p. 124)

These are just two of many statements Kaysen has made about the veracity of the memoir genre, privileging its emotional impact on the audience over the author's obligation to share as many facts as they possibly can. My point in citing these comments—and tracing the theme of truth versus fiction across Kaysen's entire oeuvre—is not to dismiss *Girl, Interrupted*'s prominence in pop culture on the grounds that it is full of falsehoods. What I mean is that, if I suggest that this memoir's depiction of mental illness carries more symbolic meaning than scientific truth, this should not be taken as an affront to Kaysen. On the contrary, it may be a testament to her writing skill. By her own intimation, Kaysen's goal in writing *Girl, Interrupted* was not to "be true in every detail," but rather to share her story "in a way that resonates with somebody else's experience" (Winik, 2001, para. 24). Given the vast celebrity her memoir has achieved—Bass (2000) wrote that *Girl, Interrupted* was "fast replacing [Sylvia] Plath's *The Bell Jar* as a must-read for young women in high school and college" (p. B7)—it is safe to say Kaysen has succeeded in speaking others' experiences, especially those of young women.

As I am arguing throughout this chapter, it is through cultural artifacts in general and auto/biographical narratives in particular that Tortured Artist discourse circulates. Kaysen may not see a difference between the writing of a memoir and a novel, there is most certainly a difference between the ways that audiences *read* the two. My interest in this book lies at the intersection of its claims on truthiness and its noticeable resonance with age-old cultural discourses about art and madness (and gender). If it is an artifact, then its unique insights into the Tortured Artist topos emerge not in spite of either its embellishments on the one hand or its burden of truth-telling on the other—the overlap between these factors is more interesting to me

than either one alone, for this overlap is precisely what allows Kaysen make the arguments she wants to make. I do read *Girl, Interrupted* as a cultural artifact, acknowledging that it is both a factual record of psychiatric practices and (in my analysis) a literary argument about the Tortured Artist topos, and both of these rhetorical situations are a consequence of the specific time at which it was written. As my following section illustrates, this reading intentionally departs from most existing scholarly analyses of Kaysen's story.

True or Faulty: Scholarly Context of *Girl, Interrupted*

To contextualize my reading of *Girl, Interrupted*, it is productive to review the ways this memoir has been interpreted in previous scholarly work on mental health, gender, and memoir. As a best-selling memoir later adapted into an Academy Award-winning film, *Girl, Interrupted* has commanded a great deal of attention from popular audiences—some would even argue the film's fame has eclipsed that of its source text. Indeed, although the film's characters and plot differ greatly from those of the memoir, a few scholars draw primarily (or exclusively) from the film in discussions of Kaysen's story (see Brickman, 2004; Chouinard, 2009; Moukaddam et al., 2015; Wiener, 2005). Even those studies that focus entirely on Kaysen's book often seem to be inspired by the film's extensive viewership: for instance, to preface a conference paper given just after the film premiered, G. Thomas Couser quips, "For those who aren't familiar with it—even though it is now a major motion picture starring Winona Ryder, and coming soon to your neighborhood theater—let me begin by briefly characterizing *Girl, Interrupted*" (1999, p. 1).

It is revealing that Couser—a prominent scholar of life writing and disability studies—never sought to publish his in-depth research on Kaysen's memoir, although he mentions her by name in several later projects (see Couser, 2005, 2011b, 2016). *Girl, Interrupted* is frequently namechecked by literary and mental health scholars, but most limit their references to a sentence or two (see Geller & Harris, 1994, p. 326; Gould, 2008, p. 30; Pruchnic, 2008, p. 169; Seaber,

2016, p. 485; Schoenemen et al., 2012, p. 204; Sulzer et al., 2016, p. 8; etc.). Hence, despite the book's salience in American pop culture, Longhurst (2019) observes there is still "relatively little in-depth critical work" on it (p. 40). The reasons for this are surely complex, but it may be that scholars perceive a critical consensus. Watson's (2002) quick gloss of the book typifies its established interpretation in literary studies: "Susanna Kaysen's *Girl, Interrupted* (1993) indicted the 1960s Establishment for institutionalizing her" (p. 180). Less flatteringly, Yagoda (2010) asserts, "*Girl, Interrupted* tells exactly the same kind of story of female adolescent mental illness as had the novelized *The Bell Jar* and *I Never Promised You a Rose Garden* some thirty years before" (p. 228). These impressions of the memoir as a (feminist) cultural critique, along with those that approach it as an educational patient narrative, represent the two leading categories of research on *Girl, Interrupted*. In what follows, I outline different threads of each position as I observe them in all studies known to me that mention Kaysen's story.

A Kaysen Study: **Girl, Interrupted** *as Patient Narrative*

As is often the case with mental illness memoirs, numerous scholarly publications name *Girl, Interrupted* as a source of patient-centered insights into mental healthcare. Lee (2017), for example, juxtaposes an analysis of *Girl, Interrupted* and two autobiographical novels (Mary Jane Ward's *The Snake Pit* and Joanne Greenberg's *I Never Promised You a Rose Garden*) alongside a detailed history of the *DSM*, charting how this "ever-evolving diagnostic system necessarily affects depictions of mental healthcare" in literature (p. 193). Scholars that promote the reading of memoirs for counselors' edification—arguing clinical practices improve when counselors learn about their profession from a patient's perspective—often recommend *Girl, Interrupted* to colleagues (see Armstrong, 2012; Baker et al., 2008; Boyd, 1997; Clifford et al., 1999; Sommer et al., 1998; Smead, 1999; Whitley, 2012). Some such studies linger on *Girl, Interrupted* for a

paragraph or two, highlighting its specific value as "a warning about how closely caregivers are scrutinized by their charges" (Smead, 1999, p. 83) or a "remind[er]" for clinicians "to listen for voices that may appear to be small compared to those of psychiatry" (Boyd, 1997, p. 354). Nonetheless, health scholars framing *Girl, Interrupted* as a clinical tool tend to emphasize Kaysen's diagnosis much more than humanists do. For example, Clifford et al. (1999) and Whitley (2012) share lists of valued memoirs organized by the disorders they depict; both point to *Girl, Interrupted* as a representative account of Borderline Personality Disorder (BPD).

Despite Kaysen's many objections to her diagnosis, a large portion of studies mentioning *Girl, Interrupted* actually center its portrayal of BPD. Sulzer et al. (2016) address this seeming contradiction as they cite Kaysen in research on BPD patient-clinician communication, noting that her critique of the *DSM* is "insightful, but not in disagreement about whether or not [she] met criteria" for BPD (p. 8). Cahn's (2014) study of BPD literature also deems Kaysen the "most skeptical" of all the authors under review (p. 269), yet she affirms that Kaysen "knew [she] lived somewhere in between . . . reality and madness" as a teenager and thus "acknowledg[es] some degree of mental illness" in her memoir (p. 273). Accordingly, Baker et al. (2008) praise *Girl, Interrupted* for its ability to reduce clinicians' bias against BPD clients—although BPD is "one of the most derogatory," stigmatized disorders in the *DSM* due to its strong association with self-harm (p. 22), these scholars argue literature "depathologises and rehumanises" persons with BPD "by going beyond symptoms and . . . trying to understand what it may be like to feel repeatedly compelled to cut yourself" (p. 26). Notably, Kaysen does *not* cut herself in *Girl, Interrupted*— her chosen form of self-injury involves striking her wrist against a metal chair—yet her narrative is cited in several articles analyzing the prevalence of cutting behaviors in young women (see Berman and Wallace, 2007; Brickman, 2004; elliot, 2001). Brickman (2004) especially criticizes

Kaysen for failing to challenge rampant cultural stigmatization and feminization of self-harm, arguing that psychiatric discourse about self-harm "depends as much on myths of femininity . . . as the other aspects of [Kaysen's] illness" and should be scrutinized accordingly (p. 103). In contrast, Berman and Wallace (2007) suggest Kaysen's self-presentation as an "intelligent, sexually active, and self-injuring" young woman in *Girl, Interrupted*—as well as the celebrity she achieved afterward—runs the risk of glamorizing cutting (p. 55)—to impressionable readers, "the idea of self-injury might be appealing, perhaps inducing the contagion effect" (p. 56).

Stranger than Non-Fiction: Girl, Interrupted as Cultural Critique

Psychologists surveyed by Clifford et al. (1999) ranked *Girl, Interrupted* in the top five of 40 "autobiographies" they evaluated for use as clinical tools (p. 58), but Segrist's (2008) abnormal psychology students reported learning less about mental illness from this text than any other in their course, complaining "the author disclosed little emotion and seemed to withhold personal reactions" (p. 104). Indeed, *Girl, Interrupted*'s narration is often described as detached, minimalist, dry, and so on—for it is a literary memoir, not a textbook, and that fact is reflected in the bulk of studies that cite it. Among humanists, *Girl, Interrupted* is all but distinguished by its deconstruction of certain binaries: truth versus fiction (Adams, 2005), sanity versus insanity (Couser, 1999), normal versus abnormal (Eakin, 2001), adulthood versus youth (Marshall, 2006), public versus private (Igo, 2018), and more. Recounting his career as a memoir scholar who once appreciated "liars" in the genre, Adams (2009) cites *Girl Interrupted* as a text that changed his mind: "I found myself growing somewhat annoyed at these authors' disingenuousness. . . . Not only did I come to think that all autobiography is anomalous, but also that the basic concept of genre was highly suspect" (p. 341). Generic distinctions are also "less pertinent" to Caminero-Santangelo (1998, p. 20), who argues that memoirs' characters are "creatively constructed

personas, the products of deliberate artistic choices" just like those of novels, and fiction is no less "conditioned by the author's own social and historical experiences" than memoirs are (p. 20). In choosing to read *Girl, Interrupted* alongside fiction with no differentiation between the two, Caminero-Santangelo is not alone—many critics do the same, implicitly sharing Yagoda's (2010) view (cited above) that Kaysen's story speaks to those of women writers famously treated for mental illness in the 1940s to 1950s (see Bridgford, 2012; Hubert, 2002; Lee, 2017).[7]

Of all the binary constructs broken down in *Girl, Interrupted*, the line between sanity and insanity—and ensuing critiques of psychiatry—is surely the most frequently explored whenever scholars cite this book. Geller and Harris (1995) stress that Kaysen's memoir "describes[s] the personal agony, the fear, and the tyranny" experienced in psychiatric institutions (p. 326); Stefan (2003) further notes that Kaysen "[does] not project the gratitude and alliance with mental health professionals" that some mentally ill authors do (p. 1370). Hubert (2002) advances an early feminist reading of *Girl, Interrupted*, arguing that the rise of feminism, the anti-psychiatry movement, and other subversive ideologies in the twentieth century sparked a shift in women's "madness narratives" (p. 96); unlike her predecessors, Kaysen is said to "resist internalized oppression and question psychiatric diagnoses, particularly the classification of women" (p. 110). Interestingly, whereas Kaysen's analysis of BPD through a gender lens strikes Couser (1999) as an "obvious feminist objection" needing little explication (p. 7), later readings of *Girl, Interrupted* foreground its feminist significance. In one of very few article-length studies

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[7]It is widely acknowledged that Virginia Cunningham's stay at Juniper Hill Asylum in the *The Snake Pit* (1946) was based upon Mary Jane Ward's treatment for schizophrenia at Rockland State Hospital in 1941; Deborah Blau's treatment for schizophrenia by Dr. Fried in *I Never Promised You a Rose Garden* (1964) was inspired by Joanne Greenberg's treatment by Dr. Frieda Fromm-Reichmann at Chestnut Lodge in 1948–1951; and Esther Greenwood's depressive episodes and eventual hospitalization in *The Bell Jar* (1963) parallel Sylvia Plath's attempted suicide and subsequent treatment at McLean Hospital in 1953–1954.

of this text, Marshall (2006) argues that Kaysen's writing exposes "cultural pedagogies and practices" that seek to normalize mental in young girls while also obscuring its causes in patriarchal oppression (p. 122; see also Marshall & Rogers, 2005, p. 17). Quite consistently with Marshall's findings, White (2008) applies the concept of feminist "autobiographical manifesto" to *Girl Interrupted* and other women's mental illness memoirs, tracing specific rhetorical strategies each author uses to resist patriarchal medicine, politicize her story, and call for radical social change (p. 12). Underlying White's analysis—and all scholarly engagement with *Girl, Interrupted*, I think—is the idea that Kaysen's central argument must be deciphered because it is, apparently, quite popular with (young and female) readers. *Girl, Interrupted* has been influencing cultural discourse about mental illness since 1993, yet we do not seem to know what we are learning: is this an informative patient narrative of BPD and self-harm, a sane woman's takedown of a system that wrongfully imprisoned her, or something else?

Case Study: *Girl, Interrupted* and the Tortured Artist Topos

Girl, Interrupted clearly challenges some aspects of psychiatry, but Longhurst (2019) insists "the text is not, as it is often read, a simple 'writing back' narrative" (p. 41)—instead, Kaysen performs a "counterdiagnosis," frustrating her audience's "desire for neatness, for definition, and certainty" by "complicating and entangling" her portrayal of her sanity (p. 40). That this book is "fraught with ambivalence" about Kaysen's hospitalization is a position shared by Clark (2007, p. 52), although she reads *Girl, Interrupted* as an essentially private, therapeutic project: "an attempt to integrate this episode into the larger story of [Kaysen's] life" (p. 52). Clark suggests it is Kaysen, not her audience, who might be frustrated by the search for meaning in her so-called madness. That is, since Kaysen frames her hospitalization as both "the logical outcome" of her life trajectory and "a traumatic break" in same, it seems her time at McLean "can never be entirely recounted or accounted for" (2007, p. 52). What these scholars are

noticing is that, to the end of *Girl, Interrupted,* Kaysen presents as much evidence that she *was*

mentally ill at one time—and identified as such—as evidence against this point. Moreover, as

Adams (2005) provocatively observes, *Girl, Interrupted* is not quite a polemic against McLean:

"Kaysen's memoir, for all of its insistence on false diagnosis, improper treatment, and time

wasted, also sends clear signals that her time in the hospital was valuable" (pp. 134-135).

Proceeding from these scholars' conclusions about *Girl, Interrupted*'s lack of conclusions, I turn

now to examine Kaysen's story against the backdrop of the Tortured Artist topos. I focus first on

her construction of a core writerly identity that existed long before (and after) her mental illness;

second, I analyze the relationship between Kaysen's creative ambitions and her complicated

decision to enter McLean, illuminating how the Tortured Artist directly or indirectly influences

the text at various stages. In due course, I read Kaysen's ambiguous recovery at the end of *Girl,*

Interrupted as her reaction to the moment when her Tortured Artist persona—as all forms of

symbolic madness do, according to Caminero-Santangelo (1998)—"inevitably surpassed its

causes, overshadowed [her], and rendered helpless the [woman] in its grasp" (p. 51).

Author, Write Thyself: Kaysen's Creative Identity

When scholars read Kaysen's self-presentation in her memoir as a "seemingly 'normal'

teenage girl struggling to find her way" (Brickman, 2004, p. 100), arguing "all of her actions

could be as easily applied to numerous teenage girls" (Adams, 2005, p. 128), they seem to be

highlighting Kaysen's sanity as evidence that she was falsely imprisoned at McLean. If Kaysen's

teenage angst never surpassed that of the average young woman, then her institutionalization

seems more like bad luck than the result of her deviation from some norm. Unfortunately, this

view overlooks a number of important facts—not just the symptoms of mental illness Kaysen

overtly acknowledges in her past self (a suicide attempt, habitual self-harm, depersonalization,

etc.), but also the book's allusions to her exceptionality in other realms. In particular, although the people around her do not recognize her as she does herself, *Girl, Interrupted* consistently identifies Kaysen as an avid writer and bibliophile. Through Kaysen's recollections of her early life and the circumstances of her BPD diagnosis, the text underscores her past uniqueness as an aspiring writer, inviting readers to connect her creativity to her extraordinary distress.

The contrast between Kaysen's sense of her self-efficacy and others' failures to honor it is evident from *Girl, Interrupted*'s first lines of dialogue onward. Recounting her meeting with the doctor who sent her to McLean, Kaysen emphasizes her displays of agency throughout that day: waking up "early, so as to get to this appointment," feeling "a sense of accomplishment" from "do[ing] all that could be done" for a pimple on her chin, traveling a long distance ("I'd changed trains twice") to see the doctor, and so on (1994, p. 7). Nonetheless, Kaysen's doctor instantly casts her inflamed pimple as proof of mental illness, asserting "You've been picking at it. . . . You've been picking at yourself" (p. 7). Kaysen's inner response reflects her knowledge, presumably forged through past experience, that she need not bother arguing with someone determined to misjudge her: "He was going to keep talking about it until I agreed with him, so I nodded" (p. 7). Even in this early scene, *Girl, Interrupted* subtly challenges the idea that Kaysen lacked initiative, direction, or stable identity in her teenage years. Importantly, scholars citing this memoir usually accept Kaysens' doctors' opinion—as shared on a McLean admissions form and internal memo photocopied into the text—that she showed "increasing patternless [sic] of life," a "chaotic unplanned life," "no plan at present," and "immersion in fantasy" prior to her hospitalization (pp. 11-13). Kaysen, on the other hand, suggests there is a vital difference between having no personal aspirations whatsoever and having aspirations other people cannot or will not understand. The fatigue she feels as she is pathologized for squeezing a pimple ("I did

need a rest. . . . I had the impulse, once, to get up and leave. . . But I was too tired") seems to be caused by the doctor's rigid condescension (pp. 7-8), not by any actual aversion to activity on her part, and this scene is just a microcosm of the many times Kaysen's abilities and ambitions will be overlooked across the remainder of *Girl, Interrupted*'s non-linear plot.

As Kaysen reveals increasingly more about her parents' and teachers' reactions to her teenage self in later portions of *Girl, Interrupted*, the text solidifies its portrait of her essential writerly identity. In an oft-cited passage from her annotations of the diagnostic criteria for BPD, Kaysen reflects at length on the notion that persons with BPD "often experience[e] . . . instability of self-image as chronic feelings of emptiness or boredom" (p. 154). According to Kaysen, her feelings of extreme emptiness and boredom arose from:

> the fact that I was living a life based on my incapacities, which were numerous. A partial list follows. I could not and did not want to: ski, play tennis, or go to gym class; attend to any subject in school other than English and biology; write papers on any assigned topics (I wrote poems instead of papers for English; I got F's); plan to go or apply to college; give any reasonable explanation for these refusals. My self-image was not unstable. I saw myself, quite correctly, as unfit for the educational and social systems. (pp. 154-155).

Notice that, although this passage ostensibly dwells on Kaysen's weaknesses, it also reveals a number of strengths: firm convictions, cultivated talents, and deliberate actions. The qualifiers interspersed throughout directly undermine most of her self-criticisms' suasory force as proof of her "incapacity." Apparently, these were tasks she did not *want* to do, not simply tasks she was unable to do. If she could not care about any subjects *other* than English and biology, that must mean she did care about those two classes. If she had no desire to write papers on *assigned* topics, perhaps she was interested in writing something else about topics of her choosing—and indeed she was, since the text immediately confirms she wrote poems with some regularity for English class, despite the penalties she incurred for doing so. And importantly, in stating that she

had no *reasonable* explanation to give for her actions, Kaysen prompts readers to wonder what other kind of explanation she might have given, and who judged it as unreasonable. On the whole, Kaysen implies that the people around her younger self erred in two key ways: first by misconstruing her behaviors, and second by relying solely on those external conditions to make judgments about her entire identity (or lack thereof). In Kaysen's view, her incompatibility with the systems her parents and teachers chose for her was not arbitrary; it was not rebellion for rebellion's sake in lieu of genuine interests. She was quite stable in her desires to read and write creative texts, but sadly, the most significant aspects of her identity were not legible to the most significant people in her life. In their eyes, her active pursuit of her talents could only be seen as a passive failure to do the things they thought her life should be "based on."

In spotlighting Kaysen's appreciation for English (literature), this passage echoes several other moments scattered throughout *Girl, Interrupted*. Early in the book, Kaysen defines her attraction to two men in relation to her admiration of their writing: she writes, "I had a boyfriend named Johnny who wrote me love poems—good ones" (p. 37), and a bit later, "I stopped seeing Johnny and took up with my English teacher, who wrote even better poems, though not to me" (p. 38). Although Kaysen repeatedly stresses her distaste for formal education, having refused to attend college despite her parents' wishes, *Girl, Interrupted*'s various literary references leave little doubt that the author is well-read: she alludes to "tumbling down a shaft into Wonderland" (p. 41), poets Robert Lowell and Sylvia Plath (p. 48), the children's poem "Wynken, Blynken, and Nod" (p. 76), the early 1900s comic *Little Nemo in Slumberland* (p. 76), Aesop's fable of the tortoise and the hare (p. 77), philosopher Zeno's paradox of Achilles and the tortoise (p. 77), and some person "writing a play about a man driven by [the] thought" that "the world is 'stale, flat and unprofitable'" —that is, Shakespeare writing *Hamlet* (p. 137). Unsurprisingly, of the few

leisure activities Kaysen mentions herself engaging in over throughout the text, most involve

some type of creativity or enjoyment of the arts: in addition to writing and reading, she mentions

redecorating her room (p. 29), making caramel candies (p. 30), seeing movies (pp. 37, 134),

playing charades (p. 63), attending "poetry meetings" at her teacher's house (p. 85), going to art

museums (pp. 85, 167), listening to records (p. 105), and painting watercolors (p. 161).[8]

Readers never learn exactly how people in Kaysen's life received her opinions about

literature—instead, it was at one of their aforementioned poetry meetings that her English

teacher propositioned her—but we can guess that they were unsupportive. On two occasions,

Kaysen recalls trying to explain her strong feelings about Johannes Vermeer's painting *Girl*

Interrupted at Her Music with people who should have cared, but she is callously ignored (by a

McLean psychiatrist) and verbally attacked (by an ex-boyfriend) in response (pp. 85, 167). The

exchange with her psychiatrist, in particular, closely resembles that which occurs in the first

scene of *Girl, Interrupted*. Both doctors fixate on one of Kaysen's supposed symptoms of mental

illness (in the latter case, her promiscuity), dismissing what she has to say about it, and Kaysen

once again intuits there is no point in disagreeing: "Suddenly I know what she wants. . . . why

should I disappoint her?" (pp. 85-86). And if we return to Kaysen's annotations of the diagnostic

criteria for BPD, we find even more explanation of the sense of resignation that characterizes her

contact with authority figures throughout *Girl, Interrupted.* She writes:

> my parents and teachers did not share my self-image. . . . They did not put much
> value on my capacities, which were admittedly few, but genuine. I read
> everything, I wrote constantly, and I had boyfriends by the barrelful. "Why don't
> you do the assigned reading?" they'd ask. "Why don't you write your papers
> instead of whatever you're writing—what is that, a short story?" . . . By my senior
> year I didn't even bother with excuses, let alone explanations. (p. 155)

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[8]To be clear, two of these activities (playing charades and listening to records) are noted on
photocopied documents from McLean that Kaysen inserts into the text; she does not explicitly
describe herself doing these things, but there is no reason to suspect she did not.

Still refuting the notion that she once had an unstable self-image, Kaysen highlights the same core components of her identity that I observed above—though she "admits" her strengths were limited, as if she ought to regret that fact, her hyperbolic language ("everything," "constantly," etc.) unmistakably conveys pride in her talents. These words convey the intensity of her passions for writing and reading, of course, but they also point to the longevity of her pursuits: she seems to have been this way for a long time. That Kaysen specifies the age by which she "didn't even bother" to explain herself—why she was called to write and read the things she did—indicates that, at an earlier age, she did try to make her parents and teachers understand her. Indeed, the adverbial phrase "By my senior year…" marks the passage of a decent bit of time between the point when others started questioning her self-image and the point when she stopped answering. No longer hoping for others to "excuse" her behavior (at minimum), Kaysen gave up on her parents' and teachers' ability to recognize her value, just as she later gave up on her psychiatrists. Yet she never stopped cultivating her artistic gifts, troubling as they were, for they were "genuine"—perhaps the most genuine part of her self-image. Hence, although Kaysen's writerly identity seems to cause her madness somehow (per the Tortured Artist topos), it may be her commitment to this same identity that also facilitates her recovery.

The Tortured (Woman) Artist: Madwoman or Mad Woman?

Some may find it unremarkable that Kaysen, a professional writer who published two novels before writing *Girl, Interrupted*, portrays herself as a writer in her memoir. Why should this be significant? What I wish to emphasize is that Kaysen consciously chose to present herself this way—recall her clear and frequent statements about the artifice of the memoir genre—and her portrayal of her writerly identity is both uniquely hers and a reflection of dominant cultural

discourse about artists at her time of writing. Tautologically, anyone who writes a memoir is a writer, but not all memoirs mention that fact in the body of the text. Before the memoir boom, autobiographies were generally composed by persons of preexisting eminence or overt historical significance; literary ability was not a prerequisite. Moreover, those writers who do discuss their creative lives in their works surely do not have identical views of what it means to be "a writer." Kaysen's understanding of artistic personality is inevitably influenced by artist narratives that came before hers, but it is not universal. Hence, it is absolutely relevant to readings of *Girl, Interrupted* that Kaysen distinguishes herself as a creative woman in this book, and because she does this, anything she says about art/artists can be taken as a comment on her own personality.

What does Kaysen say about artists? She affirms, quite explicitly, that they go mad. Reflecting on the prominence of McLean in American culture, she writes:

> 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 had the Taylor family, though. James graduated to a different hospital before I arrived, but Kate and Livingston were there. . . . Robert Lowell also didn't come while I was there. Sylvia Plath had come and gone. What is it about meter and cadence and rhythm that makes their makers mad? (p. 48)

Like Styron did in *Darkness Visible* in 1990, or like TV Tropes users do on their pop culture wiki in 2020, Kaysen cites eminent artists who allegedly experienced mental illness as evidence of some connection between creativity and madness. Whereas Styron had identified artists as depressed because they died by suicide, Kaysen labels her examples as "mad" because they once stayed at McLean—the same hospital, I should note, that she criticizes elsewhere in her memoir for the problematic labels it assigned to her. The quantity and quality (i.e., eminence) of the artists she names are, no doubt, intended to enhance the persuasiveness of her claims about the Tortured Artist topos. Interestingly, the "most famous ex-patient" mentioned, Ray Charles, was

not hospitalized for mental illness (per se), but rather permitted to visit McLean for occasional drug evaluations instead of being jailed for possession of heroin (Charles & Ritz, 1978). On the other hand, neither the Taylor family nor Sylvia Plath had reached great heights of fame in the United States by the time of Kaysen's hospitalization; had she written *Girl, Interrupted* in 1967, they might not have been compelling examples of the Tortured Artist topos. That Kaysen groups these artists' complex life stories together under a single sweeping cultural cliché is, probably, greater proof of her own investment in Tortured Artist discourse than of the claim that artists are prone to madness. Indeed, her first question gestures at the idea that McLean favors artists only to dismiss it, ending on the common-sense suggestion that artists frequent McLean because artists are distinctly likely to need its treatments. And by the end of this passage, Kaysen has proceeded from asking *whether* creativity begets madness to assuming this is so, wondering only how that process works: "What is it . . . that makes [artists] mad?" In raising that question, Kaysen affirms not only the existence of a link between creativity and madness but also the direction of that link, stressing that artist identity leads to (and takes primacy over) mad identity.

Judging solely from Kaysen's endorsement of the Tortured Artist topos and her self-presentation as a writer, one might infer that *Girl, Interrupted* attributes the author's mental illness to her literary ambitions. Moreover, the text's allusions to Madwoman discourses—as popularized by Gilbert and Gubar's (1979) monograph, *The Madwoman in the Attic*—further clarify how a woman writer linking her creativity to her madness would be legible to Kaysen's audience. In the late-twentieth century, the Madwoman figure in literature and other media came to symbolize a range of messages about women's oppression: the sublimation of their creativity, their anxiety in assuming unfeminine roles, their subversive rage against patriarchy, and more (see Goodman et al., 1996). Today, those wishing to reify Madwoman discourses increasingly

cite autobiographical texts by real women with mental illness—especially Sylvia Plath's *The Bell Jar*, which fictionalized the clash between Plath's creative ambitions and distressing patriarchal norms, for the author died by suicide soon after its publication. In addition to naming Plath as an alumna of McLean, *Girl, Interrupted* shares several moments between Kaysen and her roommate Georgina, a former Vassar College student, that touch on the idea of madness as the purview of extraordinary women. Wondering how (and why) Lisa managed to swipe all of the lightbulbs from their ward without being noticed, Georgina quips, "Lisa has the true artistic temperament" (p. 61). Later, Kaysen ponders why McLean admitted Alice Calais—a young woman implied to have "'spent her life in a closet'" or "'locked up in a closet,'" confined at home as many literary madwomen are—and Georgina guesses she is "Probably really incredibly crazy and interesting, so they let her in for less" (p. 111). Finally, when Kaysen visits Georgina's consciousness-raising group after both have left McLean, she observes firsthand how real-live madwomen are revered in such spaces: "I could see that Georgina had a certain cachet because of her craziness" (p. 161).

Though brief, each of these moments can be read as a nod to Madwoman discourses, hinting that independent-minded women are liable to go mad (or be labeled as such) under patriarchy. Indeed, madness might even be desirable for such women, for it seems to make them more creative, interesting, and powerful—and it places them in the company of other gifted women who once became famous for writing about mental illness.[9] In this sense, Madwoman symbolism shares many features with the concept I am calling Tortured Artist discourse: whether one imagines madness as an outcome of oppression, exceptional creativity, or some combination of the two, these sensibilities attach a sort of dignity to madness where it would otherwise evoke

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[9]Consider the fact that Kaysen, a fairly unknown writer before *Girl, Interrupted*, is now likened to Sylvia Plath, Mary Jane Ward, Joanne Greenberg, Charlotte Perkins Gilman, and so on—now, since 1993, women writing about mental illness often compare themselves to Kaysen.

stigma. I need not claim intentionality on Kaysen's part in order to observe how readily *Girl,*

Interrupted lends itself to the notion that her teenage madness—a quality not quite the same as a

diagnosable psychiatric illness—followed from her essential writerly identity. If Kaysen takes it

as a given that Tortured Artists are real, then my question is not whether her book is influenced

by this topos, but rather why it is. What might Kaysen stand to gain in linking her mental illness

to her creative ambitions, and what are the implications of her doing so? Through its accounts of

Kaysen's reasons for entering the hospital, the seeming escalation of her mental illness inside

McLean, and the enigmatic circumstances of her release, *Girl, Interrupted* highlights both the

appeal and, ultimately, the limitations of the Tortured Artist topos.

Now You Lose It, Now You Don't: Kaysen's Journey In and Out of Madness

As I noted earlier in this chapter, prior research citing *Girl, Interrupted* has thoroughly

explored the view of Kaysen's memoir as an indictment of 1960s psychiatry—and misogynistic

psychiatric practices in particular—and extending those arguments is not my objective here. That

Kaysen's experiences as a creative young woman (both in and out of McLean) were shaped

profoundly by her position in a sexist 1960s American society is indisputable, yet that does not

nullify the possibility that she benefited from her hospitalization in some way. On the contrary,

although it is clear that Kaysen criticizes McLean, it is also clear that she chose to be there. We

should not be persuaded by her claims that the psychiatrist "tricked" her into hospitalization and

she did not know she could refuse (p. 39), lest we miss the considerably larger body of evidence

that something about McLean appealed to Kaysen.[10] For instance, whereas fellow patient Lisa

flees the hospital at regular intervals, Kaysen noticeably declines two opportunities to do the

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[10]I should note that, in context, Kaysen only faults the doctor for the length and timing of her
hospitalization, not for the fact that she was hospitalized at all: "He tricked me, though: a couple
of weeks. It was closer to two years. I was eighteen" (1994, p. 39).

same: when a visiting friend offers to free her from the ward, she tells him, "I'm here now. . . . I think I've got to stay here" (p. 27). Later, she ignores another patient urging her to escape the car to her upcoming dentist appointment, noting "[Lisa] was more realistic. . . . she knew I wouldn't split" (p. 108). In point of fact, one of *Girl, Interrupted*'s most climatic scenes—an episode of depersonalization in which Kaysen panics that she has no bones, injures herself, and is heavily sedated—occurs right after Torrey, a patient conspicuously similar to Kaysen, is removed from McLean against her wishes. Like Kaysen, Torrey comes from a privileged background, has parents who denigrate her life choices, and feels intensely alienated at home (equating it with "being dead" and acting out "to feel like you're not quite dead") (p. 97). Kaysen fears for Torrey, asking their head nurse (Valerie), "You wouldn't let Torrey's parents take her back to Mexico, would you?" (p. 97). When Valerie reassures Kaysen, yet soon arranges for Torrey's release, Kaysen seems personally betrayed: "'Valerie, you promised—' I began" (p. 99); "Oh, Valerie,' I said, 'you promised—'" (p. 103). In Kaysen's final words about her episode, then, she frames her apparently deteriorating mental state as a type of preventive measure to avoid Torrey's fate: "now I was safe, now I was really crazy, and nobody could take me out of there" (p. 104).

Why does Kaysen remain in the hospital, despite her complaints about the lack of privacy and dignity therein? *Girl, Interrupted* mentions many benefits of being sheltered at McLean. Sarcastically comparing McLean's patients to the political activists they admired on television, Kaysen observes, "We were safe in our expensive, well-appointed hospital, locked up with our rages and rebellions. Easy for us to say 'Right on!'" (pp. 92-93). In a mental hospital, patients might profess whatever radical views they wish and engage in all variety of bizarre, antisocial behaviors with little fear of being beaten, killed, or sent to prison for their actions—stripped of both freedom and credibility, they pose no real threat to the status quo. Yet in Kaysen's view,

McLean's purpose was not to protect the world from its patients, but rather the reverse: "Though we were cut off from the world . . . we were also cut off from the demands and expectations that had driven us crazy. What could be expected of us now that we were stowed away in a loony bin?" (p. 94). Here Kaysen implicitly contrasts her life at McLean to her life before—in which she was expected to attend college or work a job rather than read literature and write poems— suggesting, ironically, that the hospital provided her and fellow patients with a "refuge" from others' crazy demands (p. 94). Indeed, the penultimate item on Kaysen's list of causes of mental illness (in the chapter "Etiology") conveys the same message, positing that mental patients may be "sane in an insane world" (p. 15). Barred from pursuing her creative ambitions, young Kaysen preferred to exist in a world with no expectations—to live a life based on *no* capacities, so to speak, rather than her supposed incapacities. For this reason, she bought her psychological freedom, willingly, at the cost of virtually every other type of independence.

Across all of *Girl, Interrupted*, the chapter "Elementary Topography" focuses most directly on Kaysen's reasons for entering the hospital, and it concludes on two vital facts. The first is that Kaysen remembers believing in her own sanity when she entered McLean, writing, "I have to admit, though, that I knew I wasn't mad. . . . I knew I wasn't mad and that they wouldn't keep me there" (p. 42). The second is her revelation that, to her young self, thrusting herself into McLean felt like a deeply meaningful (albeit symbolic) expression of her identity:

> My ambition was to negate. . . . My hunger, my thirst, my loneliness and boredom and fear were all weapons aimed at my enemy, the world. They didn't matter a whit to the world, of course, and they tormented me, but I got a gruesome satisfaction from my sufferings. They proved my existence. All my integrity seemed to lie in saying No. So the opportunity to be incarcerated was just too good to resist. It was a very big No—the biggest No this side of suicide. (p. 42)

As before, Kaysen's language emphasizes her desire for agency and achievement (in a sense) in her younger years—she writes of ambition, weapons, satisfaction, integrity, and opportunity.

Wryly exaggerating the scale of her battle with "the world" and the extent of its apathy towards her (her defenses "didn't matter a whit"), Kaysen honors the intensity of her adolescent emotions while also alluding to the wisdom she has gained since then. The adult Kaysen might see how the impulses that led her to McLean also caused her great distress, hinting things may not have been what they "seemed to" be back then, yet she insists her actions were more than mere rebellion or masochism. On the contrary, they were her only means of self-actualization; like Torrey, who used drugs in hopes of feeling "not quite dead" (p. 97), Kaysen avers that her sufferings "proved [her] existence." Born to a life in which her special talents were ignored, she chose to assert them (thus preserving her integrity) by refusing that life wholesale. In Kaysen's mind, her time at McLean was never intended as a remedy for her madness—for she claims she was not mad when she entered—nor did she expect to escape her misery there. She was attracted to the idea of being "incarcerated," as if she had committed a crime, because this state of affairs would at least externalize the sense of exceptionality, isolation, and stasis that had already defined her life to date. What Kaysen failed to consider, perhaps, were the limitations of her symbolic madness: it may not have symbolized what she wanted it to. In fact, it may have ceased to be symbolic at all.

Halfway through *Girl, Interrupted*, Kaysen implies that the creative freedom to be gained through her admission to McLean was neither as forthcoming nor as lasting as she might have expected. Although her parents and teachers criticized her literary pursuits, discouraging her from cultivating her gifts, McLean's medical staff literally pathologized her actions as symptoms of mental illness. Listing various jargon terms McLean staff used to describe its patients, Kaysen pauses on the phrase "indulging in behavior," noting how it "could be attached to any activity and make it sound suspicious: indulging in eating behavior, talking behavior, writing behavior. In the outside world people ate and talked and wrote, but nothing we did was simple" (p. 84).

Like all of her conduct in the hospital, Kaysen's expressions of her writerly identity—what to her seemed natural and vital, even sacred—could only be construed as some sort of sick compulsion in her doctors' eyes. Moreover, whereas eating and talking must have been abundant among all patients at McLean, writing behavior was unique to Kaysen, perhaps making it all the more "suspicious" and less "simple" in its validation of her madness. It seems, then, that there were no conditions under which her creative ambitions would have been acceptable. But even if actions unremarkable in the outside world are assumed to carry serious psychological import at McLean, this does not mean the staff listened to Kaysen any better than her parents and teachers did. If anything, she suggests they understood her even less—and on the whole, they cared less, too.

As the plot of *Girl, Interrupted* progresses to the latest stages of Kaysen's hospitalization, following her depersonalization and seeming shift towards being "really crazy" (p. 104), the text increasingly reveals the bleaker sides of mental illness. The chapter "Dental Health," in which Kaysen has a tooth extracted while under general anesthesia, ends with her tearfully begging to know how long she was unconscious: "'I want to know how much time that was,' I said. 'See, Valerie, I've lost some time, and I need to know how much. I need to know'" (p. 109). Although she asks about ten times, both Valerie and the dentist evade her question, evidently dismissing it as meaningless hysteria. Next, the chapter "Calais is Engraved on my Heart" relates the dramatic breakdown of Alice Calais, a "timid" but friendly girl who "didn't look too crazy" (p. 110). Alice becomes violently psychotic soon after entering McLean, occasioning her transfer to maximum security. As Kaysen visits Alice there with some fellow patients, they are struck by its differences from their ward (barred windows, doorless and seatless toilets, staff areas shielded with chicken-wire glass, etc.)—and disturbed when they realize Alice has been rubbing feces on her body and room walls. Kaysen is bewildered at the thought of someday sharing Alice's fate,

as if it seems far worse than Torrey's return to Mexico (or even the suicide of Daisy, another patient): "'Shit on the wall,' I said. 'Oh, God. Could that happen to us? . . . It couldn't, could it?' I asked" (p. 115). And finally, when Kaysen shares her passion for McLean's tunnels with two staff members in "The Shadow of the Real"—contrasted with the wards (where "You can't go anywhere, and it's noisy, and you're stuck"), the underground tunnels (where "Everything is connected" and "You could . . . go anywhere") are a type of symbol for Kaysen's latent ambition (p. 122)—the nurse says nothing in response, and her therapist automatically psychologizes her statements. Smugly labeling the tunnels as "A womb" (p. 121), he diagnoses Kaysen with regressive fantasizing, ignoring her rebuttals—and then he, too, says nothing (p. 122).

Each of these experiences displays the powerlessness of psychiatric hospitalization, heightening Kaysen's ambivalence towards her creativity and madness alike: though she saw no point in living a life without expressive freedom pre-McLean, what could be the point of such freedom if, post-McLean, she might never again be trusted to know (let alone express) anything of consequence?[11] Indeed, even after Kaysen's health mysteriously improves and she makes plans to leave McLean in the chapter "New Frontiers in Dental Health," she imagines a social worker blaming her creative ambitions on the chronicity of her mental illness. Recounting how her longstanding, firmly stated career plans ("'A writer,' I said. . . . 'I'm going to be a writer'") were casually rejected by her social worker ("'That's a nice hobby, but how are you going to earn a living?'") (p. 133), Kaysen elaborates on their mutual disliking:

> I didn't like her because she didn't understand that this was *me*, and I was going to be a writer; I was not going to type term bills or sell au gratin bowls or do any other stupid things. She didn't like me because I was arrogant and uncooperative and probably still crazy for insisting on being a writer. (p. 133)

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[11]For a more thorough study of *Girl, Interrupted*'s theme of lost time and lives disrupted, the centrality of which is conveyed most obviously through the memoir's title, see Clark (2007).

The notion that Kaysen was "still crazy," of course, assumes that she was crazy in the past—but her objection seems to lie not with that assumption, but rather with the reduction of her writerly identity to a mere remnant of her madness. Nothing could be further from the truth in her mind, thus Kaysen affirms the primacy of her creativity within her personal identity, actually equating one with the other ("this was *me*"). Knowing that she was reading and writing literature long before McLean, Kaysen asserts that it is those pursuits, not the madness of the hospital nor the "stupid things" her parents and teachers want, that will define her in the future.

Scholars citing *Girl, Interrupted* often note Kaysen's claim at the end of "Frontiers of Dental Health" that she was released from McLean because she got engaged: "Luckily, I got a marriage proposal and they let me out. In 1968, everybody could understand a marriage proposal" (p. 133; see Clark, 2007; Marshall, 2006; White, 2008; etc.). While a proposal might have persuaded Kaysen's doctors to let her leave, it does not explain *why* she wanted to leave— and the text contains many clues that Kaysen worked for her release, such as her analyst noting her "fairly well integrated personality" (p. 118), her promotion to "grounds privileges" in the hospital (p. 119), her decision to start applying for jobs (p. 123), and her final authorization to leave McLean for unsupervised outings with her future husband (p. 135). Moreover, although Kaysen is certain at this time that she will be a writer, her vision of life with her future husband is quite murky: asked to picture it, she says, "'Nothing. . . It's quiet. It's like—I don't know. It's like falling off a cliff. . . . I guess my life will just stop when I get married'" (p. 136). Needless to say, Kaysen did become a writer, whereas *Girl, Interrupted* emphasizes that she is no longer married. To fixate on her engagement, then, is to miss the fact that the entire preceding chapter is focused on her career (past and future); the text implies it was Kaysen's determination to be a writer that finally inspired her recovery from mental illness. Indeed, through her utter refusal to

back down on her ambitions for either the social worker or (later) Valerie, she maintains that they are the ones who "'don't understand' . . . didn't seem to understand" and whose demands are "impossible" (p. 133). She did not know then how her ambivalence towards her madness—its promise of psychological freedom and its damage to her credibility—would affect her in the future, but she knew the only way to be a writer was to leave McLean, and that is what she did.

Conclusion: The Artist Formerly Known as Tortured

The Tortured Artist topos, as depicted in artifacts like *Darkness Visible*, *Girl, Interrupted*, hundreds of other narratives by/about talented artists, and ever-multiplying posts on a modern pop culture wiki (to name a few), is seldom clear in its mechanics. Even if we do believe that creative persons are prone to mental illness, how exactly do we understand the cause of that relationship? TV Tropes suggests that artists go mad to secure creative freedom, because their talents are unappreciated by others, to bring attention to their art, because their art is garnering too much attention, or because artists are celestially destined to be "angsty" individuals. Any one of these propositions could apply to my reading of *Girl, Interrupted*. And like many Tortured Artists before her, Kaysen and her life story now seem to be artifacts of the Tortured Artist topos, too, proving its basis in truth through the excellence of her talents. To read the minimalist sentences and dry humor of this memoir—knowing now of the fame Kaysen would one day achieve—one might almost forget that the girl she writes about in *Girl, Interrupted* was ever so unhappy. Yet the photocopied documents all throughout the text tell a different story: they note how Kaysen "stated that she found it necessary at times to break ice cubes to get rid of her anger" (p. 63), that she is a "very depressed, desperate young lady" who is "Quite tense & cries easily altho tries to maintain composure" while "talking at grt. length of past & present history" (p. 69), that she was "very frightened at the thought that she never had a satisfactory childhood. . . . most extremely upset about her parents and their lack of understanding" and she "relates this

to other people, and that they can't understand or can't be trusted" (p. 105), and so on.

Clearly, transforming mental illness into a symbol of creativity may be therapeutic for someone in Kaysen's position, allowing her to cope with her past traumas and reclaim her sense of identity in the thirty years between her hospitalization and the writing of her memoir. Perhaps the specific kairotic moment in which this book was written—when the Madwoman figure had solidly entered the American social imaginary, yet the rise of modern medications and (thus) biological psychiatry was yet to come—was also crucial to its popularity. Writing in 1993 about events that happened in 1967, Kaysen asked, "What is it about meter and cadence and rhythm that makes their makers mad?" In 2020, I have no better answer to this question, but I do know some information about psychiatric medicine that was inaccessible to her and her doctors at McLean. *Girl, Interrupted* indicates that moving forward with her writerly ambitions required Kaysen to surrender her mad identity, implicitly rejecting the notion that she was ever mentally ill at all. Indeed, as she acknowledges in the chapter "Stigmatography," it was only in ceasing to speak—or even think—about her hospitalization at all that she was finally able to cope with this experience (p. 125). Furthermore, she writes: "I began to feel revulsion too. Insane people: I had a good nose for them and I didn't want to have anything to do with them. I still don't" (p. 125).

When the Tortured Artist topos is enacted in the real, non-literary world, it seems to encourage persons with psychiatric disabilities to fear, abhor, or wholly deny real pieces of their identities and histories in order to embrace their creative talent as Kaysen does. In its suggestion that artistic fulfillment, not psychiatric treatment, is the true solution to mental illness, this cliché leads to the impression that mental illness would not exist if society were more tolerant of exceptional creativity (and other gifts). As an artifact of the Tortured Artist topos, then, *Girl, Interrupted* all but frames mental health as a voluntary action, dangerously invalidating the

existence of persons who cannot choose to change their minds.

CHAPTER 2: AN UNBIASED MIND: BREAKING DOWN THE BRAINIAC

"Actually, throughout my life, my two greatest assets have been mental stability and being, like, really smart," tweeted former President Donald Trump on January 6, 2018 (Trump, 2018b). "I went from VERY successful businessman, to top T.V. Star[,] ....to President of the United States (on my first try). I think that would qualify as not smart, but genius....and a very stable genius at that!" (Trump, 2018b, 2018c, ellipses in original). In an apparent response to recent media speculation about his mental health—and thus his fitness to hold the highest office in the U.S. government—Trump posted these words to Twitter early one morning roughly a year into his presidency. Dismissing widespread disbelief in his intellectual abilities, Trump cited three impressive life accomplishments as proof that he was actually a "genius." Moreover, Trump reassured his followers that—contrary to statements made by "the Democrats and their lapdogs, the Fake News Mainstream Media," who had recently been "screaming [about his] mental stability"—he was absolutely *not* in need of psychiatric help (Trump, 2018a). In the process, the former President coined a curiously memorable phrase that would follow him (in earnest and in jest) for the remainder of his one-term administration.

Was Trump "a very stable genius"? According to a spate of op-eds, think pieces, and other popular media published between 2016 and 2020, the opposite was true. Trump's critics had long argued that he lacked the necessary knowledge and experience for his position, but as his behavior grew increasingly erratic in the late 2010s, many public figures began to question whether Trump was even sane at all. In 2017 alone, three books were published with titles that

clearly disputed the President's psychological health: Keith Olbermann's *Trump Is F*cking Crazy (This Is Not a Joke)*, Matt Taibbi's *Insane Clown President: Dispatches from the 2016 Circus*, and Bandy X. Lee's *The Dangerous Case of Donald Trump: 27 Psychiatrists and Mental Health Experts Assess a President.* The last of these—a collection of essays by diverse scholars and clinicians—was so successful with popular readers that a second edition (featuring ten new essays) was released in 2019. Two other best-selling books and one acclaimed film have further examined Trump's alleged mental illness/es: Omarosa Manigault Newman's memoir *Unhinged: An Insider's Account of the Trump White House* (2018), Dan Partland's documentary *#Unfit: The Psychology of Donald Trump* (2020), and—of course—Philip Rucker and Carol Leonnig's book *A Very Stable Genius: Donald J. Trump's Testing of America* (2020). At varying levels of seriousness, these texts argue that Trump is not qualified to serve as President because he is not of sound mind: he is diagnosed with pathological lying, narcissism, sociopathy, paranoia, sadism, delusions, histrionics, dementia, anxiety, and numerous other psychiatric afflictions.

No doubt, none of these experts' assessments were intended as a compliment to Trump's character: both their criticisms and Trump's vehement denials reinforce, at least implicitly, the notion that a mentally ill President is undesirable. But perhaps if Trump had read their arguments more closely, he would not have been so insulted. Although his critics are unanimous in their belief that Trump is not "stable," their evaluations of his "genius" (or lack thereof) are less straightforward. On the contrary, it has become a commonplace to suggest that Trump's mental instability is not a hindrance to his professional success, but rather an essential ingredient of the same: it is precisely due to his alleged mental illnesses that he rose to one of the most powerful political positions in the modern world. Dodes (2017), who judges Trump as meeting diagnostic criteria for antisocial personality disorder (ASPD), speculates that Trump's sociopathy endows

him with "a definite perceptive acumen, making him a genius at manipulation" (p. 89). Although persons with ASPD "are lacking an essential part of being human," Dodes notes, those who are "successful sociopaths" may also possess extraordinary skills of self-aggrandizement that are inaccessible to their empathic counterparts (pp. 84-85). Dodes explains:

> We are a culture that admires external success in wealth and power, regardless of how it is achieved. People with sociopathic qualities who are able to achieve high status and power precisely because of their manipulations and cheating are, therefore, sometimes seen as not only psychologically healthy, but superior. . . . those who are good at manipulation, at appearing charming and caring, at concealing their immoral or illegal behavior, . . . bully their way to the top. (p. 84)

In Dodes's view, Trump's performance in conventional metrics of success for American life (i.e., "wealth and power") is inextricably tied to his underlying mental disorder—the former is something like a symptom of the latter. But although individuals with ASPD may appear to be superior to their fellow humans in some respects, Dodes stresses that sociopaths do not lead happy lives: "their success is on the outside. . . . They are still severely emotionally ill" (p. 85).

As Dodes's study illustrates, ongoing debates about Trump's psychological wellbeing—and indeed, discussions of any (presumed) mentally ill person who rises to prominence in a specialized domain—very often touch upon a subset of Mad Genius rhetoric I call the "Brainiac" topos.[1] This topos posits that mental illness confers special gifts and talents—persons with mental illness achieve eminence, or they have the potential to do so, precisely *because* they are mentally ill. The specific belief that personality disorders like ASPD lead to success in power-holding institutions is reflected in an abundance of cultural artifacts from the late-twentieth century onwards. For example, Spieker (2017) analyzes four popular TV shows in which mental

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[1]The word "Brainiac," an apparent portmanteau of "brain" and "maniac," is best known as the name of a fictional DC Comics supervillain first introduced in 1958—but nowadays, the word has "slipped into common usage" as a term for any highly intelligent, if not socially integrated individual (Beard & Hoa Vo Thi-Beard, 2007).

illness "professionally enables" characters who experience it so much that "it is turned into a veritable superpower," arguing that such shows "present mental illness as the basis of their protagonists' success" (pp. 159-60). According to Spieker, Dr. Gregory House's pathological narcissism on *House* is depicted as a source of "extraordinary tenacity and drive," providing him with "exceptional analytical powers" and diagnostic skill (pp. 161-62). Similarly, severe ASPD distinguishes Dexter Morgan (a righteous serial killer) as "the ultimate vigilante" on *Dexter:*

> [Dexter] is unencumbered by emotions that could blur his judgement, untouched by the violence he commits yet in control of his bloodlust, isolated enough to freely give in to his violent urges, and a masterful manipulator and liar who (for the most part) manages to hide his double life (Spieker, 2017, p. 163).

But importantly, it is not only villains and antiheroes whose mental illnesses manifest as superpowers—regarding Adrian Monk of *Monk*, Spieker argues that obsessive-compulsive disorder (OCD) "constitute[s] the basis of his prowess as a detective" in the world of the show, since it endows him with "extraordinarily acute senses" and a "flawless [eidetic] memory" (p. 160-61). When Monk briefly seeks treatment for his OCD, though, he "loses his crime-fighting superpowers," concluding that "he cannot have the gift without the curse" (p. 161). Regardless of the Brainiac's specific illness, gifts, and intentions, it seems that all those who embrace this topos must eventually confront the same dilemma: they must decide whether "it is better to possess unique talents and be unhappy [or] to be normal and content" (Spieker, 2017, p. 163).

Blurring the line between objective fact and subjective experience, this chapter examines how the Brainiac topos is constructed in first- and third-hand narratives about mental illness that are written by, for, and/or about science enthusiasts. I begin with a survey of the most influential scientific research on a causal relationship between madness and genius (broadly defined)—all of which was published in the last 40 years—explaining how contemporary popular science writing still perpetuates the notion that the Brainiac topos is scientific fact. Next, I clarify how

the work of one specific public figure—psychologist and author Kay Redfield Jamison—has dramatically affected Western discourse about mental illness since the late 1980s, drawing connections between Jamison's most influential scholarly works and the enduring popularity of the Brainiac topos. Finally, I formulate a case study on the functions of the Brainiac topos in autobiographical writing by persons with mental illness, focusing on what may be the most famous Brainiac-related text in American culture: Jamison's 1995 memoir, *An Unquiet Mind: A Memoir of Moods and Madness*. As both a scholar and practitioner of psychology, Jamison is noticeably committed to the notion that (some) mental illnesses are biological and genetic in their origins; as someone who is personally diagnosed with manic-depressive illness, she also firmly believes that her condition is scientifically linked to special abilities. By using evidence from her own life story to advocate for these two points, I argue, Jamison enacts a fairly overt Brainiac persona over the course of her famous memoir. As a result, *An Unquiet Mind* defends— perhaps a bit too easily, and too well—the extraordinary value of persons with psychiatric symptoms to a society that may otherwise wish to eliminate them altogether.

Something Resembling a Consensus: The Brainiac Topos and Popular Science

To contemporary rhetoricians, it might be difficult to recall a time when Mad Genius rhetoric did not pervade scientific and medical literature about mental illness. As of 2021, virtually hundreds of scholarly studies have examined the supposed link between psychiatric diagnoses and subjects' apparent gifts or talents, and new research is published on a monthly (if not weekly) basis.[2] Yet it should be noted that—despite the longstanding prominence of Mad

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[2] At my time of writing, one of the most recent scholarly publications to address Mad Genius was published just nine days ago. In his *Creativity Studies* article "Exploring Creativity Through Artists' Reflections," Daniel (2021) examines how 314 self-identified artists define "creativity" and describe its role in their lives. In doing so, Daniel seeks insights into (among other things) the notion that creativity is "a side effect of mental health conditions" (p. 1).

Genius rhetoric in cultural discourse—quantitative research on this topic is a relatively new phenomenon. Moreover, although the term "Brainiac topos" is my own invention and not used by any scientists I know of, it is clear to me that a majority of quantitative studies examining the relationship between madness and genius are interested in a Brainiac-type hypothesis: they want to know whether mental illness can be a source of special abilities. Because the Brainiac topos assumes that madness precedes genius, it cannot be studied in the absence of some standard system and credentials for identifying mental illness in human subjects. That is, whereas the Tortured Artist topos entails some clearly observable "genius" (e.g., public eminence) that gives way to a more ambiguous form of "madness," the Brainiac topos involves a definite madness that confers comparatively indefinite genius. And psychiatric diagnosis and scientific research are, by definition, the exclusive domain of psychiatrists and scientists. It seems that scholarly and/or medical expertise is required in order to argue convincingly for the Brainiac topos, and only a small number of people—the majority of whom are not severely mentally ill—are ever granted authority in those institutions. In comparison to other offshoots of Mad Genius rhetoric, then, the Brainiac topos is probably the most commonly circulated in scientific research and the least commonly circulated in autobiographical narratives by persons with mental illness.

Detailed genealogies of scientific research on the relationship between mental illness and mental gifts (especially creativity) are widely available, and I need not reconstruct one at length in this chapter (see for instance Becker, 2014; Kyaga, 2015; Schlesinger, 2012; Simonton, 2009; etc.). Criticisms of such research are also fairly common, although all such writing centers on three basic, immutable problems to which I alluded in the introduction to this project and which all of my case studies implicitly address. These are what Schlesinger (2014)—the most vocal detractor of Mad Genius research throughout the past decade—calls "Definition dilemma: C"

(creativity), "Definition dilemma: M" (madness), and "Problems linking C&M" (pp. 60-63; see also Schlesinger, 2009, 2012). Some examples of "C" (or "G," in this project) dilemmas are: Is genius an innate personality trait or a learned, demonstrated, domain-specific ability? Should genius solely be evaluated by "experts," or can it also be identified by general audiences/peers? Moreover, what credence should be given to personal testimonies of genius (i.e., self-assessment and report)? If a person has not achieved public eminence of any kind, can they still be labeled as a genius?—what degree of ability is truly exceptional, and what falls within the range of ordinary human experience? Of course, M dilemmas are much the same, questioning how, to/by whom, and under what circumstances the label of "madness" can be applied. The resulting difficulties of proving a link between these two concepts are thus quite apparent, but quantitative research on the Brainiac topos routinely assumes it is possible to diagnose and connect madness/genius with some degree of certainty—and even if the scholars producing this work are aware of their studies' limitations, those who access scientific information via non-scholarly media may not be.

To contextualize my discussion of the Brainiac topos in this chapter, I wish to emphasize the supreme importance of scientific research—and to an even greater extent, popular science publications—in its ongoing construction and widespread circulation. Table 1 shares 15 journal articles and monographs that are, as far as I can tell, the most widely-cited scholarly publications by psy- scientists who have investigated the supposed link between mental illness and special mental gifts. Compiled through cross-referenced searches for relevant madness/genius keywords on the Web of Science, perhaps the largest and most precise citation database used in academic science fields, this archive represents the dominant scholarly positions on the Brainiac topos

Table 1

Influential Scientific Research on the Brainiac Topos, 1987-2020

Year	Author(s)	Journal	Title	Citations
1987	Andreasen	American Journal of Psychiatry	Creativity and mental illness: Prevalence rates in writers and their first-degree relatives	415
1989	Jamison	Psychiatry	Mood disorders and patterns of creativity in British writers and artists	246
1992	Ludwig	American Journal of Psychotherapy	Creative achievement and psychopathology: Comparison among professions	128
1993	Jamison	—	*Touched with fire: Manic-depressive illness and the artistic temperament*	408
1994	Post	British Journal of Psychiatry	Creativity and psychopathology: A study of 291 world-famous men	238
1994	Ludwig	American Journal of Psychiatry	Mental illness and creative activity in female writers	95
1995	Ludwig	—	*The price of greatness: Resolving the creativity and madness controversy*	176
2006	Nettle	Journal of Research in Personality	Schizotypy and mental health amongst poets, visual artists, and mathematicians	149
2006	Burch et al.	British Journal of Psychology	Schizotypy and creativity in visual artists	107
2007	Santosa et al.	Journal of Affective Disorders	Enhanced creativity in bipolar disorder patients: A controlled study	88
2008	Akinola & Mendes	Personality and Social Psychology Bulletin	The dark side of creativity: Biological vulnerability and negative emotions lead to greater artistic creativity	102
2011	Kyaga et al.	British Journal of Psychiatry	Creativity and mental disorder: Family study of 300,000 people with severe mental disorder	148
2011	Carson	Canadian Journal of Psychiatry	Creativity and psychopathology: A shared vulnerability model	103
2013	Kyaga et al.	Journal of Psychiatric Research	Mental illness, suicide and creativity: 40-Year prospective total population study	107
2015	Power et al.	Nature Neuroscience	Polygenic risk scores for schizophrenia and bipolar disorder predict creativity	149

Note. "Citations" refers to the number of times each publication has been cited in other scholarly publications (according to Web of Science), not the number of sources cited within these publications.

since the date of the first article's publication. In Andreasen's (1987) own words, empirical research on the relationship between "genius and insanity" was nearly nonexistent prior to her landmark study: "In spite of the considerable interest in this topic, quantitative studies have been sparse, and none of the published studies . . . has used modern diagnostic techniques" (p. 1288). But although Andreasen's study was the first of its kind, it certainly was not the last—per table 1, research on the Brainiac topos exploded in the late-twentieth century, and it has remained

constant ever since. And do any of these studies prove the existence of a link between mental illness and special mental abilities? That is a subject of much debate, but two things are certain: 1) The authors generally believed they did, and each one framed their study as an expansion of previous research findings.[3] 2) Their work has successfully convinced millions of people that the Brainiac topos is scientific fact—including the popular science writers who continue to cite these decades-old studies as their primary sources of evidence for madness/genius claims. For these reasons, Becker (2014) summarizes the current state of Brainiac research as follows: "Notwithstanding dissenting views, the combined force of the most recent studies has led to something resembling a consensus, one that views the link between creativity and illness. . . as a genuine, pervasive, and timeless phenomenon with decided biological roots" (p. 3).

Like all offshoots of Mad Genius rhetoric, the Brainiac topos can be found in myriad fiction and non-fiction cultural artifacts, but it is reasonable to think that science journalism is the most persuasive of all forums in which Brainiac arguments are commonly made. Popular science media are infused with the legitimacy of scientific knowledge—which is assumed to be objective and factual—while being far more accessible (financially, linguistically, physically, etc.) to the average science enthusiast than leading academic journals. For insights into the general public's perceptions of Brainiac research, then, it is instructive to examine its portrayal in popular science publications. In particular, given that quantitative research on the Brainiac topos is most often conducted by psy- scientists and clinicians, I choose to survey how this topic has been depicted in/on the popular magazine and website *Psychology Today*. Founded in 1967, *Psychology Today*

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[3]With striking consistency, each of the studies listed in table 1 cites all those that precede it in this archive. The only exceptions to this are that Post (1994) did not cite Ludwig (1992), and Ludwig (1995) did not cite Post (1994). Additionally, as both Jamison and Ludwig published monographs that reiterated the findings of their earlier works, some subsequent scholars only cited those books and not the authors' original journal articles (or vice-versa).

currently consists of a bimonthly print magazine and an extensive online archive of expert blog posts, encyclopedia entries, self-tests, and a database of therapy providers. According to the magazine's own estimates, *Psychology Today* publishes more than 50 new articles on its website every day, generating roughly 21.4 million unique visitors and 52 million page views per month ("Digital Advertising," 2020). By comparison, digital market intelligence company SimilarWeb estimates that *Psychology Today*'s website received 26.5 million visits (of 2.06 pages per visit) in December 2020, ranking *Psychology Today* as the number one most-visited site worldwide in the category of Mental Health ("PsychologyToday.com: December 2020 Overview," n.d.).

Although data collected early in *Psychology Today*'s history showed a significant decline in both its reliance on empirical research and its contributors' average education levels over time (Smith & Schroeder, 1980), at present, the magazine's website strongly emphasizes its authors' credibility: "These renowned thinkers include top psychologists and psychiatrists, as well as intelligence operatives, lawyers, essayists, doctors, and animal researchers with a trained lens on what makes us tick" ("Meet Our Contributors," n.d.). But irrespective of—or perhaps due to—*Psychology Today*'s assertions that "articles on psychologytoday.com are written by [a] network of expert authors," the magazine has been a subject of intermittent political and intellectual controversy in its 54 years of circulation. As recently as 2015, for example, *Psychology Today* was widely criticized for its refusal to remove advertisements for ex-gay "conversion" therapists from its database—this despite the American Psychological Association's longstanding rejection of the belief that therapy can alter sexual/gender identity and (relatedly) the increasing illegality of practicing such therapies on minors in the United States (Shapiro, 2015).[4] In 2011, a blog post

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[4]*Psychology Today* has since reversed this decision, announcing in an official statement on the organization's website that it "does not endorse or publish ads for reparative therapy in print,

by evolutionary psychologist Satoshi Kanazowa titled "Why Are Black Women Less Physically Attractive Than Other Women?" also sparked enormous outrage for its claims that the author's overtly racist and misogynist views were supported by scientific data (Sehgal, 2011). According to Nyabola (2011)'s analysis of Kanazowa's piece, such writing illuminates "just how dangerous this kind of 'science' can be" through its exploitation of readers' limited science literacy and consequent trust in academic authors (para. 1): "it's a classic trick in which pseudoscientists blind you with multicoloured graphs and three decimal place figures to convince lay readers that their research was thorough and is conclusive. I mean, who can argue with three decimal places?" (para. 5). As these two events illustrate, the perceived offensiveness—and harmfulness—of prejudicial attitudes seems to grow exponentially when they are promoted by credentialed experts on a website that brands itself as a purveyor of scientific knowledge.

Table 2 lists every blog post published on *Psychology Today* in the past decade that explicitly cites the research listed in Table 1 to support the blogger's discussion of a connection between mental illness and mental talents. Following a common convention of internet writing—and of blog posts in particular—14 of these 20 articles pose a question in either their titles or subtitles (or in one case, both). The rhetorical impact of doing this is obvious: these titles draw in audiences who wish to know the answers to those questions, and they also invite readers to provide their own responses via a comment on the authors' blogs. To articulate the topic of one's writing as an interrogative sentence, in general, implies both that the answer is not already common knowledge and that one possesses special insights into the issue at hand—and when the topic is framed as a simple Yes/No question, it seems all the more reasonable to expect an

online or in professionals' profiles" and "[therapists] whose profiles offer conversion therapy will be delisted" from its database of providers (Frank, 2015, paras. 1-2).

Table 2

The Brainiac Topos/Mad Genius on PsychologyToday.com, 2010-2020

Year	Author(s)	Title & Subtitle	Cites
2010	Jaffe	Depression's upside, down: Are we fooling ourselves to say depression has an upside?	Andreasen (1987); Jamison (1989); Ludwig (1995)
2010	Kaufman	Schizotypy, flow, and the artist's experience: Is the creative experience schizo?	Nettle (2006)
2011	Latham	Bipolar or Bi-Winning? Sometimes it's hard to tell the difference	Jamison
2011	Robinson	Does madness enhance or diminish genius?: Why we are fascinated by Vincent van Gogh	Post (1994)
2012	Burton	Bipolar disorder and creativity: What explains the link between bipolar disorder and creativity?	Andreasen (1987); Jamison (1989, 1995); Post (1994); Santosa et al. (2007)
2013	Haupt	Writing fiction is my anti-depressant: Can indulging your creative side boost your mood?	Carson (2011/career); Jamison (1989/career); Akinola & Mendes (2008)
2013	Kaufman	Is angst behind all great creativity?: Angst may not be the best catalyst for your creativity	Jamison (1989/career)
2013	Kumar	Creative occupations and psychological disorders: Is creativity linked to psychological disorders?	Kyaga et al. (2011, 2013)
2014	Vitelli	In search of the mad genius: Are highly creative people more prone to mental illness?	Carson (2011)
2014	Vyse	Halloween and the Mad Scientist problem: Horror movies and the fear of science	Jamison (1993)
2014	Badcock	Can you be both mad and creative? The cliché of the mad genius has a real core of truth	Jamison (1989); Ludwig (1995)
2015	Gabora	The silver lining around fearful living: How threatening stuff can bring out your creative side	Akinola & Mendes (2008)
2015	Davey	Mood disorders and creativity: Does psychological disturbance increase creativity?	Jamison (1989, 1995); Kyaga et al. (2013); Ludwig (1995)
2015	Burton	Mad genius: Schizophrenia and creativity: What, if anything, is the link between psychosis and creativity?	Kyaga et al. (2011)
2015	Rubin	Creativity and psychiatric illnesses: Creativity, schizophrenia, and bipolar disorder may share genes	Power (2015)
2016	Maisel	Judith Schlesinger on creative genius and the Insanity Hoax: On the future of mental health	Jamison (1989/career)
2016	Palumbo	Breaking news: Writing is hard! Work the problem—Don't make yourself the problem	Jamison
2017	Griffiths	Psychology, art, and body fluids: A brief look at the extreme world of bodily fluid art	Jamison (1993); Post (1994)
2019	Ehrenfeld	Are creative people crazier?: Yes, being 'a little bit' bipolar or schizophrenic is linked to creativity	Kyaga et al. (2013)
2020	Wright	Is there a thin line between genius and insanity?: Part 1: Are tales of 'mad geniuses' accurate representations?	Post (1994)

Note. Not all of these posts include a formal reference list, and in some cases, a scholar's entire career is cited in lieu of some specific study. Sources from Table 1 were counted as "Cited" in Table 2 if they were mentioned by three or more of the following details: the scholar's name, the year of the study, the methods employed, and key findings. These posts were identified foremost through searches for scholars' names, thus this archive is likely missing some posts published during this time that cited information from those sources but omitted other identifying details.

answer in the body of the text. Hence, it is noteworthy that ten of the blog post titles/subtitles in Table 2 do contain a Yes/No question: "Are we fooling ourselves to say depression has an upside?" (Jaffe, 2010); "Is the creative experience schizo?" (Kaufman, 2010); "Can indulging your creative side boost your mood?" (Haupt, 2013); "Is angst behind all great creativity?" (Kaufman, 2013); "Is creativity linked to psychological disorders?" (Kumar, 2013); "Are highly creative people more prone to mental illness?" (Vitelli, 2014); "Can you be both mad and creative?" (Badcock, 2014); "Does psychological disturbance increase creativity?" (Davey, 2015); "Are creative people crazier?" (Ehrenfeld, 2019); "Is there a thin line between genius and insanity? . . . Are tales of 'mad geniuses' accurate representations?" (Wright, 2020).

A majority of the blog post titles/subtitles cited above can be paraphrased as, "Is madness really linked to genius?"—and more often than not, the other half of the headline hints at the author's answer to this question, and that answer is "yes." Most notably, Badcock (2014) claims that "The cliché of the mad genius has a real core of truth" and Ehrenfeld (2019) asserts, "Yes, being 'a little bit' bipolar or schizophrenic is linked to creativity." But even those titles that are not formulated as Yes/No questions (or as questions at all) strongly suggest the authors' support of the Brainiac topos: Burton's (2012) query of "What explains the link between bipolar disorder and creativity?" clearly assumes such a link exists, as does Gabora's (2015) explanation of "How threatening stuff can bring out your creative side" or, more subtly, Latham's (2011) remark that "Sometimes it's hard to tell the difference" between mania and "winning," Rubin's (2015) claim that "Creativity, schizophrenia, and bipolar disorder may share genes," and Robinson's (2011) account of "Why we are fascinated by Vincent van Gogh" (i.e., "the most celebrated example of

a genius who was mentally ill") (para. 2).[5] Scrolling past these articles on the *Psychology Today* homepage or any news aggregator, some readers may be persuaded by their headlines' bold language that the articles' actual body texts are not required reading. As distillations of popular science essays—that are themselves distillations of highly complex, context-dependent scholarly research—these blog post titles instantly convey exciting scientific conclusions without delving into the (considerably less exciting) human-made processes that produced them. But readers who do click these links seeking scientific validation of the Brainiac topos will not be disappointed. Like the scholars they cite, some of the bloggers listed in Table 2 offer more nuanced discussions of their sources' limitations than others: Vitelli (2014), for one, acknowledges that "the actual scientific evidence [for Mad Genius] is still scarce" (para. 1) and "the methodology has often been flawed" (para. 6); Robinson (2011) also affirms that "establish[ing] a definitive connection between mental illness and creativity is impossible, at present" because "Psychologists and psychiatrists assess it very differently" (para. 10). Nevertheless, none of these authors entirely rejects the notion that mental illness might be connected to special mental gifts.

To persons who hold the Brainiac topos in high esteem, regarding this concept as an objective truth rather than a cultural cliché, it may seem redundant to observe that scientific research has often supported Brainiac-type hypotheses and those findings are reflected in popular science writing. Still, it is absolutely crucial to acknowledge that this research trend is a product of human thought and behavior, and a fairly recent one at that—there was a time before Andreasen's 1987 study when psy- science academics did not generally promote the notion of a

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[5]It would be difficult to argue against Robinson's claim here. In total, nine of the articles listed in Table 2 (i.e., almost half of the archive) mention Vincent van Gogh by name in their titles, body texts, and/or authors' biographies: Davey (2015); Griffiths (2017); Latham (2011); Maisel (2016); Palumbo (2016); Robinson (2011); Vitelli (2014); Vyse (2014); Wright (2020).

biological basis to Mad Genius, just as there have been times when mental illness itself was not commonly assumed to be biological, when there were no standardized criteria for diagnosing mental disorders, when formal psy- science research did not exist at all, and so on. Needless to say, I do *not* suggest here that scientific research is invalid or entirely subjective; I only stress the fact that human agency affects which topics are studied in academic contexts and, subsequently, which research findings are circulated and absorbed among the general public. Clearly, humans are intrigued by the Brainiac topos, and personal values of some kind must underlie both popular and scholarly writers' investment in publicizing Brainiac research—most obviously, it might be their commitments to truth and education. But even if it is true that persons with mental illness are, biologically, endowed with special abilities by virtue of being mentally ill, that does not explain why such knowledge is assumed to be important. From a rhetorical perspective, what is the advantage (and for whom) of persuading people that an age-old cultural stereotype about "madness" is actually a scientific fact about persons with psychiatric diagnoses?

Although our beliefs are strongly shaped by scientific data, only a relatively tiny fraction of the world's population (i.e., accredited scientists) ever exerts direct control over that form of knowledge production. And in the case of the Brainiac topos, specifically, Schlesinger (2012) has argued for years that widespread belief in madness conferring genius is "largely due to the work of just three people: psychiatrists Nancy Andreasen and Arnold Ludwig and especially psychologist Kay Jamison" (p. 94). Indeed, Schlesinger elaborates elsewhere:

> Andreasen conducted what is often referred to as "the landmark" study. . . . Jamison followed with the most influential in 1989, and then in 1993, produced the proverbial bible of the creativity and madness movement, *Touched With Fire: Manic Depression and the Artistic Temperament*. . . . Jamison has always been the most vocal and prolific advocate of the link between artistic endeavor and psychopathology—particularly bipolar disorder—and remains the media's favorite "go-to" person on the subject. (2009, p. 2)

On the basis of Kay Redfield Jamison's illustrious scholarly career and her recent celebrity as an advocate for mentally ill persons, Schlesinger implies that she is directly responsible for the proliferation of Mad Genius rhetoric since the 1990s. As noted above, Schlesinger has surely been the harshest critic of Mad Genius rhetoric—and of Jamison, in particular—over the past decade, but she is not alone in emphasizing Jamison's influence over cultural discourse about mental illness. Emmons (2010) identifies Jamison as one of several "poster children" for mental illness in the U.S., arguing that such figures are "examples against and through which readers learn to judge themselves. . . . [they] portray the recognizable faces of the illness" (p. 137). Similarly, in her groundbreaking autoethnographic study *Bipolar Expeditions,* Martin (2007) observes that Jamison's "effect on the public representation of mental illness [has been] dramatic. . . . It would be hard to exaggerate the impact of Jamison's work" (p. 23). Finally, Berman (2019) seems to agree with Schlesinger—albeit not for the purpose of disparaging Jamison—in his estimation that "Jamison has contributed perhaps more than anyone to an understanding of the interaction of mood disorders and the artistic temperament" (p. 122).

Maybe *Touched With Fire* is the "bible" of the Brainiac topos, as Schlesinger asserts—note that it is the second most widely-cited publication in Table 1—but Jamison's most famous and revered work is, without a doubt, her 1995 memoir *An Unquiet Mind: A Memoir of Moods and Madness*. To examine the functions of Mad Genius rhetoric in autobiographical writing, then, I am all but duty-bound to perform a close reading of that text. In the following section, I review key events in Jamison's scholarly career that directly contributed to the writing and (later) the reception of her memoir. Having situated my case study in this chapter within existing analyses of *An Unquiet Mind* as an "inspirational" narrative, I then show how Jamison enacts a Brainiac persona in this text by portraying her illness as both genetic and advantageous.

An Unquiet Mind: A Memoir of Moods and Madness

Few persons can be credited for transforming prevalent perceptions of mental illness—both popular and scholarly—during their lifetimes to the extent that Kay Redfield Jamison has. Long before she published her first memoir at the age of 49, Jamison earned a Ph.D. in clinical psychology at the University of California Los Angeles (UCLA), eventually joining the UCLA faculty as an assistant professor of psychiatry in 1974. Over the two decades that followed, Jamison's research delved into such diverse topics as narcotics addiction, psychosocial aspects of mastectomy, and chronic pain syndrome, but it was for her research on manic-depressive illness (MDI) that she was soon recognized as a leading expert in her field.[6] By 1990, Jamison had co-authored "the definitive textbook on manic-depression" (simply titled *Manic-Depressive Illness*), dedicating one of its lengthy chapters to research on creativity and MDI (Hogan & Hogan, 2001, p. 50). A subsection of that chapter titled "Importance of Studying Positive Aspects of Manic-Depressive Illness" asserts that "we should be careful not to disregard [the] beneficial features" of mood disorders, since "Understanding the assets that accompany manic-depressive illness . . . is as important to a thorough understanding of the illness as knowledge of its natural history, physiology, and psychopathology" (Goodwin & Jamison, 1990, p. 363). To illuminate the authoritative tone of these statements (and others similar) in Jamison's textbook, one might consider that, when the second edition of *Manic-Depressive Illness* was published nearly 20 years later, the latter sentence was rewritten as: "Understanding the assets that may accompany manic-depressive illness . . . is important to a thorough understanding of the illness" (Goodwin & Jamison, 2007, p. 402). Reflecting current scholarly views of the Brainiac topos, MDI's benefits

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[6]Although the term "bipolar disorder" is more common in contemporary parlance, I use the term "manic-depressive illness" (abbreviated as "MDI") to refer to Jamison's illness throughout this chapter because that is her preferred term. See Jamison, 1995, pp. 181-82.

are now framed as a possibility (that "may" exist) rather than a proven fact, and understanding this topic is simply "important" rather than being of equal importance to biological/medical knowledge. The original edition's phrasing is, in comparison, remarkably assertive.

Manic-Depressive Illness was lauded for its unprecedented discussion of the link between MDI and valued personality traits, leading a reviewer in the prestigious New England Journal of Medicine to write: "The chapter on creativity is a particular gem, thoughtfully highlighting the association of this disorder with artistic, political, and religious leadership. It includes marvelous quotes (from the famous and infamous) and vignettes" (Goldman, 1991, pp. 778-79). But despite its intended usage as a scientific textbook, Manic-Depressive Illness could also be classified as Jamison's first creative and/or autobiographical publication—its factual material is interspersed with bits of self-reflective writing simply credited to "a patient with manic-depressive illness" who was later revealed to be Jamison herself (Goodwin & Jamison, 1990, p. 18, 41, 236, 725, 746, 747, 769, etc.). Interestingly, no indication is given in the original Manic-Depressive Illness that most (if not all) of these creative snippets were composed by the same individual, but nearly all of them subsequently appeared—expanded, and with minimal edits—in An Unquiet Mind. Hence, although the second edition of Manic-Depressive Illness eliminated most of Jamison's creative/autobiographical contributions, those that remain are marked with the following end note: "This description and others written by 'a patient with manic-depressive illness' were written by one of the authors, Kay R. Jamison" (Goodwin & Jamison, 2007, p. 868).[7]

In 1993, Jamison published the aforementioned Touched With Fire, a 370-page popular science book in which the author summarizes her position on creativity and MDI as follows:

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[7]For a more detailed discussion of the overlaps between Manic-Depressive Illness and An Unquiet Mind, see Berman, 2019, pp. 27-34.

> The basic argument of this book is not that all writers and artists are depressed, suicidal, or manic. It is, rather, that a greatly disproportionate number of them are; that the manic-depressive and artistic temperaments are. . . causally related to one another. The genetic basis of manic-depressive illness provides not only one part of this argument, but also the constitutional core of . . . temperament. (p. 237)

Here Jamison clarifies that the subject of her book is not what I would call the Tortured Artist topos (i.e., the notion that genius leads to madness), but rather her belief that biological MDI is "causally related" to artistic ability. Still, *Touched With Fire* is probably best remembered for its concluding appendix of "Writers, Artists, and Composers with Probable Cyclothymia, Major Depression, or Manic-Depressive Illness" (Jamison, 1993, pp. 267-70). This resource lists 166 eminent creative persons whose life stories suggested to Jamison—because they allegedly spent time in psychiatric institutions, died by (or attempted) suicide, had family histories of mental illness, or were otherwise represented as intensely moody in auto/biographical records—that they were mentally ill. Although Jamison frames her famous appendix as "an illustrative rather than comprehensive list," referring readers to the body text for "systematic studies," her judgments therein have been cited and reprinted in numerous publications in the years since *Touched With Fire* was first released (Jamison, 1993, p. 268). For instance, Lipton's (2013) *Psychology Today* article on the psychology of "silence" provides the following endorsement of Jamison's research:

> See Kay Redfield Jamison's wonderful book, *Touched with Fire* (1993) for another huge list of those silenced by depression and bipolar disorder. If you want to be shocked, go directly to the end to see her list of authors and artists with major mental disorders, and those who were silenced by suicide. (para. 7)

As Lipton's comments suggest, Jamison's list has often been embraced by fellow psychologists as not only scientifically valid, but groundbreaking (i.e., "huge" and "shocking").

Vehemently opposing her colleagues' esteem for *Touched With Fire,* Schlesinger (2009) highlights possible shortcomings of its appendix, including the fact that "there is no bibliography to facilitate source-checking" (p. 5) and "There [is] considerable ambiguity about which

diagnostic criteria were used" to produce it (p. 6). As a consequence, Schlesinger suggests it is

Jamison's credentials and her readers' basic desire to believe in Mad Genius—not the legitimacy

of her research findings—that explains the popularity of this list. Schlesinger writes:

> At this point, the question becomes: How many of the list selections rest solely on Jamison's say-so? But even if the answer were "all of them," given her prominence and the common expectation that all great artists are wired for psychopathology, for most people her opinion alone will suffice. (2009, p. 6)

Notwithstanding Schlesinger's incendiary tone, her observations here are not entirely invalid.

Although Jamison asserts in several places of *Touched With Fire* that her judgments are based on

"autobiographical, biographical, and medical sources," and references are provided for some of

the historical figures she discusses—most notably, a list of sources is given for each of the 36

entries in a table titled "Mood Disorders and Suicide in British and Irish Poets Born 1705-

1805"—there is very little attribution of specific claims to specific sources (1993, p. 283). For a

large majority of the entries in the concluding appendix, no citations are given whatsoever.

Moreover, per Jamison's note to the appendix, all of these individuals were deceased at the time

of her list's creation; it is impossible to evaluate them with modern diagnostic criteria (1993, p.

267). Still, through her widely-cited 1989 study, co-authoring of *Manic-Depressive Illness,* and

especially through the publication of *Touched With Fire,* Jamison had established herself as the

world's top authority on the subject of creativity and mental illness—indeed, her opinions were

highly regarded. And they still are: in 1995, Jamison's many scholarly achievements were all

arguably eclipsed by the runaway success of her first memoir, *An Unquiet Mind*. It is on this

book that I focus the remainder of this chapter, intervening in existing scholarly analyses of both

Jamison's career and the specific arguments her memoir makes about her mental illness.

Chronicling Jamison's secret lifelong struggles with MDI, *An Unquiet Mind* spent five

months on the *New York Times* bestseller list, has been translated into 25 languages, and partly

inspired—along with Jamison's other works—a 2015 film titled *Touched With Fire* in which Jamison made a cameo appearance (Lapin, 2015, para. 2). Given Jamison's identity as a scholar and practitioner of psychology, it is understandable that her book has generally been embraced by academic and medical institutions. Like many memoirs of psychiatric illness, *An Unquiet Mind* has often been recommended as an educational tool for clinicians and patients (see Armstrong 2012; Boyd, 1997; Whitley, 2012). But according to a study by Clifford et al. (1998), Jamison's memoir also had the special distinction of being the most highly-rated/ranked mental illness memoir in a survey of 362 clinical psychologists (p. 58). Hence, Stefan (2003) compares Jamison's book to William Styron's *Darkness Visible*, noting that both authors "credit mental health professionals, medication, and hospitalization with saving their lives" and their narratives "are not indictments of the present mental health system in any sense" (p. 1370). Similarly, Schoeneman et al. (2012) find Jamison's use of figurative language to be highly consistent with Styron's, concluding that the two are "clearly drawing from a common source of metaphoric anchors" in their subjective descriptions of mental illness (p. 203). On the other hand, Beilke (2008) and Farber (2012) each contrasts *An Unquiet Mind* with Kate Millett's 1990 memoir *The Loony-Bin Trip*, suggesting the latter is less widely read due to its rejection of psychiatric medicine and Millet's MDI diagnosis. Apparently disparaging Jamison as a "fervent apostle of the biopsychiatric model" (p. 211), Farber writes: "Psychiatrists recommend that their educated patients read Jamison. They do not mention Millett, and why should they? Their goal is to make a living, not to affirm the sanctity of the soul" (p. 248).

For Beilke (2008), the most meaningful difference between *The Loony-Bin Trip* and *An Unquiet Mind* lies in their understandings of identity and selfhood for persons with MDI: Millett "conceptualizes her mind and her self as identical," feeling that psychiatrists are "dismissing her

core self, her basic identity" by labeling her as mentally ill, whereas Jamison "emphasizes a core identity, a self that exists apart from her mind and apart from her bipolar disorder" (p. 32). Furthermore, it may be due to Jamison's "academic background in biology" and "professional affiliation as a psychologist" that she is able to accept her diagnosis and maintain a sense of personal wholeness despite her MDI (2008, p. 32). Hope et al. (2011) interpret *An Unquiet Mind* quite similarly to Beilke, observing in their analysis of "authentic" identities in mental illness memoirs that Jamison "does not write much about authenticity" in relation to her MDI because she perceives her condition "very much as a biological illness separate from her identity" (p. 28). But other scholars read Jamison's portrayal of her personal identity—and her relationship with biological psychiatry—as considerably more complex. According to Hogan and Hogan (2001), Jamison's belief in a biological model of MDI ensures that her illness is always both "an 'it,' an impersonal condition" and "part and parcel of the self," thus the "irresolvable ambiguity in the heart of the manic-depressive identity" also "lies at the heart of her story" (p. 50). Additionally, Bullard (2002) suggests that although Jamison portrays psychiatric drugs as "the motor force of her journey toward wholeness" (p. 284), she experiences even further identity crises as a result of treating her MDI: medication provides "access to the 'normal' world that had always eluded her," but it does so by "[making] Jamison's own psychic landscape into a foreign land" (p. 285).

Despite Jamison's ostensible support for biological psychiatry, *An Unquiet Mind* is also occasionally cited as a (feminist) critique of medicine, especially for its discussion of a doctor who once commanded Jamison not to have children because of her MDI (see Morrow, 2006; Pryal, 2010; Sayce & Perkins, 2002; Selden, 2005; White, 2008). For example, in contrast to Beilke and Farber's research cited above, White (2008) basically likens *An Unquiet Mind* to *The Loony-Bin Trip* (along with Susanna Kaysen's *Girl, Interrupted*), explaining how all three

memoirs challenge mental health stigma and argue for social change. According to White's reading, Jamison's memoir "focus[es] on the way this marginalization plays out within academic and medical communities" (p. 9). Nonetheless, White infers that Jamison is ultimately optimistic about psy- science, stressing how *An Unquiet Mind* "imagines a future where scientific breakthroughs will lead to important advancements" in mental healthcare (p. 11).

Pryal (2010) also examines the rhetorical aspects of *An Unquiet Mind* alongside other memoirs about mental illness, emphasizing how they argue for the authors' credibility before stigmatizing audiences. One strategy Pryal describes is "criticizing doctors," and she too explains how Jamison uses her "authority as a clinical scientist" to "pinpoint the weaknesses of medical treatment" (e.g., some doctors' lack of "knowledge and professionalism") (p. 494). Furthermore, Pryal describes Jamison's discussions of the Brainiac topos (which she calls "the creative genius trope") as a form of "laying claim"—that is, a way of defending one's credibility as a mentally ill person by "locating oneself within a tradition of creative geniuses" who were also mentally ill (p. 496). Jamison and other authors perpetuate the notion that madness confers genius, Pryal argues, for the purpose of "removing the taboo from mental illness" and "helping other sufferers to be more open" about their diagnoses (p. 498). However, Pryal foregrounds the fact that Brainiac research is "built on weak historical and scientific evidence," and "the causation—that is, the notion that mood disorders *cause* creativity—is not at all clear" (p. 498). My own investigation of *An Unquiet Mind* proceeds from Pryal's study in this respect, delving more deeply into Jamison's construction of a Brainiac persona as a means of coping with mental health stigma.

Case Study: *An Unquiet Mind* and the Brainiac Topos

Pryal (2010) suggests the appeal of the Brainiac topos is its power to persuade audiences "that one can achieve great things even with, or because of, a mood disorder" (p. 498). For readers of *An Unquiet Mind,* in particular, it seems especially tempting to attribute Jamison's

distinguished career to her symptoms of MDI. In point of fact, Chrisman (2011) places Jamison's

memoir on a shortlist of texts that have been "not just inspirational but lifesaving for [her],"

calling for a reclamation of "inspiration" in disability studies—especially with regards to

narratives of psychiatric disability (p. 181). Presumably unintentionally, Chrisman echoes Pryal

in her praise for *An Unquiet Mind:* "Jamison's memoir illuminates the possibility of completing

degrees, maintaining a professional life, having stable intimate relationships, and living a

genuinely fulfilled existence despite (even because of) a severe, though treatable mental illness"

(p. 182). That Jamison's story might be inspiring to persons with mental illness may be the most

common of all reactions to her memoir—not only is she admired for her exceptional career,

which reassures other persons with MDI that they might similarly "overcome" their illnesses, but

readers also frequently applaud her "bravery," "courage," and so on for deciding to come

forward with her illness (see for instance Berman, 2019, p. 134; Boyd, 1997, p. 351; Myers,

2004, p. 270; Schoeneman et al., 2012, p. 186; Squier, 2004, p. 41; etc.).

Naturally, individuals who write about taboo experiences in the memoir genre are fairly

frequently described as brave. Yet it is clear that readers' conceptions of Jamison's bravery,

specifically, is closely tied to her success as a scholar and practitioner of psychology. According

to Berman (2019), writing a mental illness memoir is "immeasurably more daunting for

psychotherapists" than it is for authors from other professions (p. 119). Berman elaborates:

> They could lose not only their present patients, as well as future referrals, but also
> their license to practice psychotherapy. There's no stigma for oncologists or
> cardiologists to write a memoir about their struggles with cancer or heart disease;
> there *is* stigma for a therapist to write about personal experience with depression
> or manic depression. . . . These fears and others confronted Kay Redfield Jamison
> before she made the momentous decision to write *An Unquiet Mind* (p. 119)

Clearly, Jamison's eminent career is a central focus of the story she tells in *An Unquiet Mind*—it

is both the domain in which she demonstrates her exceptional abilities and, for that reason, it is

the site of her greatest fears in relation to her illness. Whereas Chrisman and Pryal more subtly hint that Jamison's success is "because of" her MDI (or portrayed as such), I contend that the Brainiac topos is an essential feature of her narration in *An Unquiet Mind*. Specifically, the following analysis briefly traces two basic, interrelated arguments that Jamison makes about MDI all throughout the text. The first is that MDI is an entirely genetic, biological illness; the second is that MDI absolutely does confer special advantages upon its sufferers. By enacting a Brainiac persona in the writing of her life story—in other words, by self-presenting as both a brainy maniac and a manic brain—Jamison stands to gain a sense of unity between these two seemingly disparate fragments of her identity. Above all, she implicitly resists stigmatizing cultural discourses that construe mentally ill people as irrational and therefore unproductive.

Coming By It Honestly: Genetic Origins of Jamison's MDI

Fundamental to the Brainiac topos is the idea that madness precedes genius: it is precisely due to one's mental illness that one is, in a sense, granted access to extraordinary psychic realms. Under the contemporary psychiatric paradigm, this might mean that we assume a person with mental illness is afflicted with a biological disease, and their special mental gifts (if they have them) are understood as a symptom of that underlying condition. Interestingly, as the most severe symptoms of many mental illnesses do not tend to manifest until a person's late teens or early twenties, it is certain that some persons receive a psychiatric diagnosis well after they have already been labeled as creative, intelligent, other otherwise gifted. If taken to an extreme, then, the Brainiac topos may assume that the Brainiac was born with their apparent predisposition towards madness, thus ensuring that any and all signs of genius they exhibit later in life are attributable to that core aspect of their identity. And for Jamison in *An Unquiet Mind*, there can be no doubt that her MDI is rooted in some as-yet unknown—but nonetheless utterly

genuine—hereditary basis. Through Jamison's portrayal of the onset of her mental illness, her reflections on her extended family's experiences of psychological distress, and her optimistic expectations for future scientific research on MDI, *An Unquiet Mind* quite actively promotes the author's opinion that her illness is not only biological, but also fundamentally genetic.

From the very beginning of *An Unquiet Mind*, the text subtly introduces the notion that Jamison's MDI is a genetic disease. On the second page of the Prologue, Jamison affirms that her symptoms have affected her "For as long as [she] can remember," characterizing herself as "Intensely emotional as a child, mercurial as a young girl, [and] first severely depressed as an adolescent" (1995, p. 4). The implication that her illness was brought on by internal, rather than environmental, factors is made all the more explicit in the following chapter's detailed descriptions of her childhood. As a military family, Jamison's family moved frequently throughout her early years, but the text emphasizes that her parents "kept life as secure, warm, and constant as possible" for their children (p. 13). Indeed, in contrast to her sister's apparent unhappiness with the family's "conservative military lifestyle," Jamison recalls that she herself "basically loved school" and was "vigorously involved in sports and friends and class activities" (p. 14). Reflecting on her gratitude for her parents' love and support, she writes:

> The long and important years of childhood and early adolescence were, for the most part, very happy ones for me, and they afforded me a solid base of warmth, friendship, and confidence. They were to be an extremely powerful amulet, a potent and positive countervailing force against future unhappiness. (p. 15)

In Jamison's view, the circumstances of her early upbringing were not at all responsible for her later struggles with MDI—as a protective "amulet" against her internal turmoil, the stability of her childhood may actually have mitigated the most negative outcomes of her illness. That she did eventually develop severe MDI despite the effectiveness of this "countervailing force" is, her narration indicates, further evidence of her extreme predisposition towards this disease.

Although Jamison dismisses the possibility that her family could have contributed to her MDI through environmental factors, multiple moments of *An Unquiet Mind* imply that Jamison's family affected—or rather, caused—her MDI through genetic factors. For example, Jamison's depictions of both her sister's and her father's volatile emotions during her adolescence strongly suggest a connection between the "very black and passing moods" (p. 14) and "the blackness [of] depression" (p. 35) she ascribes to them (respectively) and her own "violent struggles with black moods" in later years (p. 14). It is noteworthy, too, that as the plot of *An Unquiet Mind* progresses towards Jamison's earliest memories of MDI-related mood swings, she defines her symptoms in relation to behavior she had previously witnessed in her father: "I soon found out that it was not just my father who was given to black and chaotic moods. By the time I was sixteen or seventeen, it became clear" (p. 35). Recalling her close friendships at that time with two classmates who were also "a bit inclined to the darker side" (p. 36), Jamison accounts for the trio's shared pursuits by pointing to the similarities of their family histories:

> we wove our outside lives together . . . engaging in passionate discussions about where our lives were going, the hows and whys of death, listening to Beethoven, Mozart, and Schumann, and vigorously debating the melancholic and existential readings . . . we had set for ourselves. We all came by our black chaos honestly: two of us, we were to discover later, had manic-depressive illness in our immediate families; the other's mother had shot herself through the heart. (p. 36)

For the morbidity of the friends' interests—which might otherwise seem odd for three high-achieving teenagers in the early 1960s ("in various school leadership positions and very active in sports and other extracurricular activities") (p. 36)—Jamison provides a simple explanation: it is hereditary. To use the phrase "come by it honestly" in relation to some personal trait is, of course, to assert that it was inherited from a close relative. Usually, that relative is a parent.

As *An Unquiet Mind* proceeds through Jamison's adulthood, her understanding of MDI as a genetic disorder continually emerges as a key factor both in the events of her life and in her

reactions to them. For example, when recalling how she wrote bizarre responses to a mock Rorschach test in one of her college psychology courses, she notes: "My mind was flying high that day, courtesy of whatever witches' brew of neurotransmitters God had programmed into my genes" (p. 46). Furthermore, while recounting the summer of her first major manic episode, she explains the rapid escalation of her MDI as follows: "Summer, a lack of sleep, a deluge of work, and exquisitely vulnerable genes eventually took me to the back of beyond (p. 70). Both of these events are portrayed as early milestones in Jamison's illness, and both are ultimately ascribed to her genetic makeup. Through Jamison's use of romantic, even supernatural language—"witches' brew," "God had programmed," or "exquisitely vulnerable"—the text further underscores the disconnect between her inborn MDI and the influence of her external environment. Although she does not know exactly how her illness functions at a biochemical level, she is certain its origins are beyond human control. And needless to say, the idea that Jamison mysteriously, involuntarily inherited her MDI from one of her parents strongly affects the decisions she makes about her own reproductive health over the course of her memoir. The scene in which her doctor pressures her not to give birth—largely because "he thought it was best to avoid bringing another manic-depressive into the world" (p. 191)—may be the most memorable moment of *An Unquiet Mind*, but Jamison also describes the anxiety she felt while disclosing her MDI to her intended future husband. She writes: "I had no doubt he loved me, but he knew as well as I did how uncertain the course of the illness could be. . . . he desperately wanted children, and manic-depressive illness was hereditary" (p. 144). It seems the genetic basis of her MDI is so significant that Jamison not only expected her partner to reject her for it; she found it understandable that he might do so.

Readers of *An Unquiet Mind* should note that Jamison never explicitly states that her father (or sister) has MDI, yet the passages cited above are fairly unambiguous in their assertions

that her illness is genetic. Hence, Jamison's certainty that many of her relatives have/had MDI is also on prominent display in her memory—shared towards the end of the book—of drawing an impromptu family pedigree chart with a colleague years ago at a professional conference (p. 188). Having used darkened symbols to represent afflicted individuals, she writes:

> I was amazed at how many of my squares and circles were darkened, or darkened with a question mark placed underneath (I knew, for instance, that my great-uncle had spent virtually all of his adult life in an asylum, but I didn't know what his diagnosis had been). Manic-depressive illness occurred repeatedly, throughout the three generations I had knowledge of, on my father's side of the family; asterisks, representing suicide attempts, showed up like a starfield. (p. 189)

Curiously, Jamison's narration in this passage does not clarify exactly which family members were represented on her chart, how she accessed information about their medical histories, or what criteria she used to label them as having had MDI. As illustrated by her inclusion of a great-uncle whose diagnosis was unknown to her, it seems clear that not all of the relatives listed had been examined by psychiatrists—and (per Jamison's own textbook on MDI), the diagnosis of "manic-depressive illness" itself did not officially exist until the release of the *DSM-II* in 1968 (Jamison & Goodwin, 2007, p. 91). But from the perspective of Jamison's readers, the import of this pedigree is obvious: if the alleged recurrence of MDI across her lineage is *not* hard evidence of the disease's heritability, Jamison suggests, then it would be a pretty incredible ("amazing") coincidence. When Jamison subsequently reflects on the "personal issues" that discourage her from speaking publicly about her illness, then, it is no wonder that her concerns "revolve, to a large extent, around issues of family privacy—especially because the illness under consideration is a genetic one" (Jamison, 1995, p. 201). From Jamison's perspective, disclosing her MDI diagnosis is tantamount to exposing sensitive information about her entire family.

      Thus far in my reading of Jamison's Brainiac persona in *An Unquiet Mind*, I have focused on parts of the memoir in which she seems to present evidence for the idea that her MDI,

specifically, is genetic due to its connections to her family history and various life events. But to gain the fullest understanding of Jamison's portrayal of MDI in this text, it is imperative also to notice the moments in which she does not argue that the illness is genetic, but rather simply asserts this point as scientific fact. As has been noted by several other scholars, the narration of *An Unquiet Mind* often delves deeply into Jamison's enthusiasm for academic science and medicine, and her hopes for the future of scientific research on her illness may be her most frequently discussed topic (see Beilke, 2008; Berman, 2019; Boyd, 1997; Bullard, 2002). No chapter better illustrates this facet of the text than "The Troubled Helix," which shares Jamison's reflections on the state of scientific research on MDI in the 1990s alongside her memories of attending recent academic conferences and meeting other leading MDI scholars. Naturally, it is not the research findings themselves that are remarkable—Jamison is hardly the only scientist who believes that MDI may be genetic—so much as Jamison's great confidence in their accuracy and value. For example, while describing her fellow attendees at a conference that was "focused specifically on the genetic basis of manic-depressive illness," Jamison writes:

> all of [us] are in one way or another actively engaged in the search for the genes responsible. . . . It seemed very likely, when I looked around the room, that among these scientists, and somewhere within these pedigrees, the location of the gene or genes responsible for manic-depressive illness was going to be found. It was a very exciting thought, because once the genes are located, early and far more accurate diagnosis is likely to follow; so, too, is more specific, safer, less problematic, and more effective treatment. (pp. 187-88)

Jamison's language in this passage is firm in its endorsement of genetic research on MDI, taking it as a given that the "gene or genes responsible" for MDI absolutely do exist, they will "very likely" be discovered by one of her colleagues, and there will be enormous benefits for persons

with MDI "once" (not if) these genes are found.[8] As in Jamison's discussion of her family

history of MDI, little detail is provided as to how exactly she drew these conclusions; even less

clear are the concrete scientific processes through which she hopes her predictions will come

true. Nonetheless, given both the decisiveness of Jamison's words and her well-known academic

credentials, readers are left with the impression that genetic research on MDI is a settled matter.

More Things, More Deeply: MDI as a Source of Special Abilities

If Jamison's belief that she was born with MDI is essential to her memoir's portrayal of

madness, then her belief that MDI confers extraordinary abilities is equally essential to her

understanding of genius in this text. The latter idea is woven into her narration as early and often

as is the former: within the first few pages of the Prologue, Jamison observes that many MDI

sufferers are "among the most imaginative and gifted that we as a society have" (p. 5), that the

illness is "a distillation both of what is finest in our natures, and of what is most dangerous" (p.

5), and MDI is "unique in conferring advantage and pleasure, yet . . . brings in its wake almost

unendurable suffering" (p. 6). By my count, there are at least three sentences in *An Unquiet Mind*

that specifically, explicitly state that MDI confers advantages upon persons with the illness. In

addition to that which I just cited, there are Jamison's assertions that "this was an illness that

could confer advantage as well as disadvantage" (p. 29) and that "manic-depressive illness can

confer advantages on both the individual and society" (p. 194). It is unsurprising that Jamison

would, in her first openly creative and autobiographical publication, circulate the same ideas

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[8]A few pages later in the narrative, Jamison reiterates several of the points made in this passage: "Clearly, if better and earlier diagnosis and more specific, less troublesome treatments result from the ongoing genetic research, then the benefits to individuals who have manic-depressive illness, to their families, and to society will be extraordinary. It is, in fact, only a matter of time until these benefits will be available" (p. 194). Although these comments initially seem more tentative in their predictions regarding future genetic research on MDI ("if, . . . then"), the concluding sentence leaves little doubt as to Jamison's position on the issue.

about MDI that she had been studying for the past decade of her academic/medical career. But what makes Jamison's memoir distinct is that, unlike prior scholarly studies that argued for the Brainiac topos as scientific fact, the evidence cited therein is drawn from the author's own life— and the strength of her beliefs is matched by the vastness of her authority as a longtime scholar, therapist, and sufferer of MDI. Jamison's seeming attribution of her career success to her MDI symptoms and, eventually, her determination to reform academic curricula in psy- science both exemplify her opinion that MDI is a source of special gifts. Indeed, by the end of *An Unquiet Mind*, the text arguably challenges the notion that Jamison's illness even *is* an illness at all.

Despite Jamison's noticeable optimism about genetic research on MDI in "The Troubled Helix," the text also highlights her concerns about the "very difficult ethical issues" ("immensely troubling problems") that are likely to arise as a result of future scientific progress (pp. 194-95). Above all, Jamison worries that prenatal diagnostic testing will lead to more abortions of fetuses that might have MDI, wondering, "Do we risk making the world a blander, more homogenized place if we get rid of the genes for manic-depressive illness?" (p. 194). According to Jamison, the genes responsible for MDI should be protected because they clearly benefit society:

> What are the risks to the risk takers, those restless individuals [with MDI] who join with others in society to propel the arts, business, politics, and science? . . . The disease, in both its severe and less severe forms, appears to convey its advantages not only through its relationship to the artistic temperament and imagination, but through its influence on many eminent scientists, as well as business, religious, military, and political leaders. (p. 194)

Across Jamison's past research on MDI, individuals with the illness had most often been assigned the qualities of "imagination" and "the artistic temperament" (i.e., creativity). But in this passage, Jamison emphasizes that the value of MDI genes extends far beyond individual self-expression, crediting MDI for bringing large-scale benefits to some of the most powerful institutions in Western society: business, politics, science/medicine, religion, and the military.

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MDI seems to be an asset in all fields, and Jamison's comments here gain further credence when they are echoed by her department chair in a later scene of *An Unquiet Mind*. Recalling how she waited fearfully for his response to the revelation that she had MDI, she writes: "He paused, and then laughed. 'If we got rid of all of the manic-depressives on the medical school faculty, not only would we have a much smaller faculty, it would also be a far more boring one'" (p. 209). Implicitly, Jamison's colleague reassures her that MDI is common among the faculty at their elite university, constructing the illness as a sort of qualification for psychiatry professorship rather than a hindrance to such a career. And in Jamison's portrayal of her own professional achievements throughout her memoir, *An Unquiet Mind* suggests that she agrees—in her estimation, her MDI has helped her to succeed in the competitive field of academic medicine.

There can be no illusion for readers of *An Unquiet Mind* that Jamison enjoys depressive episodes: the text indicates that it was only due to her extreme depressions (and eventual suicide attempt) that Jamison finally agreed to treat her MDI with long-term medication. Towards the end of the book, she writes: "Depression is awful beyond words or sounds or images. . . . There is nothing good to be said for it" (p. 217). However, as *An Unquiet Mind* explores Jamison's experiences of mania—which she describes at the outset of the text as "great personal pleasure, an incomparable flow of thoughts, and a ceaseless energy" (p. 6)—it is increasingly apparent that Jamison understands this aspect of MDI as not only enjoyable, but beneficial to her. In addition to "giving a certain romantic tumultuousness to [her] personal life," Jamison suggests, her MDI has been especially valuable to her career: "These fiery moods . . . over the years, added a great deal that was positive to my professional life. Certainly, they had ignited and propelled much of my writing, research, and advocacy work" (p. 122). In Jamison's view, her manic episodes provide her with a special clarity of mind, abundance of energy, and various other abilities that

are "very conducive to productivity" in her scholarly projects (p. 99). As a "strange and driving force, a destroyer, a fire in the blood," Jamison's mania may be frightening and unpredictable for her, yet *An Unquiet Mind* repeatedly hints that MDI's advantages outweigh its disadvantages. Notably, to conclude the chapter of her memoir that recounts the most harmful consequences of her MDI—her severe depressions, violent psychotic episodes, suicide attempt, and so on—Jamison ultimately points to the illness's redeeming qualities. She writes: "Fortunately, having fire in one's blood is not without its benefits in the world of academic medicine, especially in the pursuit of tenure" (p. 123). As one might expect, the chapter that immediately follows (titled "Tenure") crafts a defense of her belief that MDI helped her to succeed in academia.

Although the early chapters of *An Unquiet Mind* contend that Jamison showed signs of MDI from childhood onwards, it is noteworthy that her illness did not fully manifest—through "very severe manic episodes that . . . escalated wildly and psychotically out of control" (p. 37)—until after she had already joined the faculty at UCLA. In a sense, Jamison implies that she was only able to finish her Ph.D. because her illness was in "remission" during those years: "I was experiencing . . . a deceptive respite from the savagely recurrent course that the untreated illness ultimately takes" (p. 56). But with Jamison's more frequent and extreme experiences of MDI symptoms as a professor, the text implies, came even more extraordinary intellect, productivity, and achievement. Far from being discouraged by her MDI, Jamison states that she grew "more and more determined to pull out some good from all of the pain, to try and put [her] illness to some use," and it seems that she succeeded in capitalizing on her symptoms (p. 125). She writes:

> When manic, or mildly so, I would write a paper in a day, ideas would flow, I would design new studies, catch up on my patient charts and correspondence, and chip away at the mindless mounds of bureaucratic paperwork. . . . It was a loopy but intense life: marvelous, ghastly, dreadful, indescribably difficult, gloriously and unexpectedly easy, complicated, great fun. (pp. 131-32)

From Jamison's perspective, her manic states were an asset to her career because they allowed her to complete important tasks with remarkable skill and ease (e.g., writing an academic paper in one day); moreover, they seemed to make her more mundane responsibilities feel enjoyable. Echoing her earlier descriptions of the mild manic states she experienced in college—during which "classwork . . . seemed very straightforward, and [she] found examinations, laboratory work, and papers almost absurdly easy" (p. 44)—Jamison affirms that her professional life during manic episodes was "marvelous", "gloriously and unexpectedly easy," and "great fun." As a result, *An Unquiet Mind* establishes that Jamison's excellent productivity as a scholar is closely tied to her MDI: without tapping into the latter, she would not have realized the former.

A reading of *Manic-Depressive Illness* and *Touched With Fire* demystifies, to some extent, how Jamison has personally contributed to scholars' widespread uptake of the Brainiac topos as scientific fact. But as the plot of *An Unquiet Mind* moves forward into later stages of her career—the stages at which she published these two books—readers encounter numerous more examples of her efforts to promote the Brainiac topos at an institutional level. More than simply inspiring her to study mood disorders in her scholarly career, Jamison's firsthand experience of MDI made her "absolutely and single-mindedly determined to make a difference in how the illness was seen and treated" (p. 126). Hence, when Jamison and two colleagues founded an outpatient clinic for the treatment of mood disorders at UCLA (the UCLA Affective Disorders Clinic), she also made it a priority to start a teaching program "that would qualify as a clinical rotation, or training experience" for students of psy- science/medicine at the university (p. 126). In addition to teaching "the basics" of psychiatric medicine, Jamison explains, she and her colleagues expanded their curricula to include previously underrepresented topics, including:

> the positive aspects of the illness . . . heightened energy and perceptual awareness, increased fluidity and originality of thinking, intense exhilaration of moods and

> experience, increased sexual desire, expansiveness of vision, and a lengthened grasp of aspiration. I tried to encourage our clinic doctors to see that this was an illness that could confer advantage as well as disadvantage. (p. 128)

Listing a range of "advantages" that MDI supposedly confers upon its sufferers, Jamison affirms that psychiatrists-in-training must be aware of the illness's positive features in order to provide competent treatment for their patients. That MDI is linked to special abilities is a fact she wanted her colleagues to "see"—rather than a theory for them to consider—and in Jamison's description of herself as "trying to encourage [others]" to understand her ideas, the text subtly hints at both the difficulty and the virtue of this task. In other words, Jamison conveys that although the benefits of MDI are intimately familiar to her, they are not easily recognized by those who lack firsthand experience, thus it was (and is) her duty to share her special knowledge.

Few aspects of Jamison's memoir better illustrate her investment in the Brainiac topos— and her own enactment of a Brainiac persona—than her impassioned efforts to educate fellow scientists and doctors about the advantages of MDI. By the end of *An Unquiet Mind*, the narration's central focus seems to shift from arguing that Jamison's MDI is genetic and advantageous towards contemplating what, after all, can be done about those facts: How can persons with MDI cope with their extraordinary gifts? What further research can be done about this topic? How can she ensure that doctors learn what they need to know? Nonetheless, in the closing words of her memoir, Jamison revisits her own utterly personal, emotional insights into the meaning of her mental illness. Having raised the question of whether (if given a choice) she would choose to have MDI, Jamison stresses that she would never want her illness if she did not have access to effective medication. However, since "lithium does work for [her]" and she is able to take it, Jamison muses that she would indeed choose MDI over ordinary mental health (p. 218). In doing so, she offers *An Unquiet Mind's* final endorsement of the Brainiac topos:

> I honestly believe that as a result of [my MDI] I have felt more things, more deeply; had more experiences, more intensely; loved more, and been more loved; laughed more often for having cried more often; appreciated more the springs, for all the winters; worn death 'as close as dungarees,' appreciated it—and life—more; seen the finest and the most terrible in people, and slowly learned the values of caring, loyalty, and seeing things through. . . . normal or manic, I have run faster, thought faster, and loved faster than most I know. (p. 218)

In this passage, perhaps the lengthiest and most effusive celebration of Mad Genius rhetoric to be written by any author of any mental illness memoir, Jamison wholeheartedly assures her readers that having MDI is a valuable experience. Although it causes her great pain, Jamison concludes, it is also thanks to her lifelong mental illness that she has felt, experienced, loved, laughed, cried, appreciated, worn, seen, learned, run, and thought—in a word—"more."

Conclusion: Absolute Knowledge Corrupts Absolutely?

Of the four memoirs I analyze in this dissertation, *An Unquiet Mind* is undoubtedly the most overt in its promotion of Mad Genius rhetoric. Whereas readers' absorption of Susanna Kaysen's story in *Girl, Interrupted*—an intentionally minimalist, literary text—somewhat hinges on their preexisting familiarity with the Tortured Artist topos, Jamison's narration in *An Unquiet Mind* is comparatively direct in telling readers what to think about mental illness and when to think it. Moreover, Jamison's arguments are not so beholden to the specific historical context in/about which she writes: we are meant to accept the information her memoir shares precisely because it is, in her judgment, built on objective (i.e., timeless) facts. And as I have striven to clarify throughout this chapter, my reading of Jamison's Brainiac persona in *An Unquiet Mind* is not meant as an attack on Jamison, Jamison's career, nor the entire scientific enterprise. That the personae of two such disparate individuals as Kay Redfield Jamison and Donald Trump can both be analyzed through a Brainiac lens is, no doubt, a testament to the versatility and power of this topos. To my knowledge, most MDI experts do believe it is a genetic disorder—at least insofar as they believe that genetics probably play some role, in some MDI cases, at some times—and

many must also believe MDI is scientifically linked to special abilities. The same is true of various other mental illnesses: in his book *Against Depression*, for example, Kramer (2006) analyzes evidence that major depressive disorder confers advantages in a manner somewhat similar to Jamison's investigation of MDI in *Touched With Fire.* But most important to my interests in this dissertation, I think, is the fact that countless people with mental illness also believe their conditions are a source of special gifts—gifts they may be unwilling to sacrifice in order to treat their illnesses, even if that choice costs them their health, happiness, and/or lives.

The extremity of Jamison's MDI symptoms, combined with her awareness (when well) that her behaviors during episodes of illness are wholly involuntary, all but guarantees that she would recognize her condition as a biological disease. Ironically, for someone experiencing frequent negative outcomes due to genetic factors beyond their control, it only seems rational to hope for some positive outcome to arise from those same factors. One can hardly begrudge these hopes, true or false, of any individual person living with a serious mental illness. Nonetheless, Schoeneman et al. (2012) wonder whether the "countervailing story" of *An Unquiet Mind*—in which Jamison, despite her urgent insistences that MDI sufferers must seek treatment for their symptoms, portrays her own experience of taking medication as "a loss of the sublime and a return to the mundane"—may be inconvenient for clinicians who want to assign this book to patients with MDI (p. 204). Briefly reflecting on this point, they write:

> There are, however, aspects of Jamison's account of Bipolar Disorder that could be problematic. In the first place, unlike depression, mania has a number of positive features such as *power, acuity, seductiveness,* and *extravagance* that are eradicated with recovery. . . . [To] readers of this memoir, it is not clear whether Jamison's descriptions of the positive features of manic episodes and their subsequent loss undercuts her larger narrative of recovery from a destructive loss of control. This is an interesting matter for further study. (p. 204)

Apparently distressed by her memories of being "unpredictably and uncontrollably irrational and destructive," Jamison uses logos to persuade her readers that MDI has actually made her an extraordinarily rational and creative scientist (1995, p. 121). But in its deceptively simple presentation of Brainiac-type hypotheses as scientific fact, the narration of *An Unquiet Mind* also seems to absolve Jamison of any fault for perpetuating the Brainiac topos as a cultural cliché. Put differently, *An Unquiet Mind* implies that Jamison cannot possibly do harm by persuading her readers that mental illness confers special gifts—and that these gifts are "eradicated" and "lost" when a person seeks treatment. On the contrary, Jamison is certain that by educating others of this scientific fact, she will improve existing treatments (i.e., psychotherapies) for persons with mental illness while also helping to destigmatize its symptoms. The only problem with her project is: the Brainiac topos is not scientific fact, and it undeniably does do harm.

As Jamison is well aware, the assumption that any human trait is both genetic and inherently undesirable quickly loses its appeal when used to justify eugenics and other forms of violence against affected persons. Less salient in her memoir is the fact that assigning positive value to so-called genes is equally perplexing when, for example, doing so may convince some people to choose their genetic gifts over medicating a life-threatening illness. Given Jamison's distinguished career, it is difficult for readers to assess whether she herself has made that choice. In the events recounted in *An Unquiet Mind*, at least—and in her rise to fame after the release of this beloved book—she seems to have her "cake" and treat it, too (so to speak). Read from one perspective, Jamison's memoir *is* an inspiring story of a woman with a severe psychiatric disability who ascended to prominence in sexist, ableist academic institutions during the 1970s to revolutionize popular and scholarly discourse about MDI. Having nearly died from her disease, Jamison dedicated her career to advocating for other persons with mental illness, and there is no

telling how many lives she has saved. But read from a different angle, *An Unquiet Mind* is a "self-congratulatory" book written by a remarkably privileged woman whose "money and connections" (powerful friends, world-class doctors, loving partners, etc.) thoroughly "insulated her from the horrific repercussions typically associated" with her illness—and who was already "safely tenured" at a prestigious university when it was published (Maisel, 2016, para. 8). Asserting that she would rather have MDI than not, Jamison "romanticiz[es] a condition that causes . . . profound suffering and broken lives for those who do not have her advantages" (Maisel, 2016, para. 10). The relationship between these two readings is like that between a good story and a good argument or that between an effective coping mechanism and a positive health outcome. So, does Jamison's enactment of a Brainiac persona undercut her memoir's pro-recovery message? It's clear that the answer to this question is not clear.

CHAPTER 3: WEEPS OF FAITH: TRAUMA AND THE
ETHOS OF THE SURVIVOR

Halfway through Nana-Ama Danquah's groundbreaking 1998 memoir, *Willow Weep for Me: A Black Woman's Journey Through Depression*, the author recalls a period of her childhood in which she heard a certain disco song played "over and over" each night before bed (1999, p. 106).[1] The song was Gloria Gaynor's 1979 hit "I Will Survive," and Danquah's mother listened to it frequently in the months after her husband, Danquah's father, left their family. Here and elsewhere in *Willow Weep for Me*, a woman's ability to "survive" the circumstances of her life is framed as a desirable, even mandatory skill—especially for women who are (like Danquah and her mother) Black, single mothers, and/or first-generation immigrants. From Danquah's adult perspective, the precipitating event for her mother's nightly ritual is fairly obvious: to survive the painful dissolution of her marriage, she immersed herself in lyrics her daughter glosses as "one woman's pledge to overcome the devastation of a break-up" (1999, p. 106). The end point of this ritual is clearly demarcated, too. Several pages later, Danquah notes how her mother's grieving ended when she entered a new romantic relationship: "Mum cut off her hair and lost a ton of weight. . . . Mum was visibly happier. She smiled a lot, wore nicer clothes, and stopped playing that song" (p. 110). If survival was the motivation behind listening to "I Will Survive," and divorce was the thing to be survived (in the transitive sense of the verb), then Danquah's mother

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[1]Per the cover of *Willow Weep for Me*, Danquah's professional name at the time of its publication was Meri Nana-Ama Danquah. I refer to her as Nana-Ama Danquah because, as of 2019, this is her stated preference: "As an African writer, it feels strangely like a rite of passage, this decision to dispense with the use of an English name" (Danquah, 2019, p. 70).

seemed to have met her goal. Her newfound vivacity was visible not only in her turn away from Gaynor's words of affirmation, but in her efforts to maintain an outward look of feminine normality—smiling, dressing well, tending to her hair, and staying thin.

Unfortunately for Danquah, break-ups are just one of many distressing ordeals she herself endures over the course of *Willow Weep for Me*, and the exact beginning or end of her healing processes is not so clear. As a self-described "single black mother about a half a paycheck away from the government cheese line," Danquah survives instances of racism, misogyny, xenophobia, domestic violence, abandonment, sexual abuse, poverty, educational setbacks, professional flops, alcoholism, and various other hardships dating back to an early separation from her mother at the age of three (Danquah, 1999, p. 235). It might be apt to characterize her as someone who survives per se (in the intransitive sense of the verb); in colloquial terms, she would be called a "survivor." And indeed, that is exactly what happens in a scene near the end of *Willow Weep for Me*. When Danquah and a friend, Ursula, discover they both are working on writing projects about depression and named after the willow tree, Danquah jokes, "'That old weeping willow tree . . . It's sure seen a lot of victims and a lot of tears'" (p. 262). Objecting to the subtext of Danquah's joke—that the two women are among the willow's victims—Ursula interjects, "'We're not victims, we're survivors. The willow is a healing herb. . . . Isn't that inspirational?'" (p. 262). Here Danquah digresses from her dialogue with Ursula, reflecting on the poignant cultural history of the willow: although the willow was once a "symbol of joy" (p. 262), Danquah writes, it was after the Babylonian exile era of Jewish history that the tree came to symbolize "the act of weeping, the mourning over loss, and the litany for survival" (p. 263). Nonetheless, having noted how willow bark was also used to make salicylic acid (a precursor to aspirin) in the 1800s, Danquah concludes, "Indeed the willow is a symbol of healing" (p. 263).

The rhetorical implications of "survival"—and the figure of "the survivor" in particular—has been an object of popular and scholarly inquiry in the United States at least since the end of World War II (Orgad, 2009). That these words hold power when applied to a specific person or thing is apparent in the scene described above. In just a few words, both women convey a great deal of information about so-called survival: it is different from victimhood, it is applicable to persons living with depression, it has the potential to inspire, and it is connected to healing. Above all, Ursula's statement indicates that identifying oneself (and others) as a survivor is a positive action, even an honor, and she and Danquah have rightly won that honor through the many hardships they have endured. And evidently, Ursula was not alone in her assessment of Danquah's life story—one cannot help noticing how survivor discourse features prominently in the marketing materials for *Willow Weep for Me*. According to the book jacket of its first 1998 printing, this book "is not simply a memoir about depression, it is a powerful meditation on courage and a litany for survival."[2] Likewise, the back cover of the 1999 reprint presents it as "an inspirational story of healing and emergence," concluding that "*Willow Weep to Me* calls out to all women who suffer in silence . . . Meri Danquah rises from these pages, a true survivor who reclaims her life." Readers are urged to pick up *Willow Weep for Me*, then, not "simply" out of special interest in mental illness (or the memoir genre), but rather out of universal interest in the pursuit of survival, courage, autonomy, and other human values. Indeed, it seems that "all women" can learn something precious from this text, for it reveals deep truths about the very nature of survival from the perspective of an expert—a "true survivor."

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[2]This endorsement is also likely meant to call to mind one of Audre Lorde's most famous works, the poem "A Litany for Survival" (see Lorde, 1978, pp. 31-2).

Judging by its title, one might expect *Willow Weep for Me: A Black Woman's Journey Through Depression* to be a firsthand account of clinical depression with some reflection on the author's race and gender (among other topics)—and this is a pretty accurate description. Yet these cover blurbs distance Danquah's narrative from its basis in a stigmatized mental illness, locating the value of her writing instead in the exceptional strength of her spirit and the rarity of her wisdom. In doing so, they allude to an increasingly popular cultural cliché that I call the "Survivor" topos, a subtype of Mad Genius rhetoric that rationalizes the supposed link between madness and genius on the basis that such qualities share a common origin in personal trauma. That experiences of trauma often carry negative short- and long-term psychological effects in the human mind is an established fact in all mental health professions—beyond the obvious risk of developing posttraumatic stress disorder, persons coping with trauma are often diagnosed with depression, anxiety, and substance abuse disorders (to name a few). But although the Survivor once suffered unspeakable pain, hardly emerging with their psychological well-being intact, Survivor discourse hints that something special can be gained from trauma, too: extraordinary strength, wisdom, courage, and more. Identifying Danquah as a Survivor in *Willow Weep for Me,* then, serves at least two rhetorical functions. First, it conveys the seriousness of her hardships, perhaps suggesting she is uniquely prone to trauma. Secondly, and importantly, it establishes her authority to inform her audience about a multitude of human experiences and emotions. From a publisher's perspective, Survivor discourse is appealing simply because it makes Danquah's memoir sound more interesting than some other titles their audiences might purchase. But for Danquah herself, a woman exposing her stigmatized illness by writing in the controversial memoir genre, there may be other advantages to the Survivor topos.

This chapter unites recent research in autobiography studies and mental health rhetoric to explore the significance of Survivor discourse in first-person narratives of psychiatric illness. In particular, I show how *Willow Weep for Me* constructs the author's persona as a paradigmatic Survivor—in essence, an expert at survival—through its focus on the extremity of Danquah's life events, the role of such traumas in her development of depression, and the exceptional character she seems to have built along the way. Whereas most scholars citing Danquah's memoir read her discussions of race, class, and gender foremost as a challenge to the sociopolitical forces barring her access to mental healthcare (see Mollow, 2006, p. 74), I contend that Danquah's portrayal of her extensive traumas also functions as a means of grappling with societal stigma against mental illness. I argue, then, for a view of Survivor discourse as one type of "recuperative ethos" for a person identified as mentally ill (Molloy, 2015, p. 138). In other words, Danquah's engagement with the Survivor topos is a rhetorical strategy through which she affirms the value of her writing before readers she expects to associate her illness with personal weakness—highlighting her continuous survival against the odds, Danquah instead frames her past traumas as proof of her extraordinary character, thus building her ethos as a rhetor with depression.

Inspired by Danquah's reference to the song "I Will Survive," I situate her testimony amid a growing tradition of Survivor narratives in contemporary pop music by/for women in distress, proceeding then to a brief history of the word "survivor" and the growing field of scholarly research on the Survivor topos. Next, I connect Survivor discourse and "the ethos of the survivor" (Serra, 2007, p. 34)—as described by literary scholars, namely specialists in autobiographical writing—to leading studies in mental health rhetoric, in which the challenge of building ethos is recognized as paramount to firsthand accounts of mental illness. Expanding on preliminary readings of *Willow Weep for Me* in feminist disability studies and African diaspora

studies, I analyze the text for its engagement with the Survivor topos during several climactic moments of Danquah's story: her disclosures of past traumas, her earliest confrontation with (and admission of) the notion that she may be depressed, her first encounter with psychotherapy, her pivotal decision to try psychiatric drugs, and her conversation with the editor who urged her to write this memoir. Ultimately, although laying claim to Survivor ethos strikes me as an utterly reasonable reaction to repeated experiences of trauma, I question the viability of this rhetorical strategy for either persons with mental illness or members of other stigmatized groups writ large.

Victim to Victory: Popular and Scholarly Visions of the Survivor

It is no surprise Danquah's mother turned to a song like "I Will Survive," which is written from the viewpoint of a newly-empowered person refusing reconciliation with a hurtful ex-lover, after her husband abandoned their family. Since its release in 1978, "I Will Survive" has, in Gloria Gaynor's own words, "reached number one in every country that [she's] ever heard of," making it "the whole disco era's biggest ever dance hit" (1997, p. 137). And according to her 1997 memoir, *I Will Survive: The Book*, Gaynor knew her signature song would be a hit "as soon as [she] read the lyrics," because they struck her as "timeless words that everybody could relate to" (p. 136). Indeed, Gaynor credits her impassioned vocals on "I Will Survive" to the fact that she was still mourning her mother's recent death and recovering from a major spinal surgery when she recorded it—although she herself did not write the song, nor was she suffering from a break-up at the time, she identified with its message of pain and perseverance (p. 139). For Gaynor, it is precisely because the song's portrayal of "survival" is so broadly interpretable (and thus relatable) that "I Will Survive" has been so popular over the years: "All kinds of people have told me different ways in which this song has been an encouragement to them. It's one of those songs . . . that seem to have captured the universal imagination" (p. 139).

Importantly, although "I Will Survive" was made famous by Gaynor, its lyrics make no reference to the narrator's (or their ex-lover's) gender, race, class, or other salient identities. The song centers on a failed romance, but it is sparse on details about the relationship—for example, the narrator's grievances are glossed over in the lyrics, "but then I spent so many nights thinking how you did me wrong" (Gaynor, 1978). In fact, the song's thrice-repeated chorus does not mention romance at all, emphasizing only the narrator's resistance to their antagonist ("just turn around now / 'cause you're not welcome anymore. . . . weren't you the one who tried to break me with goodbye?") and faith in their own ability to "stay alive" (Gaynor, 1978). Hence, even 35 years after the release of "I Will Survive," Sullivan (2013) echoes Gaynor's claims about its universal appeal in his entry for the song in the *Encyclopedia of Great Popular Song Recordings*, arguing that it still "speaks to anyone who's faced misfortune or tragedy and is determined to rise above it" (p. 713). Through lyrics that honor both the anguish of the narrator's ordeal ("At first I was afraid, I was petrified / Kept thinking I could never live without you by my side") as well as their transformation into a stronger, prouder individual in the aftermath ("I grew strong / And I learned how to get along. . . . now I hold my head up high, and you see me / Somebody new") (Gaynor, 1978), "I Will Survive" all but perfectly exemplifies the Survivor topos as I understand it. The notion that personal suffering somehow strengthens a person's character in the long-term is, perhaps, as much a hallmark of the human condition as is suffering itself.

If Danquah's mother had divorced after 2000 instead of the late 1970s, she would have had an even greater treasury of music from which to choose the soundtrack to her survival. Indeed, Bradford (2003) observes that popular music at the turn of the twenty-first century saw a distinct rise in "antiromance" lyrics across all Top 40 records by/for young women (p. 35). Unsurprisingly, changing social norms regarding women's roles in romantic relationships and

socioeconomic dependence on male partners were reflected in the cultural artifacts of this era. In particular, Bradford describes the "stronger than yesterday" stance—named after Britney Spears's 2000 song, "Stronger"—as that of a woman who is "resistant to the power of romantic love over identity-formation, a woman who is not to be defined by a male partner" (2003, p. 37). Closely mirroring "I Will Survive," "Stronger" begins with the narrator ending a damaging relationship ("I've had enough / I'm not your property as from today") and imagines the narrator's ex-lover underestimating their ability to move on ("You might think that I won't make it on my own"); the chorus then revels in the enormous strength the narrator has gained through their past misery ("But now I'm stronger than yesterday / Now it's nothing but my way") (Spears, 2000). Likewise, although the song's music video depicts Spears's singing to an apparently unfaithful boyfriend (Bradford, 2003, p. 38), its gender-neutral lyrics actually share very little information about the addressee, the nature of their relationship with the narrator, or the reasons for their separation. Hence, when *Rolling Stone* readers voted "Stronger" as one of the ten best songs of Spears's career, a staff writer characterized it as an overall "anthem of self-empowerment," suggesting it is beloved because it is "both obviously autobiographical and highly relatable to anyone eager to define themselves" (Perpetua, 2011, para. 2).

Like Gaynor, Spears did not write any of her song's empowering lyrics, and its narrative of personal growth was not inspired by events in her own life. Nonetheless, her performance of "Stronger" was clearly meant to be perceived as autobiographical: the penultimate line of its chorus, "my loneliness ain't killing me no more" (Spears, 2000), was an obvious callback to her career-making 1998 single, "…Baby One More Time," in which she repeatedly sang, "my loneliness is killing me" (Spears, 1998). Although the writer and producer of "…Baby One More Time," Max Martin, had not written that song with Spears in mind—it was rejected by several

other artists before she recorded it—Martin co-wrote "Stronger" for the express purpose of including it on Spears's second album (see Goldstein, 2018, para. 14). As both songs seem to address a specific person (the "you" of the lyrics), the continuity between them may even suggest the love interest who hurt her in "Stronger" was the same one she had pined for in "…Baby One More Time," further heightening her audience's emotional investment in both songs' narratives. Hence, as the *Rolling Stone* article cited above attests, pop music fans embraced "Stronger" both for its self-affirming message *and* the seemingly authentic context in which it was delivered. If Martin had intended for his song to be marketable (as it was) to young people "pushing back against controlling influences" (Perpetua, 2011, para. 2), then his effort was all the more persuasive for constructing Spears as a positive role model in that struggle. Persuading fans that Spears really had been mistreated by a recent boyfriend, "Stronger" also presumably inspired audiences through its impressive validation of the Survivor topos. After all, Spears was an incredibly famous pop star in the 2000s—she was only 19 years old when the album "Stronger" appeared on broke the Nielsen SoundScan record for highest first-week sales by a female artist, a record Spears held for 15 years (Feeney, 2014, para. 3). Indeed, she had grown much stronger.

"Stronger" may have initiated the influx of "antiromance," pro-survival women's music in 2000s American pop culture—a series of (supposedly) autobiographical narratives for which "I Will Survive" had surely been a prototypical model—but whatever prominence Spears once had in contemporary Survivor discourse is now eclipsed by the abundance of women artists who have followed her example. Table 3 lists a range of chart-topping songs from 2000 onwards in which break-ups and other hardships are framed as a blessing in disguise for the women who live through them. Far from grieving the narrators' shattered health and happiness, these songs indicate that even the most devastating traumas can be stepping stones towards greater strength,

Table 3

Survivor Discourse in Popular Music, 2000-2020

Year	Vocalist	Title	Peak	Example Lyrics
2000	Britney Spears	Stronger	11	But now I'm stronger than yesterday / Now it's nothing but my way / My loneliness ain't killing me no more / I, I'm stronger
2001	Destiny's Child	Survivor	2	Now that you're out of my life / I'm so much better / You thought that I'd be weak without you / but I'm stronger / You thought that I'd be broke without ya, but I'm richer. . . . I'm a survivor / I'm gonna make it
2002	Christina Aguilera	Fighter	20	'Cause it makes me that much stronger / makes me work a little bit harder / It makes me that much wiser / so thanks for making me a fighter / Made me learn a little bit faster / made my skin a little bit thicker / Makes me that much smarter / so thanks for making me a fighter
2008	Pink	So What	1	So, so what? / I'm still a rock star / I got my rock moves / and I don't need you / And guess what? / I'm having more fun / and now that we're done / I'm gonna show you tonight / I'm alright / I'm just fine
2009	La Roux	Bulletproof	8	Been there, done that, messed around / I'm having fun, don't put me down / I'll never let you sweep me off my feet / This time, baby, I'll be / Bulletproof / This time, baby, I'll be / Bulletproof
2011	Demi Lovato	Skyscraper	10	You can take everything I have / you can break everything I am / Like I'm made of glass / like I'm made of paper / Go on and try to tear me down / I will be rising from the ground / Like a skyscraper / like a skyscraper
2011	Sia	Titanium	7	I'm bulletproof, nothing to lose / Fire away, fire away / Ricochet, you take your aim / Fire away, fire away / You shoot me down, but I won't fall / I am titanium / You shoot me down, but I won't fall / I am titanium
2011	Kelly Clarkson	What Doesn't Kill You	1	What doesn't kill you makes you stronger / stand a little taller / Doesn't mean I'm lonely when I'm alone / What doesn't kill you makes a fighter / footsteps even lighter / Doesn't mean I'm over 'cause you're gone
2013	Demi Lovato	Warrior	—	Now I'm a warrior / Now I've got thicker skin / I'm a warrior / I'm stronger than I've ever been / And my armor is made of steel, you can't get in / I'm a warrior / and you can never hurt me again
2013	Katy Perry	Roar	1	You held me down, but I got up / Get ready 'cause I've had enough / I see it all, I see it now / I got the eye of the tiger, a fighter / dancing through the fire / 'Cause I am a champion / and you're gonna hear me roar
2015	Rachel Platten	Fight Song	6	This is my fight song / take back my life song / prove I'm alright song / My power's turned on / starting right now, I'll be strong / I'll play my fight song. . . . 'Cause I've still got a lot of fight left in me
2017	Kesha	Praying	22	But after everything you've done / I can thank you for how strong I have become. . . . And you said that I was done / Well, you were wrong, and now the best is yet to come / 'Cause I can make it on my own
2018	Ariana Grande	Thank U, Next	1	One taught me love / one taught me patience / and one taught me pain / Now I'm so amazing / Say I've loved and I've lost / but that's not what I see / So, look what I got / look what you taught me / And for that, I say / "Thank you, next". . . . I'm so fuckin' grateful for my ex
2019	Avril Lavigne	Warrior	—	'Cause I'm a warrior, I fight for my life / like a soldier, all through the night / And I won't give up, I will survive / I'm a warrior / And I'm stronger, that's why I'm alive / I will conquer, time after time / I'll never falter, I will survive / I'm a warrior

Note. Each song's peak spot on the Billboard Hot 100 Chart (as of July 2020) was drawn from Billboard's online archives (see "The Hot 100 Chart," n.d.). Lyrics were retrieved directly from the original recordings and confirmed via Genius (see "Songs," n.d.). See my reference list for complete citation information for each recording; with the exception of "Titanium" (attributed to Guetta & Sia), each song is listed under the performer's name as it appears in this table.

wisdom, and personal prosperity. And whereas the self-referential airs of both Gaynor's and Spears's famous songs were largely fictitious, the success of more recent Survivor narratives in is inextricably intertwined with fans' awareness of the true events that inspired them. Uniting a (now) familiar, beloved cliché about trauma with celebrity gossip that seems to prove its truth, Survivor discourse in contemporary music might appeal to any person whose life story vaguely resembles those of the singers they admire. That these songs are well received by popular audiences is evident, of course, in their frequent appearances on the Billboard Hot 100 Chart.

The lyrics of the songs in Table 3 still lack specificity, ensuring the audience's ability to identify with their generic tales of triumph over woe, and their content is not as novel in 2020 as it might have been in 1978. But specificity and novelty are not the point: what sets these songs apart now is the artists' credibility. Nearly every vocalist listed above was also credited as a co-writer of her empowering song, and when the song was released, it was widely known that the lyrics alluded to her own professional setbacks (Destiny's Child's "Survivor," Sia's "Titanium," Rachel Platten's "Fight Song"), abusive childhood home (Christina Aguilera's "Fighter," Demi Lovato's "Warrior"), high-profile divorce or separation (Pink's "So What," Katy Perry's "Roar," Ariana Grande's "Thank U, Next"), debilitating health issues (Demi Lovato's "Skyscraper," Avril Lavigne's "Warrior"), recovery from sexual assault (Kesha's "Praying"), or some other trauma. To be sure, the demand for song lyrics that give a glimpse into the artist's personal life is so powerful that Kelly Clarkson, promoting her 2011 album *Stronger*, had to clarify to fans that "What Doesn't Kill You" (which she did not write) was not directed at anyone in particular. According to her interviewer, "the clues are there that *someone* has done Kelly wrong," but Clarkson admitted, "there's no common [source], like, it wasn't like one [thing], I didn't have a bad break-up or anything, it wasn't like that" (Elias, 2011, para. 7-8). On the other hand, when

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Demi Lovato was interviewed about *Unbroken*—her 2011 "comeback" album after her highly-publicized stay at a treatment facility for bipolar disorder, bulimia, and self-harm in 2010—she stressed the deeply personal nature of "Skyscraper," although this song was neither written by nor originally intended for her (Gayles, 2011, para. 1). Addressing the interviewer's implied criticism on this point, Lovato asserted, "I've co-written a lot of the songs [on *Unbroken*]. . . . Even though I didn't write on 'Skyscraper,' I still had a huge emotional attachment to it and I wanted to record it, because I was just so passionate about it" (Gayles, 2011, para. 33). In each of these exchanges, both the interviewer's and artist's comments reflect the elevation of bona fide Survivor narratives in their shared cultural context. Clearly, wisdom sans underlying trauma or trauma not directly translated into wisdom are less desirable than both simultaneously.

Although the songs in table 1 were inspired by a wide range of events, each could also be interpreted as a type break-up song—and since break-ups are common, intensely emotional events for much of humankind, it is to be expected that the music industry engages with this topic on a near-constant basis. What I wish to highlight in compiling this archive, though, is not only the enduring popularity of Survivor narratives and the centrality of artists' life stories in the marketing thereof, but also the striking consistency of themes across such songs' lyrics. Notice, for example, how often the narrators use violent imagery to describe their struggles (bullets, being held/shot/torn down, being broken); their defenses are also usually expressed in corporeal terms (being bulletproof, fighting, getting/standing/rising up, wearing armor, dancing). Almost always, they emphasize the extraordinary changes they have seen in their character and lifestyle as a result of their ordeal (they are stronger, smarter, richer, wiser, thicker-skinned, more fun). Envisioning what they will do (make it, show "you," rise, conquer) or will *not* do (be hurt, get swept away, fall, give up, falter) in the bright future ahead, they even express gratitude to/for the

person who once wounded them. And so the formulaic quality of Survivor narratives in the 2010s music industry was, in a 2014 interview, neatly deconstructed by one of the artists most responsible for such songs' popularity. Reflecting on her 2011 hit "Titanium" and a work-in-progress titled "Invincible," Sia explained her "'victim to victory' theory" as follows:

> [on] the radio, a large percentage of the hits are . . . about victim to victory, like "I'm having a terrible time." And then the pre-chorus is "I don't know what's gonna happen next." And the chorus is, "Now I'm brilliant, and everything is great, because something happened to make it great." (Sanders, 2014, para. 26)[3]

Clustering myriad hit songs under the umbrella of "victim to victory," Sia's comment points to an absolutely essential feature of Survivor discourse. Above all, Survivor narratives affirm that survival is not simply something a person does or an emotion they feel: it is who they *are*. Whether one actually uses the word "survivor" or some metaphoric variation (fighter, rock star, skyscraper, titanium, warrior, champion, soldier, etc.), enactments of the Survivor topos leave little doubt that the Survivor's identity has been utterly transformed by their distress. Less clear, perhaps, is what exactly it means to take up this new identity—beyond the simple fact of keeping oneself alive, what constitutes survival? Theorization on this topic may be limited in a three- to four-minute pop song, but in the remainder of this section, I review current scholarly analyses of the Survivor as a historical figure, cultural construct, and narrative persona in Western culture.

Colloquial use of the word "survivor" has increased steadily in the Western world since the mid-twentieth century, but it is only in recent decades that scholars have begun to theorize about the cultural construction of this term. By definition, a survivor is some being that continues

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[3]The work-in-progress Sia discusses in this article was ultimately released under the title "Unstoppable" on her 2016 album *This Is Acting*. Its lyrics would fit well in table 1: "put my armor on, show you how strong I am. . . . I'm unstoppable, I'm a Porsche with no brakes / I'm invincible, I win every single game / I'm so powerful, I don't need batteries to play / I'm so confident, I'm unstoppable today" (see Sia, 2016).

to live; their features may be defined in contrast to those of another party who did not "survive." The origins of this word in English are traced to legal communication, in which a survivor is someone who outlives a specific person (e.g., a parent or spouse) and may thus be entitled to certain rights.[4] Survivor is also commonly used to refer to someone significantly affected, but not killed, by a specific natural disaster or mass tragedy. In such contexts, the phrasing "survivor of _____" may be more common than "_____ survivor." But in the 1960s, the idea of a Survivor as a distinct identity came to be strongly associated—all but synonymous—with someone who had lived through the Holocaust or, to a much lesser extent, the United States' 1945 bombing of Hiroshima and Nagasaki. Since the 1980s, feminists have debated the advantages of the term Survivor in reference to persons who have experienced gender-based violence, often preferring this to more stigmatizing alternatives (e.g., "battered woman"). In the same era, though, Survivor also gained traction as a title for someone who has been treated for cancer (see Mullan, 1985), and gay men who lived through the early stages of the HIV/AIDS epidemic began to identify themselves as Survivors, too. Thus in contemporary parlance, Survivor discourse is expanding to capture an ever broader range of traumatic events and experiences—in the absence of obvious contextual clues, a person referring to Survivors can no longer assume a common understanding of this term among members of their audience. For this reason, Survivor is usually accompanied by a modifying noun. That is, we speak specifically of Holocaust survivors, bombing survivors, rape/incest survivors, domestic violence survivors, cancer survivors, AIDS (or other epidemic) survivors, mass shooting survivors, hurricane survivors, psychiatric survivors, and so on.

These various forms of Survivor discourse diverge in their conceptions of how exactly a person becomes a Survivor, what it means to survive, and alternatives to survival. For example,

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[4]For a more complete genealogy of "the survivor" figure in modern culture, see Orgad, 2009.

Kelly et al. (1996) found that discussions of sexual violence tend to frame Survivor identity as a stage of emotional healing following that of the "victim" on the so-called journey to recovery: being a Survivor is associated with being active, resourceful, strong, courageous, and proud of oneself after a traumatic experience (pp. 90-91). By contrast, the same study showed that victims are imagined to be passive, helpless, weak, vulnerable, and ashamed (p. 91). In its most literal construction, though, survival is defined in opposition to dying and death—as Spry (1995) notes, "there can be no survivors without victims" (p. 28). The opposite of a Survivor is, regrettably, someone who has died. Accordingly, all variants of Survivor discourse imply that the Survivor once faced a mortal threat to their physical or emotional well-being, and the fact of their survival is invariably regarded as a triumph. Indeed, per Orgad's (2009) genealogy of the Survivor in contemporary culture, as dominant discourse increasingly compares trauma to a "battle" over a person's life, it seems that "the only legitimate and desirable choice is to fight and win the battle—to become a survivor" (p. 148). Regardless of whatever trauma a person has endured, they are encouraged to make peace with the past, seize control over their healing, speak out about their experiences, and thus achieve the special status of a Survivor (Orgad, 2009, p. 150).

Of crucial importance to my study in this chapter is Orgad's observation that, at present, Survivor identity is all but predicated on autobiographical acts. If an individual's ability to speak and write about their past is deemed "central to empowerment" (p. 154), then "telling is the key to becoming a survivor" (2009, p. 150). It is through the act of storytelling that Survivors come into being, and for this reason, it is often by studying autobiographical narratives—for example, song lyrics—that we garner insights into Survivor discourse. While I cannot account for the vast archive of life writing by specific Survivors, some generalizations can be made about Survivor narratives as a class. Aside from Orgad's research cited above, Smith and Watson's (2010)

Reading Autobiography, a landmark text in autobiography studies, lists "survivor narrative" in its appendix of prominent life writing genres—they define this category as "narratives by survivors of traumatic, abusive, or genocidal experience" (p. 282). These scholars coincide with Orgad in their observation that, when it comes to narrating trauma, "victims must be remade as survivors through acts of speaking out" (p. 282). Citing an influential feminist study of Survivor discourse, Smith and Watson also stress the "political utility" of the Survivor's testimony—especially when it "critiques larger cultural forces" in addition to exploring the author's private emotions (p. 282; see also Alcoff and Gray, 1993). Likewise, Yagoda's (2010) *Memoir: A History* praises the rise of memoirs by Black Americans and Holocaust survivors in 1960s publishing, describing these texts as "testaments to the wrongs suffered by a people coming from the pen of a survivor" (p. 226). It was only due to the popularity of such politically-charged books, Yagoda suggests, that "victims of individual, as opposed to social, travail" were motivated to publish more highly personal stories of trauma in the early stages of the memoir boom (p. 226).[5]

To be sure, autobiographical writing—and more importantly, publishing—has been vital to the circulation of Survivor discourse in American culture, drawing more and more scholarly attention to these texts' rhetorical features. Gilmore (2010), for one, criticizes the recent trend towards tales of individual suffering and salvation (what she calls "American neoconfessionals") in the memoir market, arguing the author of such a book is "made believable less by her [sic] suffering than by her anomalous redemption. . . . what appeals is struggle and *overcoming*" (pp. 659-60, italics mine). Gilmore criticizes the American neoconfessional for displacing Survivor narratives of the past, in which authors wrote about trauma for the purpose of contextualizing it

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[5]Yagoda seems to use "victim" and "survivor" interchangeably throughout his book, but in context, his comment does read as a criticism of such self-centered, apolitical memoirists.

within broader "histories of harm" and calling for justice (p. 659). Whereas those authors might

be recognized as Survivors due to the clear, specific traumas recounted in their books, Gilmore

suggests some modern authors deliberately affect a pseudo-Survivor persona for personal gain—

obscuring the details of their suffering, they make themselves more relatable and thus widely

marketable to mass audiences. On the other hand, Couser (2011) notes how the stark contrast

between authors and their audiences can also be a selling point for memoirs: the demand for tales

of exceptional struggle and redemption even spurs some towards "autobiographical hoax," in

which authors falsely claim a racial, ethnic, or other cultural identity "once stigmatized but now

privileged in some quarters precisely because of its history of oppression" (p. 53). Couser does

not explain his curious assertion that some persons are privileged on the basis of oppression, but

against a backdrop of Survivor discourse, no elaboration is needed. Whether readers hope to be

flattered by our similarities to the Survivor or awed by our differences, the Survivor topos takes

it as a given that the Survivor's history of trauma makes them uniquely worthy of our regard. To

elucidate the context in which Survivors are either granted or denied good character, then, I turn

now to a discussion of mental health rhetoric and the notion of Survivor ethos.

Survivor, Ethos, Survivor Ethos: Autobiography Studies and Mental Health Rhetoric
Alongside the established Survivor discourses described above, in which survival is tied

to specific types of violence, disease, or historical events, I observe another notion of survival

emerging in the study of autobiographical texts. It is an idea Serra (2007) sketches as "the ethos

of the survivor" in her study of Italian immigrant autobiographies, *The Value of Worthless Lives*

(p. 34); to clarify the rhetorical dimensions of this concept as applied in this chapter, I use the

phrase "Survivor ethos." In Serra's understanding, the ethos of the survivor involves "the

sensation . . . of having escaped from destruction, having survived through the stampede of

history" (p. 34), and the authors in her archive embody this ethos by depicting themselves as "the

immigrant, the unlucky struggler, the fighter against an adverse destiny" (p. 43). Their narratives show how an immigrant's survival in a new country is not only physical (staying alive), but also financial, professional, procreative, cultural, and more—hence, the immigrant is a Survivor per se—but far from soliciting pity, they suggest "their lives of sorrow make them heroes" (p. 34). Highlighting the great obstacles one must conquer to "make oneself" in America and the "moral lesson[s]" (e.g., "optimism against all odds") one learns along the way (p.13), these otherwise unknown writers argue for their own worthiness to document their life stories. In doing so, as Serra's book title indicates, they affirm the value of all immigrants' lives, infusing them with Survivor ethos regardless of whether their stories are ever shared with a public audience.

Just as Survivor identity can arise from a variety of traumatic experiences, it seems that Survivor ethos can evoke a multitude of special characteristics: strength, knowledge, resilience, wisdom, integrity, compassion, and countless others. In the passages cited above, Serra suggests immigrant writers depict themselves as moral "heroes" (benevolent and brave) through their tales of survival; they address an American audience, reassuring them of their abilities to contribute to this country. By contrast, Larsen (2012) parses Rupert Bazambanza's preface to *Smile Through the Tears*, his 2009 graphic novel about the Rwandan genocide, thusly: "Bazambanza establishes an ethos as a survivor who has not only experienced the genocide, but also reached conclusions about it. . . . a survivor who has found direction and purpose in life by taking up a social cause" (p. 121). For Larsen, Bazambanza's Survivor identity seems to endow him with unique critical faculties and a heightened sense of justice, permanently shifting his life course towards political activism, autobiographical writing, and other forms of public advocacy—and so he highlights his Survivor status in hopes of persuading his readers to follow where he leads. On the other hand, Slade (2004) claims that Lifton's (1967) foundational research on Hiroshima survivors portrays

trauma as a source of valuable information, hinting that Survivors' unique intelligence is what builds their credibility: "Survivors seem marked with special forms of knowledge to which the rest of us do not have access" (p. 167; see also Lifton, 1967). In sum, although the traits ascribed to the Survivor may vary in accordance with the type of trauma they survived, the virtue of those traits is rarely disputed. When I use the phrase "Survivor ethos," then, I mean the overall excellence of character a Survivor is granted when the Survivor topos is upheld.

Needless to say, I cite Serra's work not to suggest that her archive can speak for all life writing by immigrants or any other marginalized group, but rather because I find that Survivor ethos—if understood, as it is here, to be constitutive of Mad Genius rhetoric—surfaces in an enormous number of trauma narratives, and delving more deeply into this concept sheds light on Survivor discourse as a whole. To be sure, Serra's study uses the term "ethos" in its sense as "the characteristic spirit of a people, community, culture, or era as manifested in its attitudes and aspirations" (OED, n.d.), not explicitly interpreting "the ethos of the survivor" as a type of character an author displays through narrative techniques for the specific purpose of persuading their audience. Still, the Survivor aspect of her argument can easily be reframed in rhetorical terms. These immigrant authors emphasized their great capacities for survival in order to build ethos before American readers; they felt extra compelled to justify their autobiographical writing because immigrants' perspectives have historically been devalued in the United States. In this sense, Serra's findings are certainly generalizable to life writing by other types of authors whose personal characters are, for whatever reason, likely to be questioned by their audiences.

That some speakers are disproportionately discredited in public forums due to their personal identities is, unfortunately, a well-known fact among scholars and activists alike. Extensive feminist research has explored, for example, how patriarchal societies invalidate

survivors of gender-based violence, all but requiring them to defend their own credibility when speaking out about assaults (see Alcoff & Gray, 1993; Kelly et al., 1996; Palmer-Mehta, 2018; Shearer-Cremean, 2004; Stenberg, 2018; etc.). Importantly, it is due (in part) to the association of trauma, oppression, and other forms of violence with intense emotionality and adverse psychological effects that firsthand accounts of such events are so frequently disregarded. Irrespective of whether a Survivor actually identifies as "traumatized" and/or a mental health consumer, extreme societal stigma against mental illness fosters the belief that persons in crisis are unreliable sources of information about their own experiences. Inevitably, some such persons will respond with assertions of their rationality—whereas the authors in Serra's research seem to argue that hardship positively affected their morals, other Survivors may find themselves arguing that hardship did not negatively affect their sanity. As Price (2011) notes, the impulse to clarify that one's negative emotions after a challenging ordeal are normal and not pathological (i.e., that one is "emotional but not crazy") is so strong that it frequently precedes, rather than follows, disclosures of distress (p. 47). But in imagining a clear boundary between normal and abnormal emotions, one raises a question that has driven a great deal of research in mental health rhetoric: if a person truly *is* mentally ill, is it then justifiable to discount the things they say?

Across the body of scholarship now increasingly called "mental health rhetoric research" (MHRR), a basic conflict is noted between mental illness and a person's ability to be recognized as a rhetorical being. Reverberating in many MHRR studies is Prendergast's (2003) comment that "to be disabled mentally is to be disabled rhetorically" (p. 202)—or alternatively, "If people think you're crazy, they don't listen to you" (p. 203; quoted in Donaldson, 2018; Johnson, 2010; Longhurst, 2019; Price, 2011; Pryal, 2010; Reynolds, 2018; Uthappa, 2018; etc.). If mental health is thought to be a necessary condition for meaningful communication, then persons

identified as mentally disabled will not be granted rhetoricity at all, let alone be heeded with respect. Of course, differing definitions of "disability" lead to multiple interpretations of this claim: what does it mean to be mentally (or rhetorically) disabled, and how do we distinguish this from illness, impairment, or other phenomena? Prendergast's essay focuses on the "disease" of schizophrenia, stressing that it is "as much a brain disorder as Alzheimer's disease or multiple sclerosis" (p. 2003, p. 190). On the other hand, Lewiecki-Wilson (2003) extends her analysis to all "psychiatric and cognitive disabilities that interfere with communication," calling for a view of "collaborative and mediated rhetorics" as valid expressions of rhetorical agency for persons with any number of mental impairments (p. 157). But Johnson (2010) explains that social stigma is itself a disabling force—a "failure of the rhetorical environment" (p. 461)—for persons known to be mentally ill, permanently marking them as defective rhetors even if/when their disorders have no obvious effect on their communication skills. Instead of damaging a person's credibility, Johnson argues, stigma "substitute[s] *kakoethos* in its place," signifying not "a lack of *ethos*, but a present *anti-ethos*" (2010, p. 463). Simply put, speakers with mental illness are rhetorically disabled not just because they are doubted or dismissed, but because they are actively assumed to be "worthless, evil, dirty, ugly, weak, cowardly, envious, dangerous" and so on (p. 465).

As rhetorical exclusion features prominently in early MHRR, several scholars have asked how persons with mental disability might respond to widespread denial of their rhetoricity. And whereas MHRR once centered "caregivers and their colleagues" (Reynolds, 2018, p. 3), often analyzing how mental health is constructed in institutional documents, recent studies turn more and more to patients' own narratives. One common finding in such work is that individuals with mental illness draw extensively from formal psychiatric discourse (especially the *Diagnostic and Statistical Manual of Mental Disorders*) when narrating their experiences (see Emmons, 2010;

Holladay, 2017; Lafrance & McKenzie-Mohr, 2013; Lee, 2017; Martin, 2007; Reynolds, 2018; Uthappa, 2017; etc.). The reason for this, Holladay (2017) contends, is that patients wish to display "scientific literacy" as a means of building ethos (p. 9)—realizing that "knowledge of scientific concepts and processes carries significant cache [sic] in conversations" about mental health (p. 14), they support their personal views by citing the most authoritative text in Western psychiatry. And in fact, MHRR quite consistently points to ethos (or lack thereof) as a vital component of patient narratives. Pryal (2010), for example, argues that memoirs about mood disorders build ethos through four basic narrative conventions: authors explain their reasons for writing, recount how they gained consciousness of their illness, criticize doctors who failed them, and align themselves with other (credible) ill persons (p. 485). In contrast, Molloy's (2015) field research at a clubhouse for persons with mental illness analyzes their day-to-day discursive practices, seeking "ontologies that are thinly represented or absent in written documents and published work" such as famous memoirs (p. 141). Explicating what she calls "recuperative ethos," Molloy finds that patients recoup their credibility through "displays of astuteness," "arguments for strong human connections," and "uses of religious topoi" (2015, p. 146).

The introduction to Uthappa's (2017) essay on the rhetoric of the Speakers Bureau, an organized group of advocates with mental disabilities, aptly summarizes the state of MHRR concerning firsthand accounts of mental illness: "The primary issue that arises in such rhetorical situations is the construction of ethos" (p. 164). But contrary to some scholars' expectations, Uthappa argues that sharing potentially shocking or embarrassing details about one's history of mental illness can actually help, not harm, a person's ethos (p. 164). While it is true that so-called "deep disclosures" increase one's vulnerability, according to Uthappa, this practice can also be leveraged for various underrated advantages—one of which is that "being the people who

live the realities [of mental illness] may grant Speakers Bureau members *extra* credibility"

before certain types of audiences (p. 168). In other words, as one Speakers Bureau member

explains, "We're in a unique position. Only we can teach it from our angle" (p. 168). Indeed, the

notion that mentally ill rhetors might generate ethos on the basis of their experiential knowledge

and practical wisdom is mentioned, if only briefly, by several of the MHRR scholars cited above

(see Johnson, 2010; Molloy, 2015; Pryal, 2010). There may be limits to this ethos: in Johnson's

(2010) view, to "restrict a stigmatized rhetor to the position of spokesperson"—granting them

rhetorical authority only on the topic of their stigmatized identity—effectively denies them

"ethical flexibility," or "the capacity to speak with authority on *a number of* different topics" (p.

475, italics mine). What happens, though, if the rhetor lays claim to a number of different

stigmatized identities? Does their credibility thus expand and flex accordingly?

There is a key connection to be drawn between leading MHRR on personal narratives of

mental illness and the Survivor topos I am articulating throughout this chapter. Perhaps some

constructions of "survival" are not overtly linked to trauma, not all trauma begets mental illness

(or vice versa), and not all mentally ill persons seek to generate ethos. But at the intersection of

these popular discourses, the Survivor topos makes one point very clear: the events in humans'

lives that cause them the greatest pain are also those that strengthen their personal character the

most. Moreover, it is through communicative processes—the acts of speaking and writing about

such events—that humans actually argue for the severity of their traumas, the excellence of their

characters, and the relationship between the two. Of course, what Survivor identity means to a

pop artist writing a song about her recent break-up in 2020 cannot be the same as what it meant

to an immigrant writing an unpublished autobiography about "making it" in America in 1920,

and neither of those cases is equivalent to a person diagnosed with mental illness writing a best-

selling memoir at the height of the memoir boom in the late 1990s. To illuminate how Survivor ethos functions in general, it is instructive to examine its influence on one specific, sustained, and arguably exceptional life narrative. For this reason, the remainder of this chapter will delve deeply into Nana-Ama Danquah's *Willow Weep for Me: A Black Woman's Journey Through Depression*, reading its portrayal of her many traumas as a response to mental illness stigma.

Case Study: Willow Weep for Me and the Survivor Topos

Published in February 1998, *Willow Weep for Me* tells the story of Danquah's life from her early childhood up until her time of writing in the late 1990s, chronicling the lead-up to her struggles with major depressive disorder between the years of 1989 and 1994. Danquah's book has not enjoyed quite the same mainstream popularity as some other offerings of the memoir boom, but *Willow Weep for Me*'s impact on scholarly discussions of mental health—particularly in the fields of African diaspora studies and, to an even greater degree, (feminist) disability studies—certainly rivals that of the three other case studies examined in this dissertation. For example, Balogun (2009) reads *Willow Weep for Me* alongside Buchi Emecheta's *Head Above Water*, another memoir written by a West African immigrant woman, drawing conclusions rather reminiscent of Serra's (2007) discussion of "survival" in Italian immigrant autobiographies. Like Serra, Balogun stresses the themes of negotiating, struggling, fighting, coping, and other types of strategies these authors describe themselves deploying in order to survive in a new country, and one of these is autobiographical writing. The clash between traditional African society and the values of contemporary American culture, for Balogun, creates "an overwhelmingly powerful motivation" for immigrant women to publish their life stories—in doing so, they both "illuminate for others the great odds against which they have struggled" and valuably "highlight the reasons why they have prevailed" (2009, p. 445). Likewise, Uwakweh's (2014) comparative analysis of works by Emecheta and Chimamanda Adichie briefly cites *Willow Weep for Me* on a list of

"other noteworthy transnational narratives," noting that despite the differences in these authors'

profiles, their stories "share remarkable unity of focus on female characters as they negotiate

Diaspora spaces for survival" (p. 18). Approaching *Willow Weep for Me* foremost as a narrative

by an African immigrant, these scholars stress how autobiographical writing functions as a tool

for marginalized persons to assert their subjectivity and (thus) relieve psychological distress.

Given that *Willow Weep for Me* is primarily a book about depression, Danquah has most

often been cited by scholars specializing in mental health. It is noteworthy, though, that much of

her influence in such research is indirect: her ideas are often shared via citations of one particular

scholarly article about her memoir rather than of the memoir itself. Eight years after the release

of *Willow Weep for Me*, Mollow's (2006) article, "'When *Black* Women Start Going on Prozac':

Race, Gender, and Mental Illness in Meri Nana-Ama Danquah's *Willow Weep for Me*," was

published in *MELUS*. Examining the role of Danquah's race and gender in her experience of

mental illness, Mollow argues that this memoir "forces a reconsideration of several . . . central

tenets of disability studies" (pp. 67-68)—among these are the field's "reluctance to understand

disability in terms of sickness or suffering, its tendency to define disability in visual terms, and

its resistance to stories of overcoming" (p. 71).[6] Provocative in its criticisms of disability studies

trends, Mollow's study was anthologized in the second edition of a foundational text in this field,

The Disability Studies Reader (see Davis, 2006); it also appeared in the third and fourth editions.

Due in part to its circulation in this volume, perhaps, the scholarly prominence of Mollow's

essay has now arguably eclipsed that of *Willow Weep for Me* itself—numerous feminist and/or

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[6]Mollow's article takes its title from a passage of *Willow Weep for Me* in which Danquah
describes a party she attended while writing her memoir. Upon hearing the subject of Danquah's
book, another guest (an "older, heavily perfumed" white woman) comments, "'*Black* women and
depression? . . . Isn't that kinda redundant? . . . It's just that when *black* women start going on
Prozac, you know the whole world is falling apart" (Danquah, 1999, pp. 19-20).

disability studies scholars have quoted Mollow's arguments regarding the intersectionality of mental health issues, but they do not generally cite Danquah in the process (see for instance Cahn, 2014; Johnson, 2013; Kelsey, 2013; Mollow, 2014; Orem, 2015; Pickens, 2017; Williams, 2018). Research that does cite *Willow Weep for Me* either does so alongside Mollow's essay (Mollow, 2017; Pickens, 2019), to support claims similar to Mollow's regarding the role of race in mental health (Beauboeuf-Lafontant, 2005; Dean, 2007; Emmons, 2010; Hoffman & Hansen, 2017; Shannonhouse, 1995; Walters, 2017), or as a passing example of a depression memoir (Miyatsu, 2018; Morrow, 2007; Radden, 2008). To my knowledge, Mollow's essay remains the only article-length scholarly work that focuses exclusively on *Willow Weep for Me*.

It cannot be denied that Danquah's identities as an African immigrant and a Black woman shape the story she tells in *Willow Weep for Me* to a profound degree. Reflecting on her need for "a certain level of cultural sensitivity" in any therapist she meets, she writes: "I am black; I am female; I am an immigrant. Every one of these labels plays an equally significant part in my perception of myself and the world around me" (1999, p. 225). But my contention in this chapter is that these labels—along with numerous other marginalized identities and traumatic experiences Danquah discloses in her memoir—are also constitutive of an even broader, more holistic Survivor identity she enacts all throughout *Willow Weep for Me*. Furthermore, I find that her engagement with Survivor discourse can be a read as a rhetorical response to mental illness stigma, establishing her good character (as an expert in so-called survival) before an audience that might otherwise deny her rhetoricity on the basis of her mental illness. In what follows, I chronologize key facts of *Willow Weep for Me*'s non-linear narrative, affirming the multiplicity of Danquah's traumas and her narrative emphasis on those events as triggering her clinical depression. Analyzing the stakes of Danquah's past secrecy surrounding her mental health, I

argue that her final self-presentation as a Survivor in *Willow Weep for Me*—an identity that coalesces around acts of speaking out—is central to her construction of ethos in this memoir. By framing Danquah's long-deferred decision to seek psychiatric help as a testament to, rather than a negation of, the excellent character she has forged through a lifetime of psychological distress, *Willow Weep for Me* points to the alluring capaciousness of Survivor discourse. What is less clear by the conclusion of this memoir, though, is the extent to which mentally ill and/or traumatized persons as a class ultimately benefit from the proliferation of this topos.

You've Been Through A Lot of Shit: Trauma and Depression

The Survivor topos, as I understand it, holds that the events or circumstances of humans' lives that cause us extraordinary distress are also a source of special excellence in character. As a consequence, Survivor identity can only be claimed by persons who successfully argue (at least implicitly) that they have endured great suffering of some kind; this label is only applicable to someone whose suffering is recognized as such by the labeler. The most overt way in which *Willow Weep for Me* engages with Survivor discourse, then, is by detailing the many variegated traumas the author experienced during the first three decades of her life. Ostensibly an account of clinical depression, this 269-page memoir could just as well be characterized as a story of trauma and, by extension, posttraumatic stress—interwoven with the details of Danquah's psychiatric symptoms and treatments are deep descriptions of loss, violence, and other harms. The inclusion of this content is not arbitrary, and these events are not disconnected from one another. On the contrary, they are vital to the text's depiction of Danquah's mental illness as proceeding from a chain of external circumstances beyond her control as opposed to internal failings.

Nana-Ama Danquah was born Mildred Mary Nana-Ama Boakyewaa Brobby in Accra, Ghana on September 13, 1967.[7] Having suffered the "traumatic loss" of her primary caregiver at the age of three—when her mother left their home country ("left Ghana, and me") to attend college in Washington, D.C., never to return (p. 36)—Danquah emigrated to the United States at age six, accompanied by her beloved grandmother Auntie C. (Danquah, 1999). Her father joined the family in D.C. soon after, and although her parents had a second child when Danquah was ten (her sister Paula), *Willow Weep for Me* describes this period of the author's life as one of great turbulence and destruction: "Daddy worked later and later. There were loud discussions, arguments, and fights. . . . I could hear screaming, crashing, banging and breaking. Always breaking" (p. 105). The anguish she felt when her father eventually vanished from their home was, as Danquah recalls, almost unbearable: "This is the first clear memory I have of feeling overwhelmingly sad for a lengthy period of time, of hating myself so much that I wanted to die" (p. 106). Here the text positions Danquah's father's withdrawal from the family as a catalyst for three classic symptoms of depression—chronic sadness, self-hatred, and suicidality—strongly suggesting that the author's later mental illness could be traced to this childhood event. Yet while summarizing her life from ages eight to twelve in another passage, Danquah also implies that her parents' divorce only exacerbated, rather than caused, a sense of emotional deprivation she had felt since being separated from her mother as a toddler: "In [this] time, . . . I began to accept loss as an inevitable part of the life I would lead. Regardless of how much someone or something meant to me, I knew that I would lose it" (p. 102). A later passage of *Willow Weep for Me*

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[7]After moving to the United States, Danquah—known to friends and family in Ghana as Nana-Ama—was primarily called by the name "Mildred Brobby" outside of her family home (e.g., at school). She assumed her mother's maiden name as her surname after her parents divorced; she started calling herself Meri, a creative re-spelling of her given middle name, as a teenager.

expresses a strikingly similar sentiment: "I wanted . . . someone to hold me, to love me, and to stay forever. But I knew that would never happen. In my life, love was synonymous with loss. Love was fleeting. It was a feeble promise in an unsteady world" (p. 135). Importantly, Danquah's narration highlights not only the emotional weight of her past beliefs about her life, but also their seeming uniqueness to her ("the life *I* would leave," "In *my* life," etc.).

From a very early age, *Willow Weep for Me* suggests, Danquah developed an unusual ability to normalize ("accept") basically abnormal life events, thereby surviving each parent's prolonged abandonment of her. Contrasting her devotion to a "sad song [radio] station" with her mother's ritualistic playing of "I Will Survive" during the same period of their lives, Danquah stresses how her childhood experiences prematurely aged her: "How could a heart so young beat to the syncopated sorrows of such rhythms? . . . there was a child crying like a grown woman in one room, a mother whimpering like a child in the other" (p. 107). Apparently transformed by the extremity of her early traumas, Danquah explicitly ascribes her younger self a degree of emotional intensity—and emotional maturity—wholly uncommon for a girl of 12. Unfortunately, Danquah's parents' divorce is neither the first nor the last of the severe emotional losses she recounts in *Willow Weep for Me.* As she tells a therapist later in the text, the dissolution of her family caused her mother to be both physically and emotionally inaccessible to her for years to come: "'I don't feel like I really know her. She worked a lot. She had to. My father wasn't around and we needed the money'" (p. 192). Given the 10-year age difference between Danquah and her sister, neither she nor Paula felt significantly supported by the other in their childhoods ("we had each grown up feeling like an only child") (p. 76). And although two other family members provided brief companionship for Danquah—Auntie C., who lived with Danquah when she was 12, and Uncle Paul (her mother's brother, though Danquah "pretended that [he] was

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[her] father"), with whom she had regular outings whenever he visited D.C. (pp. 113-114)—both relatives painfully receded from her life by the time she started high school. In Danquah's recollections, Auntie C.'s return to Ghana was "as devastating as losing [her] father, maybe even more" (p. 117); indeed, the losses of these two relatives quickly come to mind when she meets with her first therapist later in her story: "I told her about most of my early childhood, especially about Auntie C. and Uncle Paul and how much I missed them" (pp. 191-192).

As more and more overtly violent traumas touch Danquah's life in her early adolescence, *Willow Weep for Me* points to her lack of reliable caretakers as a contributing factor in—if not the underlying cause of—her resulting distress. Narratively, Auntie C.'s departure is followed by an account of the activities Danquah used to fill the space her grandmother left behind: joining school clubs and becoming infatuated with Wayne, an older neighbor. Wayne's introduction in the book is couched in Danquah's present-day belief that, had Auntie C. been around, she would have discouraged this crush: "He was what Auntie C. would call a true hooligan, an ambitionless high school graduate with few worries and many girlfriends" (p. 118). Readers soon learn that, when Danquah was 13, she was raped by Wayne (who "knew [she] liked him") after being lured to his apartment (p. 118). Recounting this event in excruciating detail, *Willow Weep for Me* leaves little doubt as to the intense physical and psychological injuries the author suffered as a result of the assault. Along with her parents' neglect, Danquah suggests her classmates' racist, xenophobic bullying at school made her especially vulnerable to Wayne's flattery and sexual advances: "I was stunned, elated. Ugly had been the most common adjective my peers used to describe me" (p. 119).[8] And evidently, it was because she so "desperately wanted him to like

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[8]Danquah delves more deeply into this bullying elsewhere in *Willow Weep for Me*. For example, she writes: "I, and my name, became the target for incessant teasing and ridicule. . . . [they] unraveled the massive black strings that my mother hand-wrapped around my hair. They mocked

[her]" that his violence impacted her so significantly (p. 120). That is, Danquah was traumatized

not only by the assault itself, but also by her belief that she had deserved it: "The fact that I

hadn't wanted to go all the way with Wayne seemed insignificant. He didn't make me go to his

place. . . . I felt violated but I told myself I had no right to" (p. 121). Looking back on her rape in

Willow Weep for Me, however, Danquah draws clear connections between the humiliation she

felt both during and after the event, her inability to tell anyone what had happened, and her

ensuing feelings of detachment from the world around her. In the weeks after her assault, she

writes, "The world was present, yet distant somehow, gradually pulling itself out of [her] focus"

(p. 121). And as she elaborates earlier in the text, "This is how the world feels to me when I am

depressed. Everything is blurry, out of focus, fading like a photograph" (p. 44). In contrast to the

intense emotionality that characterized the traumatic losses of her childhood, Danquah's

detached, depressed response to her assault is what allowed her to survive her adolescence.

Few would dispute that emotional detachment is a reasonable (albeit damaging) response

to sexual assault, but unfortunately for Danquah, the text suggests her self-isolating silence on

this topic had disastrous consequences. Indeed, Danquah implies that this early instance of rape

led almost directly to the years of continuous sexual abuse she later endured from Jonathan, her

mother's long-term boyfriend. Originally resentful of Jonathan's constant presence in her life,

Danquah notes that she grew "rather fond" of him in time, viewing him as "somewhere between

being a relative, an authority figure, and a friend" (p. 122). But in a scene of *Willow Weep for Me*

soon after Wayne's assault, young Danquah worries that Jonathan "could tell [she] was no longer

a virgin" after he offhandedly describes her as "precocious" ("it means grown, advanced. . . .

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my accent that refused to roll rs or clip vowels. They pinched their noses and slid away from me
as I opened my lunch box. They told me I looked like a monkey, often referring to me as 'the
African Monkey,' begging me to swing on branches and show them my tail" (p. 104).

womanish") (p. 122). Responding with what she hopes will sound like an innocuous question about virginity, Danquah soon finds herself manipulated into telling Jonathan the entire story of her rape: "I gave him every feeling, every detail, until there was nothing left to tell" (p. 123). She is soothed at first by his affectionate, paternal response, wondering "whether [her] father would have understood [her] the way Jonathan did" (p. 123), but this scene ends with Jonathan taking on "the wily smirk of an animal who had come upon his prey" and suddenly kissing her (p. 124). The paragraphs that follow clearly convey the aftermath of this incident: Danquah asks, "What kind of a man uses his erect penis, like the pointed, glistening tip of a blade, to butcher the trust of a child?" (p. 124), proceeding to reflect at length on the damaging effects of sexual abuse. Specifically, she recalls how she blamed herself for Jonathan's actions just as she had with Wayne's, describing her childhood ruminations as follows: "What kind of a child allows this to happen? It was never his fault, always mine. Couldn't I have run? Couldn't I have screamed? . . . These questions tortured me in my teens" (p. 124). Once again, Danquah's portrayal of her traumas underscores the link between bodily harm and depressive, self-loathing thought patterns.

Whereas *Willow Weep for Me* ties Danquah's earliest symptoms of depression to her father's abandonment, Danquah's first suicide attempt at age 14 is attributed in large part to Jonathan's sexual violence: "Because of the abuse, I was already in the process of dying. . . . I wanted someone else to notice this" (p. 125). Yet those two traumas are also connected to each other—the text suggests it was Danquah's numerous emotional losses (of mother, father, grandmother, and uncle) that pushed her towards both Wayne and Jonathan in the first place, for she yearned for "an adult with whom I could talk easily without risk of judgment or punishment" (p. 122). Having attempted suicide in hopes that her loved ones would "would rush to [her] aid with love and attention," Danquah cites their resulting apathy as the reason why she never told

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anyone about the sexual abuse: "The way I saw it, all of the adults in my life were either physically or emotionally unavailable. All except Jonathan" (p. 125). And as the text progresses through her high school graduation at age 17 and move to Los Angeles at age 20 (to pursue a writing career), the reverberations of Danquah's early traumas are evident at every stage. For example, readers learn early in *Willow Weep for Me* that Danquah once endured domestic violence—following several months of verbal and (later) physical abuse, her ex-partner Justin beat her viciously during a visit with their infant daughter Korama (p. 41). Justin's attack, a seemingly random misfortune, is given further context when her narration later alludes to a relationship between Danquah's "past sexual abuse and [her] inclination toward violent men" (p. 225). That Justin's frequent violence also played a role in Danquah's development of pre-eclampsia, a high-risk pregnancy illness "usually brought on by stress or hypertension" that sent her to the Maternity ICU ("my blood pressure soared to a deadly high") (p. 37), is also strongly implied. And whereas Danquah had planned to raise Korama with a co-parent, Justin's sudden eviction of them and withdrawal of financial support effectively thrusts her into years of poverty and single motherhood—two constant (if less acute) sources of stress throughout her life.

According to Danquah, it was in Los Angeles that she experienced her earliest episodes of clinical depression, although she would not fully recognize them as such until several years later. As a consequence, L.A. also provides the setting of one of *Willow Weep for Me*'s most climactic scenes: a conversation in which Danquah's friend Eugene confronts her about her symptoms of mental illness for the first time, opining, "'Meri, it sounds like you are severely depressed'" (p. 59). Wholly taken aback by this claim—particularly by the fact that "he qualified it as *severe*" (p. 59)—Danquah demands an explanation from Eugene. While she does not deny his descriptions of her recent behavior (i.e., "'You claim you can't sleep at night and that you

have no appetite, you stay cooped up inside all day and, quite frankly, your attitude sucks'") (p. 59), Danquah voices her distaste for the conclusions he has drawn as follows:

> "Meri, it makes sense, doesn't it? You've been through a lot of shit. You didn't think you'd just come out on the other side and that everything would be okay, did you?" I was beyond bothered by Eugene's insinuation that I hadn't "come out on the other side" of the difficult situations I had just faced. Considering the circumstances—a high-risk pregnancy, poverty, domestic violence, single motherhood—I thought I was doing pretty well. After all, I wasn't on welfare, I wasn't smoking crack or abusing my child. "Yeah, Gene, I did think so." (p. 59)

As one of Danquah's closest friends and someone she calls on a daily basis, Eugene is keenly aware of the ordeals she has experienced over the past few years. His comments convey his firm belief, not only that Danquah's life has been an especially stressful one ("you've been through a lot of shit"), but also that the things she has lived through are logical precursors for depression. From Eugene's perspective, it is almost unthinkable that a person with Danquah's history could bypass the adverse psychological effects of so much "shit" and come out perfectly "okay." Notably, there is no indication here or elsewhere in *Willow Weep for Me* that Danquah has discussed her history of sexual violence with Eugene (or any other friend); that he so decisively posits a connection between her depression and trauma, despite knowing nothing about those particular events, only attests to the multiplicity of her hardships all throughout the text.

Affirming that it "makes sense" for Danquah to be depressed—that any seemingly irrational actions or beliefs on her part may, in fact, be rational for someone in her position—Eugene poses two rhetorical Yes/No questions ("doesn't it? . . . did you?") with which he thinks she cannot disagree. But she does disagree, for although she *has* experienced some remarkable situations ("a high-risk pregnancy, poverty, domestic violence, single motherhood," to name a few), she resents her friend's "insinuation" that she has not emerged victoriously from those battles. Put differently, Danquah seems to argue that she is not a victim—she is a Survivor, and

she takes pride in her continued existence ("I thought I was doing pretty well"), naming several worse alternatives. And at this point of her life story, mental illness evidently constitutes personal failure in Danquah's view just as much as any other of the stigmatized situations she lists above.[9] Even if she did recognize the emotional impact of the harms she had endured, to admit the possibility that she might be clinically depressed would have been, for Danquah, tantamount to admitting she was personally defective. Writing a memoir from the perspective of a self-identified depressive would thus be unthinkable. How, then, did she come to embrace her mental illness and break her decades of silence around her childhood traumas? As *Willow Weep for Me* slowly shifts its focus from the chain of events leading to Danquah's depression towards her reflections on recovery and the writing of this memoir, the advantages of Survivor discourse fully come to light. Through displays of the special character she has built in the wake of her traumatic past, Danquah argues for the special value—and exigence—of her narrative.

Spilling the Beans: Survivor Ethos and Public Illness

That mental illness stigma strongly influences Danquah's story in *Willow Weep for Me* hardly needs justification—both the events of her life (e.g., choices she makes throughout the story) and the ways in which she recounts them are repeatedly framed as a result of her desire to conceal her depression. Hence, it may be in *Willow Weep for Me*'s reckonings with stigma that Danquah's writing most overtly works to build her narrative ethos. For example, regarding her longtime refusal to seek professional help for her depression, she writes: "Now when I think about it, my past aversion to therapy seems irrational. It just boiled down to the simple fact that I didn't want people thinking I was crazy" (p. 147). In retrospect, it seems to Danquah that the

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[9]In terms of the moral or medical significance of these behaviors, it seems unlikely that Danquah is equating the receipt of public assistance with drug addiction or child abuse. I read this simply as an expression of pride in her own self-reliance (especially as a single mother).

"irrational" aspect of her mental illness was not her symptoms, but rather her unwillingness to treat them. What once seemed like a principled stance against therapy when she was in the throes of mental illness is, now that she is recovered (able to "think about it" more clearly), easily "boiled down" to the "simple fact" of her own prejudices against so-called crazy people. To embrace her psychiatric diagnosis and attempt to educate herself about it would thus be rational by this line of reasoning—and indeed, like many mentally ill rhetors before her, Danquah draws extensively from scientific discourse to validate her memoir's various claims about depression. She cites recent scholarship on post-partum depression and the prevalence of alcoholism in Black women (pp. 38, 205), informs readers that "Medical science has no cure for depression" and "doctors still know very little" about the illness (pp. 256-57), and reproduces in full the diagnostic criteria for depression as they appeared in the *DSM-IV* (pp. 268-69). Highlighting how her account is informed by established psychiatric literature as well as personal reflection, Danquah fairly deliberately argues for her rhetorical authority on the subject of depression.

Danquah's performances of scientific literacy vis-à-vis the diagnosis and treatment of depression are crucial elements of her memoir, but they do not fully explain how she resolved her past aversion to being "crazy," nor do they necessarily qualify her to speak on any other topics. Instead, it is *Willow Weep for Me*'s discussions of trauma that illuminate both the cause of Danquah's depression (as shown above) and, importantly, her reasons for finally sharing her story. These might be the same reasons why, in Danquah's view, her audience should value what she has to say. Early in the book, she affirms that there is a factual, even scientific basis for at least part of the Survivor topos. Contemplating several possible sources of "the unspoken anger that has fueled [her] depressions" (especially her parents), she writes:

> there is no denying that the events of my childhood played a major role in fostering my vulnerability to depression. In fact, it is believed that an individual's

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> susceptibility to depressive disorders is usually formed early in childhood, especially with people who have experienced traumatic loss. (p. 35)

Now confidently asserting a point that once offended her when voiced by Eugene—that she did *not* escape unscathed from the losses, violence, and other harms of her early life—Danquah quite clearly connects her mental illness to her past traumas. She cites no source for the theory that depression is rooted in early childhood events, but it is reasonable to assume she is referring to scientists and doctors.[10] If this theory is true, the blame for her illness and (more importantly, perhaps) its many negative impacts on her life would fall firmly on the shoulders of her various abusers rather than on Danquah herself. In other words, this statement strengthens Danquah's credibility in her readers' eyes by suggesting that her depression, which we might otherwise equate with bad character, was actually triggered by environmental conditions that could not be helped. In this sense, *Willow Weep for Me* demands recognition for Danquah's expertise far beyond the subject of mental illness, establishing her as a Survivor whose writings can shed light on a range of exceptional events. What is more, in her musings on the incremental steps through which she recovered from her depression, the text begins to craft a logic by which she is all but obligated to share her expertise before a public audience (e.g., write a memoir).

Following the chain of traumatic events that lead to Danquah's development of depression and face-off with Eugene partway through *Willow Weep for Me*, a second chain of healing events in her recovery serve to illuminate her good character and, consequently, her construction of Survivor ethos in this memoir. The first of these is a conversation between Danquah and Jade, a friend she meets soon after moving back to D.C. at age 24, in which she

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[10]Notice that the use of passive voice in her second sentence is distinctly persuasive: because the belief she describes is not attributed to any specific person—suggesting it is ubiquitous and "undeniable"—it is virtually impossible to refute her claim.

openly acknowledges her mental illness for the first time ("admitted to Jade—and myself—that I suffered from depression") (p. 84). Returning from an outing that had dissolved into angry bickering, Danquah is taken aback when Jade abruptly asks her, "Are you depressed? . . . Do you suffer from depression?" (p. 81). They soon discover they both struggle with depression, and although Danquah is frightened to learn that her friend is on Prozac, she feels her fears fading as they speak more and more candidly about their personal histories. She writes: "Telling Jade that I was depressed did not leave me defenseless. Rather, it gave me a sudden surge of strength and determination. I wanted to know more" (p. 85). Whereas Danquah previously worried that speaking out about her distress would debase her in others' eyes, here she emphasizes the special feelings of empowerment, fortitude, and curiosity that actually resulted from this decision. Moreover, the text stresses that these positive qualities, which she gained through lived experience, entirely contradicted her prior expectations, which had been shaped by mainstream culture (i.e., mental illness stigma). Simply put, Danquah subtly yet perceptibly introduces her readers to the upside of the Survivor topos: the belief that extreme trauma, though it induces mental illness, can also pave one's way to exceptionally good character.

Danquah and Jade's conversation in the scene cited above is ostensibly about depression, yet her reconstruction of Jade's life story as she heard it that night more precisely revolves—like *Willow Weep for Me* itself—around trauma. We learn that Jade, too, had a troubled childhood: she experienced the loss of "the best friend [she] ever had," parental neglect (implied), extreme academic pressures, and continuous racist bullying from her predominantly white classmates (p. 89). When Danquah marvels at Jade's memory, observing that "The past is one big blur to [her]" in contrast (p. 89), Jade stresses the value of self-disclosure in psychotherapy: "'The more I talk about my past in therapy, the more things I remember. I don't think you really forget anything. I

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think you just file it away for safe-keeping'" (p. 90). Needless to say, the idea of "safe-keeping" memories assumes several basic points: memories are self-contained items, almost like material possessions, that the rememberer owns; they are precious and must be preserved and protected; there will come a time when the rememberer wants to withdraw them from the "file" for some practical use. And all throughout this scene, the narration highlights the contrast between Jade's eagerness to process her painful past memories and Danquah's reluctance to do the same. Replying to Jade's endorsement of therapy, Danquah skeptically shrugs, "'Hmm. . . . I'm not sure I'd want to remember any of my past'" (p. 90). But by the evening's end, Jade's candor has led Danquah to the realization, not only that she has been deliberately suppressing her past (the "old life haunting [her]"), but also that doing so is harming her (p. 95). She writes: "How could I have been so naive to believe that I could return to D.C. and create a future without contending with the past?" (p. 95). Once again, the narration stresses Danquah's special ability—as a result of her disclosure to Jade and, indirectly, of her traumatic past itself—to uncover fundamental truths about humanity that might be wholly inaccessible to a non-traumatized person. Whereas she once considered her silence around her traumas as a sign of strength (as a "naive" person would), she now reframes "contending with the past" as the wiser, worthier decision. It is no wonder, then, that *Willow Weep for Me* implicitly credits Jade for pushing Danquah towards her personal process of remembering, verbalizing, and finally healing from her childhood traumas.

The morning after Danquah's memorable outing with Jade, she visits her childhood neighborhood for the first time since she left home at age 18, and it is in these pages of *Willow Weep for Me*—which we might describe as an extended flashback sequence—that the details of her childhood suffering and survival gradually unfold. Recalling her nervousness at the onset of this trip, Danquah hints at her "very selective" consciousness of her past: "I knew the facts of my

life well. Well enough to want to forget or rewrite the parts that were painful" (p. 103). Beyond the traumas already mentioned in this chapter, Danquah's flashback touches on the following events: her beloved ninth-grade English teacher, the most supportive adult in her life at the time, mysteriously disappeared from her school the following year (p. 130); she witnessed, at close range, the gruesome death of a classmate who was hit by a bus (p. 134); soon after that incident, she became accidentally pregnant and had an abortion (p. 135); she briefly reconciled with her father, but ultimately cut ties with him again due to her mother's emotional manipulation (p. 137); she began to engage in high-risk sexual behavior and alcohol abuse with friends (p. 137); another close, lifelong friend of hers died in a "freak motorcycle accident" shortly after they graduated high school (p. 138). And of course, in foregrounding her Survivor status at this point of the story, Danquah adds significant credence to the numerous narrative digressions— apparently authoritative messages about the interrelatedness of memory, truth-telling, and healing—also scattered throughout these pages. Having argued that Danquah *is* someone who has experienced extraordinary trauma, the narration starts gesturing, too, at the extraordinary character (wisdom, strength, integrity, etc.) that she has gleaned from her survival.

All across *Willow Weep for Me*'s extended flashback sequence, the text highlights (as in earlier scenes) the stark contrast between Danquah's past assumptions about psychic pain— which seem to be a proxy for her audience's current beliefs about the same—and the greater insights she has developed through the process of actually living out, through, and with a lifetime of trauma. For instance, she writes: "I have learned, with difficulty, that the need for separation cannot automatically be interpreted as rejection. . . . With twenty-five years of the world's grit under my nails, it finally got through to me" (p. 109); "The illusion of time is that it heals all wounds[,] but the ones that have not been attended to only fester" (p. 121); "Hindsight affords us

the luxury of entertaining the myths of our myriad possibilities, what we could have or should have done but did not" (p. 124); "Self-reflection is necessary for personal growth. . . . Healing is about much more than remembering. Healing is about reinterpreting events, aligning the fiction with the fact" (pp. 124-25). One cannot help noticing the many commonalities between these declarative, (mostly) affirmative sentences, all of which serve to emphasize Danquah's expertise on the subjects at hand. Grammatically, her repeated use of either definite nouns (e.g., "*The illusion*") or uncountable abstract nouns (e.g., "Healing") followed by stative verbs (especially "be" and "is") has the effect of presenting her statements, which are inherently subjective beliefs, as factual information. Although these sentences appear in a personal memoir, most are neither explicitly about Danquah nor directly attributed to her, although one *does* employ a universal "we" as its indirect object. As a consequence, the text understates Danquah's emotional investment in her subject matter, rather positioning her as an authority who is entitled to speak on "our" behalf. Whereas emotionally charged language might seem symptomatic of her illness, here Danquah's measured, self-assured tone conveys that her ideas are the result of deliberative thought. And what are her topics? As a Survivor, Danquah's expertise is not limited to some specific event in her own life, or even one specific type of trauma, or even the umbrella topic of trauma itself. On the contrary, her theorizing of such lofty, universal topics as "the need for separation," "time," "self-reflection," "healing," and so on seems to validate the claim I precited earlier from the cover blurb of *Willow Weep for Me:* this is *not* simply a memoir about depression, and its author is much more than a mere spokesperson for depressive individuals.

As stepping stones to Danquah's recovery from mental illness in her real life, the authoritative messages she shares throughout her extended flashback sequence also play a key role in her construction of her Survivor persona (and ethos) in her memoir. Collectively, these

statements suggest that the quantity and quality of her insights into the human condition have grown exponentially in proportion to the extent of her traumas—to return to a question I raised above, it seems her credibility *does* expand and flex according to the number of stigmatized (or more precisely, traumatized) identities she can claim. That she can claim a plethora of "issues" is obvious both to Danquah and those around her: "My past, my memories, my pain. . . . I needed someone to help me sort them all out. I had so many issues to deal with. More issues, as one of my friends says, than *People* magazine" (p. 168). Thus Danquah's pivotal decision to enter therapy is framed, not exactly as an effort to relieve her psychic pain, but rather as a fulfillment of her duty to "sort out" her various traumas. Yet as *Willow Weep for Me* progresses from Danquah's earliest travails into therapy and medication to her eventual decision to write her memoir, the special distinction of her persona as a Survivor reaches its pinnacle within this text. Indeed, her narration thoroughly solidifies the relationship between excellent character and acts of "speaking out" as it pertains to the Survivor topos, providing a framework through which the latter can be understood as both a cause and a consequence of the former.

For Danquah, the very act of speaking openly about trauma seems to be a sign of the Survivor's good character, even as that act is also understood as a means of building character (i.e., through the therapeutic process). Towards the end of *Willow Weep for Me*, she writes:

> Despite the reservations I had about Dr. Fitzgerald, I did not stop seeing him. . . . Finally, I was releasing things that had been bottled up for years. I decided that what was most critical at this stage was for me to keep speaking. . . . It did not make that much of a difference to me if Dr. Fitzgerald was listening or not, if he cared or not, if he understood or not. *I* was listening, *I* was hearing, *I* was understanding. *I* cared. (pp. 225-26)

Faintly echoing Jade's notion of safe-keeping memories for later withdrawal in therapy, Danquah's comparison of therapy to a release of "bottled up" events initially reads as an endorsement of her psychiatric treatments—one might think she is defending her credibility as a

person with mental illness by displaying her deference to scientific authority. But the person

Danquah ultimately credits for endowing her with greater "understanding" is, it should be noted,

her own self. In Danquah's view, the core advantage of therapy lies not in what she can learn

from a psychiatrist, but rather in what she can learn from herself; the raw material for special

strength, wisdom, and other virtues is already contained in her survival of extraordinary events,

and she is the only one who can speak those virtues into being. As a result, Danquah affirms that

her ability to "keep speaking" is of paramount importance, implying that this single practice can

give rise to a range of altruistic skills in listening, hearing, and understanding. For these skills are

as essential to the Survivor topos as good character itself: although it is Danquah's own mental

health that she serves in private therapy, the concluding passages of *Willow Weep for Me* suggest

that using her Survivor ethos to empower other people is her final destiny.

According to Danquah, she never set out with the intention of writing about her

depression. In one scene towards the end of her memoir, she recalls being vehemently opposed

to such an idea when it was first suggested by her editor at *The Washington Post*. At this point of

the story, she has already published two acclaimed pieces in the *Post,* but her editor rejects her

latest (mostly improvised) pitch because she has no "angle"—that is, no special viewpoint she

plans to feature or statement she wants to make (p. 235). When the conversation drifts towards

her ongoing recovery from depression, though, he immediately insists she write that story for the

Post instead. Citing the success of William Styron's *Darkness Visible* and other popular media

about depression, he dismisses her concerns about the subject being too taboo and, contrarily,

cautions her against "repeating what's already been said, which will be pretty hard to do" (p.

235). Apparently nonplussed by this advice, Danquah replies, "Yeah, right. . . . Like Styron and I

would ever have the same angle on anything. We had the same illness; the similarities end there.

The way I did depression was a-whole-nother bag of beans" (p. 235). So far removed is her worldview from that of Styron, a wealthy middle-aged white man who won numerous literary accolades before writing his memoir, that the thought of their life stories overlapping is all but laughable to her. But instead of taking umbrage at Danquah's sarcasm, her editor heartily agrees: "'There you have it,' he said, as if he'd struck gold. 'Make it about two thousand words'" (p. 235). Evidently in the 1990s American cultural context they both inhabit, it is the uniqueness of Danquah's "angle" on depression, not the uniqueness of the illness itself, that appeals.

In Danquah's editor's view, her various marginalized identities (e.g., gender, race, and class) qualify her to tell a story of depression that no one else can. He sees inherent value in her story of survival because, like a precious metal—the "gold" to which she wryly refers—it is extremely rare. But for Danquah, it is no wonder that there are so few depression narratives written from a Black woman's point of view, and that is not because the illness is uncommon within this group. As she observes in the opening of her memoir, media representations of mental illness vary widely in accordance with the subjects' presumed race and gender. Dominant narratives of depression, then, are far more likely to glorify the "genius" of a white man like Styron than to explore the anguish of a Black woman like herself. She writes:

> I have noticed that the mental illness that affects white men is often characterized, if not glamorized, as a sign of genius, a burden of cerebral superiority, artistic eccentricity. . . . White women who suffer from mental illness are depicted as idle, spoiled, or just plain hysterical. Black men are demonized and pathologized. . . . When a black woman suffers from a mental disorder, the overwhelming opinion is that she is weak. And weakness in black women is intolerable. (p. 20)

Listing various clichés about mental illness, Danquah highlights how racism and sexism intersect in the experiences of Black women, effectively denying them the right "to be seen as vulnerable and emotionally complex" (p. 21). Indeed, she has witnessed firsthand how Black women are ascribed a "birthright to strength" that supersedes all other possible traits; misery is thought to be

"built into the structure of their lives" in a patriarchal, white supremacist society (p. 19). Thus in the American social imaginary, Black women's survival through adversity is so ubiquitous as to be invisible—for Danquah, people of all races are "unable to see beyond the ornamentation that is placed on black women's lives" in order to grasp Black women's individuality, the real atrocity of any harms inflicted on them, and the absolute legitimacy of their pain (p. 21). The consequence of this is that vulnerability of any kind is, in Black women, unduly stigmatized.

Whereas mental illness in other persons may inspire admiration, pity, fear, or other strong feelings, Danquah finds that Black women's psychic pain is downright taboo. And suffering the unspeakable means suffering alone and indefinitely, as Danquah knows too well: "I prolonged the pain [of my depression] with silence, mostly because I was afraid—of being misunderstood or ostracized, of losing friends, of losing respect" (p. 18). Although stigma is not the root cause of Danquah's depression, *Willow Weep for Me* implies that internalized self-shame is itself a traumatizing force, because it separates persons in distress from the supportive relationships and resources that would facilitate their healing. But per the Survivor topos, the trauma of stigma also has its own character-building lessons to confer: it was only through Danquah's many years of shame and secrecy, the text suggests, that she could develop the remarkable talents for honesty and self-assurance that ultimately compelled her to write this memoir. That Danquah's triumph over mental illness may be all the more poignant for her simultaneous survival through systemic oppression (e.g., on the basis of race, class, and gender) is inferable both in her analyses cited above and all throughout her memoir. Depression may have achieved great prominence in popular media of the 1990s, but a narrative like hers was distinctly different from the blockbuster memoirs and other texts that hitherto defined cultural discourse about mental illness. Authors like Susanna Kaysen, Kay Redfield Jamison, or Elizabeth Wurtzel surely struggled to cope with

their disorders, but Danquah senses that she struggled even more; they were inspired to share their stories to help others, but she seems to have been inspired even *more*.[11] Thus by the end of Danquah's memoir, the narration conspicuously shifts its focus from her traumatic past to her empowered—and empowering—future purpose in mental health advocacy.

Unambiguously, Danquah's memoir depicts her decision to write and publish her life story as a mission to spread awareness about trauma and mental illness (especially in Black women). According to Danquah, she wanted to "[call] attention to the necessity of the long-overdue inclusion of black women in discussions about depression," hoping her title's allusion to the tragedy of Billie Holiday's life might "reflect the courage, devotion, and resilience that it takes to contend" with severe mental health challenges (p. 262). Moreover, the text implies that Danquah's personal history makes her uniquely qualified and motivated to give direct emotional support to fellow sufferers—not only Jade, but also Paula, Eugene's mother Patricia, and her friend Scott—whose struggles with depression are also explored in progressively more detail towards the end of *Willow Weep for Me*. Danquah places a premium on experiential, empathic knowledge of other peoples' pain: "There is a comfort that comes from talking to someone who is or has 'been there.' It provides you with a lens through which you can examine your own inner struggle" (p. 213). No matter what hardships her loved ones may have endured, Danquah's extensive expertise as a Survivor (i.e., the multiplicity of her own traumas) seems to ensure that

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[11]Danquah's 2001 essay "Writing the Wrongs of Identity," a sort of companion piece to *Willow Weep for Me*, is explicit on this point. She writes: "For a period of time after clinical depression became the literary topic du jour, it seemed as if most of the work I read about the illness was written by white Jewish women from Boston who had, at some point in their lives, been treated at McLean" (p. 173). This sentence presumably refers to Kaysen and Wurtzel, at least—both are white Jewish women who either grew up (Kaysen) or attended college (Wurtzel) near Boston.

she can relate, and she will know what to say.[12] In point of fact, readers learn that at her time of writing, Danquah is essentially leading a support group for other women in distress: "One Saturday a month, I host a meeting in my home for women of color. At these meetings, we sit for hours and entrust each other with our problems, our lives" (p. 258). Perhaps this is, finally, the most persuasive benefit to her construction of Survivor ethos in this text. If depicting depression as an outcome of trauma proves that Danquah is not innately weak, and depicting trauma as a source of good character endows her with special rhetorical authority, then vesting the Survivor with the responsibility to help other Survivors proves that she is altruistic.

Conclusion: Speaking Up, Writing Down

It is a conceit of the memoir genre that authors must choose one particular identity or experience to serve as the lens through which, in the writing of their life story, all others will be viewed. For Danquah and *Willow Weep for Me*, that lens is indubitably depression: the many traumas recounted within are all (apparently) united in their ability to shed light on her central experience of mental illness. Thus in this chapter, I have argued that Danquah's rhetorical choices throughout her narrative—namely, her enactment of a Survivor persona—can be read as her response to widespread stigma against depression, arguing for her worthiness to address an audience that might otherwise dismiss her as "crazy." So do people with mental illness really draw benefits from the belief that trauma is a source of special strength, wisdom, or other positive qualities? Danquah implies that they do. Reflecting on the whole of her life in the final lines of *Willow Weep for Me,* she notes: "I love who I am. And without those past depressions, I wouldn't be the same person. Having lived with the pain, having felt/heard/seen and tasted it, I

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[12]For example, despite the notable differences in gender, race, and age between Danquah and her friend Scott, the text emphasizes their common ground in childhood loss, substance abuse, and housing insecurity in addition to their similar experiences of depression.

know now . . . there is beauty on the other side" (pp. 266-67). One need not argue that Danquah is grateful for her traumas, per se, in order to observe how statements such as these assume that trauma can transform a person in desirable ways. Through her discussions of her calling as a writer, in particular, Danquah further alludes to the power of self-definition (and strategic communication) in relation to her personal past. She writes: "through poetry I could authenticate my experiences [and] relay them to others in an acceptable manner. I learned that people trusted words that were written more than they trusted words that were spoken. . . . my words, my feelings, were suddenly credible" (p. 129). Just as speaking out in therapy enabled her to process her life story, furnishing her with a range of valuable insights, sharing those insights with other people gives Danquah an opportunity to sway her audience (and herself) towards the most favorable analysis of that story—one in which she is "acceptable" and "credible."

Clearly, Danquah has found meaning both in her continuous survival through difficult circumstances and in her decision to write about them from the perspective of a Survivor. But as a strategy for defending one's rhetorical authority in public forums, rather than as a means of privately coping with mental illness, is Survivor ethos still effective? Readers of *Willow Weep for Me* might be receptive to Danquah's arguments—despite her publisher's claim that this book is not a depression memoir, it is unlikely to be read by those with no interest whatsoever in the illness—but the text implies that those directly affected by her actions might not. For example, Danquah recalls how she "disgusted" a researcher at the Smithsonian Institute with her failure (while depressed) to complete her portion of a research project for which she had been hired:

> I wanted to find a way to let her know that I was not a flake or a fraud. . . . In the years that followed, I would feel like this many times, like if people only understood what was really going on, they would be more sympathetic. These feelings were quickly obliterated by the realization that when it came to depression, there was a shortage of understanding and sympathy. It simply was

not looked upon as a legitimate illness. Most employers really don't give a damn if you're depressed, and neither do landlords or bill collectors. (p. 144)

This passage points to a significant flaw of the Survivor topos. Engaging with this topos as a means of building ethos assumes, at least in Danquah's case, that cultural reverence for the Survivor is more powerful than mental illness stigma. Practically speaking, it assumes that one's inability (e.g.) to fulfill a contract might be excused on the grounds that one's actions are not a reflection of one's character but rather of the hardships one has survived ("what [is] really going on"). If taken to an extreme, Survivor ethos could even be leveraged to argue that one's supposed failures are actually a testament to one's good character, for they stem from the same process of survival that inevitably yields positive traits in equal measure. And after all, it is through such failures that one learns to be as "sympathetic" and "understanding" of others' shortcomings as Danquah suggests she would have been if she were in her supervisor's position.

Unfortunately, in Danquah's actual experience, none of these assumptions hold. The paradox of the Survivor topos is that it must always imagine suffering as a condition of the past, and the details of that suffering are only relevant insofar as they accentuate the positive attributes that developed in their wake. The appeal of a mental illness memoir, too, is often that the author is "recovered," and it is only by virtue of that recovery—conditional as it may be—that they are able to narrativize their life through sustained creative and intellectual labor on a book-length writing project. But a person who is actively exhibiting symptoms of depression, it could be argued, shares more qualities with a so-called "victim" than with the Survivor. Because the Survivor topos emphasizes the role of external events in the development of both mental illness and good character, it also seems to demand external action on the part of the Survivor to validate the existence of those traits. Even if their audience knows what they have endured, Danquah implies that their attempts to argue for their own good character on the basis of their

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traumas will fail unless that character is demonstrated through concrete action. In other words, until a depressed person is able to act like a non-depressed person—hold down employment, pay rent, pay bills, and so on—those who are depending on them might not "give a damn" as to *why* they can or cannot do certain things. In this sense, *Willow Weep for Me* suggests that the Survivor's rhetorical authority can only be granted in retrospect, by those not directly affected by negative aspects of the Survivor's traumas (e.g., by their mental illness symptoms), and/or through their seemingly eternal obligation to validate their good character through good deeds.

To be clear, I do not mean to suggest through my analysis in this chapter that Danquah is somehow ignorant or wrong for enacting a Survivor persona in *Willow Weep for Me*. Nor do I mean to suggest that either Danquah or her readers should consider her lucky for having been exposed to such extraordinary anguish in her life. As in each of my four case studies, I am interested both in honoring the profound significance of Mad Genius rhetoric for those who draw upon it (authors and readers alike) and in exploring the full range of its implications for real persons with mental illness. This includes implications that are harmful: for example, does the Survivor topos reinforce the notion that mental health problems in persons who have experienced trauma are more legitimate than those in persons who have not? By depicting the Survivor as uniquely qualified and motivated to help other Survivors (e.g., through acts of speaking out), does this topos thus suggest that *only* persons who have been through trauma are responsible for preventing or responding to traumatic events? And above all, if the popularity of the Survivor topos hinges on its universal applicability—for any person who is still alive could, conceivably, claim a Survivor persona—then how does it benefit any specific stigmatized group? If the Survivor topos is for everyone, then is it really, ultimately, for anyone?

CHAPTER 4: BROKEN PROMISE: THE EX-GIFTED KID ON PROZAC

They live among us, or so they think. They could be scraping a shopping cart past us at the grocery store, answering calls and e-mails from a windowless office adjacent to our own, or flipping through old magazines in the chair beside us at our dentists' waiting rooms. If they are reluctant to reveal themselves to us, it is because they suspect their unusual thoughts and behaviors will be misunderstood. Perhaps they do not even understand themselves. Scientists cannot decide exactly how to find them or what should be done with them—some question whether they actually exist at all. Yet search the archives of any popular social media website from the last four years or so, and you are bound to encounter thousands of people identifying themselves (openly or anonymously) as one of these elusive creatures.

Who are they? They are former "gifted" children who have grown up to be depressed, burned-out adults.[1] Years ago, their giftedness was identified via IQ testing in their primary schools, or else attentive caretakers recognized their talents and recommended them for special learning opportunities. Wholly dependent on local educational policies and their families' financial resources, they may have been placed into Gifted and Talented programs, permitted to complete a standard program at an accelerated pace (i.e., by skipping a grade), enrolled at private institutions, or otherwise accommodated. Some were subject to intense pressures and impossibly high standards from adults; others' gifts were taken for granted by those who held the onetime common-sense belief that gifted kids grow naturally into successful adults with little need for

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[1] Were it not very tedious for me to do so, I would place scare quotes around all instances of the word "gifted" in this project. Readers should approach this term with the same amount of caution and qualification they would apply to "madness," "genius," and other obvious social constructs.

intervention. Perhaps they fell into perfectionism, "superhuman striving," overextension, and other behaviors that facilitated high achievement for a short period of time—yet that illusion of triumph soon gave way to mental and physical exhaustion, leading them to burn out before they could realize their full potentials (Kaplan & Geoffrey, 1993, p. 247). Or perhaps they withdrew from ambitious pursuits at an early age, denying their talents and interests so as to shed the burden of others' expectations. Who knows? They might even be successful in others' eyes, and the only persons deeply disappointed in them are themselves. But whether they be "burnouts," "copouts," or something else, all former gifted children were once told they were special: more sensitive, intelligent, or creative than their non-gifted peers (Kaplan & Geoffrey, 1993, p. 249). To serve the traditional aims of gifted education programs in the United States—and justify the allocation of government resources toward the same—they were urged to use their specialness to solve the country's greatest social and political problems (Jolly & Robins, 2016, p. 147). So how exactly were their gifts supposed to translate into concrete rewards for themselves or others? No one could foretell. The possibilities for gifted children are, unfortunately, endless.

Surely this tragic tale does not apply to every child who ever bears the gifted label. It must be possible for some fully-grown gifted kids to retain fragments of their past abilities. But according to a longstanding, exceedingly popular cultural cliché—that which I have dubbed the "Ex-Gifted Kid" topos, the most complicated offshoot of Mad Genius rhetoric—a majority of former gifted children do not succeed at parlaying their raw potential into bona fide achievement. Why? Because they are too mentally ill. Regardless of the age at which they start to lose their minds (so to speak), the notion that gifted children must eventually suffer severe psychological distress is what basically defines the Ex-Gifted Kid topos, differentiating the Ex-Gifted Kid from

a "gifted ex-child" or simply a "gifted adult."[2] The archetypal Ex-Gifted Kid leads a remarkably unremarkable life: despite the exceptional abilities they once displayed, they have made no major contributions to human knowledge or culture, and it seems unlikely that they ever will. For as long as they may live, the Ex-Gifted Kid can only wonder why their gifts were wasted, how this outcome could have been prevented, and what extraordinary future they would have reached if circumstances had been different. In short, the Ex-Gifted Kid may conclude that they are doomed—that they were always doomed. For at its core, the Ex-Gifted Kid topos posits that some persons' genius and madness are both innate and, ultimately, inseparable mental traits.

In this chapter, I build a case study on the rhetorical functions of the Ex-Gifted Kid topos as it influences one of the most infamous accounts of mental illness in recent history: Elizabeth Wurtzel's 1994 memoir *Prozac Nation: Young and Depressed in America*. As I have done in the preceding chapters, I argue that Wurtzel enacts an Ex-Gifted Kid persona in her memoir, showing how her lifelong giftedness and depression are inextricably intertwined all throughout her life story. Emphasizing that the pain an Ex-Gifted Kid endures (and inflicts upon themselves) is far worse than any pain they might inflict on others, *Prozac Nation* indirectly challenges the notion that persons with mental illness are burdensome, even wicked individuals. But more so than any other memoir analyzed in this dissertation, *Prozac Nation*—and the topos it engages with—is also characterized by its self-awareness, ever vacillating between self-deprecating irony and genuine expressions of emotion from the author. For this reason, my study also constructs a meta-level feminist critique of Wurtzel's Ex-Gifted Kid persona, exploring how her ambivalent relationship with her giftedness is shaped by her experiences of broader cultural sexism. Read from a feminist viewpoint, *Prozac Nation* seems to depict a range of classic "gifted girl"

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[2]For an in-depth description of the "gifted ex-child," see Tolan, 1994.

dilemmas—as indexed by feminist psychologists of the 1970s and beyond—in which a precocious young girl internalizes others' ambivalent reactions to her abilities and interests. Insofar as mainstream American culture celebrates achievement while also opposing these qualities to normative femininity, the text suggests, girls who are gifted as Wurtzel was will be punished for displaying their gifts even as they are also rewarded. It is the impossibility of being both gifted *and* a girl (i.e., both powerful and vulnerable, both genius and mad) in the world of Wurtzel's childhood that seems to draw her towards the Ex-Gifted Kid topos in her adulthood.

I begin my study with an overview of The Ex-Gifted Kid topos as it is currently circulated in viral images on Instagram and other social media platforms. Connecting modern engagement with this topos to the history of gifted psychology in the United States, I call for further analysis of Ex-Gifted Kid personae in autobiographical narratives of mental illness. To contextualize my reading of this topos from a feminist perspective, specifically, I briefly survey some of the most influential twentieth-century feminist psychology research on giftedness and "gifted girl" experience. Next, I examine the critical context of *Prozac Nation*, consciously departing from existing scholarly studies of this book and dwelling on popular press reviews that (unintentionally) highlight the tension between Wurtzel's giftedness and her depression over her lifetime. Situating my case study within these seemingly settled perspectives on Wurtzel's memoir, I read *Prozac Nation* backwards from Wurtzel's adulthood to her childhood, exploring how the text intertwines her depression with her troubled giftedness across these life stages. Lastly, I sketch an interpretation of Wurtzel's recovery as a dissolution of the Ex-Gifted Kid's ironic self-awareness into spontaneous, authentic emotional expression: fury towards the people who failed her, grief for the child she once was, and compassion for the adult she is becoming.

Early Ripe, Early Rot: A Primer on the Ex-Gifted Kid Topos

In the title of a November 2018 think piece for *The Outline,* philosopher Tom Whyman poses a peculiar question: "How Bad Should We Feel for Burnt-Out Gifted Kids?" According to Whyman, the recent surge of interest in so-called "Gifted Kid Burnout"—a set of stereotypes about childhood giftedness fairly similar to that which I call the Ex-Gifted Kid topos—can be attributed to one specific image that went viral on several social media platforms in the late 2010s (para. 4). This image, shown in Figure 2, was first created and posted to Instagram by user @angstyfairy in July 2017. Given that the frequency of Google searches for the phrase "Gifted Kid Burnout" spiked sharply from zero in 2016 to a local peak of popularity in late July 2017, and it has been steady since this time, I too am inclined to credit @angstyfairy for directing new attention to this old offshoot of Mad Genius rhetoric (Google Trends, 2021). Designed to mimic the distinctive five-by-five grid of cards used in the lottery game Bingo, the "Gifted Kid Burnout Bingo" meme catalogs twenty-four qualities and objects that supposedly characterize the persona of a former gifted child. Although the @angstyfairy account gives little identifying information about the teenage girl who manages it, it is clear that this particular meme is autobiographical: @angstyfairy's original caption for this post reads, "lmao this is messy and it is really just a bingo of me cuz i am such a cliche gifted kid burnout but lmk if u play cuz that would mean we prolly share some very covetable personality traits" (2017).[3] By @angstyfairy's own admission, the portrayal of childhood giftedness in her autobiographical meme is self-consciously complex, critical, and contradictory. The Ex-Gifted Kid persona is depicted as both deeply personal and laughably "clichéd," while the characteristics she ascribes to herself—and her fellow burnouts,

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[3]All spelling and punctuation appear exactly as in the original post. "lmao" is an abbreviation of the phrase "laughing my ass off," which is often used ironically in contemporary text/internet-speak. "lmk" stands for "let me know"—this comment is addressed to the audience.

Figure 2

"Gifted Kid Burnout Bingo" Meme by Instagram User @angstyfairy

who she hopes will identify themselves by "playing" this Bingo game—are both "messy" and "covetable." And evidently, in the years since @angstyfairy first created this post, thousands of internet users have indeed recognized themselves in her narrative of childhood giftedness. "Gifted Kid Burnout Bingo" has inspired all of the following contemporary media: coverage in blog posts such as "I Feel Personally Attacked by This 'Gifted Kid Burnout Bingo' Meme" on *The Mary Sue* (Hale-Stern, 2017), follow-up memes by other internet users (e.g., "Gifted Kid

Burnout Bingo: The Sequel," apost54, 2018; "Recovering Gifted Kid Bingo," CMDRReservoir, 2018), a lengthy definition for "Gifted Kid Burnout" on *Urban Dictionary* written by user giftedkidburnout (2018), the indie rock song (and music video) "Gifted Kid Burnout" recorded by British band Shemp (2019), and countless discussion threads on Twitter and Reddit.

Although the "Gifted Kid Burnout Bingo" meme implicitly addresses a contemporary audience, it reads as an inventory of some of the most enduring stereotypes about gifted children from the twentieth century onwards. Items such as "need for constant validation," "refusing to ask for help," and "losing interest and quitting anything that doesn't come easily to you" condemn giftedness for alienating its victims from their own minds, suggesting their capacities for spontaneous curiosity and motivation are destroyed by their fear of acknowledging their limitations. Additional Bingo squares build on the claim that the Ex-Gifted Kid is "always looking for a new form of escapism" with examples of their preferred methods for coping with their burnout, ranging from the somewhat adaptive ("interest in psychology" or "reads wikipedia articles in free time") to the seemingly maladaptive: "risk-taking behavior," "always making excuses," a marijuana leaf, and a tumbler of liquor captioned "time to drink." And in the top/left-most corner of the grid—the first square an English-reading audience would view, and perhaps the first square @angstyfairy generated for this image—is an item so essential to an Ex-Gifted Kid persona that it clearly needs no explanation: the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. That former gifted children are predisposed towards psychological dysfunction may be the most notorious of all stereotypes attached to this group. It is no wonder, then, that nearly every square of the "Gifted Kid Burnout Bingo" meme can be interpreted as support for that fundamental claim.

To the untrained eye, former gifted children might be nearly indistinguishable from their non-gifted peers—they are highly educated or not, gainfully employed or not, in committed romantic relationships or not, and so on. But privately, according to the Ex-Gifted Kid topos, former gifted children suffer from a variety of mental health issues. Across the history of gifted psychology research in the United States, scholars have theorized that gifted children experience chronic social isolation due to their inability to relate to non-gifted peers, and the combination of their precocious sensitivity and intense pressures to succeed—both internal and external—has been linked to high stress and, indeed, burnout (see Bernardo, 1990; Cross & Cross, 2018; Fimian et al., 1989; Johnson, 1985; Neihart & Yeo, 2018; Quart, 2006; Winner, 1996; etc.). These troubles do not supposedly improve as these children mature; they grow ever more severe, leading to the "common belief" that gifted persons are more prone to clinical depression and suicide than non-gifted persons (Cross & Cross, 2018, p. 603). For evidence of the theorized link between childhood giftedness and mental illness—and of the need for further scholarly inquiry into this topic—scholars frequently point to true stories of high-achieving adolescents who stunned their communities by attempting or completing suicide (see Bernardo, 1990, p. 30; Cross & Cross, 2018, p. 601; Neihart & Yeo, 2018, p. 498; Quart, 2006, pp. 140-45). Personal anecdotes like these are deployed to emphasize that gifted youths' special needs are not just educational, but also psychological—the implication is that caretakers must be vigilant lest they overlook the signs that a seemingly happy child is headed towards a tragic, untimely death.

As is illustrated in the "Gifted Kid Burnout Bingo: The Sequel" meme by Reddit user apost54, shown in Figure 3, narratives of Ex-Gifted Kid experience that followed @angstyfairy's have only strengthened the idea of a link between childhood giftedness and mental illness. According to apost54, the Ex-Gifted Kid "May have depression, anxiety, ADHD, Asperger's,

Figure 3

"Gifted Kid Burnout Bingo: The Sequel" Meme by Reddit User apost54

NPD, and/or social anxiety," is "Interested in sociology/psychology as a twisted attempt to

understand" themselves, is "likely a compulsive user" of "alcohol/weed/smoking/vaping" (and

"Doesn't give up their harmful vices"), is "Nihilistic as fuck," and overall distinguishes

themselves as a "Poster child for mental health issues." Similarly, the top *Urban Dictionary*

definition for "Gifted Kid Burnout," as added by user giftedkidburnout in January 2018, reads:

when children who were once considered the "gifted" or "smart" kids in class grow up to underperform academically and (likely) socially. the kid who actually liked doing homework and got all A's when they were nine but by sixteen aren't doing well in school and often feel crushing disappointment. . . . have problems socializing, have poor mental health, and resort to drinking/drugs/other forms of escapism. usually really smart, but still do poorly/average in school. (2018)

This definition, like @angstyfairy and apost54's memes, both reflects and reinforces the qualities that are most essential to a contemporary Ex-Gifted Kid persona. Ex-Gifted Kids were once considered special—and may still be, deep down—and found fulfillment through intellectual stimulation and high achievement. But nowadays, they can scarcely experience anything but "crushing disappointment," "poor mental health," social isolation, and the compulsion to escape.

Despite the recent explosion of the Ex-Gifted Kid topos on contemporary social media and increasing psychological research on gifted children since the late-twentieth century, the tendency to connect child giftedness to adult dysfunction is not at all new in American culture. Duggan and Friedman (2014) stress that the earliest and most famous longitudinal study on high-IQ children to date—conducted from 1921 to the present—was conceived in large part because early American psychologist Lewis Terman wished to reform the dominant societal perceptions of gifted children during his lifetime (p. 488). In Terman's (1954) view, gifted children's talents had been needlessly wasted in the United States due to the "prevailing belief" that such youths were "usually psychotic or otherwise abnormal" and "sure to burn themselves out quickly or to develop postadolescent stupidity" (p. 222). Judged against an old adage of "Early ripe, early rot," gifted children's precocious development was usually perceived as aberrant and undesirable by the non-gifted majority (Sears, 1979, p. 75). Hence, Terman widely publicized his findings that the hundreds of high-IQ children participating in his study were in fact "popular, well adjusted, and self-confident," advocating for a view of intellectual giftedness as the epitome of innate

genetic superiority (Winner, 1996, p. 212).[4] As a result of Terman's long and influential career, the notion that gifted children are not just emotionally healthy, but rather exceptionally emotionally resilient gained leverage with experts in the decades that followed (see Bland et al., 1994, p. 77). And to date, numerous researchers still insist that cultural clichés about mentally ill gifted children are simply that: clichés. For these scholars, it is faulty assumptions and anecdotal evidence—not empirical research—that keeps the Ex-Gifted Kid topos firmly planted in the American social imaginary (Solano, 1987; Southern et al., 1989; Subotnik et al., 2011).

Needless to say, countless individuals who are labeled as gifted in their childhoods do grow up to be perfectly content adults. As a predictor of adult success, the socially-constructed trait of "giftedness" has never proven to be as impactful as are the socioeconomic privileges children access (or not) through their families of origin (Duggan & Friedman, 2014; Freeman, 2010; Olszewski et al., 1987; Winner, 1996). There also exist plenty of adults with mental illness who have never borne the label of giftedness nor connected their symptoms to any extraordinary talent they exhibited in their youths. If the Ex-Gifted Kid topos were promoted solely by non-gifted persons, then, it might be suspected as a form of societal retaliation against gifted children out of envy, anti-intellectualism, or simple fear of the unknown. As Quart (2006) observes:

> The dictionary's second definition for *gift* also gives some insight into why [children] with the range of qualities that commonly earn the term gifted are subject to resentment from those who feel they have not been deemed gifted. . . . a "gift" may not be reciprocated and may even be undeserved. (p. 4)

@angstyfairy's "Gifted Kid Burnout Bingo" meme surely paints an unflattering portrait of its subjects: for example, in its emphasis on Ex-Gifted Kids' feelings of innate superiority to others ("thinking you're destined for greatness" and "thinking you're better than everyone else") in

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[4]As this statement suggests, Terman was an active proponent of eugenics (see Stoskopf, 2002).

contrast to the reality of their struggles with mental illness, substance abuse, and professional failure (i.e., "having nothing to show for" their gifts). Yet the basis of this meme's appeal lies not in mocking others, but rather in mocking oneself—it was popularized by individuals who openly (even proudly) identified with its content, sharing the meme to their own social media pages. Hence, the recent prominence of autobiographical narratives that borrow from the Ex-Gifted Kid topos—of which "Gifted Kid Burnout Bingo" is just one example—indicates that former gifted children do themselves eagerly embrace Ex-Gifted Kid personae. This topos speaks most to adults who are highly conscious that they once were gifted, that they are currently mentally ill, and that there may be a powerful connection between those traits. In other words, it seems that a crucial component of its popularity is self-proclaimed Ex-Gifted Kids' self-awareness.

Perhaps the reasons why a meme about burned-out young adults went viral in the late 2010s are obvious. Following the first federal study of gifted education in 1972—a "watershed moment" in U.S. gifted education—and the passage of the Jacob K. Javits Gifted and Talented Students Education Act in 1988, many more Millennials (born 1981-1996) were labeled as gifted and placed into gifted education programs than were members of any previous generation (Jolly & Robins, 2016, p. 132). Millennials comprise a majority of Instagram users, and this generation has now firmly entered adulthood, obviously reckoning with their perceived failures along the way (Statista, n.d.). As a simple framework through which to process and share one's life story, the "Gifted Kid Burnout Bingo" meme has captivated thousands of young people who have been gifted, mentally ill, disappointed, and/or amused at their own mediocrity. But as Whyman notes, the rapid circulation of this meme by persons who joked that they felt "personally attacked" by its content—often marking off squares in @angstyfairy's original image to represent their individual "scores"—clearly confirms that "the identity pre-existed the phrase," and "most

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[people] will remember encountering it, or indeed embodying it" long before they played this Bingo game (2018, para. 4). Although "Gifted Kid Burnout Bingo" coined a provocative phrase and culled together a set of items that were concise, relatable, and humorously self-deprecating, @angstyfairy did not invent the set of stereotypes cited in her meme. On the contrary, her personal narrative of giftedness clearly draws from (and drew out) a collective Ex-Gifted Kid persona that dates back to the very inception of "giftedness" as a social construct.

Wherever there are children who have been told they are destined for greatness, there will be adults who recognize their failures to fulfill that prophecy and search for the reasons why. But what specific conditions might encourage someone to draw connections between their childhood giftedness and their current psychological distress? What is the rhetorical significance of their doing so? The distinct popularity of social media content—akin to short, informal life writing— generated by self-proclaimed Ex-Gifted Kids indicates to me that autobiographical texts can shed light on these questions. However, no studies known to me have drawn from self-referential writing by persons diagnosed with mental illness (and/or giftedness) to analyze the effects of the Ex-Gifted Kid topos on their stories. Hence, I choose to ground my case study in this chapter in Elizabeth Wurtzel's *Prozac Nation*, one of the most widely-read mental illness memoirs in twentieth-century American literature. With a depth of analysis and breadth of cultural influence far exceeding that which is possible in a single viral image, *Prozac Nation* illuminates the complex journey through which one young woman came to recognize her depression, her giftedness, and the apparently complicated link between the two. In what follows, I give context for my decisions both to read *Prozac Nation* through the lens of the Ex-Gifted Kid topos and to analyze the influence of broader cultural sexism over Wurtzel's narrative persona. By glancing first at feminist psychology research from the 1970s onwards and second at key popular and

scholarly responses to the text, I aim to recover *Prozac Nation*'s distinct sociohistorical setting in

a post-feminist American society—one that laments "the disappearance of the gifted female"

while continually devaluing high-achieving women (Olshen & Mathews, 1987, p. 251).[5]

What Happens to the Gifted Girl? The Costs of Feminine Achievement

To analyze the Ex-Gifted Kid topos from a feminist perspective, it is necessary to review

how feminist scholars across the history of American gifted psychology have understood what

Noble (1987) calls "The Dilemma of the Gifted Woman" (p. 367). Analyses of gender and

giftedness can be traced back to early twentieth-century psychologist Leta Stetter Hollingworth,

a contemporary of Lewis Terman. Through her groundbreaking 1914 paper, "Variability as

Related to Sex Differences: A Critique," Hollingworth highlights the sociocultural stakes of the

so-called "variability hypothesis" that prevailed with (male) giftedness experts at that time (p.

510). Put simply, this hypothesis posits that men's intelligence is more widely variable than

women's, thus individuals of exceptionally high/low intelligence are naturally more likely to be

male. Support for this hypothesis was drawn from the experts' recognition that, across the history

of Western civilization, more men than women had attained eminence in the public sphere.

Hollingworth, however, emphasizes that "throughout almost the whole course of history,"

traditional gender norms had "predestined" women for domestic work rather than more

competitive pursuits (p. 526). Unconvinced by a colleague's attribution of "woman's failure" to

"a difference in instincts connected with reproduction," Hollingworth writes:

> Surely we should consider first the established, obvious, inescapable, physical
> fact that women bear and rear the children, and that this has always meant and
> still means that *nearly 100 per cent of their energy is expended in the
> performance and supervision of domestic and allied tasks, a field where eminence*

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[5]I use the phrase "post-feminist" here strictly to refer to a historical era that followed the rise of second-wave feminism in the United States. I do not (necessarily) mean to suggest an era in which feminisms are being critiqued and/or judged irrelevant.

is impossible. Only when we [have] exhausted this fact as an explanation should we pass on to the question of . . . differences in intellect or instinct. (p. 528)

In Hollingworth's view, unequal gender socialization—and its impact on men and women's relative freedoms to pursue eminence—seems a more likely explanation for the disparity in their achievement than innate intellectual differences. Delineating various methodological flaws, logical fallacies, and social biases that sustain the variability hypothesis, Hollingworth envisions a future time at which "public expectation" of gender roles will shift such that women might "vary from their [roles] as men do, and yet procreate" (p. 529). Although women had long been "hindered by individual prejudice, poverty, and . . . legal measures," Hollingworth asserts, "in another century the solution to this problem will have been found" (p. 529).

Nearly six decades after Hollingworth first studied the relationship between gender and giftedness, Horner (1970) notes that—despite the gradual removal of "legal and educational barriers" to women's achievement in the public sphere—"there remains a *psychological* barrier" that is "considerably more subtle, stubborn, and difficult to overcome" (p. 46). In her influential 1970 essay "Femininity and Successful Achievement: A Basic Inconsistency," Horner argues that even the most "otherwise achievement-motivated and able women" continually choose not to pursue stimulating, competitive careers due to their perceptions that "success. . . will be followed by negative consequences" (p. 47). Betty Friedan's 1963 book *The Feminine Mystique*, one of the most famous second-wave feminist texts, had also raised considerable awareness about the loss of women's intellectual gifts several years before. Observing "new dimensions to old problems" throughout her years of research for this book, Friedan cites "the discrepancy between women's tested intellectual abilities in childhood and their adult achievement" as one of many damaging situations produced (and normalized) through widespread societal sexism (2001, p. 78). Societal perceptions of gifted children, in general—if not gifted girls, specifically—had

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shifted dramatically throughout the twentieth century with the emergence of findings from Terman's famous longitudinal study. It is widely acknowledged, too, that the 1957 Soviet launch of Sputnik marked a pivotal moment in the appropriation of federal funds towards gifted education in the United States (e.g., through the National Defense Education Act of 1958). But although politicians' and scientists' concerns over "the space race" had led some to call women "America's greatest source of unused brainpower," Friedan observes, academic research on gifted girls and women remained exceedingly rare (2001, p. 60). Indeed, Joesting and Joesting begin their 1970 review of psychological literature on "Future Problems of Gifted Girls" by stressing the difficulty of mining existing studies for data on their topic (p. 82). According to these scholars, "adequate data for meaningful research on talented women [was] unavailable" at the time, because the topic had seldom been studied—they draw primarily from "a few studies of gifted girls that [had] been included in studies of the gifted of both sexes" (p. 82).

Following the Marland Report on U.S. gifted education in 1972 and the Jacob K. Javits Gifted and Talented Students Education Act of 1988, the 1970s and 1980s saw major increases in the implementation of IQ testing and gifted education programs in American primary and secondary schools. Hence, whereas most scholarly inquiry into female giftedness prior to this period had focused on adult women, feminist psychologists directed more and more attention towards the hardships of young gifted girls. Silverman's (1986) oft-cited chapter in *Critical Issues in Gifted Education* delves deeply into "the Strange Case of the Disappearing Gifted Girl," investigating why—if IQ testing in primary schools generally identifies equal numbers of gifted girls as it does of gifted boys—there were still so many more eminent adult men than women (p. 43). In other words, as her study is titled: "What Happens to the Gifted Girl?" (p. 43). Where does the gifted girl go when her male peers ascend to positions of prestige and eminence

in their adulthoods? Olshen and Matthews (1987) echo Silverman while calling for an "intervention strategy" to prevent the loss of giftedness in girls, observing that "The problem of the gifted female can be simply stated: she is evident early in life and then disappears" (p. 251). A common question arose among late-twentieth century feminist psychologists: Who or what is to blame for the widespread vanishing of young girls with special talents?

The answer for Silverman and her contemporaries was that, despite the expansion of women's professional opportunities, the gifted girl is often discouraged from developing her talents due to society's disparagement of successful adult women. It became a commonplace among feminist scholars of the 1970s and 1980s to study how achievement had been constructed as "unfeminine" in American cultural discourse (see Fox, 1977; Grau, 1985; Horner, 1970, 1972; Joesting & Joesting, 1970; Noble, 1987; Olshen & Matthews, 1987; Silverman, 1986; etc.). Such scholars argued that, because gender norms had long constructed professional achievement as a masculine domain—and achievement is thought to be the logical outcome of giftedness—the gifted girl is socially conditioned to conceal her own gifts for fear of being labeled abnormal and unlikable. Hence, Noble (1987) indicts society's "long-standing history of ambivalence toward highly capable women" for fostering excessive self-doubt and social dependence in young gifted girls (p. 368). According to Noble, when caretakers claim to support all children's success while subtly undermining, discouraging, or ignoring the achievements of young girls, the gifted girl loses faith in her abilities (p. 368). Forced to choose between cultivating her (as-yet unknown) talents and maintaining interpersonal relationships that are vital to her survival, she will likely fall into her socially prescribed role. Consequently, Noble urges psychologists and educators to work together to affirm gifted girls' special abilities while also preparing them to face special difficulties. She concludes: "without counseling and educational interventions aimed specifically

at the challenge of being both gifted and female, the majority of gifted women will continue to disappear" (p. 375). More specifically, Silverman (1986) exhorts caretakers to protect the gifted girl's freedom to explore her interests and cultivate her talents, arguing that "To the extent that independence is drummed out of little girls, these girls lose their giftedness" (p. 67).

Of course, feminist thinkers have often argued that all girls and women—regardless of innate ability—can be driven "mad" by society's ambivalence to their talents. Nonetheless, Silverman affirms that gifted girls suffer more than their non-gifted peers, because they have "more to lose" (p. 67). And importantly, in its calls for parents, teachers, therapists, and other significant adults to nurture young gifted girls' interests, past research on gender and giftedness highlights the gifted girl's basic vulnerability to other people's whims. It is a point that seems self-evident yet bears explicit mention: gifted children, like all children, have little power over their own lives. Even those gifted girls who do desire to reject societal expectations in favor of high achievement are unlikely to succeed at doing so without their caretakers' support. That is, although gifted children's talents are assumed to come from the inside, they cannot actually use them without an adult's permission on the outside. By the time a gifted child grows old enough to assert their independence and subsist on their own resources, it may seem too late for them to realize their past potential—they may already be too discouraged, too disappointed, or too depressed. In other words, they may already be an Ex-Gifted Kid. It is with these established gifted girl dilemmas and vulnerabilities in mind, then, that I now pivot to a reading of Elizabeth Wurtzel's Ex-Gifted Kid persona in *Prozac Nation*. Explicating how my study intervenes in current critical assessments of Wurtzel's story, I focus my particular analysis on the intertwining of her lifelong giftedness, clinical depression, and implicit gender socialization.

Prozac Nation: Young and Depressed in America

In the field of American life writing, Elizabeth Wurtzel was surely one of the most unpopular-popular people of the past 25 years. Having gained some recognition as a music critic in New York City during the early 1990s, Wurtzel became a subject of intermittent controversy at the age of 27 with the publication of her first book, a 350-page memoir titled *Prozac Nation: Young and Depressed in America*. Soon after the memoir's release, a former colleague accused Wurtzel of myriad disreputable behaviors while working at *The Dallas Morning News*, revealing that she had been fired for plagiarism (Adams, 1995, p. F1). *Prozac Nation*'s film adaptation was infamously withheld by its distributors for five years, never to receive a U.S. theatrical release— it is widely believed Miramax stalled the film due to "inflammatory comments" Wurtzel made in February 2002 about the September 11 attacks on New York City (Vinciguerra, 2003, p. ST6). Wurtzel's later book projects—*Bitch: In Praise of Difficult Women* (1998), *The Bitch Rules* (2000), and *More, Now, Again: A Memoir of Addiction* (2001)—further cultivated her "bad girl" public persona and, like her first book, received mostly negative reviews despite selling well (Lerhman, 1998, p. BR11). By the 2010s, Wurtzel was a regular contributor to such high-profile American periodicals as *The New York Times*, *Harper's Bazaar*, and *New York*, still drawing frequent criticism for her politically charged essays. Hence, a 2013 post to the popular feminist media blog *Jezebel* concluded that—despite Wurtzel's early success—"Unfortunately now, when she pours her heart out onto the page she just makes a fucking mess" (Morrissey, para. 2). For fans and detractors alike, Wurtzel remained a polarizing figure until her death in January 2020.

Prozac Nation recounts Wurtzel's life story from early childhood up to age 26 as organized around her experiences of chronic depression and, eventually, her recovery through medication and therapy. In contrast to some other mental illness memoirs of the era—such as Susanna Kaysen's *Girl, Interrupted*—*Prozac Nation*'s narration delves deeply into the author's

relationships with her parents, characterizing them as a "hysterical, exhausted, overwrought" mother (p. 5) and "deadbeat" father (p. 27) too preoccupied with "their own untrammeled, unfettered, unresolved, and unexamined emotional immaturity" to prioritize their daughter's needs (p. 77) (Wurtzel, 1995). A majority of the book addresses Wurtzel's college years at Harvard University, thus her academic activities and budding career in music journalism drive much of the plot.[6] Readers learn that Wurtzel was a remarkably accomplished young woman: she mentions an internship she held at *New York* during her high school years, a prestigious college journalism award she won from *The Rolling Stone* for her work with *The Harvard Crimson*, a summer reporting job she held at *The Dallas Morning News*, a semester she persuaded Harvard professors and administrators to approve her for independent study in London, and so on. *Prozac Nation* is also characterized by its so-called "rock and roll aesthetic"—nearly every page of the text contains some reference to contemporary pop culture (especially music), the author's sexual exploits, or her heavy use of drugs and alcohol (Bullard, 2002, p. 287).

As one might expect in a memoir titled *Prozac Nation*, the antidepressant drug Prozac plays an important role in Wurtzel's recovery from her mental illness. Prozac was discovered in 1972 by researchers at pharmaceutical company Eli Lilly—it was the first in a popular class of antidepressants now commonly known as selective serotonin reuptake inhibitors (SSRIs), and following its approval by the U.S. Food and Drug Administration in December 1987, it was the first drug to be marketed directly to American consumers for the treatment of depression (Herzberg, 2010). According to *Prozac Nation,* Wurtzel's psychiatrist first prescribed her Prozac

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[6]Regarding *Prozac Nation*'s emphasis on her academics, Wurtzel has stated: "It was originally a book about Harvard; it wasn't even about depression. But everything in it was about being depressed, so that changed it" (see Sifre & Ettilinger, 2009, para. 9).

in the spring of her junior year of college (i.e., in early 1988), making Wurtzel "one of the first

people to be put on Prozac after the FDA approved it" (p. 18). Prozac was already on its way to

becoming a 1990s cultural icon and one of the world's most recognizable medications before

Wurtzel published her memoir, thus *Prozac Nation* rose to prominence in part due to its

groundbreaking descriptions of biological psychiatry from the perspective of a real-world

patient/consumer who had "been taking [Prozac] longer than anyone else on earth, save for a few

laboratory rats in cages" (Wurtzel, 1995, p. 342). Although the memoir ponders a vast range of

social, political, and familial conditions that affected Wurtzel's experiences of mental illness, it

is Prozac she ultimately credits for stabilizing her most acute depressive symptoms. Accordingly,

a majority of scholarship that cites *Prozac Nation*—that which does not openly deride Wurtzel, at

least—has foregrounded Wurtzel's reliance on this drug, comparing her memoir against other

prominent Prozac-related texts of the 1990s and exploring its possible feminist significance.

Red Herring: Scholarly Context of Prozac Nation

As an author of creative non-fiction literature, Wurtzel's scholarly significance has often

been disputed. Zimmerman (2007), for example, asserts that "it might seem like overkill to treat

a gossipy book like *Prozac Nation* with [critical] seriousness" in a scholarly study of depression

narratives (p. 471). Criticizing Wolpert's (1999) use of quotations from *Prozac Nation* in his

own memoir of depression, Zimmerman wonders why "an intellectual, a research biologist, who

is trying to write a serious book" to be "published by an intellectually respectable press" would

deign to engage with Wurtzel (2007, p. 471). Likewise, Cheever (2000) footnotes her discussion

of *Prozac Nation* in an analysis of depression narratives to claim that the "banality of Wurtzel's

observations" makes readers wonder "why Wurtzel needs to make every assertion of identity

publicly [in] the form of self-revealing memoir after self-revealing memoir" (p. 367). Zita (1998)

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also ambivalently footnotes Wurtzel, confirming that her use of the phrase "Prozac nation" is an allusion to "Elizabeth Wurtzel's rambling and self-absorbed, but clairvoyant *Prozac Nation*" (p. 238). Long after Wurtzel first left her mark on American reading cultures, those who cite her work in academic contexts still feel moved to express disdain for its content—to acknowledge Wurtzel's relevance to one's research apparently necessitates an apology to one's audience. Even so, few would deny that Wurtzel's bestselling memoir has been impactful in contemporary American literature. Memoir scholars, for example, often mention *Prozac Nation* as typifying the highly confessional narrative style that emerged during the "memoir boom" (Gilmore, 2010, p. 676; see also Smith & Watson, 2010, p. 147; Watson, 2002, p. 180; Yagoda, 2010, p. 228).

Most scholarly readings of *Prozac Nation* have taken Wurtzel's story as a case study in the overall medicalization of mental illness in American psychiatry, wondering how emerging scientific knowledge about the brain can be reconciled with humanist notions of self and identity. Published only a year after Kramer's (1993) landmark book about the cultural impact of SSRIs, *Listening to Prozac,* Wurtzel's memoir offers firsthand insights into "the problem of defining the self" during a historical era in which "the psychological and biological have become increasingly difficult to separate" (Fracassa, 1999, p. 23). Westerbeek and Mutsaers (2008) thus read *Prozac Nation* alongside several other autobiographical works about depression in the "age of Prozac" (p. 26), wondering "to what extent and in what way do [authors] intentionally relate their identity to the disease?" (p. 30). Several scholars have suggested that Wurtzel blurs the line between her illness and her personal identity—by weaving each and every one of her life experiences into the broader tapestry of illness, she arguably depicts depression "not as a hindrance to or a vehicle for realizing the self," but rather "as the self itself" (Cheever, 2000, p. 350). Others suggest that *Prozac Nation* nullifies its own central debate—whether depression is a biological illness or a

personal identity—through the author's seemingly positive portrayal of Prozac at the end of the book. Fee (2000), for one, argues that Wurtzel's final dependence on Prozac collapses her memoir's earlier complexity into "a straightforward recovery tale . . . a culturally dominant mode of story-telling" (p. 85). In describing Prozac as a revolutionary medical technology that finally relieves her mental illness where therapy had failed to do so, Wurtzel may risk rendering the sociocultural factors of her depression (and thus *Prozac Nation* itself) irrelevant.

Prozac Nation's supposedly de-contextualized vision of depression would surely clash with social constructionist theories of psychiatry—the most extreme of which might envision Prozac as a weapon of social control—and a glance at so-called "anti-psychiatry" research is useful in illuminating the critical context of Wurtzel's book. Famed psychiatrists Thomas Szasz and R. D. Laing can be credited with raising the American public's distrust of psychiatric practices in the 1960s, but in the 1990s, psychiatrist Peter Breggin became the most vocal critic of Prozac and other SSRIs with his bestselling books *Toxic Psychiatry* (1991) and *Talking Back to Prozac* (1994; co-written with Ginger R. Breggin). *Talking Back to Prozac* weaves SSRIs into a long history of psychiatric abuses against non-conforming persons; Breggin and Breggin advocate for the "obviously psychological and spiritual condition" of depression to be treated with "dedicated involvement of caring human beings" rather than mind-altering drugs (1994, p. 308). Just as Szasz famously described the tranquilizers used in 1960s psychiatry as "chemical straitjackets" (1970, p. 278), Breggin and Breggin's work refers to "the SSRI chemical-lobotomy syndrome" (1994, p. 250), and Breggin elsewhere compares Prozac to antipsychotic drugs that are used "primarily for the control of patients," because both "produce an [effect] that makes these often-difficult patients more docile" (1991, p. 18). By popularizing "Prozac backlash" in the late 1990s, Breggin and Breggin's books laid crucial groundwork for later writers such as

Wurtzel to ponder the sociocultural ramifications of SSRIs from the perspective of a patient (Glenmullen, 2000). As a result, their works are often cited in/around analyses of *Prozac Nation* (see Bullard, 2002; Gardiner, 1995; Kumlu, 2013; Metzl, 2003; Udovitch, 1994). Although Breggin's early anti-Prozac research preceded the publication of *Prozac Nation,* his reliance on case studies from his own clinical work to support his arguments clearly anticipated the power of personal narratives like Wurtzel's to influence future cultural discourse about depression.

Criticisms of Prozac's social functions have also been advanced (albeit to very different ends) by contemporary feminist scholars, affecting *Prozac Nation*'s reception as a work of unexpected political significance. For instance, Blum and Stracuzzi (2004) examine an archive of 83 mass media articles about SSRIs published during the first 12 years of their use in American psychiatry, finding "Prozac talk" to be superficially gender neutral yet rife with "latent messages of increased requirements for body disciplining for women" (p. 273). According to these authors, the popular press had feminized both the detrimental effects of depression and the supposedly positive effects of Prozac—Prozac talk is found to be "reinforcing rather than lessening gender boundaries" (p. 273). Although Wurtzel is one of few authors in their archive who shows hints of "feminist skepticism" towards biological psychiatry, her sustained use of psychiatric medication is cited as evidence that her "suspicions were short lived" (p. 282).[7] Metzl (2003) seems to share this interpretation of Wurtzel's text, dismissing *Prozac Nation* and other "high-profile members of the Prozac literary family" for defining women's distress largely in terms of their relationships to men and for proposing a chemical, rather than political, solution to their problems (p. 176). According to Metzl, *Prozac Nation*—along with both *Listening to Prozac* and *Talking Back to*

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[7]Officially, this study's engagement with *Prozac Nation* was limited to an excerpt from Wurtzel's memoir published in the September 1994 issue of *Vogue*.

Prozac—paints Prozac problematically as "an agent that restores heterosexual normativity and stability. . . . once cured, [depressed] women return to the men in their lives" (p. 177).

The notion that Prozac's most vocal proponent and opponent in the 1990s—Kramer and Breggin, respectively—actually converge in their gendered portrayals of the drug's effects was first articulated by Gardiner (1995) in her prescient book review "Can Ms. Prozac Talk Back?: Feminism, Drugs, and Social Constructionism," which reads *Prozac Nation* alongside *Listening to Prozac* and *Talking Back to Prozac*. According to Gardiner, both psychiatrists liken the drug to "a type of liberal feminism" that "detach[es] women from traditional roles and fit[s] them for contemporary corporate life" (p. 508). Whereas Kramer celebrates the transformative power of Prozac, Breggin "extols women's traditional virtues" and decries the psychiatric establishment's attempts to destroy them—but both focus their arguments on women's romantic relationships (Gardiner, 1995, p. 508). However, in contrast to other criticisms of *Prozac Nation*, Gardiner finds Wurtzel to be "conflicted and contradictory" about her depression and the role of Prozac in her recovery (p. 509). It is primarily with passages from *Prozac Nation* that Gardiner builds her discussion of the four major issues ("confusion[s]" and "ambivalence[s]") her review raises regarding future feminist input on the "debate about psychoactive drugs" (p. 512). Even more charitable to Wurtzel is Dean's (2007) study of women's narratives that reveal "the limitations of strictly material and strictly discursive explanations" for depression (p. 24). Dean advocates for a solution to this phenomenological issue—whether depression is chemical or cultural—that would "locate our understanding" somewhere "'in-between' the two conflicting poles" (p. 24). Dean's

reference to an "in-between" is explicitly drawn from Wurtzel's text, and her conclusions are partly modeled off of Wurtzel's own reflections at the end of *Prozac Nation*.[8]

If, as some have suggested, *Prozac Nation* reinforced the sexist notion that "madness" means violating feminine gender norms and "recovery" means fulfilling them—especially via biological psychiatry—then this blockbuster memoir could indeed have dangerous implications for real women with mental illness. Fortunately, *Prozac Nation* is not quite guilty of these charges. Revisited nearly 30 years after it was written, Wurtzel's portrayal of depression may not seem as medicalized as it once did; likewise, the sociocultural aspects of her illness might seem more complex. In truth, the first 12 (of 14) chapters of *Prozac Nation* contain no mention of Prozac whatsoever. The drug's conspicuous absence in most of Wurtzel's story led one reviewer to call Prozac a "red herring" that "makes only a brief appearance" in the memoir that bears its name (Harris, 1994, p. 62). When Prozac is finally introduced into the plot of Wurtzel's memoir, it is praised not for its provision of quick-and-easy relief, but rather because its stabilizing effects help to integrate a decade's worth of incomplete solutions—"all the therapy, all the traveling, all the sleeping, all the drugs, all the crying, all the missed classes, all the lost time"—into one slow, vaguely perceptible "recovery process" (1995, p. 329). At no point in this process does Wurtzel morph into an ideal daughter/girlfriend/mother, nor is it clear that she wants any such transformation to occur.[9] On the contrary, Wurtzel's 1995 afterword to *Prozac Nation*

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[8]To preface a section titled "Searching for an 'In-Between': Reframing Women's Depression with Material-Discursive Models," Dean reproduces the following passage from *Prozac Nation*: "In-between. There's a phrase that is far too underappreciated. What a great day it was, what a moment of pure triumph, to have discovered that there are in-betweens." See Dean, 2007, p. 38.

[9]Metzl (2003) supports his assessment of *Prozac Nation* with the passing claim that "Wurtzel comes to appreciate 'real love' only after she takes medication" (p. 177). Reading Metzl's citation in context, though, reveals that the "love" Wurtzel refers to in this passage (from the 1995 afterword of *Prozac Nation*) is neither romantic nor heterosexual, but rather maternal. She

emphasizes the enduring instability of her relationships even after years of taking Prozac: "I still wonder if I'll ever do the things that grown-ups do—you know, like falling in love, staying in love, having a healthy enough relationship to feel like it could turn itself into a possible home" (p. 362). This statement reflects Wurtzel's awareness of social pressures to seek a "home" by "falling in love" and forming a "healthy relationship," but her characterization of these tasks as "the things that grown-ups do" implies both that she is personally unprepared to pursue them and, more importantly, that she feels doing so is arbitrary. Clearly, current scholarship on *Prozac Nation* has not exhaustively explored the text's feminist significance—and as a survey of Wurtzel's treatment in the 1990s popular press reveals, this memoir's portrayal of Wurtzel's giftedness (in relation to her depression) has also been misapprehended.

Critics Have Their Savage Say: Popular Press Responses to Prozac Nation

Few studies of Prozac Nation fail to mention the contrast between its great commercial success and its negative reception by media critics. American reading audiences made *Prozac Nation* a bestseller, but Wurtzel's story—and indeed, Wurtzel herself—was eviscerated in journalistic reviews. Two months before the memoir's September 1994 release, a critic for *Kirkus Reviews* wrote what would be the first of many public denunciations of *Prozac Nation*, accusing Wurtzel of taking "narcissistic pride" in her depression and engaging in "one-upmanship" with respect to other mentally ill people (1994, para. 1). The review concludes:

> [Wurtzel] wants it both ways: to be at once the Head Loony and a representative voice. But her nihilism offers nothing new. . . . By alternately belittling and belaboring her depression, Wurtzel loses her credibility: Either she's a brat who won't shape up or she needs the drugs. Ultimately, you don't care which. An

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writes: "the depression created an atmosphere in which I was too stuck inside myself to appreciate. . . the real love that my mother tried to show me" (Wurtzel, 1995, p. 357). Importantly, this passage does not confirm whether Wurtzel feels her mother's love at present, and it does not attribute her new insights on their relationship to her consumption of Prozac.

excruciating portrait of, even cause for, depression. This most certainly is not an examination of a generation's collective psyche. (*Kirkus Reviews,* 1994, para. 1)

Schoemer (1994) of *Newsweek* echoed these sentiments in her own review two weeks before *Prozac Nation*'s release, comparing it to "the self-absorbed rantings of an adolescent" and describing Wurtzel's writing as "so rife with hyperbole, so devoid of context, that it's virtually impossible to identify with her" (para. 2). Over time, numerous reviewers repeated *Kirkus Reviews*'s quip that *Prozac Nation* was as—or more—likely to induce depression in readers as it was to relieve it (see Goldberg, 1994; Harris, 1994; Marlan, 1996; Shrader, 1994; Tucker, 1994; Werner, 1994; etc.). On the other hand, at least five critics predicted that Wurtzel would inspire violent impulses in her readers: to "shake" her (Kakutani, 1994, p. C19), to throw her book across the room (Goldberg, 1994, p. G3; Harris, 1994, p. 62; Sullivan, 1994, p. 31), and even "hit her with a Nerf bat" (Udovitch, 1994, p. 97). Journalists soon started to invoke a critical consensus on *Prozac Nation*, emphasizing how each new review of the book had confirmed others' earlier assessments. Goldberg's (1994) review "*Prozac Nation:* Downer of the Year, Maybe Decade," for instance, states that the book's "fingernails-on-the-blackboard tone . . . explains the astounding amount of negative press the book has so far received" (p. G3).

To accompany an interview with Wurtzel published five months after the release of *Prozac Nation*, Deardorff (1995) of the *Chicago Tribune* inserted a sidebar simply titled "Critics Have Their Savage Say" (p. F1). As illustrated in Figure 4, this graphic cites excerpts from five other journalists' "scathing opinions" of *Prozac Nation*, wondering at the fact that Wurtzel was "still standing" after being panned so harshly (p. F1). Across these and other reviews, the complaints lodged against Wurtzel are noticeably consistent—she is charged with narcissism, self-pity, grandiosity, and brazen opportunism in appointing herself the "poster child" of Generation X depressives (Kirn, 1994, p. 50). Variations of the word "whine" were especially

Figure 4

Popular Press Responses to Prozac Nation, 1994

Critics have their savage say

Almost unbelievably, Elizabeth Wurtzel and her book, "Prozac Nation: Young and Depressed in America," are still standing after the critics spoke. Here are just a few of the scathing opinions:

"[The book] is one long whine, a tedious tome, a depresso-manifesto, a celebration of self-pity and thinly disguised narcissism. I am. Read me. Feel me. Heal me. Buy me."
Jim Sullivan in the Boston Globe

"Wurtzel's memoir of what it is like growing up smart, sensitive, talented and miserable would be moving in its specificity were it not so prattling and smug."
Mark Harris, Entertainment Weekly

"If any book could send [Andy] Rooney into a relapse of

believing that depressives should just stop whining already and put their drooping shoulders to the wheel, 'Prozac Nation' could."
Maureen Corrigan, Washington Post

"...until now, the moral of the story of Elizabeth Wurtzel has been: Crime pays...Take the publication, at 26, of her book about her Prozac-popping, drug-taking, alcohol-drenched, body-mutilating life, an account that includes occasional naked awakenings with vaguely unfamiliar bed-mates and the revelation that she has suffered chapped lips from excessive, ah, lip-utilization."
Lorraine Adams, Washington Post

"Even the title of [the book] sounds like an excuse. With more than a hint of grandiose self-pity (and some MTV-style marketing savvy), it strives to position its author as a poster child for a putative bluesly youthquake."
Walter Kirn, New York magazine

Note. This figure was created by Deardorff (1995) for an interview with Wurtzel that appeared in the *Chicago Tribune*.

common as descriptors of her behavior: according to the critics, Wurtzel's "self- important whining" (Kakutani, 1994, p. C19) seemed merely "to be pouring new whining into old wineskins" (Gardiner, 1995, p. 510); Wurtzel had proven that "depressives should just stop whining already" (Corrigan, 1994, p. 8) and that "Wendy Whiner, the classic kvetch from the old 'Saturday Night Live' sketch, can't hold a candle to Weepy Wurtzel" (Goldberg, 1994, p. G3); *Prozac Nation* itself, then, was labeled as "The Vintage Whine of Generation X" (Shrader, 1994, p. A6), "Elizabeth Wurtzel's Unofficial Guide to Whining" (Werner, 1994, para. 3), "a self-seeking whinge about teen dispirit for the 'twentynothings' of the slacker generation" (Moir, 1995, p. T10), and "one long whine, a tedious tome, a depresso-manifesto, a celebration of self-pity and thinly disguised narcissism" (Sullivan, 1994, p. 31).[10] Perhaps *Prozac Nation* never had

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[10]Wurtzel reportedly chose "Prozac Nation" as the title of her epilogue before, at the bequest of her editor, giving this title to the memoir as a whole. In a 1994 interview with *Vice*, Wurtzel stressed that her original title (*I Hate Myself and I Want to Die*) was "totally personal," observing that "no one ever sets out to do something like be the voice of a generation . . . nobody sets out to do that" (Sifre and Ettlinger, 2009, para. 7). Hence, throughout her lifetime, Wurtzel consistently denied positioning her memoir as anything other than her own individual story of depression.

a hope of earning positive reviews—beyond their implicit reinforcement of mental health stigma, Muzak (2008) notes, these critics' personal attacks against Wurtzel also reflect the "distrustful and hostile culture" that women often face "when they attempt to relate and examine their experiences of depression" in patriarchal societies (p. 101). Yet one cannot help but wonder why Wurtzel's story, in particular, provoked such a venomous response. What led so many reviewers to characterize an adult woman's narrative of her lifelong, life-threatening depression as the mere whining of a narcissistic brat? On what grounds did they invalidate her account?

A closer look at *Prozac Nation*'s reviews quickly points to Wurtzel's academic and professional accomplishments as a driving force behind many critics' animosity. To her detractors, it seemed nigh impossible that a young woman who earned such impressive grades, awards, and internships could have possibly been depressed—or at least, not as depressed as she had claimed to be. Wurtzel's achievements were cited in preface to extensive sarcasm: one critic asserted that her "series of triumphs" was meant "to remind us that no matter how low the author felt, she was still more successful than many of us" (Tucker, 1994, p. BR 11); another stated that Wurtzel was "inordinately fond of reminding her readers [she] pretty much had it all, . . . even more determined to tell us none of this ever brought her any joy" (Goldberg, 1994, p. G3); yet another claimed that although Wurtzel had been severely depressed in college, "None of this seems to affect her job performance, or her schoolwork when she returns to Harvard. As Ms. Wurtzel repeatedly lets us know" (Shrader, 1994, p. A6). Reading *Prozac Nation* as an ode to the author's personal success, these reviewers all but accused Wurtzel of exaggerating her illness to make her achievements all the more extraordinary to the rest of "us." Still others felt Wurtzel had understated her abilities, claiming that "through all the horror . . . she [had not] dropped a clue that she was all the while functioning, superachieving, even pursuing her career" (Harris, 1994,

p. 62) and mocking her for what they construed as false modesty: "Gosh, Liz: No ambition? Just dumb luck? Back to Low Self-Esteemville" (Sullivan, 1994, p. 31).[11] Regardless of how much *Prozac Nation* actually discusses the author's education and career—too much for some critics' taste, too little for others—the mere fact of Wurtzel's achievements seemed to invalidate her expressions of unhappiness in their eyes. Put simply, critics dismissed Wurtzel's depression because they felt that her highs should have counteracted her lows and, moreover, that her ability to reach such heights proved that she was never really all that low in the first place.

Case Study: Prozac Nation and the Ex-Gifted Kid Topos

The tension between Wurtzel's various achievements and her depression in *Prozac Nation* should not be read as a weakness of the text, as many critics interpreted it to be, but rather as a defining aspect of the story Wurtzel tells about her illness—and thus deserving of further scholarly inquiry. Popular press reviewers highlighted Wurtzel's giftedness in order to justify their skepticism about her depression; they did this in part because they assumed achievement and mental illness to be mutually exclusive conditions. Such assumptions fail to consider, among other things, the longstanding prominence of Mad Genius rhetoric (if not the Ex-Gifted Kid topos, specifically) in American cultural discourse about mental illness. For this reason, it is productive to read *Prozac Nation* for more general insights into the Ex-Gifted Kid topos as it is circulated in autobiographical media. But the reviews cited above are not simply skeptical or confused over Wurtzel's descriptions of depression, perhaps reflecting the authors' limited knowledge of the illness. Rather, in veritably weaponizing Wurtzel's achievements and engaging

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[11]The specific moment of *Prozac Nation* to which Sullivan refers here occurs in chapter seven, which Wurtzel opens as follows: "Summer of 1987. Dallas, Texas. . . . I have finished my sophomore year at Harvard. Somewhere down the road I managed to pick up the 1986 *Rolling Stone* College Journalism Award for an essay I wrote about Lou Reed for the *Harvard Crimson*, and now I have a summer job at the *Dallas Morning News* as an arts reporter" (1995, p. 151).

in ad hominem attacks, these reviews evoke a classic paradox of female giftedness: either neglect one's talents and suffer personal distress, or pursue one's talents and be rejected by a misogynist culture. The fact that exceptional achievement has been problematized for women (as a class) in Wurtzel's cultural context inevitably informed her life experiences, her narration of them, and others' reactions to her story. These critics thus inadvertently identified *Prozac Nation* as a valuable resource for the study of female giftedness in a post-feminist context. Through the close readings below, I show how *Prozac Nation* explicitly—but contradictorily—intertwines Wurtzel's giftedness with her mental illness at various life stages, interpreting Wurtzel's depression as both a cause and an effect of her remarkable achievements. In the process, I read Wurtzel's Ex-Gifted Kid persona in this text as a rhetorical response to her experiences of both mental health stigma and, more implicitly, societal ambivalence towards talented young women.

Symbolism and Meaning: Achievement as a Symptom of Depression

Reflecting on the sociocultural context of psychiatry in the epilogue to *Prozac Nation*, Wurtzel compares herself against various other archetypal figures of drug abuse (both legal and illegal) who had previously shaped modern Americans' perceptions of mental illness and its treatments.[12] Her narration sharply differentiates between those affected by the "depression breakout" of the 1990s and depression's stock characters of the past, who she claims were "stereotyped as wasted, dissipated, and middle-aged, or else young and going nowhere fast" (p. 337). For Wurtzel, one of the most "striking elements" of contemporary depression is its prevalence among promising young people like herself (p. 337). She writes:

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[12]Specifically, the stock characters she mentions are: "The Miltown and Valium addicts of the fifties and sixties, the housewives reaching for their mother's little helpers, the strung out junkies and crackheads who litter the gutters of the Bowery or the streets of Harlem or the skid row of any town" See Wurtzel, 1995, p. 337.

> What is fascinating about depression this time—what is unique about this Prozac Nation—is the extent to which it is affecting those who have so much to look forward to and to hope for, who are, as one might say of any bright young thing about to make her debut into the world, so full of promise. These are people about whom one cannot say that life is over, that it's already too late, but rather young people for whom it has just begun. (p. 337)

Here Wurtzel indicates that the high incidence of depression in Generation X may demand a paradigm shift in cultural understandings of both depression and youthful "promise"—or at the very least, it might call for the addition of a new stock character to her list. Whereas depression had often been perceived as an affliction of adults for whom it was "too late" to intervene because their lives had already been "wasted," Wurtzel observes an ever-expanding cohort of depressed young people for whom the causes of the illness cannot be so easily explained. Likewise, although cultural discourse about talented youths often presumes that such persons should be eagerly, hopefully awaiting the opportunity to "make [their] debut into the world," Wurtzel wonders why it seems that the opposite is true at her time of writing.

Obviously, Wurtzel's statements here are informed by personal experience: she herself was once a "bright young thing" whose depression manifested early in life. This passage from *Prozac Nation*'s epilogue thus implies that Wurtzel's story can shed light on the "fascinating" contradiction to which she refers, yet her paragraph—and so her discussion of this topic—unfortunately ends here. To analyze how *Prozac Nation* argues for a meaningful (if complex and ever-evolving) connection between the author's depression and giftedness, I choose to read this memoir backwards from Wurtzel's adulthood to her childhood, tracing her extreme ambivalence towards suicide during college back to others' earlier ambivalence towards her achievements. While it may seem unusual to structure my case study this way, doing so allows me to examine first how prevailing interpretations of *Prozac Nation* may misrepresent Wurtzel's portrayal of her depression and second how, in general, they entirely overlook the significance of her lifelong

giftedness as both a cause and an effect of her lifelong distress. Illuminating Wurtzel's struggles

to externalize her inner madness/genius as an adult as well as her struggles not to internalize

societal sexism as a child, *Prozac Nation* apparently draws on the Ex-Gifted Kid topos while also

clarifying the sociocultural factors that may make it appealing to this specific author.

As Wurtzel enters young adulthood in the plot of *Prozac Nation*, the narration highlights

her increasing awareness of the double binds in which she is entangled as a high-achieving

young woman suffering from depression. Though Wurtzel does not analyze her giftedness from a

feminist perspective, the text repeatedly incriminates various adults in her life for simultaneously

rewarding and punishing her personal accomplishments. In one especially pertinent passage, she

remembers fantasizing about the sympathetic press coverage she might receive if she should die

by suicide (specifically, by drowning herself in a Harvard swimming pool)—a far cry from the

harsh criticisms she actually inspired after writing *Prozac Nation*. She writes:

> [I knew] for sure that any death at my age would be considered a tragedy, surely worthy
> of a full-length feature in some publication, maybe the *Boston Phoenix* or *New York*. . . . I
> knew perfectly how the story would go: She was so full of potential, Harvard, a dancer, a
> writer, blah blah blah. And then the reporter would try to figure out what it says about our
> society when a promising young person with so many options chooses to do herself in. I
> could see it all: My life would suddenly be infused with all sorts of symbolism and
> meaning that it simply did not have as long as I was alive. (p. 144)

By this point of *Prozac Nation*, although Wurtzel has shown symptoms of depression since her

early childhood, her parents' and doctors' concerns about treating her severe distress have been

fairly minimal. Her narration asserts that, as long as she was alive and apparently thriving during

her years at Harvard, those around her failed to perceive any emotional depth ("symbolism and

meaning") lurking beneath her seemingly "promising" demeanor. In effect, her talents were more

of a liability than an asset, pigeonholing her as a highly skilled student, dancer, writer, and so on

who succeeded with little assistance from others—even when, from Wurtzel's perspective, she

was actually in desperate need of psychiatric help. Her adolescent self was certain, though, that if she died a tragic premature death, the loss of her potential would suddenly be mourned by the same sort of people who failed to nurture her when she was still alive. With noticeable irony, she imagines a reporter who might have lovingly documented her gifts for posterity and pondered "what it says about our society" that even someone as exceptional as she could die by suicide.

This passage's disaffected tone ("blah blah blah")—which reverberates all throughout *Prozac Nation*'s discussions of Wurtzel's suicidality in her college years—conveys Wurtzel's frustration over others' failures to recognize her mental illness. Whereas, if she had died by suicide, a reporter might have described her as inexplicably "choo[sing]" this outcome over "many options" available to her, the young Wurtzel viewed suicide as the only possible outcome of her situation. That is, it seemed inevitable that she would die by suicide if she never accessed effective treatment for her depression—and her experiences had also convinced her that suicide was the only way she could compel other people to take her depression seriously. Elsewhere in *Prozac Nation*, Wurtzel recalls how she once wished "for a real ailment, . . . to be a junkie or a cokehead or something—something real" ("an alcoholic, an anorexic, a bulimic, or a drug addict") (p. 68), believing this would be preferable to her situation because "people who did self-destructive things . . . got lots of attention, [and] they got to be rescued" (p. 69). Reflecting on the clash between her own need to be rescued and her disinclination to self-destruct, she notes:

> Yes, of course, there were mental hospitals . . . but I couldn't hope to end up in one of those places unless I made a suicide attempt serious enough to warrant oxygen or stitches or a stomach pump. Until then, I would remain woefully undertreated by a Manhattan psychiatrist who could offer only a little bit of help amid the chaos of my home life. I used to wish—to pray to God for the courage and strength—that I'd have the guts not to get better, but to slit my wrists and get a whole lot worse so that I could land in some mental ward, where real help might have been possible. (p. 70)

All throughout Wurtzel's life, others have wrongfully perceived her above-average level of achievement as a mark of excellent mental health, yet Wurtzel could not fathom her depression getting better without serious familial support and medical interventions ("real help"). Her parents merely exacerbated her distress through their constant fighting ("chaos of my home life") rather than attempting to relieve it; her sporadic talk therapy sessions with a psychiatrist were "woefully" insufficient to relieve her despair. Her narration therefore emphasizes that, as far as she could tell as a young adult, only persons who credibly threatened to take their own lives could ever "hope to" receive the type of medical attention she needed—her depression would be invisible in those places "unless" and "until" she externalized her pain in a similar fashion. As a consequence, she spent much of her adolescence wishing for an outcome she believed to be not only unavoidable, but bizarrely desirable: for the "courage and strength" to engage in severe acts of self-harm. In other words, she prayed for the ability to be unable to survive.

Wurtzel's simultaneous attraction and aversion to suicide in her young adulthood seems like an understandable response to her situation, yet as both of the above passages reveal, her ambivalence towards life/death also posed abundant problems. Above all, she could not possibly pinpoint the moment at which a suicide attempt would become "serious enough" to secure vital resources yet not so serious that it might actually kill her (p. 70). If she had died, any subsequent recognition of either her misery or her gifts would certainly have been useless to her then. Even worse, as she was all too well aware ("I knew perfectly. . . . I could see it all"), such recognition still would have hinged on others' gross misunderstandings of her death as a tragic mystery rather than the logical conclusion of her undertreated depression (p. 144). Although she dreamed of relinquishing her high-functioning status—and even risking her own life—in order to get better, her narration suggests that the only way she could have elicited others' understanding was

if she had never achieved anything special at all. Indeed, *Prozac Nation*'s account of Wurtzel's college years indicates that she was faced with two impossible options: die by suicide, or else expunge her lifelong giftedness from her personal history so that others might finally see her depression. That she resigns herself to an "empty and aching" life—deferring suicide, staring into pools, and bewildering psychiatrists ad infinitum—hints that she is grasping for a third option in which her depression and giftedness could be reconcilable in others' eyes (p. 145).

Despite Wurtzel's intense unhappiness over the course of her adulthood, *Prozac Nation* stresses that she resisted the urge to self-destruct; the complete loss of her life and/or livelihood was not acceptable to her. On the contrary, while reflecting on her high level of functioning during her college years, Wurtzel affirms that she has "always been a coper" (p. 133) who could manage to "do what little must be done to scratch by" even at her lowest points (p. 134). She recounts, for example, a time when she responded to an especially acute depressive episode by resolving to work harder in her next semester at Harvard, asking herself, "Hadn't I always retreated to the splendid isolation of my studies?" (p. 125). According to much of *Prozac Nation*'s narration, the answer to this question is clearly yes—Wurtzel frequently identifies her schoolwork as a means of escaping her depression. Not only are her studies a welcome distraction in the short-term, gratifying her innate intellectual curiosity, but they also provide a flicker of long-term hope for her to "get out of this rut of a rotten life" and improve her situation "at some unspecified time in the future" (p. 97). Furthermore, the text positions Wurtzel's willingness to be a "perfect little Ivy League daughter" as a necessary condition for her (hypercritical) mother's affection and her (absentee) father's attention (p. 137). Observing that "unconditional love has been absent from [her] life," Wurtzel muses:

> I know that if I'm not being the person [my mother] wants me to be, if I'm not the girl who got into Harvard and wins writing awards—if I'm, say, unemployed,

broke, depressed, and desperate, she just doesn't love me the same way. She doesn't want to know about it. She doesn't want to know if I have sex or if I have a tattoo. She wants only the girl she wants. (p. 256)

Here and elsewhere in *Prozac Nation,* Wurtzel depicts her academic/professional achievements as a means of staving off unhappiness. In the face of her life-threatening mental illness—for which she had been denied legitimate medical treatment—her work gave her something to do, a feeling of being loved by others, and the hope that it might someday change her life for the better. In short, she strongly implies that her personal success is directly attributable to her mental illness. As a consequence, Wurtzel describes Harvard as an "anchor" without which she would "disintegrate and float into the ozone layer"—her intense attachment to this institution is as much a symptom of her despair as it is a remedy (p. 254). Whereas those around her can only interpret her accomplishments as a negation of depression, her narration establishes that these two aspects of her identity are inextricably linked. For *Prozac Nation'*s readers, too, it becomes increasingly difficult to guess which one's development preceded the other.

As illustrated by Wurtzel's memories of her adolescence, the journalist who would romanticize her gifts and ponder the sociological "symbolism" of her suicide is scarcely better than the journalist who would attack her gifts as evidence of her narcissism and dishonesty. Both visions fail to capture the relationship between Wurtzel's depression and her achievements as understood by Wurtzel herself; they also overlook the significance of Wurtzel's sociocultural context as a determinant of the narrative persona she constructs in her memoir. My reading of *Prozac Nation* through the lens of the Ex-Gifted Kid topos indicates that Wurtzel's parents' and doctors' distortions of her achievements—that is, their assumptions that her work is either unrelated or antithetical to her mental illness—exacerbates her depression by leading them to withhold valuable medical resources she has no power to access alone. Revisiting Wurtzel's

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reflections on her education and career, I have suggested that her achievements can be read as symptomatic of her worsening depression throughout her adolescent years. What remains to be discovered, though, is the extent to which *Prozac Nation* also indicts sociocultural factors— specifically, sexism against gifted girls and women—as a *cause* of the author's mental illness. To delve more deeply into the influence of feminine gender norms on Wurtzel's Ex-Gifted Kid persona, I look no further than the earliest chapters of her memoir. Through their emphasis on the author's intrinsic potential versus the ambivalence of her extrinsic environment, these scenes from Wurtzel's childhood formulate a mythos of depression as thwarted gifted girl identity that follows her through the remainder of her memoir, albeit not (I hope) the remainder of her life.

Becoming Strange: Depression as Thwarted Achievement

Spanning 1967 to 1994, the events of *Prozac Nation* overlap with an era in which second-wave feminism ostensibly liberated women from Wurtzel's generation to seek educations and careers inaccessible to their mothers. Indeed, the influence of traditional gender norms on Wurtzel's mother's life—as Wurtzel understands it—is stated fairly plainly in the text:

> back in the early sixties, marriage was the only way she could get out of her parents' house. She'd gone to Cornell to be an architect, but her mother told her that all she could be was an architect's *secretary*, so she majored in art history with that goal in mind. . . . out of college, she moved back home and was expected to stay there until she moved into her husband's house. . . . one day while she was riding the escalator, . . . she passed my father, who was riding down. They were wed less than a year later. (p. 25)

Like Wurtzel herself, Wurtzel's mother once enrolled at a prestigious university in hopes of studying a creative field and pursuing an intellectually stimulating career. But according to Wurtzel, her mother quickly resigned herself to an unfulfilling job and an unhappy marriage, because those options were "all she could be," "the only way" she could live, and altogether what "was expected" of her. Wurtzel's ability instead to study her desired field and launch a successful writing career in her early adulthood—while attaching little personal importance to

marriage—reflects the significant social and political progress that had occurred in the United States between her mother's youth and her own. So, too, does the matter-of-fact language with which she summarizes her mother's life story and nods to the time period ("back in the early sixties") as a sweeping explanation for her mother's choices. That Wurtzel's mother was obliged to sacrifice her own fulfillment in order to maintain essential social supports (i.e., to please her parents and attract a husband) seems unremarkable to Wurtzel: the text implies that such a situation is both typical for a woman of her mother's age and, by her time of writing in the 1990s, atypical enough for young women that Wurtzel is not personally threatened by it.

As the passage above suggests, Wurtzel's familiarity with key themes and figures of second-wave feminist thought is on prominent display throughout her memoir—her narration ranges from lengthy meditations on divorce, rape, and abortion to curiously brief allusions to feminist cultural artifacts. For example, at one point of *Prozac Nation*, Wurtzel describes her past inability to go of old memories as follows: "I wasn't just the madwoman in the attic—I was the attic itself" (Wurtzel, *Prozac Nation*, 138).[13] But despite Wurtzel's seeming feminist consciousness, the generational effects of gender socialization are palpable in her portrayal of her relationship with her mother throughout *Prozac Nation*. In the previously-cited passage about her mother's love, for instance, Wurtzel's assertion that her mother "doesn't want to know if [she has] sex or if [she has] a tattoo" noticeably ties her mother's approval to her perceived femininity (p. 256). Furthermore, just as Wurtzel's grandmother encouraged Wurtzel's mother to give up her professional ambitions and attach herself to men (as secretary and wife), Wurtzel's mother is shown to fixate on her daughter's marriageability as a measure of her current/future wellbeing.

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[13]As both Gardiner (1995) and Millard (2007) have noted, this single sentence in *Prozac Nation* can be interpreted as an allusion to Charlotte Brontë's *Jane Eyre* (1847), Jean Rhys's *Wide Sargasso Sea* (1966), and Sandra Gilbert and Susan Gubar's *The Madwoman in the Attic* (1979).

Wurtzel recalls her mother advising her to "be peppy and bright for boys" because "No one wants anyone who's down like you" (p. 197), that her mother's concerns about the onset of her depression receded when Wurtzel started dating her first boyfriend ("she pretty much decided that, having managed to attract this mensch, I must not be such a mess") (p. 100), that her mother "considered suicide" after finding birth control pills in Wurtzel's bedroom ("Don't I know that I'm not supposed to have sex unless I'm married?") (p. 106), and so on. Clearly, *Prozac Nation* invites a reading of the conflicts young gifted women face between their personal ambitions and their encounters with environmental sexism—what are the consequences of living in a society that simultaneously rewards and punishes their deviation from gender norms?

Long before *Prozac Nation* details the author's impressive education and career—before her depression fully emerges within the timeline of this book—Wurtzel recalls her years as a highly precocious young girl. Aptly titled "Full of Promise," the first chapter of *Prozac Nation* stresses Wurtzel's nascent potential for greatness through several lengthy lists of the talents, interests, and ambitions she exhibited in her childhood. For example, she notes:

> I'd been the class bully, I'd been popular, I'd been in Pampers commercials at six months, had done Hi-C and Starburst ads later, had written a series of pet care books at age six, had adapted "Murders in the Rue Morgue" into a play at age seven, had turned construction paper and Magic Markers and tempera paint into an illustrated chapbook called *Penny the Penguin* at age eight. (p. 16)

In Wurtzel's view, there were no limits to her "overwhelming sense of invincibleness" as a child: she easily surpassed the other children at her primary school, winning school-wide (and later national) scholastic competitions and being placed into a special class with two other apparently gifted students (p. 40). Importantly, Wurtzel's narration is quick to clarify that her giftedness "wasn't just in academic achievements," but rather ranged from self-led science experiments and

athletic pursuits (e.g., "I taught myself to play tennis") to visual arts and creative writing (p. 40).

Sharing that she was "alone with babysitters a fair amount of time" as a child, she writes:

> It didn't much matter. . . because I was always perfectly content to be left alone with one of my many odd projects, whether it was breeding grasshoppers that I'd brought home with me from day camp, or writing an illustrated series of books about different kinds of animals, or just sitting around with my math workbooks and zooming ahead through multiplication and division when everyone else in first grade was still learning how to add and subtract. (p. 39)

It is noteworthy that Wurtzel's memoir never makes reference to IQ testing, although this practice has been the most common method for identifying gifted children in primary schools throughout American history. On the contrary, Wurtzel's specialness seems to have been evident since birth—in addition to her revelation that she was "in Pampers commercials at six months" (cited above), for example, she mentions that she gave a name to each of her 30 pacifiers as an infant and "stay[ed] up all night playing" elaborate games of make-believe with them while her parents slept (p. 16). In summary, Wurtzel's self-proclaimed "golden girl" (p. 16) image was so central to her early childhood that when she eventually showed symptoms of severe depression, she notes, "no one in her right mind would ever have believed I'd come to this" (p. 39).

As *Prozac Nation* progresses into Wurtzel's pre-teen years, the author considers a plethora of explanations for her transformation from a precocious young girl into a depressed, suicidal adolescent. While doing so, she puts significant scrutiny on her relationships with her parents, who amicably "separated and divorced before [she] was two" yet grew ever more adversarial as they struggled to co-parent their only child (p. 29). That Wurtzel's pain in this regard was not unique is not lost on her: she locates herself within "a generation of children of divorce" (p. 77), observing that "The more children of divorce [she has] met over the years, the more common and trivial [her] own family history starts to seem" (p. 34). Nonetheless, her narration also speaks to the peculiar anguish of growing up female and gifted in an unsupportive

family. Through Wurtzel's allegations of neglectful behavior on her parents' part—especially in her memories of being abandoned in spaces of rigid conformity—*Prozac Nation* illuminates the author's gradual victimization in her childhood by a logic of (ab)normality and (un)likability that is transparently sexist. As a result, Wurtzel's narration not only elucidates the sociocultural conditions that may have inspired her to link her depression to her giftedness; it also gestures at the process through which her depressed Ex-Gifted Kid persona might eventually be put to rest.

From an early age, Wurtzel remembers being absorbed with her own mind, affirming that "[her] inner resources were so thorough and complete that [she] often had no idea what to do with other children" (p. 39). Implicitly, the text highlights Wurtzel's innate self-sufficiency—her ability to rely entirely on her own "inner resources" for fulfillment—as a means of justifying her retreat from interpersonal relationships (i.e., with "other children"). As noted above, Wurtzel asserts throughout *Prozac Nation*'s first chapter that she was "always perfectly content to be left alone," suggesting that her various intellectual interests were independently chosen and she neither needed nor wanted others' encouragement to pursue them (p. 39). Accordingly, the text emphasizes the sense of bewilderment and betrayal Wurtzel felt when, as a young child, she was cast out of her home and sent to sleepaway camp for several summers: "I walked around [the camp], . . . wondering what I had done wrong to make my parents banish me. What had I done to deserve this and how could I undo it?" (p. 79). Despite her parents' good intentions, the extreme distress young Wurtzel felt during her exiles at summer camp led her to interpret their actions as a sort of punishment for her independence. Still saddened by these memories as an adult, Wurtzel defends her childhood habits as those of a "good kid" who was misunderstood:

> I was such a good kid, I really was. I didn't need anyone to entertain me, I was so resourceful. Left alone I would have probably read the collected works of Tolstoy, or at least Tolkien. I might have sketched on my pad or written another one of the children's books about animals I had started turning out regularly at age five. By

God, I was genuinely happy being alone. Which is, I'm sure, the exact reason that I was sent to sleepaway camp and forced to deal with other kids my age. (p. 79)

Once again, Wurtzel underscores the breadth and depth of her intellectual interests as a young child, indicating that she would have been far happier—and, it seems, healthier—if she had been given the freedom to entertain herself instead of being "forced to deal with other kids."

In the past, Wurtzel notes earlier in *Prozac Nation*, she had instinctively learned to "compensate" for her parents' neglect and hostility towards each other by "being adorable and charming in the way of precocious little girls, by doing so well in school, by being stubborn and domineering, by being so fucking persistent" (p. 39). But as Wurtzel approaches adolescence in the plot of *Prozac Nation*, her appeals for solitude as a balm for her unhappiness—hinted at in her earlier interjection that "By God, I was genuinely happy being alone"—are more and more explicit, plaintive, and futile (p. 79). For example, Wurtzel recalls how she begged her mother to let her stay home from camp after a year in which she had started cutting herself and eventually attempted suicide for the first time. Recounting that discussion, Wurtzel quotes herself:

> 'Mommy, how can you do this to me? I am so sick and crazy and in such a precarious state of mind and you know it, and I can't believe you're still sending me away like this. How can you do this? . . . You make it sound like I can't do stuff on my own all summer. How bad would it be for me to just hang out and read and see movies? How bad?' (p. 83)

Here Wurtzel suggests that, although her parents once tolerated her mental life (neither encouraging nor discouraging her), their actions increasingly suggested to her that she was "bad" for preferring independent, intellectual pursuits over socializing with peers. Alternatively, they seemed to think that something "bad" would happen to her if she continued to take pleasure in learning and achievement. But in Wurtzel's view, her ability to pursue her interests was taken away at the exact moment when it might have been most valuable to her. To Wurtzel's younger self, her parents' actions were utterly inexplicable: "it seemed hard to believe that these people

who were so close to me couldn't see how desperate I was, or if they could they didn't care enough to do anything about it" (p. 82). When *Prozac Nation*'s account of Wurtzel's childhood is read with an eye to gifted girl dilemmas, though, it becomes clearer how her giftedness was undone by gender socialization that forbade intellectual independence in a "normal" young girl.

Wurtzel's caretakers' reactions to her giftedness shifted, according to *Prozac Nation*, quite consistently with trends observed by feminist psychologists in the 1970s and beyond: as she grew older, the adults in her life disregarded her gifts, rejected her autonomy, and pressured her to prioritize interpersonal relationships over intellectual fulfillment. In particular, the text depicts Wurtzel "being left in a lot of different odd places" by her parents for the presumed purpose of forcing her to socialize and limiting her access to her inner life (p. 84). Across *Prozac Nation*'s early chapters, Wurtzel mentions being sent to five different sleepaway summer camps, "synagogue nursery school" (p. 27), "day camp" (p. 39), "organized trips to amusement parks and museums" on weekends and holidays (p. 84), and an "after-school place" where "other kids would play Monopoly or basketball or pinball while [she] sat in the corner and . . . read" (p. 84-85). As previously noted, Wurtzel identifies her introversion as "the exact reason" why she was "forced to deal with other kids" despite her rapidly declining mental health (p. 79). From her perspective, there can be no illusion that her parents abandoned her in such spaces because they genuinely believed she would enjoy interacting with peers—she asserts, "I'm sure. . . . This was yet another bid at making me normal" (p. 79). That Wurtzel's withdrawn personality was *not* normal for a pre-teen girl is a sentiment vaguely echoed by numerous other characters in *Prozac Nation*: her friends (p. 45), rabbi (p. 48), teacher (p. 57), camp director (p. 85), and so on.[14] Yet

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[14]Most notably, Wurtzel recalls an afternoon when a teacher kept her after class for several hours and asked her "lots of questions [she didn't] know the answer to" (p. 57), including "strange, salacious questions" (p. 59). She writes: "He says, you seem like maybe you're too intense for

in emphasizing young Wurtzel's powerlessness against her parents' wishes, the text suggests it is depression—not normative femininity—that arose from the sacrifice of her giftedness.

Halfway through the third chapter of *Prozac Nation* ("Love Kills"), Wurtzel reflects at great length on her parents' decision to send her to summer camp and, more importantly, the powerful impact this experience had on her mental health. Designating summer camp as the place where "it all went wrong" and where her "spirit broke—and broke and broke and broke," Wurtzel speculates that "Everything ended for [her] at camp" (p. 79). She explains:

> I stopped writing my books, stopped collecting grasshoppers, stopped feeling pretty, stopped wanting to know what makes lightning and rainbows and tsunami winds if it isn't God, stopped wanting to know if there was a God, stopped asking questions that all the adults were too tired to answer anyway, stopped wanting to want anything at all anymore, knowing for sure that I could never have it, that I'd been expelled from that place where possibility still existed. (pp. 79-80)

Listing a range of activities and interests that all "stopped" while she was exiled at summer camp, Wurtzel emphasizes the great losses she sustained as a young girl due to her parents' restriction of her independence. Individually, none of her childhood pursuits (e.g., "writing [her] books" or "collecting grasshoppers") might have been absolutely essential to a young girl's psychological wellbeing, but collectively, they represented young Wurtzel's entire reason for living: her ability to cultivate her personal talents was, she implies, what kept her "wanting to want anything at all. When she was denied that ability, then, it felt to her like being denied "possibility" itself. Further elaborating on Wurtzel's thwarted giftedness, *Prozac Nation* erupts

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this world, and I wonder where he's getting that from. He barely knows me. It sounds like he's suggesting I kill myself. . . . He asks, so are you one of those girls who likes fast guys with fast cars? I don't say what I am really thinking, which is that I'm only twelve so I don't know" (p. 57). Notice how Wurtzel's narration conveys her discomfort in being both 1) criticized for her academic drive by an authority figure at school and 2) overtly sexualized by a much older man.

into a moment of rage that is wholly uncharacteristic of the ironic, cynical, self-aware Ex-Gifted

Kid persona Wurtzel cultivates throughout most of her memoir's narration. Wurtzel writes:

> what I feel as I think of summer camp is completely ugly: *I want to kill my parents for doing this to me! I want to hack them to death for this because I was the best little girl in the world and instead of making me feel good about all the things that were good about me, they sent me away and I never really found my way back home! I was special! I had promise! And instead they threw me away and tried to make me ordinary! They threw me away with a bunch of normal kids who thought I was strange and made me feel strange until I became strange! And after all these years, I still despise them for doing this to me!* The tears come down, not like rain, but like blows. (p. 80)

This passage is one of several in *Prozac Nation* that overtly connect Wurtzel's depression to her

thwarted childhood giftedness, paradoxically suggesting that the latter caused the former—

despite the fact that much of Wurtzel's memoir suggests the opposite (i.e., that her achievements

resulted from her unhappiness). Calling attention to her memoir's retrospective quality, Wurtzel

condemns her parents' preoccupation with "mak[ing] her ordinary" when she was a young girl,

emphasizing that she "still" feels strongly about this topic. As in most descriptions of her youth,

Wurtzel does not dispute the fact that she deviated from the norm; her childlike exaggeration of

her specialness ("the best little girl in the world") rather serves to highlight the absurdity of her

parents' ambivalence towards her gifts and thus the legitimacy of her anger. Now conscious of

the extraordinary girl she once was, Wurtzel hints at the sense of belonging, acceptance, and

"home" she felt in her early childhood independence—not just in the freedom she had to pursue

her interests, but also in her freedom *from* the social rejection of "normal kids." The text's

repeated interjections that Wurtzel "was special!" and "had promise!" suggest that, if the adults

around her had only made her "feel good" about her uniqueness instead of making her feel bad

("strange" and abnormal), Wurtzel could have claimed the bright and happy future rightfully

owed to her. Yet according to this passage, Wurtzel's parents did something far worse than

simply overlooking her abilities and failing to nurture her properly. Instead, her bitter

exclamations that "they threw *me* away. . . ! They threw *me* away. . . !" accuse them of actively

discarding her potential and, along with it, her entire life and livelihood. Simply put, the text

conveys that it was Wurtzel herself—not just her giftedness—who was permanently lost.

Conclusion: Recovering the Ex-Gifted Girl

Critics of *Prozac Nation* might cite the above passage as proof of Wurtzel's "whiny"

outlook—on the surface, she seems to blame summer camp for triggering her depression—but

doing so forfeits a useful opportunity to bear witness to her childhood pain and her means of

coping (or not) in the intervening years. The emotion in this passage stems not from Wurtzel's

hatred of the "ordinary" per se, but rather from her estimation of the extra-ordinary future she

may have lost. Judging that her parents made choices based on predetermined social norms

instead of her actual best interests, Wurtzel indicates that she "never really found [her] way

back" to her authentically gifted self. External pressures brought her to a nadir as a pre-teen (her

"spirit broke"), but she never did become normal: she "became strange." The ambiguity of the

word "strange" is significant here, as is the lack of a clear antecedent for Wurtzel's use of the

pronoun "this" ("for doing *this* to me," "for *this*," "for doing *this* to me"). Contextually, Wurtzel

seems to refer to her mental illness, but her language choices also hint at the futility of seeking

justice for an Ex-Gifted Kid. That is, Wurtzel cannot clarify what her parents did to her, because

she does not know what she has lost. Not only "strange" to others, she is also strange to herself,

and it seems she always will be—even the most extreme violence imaginable towards her parents

(e.g., "hack[ing] them to death") can never restore her lost potential. What is more, as she

observes elsewhere in her memoir*,* she cannot even be sure whether anything was lost at all:

> maybe my mother did the right thing: By treating me like a normal kid, like her
> perfect baby, maybe she kept me from falling down further. After all, by forcing
> me to participate in real life, she might have prevented me from indulging and
> wallowing in a depression that might have been even more bottomless and

intractable than the one I was experiencing. I have no way of knowing what might have happened had she viewed the situation differently. I'll never know. (p. 52)

Confronted with her own anger, disappointment, and anxiety over the circumstances of her life, Wurtzel admits that she will never know exactly how those around her affected her depression—she cannot be sure, for example, what kind of person she would be if her parents had not been so ambivalent towards her childhood giftedness.[15] Hence, it seems that whenever she thinks her "completely ugly" thoughts, her furious ruminations can only collapse into speechless, almost involuntary grief ("the tears come down"). Perhaps the Ex-Gifted Kid's greatest problem is that she has too much self-consciousness and, ultimately, too little self-knowledge.

This chapter has examined *Prozac Nation* for insights into the Ex-Gifted Kid topos, exploring Wurtzel's portrayal of both her depression and her giftedness as innate and ultimately inextricable traits. I have aimed to illustrate the exigency of scholarly analyses of the Ex-Gifted Kid topos, the suitedness of *Prozac Nation* to such a project, and key opportunities for expanding on existing scholarship (especially feminist scholarship) on this memoir. Through Wurtzel's enactment of an Ex-Gifted Kid persona—and an Ex-Gifted Girl persona, specifically—*Prozac Nation* presents a disquieting conflict between the author's giftedness and others' perverse attempts to mold her into a "normal" girl. That popular press reviewers implicitly reinforced this conflict, failing to realize the irony of their attacks, suggests to me that the Ex-Gifted Kid persona enacted in this narrative calls for serious scholarly inquiry. Hence, my analysis resists prevailing responses to Wurtzel's story and reclaims its significance as a case study in the

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[15]Wurtzel acknowledges the limits of her own perspective at numerous points of *Prozac Nation*. For example, in another passage about camp: "I could not think that [my mother's] life was hard, that she had her own problems, that she needed a break, that there were so many things I wouldn't understand about how difficult it was to be Mommy. I believed then that the pain I was going to feel for the subsequent eight weeks was greater than any justification" (p. 84).

complex relationship between madness, genius, and gender in a post-feminist United States context. I find that Wurtzel provides a deceptively pessimistic response to the question, "What Happens to the Gifted Girl?" According to Wurtzel, the gifted girl is depressed, perhaps because the depressed girl is also gifted. But needless to say, *Prozac Nation*'s story culminates in the writing of a bestselling memoir rather than the Ex-Gifted Kid's demise. Indeed, the refraction of Wurtzel's past through the perspective of her adult "recovered" self suggests her Ex-Gifted Kid persona is as much a rhetorical response to societal sexism as it is to mental health stigma. As a means of coping with extreme psychological distress, though, its uses may be limited.

Like all variants of Mad Genius rhetoric, the Ex-Gifted Kid topos rests on controversial assumptions: it assumes that some (but not all) children's minds hold exceptional intrinsic potential for achievement in adulthood, and it also assumes that such potential can be wasted, damaged, or even permanently lost. As *Prozac Nation* reinforces these assumptions, then, readers are invited to attribute Wurtzel's perceived faults in her adulthood to extrinsic factors beyond her control while nonetheless believing in the unique intrinsic "promise" she may yet fulfill someday. Steeped in radical self-compassion, such a narrative holds obvious appeal for any young woman struggling to survive suicidal depression and prove—to herself and others— that her life is one worth living. Actually moving forward with that life, however, requires her to reckon with the present: to mourn her disadvantages, to appreciate her advantages, to work as hard as she can, and to hope for the kind of random luck that generally facilitates exceptional achievement. Or perhaps she will decide her self-worth need not rely on her ability to achieve at all, dropping her attachment to this cultural cliché and seeking genuine self-knowledge and expression. One way or another, the Ex-Gifted Kid must grow up.

CONCLUSION: TELL US HOW YOU REALLY FEEL

As I neared completion of this project in February 2021, I stumbled upon a prime

example of Mad Genius rhetoric's undying popularity in American culture. While double-

checking a minor fact from my fourth case study—the Google Trends analysis of searches for

"gifted kid burnout"—I discovered that something I had written in this chapter was no longer

true. Whereas I had previously identified the peak popularity of that phrase as having occurred in

July 2017, the date when the original "Gifted Kid Burnout Bingo" meme was created, I was

somewhat startled to see that the search volume had spiked sharply upwards in January 2021. As

Figure 5 illustrates, the peak popularity of this phrase is now twice what it was before. I soon

learned that the concept of Gifted Kid Burnout had gone viral on TikTok, a video-based social

media platform popular with members of Generation Z (born 1997-2012), a month earlier

(Thorpe, 2021). Thousands of teenagers have now filmed themselves lip-syncing to an audio

track from a video first posted to TikTok by user @aokaycos on December 14, 2020. In this

video, @aokaycos gestures as if speaking into a phone and says, "I can't talk right now—I'm

doing sad gifted kid burnout shit" (2020).[1] The video then cuts to @aokaycos holding up a

heavily marked-up academic planner, and text added to the top-left corner of the frame reads:

"The sad ✨gifted kid burnout sh!t✨ in question: Writing in a planner all of the assignments that

I have no motivation to do while crying—" (2020). Subsequent videos show users lip-syncing to

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[1]To be clear, @aokaycos's video was inspired by a TikTok trend from early December 2020 in which users had lip-synced to an audio by user @makeupbychelseax. In her original video, @makeupbychelseax (also speaking into a mock phone) says, "I can't talk right now—I'm doing hot girl shit," and lip-syncs to the song "Girls in the Hood" by rapper Megan Thee Stallion.

Figure 5

Google Trends Analysis of "Gifted Kid Burnout," 2014-2021
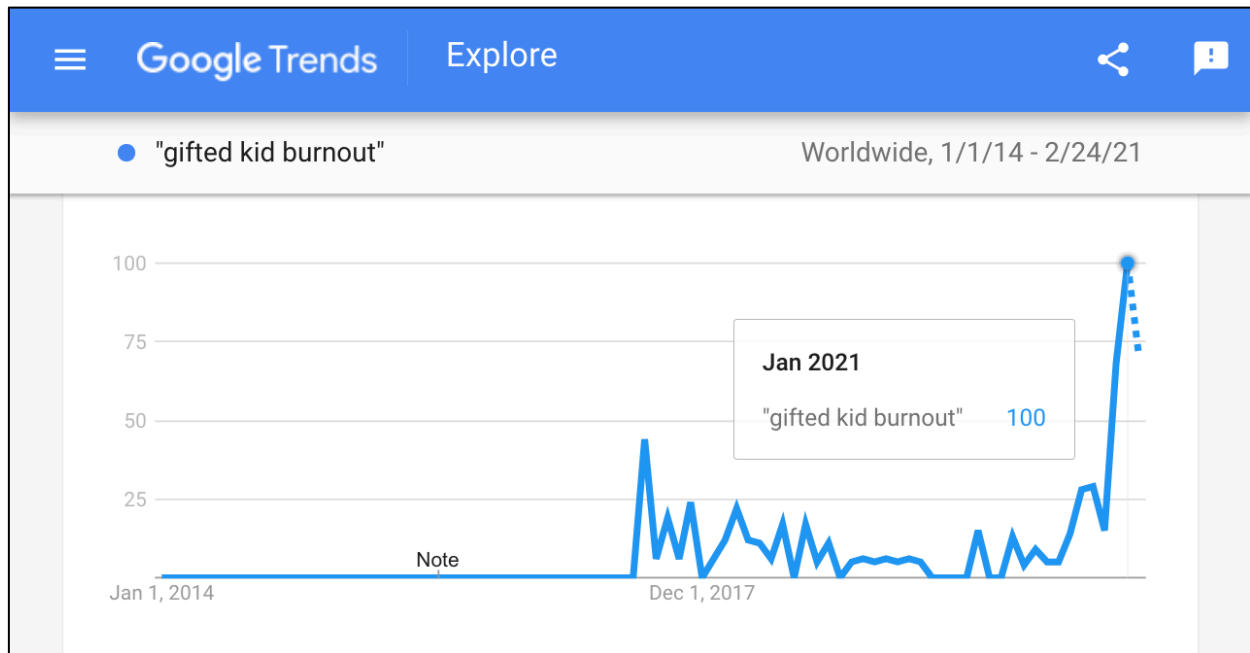
Note. This screenshot was taken by the author on February 24, 2021.

@aokaycos's audio and engaging in their own "sad gifted kid burnout" activities, many of which are drawn verbatim from the "Gifted Kid Burnout Bingo" meme. Clearly, the Ex-Gifted Kid topos is alive and well in contemporary internet culture—it won't be going away anytime soon.

This is not the first time I have been confronted with the real-world stakes of Mad Genius rhetoric while working on this project. In the time since I first started studying mental illness memoirs, several beloved celebrities have died by suicide—including actor/comedian Robin Williams in 2014, musicians Chris Cornell and Chester Bennington in 2017, fashion designer Kate Spade in 2018, and chef Anthony Bourdain in 2018—eliciting numerous allusions to the Tortured Artist topos in press coverage of their deaths. After I presented a paper on the Brainiac topos at a conference in 2019, one attendee remarked that she had struggled to contextualize Jamison's arguments while discussing *An Unquiet Mind* with her students (many of whom are

creative writers), telling me, "I have personally seen how much damage this book has done to young people with mental illness." I can relate: when I teach *An Unquiet Mind* in my own courses, I too find it difficult to push back on certain aspects of the narrative without destroying my students' enjoyment of a book that genuinely inspires them. And I would be remiss not to mention that, as a volunteer support group facilitator at the Compass Center in Chapel Hill (for survivors of domestic violence), I hear the Survivor topos woven into clients' disclosures on a weekly basis—and I am sure I have reinforced this topos, consciously or not, through my own words from time to time. When contemplating the awesome power Mad Genius rhetoric wields over real people's mental health, I am sometimes reminded of Brickman's (2004) study of the "delicate cutter" figure (i.e., "the white, suburban, attractive teenage girl" who self-harms) in popular media (p. 87). Brickman begins and ends her analysis with an influential 1997 *New York Times* article about self-harming, emphasizing how it features an ordinary teenage girl named Jill—a popular cheerleader who secretly self-harms—in both its content and "in a full-page portrait facing the title page" (p. 88). Jill is simultaneously a symbolic figure, "unwittingly an accomplice in [the] mythmaking" this article enacts, and a "very real body facing examination" from others who might help or hurt her (Brickman, 2004, p. 105). Hence, Brickman observes that "While it may seem simple enough to show *how*" popular media promotes certain cultural narratives about mental illness, "the image of Jill reminds me of *why* one must do so" (p. 105).

While researching for this project, it has been my pleasure to learn who my interlocutors are and, even more intriguingly, what they think about each other: for example, to read how Marta Caminero-Santangelo (who published *The Madwoman Can't Speak: Or, Why Insanity is Not Subversive* in 1998) reviewed Susan J. Hubert's 2003 book *Questions of Power: The Politics of Women's Madness Narratives*. Caminero-Santangelo (2003) criticizes Hubert's "insistently

anti-theoretical self-presentation," stating that although Hubert "belabors the point that she wishes to take the narratives on their own terms," in reality, "her theoretical biases (strongly influenced by the antipsychiatry school) are made quite clear" (p. 729). If Hubert had "made her agenda explicit from the start," Caminero-Santangelo asserts, then her argument "would have been, at least, far more refreshing than the always dubious claim to theoretical neutrality" (p. 730). It is obvious to Caminero-Santangelo that *Questions of Power* is a critique of psychiatry, so she seems to wonder why Hubert even bothered with her pretense of open-mindedness—if she were not invested in her project's findings, why would she have begun it in the first place? And anyway, as Jane Ussher muses in *Women's Madness: Misogyny or Mental Illness?*:

> All of us who write about madness bring our own baggage, our own perspectives, our own politics, our own pain. Many may pretend otherwise, but we cannot leave it behind us. The least we can do is make it evident. (p. 9)

Needless to say, strong opinions about Mad Genius rhetoric are both a likely prelude to extensive research on this topic and an outcome of the same. Although I have noted throughout this project that I am interested in *how* and *why* Mad Genius rhetoric exists rather than whether it *does* or *should* exist, I cannot claim that my project is disinterested in the widespread circulation of these topoi in popular media. It's not, and I'm not. My case studies are clearly not a defense of the idea that madness is linked to genius—or that people with mental illness basically benefit from the enduring popularity of Mad Genius rhetoric. It is fascinating to me, though, that a topic I have been studying for years can still be made so alien to me: I am absolutely not a part of TikTok's primary demographic, for instance, and my ability to understand Mad Genius rhetoric from these modern teenagers' perspectives is as limited as my ability to know exactly what it meant to the memoirists I have analyzed throughout this project. Nonetheless, there are a number of conclusions to be drawn about the collective significance of my case studies.

This dissertation has shown that the concept of Mad Genius—that is, the supposed link between "madness," or apparently problematic mental states (now often classified as psychiatric illness), and exceptional gifts of creativity, wisdom, intelligence, beauty, or other talents—is not simply a scientific hypothesis or a sociological problem. It is also a rhetorical construct, invoked by persons with varying relationships to madness/genius for the purpose of making arguments about their own or others' minds. Moreover, through my four case studies, I have illustrated how Mad Genius rhetoric consists of more than one distinct topoi that are distinguishable by (at minimum) the differing relationships they posit between supposedly "good" and "bad" mental phenomena. These are 1) the Tortured Artist, which posits that genius leads to madness; 2) the Brainiac, which posits that madness confers genius; 3) the Survivor, in which madness and genius are thought to share a common source in external trauma; 4) the Ex-Gifted Kid, in which madness/genius are thought to be innate and inextricably intertwined. Through analyses of contemporary pop culture archives—a burgeoning pop culture wiki (TV Tropes), a widely-read pop science publication (*Psychology Today*), chart-topping (pseudo-)autobiographical songs by famous women artists (e.g., Gaynor's "I Will Survive"), and viral images circulated on social media sites like Instagram—I have demonstrated not only the prominence of these four Mad Genius topoi in American cultural artifacts, explicating each one's discrete features, but also their applicability across different time periods, genres, and rhetorical situations.

It is clear that the Tortured Artist, Brainiac, Survivor, and Ex-Gifted Kid topoi have significantly shaped cultural discourse about mental illness; furthermore, it is primarily through auto/biographical narratives that they have been circulated. For this reason, this project examined how Mad Genius rhetoric is taken up in creative, book-length, explicitly autobiographical works (i.e., memoirs) by real authors who self-identify as having sought treatment for a diagnosed

psychiatric condition. Arguing that Susanna Kaysen (*Girl, Interrupted*), Kay Redfield Jamison (*An Unquiet Mind*), Nana-Ama Danquah (*Willow Weep for Me*), and Elizabeth Wurtzel (*Prozac Nation*) each enacts a Mad Genius persona in the narration of her life story, I shed light on the ubiquity of Mad Genius rhetoric in the popular genre of mental illness memoirs. In addition to their provision of therapeutic benefits for persons with mental illness, who may draw on Mad Genius rhetoric for a positive interpretation of an otherwise negative situation, these Mad Genius personae seem to be an effective means of arguing against widespread mental health stigma. Yet my case studies have also pointed to the constraints and/or possible harmful effects of each Mad Genius topoi, wondering whether the benefits they bring to individual persons with mental illness are outweighed by the risks they pose to mentally ill people as a class.

My chapters have differentiated between the Tortured Artist, Brainiac, Survivor, and Ex-Gifted Kid topoi primarily on the basis of the relationships they pose between madness and genius—which (if any) is thought to precede the other, and whether the connection between them has internal or external origins. However, I have also suggested a few other means by which we might distinguish between Mad Genius topoi: the specific mental health stigmas to which they respond, the classic rhetorical strategies that might be associated with each one, the methodological problems they highlight in existing Mad Genius research, the sociohistorical eras in which they might be more/less prevalent, and the problematic messages they implicitly convey about mental illness. Is it possible that each of these components of Mad Genius rhetoric is partly shaped by the others? Although I am loath to oversimplify my findings—my project aims to make current conceptions of Mad Genius more, not less, nuanced—I do see some resonance between the stigmas, strategies, methods, timing, and problems of each topos. For the purpose of illustrating my current impressions, Table 4 summarizes some inferences that might be made

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Table 4

Summary of Inferences: Possible Defining Features of Mad Genius Topoi

Topos	Memoir/ Author	Primary Setting	Rhetorical Situation	Stigma	Mad/Genius Relationship	Strategy	Methodological Problem	Harmful Implications
Tortured Artist	*Girl, Interrupted*, Susanna Kaysen.	1960s	Coping with her decision to be hospitalized 30 years earlier as a teenager.	Mental illness is chronic and incurable.	Genius leads to madness.	Kairos—Argument succeeds in part because the author is writing 30 years later, in a post-feminist society, after anti-psychiatry movements/ before the rise of SSRIs, etc.	Historiometric methods —Is it valid to impose contemporary frameworks over people, events, and objects of the past?	Implies that mental illness is primarily a social phenomenon; invalidates persons who rely on longterm psychiatric treatment.
Brainiac	*An Unquiet Mind*, Kay Redfield Jamison.	1970s	Coping with the threats her illness poses to her institutional authority/career.	Mentally ill people are irrational.	Madness confers genius.	Logos—Argument succeeds in part because the author presents her opinions as objective scientific facts (or as supported by the same).	Psychometric methods —Is it possible to define, measure, value, and link mental phenomena with absolute accuracy?	Implies that treating mental illness will lead to the loss of special gifts (discourages treatment); validates eugenicist views.
Survivor	*Willow Weep for Me*, Nana-Ama Danquah	1990s	Coping with extensive trauma, multiple systemic oppressions, and perceived career failures.	Mentally ill people are weak.	Madness and genius share a common origin in trauma.	Ethos—Argument succeeds in part because the author stresses the exceptional quantity/quality of traumas she has experienced (i.e., survived) in her lifetime.	Boundary issues— Where to draw the line between ordinary human pain/healing and extraordinary human madness/genius?	Implies that trauma is desirable (but only in retrospect); invalidates persons with mental illness that have not experienced trauma.
Ex-Gifted Kid	*Prozac Nation*, Elizabeth Wurtzel	1980s	Coping with others' anger, frustration, disappointment, etc. regarding her life choices.	Mentally ill people are burdensome and/or wicked.	Madness/genius are innate and inextricably intertwined.	Pathos—Argument succeeds in part because the author emphasizes her past misery and helplessness as a young child/current misery and utter self-hatred as an adult.	Self-report issues—How to recognize madness/ genius in the absence of clear external markers? (Does madness require failure? Does genius require achievement?)	Implies that emotional detachment and self-stereotyping is an appropriate response to psychological distress; discourages authentic self-knowledge.

about Mad Genius topoi as they are invoked in the memoirs I analyzed in my case studies. These are channels through which future research on mental health rhetoric (MHRR) and mental illness memoirs might continue studying how/why firsthand accounts of mental illness consistently draw connections between the authors' psychiatric symptoms and their exceptional abilities.

Again, I wish to stress that Table 4 is not an exhaustive inventory of all potentially meaningful facets of Mad Genius rhetoric. It is likely that other Mad Genius topoi, as well as even narrower subsets of some broader topoi, also exist in addition to those that I have studied in this dissertation. For instance, my research suggests to me that Mad Genius personae enacted by persons whose psychiatric diagnoses are tied to specific behaviors—as in eating disorders, substance abuse disorders, and so on—may be distinctly different from the Tortured Artist, Brainiac, Survivor, and Ex-Gifted Kid topoi. Eating disorders have often been culturally (and thus textually) linked to remarkable beauty, glamour, spirituality, and/or the sublime; this phenomenon has already been tentatively explored in past scholarship on memoirs of anorexia and bulimia (see Lintott, 2003; Thomas et al., 2006). Such memoirs may suggest that madness and genius share a common origin in an individual's outward actions—that is, that repeatedly engaging in certain behaviors can cause someone to develop both mental illness and mental gifts where they did not exist before. The rhetorical functions of a Mad Genius persona in this context could be to challenge the belief that person with mental illness are shallow individuals who passively submit to external pressures (e.g., societal beauty norms) or their own base urges, emphasizing instead their profound tenacity and self-discipline. That I have not delved more deeply into these preliminary ideas is an unfortunate limitation of this project, and it will be a key topic for myself and others interested in Mad Genius to pursue in works to come.

As I discussed at length in my analysis of the Survivor topos, a majority of current MHRR has highlighted how societal stigma leads to the denial of mentally ill people's rhetorical authority, often citing the task of building ethos as a primary concern in firsthand accounts of mental illness. With the exception of Pryal's (2010) study of the "mood memoir" genre—in which the "creative genius trope" (as she calls it) is identified as a possible means of building ethos before audiences who value exceptional creativity (p. 496)—such research usually assumes that audiences' preexisting perceptions of mental illness are exclusively negative. A person's rhetoricity is therefore thought to be severely, permanently damaged when they self-identify as mentally ill in a public forum. Accordingly, it is taken as a given that mentally ill rhetors do not take pride or pleasure in being mentally ill; they must always speak from an anti-illness, pro-recovery perspective. Yet this current scholarly trend overlooks the possibility that some people have genuinely positive perceptions of mental illness, implicitly erasing the effects of Mad Genius rhetoric on the telling and reception of mentally ill people's life stories. Even if one finds it implausible that a non-mentally ill person would form positive judgments about someone else's genius on the basis of their madness, it is clear that mentally ill people themselves *do* form such judgments about their own and others' minds. Given the high incidence of mental health problems in most human populations, one would be hard-pressed to find an audience (of any communication) that is not at least partially comprised of mentally ill people. Hence, one of my project's contributions to MHRR is to analyze not only how Mad Genius rhetoric is enacted by mentally ill writers, but also to open new discussions about what it means to mentally ill readers.

In comparison to the glut of research that treats Mad Genius as a scientific phenomenon, trying to prove/disprove its existence through empirical means, few scholars have examined the link between madness and genius from a sociocultural perspective. Research that does treat Mad

Genius as a social construct often takes a negative view, vehemently denying that madness is linked to genius and criticizing those who entertain this idea (see Schlesinger, 2009, 2012, 2014). Although my project does not promote Mad Genius rhetoric, I have also labored not to denounce the Tortured Artist, Brainiac, Survivor, and Ex-Gifted Kid topoi outright. To say that these topoi are only rhetorical tools, neither inherently helpful nor hurtful to those who embrace them, would be unacceptable to me. Still, it cannot be denied that persons with mental illness enthusiastically consume artifacts that circulate Mad Genius topoi—and often perceive themselves as benefiting from doing so. These truths are written into the artifacts themselves: for example, Ellen Forney's bestselling graphic memoir of bipolar disorder, *Marbles: Mania, Depression, Michelangelo, and Me* (2012), is heavily informed by the author's admiration of Kay Redfield Jamison. Focusing on Forney's onetime reluctance to medicate her illness—due to her fear of losing her creativity—*Marbles* depicts Forney reading *An Unquiet Mind* (a "hugely important" book to her) (p. 90), reproduces Jamison's appendix of artists from *Touched With Fire* (which Forney calls "Club van Gogh") (p. 45), and cites lengthy passages of Jamison's past research articles (p. 209). And just as Forney credited Jamison for aiding in her recovery, now countless other persons credit Forney for helping them, writing (e.g.) Amazon reviews of *Marbles* that attest to its value:

> [Forney] puts everything I couldn't describe into words and drawings. This book has been a huge deal for me especially as I pursue the Neverending medical journey of medicating that [she] discusses often in the book. Very inspiring to 'keep pushing'. I'm also considering buying a second copy to leave at my therapists office in case anyone else is struggling. (Haley, 2017)[2]

Honoring the centrality of creative cultural artifacts in real people's experiences of coping with severe psychic pain, my project has illuminated the basis of mental illness memoirs' appeal for certain readers—while also cautioning against the harms they might do to others.

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[2]All spelling and punctuation in this passage is cited exactly as it appears in the original review.

In the absence of widespread mental health stigma, would Mad Genius rhetoric still be appealing to persons in distress? When Kaysen, Jamison, Danquah, and Wurtzel published their memoirs in the 1990s, American society wasn't what it was when they were first experiencing mental illness in the 1960s to 1980s—and speaking publicly about mental illness now is less taboo than it was in the 1990s. Cultural discourse vacillates between biological, psychological, and social explanations for mental illness, but it is generally understood that social factors affect which people and behaviors are most likely to be (or be labeled as) mentally ill. Nonetheless, the stakes of diagnosing and treating mental illness are always obvious: it is literally a life-or-death matter, and the notion that human life should be preserved at all costs is sacrosanct to many. As long as mental illness threatens people's lives, Mad Genius topoi may prevail, persuading ill and non-ill people alike that mentally ill persons' lives are worth living. In this sense, the appeal of Mad Genius seems to be less about the stigmatization of madness than it is about the valorization of genius. What I mean is, the "goodness" of genius is not like the "badness" of madness—to argue that the former positively offsets the latter only makes sense if one is convinced that genius confers material benefits (e.g., under capitalism) in the same way that madness wreaks material harm. So, although Mad Genius rhetoric may help to keep some people alive, my case studies remind us that it doesn't necessarily make their lives any better. That is, it poses no meaningful challenge to systemic ableism and other biases that abound wherever the value of humans' minds is bartered and sold: Kaysen's hospital, Jamison's lab, Danquah's newspapers, Wurtzel's university, and so on. In a world that did not imagine some mental traits to be more valuable than others—nor assume that being more valuable than one's fellow humans is inherently good—I wonder whether the age-old popularity of Mad Genius rhetoric would just get old.

APPENDIX
Inventory of Influences on the Mental Illness Narrative (Donohue-Smith, 2011, pp. 145-46):

I. Client and family characteristics

Client characteristics

Age, gender, education, race/ethnicity.

Level of distress.

Nature and severity of behavioral disturbances.

Do symptoms cause distress/conflict in relationships.

Perceptions and interpretations of their symptoms.

Individual beliefs about the nature of mental illness.

Prior episodes of mental illness.

Beliefs about usefulness of therapy.

Prior utilization of mental health services.

Strengths: (e.g. social and family support, coping skills, intellectual ability, other skills/talents, education).

Family characteristics

Family members' beliefs about mental illness.

Response to client and his/her symptoms.

Attitudes toward treatment.

Willingness/ability to participate in treatment.

Level of emotional/instrumental support they can provide.

Composition of the family; stage in the family life cycle.
Impact on lives of family members (e.g. siblings, children).

Family history of diagnosed mental illness.

Prior experience with mental health system.

Degree of engagement with community supports (e.g. church, friends).

II. Community/neighborhood characteristics

Sociodemographics: (e.g. race/ethnicity, age, income, education).

Community resources (e.g. library, recreation, transportation).

Mental health services (accessibility; availability).

Neighborhood "climate": (e.g. crime rates, condition of homes, parks).

III. Therapist characteristics

What is the therapist's theoretical orientation.

Discipline: Education/training.

Experience (length and type).

Age/gender/race/ethnicity.

Professional knowledge and skill: "art and science."

Empirically based practices.

Able to establish rapport.

Sensitive to nonverbal cues; timing.

Respectful and empowering.

Ethics and professionalism.

Professional self-identify in the practice setting.

IV. Agency characteristics

Agency "identity" (philosophy/mission).

Agency "climate" (staff morale, longevity).

Support for continuing education of staff.

Staffing patterns (number of staff, credentials, turnover rates).

Number of clients (waiting lists, case loads).

Proportion of time dedicated to administrative activities (e.g. documentation, insurance, accreditation).

Reimbursement policies and funding sources.

V.   Cultural and societal influences

General societal attitude toward mental illness and treatment.

Representations of mental illness in the popular media.

Dissemination and application of research findings.

Mental health/mental illness as national funding priory receiving.

National standards for insurance companies in treating mental illness.

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