

Summer 8-2019

## **Women's Resistance: Patient Pathographies and Medical Authority**

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*University of Southern Mississippi*

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The University of Southern Mississippi

Women's Resistance: Patient Pathographies and Medical Authority

by

Anna Claire Elliott

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of Honors Requirements

August 2019



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## Abstract

In recent years, illness narratives have risen in popularity. Women's medical narratives in particular have gained momentum in the literary world, and they often share commonalities including the inherent theme of medical resistance and an emphasis on the power dynamic between patients and physicians. This thesis will examine two pathographies, Susanna Kaysen's *Girl, Interrupted* and Porochista Khakpour's *Sick*, in the contexts of gender and disability studies, as well as theories of illness narratives. I examine how each text resists medical authority, and I also closely survey the physician-patient relationships within each text. The themes of gender and disability emerge in both Khakpour's and Kaysen's texts, but in other ways the texts approach illness differently. Using documents from her institutionalization in the 1960s, Kaysen humanizes her fellow patients and challenges medical authority using humor. In contrast, Khakpour uses a storytelling mode, emphasizing location and dislocation and the importance of her Iranian immigrant status and drug addiction to her experience of Lyme disease. These pathographies challenge medical authority through personal narrative.

Keywords: illness narrative, pathography, medicine, disability studies, gender, Lyme disease, mental illness

## **Dedication**

To the man who knew everything and forgot nothing, in everything I do, I do it for you,

Ole Man.

## Acknowledgements

First, I would like to thank my mother who made me write this thesis. I say that with all of the love in my heart. If she had not pushed me, I would never have applied to the Honors College at Southern Miss. She has given me more than I deserve in life, and she has asked for nothing in return. Thank you for all of your life lessons and endless love.

I think it goes without saying that I have to thank Dr. Emily Stanback for her unwavering patience. In my four years at the University of Southern Miss, I don't believe I have met another professor as willing to work with and assist students like Dr. Stanback has done for me and countless others. She pushed me until the very end, and I will always be thankful to her for understanding more than she knew and going farther than I would ever dare ask. I'm honored to know that you are now my forever family.

To my family members who had no idea what I was saying when I talked about this thesis but still asked me how it was going, thank you for caring. Your thoughts and prayers and words of encouragement pushed me to the end.

To my French in France Study abroad group, I say such a great thanks for your encouragement and laughter. Without all of you, I don't think I could have finished this thesis abroad. A special thanks to Alex, Tyler, and Abigail. We have not known each other long at all, but this group has given me so much joy and self-confidence, and I will always keep you guys in my heart.

To my dad, you were right, and here we are at the end. Thank you for never letting me quit. Thank you for never letting me see the writing on the wall. You are one of a kind, and you make me find humor in everything.

To my grandfather, thank you for believing in my work from such a young age. You made me value education, and, therefore, I value you.

I would, lastly, like to thank my grandfather who is no longer here to see the end of this road. I want to thank my Ole Man for always telling me, from the day I was born, that I was meant for great things. He always believed in me and pushed me because he knew I was meant for something more.

To everyone at the Honors College, I thank you for your patience, but mostly for your staff. This group of people is beyond special, and I thank them for all that they do.

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## Chapter 1:

### Introduction

For over a century, the field devoted to saving, protecting and healing lives has discriminated against women. Women sometimes will be treated for psychological issues before physicians will attribute their symptoms to something physiological. This exclusion in medicine leads to misdiagnosis and patient suffering. In an effort to combat this inequality in medical practices, illness narratives have become a popular mode for exposing poor, negligent medical practices in relation to women. These narratives allow patients to voice their complaints and mistreatment in a way that is also therapeutic for dealing and coming to terms with illness or disability.

*Girl, Interrupted* by Susanna Kaysen and *Sick* by Porochista Khakpour are both illness narratives, or pathographies, that provide insight as to what it is like to have a condition that alienates you from the rest of the world. These narratives take authority back into the patients' hands by questioning diagnoses and rejecting the constructs that modern medicine places on women. Medical authority, as well as social and cultural conditions, stigmatize those with disabilities or illnesses in such a way that discounts them from the public realm. This stigmatization is referred to as "othering." Othering creates the sense that disabled people are less than or not like those who do not have a disability or illness, thus dehumanizing them. Each pathography has its own method of resisting medicine, and Kaysen's and Khakpour's narratives have their own typology that they fit into based on the characteristics—tone, situational details, and word choice—of their individual pathographies. *Girl, Interrupted* shares characteristics with what Arthur Frank calls a restitution narrative and quest narrative, using humor and medical records to

humanize Kaysen and the other patients. By contrast, *Sick* crosses over into many different pathology typographies such as the quest narrative, didactic pathography, alternative pathography, and ecopathography.

### **Illness Narratives**

An illness narrative is usually a personal recollection or memoir in which a patient tells the story of their condition, their diagnosis, and their treatment. However, these memoirs provide much more detail than the primary condition. These personal narratives describe many different facets as to what it is like to live with physical and mental conditions considered disabilities or diseases. As scholars including Emilia Mazurek, Arthur Frank, Thomas Couser, and Anne Hawkins have argued, illness narratives can provide an opportunity for patients to have a voice in the medical realm.

Medical authority, as applied in this thesis, can refer to the physicians or medical staff that come into contact with patients. It can also reference the power play between the patient and physicians. Those with medical authority can dictate patients' lives because individuals with medical authority have the power to diagnose or dismiss symptoms. As scholars of illness narratives have demonstrated, doctors have a tendency to overwrite patient's narratives through diagnostic practices. In an attempt to take back medical authority, illness narratives allow patients to describe personal experiences—both good and bad—involving physicians and their illness.

In *Recovering Bodies: Illness, Disability, and Life Writing*, Thomas Couser writes on the importance of patient histories and the transmission of power from patients to physicians. Couser explains that the medical opinion of patients are likely to be

subordinated by medical professionals because of the cultural assumption that doctors' expertise allows them to decide the fate of a patient (18). Their expertise, or "special esoteric knowledge," as Couser defines it, plays a role in the healing process because the effectiveness of modern medicine is based on biological and physiological knowledge and also because of the cultural assumption that "doctor knows best" (Couser 19). By assuming that doctors are all-knowing experts, society gives them the authority and discretion to make decisions for patients. Couser explains how personal narratives reveal the gap between patients and physicians. Couser cites Candace West's empirical analysis of patient and physician dialogue. In this study, male physicians interrupted their patients more often than patients interrupted the physician. Physicians interrupted patients of color even more often than other patients (Couser 20). Asserting dominance in patient interviews is just one way physicians exercise medical authority. Another demonstration of medical authority described by Couser is the withholding of medical information from patients. By reserving medical information, physicians assert control over the patient, making them reliant on the medical professional. Students might come into the medical profession with the best intentions, but they can learn to adopt the detached approach to medicine over time (Couser 23).

However, Couser argues that some patients have begun to reclaim authority through illness narratives: "Personal narrative is an increasingly popular way of resisting or reversing the process of depersonalization that often accompanies illness—the expropriation of experience by an alien and alienating discourse" (Couser 29). Recently, genuine dialogue between patients and their physicians has become more commonly

acknowledged and encouraged, in part through the field of narrative medicine<sup>1</sup>. Couser states that the women's movement also greatly contributed to this shift in how interpersonal relationships between patient and physicians are thought of; the movement, "with its emphasis on control of one's body, and the empowerment of ill and disabled people ... has made it possible, or necessary to imagine a new discursive relationship between patients and doctors (34). Both *Girl, Interrupted* and *Sick* resist medical authority by revealing the flaws in interpersonal relationships between medical professionals and their female patients. Porochista Khakpour and Susanna Kaysen write from a woman's point of view and reclaim their bodies and stories through their illness narratives.

Scholars have created different narrative typologies to categorize illness narratives. One of the most well known classifications comes from Arthur Frank. In *The Wounded Storyteller*, Frank organizes illness narratives into three types of stories that share plot lines and story arcs: the restitution narrative, the chaos narrative, and the quest narrative. In the restitution narrative, the patient, or writer, tells their story from the beginning of their illness or condition until they have found resolution; "The plot of restitution has the basic storyline: Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (Frank 77). Most of these narratives include the medical practices used in order to bring recovery and praise the medicine that allowed for victory. Chaos narratives are the opposite of a restitution narrative; the author of chaos narratives cannot

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<sup>1</sup> Narrative medicine is a way of incorporating patient's stories of illness into the clinical practice in order for medical professionals to empathize and better understand their patients.

see any chance for healing or recovery (Frank 101). The authors of these narratives typically feel a total loss of control over their lives and bodies. The last of these three categories is the quest narrative, in which the author or narrator has accepted their condition and internalized it as an agent of personal change (Frank 115).

In *Pathography: Patient Narratives of Illness*, Anne Hawkins also provides a set of narrative typologies for illness narratives. These include didactic pathographies, angry pathographies, alternative pathographies, and ecopathographies. Didactic pathographies are created with the intention to help others, and they combine practical and factual information with personal accounts of their particular experience with illness (Hawkins 128). Angry pathographies take a different approach to medical storytelling. These stories usually aim to distinguish the deficiencies or shortcomings in various aspects of patient care, voicing the insufficiencies of physicians and medical authority that might otherwise be overlooked. They provide “a special voice against the dehumanization of the patient that is noticeable in medical practice” (Mazurek 51). Similarly to the angry pathography, the alternative pathography point out flaws and deficiencies in the mainstream medical system. However, this pathography type does so with the intention to find alternative treatment. This close examination of medical practices through pathographies can be constructive. Hawkins states, “For physicians, pathographies can provide a unique window into the experience of their patients, often revealing aspects of patient experience that remain unarticulated in the medical encounter” (129). In Hawkins’s final pathography type, ecopathographies, authors [or patients] attribute personal illness or condition to the world around them. They examine their illness in relation to the

problems of the world, like the environment, politics, and culture, and they present illness as a result of these factors.

In this thesis, I will examine how Kaysen's and Khakpour's narratives incorporate elements of different typographies in order to resist medicine. The lines of illness typographies are quite fluid, as I will show when applying the typography definitions to each memoir I have chosen to analyze. Kaysen's and Khakpour's memoirs provide insight into the world of medicine by providing personal accounts of illness and the road to diagnosis and recovery. Both narratives resist medical authority because they discuss problematic interpersonal relationships with medical professionals and the deficiencies of the medical system meant to treat them.

### **Disability Studies**

One of the methodologies I use in this thesis to analyze Kaysen's and Khakpour's memoirs is disability studies. In *The Rejected Body*, Susan Wendell discusses how disability is constructed through an interaction between biological and social factors. For example, certain social conditions affect people's bodies in ways that can either create or fail to prevent sickness and injury (Wendell 36). Therefore, a culture's rates of disability will differ based on that culture's ability or inability to protect individuals from illness or injury through such social conditions as medical accessibility and care. Additionally, according to Wendell, much of disability is caused by physical structure and the social organization of society: "Disability is also socially constructed by the failure to give people the amount and kind of help they need to participate fully in all major aspects of life in the society, including making a significant contribution in the form of work"

(Wendell 40). This means that those with impairments or, to use Susan Wendell's term, biological differences, are excluded from the public and cultural spheres and cannot access everything that those without disability readily can.

The cultural construction of disability contributes to the stereotyping or stigmatizing of people with disabilities. There are "numerous cultural meanings attached to various kinds of disability and illness, and the exclusion of people with disabilities from the cultural meaning of activities they cannot perform or are expected not to perform" (Wendell 43). When disabled people are expected not to perform or not to experience life fully, they are then labeled as "dependent, morally depraved, superhumanly heroic, asexual, and/or pitiful" (Wendell 43). According to Wendell, these are the most common cultural portrayals of disabled individuals.

In this thesis, I use disability studies as a lens for discovering the gap between the nondisabled and the disabled. One main factor I will concentrate on is the concept of "othering." Wendell describes othering as follows:

When we make people 'Other,' we group them together as the object of our experience instead of regarding them as subjects of experience with whom we might identify, and we see them primarily, symbolic of something else—usually, but not always, something we reject and fear and project onto them. To the non-disabled, people with disabilities and people with dangerous or incurable illnesses symbolize, among other things, imperfection, failure to control the body, and everyone's vulnerability to weakness, pain, and death. (60)

In fearing or not understanding disability, those without illness or disability project preconceived ideas on those who do have a disability or illness. Othering alienates members of society because nondisabled individuals cannot and refuse to understand the disabled experience.

Othering excludes or removes those with disabilities or illness from certain aspects of life. For example, Nancy Mairs explains that some people believe that those with disability are “out of the sexual running” (51). She also mentions that none of her doctors have ever asked her about her sex life. Generally, those without disability believe that individuals with disability cannot have sex and therefore that they do not want sex. Mairs discredits this idea by including her own personal account of intimacy. However, because she does not seem capable to her doctors of any type of intimacy, her physicians rule that part of her life out of their minds and care.

Susan Wendell has also written on the relationship between disability and illness as well as the “healthy” versus “unhealthy” disabled. According to Wendell’s research, women are more likely to suffer from chronic illnesses than men (“Unhealthy Disabled: Treating Chronic Illnesses as Disabilities” 19). Wendell defines chronic illnesses as those “that do not go away by themselves within six months, that cannot reliably be cured, and that will not kill the patient any time soon” (20). Those with chronic illnesses do not fit the mold of disability as commonly recognized by most people; this is partly because some individuals with chronic illness are not noticeably disabled. Because of this, patients with chronic illnesses have to remind others of their needs and limitations (Wendell “Unhealthy” 21). According to Wendell, this can further alienate, or “other,” individuals because reminding people of their needs and restrictions requires disabled

people to call attention to their impairments. However, those with chronic illness may be allowed to participate fully in the activities of nondisabled people if they can hide their disability. This concept has a downside as well because if these individuals are allowed to participate fully, then they are also expected to perform like nondisabled people (Wendell “Unhealthy” 22).

For both Susanna Kaysen and Porochista Khakpour, their conditions alienated them from others, but they did not have physical distinctions that served as identifiers to their disability. Susanna Kaysen’s parents expected her to live according to the societal standards of the time, but she could not. While she does completely agree with her diagnosis as mentally ill, Susanna Kaysen mentions many times in *Girl, Interrupted* that she could not live, or perform, to their standards. In comparison, Porochista Khakpour’s Lyme disease keeps her from performing to the fullest of society’s standards because she could not get past her fatigue and pain. A journalist and author, Khakpour mentions having not been able to submit writing on time or even having had to cancel events due to her symptoms; however, others did not always understand. This is because she does not always have physically identifiable symptoms that allow others to know she needs accommodation. In addition to this, Khakpour also finds it difficult to ask others for help when struggling with the limitations of her illness, and this is partly because it identifies her as an ill person—a label she struggles to accept.

## **Medicine and Gender**

In combination with the cultural and social conditions that construct disability, the social construction of gender contributes to the stigmatizing of illness and disability

within culture. Women have historically been excluded from most public realms in society in the United States—including work and politics—and medicine is no exception. In 2015, Dr. Alyson McGregor gave a TED talk on “*Why medicine often has dangerous side effects for women.*” In this presentation, she reveals that the evidence used to back most medical tests, practices, and pharmacology have been based on research that was performed with exclusively male medical subjects. For over a century, women have been excluded from research that could and would affect their lives. Medicine has focused on testing men or, as Dr. McGregor states, only 50% of the population. Being a woman with a disability brings its own challenges to living life to the fullest; being treated with medical practices designed for men creates an even larger gap between female patients and medical practitioners.

Thomas Couser discusses medical authority regarding gender in *Recovering Bodies*. According to Couser, those who meet the white patriarchal standard set by society typically hold medical authority. “Until recently, the gender and race of physicians reinforced their status as professionals; the domination of the profession by white men intensified the privileging of the professional and the objectification of the patient” (Couser 20). When combined with the definition of medical authority as stated earlier, this means that men typically hold the authority in the medical field. This means that men typically hold the authority on medical decisions for women and that a woman’s opinion is considered to be less credible.

### ***Girl, Interrupted* and Sick as Resistant Pathographies**

In *Girl, Interrupted* and *Sick*, othering occurs because of physical or mental conditions; however, othering also occurs because of the authors' gender. In both pathographies, the authors experience dehumanizing or humiliating events during their medical treatment. While both memoirs are written by women, moreover, *Sick* is written by a woman of color. This furthers her othering because Porochista Khakpour's physicians and sometimes other people in her life do not understand her culture and therefore isolate or stigmatize her. In both memoirs, however, storytelling has an almost therapeutic effect. Illness narratives have been known to be modes of dealing with trauma and treatment, and by writing their stories, both Kaysen and Khakpour work through their experiences in order to understand the events surrounding their illness and medical treatment. In her acknowledgements, Khakpour even refers to other illness narratives that helped her write her own narrative and also helped her through her journey to diagnosis. This suggests how pathographies can normalize illness and disability in order for able-bodied people to understand different facets of illness and disability.

*Girl, Interrupted* and *Sick* resist medicine by portraying the different times in the authors' lives in which medicine has been flawed or failed them. In *Girl, Interrupted*, Kaysen provides details of her life in a private institution, McLean Hospital, where she was sent after a suicide attempt. Kaysen uses humor to normalize mental illness and remove the stigma that surrounds it. Kaysen portrays the women she met at the private hospital in such a way that does not alienate or exploit them as individuals. She recognizes the other young women at McLean as people—not strictly mentally ill people or patients. The medical authority at McLean Hospital adopts a negative view of mental

illness and those with mental illness, and Kaysen's humanizing point of view therefore contrasts with and challenges medical authority.

*Girl, Interrupted* exposes many aspects of Kaysen's time while at McLean Hospital. She describes times when she felt less than human and when she was treated as if she could not speak for her own condition. Kaysen faced discrimination based on physicians' diagnoses and notes, and rarely did her doctors treat her as a person rather than a case. The notes many of her physicians wrote about her were, she claims, influenced by her gender, and many of her negative experiences can be attributed to her gender. For example, one instance of premarital sexuality, her affair with her teacher, was enough for the psychiatrist who had her admitted to McLean to label her as promiscuous. The doctors do not take the time to listen to her concerns or suggestions because she is a woman and she is supposedly mentally ill, and they continue to treat her according to their own authority—even if it means she is uncomfortable.

Although it is not ultimately an angry pathography, *Girl, Interrupted* does point out the many ways in which McLean Hospital failed her and the other patients. Yet this illness narrative does not read as an angry narrative. She includes her medical records in an attempt to show where the hospital left holes in her records or the recorded symptoms that led to her gendered diagnosis. This memoir most closely fits the definition of a restitution narrative because it follows Kaysen from the beginning of her diagnosis through the many treatments she is put through until her release from the hospital. Her resolution only comes when she decides to get married; she is never "cured," in other words, from what the physicians believed to be wrong with her. The categories that

Kaysen's memoir fits into point to the ways she resists medical authority, describing the shortcomings of the medical personnel and her experiences at McLean.

Because *Girl, Interrupted* focuses on mental illness, I will be applying the concept of antipsychiatry in relation to Susanna Kaysen's memoir. Psychiatry, as defined by Diane Wiener, is a form of social control, and antipsychiatry is a stance that resists traditional psychiatry (42). There is a spectrum of definitions for antipsychiatry; however, I will only focus on those that match closely with Kaysen's writing. Antipsychiatry has a "keen suspicion of psychiatry and medicine's efficacy to properly treat symptoms and/or cure experiences deemed to be or labeled as mental illness" (Wiener 43). Kaysen also aligns with the antipsychiatric belief that traditional treatments for mental illness—medication and shock therapy—are overprescribed especially for marginalized groups like women. *Girl, Interrupted* also supports the notion that mental illness is overly stigmatized and socially constructed. I will examine these three aspects of antipsychiatry within Susanna Kaysen's *Girl, Interrupted*, illustrating how these themes help Kaysen resist traditional medicine.

Porochista Khakpour's *Sick* tells the story of how she fought for her diagnosis of Lyme disease after many years of suffering with symptoms like chronic fatigue and pain. She uses storytelling as a form of treatment. Storytelling is a mode of coping with trauma that Khakpour learned from a young age as an Iranian immigrant. Her family used stories in order to entertain and calm themselves in times of great danger and anxiety. Many times throughout Khakpour's memoir, she mentions that it is easier for society and doctors to believe women are mentally ill rather than physically ill. This discrimination leads to a battle she fights for many years in search of answers for her symptoms such as

chronic pain and fatigue and insomnia. At one point, she is even pressed to admit herself into a psych ward by her psychiatrist. Physicians and others deflated her idea that she was physically ill for so long that she began to believe them. However, she had a serious case of late stage Lyme disease that was wreaking havoc on her body.

As with Kaysen, Khakpour's gender leads to othering by Khakpour's physicians, family members, and some friends. In many instances, Khakpour's symptoms were reduced to mental illness, which completely disregards her evident, declining physical state. Physicians treated her for mental illness, she claims, because she was a woman. However, Khakpour others herself in some ways by rejecting the idea of being a disabled or ill person. She personally has an aversion to illness for herself and others that comes from a personal fear of dying and the unknown. When her boyfriend calls her sick, she gets offended at the thought of being labeled this way, and her aversion comes from a learned medical mindset that views illness negatively. By rejecting the idea of having an illness, she others those with diseases, and therefore others herself.

While *Sick* does point out some flaws in the medical system, it is more chaotic than angry. Khakpour even mentions in the end that she felt her story had no true end—or that it would never end well. She finds no resolution other than she now knows her diagnosis, knows how to face her illness in light of criticism from others, and knows she will make it through life. However, she spent most of her adult life, as described in the book, feeling helpless and hopeless, searching for answers to explain her symptoms. She felt no control over her body or illness, and that contributes to the chaotic aspect of this narrative. Khakpour also mentions that environmental factors contribute to her illness as well. She mentions that as long as there are chaos and war and tragedy around her, she

will never truly be well. Because the outside world has such an affect on her physical condition, this could also make her narrative an ecopathography. Like Kaysen's, Khakpour's illness narrative crosses over into many different typography categories. Each typography is important because each assists in understanding the construction of her chronic illness and the type of resistance she presents to medical authority.

Both Susanna Kaysen and Porochista Khakpour share their personal stories of going through the medical system and the effects of the medical practice on their mental and physical wellbeing. By the end of Kaysen's narrative, she wonders if there was anything truly wrong with her, or if her physicians honestly just could not understand her as a young girl. Porochista Khakpour struggled for years with her physical health, and she had to fight to find out she had late stage Lyme disease. *Girl, Interrupted* and *Sick* depict experiences and situations in which both women were discriminated against due to gender and illness. Both of these women share personal accounts of venturing through the medical system—one woman diagnosed with a mental illness, the other with an undiagnosed physical illness. By sharing their stories, they give a voice to patients and can help to improve patient care by raising awareness about the problematic ways that medicine asserts authority over female patients. Illness narratives serve not only to help those writing their stories, but also help those reading them. Pathographies can help patients looking for answers or comfort in knowing that others went through similar situations. Most of all, these narratives can brings awareness to medical practitioners and make them mindful of how they treat and approach patients. Medicine has discriminated against women for quite some time, and medical narratives like *Girl, Interrupted* and *Sick* bring that discrimination to light.

## Chapter 2:

### **Humanization Antipsychiatry in Susanna Kaysen's *Girl, Interrupted***

After Susanna Kaysen published *Girl, Interrupted*, her book stayed on the *New York Times* paperback bestseller list for almost seven years. Its popularity amongst young teens girls and women compared to that of Sylvia Plath's *The Bell Jar* (Marshall 118). Its following has continued to grow over the years, and it was even adapted into a feature film in 1999. However, the popularity of Kaysen's memoir goes beyond its relevance for young women. In this pathography, Kaysen utilizes a first person point of view to describe the events of her girlhood as it was interrupted by the medical system. As I discussed in the introduction, a pathography, as defined by Anne Hawkins, is "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (1). Pathographies published in the 1990s often criticize and/or examine the careless methods and medical treatment by certain doctors. The pathographies published in this time span also illustrate the physician's inability to recognize the patient as an individual as opposed to a disease to be eradicated or relieved. Kaysen depicts several instances during her stay at McLean Hospital when she is stripped of her agency and humanity. Hawkins states that stories like this contribute to a medical system "seen as out of control, dehumanized, and sometimes brutalizing; and they are written from a sense of outrage over particular and concrete instances of what is perceived to be the failure of medicine to care adequately for the ill" (Hawkins 6). Many

of her doctors carelessly or inadequately took her condition and needs into account.

Rather, they asserted their own wishes and power over her.

Just as *Girl, Interrupted* can be read as a pathography that allows Kaysen to cope with medical trauma, or take control over her own story, her memoir also can be analyzed as an antipsychiatric critique of medicine. Through an antipsychiatric lens, Diane Wiener states that psychiatry is a form of social control (42). In an article on antipsychiatry in relation to *Girl, Interrupted*, Wiener writes, “I likewise believe that it is of crucial importance that labeled-as-crazy women, in representing themselves, are indeed ‘talking back’ to mainstream society when they ‘take back’ the camera, the pen and the keyboard” (45). Kaysen resists the social control of McLean by writing and sharing her story. While institutionalized, Susanna Kaysen faced a lack of control over many aspects of her everyday life; her life was planned for her and controlled. In writing *Girl, Interrupted*, Kaysen resists the institution that imposed its own biased perceptions onto her, and takes her story into her own hands.

Disability studies in combination with antipsychiatric points of view provides several understandings of mental health and disability that differ from normative views adopted by mainstream medicine. Likewise, *Girl, Interrupted* provides a more understanding, normalizing portrait of women with mental illness. Kaysen resists the traditional medical system and its diagnosis of her. She includes many different medical records and texts that provide proof of biased treatment on account of her gender. Susanna Kaysen provides a feminist interpretation of how medicine views and treats women diagnosed with mental illness. Kaysen also includes her personal medical records in an effort to show the perspective of her doctors, patriarchal figures that assert medical

authority by determining her fate and diagnosis. These medical documents contain gendered understandings of Susanna Kaysen and her experiences.

Most of the criticism of *Girl, Interrupted* typically focuses on the coming of age themes within Kaysen's memoir. Elizabeth Marshall authored two articles, one in partnership with Theresa Rogers, that discuss the importance of girlhood and adolescence to Kaysen's narrative. For example, Marshall discusses in her article how others use Kaysen's girlhood to diagnose and treat her. Diane Wiener discusses the antipsychiatric themes within *Girl, Interrupted* and how Kaysen resists medical authority within her pathography. Wiener discusses how women who tell their stories of mental illness and treatment are directly fighting the mainstream institutions that diagnose them to begin with. In this thesis, I build on Wiener's work to argue that Kaysen's medical narrative resists traditional medical authority and rejects gendered diagnoses of mental illness.

### **Classifying *Girl, Interrupted***

*Girl, Interrupted* depicts many situations in which the medical authority asserted itself into Kaysen's and the other patients' lives. By clearly defining what medical authority has done and what it can do to suppress female patients that have been institutionalized, Kaysen's illness narrative fits into the didactic pathography typography. Kaysen combines her personal experiences and factual information from her records in order to help others (Hawkins 128).

In the section titled "Velocity vs. Viscosity," Kaysen provides insight into her younger self's mind and possibly the mind of her mental illness. It also provides the framework of this narrative and its structure. In defining both velocity and viscosity,

Kaysen uses many different analogies that run on into other metaphors that can complicate the understanding of this section. For example:

In contrast, to viscosity's cellular dome, velocity endows every platelet and muscle fiber with a mind of its own, a means of knowing and commenting on its own behavior. There is too much perception, and beyond the plethora of perceptions, a plethora of thoughts about the perceptions and about the fact of having perceptions. (Kaysen 75)

She goes on to follow thought patterns in her mind, and how her mind can jump from one miniscule thought to an over-analyzing of another. The thoughts that occur to her follow the pattern of a wandering mind. Kaysen states that her thoughts and the question of their normality are a part of the mystery of mental illness. Therefore, she attempts to educate the reader through a metaphor. Her pathography follows this fluid structure as well. The narrative is not in chronological order; instead she chooses to follow her stream of consciousness. She allows her story to unfold in a way that might not be understood by all readers, but it portrays the unfolding and blending of her thought process and reflects the inner workings of her mind. This, arguably, helps the reader to see Kaysen's mind and thought process to some degree and provides an understanding to the inner workings of someone considered an other to everyone on the outside of McLean. Because she portrays mental illness in an educational light, this illness narrative can be classified as a didactic pathography.

### **Assertion of Medical Authority**

The beginning of *Girl, Interrupted* portrays the first instance where Susanna Kaysen experiences the assertion of medical authority. This scene might arguably be the most important of all because it leads to her institutionalization at McLean. Kaysen went to an appointment with a doctor she had never seen before due to her parents fear for their daughter's safety and sanity; he took only twenty minutes to assess her before he decided to send her to McLean, although he credited himself with a three hour assessment detailing her need for a stay at this institution. The interview was minimal, and he even tried to analyze something as small as her popping a pimple as her personal decomposition coming to light, when in reality she just wanted to get rid of a pimple. In the chapter titled "Do You Believe Him or Me?," Susanna Kaysen works out the math calculating the time of their appointment from both points of view. She knows in her mind that he spent only twenty minutes talking to her, but he stated he had a three-hour interview in which he decided to institutionalize her based on quite limited evidence of mental instability. As a medical authority, he asserted his own power by deciding her diagnosis and the future of her treatment. This physician's decision to institutionalize Kaysen shows how he, an outsider, had a sense of authority and belief that he had made the right decision. This decision could have appeased her parents as well; it offered them a solution to a child they felt they could not help or control. This physician did not take the time to address her personal experiences or even learn more about her state of mind; it seems that his concern was to mechanically finish their appointment and move on to the

next. This recollection of carelessness on the doctor's part is one of many prime examples depicting the disconnect between patients and physicians and the medical professional's need to systematically diagnose, treat, and move on.

Susanna Kaysen's descriptions of the doctors who treated her at McLean provide some perspective on medical authority as well. Kaysen says that with the exception of two aides, her doctors were men and her nurses were women. Kaysen states that the doctors had their own special language to characterize patient behaviors, including "regression," "acting out," "hostility," "withdrawal," and "indulging in behavior" (84). This language is vague and problematic in that mundane activities such as writing could be used to categorize the patients at McLean with mental illness. Susanna Kaysen explains that "indulging in behavior" was obscure and could include eating behavior, talking behavior, and writing behavior. Kaysen states: "In the outside world people ate and talked and wrote, but nothing we did was simple" (Kaysen 84). Doctors examined the simplest of things, analyzing actions as mundane as writing in order to pathologize them. The treatment and contact between the patients and physicians, as described by Kaysen, disconnect in a way that would suggest that these doctors neglect to form meaningful relationships with their patients in McLean. The doctors who treated Kaysen examined her actions to prove her mental illness existed—not to devise appropriate treatment or care for her.

Kaysen's affair with her high school English teacher repeatedly appears throughout the text as one of her "pathological" behaviors. The relationship with her teacher began when he took her to the Frick Museum in New York. She expected he would kiss her, and he did when he took her to dinner later that day. Because she was a

young girl, doctors characterized her relationship with her teacher as an “attachment” (85). Although her teacher pursued the forbidden relationship with her, she is the only one who is deemed responsible and pathologized for the relationship. Her physicians did not consider that the English teacher lacked boundaries; it was the young, impressionable Susanna who got the blame for the relationship. Her behavior was defined as promiscuous and “served as evidence that she had chosen the wrong route to safely navigate the dangerous passage from girlhood to adulthood” (Marshall 125). Kaysen’s sexuality at such a young age seemed out of balance with societal concepts of feminine adolescence; therefore, the medical system othered her by refusing to accept her sexuality as normal.

Kaysen lists and describes in detail the three doctors that each patient at the hospital saw routinely: the ward doctor, the resident, and a personal therapist. One of the residents that Susanna Kaysen saw for therapy exemplifies the lack of personal contact between physicians and patients and the prevalence of medical presumptions made by her doctors at McLean. In one session with this resident, she tried to direct the conversation by telling the resident she did not want to be in group therapy anymore, and he asked if she has had any headaches—this is unrelated to what she has said. When she asked to have different orders for pain medication because the kind they give her made her sick, he said there was no difference between what they gave her already and what she wanted. Patients are the only ones who can actually say if their pain is decreased by a given medication or if there are negative side effects such as nausea. These symptoms created by medication cannot be measured by technology; the patient feels them. When Kaysen went on to say she wanted medication for potential headaches, he added hypochondria to

her diagnosis. Instead of taking her personal experiences with medications and illness into account, he added another behavior to her chart.

Interviewing patients has been taught in medical universities over the years, but only recently have potential healthcare providers learned to view the interviewee from the patient's perspective. Hawkins cites Elliot Mishler's remarks on "the voice of the life-world," a reference to how the contexts of a patient's experience are often dominated by "the voice of medicine, or the systematic authority of doctors" (13). Rita Charon, a physician and literary scholar and a founding scholar of narrative medicine, implements a method of teaching interviewing skills by having medical students frame an interview situation from the patient's perspective. This method is meant to push doctors towards viewing their patients as real people, not in terms of tests and treatments (Hawkins 13). In *Girl, Interrupted*, whenever Kaysen's doctors interviewed her, she was viewed and treated through a methodical lens in order to meet the needs of the medical authority. Her personal experiences and problems were not considered. This particular doctor pathologized Kaysen because she asked for different medication, and this enforced a patriarchal stance: he believed Kaysen could not understand or diagnose herself, and therefore he attributed whatever he could to Kaysen's mental condition.

Kaysen's analyst at McLean also tried to impose his medical authority onto her. In one instance, she sat in his chair, unresponsive due to fatigue, and he rather abruptly stated that she wanted to sleep with him. However, Kaysen assessed the analyst and states otherwise: "I opened my eyes and looked at him. Sallow, bald early, and with pale pouches under his eyes, he wasn't anybody I wanted to sleep with" (Kaysen 116). Due to past reports of her promiscuity and her affair with her teacher, he assumed that she was

sexually inclined towards him. In reality, she had not seen him sexually nor had she said or done anything to contribute to this impression. As a man, he assumed that her reported promiscuous behavior applied to all men and extended to their therapeutic relationship. In other appointments, he tries to tell her how she feels or what she is thinking. This was his way of asserting his own patriarchal, medical views onto a young girl he viewed as incapable of identifying or reflecting on her thoughts or feelings. She took back her own authority when she described Plato to him and fabricated a metaphor about the analyst's cars and his neurosis, knowing that he did not understand a word of what she was saying. At this point, she had analyzed his language enough to know when he was lying, and she was fully aware that he had no idea that she was referencing Plato. Kaysen recalls saying, "Remember the shadows on the wall of the cave?" "Yes." He didn't remember them" (122). By sharing this moment in her memoir, Kaysen proves the analyst's inability to analyze or understand a patient on an interpersonal level in order to provide better treatment. Kaysen grew irritated with this doctor because he consistently tried to put himself above her and prove that he was the ruling authority. He pretended to be knowledgeable of the things Kaysen referenced in her appointments in an effort to pretend he was the authority in the room and cannot be overpowered.

The contrast between the nurses and doctors at McLean provide another perspective on medical authority. The male doctors simply followed the medical methods of treatment and diagnosis, ignoring their patients in precisely the way that narrative medicine now tries to address. Kaysen's doctors viewed their patients as diseases not as human beings. In contrast, the nurses had interpersonal connections to the women in Kaysen's ward, and they provided the primary care for each of the patients. The women

in Kaysen's ward appreciated Valerie, the head nurse, because she was not afraid of them or the doctors. Valerie, in her own way, resisted the patriarchal medical authority by treating her patients better than the medical authority figures did, and the patients admired her for this. Kaysen illustrates one of the ways Valerie goes out of her way in order to comfort patients: "When someone was upset and had tucked herself between a radiator and a wall or behind a bathtub or into another small secure spot, Valerie could curl herself into a compact package and sit near that person" (Kaysen 83). Unlike the doctors at McLean, Valerie treated the patients compassionately and humanely and listened to their needs.

The night shift nurses provided the greatest source of contrast to patriarchal medical authority. Kaysen states that the night nurses were not afraid to touch the patients in her ward and often broke the "no contact rule" to comfort the patients. For example, "The night staff would hug us if we needed a hug" (Kaysen 88). The "no contact rule" could possibly have been for safety reasons, and yet these night nurses went against the rule in order to provide the best care for their patients. These women took on a more compassionate role in the lives of the patients, attentive to the fact that the patients were human beings with emotional needs for comfort and understanding.

A scene related to the civil rights movement exemplifies the lack of autonomy given to patients. One day, some of the patients were watching television and they saw Bobby Seale, a political activist and co-founder of the Black Panther Party, chained and gagged. Lisa and another patient at McLean got upset with one another because Lisa compared Seale's experience to her own. Lisa said, "They have to gag him, because they're afraid people will believe what he says" (93). Kaysen realized in that moment that

even though African Americans were having to fight for their rights, Bobby Seale and other Civil Rights activists had more credibility than she and the other women, who were not seen as at all credible due to their mental illness. They had no freedom in their stay at McLean, nor would they be able to achieve liberation because they were not seen as sane sources of logic by the medical authority that kept them institutionalized. Kaysen believed that society saw her as less credible than Seale, an African American with barely any rights. Even the most disenfranchised members of society had more rights than Kaysen and the other patients.

On multiple occasions, Lisa escaped from the hospital in an attempt to resist medical authority at McLean. After one instance, however, they dehumanized her by taking away the things she valued most—the only things she could value while oppressed by medical authority. When she came back from seclusion in the section titled *Freedom*, they had cut down her nails, which she had worked so hard to keep up, and they had taken her belt that had been given to her by her brother, Jonas. Jonas was the only member of her family who had stayed in contact with Lisa, giving her a feeling of acceptance and normality.<sup>2</sup> By removing these personal things from Lisa, they took away parts of her identity. They claimed to have taken her belt so that she would not hang herself, but Kaysen explains that they did not understand that Lisa would never hang herself—meaning the medical professionals at the hospital did not know their patients to

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<sup>2</sup> “Lisa always wore a cheap beaded belt—the kind made by Indians on reservations. It was green, with red triangles on it, and it had belonged to her brother Jonas, the only one in her family still in touch with her”(Kaysen 21). Lisa says her parents do not visit or contact her due to her mental illness; they alienate her because she is different.

the degree that the other patients did. The other women in the ward understood the inner workings of each other that the medical professionals could not grasp.

After a while, Kaysen seems to have internalized medical authority and became dependent on the routine it provided. This is especially evident when her old friend Jim Watson came to visit her and offered to take her away and build a new life with her. She took the time to think of what it would look like to run off into a new life with Jim, but it was hazy to her. Kaysen writes, “The whole thing, in fact, was hazy. The vinyl chairs, the security screens, the buzzing of the nursing-station door: Those things were clear” (Kaysen 27). She had spent enough time in the hospital that it had taken over her mind and self-perception. She could not fathom living on her own outside the hospital, because it was now a part of her. The hospital gave her a schedule with nurses that perform checks in time intervals, and these checks merely consisted of nurses opening bedroom doors to check on patients. Kaysen compares these time intervals to a metronome, and at one point, Kaysen calls these checks the “pulse” of her time in the hospital (Kaysen 55). It gave her structure and a way of understanding time. Kaysen did not leave with Jim Watson because she knew she would lose the sense of movement and organization that medicine had imposed on her, and she did not know how she could function without it at this point. The imposing of the medical authority’s routine clouded her sense of self and life.

In the end, she was released from McLean because she got married. After Kaysen secured a husband and “responsible job,” her doctor believed that there was no reason why she should not reenter the public world once again. Because she conformed to patriarchal medical authority, she was considered fit to enter society and function on the

outside. Kaysen moved from one form of institutionalization to another—the institution of marriage. This is problematic for a few reasons. First, if she had truly had a personality disorder, she would have left without truly finishing treatment or receiving the help needed to return to her old life. Second, her doctor perpetuated a patriarchal point of view by assuming a man could take care of her and therefore she should be fine to leave McLean. Finally, her doctor’s medical authority had extended into her personal life as well, when his expertise is in the medical field. Kaysen got a job as a typist, which he referred to as “responsible” (Kaysen 129). By claiming typist job was “responsible,” the physician was discrediting her earlier aspiration to write and perpetuating a traditional, gendered concept of employment. In tying herself to a man, Kaysen achieved freedom from McLean and the medical authority. However, medical authorities only granted her freedom after her physician was assured that someone else—a husband—would now be Kaysen’s authority.

### **Resisting Medical Authority**

Susanna Kaysen never calls the outside world “normal.” This is a point of interest because from the medical and patriarchal perspective, the outside world was “normal”; therefore, Kaysen and the other patients at McLean were not. She creates a contrast between the outside world and McLean that does not alienate her from those without mental illness in the same way medical authority does. She simply acknowledges that she and the other patients in the ward have experienced things that others have not. The distinctions Kaysen draws between the patients at McLean and those in the outside world often prove that no matter what their medical condition, physical or mental, everyone is

human with the same basic needs to live and survive. However, some need accommodations in order for them to function in the outside world, a world designed for the able-bodied and neurotypical. Her position on the humanity of her fellow patients pushes against medical authority's attempt to categorize them to the extent of alienation; this position is inherently antipsychiatric because Kaysen rejects traditional beliefs about mental illness and mental illness patients. Instead, her normalizing view and tone challenge traditional points of view about mental illness. In regards to disability studies, Kaysen rejects the social constructions of mental and physical disability that limit those who have disabilities to the private sphere. Susan Wendell writes:

When public and private worlds are split, women (and children have often been relegated to the private, and so have the disabled, the sick, and the old. The public world is the world of strength, the positive (valued) body, performance and production, the non-disabled, and young adults. Weakness illness, rest and recovery, pain, death, and the negative (devalued) body are private, generally hidden, and often neglected. (40)

Kaysen and the other patients at McLean represent the negative, devalued bodies that society has placed in the private sphere because their needs exceeded those of the accepted bodies. Because their bodies were not acceptable in the public sphere, they were dehumanized, but Kaysen does not agree with this traditional view of disability. Kaysen resists medical authority by humanizing patients, thereby undercutting the distinctions and destructive beliefs on which medicine is founded.

The description of nurse McWeeny helps to further Kaysen's view that we are all human and that there are few important differences between nondisabled people and

patients. In between the caring day and night shift nurses is what Kaysen refers to as “a dark universe called evening” (Kaysen 88). During this shift, a specific nurse called Mrs. McWeeney took over. Kaysen refers to her as a prison matron and even, when Mrs. McWeeney would speak with a “delighted grin,” calls her “nuts” (89). Kaysen describes the nurse: “She would gnarl her face up for no reason while giving out bedtime meds and slam back into the nursing station without a word” (Kaysen 89). McWeeney’s mood swings and unpredictable behavior makes Kaysen categorize her as crazy. The fact that Susanna Kaysen, a psychiatric patient, refers to a medical authority as crazy presents an instance of subverting medical authority and asserting her agency. Kaysen levels the difference between medical staff and the patients, but this also means that medical authority might not hold the amount of validity it is traditionally allowed by society. By connecting a source of medical authority, Mrs. McWeeney, to the patients in her ward, Kaysen debunks the superiority of patriarchal medical authority.

At the close of *Girl, Interrupted*, Kaysen quotes the definition of borderline personality disorder from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in order to question her diagnosis and, by extension, medical authority. According to the *DSM*, “An essential feature of this disorder is a pervasive pattern of instability of self-image, interpersonal relationships, and mood, beginning in early adulthood and present in a variety of contexts” (346-47). This edition of the *DSM* stated that borderline personality disorder was more commonly diagnosed in women. There was no information on whether there was a predisposition or familial pattern to the mental disorder. This excerpt also indicates that borderline personality disorder was persistent and not limited to a developmental stage. This definition provides insight into what the doctors believed

Kaysen suffered from, but Kaysen provides her own experience and contrasting point of view as to the limitations of her diagnosis. Problems with self-image are common amongst young girls, and Kaysen was eighteen when she started experiencing what the doctors believed to be symptoms of a greater mental instability. Youths and adolescents often experience issues with interpersonal relationships, including relationships with parents. Kaysen analyzes these similarities between typical adolescence and symptoms of borderline personality disorder: “Isn’t this a good description of adolescence? Moody, fickle, faddish, insecure: in short, impossible” (Kaysen 152). Therefore, it makes sense that she would have struggled with her relationships with others because she was still in a developmental stage of her life where that was common. Kaysen also states that she was also different from many of the people she went to high school with. Everyone else she was in school with had plans for their lives like college and careers, but Kaysen just was not quite sure what she wanted for the future. She recalls, “They were all seventeen and miserable, just like me. They didn’t have time to wonder why I was a little more miserable than most” (Kaysen 157). Kaysen does not believe that her self-image was unstable. However, her parents and teachers did because their version of what she should be was based on their own views of normality and their wishes and needs for social conformity. The imposition of traditional social structure and normality pushed Kaysen towards her suicidal thoughts and the actions that led to her being institutionalized. In this way, when she was away from the outside world at McLean, things became simpler for her. Kaysen states, “We were also cut off from the demands and expectations that had driven us crazy” (94). As long as she was separated from the outside world, she did not have to worry about being oppressed by her parents or other patriarchal figures. By

critiquing her diagnosis head on, showing how it describes a typical young woman, Kaysen reclaims her agency over masculine and medical authorities.

Susanna Kaysen includes a few of her medical documents in *Girl, Interrupted*, including the first page of her case record folder, her admission referral, and the discharge letter written by her doctor. By including her medical records, Kaysen allows the reader to see both sides of her story—what the doctors saw and what she experienced. Her referral to McLean provides the initial reasons why the physician wanted her admitted. The first reason listed is, “The chaotic unplanned life of the patient at present with progressive decompensation and reversal of sleep cycle” (13). She was only eighteen at the time, and not knowing what she was doing with her life is common amongst teens merging into the adult world. The fourth reason, “Immersion in fantasy, progressive withdrawal and isolation,” is also problematic (Kaysen 13). This behavior is fairly common amongst creative minds and teens; she was both. The doctor does not mention hallucinations or her break with reality; he only states simple, mundane behaviors. Kaysen provides a document titled the “Inquiry Concerning Admission” (11). The reason for her referral includes promiscuity, an increasingly patternless life, probability of becoming pregnant, and the fact that she was apparently “desperate” (11). These reasons hold no real grounds for admission into a mental hospital; the only reasons that definitively point to mental illness are her suicide attempt and suicidal thoughts. Kaysen provides these records because she wants to show that there are some things that potentially do call for being institutionalized; however, she resists the other reasons for being institutionalized through her examination of these records. By allowing her reader to take in both her side and the medical system’s side and by providing the paperwork

that condemned her to McLean, she gives her story more credibility. By critiquing the different parts of her medical records, Kaysen takes her narrative into her own hands.

Kaysen articulates the discriminatory aspects of her diagnosis and how its patriarchal basis systematically contributes to the criteria for the personality disorder. She rejects the idea of promiscuity as a reasonable behavior pattern to diagnose women, writing,

How many girls do you think a seventeen-year-old boy would have to screw to earn the label ‘compulsively promiscuous’? Three? No, not enough. Six? Doubtful. Ten? That sounds more likely. Probably in the fifteen-to-twenty range, would be my guess—if they ever put that label on boys, which I don’t recall their doing. And for seventeen-year-old girls, how many boys? (Kaysen 158).

Here Kaysen undermines this patriarchal concept and resists discriminatory medical authority. Sleeping with one man was enough for her doctors to label her as promiscuous. However, promiscuity is a socially constructed term and can only be used subjectively. Kaysen “returns to, and reorganizes, her girlhood in a way that disrupts the objectivity of psychiatric discourses that seek to press her particular experiences into a generalized trajectory of feminine development” (Marshall 118). By writing her story, she disturbs the gendered stereotypes surrounding women and mental illness. Kaysen provides a shift in perspective of how society should view adolescent girls and mental health. Kaysen rejects the social labels placed on young girls through the traditional medical system. Her experiences of being misunderstood shed light on the mistakes those with medical authority make because of medical pride at the expense of the patient.

Susanna Kaysen resists medical authority and traditional treatment methods by playing mind games with her doctors. As mentioned earlier, Kaysen quotes Plato to her analyst in an effort to illustrate just how far he would go in order to appear as knowledgeable as Kaysen. She also describes an instance of toying with Dr. Wick, who was her only female resident physician and who was easily shaken by sexual matters and cursing. In one conversation, Dr. Wick wanted to analyze her compulsive promiscuity, as detailed by the physician who admitted her. She inquired about Kaysen's affair with her high school English teacher. When describing her affair, Kaysen used profane, descriptive language in an attempt to make Dr. Wick uncomfortable. Kaysen told her about going to an art museum with the teacher, but Dr. Wick was more interested in her "attachment" to her him (85). Kaysen was lying for the majority of this story, but she recalls thinking, "Why should I disappoint her? This was called therapy" (86). Kaysen gave this doctor what she wanted to hear, essentially making fun of her promiscuous behavior as a symptom and making fun of the fact that it was a reason to institutionalize her. By rejecting promiscuous behavior as an indication of mental illness, Kaysen rejects the assertion that she was promiscuous, and she manipulated her doctor into further believing this rejected, purported symptom.

The other women in the ward used profanity as an act of resistance, especially on their public outings. They used opportunities, like when they went to the ice cream shop in town, to act out. Members of the outside world expected them to act differently, so the patients saw their behavior as giving outsiders what they wanted. For example, the patients went to get ice cream and were accompanied by a few nurses, who were not afraid to grab them or pinch them—this is what Kaysen refers to as "nurse nips" (51).

They would try to control the outbursts of the patients, but Kaysen states that, “They didn’t blame us for being ourselves. It was all we had—the truth—and the nurses knew it” (51). She also says, “None of us did anything unusual. We just kept up doing whatever we did back on the ward. Muttering, snarling, crying” (51). These nurses tried to minimize the outbursts or acting out of the patients, but they also knew that Kaysen and the other patients had nothing outside of the hospital that contributed to their identity besides their status as mentally ill. Because they were made to feel inadequate, the patients acted out as a way of resisting how medical authority believed they should act in the outside world. This medical authority did not believe they belonged amongst those in the outside world, so the patients did all they could to make others uncomfortable in public.

In the hospital, Kaysen and her fellow patients sometimes resisted the dehumanization and loss of agency that accompanied the institution’s extensive rules. For example, Kaysen could not shave her legs without one of the nurses or aides watching her (Kaysen 57). Not only did this situation cause discomfort, it took away the privacy from the simple act of bathing. She was an adult woman being forced to bathe in front of another adult woman, branding her more as a child than the adult she was. Bathing is an action we usually do for ourselves except at the beginning of our lives; nudity can be intimate and personal. In order to avoid this invasion of privacy, many of the women in Kaysen’s ward chose not to shave: “We had a lot of hairy legs on our ward. Early feminists” (Kaysen 57). Calling the other women early feminists adds humor to the situation, but it also connotes resistance on the patients’ part. By not shaving, they refused to give into the medical authority’s demands.

Kaysen describes an incident between Lisa and Valerie that illustrates medical resistance. In addition to being monitored while shaving, the patients at the hospital also could not open the windows on their own. The windows remained locked in order to prevent patients from running away. Lisa provided an interesting look into the girls' experience in the hospital when she wanted Valerie, the head day nurse, to open her window and Valerie would not. She criticized the head nurse and told her,

I'd just like to see how you'd manage this place, never going outside, never even *breathing* fresh air, never being able to open your own f\*\*\*\*\* window, with a bunch of sissy c\*\*\*\* telling you what to do. Valerie, time for lunch, Valerie, you don't have to yell, Valerie, time for your sleeping meds, Valerie, stop acting out (Kaysen 80).

Lisa gave Valerie colorful criticism about how life in the hospital was from her point of view and this was Lisa's way of resisting the medical authority around her. Lisa's comments allow the reader, and allowed the staff, to understand just how inhuman patients of McLean felt. While these precautions—monitoring sharp objects and locking windows—were in place to keep the patients safe or from running off, they took away simple aspects of patients' lives and made them feel even more separated, or othered, from the outside, “normal” world. Lisa challenged Valerie in this quote and criticized the infantilizing rules of the hospital. Lisa's outburst was her way of resisting these types of treatment that alienate the women in the ward from what traditional societal and medical forces believe to be normal.

Lisa also abused the duties of the nurses in an effort to resist medical authority. For example, Lisa had Valerie open her window only for Valerie to realize there was no real reason for doing this. After this, Valerie sighed and went back to the nurses' station defeated, and Lisa simply stated, "it passes the time" (Kaysen 82). Lisa threw a tantrum in order to get Valerie to do what she wanted, and then Lisa passed it off as just wasting time. Lisa resisted medical authority by making the medical staff adhere to the rules created by medical authority. Lisa did this for the pure satisfaction of abusing the medical professionals' duties. Patients had to have a nurse open their windows for them, and she used Valerie and the other nurses because she liked the idea of being able to control them when she had no other authority to exert.

Throughout her narrative, Kaysen recalls many of Lisa's escape attempts—one of the ways that, as I claimed above, Lisa resisted medical authority. Lisa ran away often, and the other girls in the ward would often get sad when she left because Lisa kept them laughing. Lisa used profanity and vulgar names for the aides and workers she did not like, and this entertained the other women in the ward. Her humor undermined medical authority, and it eased the discomfort of the oppression the other patients felt. Lisa was a sociopath often portrayed as unconcerned by medical authority, but she was the main source of joy and elation for the patients in their ward. Lisa escaped in an attempt to evade the medical authority of McLean hospital. After medical authority took her personal belongings from her, she secluded herself from the others. What they did not know was that Lisa was plotting to resist medical authority once again. She walked in one day all smiles and back to "normal," and the girls found out that she had wrapped all of the furniture, some patients, the television, and the sprinkler system with toilet paper in

one of the common rooms. Kaysen calls it “magnificent” (24). Lisa acted out as a way of getting back at the medical authority for trying to remove parts of her identity, and it was her way of reclaiming her identity as the trickster and comedian of her ward.

Regardless of the fact that Kaysen was ultimately able to reintegrate into the world, others still questioned her existence in the outside world and tried to find the difference between Kaysen and themselves. Kaysen says of herself and her fellow patients at McLean, “In the world’s terms, we were all tainted” (Kaysen 124). By having lived and received treatment at McLean, she was othered. Her reimmersion into the outside world began her revulsion to those with mental illness, and she began to push away who she was at one point in her life. However, she criticizes those who never experienced mental illness to her degree, and asks “If I who was previously revolting am now this far from my crazy self, how much further are you who were never revolting, and how much deeper your revulsion?”(125). Here, Kaysen is asking the presumably sane reader to reflect on their feelings towards mentally ill individuals. She is asking the reader to question their normative ideas about mental illness. After humanizing the other patients in her ward, it shows a small criticism of an outsider’s inability to associate those with mental illness with humanity or normality.

## **Conclusion**

Susanna Kaysen’s recollection of events questions and challenges medical authority. Memoirs provide a different vantage point from medical authority in that they can provide “attention to often under-represented and complex experiences of feminine coming-of-age” (Marshall 17). Many of Kaysen’s doctors at the hospital characterized

her as unfit to function in the outside world. The views of her parents and doctors forced the idea of normality on her. Her inability to conform to normality as dictated by social constructs was the real reason she was institutionalized. She chose to take on her identity as different or unfit for society once admitted to McLean. Like the other patients, Kaysen acted out as a form of resistance to McLean's rules and views. The hospital provided her with a sense of life in that it provided structure that she did not have on her own. Kaysen uses her medical records in an effort to reframe the medical authority she experienced at McLean, and she provides both sides of what happened. This pathography challenges the medical authority that dictated her life for two years. By writing this pathography, she takes her mental status into question, and therefore questions medical authority in order to take back her agency in regards to her illness narrative. Most of her behaviors can be characterized as normal or routine to the human mind. This illness narrative takes into question whether or not she truly needed to be hospitalized or if it was the societal constructs of mental health that put her there. By recounting the events that she went through, she allows those on the outside to understand her experiences more closely. Susanna Kaysen provides a critique of psychiatric, gendered care and normalizes what those on the outside would consider as other.

Kaysen's narrative, and other illness narratives, depicts personal experiences dealing with and resisting medical authority. *Girl, Interrupted* is a memoir that, like narrative medicine, calls for empathy and understanding. Narrative medicine is relatively new, and it focuses on training medical professionals on working with patients with consideration. By incorporating narrative medicine into medical courses for doctors, medicine has begun to reform itself in regards to patient care. Illness narratives like *Girl,*

*Interrupted*, similarly have the potential to change medicine by informing medical professionals on how medicine has been flawed in the past.

### Chapter 3:

#### “Othering” and Disbelief in Poroquista Khakpour’s *Sick*

Poroquista Khakpour struggled with physical illness for many years before finally being diagnosed with Lyme disease—a diagnosis she fought for. For many years, Khakpour visited a series of different doctors, went through a variety of tests, and tried many different methods to try and heal her body. Khakpour’s undiagnosed illness led her to a sense of displacement and so did her background—these are the two primary sources of pain and distress for her. Growing up, she never felt like she had a home. Khakpour’s family fled Iran when she was a little girl. Once they settled in California, she continuously felt physically out of place. Khakpour attributes this to being displaced in a country that has a strained relationship with Middle Eastern groups. Whether she was in the United States or overseas, her displacement continued wherever she decided to move, but she also carried a feeling of displacement within her own body. This is one of many challenges she faced in finding the answers to her illness.

Feeling out of place in her own body, Poroquista Khakpour’s memoir resists the positive and formulaic ending of a restitution narrative, as described by Arthur Frank,<sup>3</sup> instead underscoring the fact that she will never be completely cured. In an interview written for *The New Yorker*, Lidija Haas states, “This isn’t the illness memoir most readers will expect, and, Khakpour makes clear, it isn’t the one she sold to her publisher several year ago, which was a simpler and more familiar ‘story of triumph.’” Instead, Khakpour tells a more realistic tale of an ongoing chronic illness, and by writing this

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<sup>3</sup> A restitution narrative follows the systematic story of an ill or disabled person searching for answers, finding a diagnosis, and then getting cured.

Khakpour is saying that medicine is not perfect and it does not always include a happy ending. Susan Wendell writes, “Knowing more about how people experience, live with, and think about their own impairments could contribute to an appreciation of disability as a valuable difference from the medical norms of body and mind” (23). Khakpour provides honest descriptions of struggling with Lyme disease, and these depictions help to debunk many of the norms created by medical authority. Because she shares both good and bad experiences and a story without an idealistic ending, Khakpour resists traditional medicine’s cure/kill response to disability.

One of Khakpour’s greatest challenges was finding a support system—not just from doctors but also from friends and family. Many physicians were quick to rule her symptoms as purely psychiatric, and most doctors gave up on finding out what was wrong with her. In many situations, physicians felt they had the authority to dismiss her questions or concerns. In addition to lacking medical professional support, she lacked the support of many friends and family members while searching and even after her diagnosis. From the standpoint of disability studies, this can be attributed to many different causes. Her illness, Lyme disease, is not common or well understood. In Susan Wendell’s article, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” Wendell discusses the difficulties of having a chronic illness accepted as a disability:

My own analysis is that young and middle-aged people with chronic illnesses inhabit a category not easily understood or accepted...Moreover, those of us with chronic illnesses do not fit most people’s picture of disability...Many of us with chronic illnesses are not obviously disabled;

to be recognized as disabled, we have to remind people frequently of our needs and limitations. (Wendell 21)

Because Khakpour is ill, nondisabled people “other” her based on the fact that she cannot participate in the public sphere to the fullest. Khakpour’s illness limits her functionality and ability to participate in the public sphere, but because it is a largely invisible illness, others do not perceive it as serious. However, they initially expect full performance based on their perceptions of Khakpour’s health.

Khakpour, like Susanna Kaysen, is a writer and a storyteller. When her family fled to the United States, she never had toys—only the stories she and her family would create together. “It was not much, but it was something; storytelling from my early childhood was a way to survive things” (Khakpour 27). *Sick* resists traditional medicine because the patient has taken control of her narrative. Khakpour examines her physicians and family and writes honest recollections of the struggles she went through. More importantly, she tells her personal story in order to rediscover and uncover the many different truths behind her illness. She provides honest accounts of her drug abuse and addiction while dealing with her illness, which provides her with more credibility as a patient retelling her story.

Because it is still quite new, there is no criticism written on *Sick* yet. There are, however, a few interviews with Porochista Khakpour and book reviews that focus on some of the same themes that I focus on in this thesis. In an interview with Khakpour, Lidija Haas focuses on disconnect between patients and physicians. Haas refers to the disconnect as a “knowledge” and “trust” gap, writing, “A psychiatric diagnosis can be made on a hunch, and any resistance to the diagnosis can then be reframed as evidence of

its correctness” (Haas n.p.). Similarly, Alex Clark writes about an interview with Khakpour that focuses on disbelief and the disconnect between patients and physicians.

This disconnect is bred from her controversial illness:

Late-stage Lyme has been for many years a controversial diagnosis, with even infectious disease specialists unwilling to commit to a firm definition; in the wider world, it has been tinged with the suggestion that it is essentially neurotic in origin, along with conditions such as chronic fatigue syndrome or fibromyalgia. (Clark n.p.)

As Clark points out, physicians and the broader world—including friends and family—detach themselves from Khakpour because they do not comprehend or fully accept her diagnosis.

Srinidhi Raghavan has also written a review of *Sick* that focuses on the gap between patient and physicians, as well as how this narrative compares to other illness narratives, particularly those written by women of color. Because *Sick* does not align with other, idealistic narratives, Raghavan believes that Khakpour resists medical authority by revealing the realities of chronic illness. In her review of *Sick*, Raghavan discusses the relevance of Khakpour’s story to other women’s illness memoirs. Raghavan, also a woman of color, states, “These stories of illness—our stories—have so much in common” (Raghavan n.p.). Raghavan is able to identify with Khakpour due to gender and race in addition to chronic illness. These commonalities experienced by Khakpour, Raghavan, and other women include hospital visits, tests, rejections, assumptions, and disbelief (Raghavan n.p.). Raghavan also notes that illness narratives like *Sick* fight back against the sexist notion that mental illness is more likely than physical illnesses when it

comes to diagnosing women. Raghavan argues that illness memoirs written by women have much in common with each other, and that they only differ by diagnoses and specific realities. For example, Khakpour's specific reality consists of being a member of a minority group, an academic, and a writer and having traveled through the duration of her illness narrative. In what follows, I build on Raghavan's concept of women's illness narratives by explaining how Khakpour's narrative resists medical authority.

As I discussed in Chapter 1, chaotic pathographies, as outlined by Arthur Frank, include no foreseen possibility of recovery and a feeling of complete loss of control over one's own life and body (Frank 101). A chaotic pathography, *Sick* does not have what some might call a happy ending, because Khakpour underscores the concept that the body is delicate and health—for those with chronic illness—is always conditional. Khakpour feels a loss of control over her health and life due to her inability to find a resolution to her illness. Moreover, by virtue of her gender and race, traditional medical authority disempowers Porochista Khakpour; her pathography is a way of reclaiming authority over her body and story. Khakpour's *Sick* provides insight into the life of a woman with a serious illness who fought for her diagnosis by never accepting the doubt of medical authority. She provides this insight by telling her personal story in this medical narrative. Porochista Khakpour's *Sick* illustrates what it is like having a sick, non-white body and learning to understand and accept her illness.

### **Classifying *Sick***

Like Susanna Kaysen's *Girl, Interrupted*, *Sick* crosses over into different categories of pathographies and illness narratives. Each classification draws attention to

the specific ways that *Sick* resists medicine. As a quest narrative, *Sick* tells the story of a journey to a diagnosis. On this quest, Khakpour has to go through several types of physicians before she finds out that she has Lyme disease. *Sick* educates others on the social aspects of having a chronic illness such as finding a support system and dealing with disbelief. This illness narrative may seem to be an angry pathography; however, the moments of anger are more of a criticism of medical authority. Khakpour's illness narrative illuminates the shortcomings of medicine. In addition to these classifications, Khakpour's illness narrative also has the qualities of an ecopathography. Ecopathographies cite environmental and political causes in correlation with relapses and poor health. Porochista Khakpour states that her relapses always coincide with global turmoil, such as terrorist attacks and political upheaval in the United States. This is another critique of society's impact on and construction of disability, as described by Wendell (see my introduction).

Most chapter titles in *Sick* coincide with a place, and each place has certain significance to or influence on her illness, contributing to the classification of a quest narrative. Khakpour intentionally named these chapters in order to emphasize her theme of displacement, as I will discuss below. No matter where she settles, Porochista Khakpour eventually has to move because of her illness. While she never feels that she has a real home in the different cities she pinpoints in her memoir, Khakpour never felt at home or at peace with her body either. By naming the chapters after places, she continues to emphasize her lack of home. As Khakpour states, "I am a foreigner, but in ways that go much deeper than I thought, under the epidermis and into the blood cells" (Khakpour 6). Her disease sets her even further apart from the people around her. This is in part

because people who suffer from chronic illnesses including autoimmune diseases can sometimes be isolated or treated differently by those who do not have a disease or illness themselves—as I will discuss later.

The places Khakpour travels to also have another meaning. Alex Clark writes in a review of *Sick* that each place is meant to be a fresh start with a new promise of health or cures (n.p.). Khakpour's journey to different places is comparable to a quest—a quest meant to bring healing that instead brings an endless cycle of new places, doctors, and diagnoses. This aligns her pathography with quest narratives; however, her sense of helplessness and lack of control over her own body also make this a chaos narrative. Therefore, this illness narrative can be thought of as a chaotic quest in which Khakpour searches for answers but feels helpless on the road to a diagnosis and recovery.

Part of why *Sick* reads like a chaotic narrative is that Khakpour's life and body are so far from her control that she takes power over whatever elements she can. She admits that she keeps herself sick with some of her unhealthy behaviors like smoking, but for Khakpour it is a control mechanism. Khakpour states, “If you know a part of you is always dying, taking charge of that dying has a feeling of empowerment. My body goes against me often, so what if I put it through that myself?” (Khakpour 229). She tries to take control of her body by choosing what will affect it—negatively or positively. She feels like she controls her body when she controls the variables influencing her illness. She writes, “I am a sick girl. I know sickness. I live with it. In some ways, I keep myself sick” (Khakpour 229). Khakpour admits to consequentially keeping herself in a sick state by continuing unhealthy habits; however, she continues to live her life as she wants more for control than out of carelessness. Khakpour understands that this is unhealthy, but she

also includes this to illustrate that there is no real concept of a perfect sick person. Therefore, she takes control of her illness when she feels a loss of control over her body—the chaotic nature of this pathography—but she also mentions her bad habits as a way of educating others on what it means to be sick. Khakpour illustrates that sickness cannot be strictly constructed by society because illness differs individually. She resists the idea that illness is the same for everyone.

Another one of her chapters named for subject matter and not place, “On Support,” explains the source of her alternative support system, because most people in her life do not comprehend or accept her disability or illness. In chapters like this, Khakpour is trying to illustrate the aspects of having a chronic or terminal illness. One of these topics she does her best to describe is her support system. The other topics covered are “On Appearances,” “On Place,” “On Being a Bad Sick Person,” and “On Love Lost & Found.” Each of these sections provide even more information on what it is like living with chronic illness. In “On Love Lost & Found,” Porochista Khakpour describes how many of her relationships were connected to her illness. By including her relationships and discussing the implications of basing a relationship on healing, Khakpour informs her readers on the social aspect of having a love life while ill. This crosses into Anne Hawkins’s different typologies. Khakpour’s stories and experiences are meant to educate others on the social realities of being ill; therefore *Sick* can be considered a didactic pathography. The chaotic nature of this narrative also contributes to its classification as a didactic pathography. Khakpour teaches her readers that illness is not a systematic condition in which everyone experiences the same outcome. For some individuals, like Khakpour, there is no real outcome other than diagnosis. She will never be cured, she

feels a loss of control over her life, and her only real resolution is coming to terms with illness. In terms of a didactic pathography, *Sick* seeks to inform the reader that illness cannot be objectified and illness experiences vary based on individual people.

While there are moments of anger within the narrative, it is not quite an angry pathography. Instead, *Sick* fits more into the alternative pathography category. As described earlier, an alternative pathography points out the flaws in a medical practice while in search of alternative treatment. Khakpour includes her moments of anger to illustrate instances where medical authority refused to listen to her needs. Khakpour goes to great lengths to find a diagnosis or cure to her illness. She even comes close to being recruited by scientologists. All of her efforts are to find answers to an illness no one seems to understand. This memoir might seem like an angry pathography, but the depictions of her anger reference moments in which medical authority asserts its power over her own.

Classifying *Sick* calls attention to the specific ways Khakpour resists medicine. By classifying the texts, we can identify patterns within narratives. Each classification also helps to provide an understanding how other illness narratives connect to one another. The categories in which *Sick* falls into help to frame Khakpour's resistance to medical authority.

### **Assertion of Medical Authority**

Khakpour has a long history of being dismissed, othered, and disbelieved by medicine. These negative experiences begin in her childhood, and continue through years of living with a chronic, undiagnosed illness. In the author's note to *Sick*, Khakpour states

that since 1980, the number of new cases of Lyme disease per decade has almost quadrupled and the number of outbreaks has more than tripled. Therefore, Lyme has become a more common illness, which is frightening due to its seriousness. However, Khakpour had difficulty with some doctors believing her account of her symptoms or that she was sick at all.

Khakpour begins her narrative with an account of medical disbelief after a serious car accident. She went to the emergency room, and the doctor wanted to perform x-rays and a CT scan. However, Khakpour insisted on an MRI because of Lyme. When she mentioned having Lyme disease, her ER doctor's demeanor changed: "And there it came: his half smile" (Khakpour 22). Khakpour recognized the body language of this doubting doctor because she had seen it many times before. Dismissively, her doctor ended up prescribing Tylenol and telling her she was probably "fine" (Khakpour 22). In reality she had suffered a severe concussion. When she was leaving she saw a doctor and nurse laughing, and Khakpour became incredibly angry: "the anger at being misunderstood boiled up in me again, that feeling of not being taken seriously by those who had your life in their hands" (Khakpour 22). She had a serious disease that could be easily complicated or aggravated if not handled carefully. As medical personnel in charge of her health, they should have taken her disease into account instead of not believing her: a physician's main objective in their profession is to help and treat patients, based on the requirements of their profession. The inclusion of this event at the beginning of her narrative provides a glimpse into the important themes that continue throughout the text.

Experiences like these have conditioned Khakpour to speak to doctors with a certain set of phrases and recognize the language they use. Khakpour calls attention to the

fact that despite her “fluency in their language still being proficient,” she “could still be in this position—helpless, crazy-seeming, confusing, inconvenient, out of their norm, a problem. And not one worth the time to be solved” (Khakpour 23). Khakpour’s knowledge of her physicians’ medical script has allowed her to understand when she is taken seriously; however, her fluency does not actually matter. Khakpour can speak doctors’ language, but they still do not listen to her. Thomas Couser writes, “In matters of health, the opinion of laymen are very likely to be subordinated to the opinions of professional experts” (18). Medical authority asserts its opinion and power because of the assumption that medical professionals have the expertise to override the patient (Couser 18). Khakpour has to speak their condescending language in order to communicate that she has a serious case of late stage Lyme.

Khakpour’s distrust of medical authority began at a young age. When she was younger, Khakpour did not trust her pediatrician (32). While she never fully explains why, Khakpour says that he just seemed “off” to her (32). Because she did not trust her early experiences with her pediatrician, Khakpour decided to keep her concerns about her body to herself. She writes, “I decided the life of the body would be a secret life and that I was in it for the brain anyway” (Khakpour 32). She developed this concept of a secret body, a concept that does not allow for sharing intimate details of what is happening within a person. Because her skepticism about medical authority began when she was a young girl, she learned to compartmentalize her emotions and dismiss the symptoms that stemmed from her undiagnosed illness. This foreshadows the struggle she has with her body later on—keeping her body sick and dismissing her symptoms.

Being a woman in this day and age brings one set of difficulties; being a woman with a mental or physical illness presents an entirely new set of challenges. Khakpour touches on a few instances in her life when she feels that, on account of her gender, she has been gaslighted<sup>4</sup> and made to believe her condition is fabricated. Khakpour even explains that women are more likely to be misdiagnosed by doctors because their conditions will be ruled psychological rather than physical: “Women simply aren’t allowed to be physically sick until they are mentally sick, too, and then it is by some miracle or accident that the two can be separated for proper diagnosis” (Khakpour 116). Because she is a woman, Khakpour’s male doctors do not take her opinion or experience into consideration when diagnosing her. Here, Khakpour exposes the failure of medical authority to acknowledge the credibility female patients.

Porochista Khakpour was referred to a psychiatrist after seeing a cognitive behavioral therapist. When Khakpour started seeing this psychiatrist, she began to believe her condition as mental and not physical due to the physician’s assertion of medical authority. At the suggestion of her boyfriend, Khakpour went to a cognitive behavioral therapist for her insomnia. The therapist referred her to a psychiatrist when Khakpour asked for Xanax, but it is not clear why the therapist chose a psychiatrist instead of a medical doctor. The therapist does not seem to even consider that her insomnia might have a physiological cause. After seeing Dr. Toll, a psychiatrist, she felt as if she as losing her mind. Khakpour states, “I accepted that I was mentally ill, deeply, incurably

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<sup>4</sup> Gaslighting is defined by the Encyclopedia Britannica as “an elaborate and insidious technique of deception and psychological manipulation” and “its effect is to gradually undermine the victim’s confidence in his own ability to distinguish truth from falsehood, right from wrong, or reality from appearance, thereby rendering him pathologically dependent on the gaslighter in his thinking or feelings.”

so, and this was to be my life” (Khakpour 104). She felt this way because doctors did not seem to believe that something was wrong with her physically. She depreciated her symptoms—chronic pain and fatigue—and believed she was mentally ill because no one could find the answers she needed. This became a never-ending cycle of pills, doctors, and unanswered questions that led Khakpour to give into a false belief. It is easy to accept this false truth because society has stigmatized women in relation to medicine for so long.

Another shortcoming of medical authority that Khakpour depicts is how physicians diagnose patients without considering all of the factors contributing to their illness. One doctor gave her the diagnosis “somatization disorder,” a condition like hypochondria except with real symptoms (Khakpour 105). According to this disorder, the symptoms that the patient experiences do not have a known physical source. He went on to tell her he was hesitant to label her with the disorder because there were so few doctors who knew how to treat it. “Somatization disorder” is an ornamental diagnosis that merely means she had something wrong with her, but they did not know what it was. Khakpour does not mention what kind of treatments other patients with this diagnosis receive; however, the real reason they could not treat it is because it is an invalid diagnosis. Something was going on in her body, and there were ways to find out what it is. The diagnosis seems like laziness on behalf of the physician and a way to preserve his status as a physician. He gave her a diagnosis because he did not want to take the time to analyze her blood work and tests any further. However, as a physician he felt inclined, because he held authority and power in this situation, to provide some sort of label to appease his patient’s desires for a diagnosis. In short, he did not want to admit defeat. In

her interview with Khakpour, Lidija Haas compares this diagnosis to hysteria, a historical diagnosis applied to women (Hacking 32). The association of somatization disorder and hysteria suggests how the doctor's diagnosis is evidence of gender bias; the diagnosis discredits Khakpour's very real symptoms.

Khakpour experiences disbelief and discrediting from medical professionals, and their continued disbelief hindered her recovery. She went to another physician to get help weaning herself off the "benzos"<sup>5</sup> that the medical authority had imposed on her in the past, despite her requests not to be prescribed the same drugs responsible for an earlier drug addiction (Khakpour 11). Khakpour desired to stop using the pills completely so that she could find out for sure what was going on with her body. However, the physician told her he did not believe that anything was wrong with her physically. This is another instance of a physician not trusting her to understand what was happening in her own body. This physician quite possibly could have believed it was the pills making her as ill as she was; however, Khakpour knows how her body reacts to this medication in ways that cannot be measured by medical technology.

Physicians like this lead to Khakpour's gradual awareness of the problems with the medical system, which led her to seek alternative treatments as opposed to conventional medicine. Khakpour mentions a time when she was seeing an acupuncturist who told her something is wrong with her system (122). Khakpour asked what it was, and the woman simply replied, "Does it need a name?" (Khakpour 122). Khakpour understood this woman on some level. To seek answers would mean more doctors, pills, money, tests, and winding roads through a medical system that had already failed her.

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<sup>5</sup> Benzodiazepines are a class of psychoactive drugs (Xanax, Valium, etc.).

With everything she had gone through up to this point, it is understandable that her mindset was negative towards anything related to the medical field. The fact that she went to an acupuncturist alludes to her growing distrust of physicians and medical authority. The acupuncturists reply also resisted mainstream medicine by questioning the need to diagnose and label illness.

Another assertion of medical authority pushed Khakpour to self-censor due to inadequate medical care. This occurred when her psychiatrist at UCLA dismissed her belief that her condition was physical. Khakpour continuously insisted that something was physically wrong with her and he refused to believe her. Even when she experienced physical pain and weakness, Khakpour's physician did not take her symptoms or opinions into consideration. This psychiatrist did not even take into account that she lived in an apartment full of mold overseas which could contribute to illness or a poisoning of the lungs from inhalation. Khakpour explains, "He seemed exhausted by my insistence on physical problems, the poisoning and other potential ailments—and so I didn't mention Lyme, thinking of it without it ever hitting my lips" (Khakpour 170). She questioned herself for the mere fact that she did not think being honest about her bodily experiences would make a difference. Khakpour had given up on trying to convince this psychiatrist that her condition was physical, which then hindered her medical treatment. This psychiatrist was so wrapped in his own opinion that he pushed her to silence. She also refrained from telling him of an experience in Leipzig when she had considered self-harm, because this psychiatrist already thought her condition was purely psychological, and she feared it would discredit her beliefs about her bodily experiences further. The psychiatrist prescribed her Klonopin, even though she was a recovering addict. Ethically,

prescribing her this drug is problematic because it can recreate or perpetuate addiction, and she had previously told other physicians of her desire not to be medicated. At first, Khakpour resisted filling the prescription, knowing it is dangerous to have that type of drug. However, she filled the prescription less than twenty-four hours later. Doctors continued to prescribe pills after this, and they amplified her addiction by providing her with the means to self-medicate. Doctors discredited and disregarded Khakpour's previous experiences with drug addiction. Her psychiatrist pushed away any type of theory Khakpour might have about her bodily condition because he believed himself to have the power in the physician-patient relationship.

Many of Khakpour's early experiences with physicians in *Sick* are negative; however, Khakpour includes a few instances in which medical professionals empathized with her. The inclusion of positive experiences alongside the negative experiences provides a critique of medical authority but also a way to reform these practices. Khakpour's first, and possibly the best, experience with a doctor was when she blacked out at a hotel, and the paramedics took her to Howard, an African American university hospital. She remembers composing herself long enough to ask the female paramedic not to take her somewhere "racist" (Khakpour 128). At Howard, she had a doctor who was the first to really understand not only her illness but also her identity. When they wanted to give her Ativan, Khakpour refused the drug, and this ER doctor granted her request. Khakpour had been a drug addict in the past, and this physician did not want her to relapse by giving her medication that could trigger that addiction again. The ER doctor at Howard was also Muslim, and Khakpour and the physician were able to talk about their religious backgrounds. He understood her family background, drug history, and disease.

In contrast, other doctors disregarded her past drug abuse, negatively viewed her ethnicity, and discredited her diagnosis. Khakpour found her experience at Howard relieving and writes, “It was a godsend when someone would understand me in these moments. When someone would get that I’m a former addict” (Khakpour 128). She had been used to doctors ignoring these factors and perpetuating her sickness. This connection with her Howard ER doctor has a positive impact on her. Her physician understood the many layers that contributed to her physician-patient interactions. Her gender, race, and illness are all factors that had social impacts on Khakpour. However, this is one situation in which she had a doctor that took into account her illness and patient history and did not disregard her because of her Middle Eastern ethnicity or her gender.

Another positive relationship she establishes with a physician is with Firoozeh, a nurse practitioner who specializes in women’s health. Firoozeh is also Iranian, and her emphasis in women’s health made her more sympathetic to Khakpour’s journey to diagnosis. Khakpour felt a connection to Firoozeh because they are both Middle Eastern. Firoozeh is one of the only medical professionals who believed that Khakpour had something wrong with her body. Firoozeh even kept in contact with Khakpour after she moved to Leipzig with a boyfriend, and provided comfort for Khakpour in spite of the distance between them. This is important because Khakpour struggles with maintaining a support system, and Firoozeh was willing to maintain contact in order to help Khakpour heal. They share a connection because of ethnicity—an aspect of Khakpour’s character for which she typically has to create excuses. Firoozeh is also a woman, which, perhaps, made her less inclined to reject Khakpour’s symptoms and concerns.

Khakpour also had a positive experience with a nurse who made her remember that she held value as a patient and a person. Eventually, the psychiatrist at UCLA pushed Khakpour to admit herself to the psychiatric ward. While in the holding den of this ward, a young nurse approached Khakpour and helped her with her hair. This nurse helped Khakpour remember that she was a person who mattered. Khakpour can tell by the way this nurse speaks to her that she was not simply following the script that most medical professionals stick to. This nurse took the time to empathize with Khakpour and to understand her. Khakpour recalls this interaction:

But it was the first time I had broken through a bit, been offered a mirror image that finally made sense no matter how simple: a human who had a life. This is who I am. I thought, a real person, an achiever person, a person whose intelligence had driven her, not a train wreck, a child, a drama queen, a hypochondriac, a basket case. No one is just those things, and sometimes no one is those things at all. (Khakpour 182)

This young nurse made Khakpour realize that she deserved to be believed. In this case, Khakpour was no longer othered by a medical authority or even herself. Khakpour found comfort in the fact that this nurse reminded her that, above all else, she was a person. From a disability studies standpoint, this nurse understands that Khakpour's condition, whether it is physical or mental, did not solely define who Khakpour is as a person. Like the day nurses in *Girl, Interrupted*, this particular nurse took the time to empathize with Khakpour. Nurses and doctors in both of these memoirs seem to have different roles: doctors appear to have served as a means of diagnosis, and nurses were meant to care for the patients.

Khakpour's positive experiences illustrate that medicine can be humanizing and empathetic, but medical authority has to take the steps in order to better understand and sympathize with patients. Khakpour resists medical authority by including her better experiences with medical professionals. These positive instances prove that possessing medical authority does not need to entail discrediting the patient.

### **Personal Aversion Towards Illness**

Khakpour has some negativity towards illness and her disease, and the way she feels about her illness seems to have been shaped by cultural constructions of disability and illness. Khakpour's mindset towards illness and disability in her narrative shows a connection between how people with medical conditions are treated by those without such conditions. Khakpour's narrative also illustrates medical authority's role in perpetuating this treatment. Cultural constructions of disability and illness have an influence on how Khakpour sees illness in herself and others.<sup>6</sup> Khakpour also registers unhappiness with aspects of her illness. It worth noting that it is typical, even within disability studies, for individuals with illness or disability to register some unhappiness with certain aspects of a disability that have a functional impact on their lives—in addition to critiquing the social construction of disability.

The first instance in *Sick* in which Khakpour expresses discomfort with her illness appears in the prologue when she describes the embarrassment she felt when composing an email to her friends and family alerting them to her Lyme relapse.

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<sup>6</sup> In *Girl, Interrupted*, Susanna Kaysen faces her own instance of mental illness aversion after returning to the outside world. She does this in an attempt to distance herself from her older self that stayed at McLean because the outside world has begun to influence her concept of ableism and disability.

Khakpour begins her memoir by recollecting this moment of discomfort caused by the social construction of illness and . She describes her feeling as one of breaking herself down to write the email, which shows that it feels wrong or unnatural to her to ask for help (Khakpour 9). Khakpour has experienced many occurrences of gaslighting by others who have not accepted that she has a physical illness. Therefore, Khakpour has difficulty expressing her needs because other have doubted her in the past. Khakpour internalizes what others feel and have expressed, and she has adopted the attitude of medical authority.

Beginning her long aversion to publicizing her illness, she did not tell anyone about the tremors she experienced when she was a young girl. When her mother finally noticed, she simply believed Khakpour was writing too much, and this could be why Khakpour tried to keep her conditions secret (32). Perhaps she feared what she loves most, writing, would be taken away from her if she admitted that something could be wrong. Despite keeping her body secret, she felt special when she fainted at the age of thirteen: “It felt like an event to have a condition, especially since I was still months away from getting my period, the affliction that it seemed everyone I knew got to complain about” (Khakpour 35). She felt special because now there was something about her that was different that gave her attention.<sup>7</sup> However, it was a condition that also made her go to the doctor. Her relationship with medicine was already conflicted by this time, and her inconsistent attitude towards medicine can be attributed to immaturity and/or ignorance. However, it is notable that she felt left behind when she had not started her period.

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<sup>7</sup> In *Brain On Fire*, Susannah Cahalan tries to self diagnose her symptoms and she believes she has BPD. Cahalan finds it fashionable to have a condition that many celebrities have been diagnosed with. She romanticizes a serious condition that many have no control over. However, in both instances it is a sign of immaturity or lack of medical knowledge.

Menstruating seemed like a rite of passage to her. While she did not get to experience that aspect of coming of age, she instead had a condition that made her feel superior amongst other girls. In this sense “othering” is not a negative concept to Khakpour, and her celebration of her condition and conflicting attitude towards medicine varied because of her inability to understand medical authority. However, Khakpour did not go to the doctor after her initial fainting spell, she only treated the dizziness that led to fainting, and, therefore, she did not have to deal with medical authority again for a while. This could possibly be why it was easier for her to celebrate having a condition as a young girl.

When she got into her car accident, Khakpour sustained a fairly severe concussion and did not want to go to the hospital in order to get it checked out because she did not want to go through the motions of being treated by medical authority. She writes, “I was in denial about what indeed turned out to be a fairly severe concussion; all I wanted was to hold on to some sort of normalcy” (Khakpour 24). After experiencing disbelief time and again from medical professionals, she tried to avoid interacting with medicine, and even avoided the idea that something else could be wrong. She also had an aversion to anything that increased her otherness, including her illness. Early in life Khakpour already had many factors that socially set her apart from the norm of society: she is a woman, she is foreign, her country of origin (Iran) has a strained relationship with her country of residence (the United States), and she has Lyme disease. She craves normalcy because normalcy is a luxury she cannot commonly experience. Normalcy for Khakpour would constitute a life without doctors and medical tests, and the ability to exist without facing ethnic prejudice.

In college, she dated a young man, Cameron, whose mother was diagnosed with Lyme disease, and Khakpour recalls her feelings of discomfort when spending time with Cameron's mother. Cameron's mother, in his words, would do anything for attention, but Khakpour was not so sure. Repeatedly, his mother stated that doctors could do nothing to help her, and Khakpour was confused by the idea that modern doctors would not be able to help. Later, Khakpour tries to remember how she treated her boyfriend's mother, because she has come to realize that she now experiences a similar detachment from others. She writes,

I'd try very hard to recall my coldness to her over a decade later, my inability to channel full empathy, my distance from whatever it was that was happening to her that I felt so far away from, so I could understand better when it all got turned around on me. (Khakpour 58)

The idea of Cameron's mother's disease scared Khakpour enough that she did not know how to treat her. She had an aversion that can be interpreted as an aversion to illness. She grew suspicious of the mother's condition after questioning Cameron's belief in his mother. Khakpour's aversion to his mother reflects her own fears: she already had a fear of premature death, so it makes sense that she would not want to be reminded of death every time she saw Cameron's mother. This aversion, however, comes back to haunt her years later, when she is diagnosed with late stage Lyme disease.

Khakpour also finds discomfort in being labeled as "sick" (Khakpour 145). On one occasion, her boyfriend, Ryan, called her "sick," and it bothered her, although she knew she was in fact sick. She says it took her years to find peace in the fact that she has

something physiologically wrong with her. The label “sick” comes with its own set of clichés, and, she explains, “I had so many alienating identifiers that I had no room for this new one, I felt” (Khakpour 146). She understands that not being the societal picture of health brings social challenges and opens one to stereotyping. This is internalized ableism<sup>8</sup> she has learned from society’s expectations. Khakpour has internalized normative beliefs because medical authority has historically circulated them, and she projects these ideas onto herself. The cultural meanings attached to illness and disability typically characterize these disabled bodies as unable to perform, and Susan Wendell states:

Coming into the public world with illness, pain, or a devalued body, people encounter resistance to mixing the two worlds; the split is vividly revealed. Much of the experience of disability and illness goes underground, because there is no socially acceptable way of expressing it and having the physical and psychological experience acknowledged. Yet acknowledgment of this experience is exactly what is required for creating accessibility in the public world. The more a society regards disability as a private matter, and people with disabilities as belonging in the private sphere, the more disability it creates by failing to make the public sphere accessible to a wide range of people. (40)

By separating herself from illness, Khakpour detached herself further from that which makes her “other,” which is a behavior learned from medical authority. However, she eventually learned to accept illness and include herself in the public realm, and Wendell

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<sup>8</sup> Ableism “includes the idea that a person’s abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to nondisabled people” (Linton 9).

claims this action is necessary in order to make the public sphere more accessible to others with illness or disability. Khakpour's description of her own aversion to illness provides insight into the subjectivity of those who are ill but also participate in constructing and stigmatizing illness. *Sick* resists medicine by illustrating how rejecting the act of "othering" and accepting disability in the public sphere is necessary to many ill and disabled people finding self-acceptance.

A strange yet repetitive result of Khakpour being so ill, one that further complicates her feelings about her illness, is that when she is ill she changes somewhat in appearance, and people have mistaken her for a white woman. Some have not understood that she is Middle Eastern. She writes,

every time illness turns me white—thin and pale to the point where everyone congratulates me at my sickest as I transform to a white woman in appearance... Every part of me in illness became the white woman of their dreams. (Khakpour 129)

Others have associated her sickness with beauty, because her illness has transformed her into the conventional definition of beauty as imposed by Western society. She was congratulated for being near death solely because she resembled racial norms. In some sense, her ethnicity is as stigmatizing as her illness. Khakpour mentions seeing the blonde, white people in her California hometown, and she has always known she will never be like them. Her non-white, Iranian body does not appeal to society's standards until the times when Khakpour's body starts to give out, making her look like the normative view of societal beauty in America.

Khakpour's internalized aversion to illness pushes her to view health in connection to beauty. When her health was at her lowest, she continued to get her hair done and attempted to do her makeup. Even with her efforts, Khakpour still did not feel beautiful. Khakpour says, "But I would be beautiful again, I would care, and I would like it, I told myself" (218). Beauty is subjective, and she associates beauty with health. This is an interesting concept because that would then mean that she associates sickness with ugliness or unattractiveness. However, she associates health with beauty because the idea of good health is the most enticing notion she can look forward to. Also, beauty and femininity are associated with women. Whether it is what makes them more feminine or appealing, sometimes beauty is a defining aspect for women, and beauty, to Khakpour, is health. This could possibly be another internalized attitude towards illness and disability learned through the systematic assertion of medical authority.

### **Alternative Support**

Porochista Khakpour struggled to find a support system within her family, and this is possibly because they could not fathom or understand her illness. Because of this misunderstanding they alienated her from what should be the private realm of her life—the private realm typically being where individuals with disability or illness are kept (Wendell 40). While her family struggled to stand behind her sometimes when things went wrong in her life, her mother even admitted that her daughter's life in Chicago was killing her: "But I know for sure she was sick" (Khakpour 80). This was one of the only times her mother fully accepted or acknowledged that her daughter has a physical illness. Khakpour's family did not provide support, just as her doctors and society at large did not

provide support. Khakpour acknowledges that she has not told her parents' entire story, nor does she include in *Sick* "some of the less forgivable ways they dealt with my illness" (Khakpour 81).

Instead of depending on family, Khakpour sought to depend on friends at many different times of her life. Sometimes those friends slipped away because she moved on to another place. At other times, they could not handle the uncertainty of her illness and they left on their own. Khakpour's illness did not register as a disability to some of her friends because she did not have the physical indicators of a disability. As Susan Wendell has written, those with chronic illnesses often have to remind others that they have a disability, which can "other" them even more from the nondisabled (21).

One factor that leads Khakpour to feel unsupported relates to the disbelief others convey about her illness.. Khakpour writes,

And the deal with so many chronic illnesses is that most people won't want to believe you. They will tell you that you look great, that it might be in your head only, that it is likely stress, that everything will be okay. None of those are the right things to say to someone whose entire existence is a fairly consistent torture of the body and mind. They say it because they are well-intentioned usually, and because you make them uncomfortable. (Khakpour 82)

Khakpour knows first hand how an aversion to illness feels, both as an ill person and as someone who has experienced that aversion. Her aversion to Cameron's mother is similar to what she experienced later on with family, friends, doctors, and strangers.

Even though her parents do not treat her the way she expected or hoped to be treated, Khakpour theorizes that they acted the way that they did because this is not the life they imagined for her. While she cannot completely defend them, she does not completely condemn her parents in her illness narrative. She does, however, advocate for finding community, or alternative treatment to mainstream medicine, that can support individuals with disabilities or illnesses. This alternative source of support is one way this narrative fits into the alternative pathography type. Khakpour admits there are other ways to meet individual needs than through mainstream medicine. By including her experiences with finding a support system, Khakpour provides a critique of nondisabled people with the intention of educating others on how to address or even assist those with disability.

Several elements of Khakpour's identity alienate her from other people. She felt alone in many different stages of her life, and it is hard to pinpoint one component of her identity that has separated her the most. She has Lyme disease, comes from an immigrant family, is Middle Eastern, and is a woman. Khakpour has experienced loneliness despite the fact that she describes having had several romantic relationships throughout this narrative. But the relationships she includes in her memoir are with men who seek to cure her, extending medical authority to her romantic life.

The concern she receives from others is not always for her health as a whole but for gendered, superficial reasons as well. For instance, her car accident left her face scarred. This did not bother Khakpour as much as it bothered her mother and her

attorney. The attorney's entire case<sup>9</sup> was primarily centered on the idea that she was a woman of "marrying age" whose face was now heavily scarred (Khakpour 99). The major concern these individuals had was for her physical appearance rather than the fact that her life and health were in major jeopardy. The inclusion of this car accident provides insight into what others prioritize in the public sphere. Khakpour suffered serious injuries from the car accident, and yet her mother and attorney only focused on what was relevant to the gendered expectation of marriage.

Many of the men she has had relationships with claimed they would heal her, but none of these men were doctors. Khakpour describes how she is attracted to the notion that someone wants to take care of her, and this can be attributed to her lack of a solid and stable support system. She explains, "So many men had tried to fix me; so many men were convinced they could help" (Khakpour 201). She admits that the idea of being fixed by someone who is supposed to love her is quite appealing to her. Khakpour is attracted to caretakers; however, these men represent another form of patriarchal medical authority. Many of them will convince her to try foods, natural remedies, and use other methods to try and cure her, believing that they had the authority and ability to do so.

Carl is the last partner Khakpour mentions in the narrative. His wife died before the two of them met, and his caretaker status appealed to Khakpour most. An incident with Carl made Khakpour realize the root of her problems in romantic relationships. She went to the ER and could not get Carl to answer his phone. When he finally replied, Carl told her that he cannot be with her, because he had already seen so much illness with his

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<sup>9</sup> Khakpour does not specify who this case is against; she only includes that it results from her car accident.

wife, and he could not go through the pain of loss again. Khakpour finally realized that all of her relationships had uncanny similarities: “They all had two things in common: they were the wrong partners and our relationships had everything to do with their relationship to my illness” (Khakpour 237). None of her relationships were centered on things like compatibility and emotion. Instead, her relationships are typically focused on fixing or curing her, and she depended on men who wanted her dependency. These partners represent another kind of patriarchal authority that tried to control her health.

## **Conclusion**

In Porochista Khakpour’s medical memoir *Sick*, she breaks down the elements of having a chronic disease and the difficulties in finding a diagnosis. Khakpour struggled for years with addiction, doctors, and an unstable support system. However, she found stability in the end with a diagnosis and an understanding of her own narrative. As a child, her family told stories as a means to survive their immigration to the United States. Now, she writes this memoir as a means to survive her illness and othering. This memoir is a means of understanding the things she went through and where she is now. Khakpour has many alienating factors working against her: ethnicity, gender, illness. However, this book shows her journey to finding her own place in this world with her identity. Khakpour struggled with the idea of illness and death, and did not understand illness or those who had disabilities until she herself was diagnosed with Lyme disease. Similarly, *Sick* provides insight into the life of a woman with an illness and how she normalizes illness for herself. It took her many years to find a diagnosis, due to the disbelief and pride of medical authority. Khakpour still experiences physicians who do not believe her

or will not work with her, but she now has a way of handling those situations due to the insight gained through her negative experiences.

*Sick* provides both positive and negative experiences in relation to medical authority as a critique to modern medicine and also for how those with disability are viewed and treated. Like *Girl, Interrupted*, this memoir could be used in narrative medicine to help educate medical professionals on how to work with patients and improve patient care. By including both positive and negative experiences with medical authority, Khakpour provides a comparison that individuals studying narrative medicine can use in order to define what constitutes a positive patient and physician relationship.

## Conclusion

For over a century, medicine has excluded women from medical research as well as other aspects of the public sphere. By writing personal medical narratives, women have resisted traditional medical authority and have taken their stories back into their own hands. Susanna Kaysen was only eighteen years old when she was institutionalized for a condition she is not convinced she actually had. It took many years for Porochista Khakpour to finally get diagnosed with Lyme disease and then even more time for her to cope with the concept of being sick. Both women have different stories and realities, but both experienced disempowerment at the hand of medical authority. Because they are women, most of what they said or believed about their own conditions and bodies was discredited by physicians who believed they had the power to do so. Kaysen and Khakpour both experienced the loneliness that can accompany disability in a society that others the disabled. Kaysen was isolated from the outside world at McLean, and Khakpour has had to live in a world that does not know how to deal with her illness. Both pathographies also show that those with disabilities—physical or mental—are still people. While the disabled may not experience life in the same way as the nondisabled, they are entitled to live full lives just like everyone else; they just may require accommodations to do so. *Girl, Interrupted* normalizes mental illness by portraying the other patients in Kaysen's ward in a nonexploitative way. *Sick* is more of a journey for Khakpour, and her memoir follows her on the way to learning how to normalize illness within her own mind; this shift in mindset helps to normalize physical illness for her readers. Understanding that illness and mental illness do not define human beings is an important concept that both memoirs stress. For each of these illness narratives, the

primary message is for physicians, the nondisabled, and those not educated about disability who can learn to understand the commonalities as well as the normalities of those with physical and mental disabilities.

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