



“Most women do not creep by daylight”¹



Defining Female Madness in Shirley Jackson’s *The Bird’s Nest*, *The Haunting of Hill House* and *We Have Always Lived in the Castle*



Picture of Shirley Jackson, taken April 16, 1951

Bachelor Thesis
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¹ Charlotte Perkins Gilman, *The Yellow Wallpaper and Selected Writings* (London: Virago, 2009), 19.

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Abstract

This study examines the image of female madness as defined by Shirley Jackson in her three last novels: *The Bird's Nest* (1954), *The Haunting of Hill House* (1959), and *We Have Always Lived in the Castle* (1962). By looking at how the three main characters behave differently from the characters around them and consequently how this behaviour is categorised, a unified image of literary madness is constructed as being a combination of childish and violent behaviour to which women are more inclined to succumb. This image of madness is subsequently compared to 'classical' and 'popular' depictions and opinions on madness and questioned in connection to modern (philosophical) definitions of mental illness. The results of this study show that Jackson on the one hand perpetuates old-fashioned ideas about madness through her choice of story content and female main characters, yet on the other hand she criticises this madness by having the male doctors and family members fail to suppress the women completely. However, this duality is rather consistent throughout the three novels and, arguably, creates a unified definition of madness in and of itself.

Key Words: Shirley Jackson, Madness, *We Have Always Lived in the Castle*, *The Haunting of Hill House*, *The Bird's Nest*

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Introduction

Despite the overwhelming success of her short story “The Lottery” (1948), Shirley Jackson suffered “critical neglect and misreading”² during her lifetime. However, after her death, Jackson has increasingly gotten more popular and critical attention. Her status now is that of a frequently studied 20th-century author of American gothic fiction with an extensive body of work which has yet “failed to cohere into a consistent textual matrix that the critical industry can grind through its conceptual, cultural, and analytical apparatus.”³ This difficulty of defining Shirley Jackson’s repertoire, however, hasn’t stopped readers and academics alike from trying. As Jonathan Lethem writes in the introduction to the 2006 edition of *We Have Always Lived in the Castle*, Shirley Jackson is “both perpetually underrated and persistently mischaracterised as a writer of upscale horror.”⁴

In light of her own context and deteriorating mental health, Jackson’s work has been identified as either preoccupied with female “entrapment”⁵ or as “housewife humour”⁶, as “popular”⁷ or as “women’s writing.”⁸ While on the one hand this means that she is no longer underappreciated, on the other hand her work is being analysed in light of a set of very specific, and personal, themes. To study Shirley Jackson’s work is, apparently, to study Shirley Jackson herself and the main characters she writes about are supposed to be “split versions of herself,”⁹ allowing Jackson to study her own personal psychology through fiction.¹⁰

These readings are not necessarily wrong, given the proof of Jackson’s own mental state as illustrated by the last recorded entry in her diary: “Only way out is writing please god help me please help me and do not show to anyone do not show to anyone someday please god help me do not show to anyone because locked.”¹¹ In addition to this written proof, biographer Ruth Franklin also stresses that Shirley did not have an easy life. From early on her mother had

² Ruth Franklin, *Shirley Jackson: A Rather Haunted Life* (New York: Liveright Publishing Corporation, 2016), 9.

³ Eric Savoy, “Between *as if* and *is*: On Shirley Jackson,” *Women’s Studies* 46, no. 8 (2017): 827-844, <https://doi-org.ru.idm.oclc.org/10.1080/00497878.2017.1392797>.

⁴ Jonathan Lethem, introduction to *We Have Always Lived in the Castle* (New York: Penguin Books Ltd., 2006), vii.

⁵ Darryl Hattenhauer, *Shirley Jackson’s American Gothic* (Albany: State University of New York Press, 2003), 5.

⁶ Tricia Lootens, “Review of *Shirley Jackson: A Study of the Short Fiction* by Joan Wylie Hall,” *South Atlantic Review* 59, no. 1 (1994): 160-162, <https://www.jstor.org/stable/3200963>.

⁷ Lootens, “Review of *Shirley Jackson: A Study of the Short Fiction* by Joan Wylie Hall,” 160.

⁸ Lootens, 160.

⁹ Franklin, *Shirley Jackson: A Rather Haunted Life*, 134.

¹⁰ Angela Hague, “‘A Faithful Anatomy of Our Times’: Reassessing Shirley Jackson,” *Frontiers* 26, no. 2 (2005): pp. 73-96, <https://www-jstor-org.ru.idm.oclc.org/stable/4137397>.

¹¹ Quoted in Dianna Wallace and Andrew Smith, *The Female Gothic: New Directions* (Basingstoke: Palgrave Macmillan, 2009), 164, <https://link-springer-com.ru.idm.oclc.org/content/pdf/10.1057%2F9780230245457.pdf>

certain standards for Shirley which she could not and would not live up to, something which expressed itself in her books, many of which “include acts of matricide, either unconscious or deliberate.”¹² None of the three novels discussed in this thesis contain parental figures, but the absence of the mother is emphasised the most and becomes “a haunting presence that bears directly on the daughter’s difficult struggle to achieve selfhood as well as to express her unacknowledged rage or her sense of precariousness in the world.”¹³

Consequently, identity and (split) sense of self became one of the subjects Jackson explored extensively in her work, finding inspiration in her own experience as daughter and especially as a housemother. According to her biographer Franklin, Stanley Hyman, her husband, was not a sympathetic man, his criticism and infidelity partly responsible for her “fear of losing her sense of self,”¹⁴ something she expressed through her fiction and arguably helped cause her depression. As Rubenstein summarises: “In all of Jackson’s novels, a woman’s troubled relation to her mother (whether alive or dead) and/or to a house or to “home” produces anxieties about the world that coincide with a central element in Female Gothic narratives, “fear of self.”¹⁵ Jackson’s long history of being criticised and criticising herself led to an innate sense of dissatisfaction with herself which we find again and again in her novels.

Yet the plentiful research on (female) madness combined with Jackson’s own mental background has resulted in a theoretical framework which critics use over and over to analyse her work, creating similar readings of how “Jackson’s difficult life and neurotic psychology determined the content and style of her stories.”¹⁶ Although it is very likely that Jackson *did* use her fiction to give the reader a glimpse into the nature of her own sense of psychological distress and maybe even to better understand it herself, to read it exclusively from this specific perspective would create a limited interpretation. Jackson even openly opposed some obvious readings of her work, stating, for example, that she did not agree with “the caption ‘psychological horror story.’”¹⁷

This quick overgeneralisation of the meaning behind Jackson’s work and the (considerable) desire to fit her writing into a mould leaves the many different story layers somewhat unanalysed. Eager to get to the ‘hidden meaning’ behind the medium, the form is

¹² Ruth Franklin, *Shirley Jackson: A Rather Haunted Life*, 25.

¹³ Roberta Rubenstein, “House Mothers and Haunted Daughters: Shirley Jackson and Female Gothic.” *Tulsa Studies in Women’s Literature* 15, no. 2 (1996): 309-331, <https://www-jstor-org.bathspa.idm.oclc.org/stable/464139>

¹⁴ Franklin, *Shirley Jackson: A Rather Haunted Life*, 409.

¹⁵ Rubenstein, “House Mothers and Haunted Daughters: Shirley Jackson and Female Gothic,” 309-331.

¹⁶ Stephanie Branson, “Review of *Shirley Jackson’s American Gothic* by Darryl Hattenhauer,” *Tulsa Studies in Women’s Literature* 22, no. 2 (2003): 416-417, <https://www-jstor-org.ru.idm.oclc.org/stable/20059162>, 416.

¹⁷ Franklin, *Shirley Jackson: A Rather Haunted Life*, 336.

often overlooked. Joan Wylie Hall even goes as far as stating that all of Jackson's stories contain the same "features of a typical Shirley Jackson story: the besieged female protagonist, the initial uneasiness that grows to desperation, the presence of doubles, the impact of the outsider, and the calm, third-person narrative voice."¹⁸ Yet she fails to elaborate any further on the interpretational influence of this representation on the reader. It may well be true that there are many similarities between the (madness of the) main characters in Jackson's novels, but these are far from trivial. As stated by Michael Lockett, who is an advocate of close reading: "[I]t is important to realise that [...] themes do not spontaneously appear. They are produced by the art itself."¹⁹ Terry Eagleton is similarly supportive of paying close attention to the literariness of the text when he notes that "Literary works [...] demand a peculiar vigilant kind of reading, one which is alert to [...] everything that comes under the heading of 'form'."²⁰ Both Lockett and Eagleton believe that the 'literariness' of a story is just as important in deciphering meaning as (cultural) context.

In Jackson's case, whether it was a conscious choice or an unconscious result, by writing about female madness she gives the condition a voice entirely of its own. Despite the influence her own experiences might have had, Jackson's representation of madness can be read as separate from this context as well. Roland Barthes argues for this separation of the author and his/her work. He states that "[l]iterature is [...] the trap where all identity is lost, beginning with the very identity of the body that writes."²¹ He stresses that it is the reader who assigns meaning to a text by reading it from a certain personal point of view, not the author. Looking at Jackson's texts from this perspective, it can be argued that, despite what Jackson might have wanted to convey through her representations of madness, readers interpret the texts in their own way. Consequently, to readers who have never encountered (female) madness before, Jackson's representation of madness could become the automatic norm they will use to define mental illness. The question discussed in this paper will thus be:

How is female madness defined through Shirley Jackson's different representations of the female main character in three of her novels, namely *The Bird's Nest* (1954), *The Haunting of Hill House* (1959) and *We Have Always Lived in the Castle* (1962)?

¹⁸ Joan Wylie Hall, *Shirley Jackson: A Study of the Short Fiction* (New York: Twayne, 1993), 29.

¹⁹ Michael Lockett, "Close Reading: A synergistic Approach to the (Post)Modern Divide," *Changing English, Studies in Culture and Education* 17, no. 4 (2010): 399-409, <https://doi-org.ru.idm.oclc.org/10.1080/1358684X.2010.528874>.

²⁰ Terry Eagleton, *How to Read Literature* (New Haven: Yale University Press, 2013), 2.

²¹ Roland Barthes, "The Death of the Author," accessed May 23 2019, www.tbook.constantvzw.org/wp-content/death_authorbarthes.pdf

To answer this question, this thesis will present a close reading of Jackson's three last novels, looking at the textual aspects of the creation of the image of madness. This thesis will be made up of an introduction, three chapters, and a conclusion.

In the first chapter I will discuss the term 'madness' and its elusive meaning. I will look at a few early (attempts at) definitions and discuss some more modern insights in order to answer the question of how to define madness – if this is even possible at all. This chapter will provide a theoretical basis from which to analyse Jackson's work.

In the second chapter I will use the insights from chapter one to help give a brief historical overview of female madness in literature from medieval times until the time Jackson wrote her novels. This will allow me to see how, until Jackson, madness has (typically) been depicted in some well-known works as well as the generalised public opinion and consequently provide some subjects of comparison. It will also make it possible to see how Jackson fits within this 'genre' of stories that discusses madness.

The third chapter will focus on the close reading of the three novels. In order to do this I will look closely at the actions of the three main characters which are considered to be abnormal by the characters around them. I will also look closely at the outer and inner dialogue of these characters and those around them to see how the main characters' mad behaviour is evaluated by themselves and those around them. Ideally, I will end up with an overview of characteristics of madness as described by Jackson.

In the conclusion I will briefly connect Jackson's representations to other literary representations of madness to see in how far Jackson uses the "traditional iconography of madness as it has been established over the centuries in Western culture," where the mad "are typically seen as wise fools, as dangerous villains or as gifted geniuses."²² I will also look back at my thesis question and determine what kind of definition Jackson gives of madness through her three literary representations.

²² Susanne Rohr, "Screening Madness in American Culture," *Journal of Medical Humanities* 36, no. 3 (2015): 231-240, <https://link-springer-com.ru.idm.oclc.org/article/10.1007%2Fs10912-014-9287-3>.

Chapter One – Defining Madness

Since medieval times people have tried to understand, and consequently define, (female) madness, not only in a medical sense but in psychological, philosophical, socioeconomical, and cultural sense as well.²³ As a result, countless factual works have been written on the subject, the most famous of which were probably Sigmund Freud's *Studien über Hysterie* (English: *Studies on Hysteria*, first published in 1895 together with physician Joseph Breuer) and Michel Foucault's *Folie et Dérailson: Histoire de la folie à l'âge classique* (English: *Madness and Civilization: A History of Insanity in the Age of Reason*, first published in 1961). Yet what this wide variety of discussions has failed to deliver is an unanimous definition of mental illness. As Leigh Ann Craig notes in her evaluation of various textual analyses dealing with madness in the Middle Ages: ““Madness” can connote a social or legal status, a descriptor of bodily function, a behavioural or interactive pattern, a subjective perceptual experience, an ethical judgment, or some combination of these.”²⁴ The term was assigned to anyone deviant from the norm, which is – by definition – a singular concept, causing madness to be defined more by what it was *not* than by what it was.

The subsequent abundance of patchwork-definitions of madness was adopted into literature as well, yet while in reality the idea of madness remained difficult to come to terms with, authors have managed to define madness in various ways through their writing. Although medical professionals have certainly attempted the very same thing, authors and doctors differ in a fundamental way: authors have the privilege of – at least a certain amount of – creative freedom. The author is not constrained by the same (factual) biological and psychological boundaries as the doctor when observing and describing the mental symptoms of a patient. Regardless of how doctors choose to interpret the symptoms, the patient will act the way he/she wants. The author, on the other hand, literally dictates his/her patient's every move. Authors can shape their characters exactly into what they want them to be, assigning meaning to their madness and reason to their unreason, hereby in a sense contradicting the very concept of madness.

Yet when members of the medical profession take note of these literary representations of mental illness to aid them in their attempts to understand the actual manifestation, they tend to lose sight of the fact that there is a significant difference between the fictitious representation

²³ Leigh Ann Craig, “The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,” *History Compass* 12, no. 9 (2014): 729-744. doi: 10.1111/hic3.12187.

²⁴ Craig, “The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,” 731.

and the lived experience.²⁵ Literary madness can thus be argued to differ crucially from real-life madness and to be inadequate to analyse the actual illness. Elaine Showalter, for example, identifies “three major Romantic images of the madwoman: the suicidal Ophelia, the sentimental Crazy Jane, and the violent Lucia.”²⁶ Unsurprisingly, all three of these images have been devised by male authors: William Shakespeare, Matthew Lewis, and Sir Walter Scott respectively. In an attempt to understand the female irrational behaviour, they wrote it into something they *could* understand: the docile and harmless mad widow, or the over-sexual and violent feminist. Consequently, these images were used in psychological accounts of real mental patients, thereby grounding this subdivision as an accepted categorisation of female madness.²⁷

Nowadays these depictions are considered extremely misogynistic in their simplistic overgeneralisation and terms such as ‘madwoman’, ‘crazy’, and ‘insane’ are generally avoided. As the *Oxford Advanced Learner’s Dictionary* specifies: “[Mad and crazy are] offensive if used to describe somebody suffering from a real mental illness.” In the course of history, these terms have lost their association with mental health and have become more of a (negative) value concept than an actual biological state of being. It is therefore not strange that the *Longman Dictionary of Contemporary English* gives the definition of ‘madness’ as being a “serious mental illness” as the second option, not the first, which the *Oxford Dictionary* points out to be “old-fashioned” as well. It can thus be said that the negative connotations associated with the term receive more emphasis in colloquial use, while its (previous) psychological use is carefully downplayed.

Yet ‘madness’ is still an often-used term despite its negative evaluative nature and this is understandable. The idea of madness as an illness, and thus something inherently negative, has been deeply ingrained into the human brain. It has been perpetuated by both literature and societal behaviour towards those suffering from it and the fact remains that some forms of mental illness are undeniably harmful (and thus negative) for the patient and those around him/her.²⁸ However, that is exactly the point. Madness, at least until now, was not defined by how harmful it was, but by how it differed from the norm and “almost any deviance from what

²⁵ Craig, 732.

²⁶ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830 – 1980* (New York: Pantheon Books, 1985), 10.

²⁷ Showalter, *The Female Malady, Women, Madness, and English Culture, 1830 – 1980*, 90.

²⁸ Bengt Brülde, “Mental Disorder and Values,” *Philosophy, Psychiatry, & Psychology* 14, no. 2 (2007): 93-102, <http://muse.jhu.edu.ru.idm.oclc.org/article/239166>

is taken as normal behaviour can be counted as a symptom of a mental disorder,”²⁹ including all those deviations which are now predominantly regarded as positive.³⁰

One could argue that ‘the majority rules’ in this case, as would be suggested by the *Oxford Advanced Learners Dictionary*, which defines the ‘norm’ as “standards of behaviour that are typical of or accepted within a particular group of society.” However, this argumentation would only work between (and within) groups of considerable size (difference) and be ineffective in any other situation. If in a group of three people, two are mad and thus display deviant behaviour, they would nevertheless be ‘the norm’ and therefore the ‘standard of behaviour’. In a larger group this might seem to be less of an issue, since the chance that the majority is mad is significantly smaller. Yet the lack of an obvious majority does not exclude the option of comparison. To take a quote from *Alice in Wonderland* by Lewis Carroll: “Well, then,” the Cat went on, “you see a dog growls when it’s angry, and wags its tail when it’s pleased. Now *I* growl when I’m pleased, and wag my tail when I’m angry. Therefore I’m mad.”³¹ Here the cat’s reasoning is similar to that of humans: seeing difference between himself and someone else he concludes that one of the two must be mad, basing its argument on perspective only and ignoring the biological fact that they are entirely different species.

Views on the definition of madness still vary greatly and even philosophers and psychiatrists cannot come up with a much better explanation, mainly since it is only recently that they have started to re-evaluate how exactly they should define madness.³² The lack of a unified definition allows for every individual to have more or less his/her own set of defining characteristics, explaining why literary definitions tend to differ and why readers might be influenced by fictitious representations. They have no ‘norm’ to hold it against.

Some Definitions

Yet somehow we tend to know when a fictitious character – or real person for that matter – is mad and when not, proving that apparently we do have some sort of standard. These standards are what is relied on in modern psychiatric manuals such as the widely used *Diagnostic and*

²⁹ Jukka Varelius, “Defining Mental Disorder in Terms of Our Goals for Demarcating Mental Disorder,” *Philosophy, Psychiatry, & Psychology* 16, no. 1 (2009): 35-52, <http://muse.jhu.edu.ru.idm.oclc.org/article/316645>

³⁰ Steffen Moritz, Liz Rietschel, Ruth Veckenstedt, Francesca Bohn, Brooke C. Schneider, Tania M. Lincoln and Anne Karow, “The other side of “madness”: frequencies of positive and ambivalent attitudes towards prominent positive symptoms in psychosis,” *Psychosis* 7, no. 1 (2013): 14-24, <http://dx.doi.org/10.1080/17522439.2013.865137>.

³¹ Lewis Carroll, *Alice’s Adventures in Wonderland* (Chicago: Volume One Publishing, 1998), https://www.adobe.com/be_en/active-use/pdf/Alice_in_Wonderland.pdf, 91.

³² Varelius, “Defining Mental Disorders in Terms of Our Goals for Demarcating Mental Disorder,” 35.

Statistical Manual of Mental Disorders known as the *DSM-5* (published by the American Psychiatric Association),³³ or the European Equivalent *International Classification of Diseases and Related Health Problems* known as *ICD-11* (published by the World Health Organisation).³⁴ These manuals provide lists of symptoms which doctors, psychiatrists and even ordinary citizens can use to classify (their own) illness. Yet despite the apparent ease of categorisation these manuals provide, numerous psychologists tend to turn away from this habit of ‘labelling’ symptoms, believing it to create a kind of tunnel vision in which the psychologist is blinded from identifying other factors affecting the patient.³⁵ As Christopher McKnight expresses, “philosophy is essential to medicine,”³⁶ especially concerning illnesses which are not biologically identifiable. Various contemporary psychologists have thus turned to less straightforward definitions of mental illness.

One of the earlier attempts at a definition was formed by Robert D. Laing, who establishes ‘mad’ as having to do with an overwhelming sense of isolation, describing it as:

“refer[ring] to an individual the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself 'together with' others or 'at home in' the world, but, on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on.”³⁷

Although this is an explanation more related to schizophrenia specifically and not madness as a whole, Laing attempts to make madness, and the process of going mad, more comprehensible. Despite this attempt, however, he declares in the preface to his work that psychiatry is just as much a man-made construct as ‘madness’.³⁸

³³ “Diagnostic and Statistical Manual of Mental Disorders (DSM–5),” accessed May 26, 2019, <https://www.psychiatry.org/psychiatrists/practice/dsm>.

³⁴ “ICD-11 for Mortality and Morbidity Statistics,” last modified April, 2019, <https://icd.who.int/browse11/l-m/en>

³⁵ Steven N. Shapse, “The Diagnostic and Statistical Manual of Mental Disorders,” last modified 2008, <http://shapse.com/articles/dsm.pdf>.

³⁶ Christopher McKnight, “On Defining Illness,” *Journal of Applied Philosophy* 15, no. 2 (1998): 195-198, <https://onlinelibrary-wiley-com.ru.idm.oclc.org/doi/epdf/10.1111/1468-5930.00086>.

³⁷ Ronald D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (Oxford: Penguin Books, 1965), 17, [http://centrebombe.org/Ronald.D.Laing-The.Divided.Self.\(1960\).pdf](http://centrebombe.org/Ronald.D.Laing-The.Divided.Self.(1960).pdf).

³⁸ Laing, *The Divided Self: An Existential Study in Sanity and Madness*, 12.

In a paper he published in 1992, J.C. Wakefield continues this trend of incorporating philosophy in psychiatry and defines mental disorder as “harmful dysfunction.”³⁹ It can hardly be denied that madness usually involves some kind of harm to the individual who has the illness. Stephen Wilkinson supports this notion, stating that “we have a *prima facie* reason for believing that a condition is a disorder if it is a state of persons which causes them to be harmed (e.g., through death or pain).”⁴⁰ Wakefield and Wilkinson hereby both exclude those deviations from the norm which are regarded as positive either by the patient or society, but at the same time they help establish madness as a value concept, making it unmeasurable due to the subjectivity surrounding harmless (‘good’) and harmful (‘bad’).

B. Brülde challenges Wakefield’s and Wilkinson’s use of ‘harmful’ as defining concept and discusses the ambiguity surrounding the term, asking whether harmfulness is even necessary in explaining mental illness. Although he does concede that a definition based on the necessity of harm in mental disorder gives us an easier method of categorising the illness, he also states that:

“There are at least three kinds of evaluations [...] that might be of relevance when we want to determine whether a certain condition should be regarded as a mental disorder: (a) Judgments about what is bad or harmful for the individual who has the condition; (b) judgments about what is bad or harmful for others; and (c) judgments about abnormal functioning on the holistic level, e.g., the idea that the person's behaviour deviates from some standard of good or normal functioning.”⁴¹

Brülde thus calls for a proper definition of the term ‘harmful,’ separate from “any particular perspective,”⁴² before it is used in context. Yet in using the terms ‘bad’ and ‘harmful’ extensively himself he somewhat undermines the effect of his own argumentation.

Jukka Varelius completely opposes this definition of madness and in a sense continues what Brülde tried to start by stating that “[t]he mentally ill can be dangerous and harmful more often than mentally healthy persons but, although that legitimately raises our concern,

³⁹ J. C. Wakefield, “The concept of mental disorder. On the boundary between biological facts and social values,” *American Psychologist* 47, no. 3 (1992): 373-388, doi: 10.1037/0003-066X.47.3.373.

⁴⁰ Stephen Wilkinson, “Is ‘normal grief’ a mental disorder?” *The Philosophical Quarterly* 50, no. 200 (2000): 289-304, <https://doi-org.ru.idm.oclc.org/10.1111/j.0031-8094.2000.00186.x>.

⁴¹ Bengt Brülde, “Mental Disorder and Values,” *Philosophy, Psychiatry, & Psychology* 14, no. 2 (2007): 93-102, <http://muse.jhu.edu.ru.idm.oclc.org/article/239166>

⁴² Brülde, “Mental Disorder and Values,” 101.

dangerousness and harmfulness are not necessarily connected to mental illness.”⁴³ He argues that someone is mentally ill when their autonomy is diminished as compared with that of a typical member of our species, disregarding the idea of ‘harmfulness’ in favour of the arguably less evaluative term ‘function’.⁴⁴ He is supported in his view by K.W.M. Fulford, who maintains that “mental disorder means incapability to engage in one’s ‘everyday doings’ owing to a breakdown in one’s ‘machinery of action’.”⁴⁵ Yet McKnight opposes this idea, arguing that to define mental illness solely by looking at ‘incapability’ would suggest that anyone suffering from mental illness but not hindered in their ‘everyday doings’ is not ill.⁴⁶

In addition to these medical approaches, Susanne Rohr provides a more cultural view on madness, providing three dominant ideas of mental illness as developed and exploited in numerous instances of Western culture:

“1. The mad seen as benign, as “wise fools” embodying some kind of wisdom or deep knowledge about eternal human truths. [...] 2. In the contrary perspective, the insane are seen as wayward, animal-like savages, as ferocious, given to violence, or possessed by evil spirits. 3. Madness has also been associated with certain special mental talents, above all a heightened creativity or clairvoyance. Hence concepts like the mad genius as expressed, for example, in the form of the brilliant mad scientist or the ingenious mad artist.”⁴⁷

Although arguably less biological, these stereotypes are a big part in (general) popular opinion on mental illness because of the widespread reach they have through popular media.

These wide-ranging views illustrate the discussion still going on today, showing the difficulty of defining mental illness. What they all seem to agree on, however, is that madness is a negative concept which is not only categorising but condemning as well. In the next chapter I will study the view on madness from medieval times to modernity. In order to do this I will give a concise overview of madness (in literature) and the most prevalent methods of treatment during certain broader time periods.

⁴³ Varelius, “Defining Mental Disorders in Terms of Our Goals for Demarcating Mental Disorder,” 38.

⁴⁴ Varelius, 49.

⁴⁵ K.W.M. Fulford, “Teleology without Tears: Naturalism, Neo-Naturalism, and Evaluationism in the Analysis of Function Statements in Biology (and a Bet on the Twenty-first Century),” *Philosophy, Psychiatry, & Psychology* 7, no. 1 (2000): 77-94, <https://muse.jhu.edu/article/28330>.

⁴⁶ McKnight, “On Defining Illness,” 195.

⁴⁷ Rohr, “Screening Madness in American Culture,” 233.

Chapter Two – A (Literary) Timeline of Madness

From medieval texts onwards real-life fools and monsters were romanticised, ridiculed and marginalised. They were represented in the way that people *wanted* to see them instead of the way they actually were. Michel Foucault argues that this was a deep-rooted need for exclusion in society. It was a human need for the “Other” to identify the “Self” against.⁴⁸ Madmen were therefore banished from their cities in, what Foucault calls, Ships of Fools.⁴⁹ Whether these ships were actually real or fictitious is a point of debate, but the ambiguity they symbolise is inevitable. Madmen were left to wander the circumference of civilisation, drifting at the edge of humanity literally and figuratively. They were not quite different and not quite similar, but a chilling reminder of what man could be.⁵⁰

Despite the fact that madness as ‘otherness’ appears to have been a constant through history, literary representations of madness seem to have changed substantially over the hundreds of years it has been a topic of discussion. From the early Medieval fool as subliminal messenger to the Victorian ‘Madwoman in the Attic,’ the representation of madness, like the treatment of it, appears to have gone through a range of different stadia.

Medieval Times

Unlike what one may think, asylums only really became common at the end of the Renaissance. During the Middle Ages people were mostly cared for by the community, yet according to Leigh Ann Craig this did not mean that lunatics were tolerated.⁵¹ Foucault supports her in this view, arguing that, like those suffering from leprosy before them, the mad were shunned from society.⁵² A significant legal step was the passing of statutes stating that anyone mentally unfit to own land would have to hand their property over to the king.⁵³ This way the mad became not only psychological wanderers, but physical wanderers as well. Like the symbol of the Ship of Fools, these people were figuratively ‘lost at sea’. Unlike leprosy, however, madness was not an illness with easy to distinguish physical symptoms. While for early modern observers

⁴⁸ Michel Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalfa, ed. Jean Khalfa (Oxford: Routledge, 2006), 6.

⁴⁹ Foucault, *History of Madness*, 8.

⁵⁰ Paromita Chakravarti, “Natural fools and the historiography of Renaissance folly,” *Renaissance Studies* 25, no. 2 (2011): 208-227, doi: 10.1111/j.1477-4658.2010.00674.x.

⁵¹ Leigh Ann Craig, “The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,” *History Compass* 12, no. 9 (2014): 729-744. doi: 10.1111/hic3.12187.

⁵² Foucault, *History of Madness*, 4.

⁵³ Chakravarti, “Natural fools and the historiography of Renaissance folly,” 223.

madness was a medical illness, Craig argues that for medieval observers it was primarily a behavioural pattern.⁵⁴ This is the reason spirit possession and divine clairvoyance also fell under the same label of ‘fool’. (Although, arguably, these kinds of fantasies would be regarded as mad in the early modern period as well. They would just be categorised under a more specific label.)

This difficulty in defining madness made it hard to distinguish the sane from the insane, which was reflected in literature. In *The Romance of Tristan and Isolde*, for example, when Tristan arrives in Cornwall by ship and tells the guards of Tintagel castle that he is a fool they believe him without a doubt. He only has to dress up in rags and alter his appearance to convince them.⁵⁵ This suggests that as long as one acted the part, they were regarded as ill. The tendency to imitate madness would be a point of debate until well into the 20th century.

Renaissance

Looking at the general (historical) accounts, during the Renaissance the opinion on fools appears to be predominantly positive.⁵⁶ Gillian Parekh, calling on both Michael Foucault and Yannick Ripa for confirmation, writes that madness was believed to be caused by a wisdom too great for human apprehension led on not only by the shift from a rural to an urban society, but by an overall increase in learning and the advancement of mankind as well.⁵⁷ The fool was simultaneously proof of greater power and a terrifying reminder of the presence of death in its ‘inhuman’ strangeness. It is no coincidence then that many of the literary madmen and women of this time die at the end of their tales; as, for example, illustrated by Ferdinand in *The Duchess of Malfi* (1613) and Lady Macbeth in *Macbeth* (1606), who both at the same time ‘prove’ the irreversibility of madness and condemn their previous actions by dying.⁵⁸

Paromati Chakravarti seems to slightly oppose Parekh’s positivity. She on the one hand agrees that madmen were seen as wise and given the status of symbolical spokesperson of the age by being “politicized as a means of free expression, aestheticized and philosophized as a metaphor for human life, and spiritualized as divine apprehension”.⁵⁹ Yet on the other hand she discusses this matter with some doubt, calling out “Erasmus and his fellow humanists” as she

⁵⁴ Craig, “The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,” 732.

⁵⁵ *The Romance of Tristan and Isolde* (Adapted by Student Handouts from the Version of M. Joseph Bédier, 1913), 39, <https://www.studenthandouts.com/00/201509/romance-of-tristan-and-isolde-ebook-PDF.pdf>.

⁵⁶ Chakravarti, “Natural fools and the historiography of Renaissance folly,” 211.

⁵⁷ Gillian Parekh, “A conversation on madness: Foucault and Ripa,” *Disability & Society* 27, no. 6 (2012): 869-878, doi: 10.1080/09687599.2012.679024.

⁵⁸ Foucault, *History of Madness*, 38.

⁵⁹ Chakravarti, 210.

notes the large difference between the “natural [fools]” and the “artificial fools who are at the heart of humanist celebrations of folly”.⁶⁰

What both of these readings have in common is that they show that the biological and psychological reality of mental deficiency is not yet acknowledged, making the lunatics in Renaissance texts empty figments of the imagination without any real-life grounding. Chakravarti expresses this by calling the literary fool a mere “puppet,” its strings pulled by humanitarian “praisers of folly.”⁶¹ They used the fool’s irreverence and immunity to critique society, appropriating the language of folly for their own cause.⁶² It can therefore be argued that authors were very selective in their depiction of madness. Chakravarti states, however, that many critics of this particular era either ignore or are oblivious to this exclusion of the biological reality and take the literary representation not only as indicative of the overall social attitude towards the mentally disabled, but of real-life madness in its biological sense as well.⁶³ Hence, definitions of madness are mainly shaped through fiction and not through fact.

Enlightenment

The Enlightenment would seem the perfect candidate to disprove this illusion with its turn towards science and fact, but instead, at least according to Chakravarti, lunacy is almost entirely written out of history. While during the Renaissance the fool was ever present on stage and in stories, the Enlightenment preferred a policy of avoidance.⁶⁴ Jeffrey Powell attributes this marginalisation to the very fact that the Enlightenment revolved around the concept of ‘reason.’ He calls upon both Descartes and Kant to enforce his statement that “the discourse of the Enlightenment had concerned itself with a search for the limits of rationality,”⁶⁵ arguing that madness was essential to define reason. Yet the continuous “inability to distinguish between reason and madness”⁶⁶ was a source of frustration in the search for this clarification.

This avoidance of madness was reflected in writing as well. Elaine Showalter accuses doctors and civilians alike of trying to find points of identification in the otherwise unrecognisable lunatic, in a sense denying the disease. In her overview she explains that treatment even went as far as attempting to abolish physical restraint and instead trying to cure

⁶⁰ Chakravarti, 208.

⁶¹ Chakravarti, 208.

⁶² Chakravarti, 209.

⁶³ Chakravarti, 214.

⁶⁴ Chakravarti, 211.

⁶⁵ Jeffrey L. Powell, “An Enlightened Madness,” *Human Studies* 25 (2002): 311-316, <https://link.springer-com.ru.idm.oclc.org/content/pdf/10.1023%2FA%3A1020179420806.pdf>.

⁶⁶ Powell, “An Enlightened Madness,” 311.

the patients through a re-enactment of what was considered the perfect society.⁶⁷ Within asylums, as well as within the public mind, lunatics were romanticised. Through chores and costumes they were forced into cultural casts and shaped into something they were not, but something society wanted them to be. It is this utopian idea of the insane which we see reflected in literature. Goethe's *Die Leiden des jungen Werthers* (1774, English: *The Sorrows of Young Werther*), for example, sees the mad Werther as a melancholy and lovesick youth who believes his only solution for the situation is to kill either his love, his opponent in love, or himself. Unable to kill anyone else, he eventually shoots himself.⁶⁸ Werther is neither destructive nor dangerous to anyone around him, isolating him in his illness, but his unrequited love and selflessness almost put him on a pedestal. Similar to what happened during the Renaissance, it is again the fictional representation of madness which is assumed as the real one. People who visited asylums were even known to comment on the theatrical behaviour of the patients, seeing them, not the fictional characters, as surreal.⁶⁹

The 19th Century

This positive view did not last long. Over time the method of normal treatment proved ineffective, so doctors felt pressed to find a new explanation and cure for lunacy. Showalter argues they found this explanation in the biological differences between men and women, hereby starting the argument her entire analysis is constructed around. Madness was no longer seen as the (Medieval) birthing of unnatural half-humans, nor was it the (Enlightened) lack of intellectual reason. Instead, it was decided that women were biologically more inclined to go mad and this (new) gendered outlook on the disease caused a different form of marginalisation to take place: the man – woman divide was emphasised. Showalter names Henry Maudsley and T.S. Clouston in particular as using Darwin's theory of evolution to determine that the female malady was a cause of the backward evolution of women.⁷⁰ Their brains were not as advanced as those of men thus explaining their easier descent into insanity. Madness had become an inevitable part of the emotional female nature, integral to their biological being, which explains the manner of treatment. With regard to their mental frailty, they were no longer given domestic chores. Instead, they were brought to asylums in huge numbers where they were reduced to a

⁶⁷ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985), 37.

⁶⁸ Johann Wolfgang von Goethe, *The Sorrows of Young Werther*, trans. R.D. Boylan, ed. Nathen Haskell Dole, last modified January 25, 2013, <https://www.gutenberg.org/files/2527/2527-h/2527-h.htm>

⁶⁹ Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, 92.

⁷⁰ Showalter, 122.

state of passivity. They were confined to their beds and forced into a position of total dependence on their (male) doctors, often even a setting in which the patients were the children and the doctors were the parents.

This idea finds a famous representation in Charlotte Brontë's *Jane Eyre*, which Gilbert and Gubar later based their theory of the "Madwoman in the Attic"⁷¹ on: a literary as much as literal practice of hiding away mentally weak women. This total lack of any physical or emotional output as so-called effective medical treatment however was later debunked once women writers gained ground in the literary scene. Numerous authors attempted to change the previously predominant idea of the weak and feebly woman as needing male care to the idea of the strong and witty woman held captive within the constraints of patriarchy. The female malady was rewritten to an act of rebellion, either voluntary or involuntary. Charlotte Perkins Gilman is an example of these women authors, famous for her short story *The Yellow Wallpaper* in which she shows how an intellectual female writer loses her mind as a result of the rest cure which was forced upon her by her husband (who, ironically enough, is also her doctor).⁷² Yet people were not ready for this truth and her story was widely criticised. The romanticised ideas were still dominant in public opinion and any woman not keeping to the feminine ideal was seen as deviant.

World War I

Ironically enough, during World War I these feminine ideals were discarded. With men going off to fight at the front, women were finally given meaningful jobs. This was accompanied by an undeniable decrease in female mental breakdown. Simultaneously, there was an unnervingly large increase in men suffering from shell shock. It was this which led to the debunking of the theory that madness was caused by biological defects in women. Yet, as Elaine Showalter argues, physicians still tried to explain it using a gendered theory, claiming that soldiers suffering from shell shock were more effeminate than their healthy peers and that it was their budding homosexuality which caused their weakness of mind.⁷³

Showalter gives the example of Wilfred Owen, who is believed to have been struggling with his homosexuality. Especially his earlier poems include many references to the male body and his later works often allude to male impotence, evidence now used to establish him as

⁷¹ Sandra M. Gilbert and Susan Gubar, "The Madwoman In The Attic" *The Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven: Yale University Press, 1979),

http://www.ricorso.net/tx/Courses/LEM2014/Critics/Gilbert_Gubar/Madwoman_full.pdf

⁷² Charlotte Perkins Gilman, *The Yellow Wallpaper and Selected Writings* (London: Virago, 2009).

⁷³ Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, 171.

homosexual. By adopting this view of shell shock being a ‘feminine’ disease in literature, however, it simultaneously debunks this notion of madness having a biological cause. Since the patients themselves even tried to suppress their illness, believing it to be an unmanly weakness, it can be argued that madness is caused by societal pressure as a result of oppressed gender roles and not by a biological defect. It is the people’s attitude towards the illness which endorses it, not the illness itself.

Tracey Loughran questions this gendered outlook on shell shock and mentions that the blind dependence on Showalter’s argument creates a one-dimensional definition of war trauma.⁷⁴ Of course Loughran has a point, but it nevertheless remains a logical-sounding conclusion that women would have been more sympathetic towards those suffering from shell shock precisely because they were familiar with the feeling of helplessness in the face of patriarchy. While for many men the front was their first encounter with having to blindly obey men in power, women had been living like that for hundreds of years already. Female authors could thus be regarded as being able to portray male hysteria more accurately. (An example given by Showalter is Virginia Woolf’s *Mrs Dalloway*.)

Modernity

This new status women had received during the war was reversed immediately after. Men took back their jobs and women were forced to resume their position in the domestic sphere. Consequently the number of women suffering from mental illness rose again, and it did not seem that doctors had learned much from the war. Despite the strong evidence against a gendered explanation of madness, a new theory based on this concept was developed: the “masculinity complex” or “female castration complex,” first presented by Karl Abraham and strongly supported by Freud.⁷⁵ The idea was that women were jealous of men and tried to behave like them wherever possible, a prime piece of evidence being their desire to work. This complex was accompanied by the introduction of schizophrenia or split personality disorder, which was, for once, not dominant in women. Yet it was the women suffering from this disease who received most experimental treatment under the argument that women had “less need of their brain.”⁷⁶ Later feminist critics argued that it was actually because “mental incapacity and

⁷⁴ Tracey Loughran, “A Crisis of Masculinity? Re-writing the History of Shell-shock and Gender in First World War Britain,” *History Compass* 11, no. 9 (2013): 727-738, <https://doi-org.ru.idm.oclc.org/10.1111/hic3.12082>

⁷⁵ Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, 199.

⁷⁶ Peter R. Breggin, *Electroshock: Its Brains-Disabling Effects* (New York: Springer Publishing, 1979), 126-27, quoted in Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830 – 1980* (New York: Pantheon Books, 1985), 207.

helpless dependence [was] far more acceptable in women than in men” (a feat illustrated by the opinion on WWI shell shocked soldiers).⁷⁷ It was never considered that it was gender roles imposed by men that caused this necessary ‘mental separation’ of the domestic and the social woman.

This historical overview suggest that, despite the idea that psychiatry has gone through many different stadia in treatment, in fact there has not been a lot of change in the opinion on and treatment of mental illness at all. Throughout the few hundred years it has been studied, madness has almost always had a gendered explanation which was both perpetuated and condemned in literature. In the next chapter I will perform a close reading of three of Jackson’s novels, looking at how ‘madness’ is portrayed and, afterwards, how this image differs/is similar to the image of madness which has prevailed for the better part of history.

⁷⁷ Breggin, *Electroshock: Its Brains-Disabling Effects*, 207.

Chapter Three – Close Reading Shirley Jackson

As Susanne Rohr states, “constructions of madness closely intersect with discourses of gender, class, and race and as such clearly bear an ideological dimension.”⁷⁸ It is therefore understandable why preference might be given to interpretation of the ‘hidden meaning’ instead of closer textual analysis of Jackson’s work. Paul Duck opposes this by saying that “[a book] is first and foremost a novel, not a [work of] critique.”⁷⁹ In his argumentation he calls on Raymond Williams, who looks at literature from a very similar point of view, stating that “writers, in ways which we must examine and distinguish, handled material notations on paper.”⁸⁰ In other words, Duck and Williams both considered the literariness of a work equally (if not more) important than the bigger ideological issues it might be concerned with.

Almost parallel to this view is the idea of ‘The Death of the Author,’ which argues that author and text are unrelated. A strong advocate of this theory is Roland Barthes, who states that:

“The image of literature to be found in contemporary culture is tyrannically centred on the author, his person, his history, his tastes, his passions [...] The explanation of the work is always sought in the man who has produced it, as if, through the more or less transparent allegory of fiction, it was always finally the voice of one and the same person, the author, which delivered his “confidence.””⁸¹

Barthes seems to vouch for the same objectivity in reading literature as Duck and Williams, the only difference being that he explains his standpoint as opposing an over-present author instead of an over-present ideology. However, these two are difficult to consider as entirely separate, hence it could be said that all three critics argue, at least, for the same reconsiderations in literary theory.

In close reading Jackson’s last three novels I hope to look beyond the ideology inevitably surrounding her work and interpreting it as it is. I will thus read Jackson’s work as being a novel first, looking at how Jackson represented madness by looking at the descriptions themselves. This way I will study how Jackson portrayed madness to the reader, not how she

⁷⁸ Rohr, “Screening Madness in American Culture,” 233.

⁷⁹ Paul Duck, “Making Sense of Close Reading,” *Changing English, Studies in Culture and Education* 25, no. 1 (2018): 14-28, <https://doi-org.ru.idm.oclc.org/10.1080/1358684X.2017.1400375>

⁸⁰ Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), 162.

⁸¹ Roland Barthes, “The Death of the Author,” accessed May 23 2019, www.tbook.constantvzw.org/wp-content/death_authorbarthes.pdf

experienced it herself and/or what her opinion on the matter is. In the following section I will discuss Jackson's three last novels in this manner, looking at how the characters act 'deviant' and how the characters around them both characterise and categorise this behaviour.

The Bird's Nest

Elizabeth Richmond seems an ordinary – if a bit boring – young woman working in an office. Yet when she starts to find blank spots in her memory her Aunt Morgen sends her to a doctor. Under hypnosis three other personalities make their appearance. When these personalities start to fight each other, things spiral out of control and Elizabeth turns into a different person entirely.

Despite the presence of a doctor in both *The Haunting of Hill House* and *We Have Always Lived in the Castle*, it is only Doctor Wright in *The Bird's Nest* who actively discusses mental health in connection to the main character(s), Elizabeth. He is the only one to properly list his patient's symptoms, which are: "dizzy spells, occasional aboulia, periods of forgetfulness, panic, fears and weaknesses which were causing her to function poorly at her employment, listlessness, insomnia – all indications of a highly nervous condition, perhaps of an hysteric."⁸² He later categorises it as "double," "multiple," or "disintegrated personality"⁸³ – *not* as madness – which sounds logical seeing how Elizabeth eventually has four different versions of herself.

However, regardless of this seeming objectivity and the Doctor's own emphasis on being "an honest man,"⁸⁴ he still appears rather biased in the treatment of Elizabeth, making his account of events somewhat subjective. For instance, despite the Doctors frequent remarks against psychoanalysts "with their dreams and their Freuds,"⁸⁵ he counters these opinions with his actions. His first instinct when confronted with Elizabeth's mental state, for example, is hypnosis, a popular treatment method during the late 19th century and one of the more controversial ways of treating mental illness. Furthermore, he quickly assumes the 'fatherly' role popular with doctors during the early 1800s, even naming himself as such: "I thought of myself, frequently, as fatherly, and often found myself addressing her as a fond parent speaks to a precious child."⁸⁶ In a sense Jackson thus perpetuates the medical ideas dominant during the century before she wrote *The Bird's Nest* that would now be considered misogynistic,

⁸² Shirley Jackson, *The Bird's Nest* (London: Penguin Books Ltd., 2014), 32.

⁸³ Jackson, *The Bird's Nest*, 57.

⁸⁴ Jackson, 31.

⁸⁵ Jackson, 31.

⁸⁶ Jackson, 46.

especially since the Doctor sees Elizabeth as a “vessel emptied,”⁸⁷ allowing him to “recreate, entire, a human being, in the most proper and reasonable mold.”⁸⁸ He – quite literally – moulds her into the woman he wants her to be all the while seeing himself as her saviour and “prince.”⁸⁹ Above all, he does not tolerate any kind of opposition and quickly loses his temper, showing his actions to be more of self-interest than actual concern for Elizabeth.

Aunt Morgen acts the same, although her opinion seems a bit indefinite. On the one hand she acknowledges her niece’s illness, but at the same time she doesn’t want to accept Elizabeth’s condition as anything more than an “entirely ladylike “nervous breakdown”,”⁹⁰ mentioning the “loony-bin” and her “crazy niece”⁹¹ in a derisory manner. Aunt Morgen could thus be said to resemble the popular negative attitude towards mental illness. Yet Aunt Morgen is not entirely reliable either, confessing later in the novel that she has headaches and sees herself as “many Morgens”⁹² as well, much like Elizabeth.

Surrounded by these strong opinions, however, Elizabeth disappears slightly. She is a very passive girl, having “no friends, no parents, no associates, and no plans”⁹³ she follows whatever orders are given to her and keeps mostly to herself. It is only her third personality, called Betsy, who does any real harm and is actively regarded as “cruel,”⁹⁴ “wicked,”⁹⁵ and even “a fiend.”⁹⁶ Here, however, lies the difficulty in deciding whether this behaviour can be categorised as madness. Jackson herself even maintained that Elizabeth is not “a lunatic,” categorising the illness herself as “hysteria.”⁹⁷ However, looking at the effects of Elizabeth’s split personality, her madness – at least in Fulford’s view – is undeniable in the sense that it affects her ability to live her life unhindered drastically. She has to give up her job and complains constantly of headaches and backaches. Betsy is also very actively harmful throughout the novel. She plays practical pranks on her other personalities and even runs away to New York to look for her mother who she believes to be alive.

Doctor Wright and Aunt Morgen are quick, however, to do away with Elizabeth’s deviant behaviour as “childish.”⁹⁸ Whenever Betsy acts out she is regarded as “a creature so

⁸⁷ Jackson, 248.

⁸⁸ Jackson, 249.

⁸⁹ Jackson, 53.

⁹⁰ Jackson, 197.

⁹¹ Jackson, 211.

⁹² Jackson, 199.

⁹³ Jackson, 3.

⁹⁴ Jackson, 99.

⁹⁵ Jackson, 102.

⁹⁶ Jackson, 50.

⁹⁷ Franklin, *Shirley Jackson: A Rather Haunted Life*, 354.

⁹⁸ Jackson, *The Bird’s Nest*, 52.

childish”⁹⁹ and gets reprimanded as one, instead of actually getting medical help. Although the Doctor and Morgen are not necessarily wrong – the personalities themselves all believe themselves significantly younger than they truly are and often say childish things (such as Betsy’s insistence upon being “the gingerbread man.”¹⁰⁰) – to actively call Elizabeth’s behaviour childish not only undermines the severity of her state, but also helps to maintain it. Arguably, it is the Doctor’s lack of sympathy that causes Betsy to run away, and Aunt Morgen’s inability to treat Elizabeth as an adult which causes Bess to want to move out.

At the same time, however, Betsy’s childish rebelliousness arguably gives her more autonomy. Although Elizabeth is more restricted in her actions, Betsy does what she wants; showing more strength of character than Elizabeth did initially. The ending, when all four characters have melted together, is considerably positive as well. Although Elizabeth is a completely new person to be ‘reconstructed’ by the Doctor and Aunt Morgen (who fancy themselves her “mommy” and “daddy”¹⁰¹), she already has more character than she did before, making her own choices (for example by having a haircut). The extent to which Elizabeth’s condition is negative thus remains debatable.

The Haunting of Hill House

After the death of her mother, Eleanor Vance is relieved to finally have some freedom of her own and she immediately tests this freedom when she accepts an invitation from Doctor Montague to stay in a secluded mansion for an experiment on paranormal activity. However, either her freedom or the hauntings in the house eventually drive her mad with fatal consequences.

In *The Haunting of Hill House* it can be said to be Varelius’ definition of madness as a lack of autonomy which categorises Eleanor as mad. Despite being happy with her newfound freedom after her mother’s death, Eleanor does not know how to deal with this responsibility. She immediately finds her escape in childish fantasies, as she, for example, imagines herself “wandered into a fairyland”¹⁰² where “there will be a prince.”¹⁰³ This idea of Eleanor as a helpless child is perpetuated by the other characters. Although all characters have a tendency to refer to themselves and each other as “baby”¹⁰⁴ or “children,”¹⁰⁵ Luke, Theodora, and Doctor

⁹⁹ Jackson, 68.

¹⁰⁰ Jackson, 239.

¹⁰¹ Jackson, *The Bird’s Nest*, 249.

¹⁰² Shirley Jackson, *The Haunting of Hill House* (New York: Penguin Books Ltd., 2016), 16.

¹⁰³ Jackson, *The Haunting of Hill House*, 17.

¹⁰⁴ Jackson, 41.

¹⁰⁵ Jackson, 62.

Montague are fully aware that this experiment is “just a summer.”¹⁰⁶ Eleanor, on the other hand, is quick to refer to their group as “a family,”¹⁰⁷ showcasing her need for some form of connection but also putting herself in the position of the dependent child.

As the story progresses Eleanor seems to descend more and more into this state as a defence mechanism to deal with the supposed supernatural occurrences at the house. While the other characters find mental protection in the form of scepticism, she finds this protection in childish fantasies.¹⁰⁸ In this regard, Jackson already foreshadows Eleanor’s fate in the first line of the novel when she writes: “No live organism can continue for long to exist sanely under conditions of absolute reality.”¹⁰⁹ Hill House in this case provides the absolute reality, and the inability to properly express or cope with this reality is what causes the characters to either deny the facts or avoid them by escaping into fantasy.¹¹⁰ Yet the actual meaning of ‘absolute reality’ is unclear. Michael Wilson argues it is the hauntings that take place, but the hauntings do not affect Eleanor as such. It is rather the reality of her being solitary in this world – in line with Laing’s definition of madness as a sense of isolation – which she seems to struggle with, as she often marvels at the fact she is “a complete and separate thing, [...] individually an I”¹¹¹ and expresses that her greatest fear is “being alone.”¹¹²

Her increasingly odd behaviour is also what stands out in the eyes of the other characters, who occasionally “stare at her”¹¹³ or even advise her to “lie down for an hour.”¹¹⁴ Theodora often tells her that she “ought to go home”¹¹⁵ and even Eleanor herself expresses her fear of staying, believing that she will be the one to go mad and wondering at her own sanity when she asks “is it possible that I am not quite coherent at this moment?”¹¹⁶ However, at the same time, she refuses to go and strongly seems to believe that she “had to come”¹¹⁷ to Hill House. This behaviour could be categorised as ‘harmful’, albeit in an (until now) indirect way. Eleanor’s continuous insistence on staying at Hill House is why she eventually goes mad,

¹⁰⁶ Jackson, 197.

¹⁰⁷ Jackson, 90.

¹⁰⁸ Dale Bailey, *American Nightmares, The Haunted House Formula in American Popular Fiction* (Madison: University of Wisconsin Press, 2011), 35.

¹⁰⁹ Jackson, *The Haunting of Hill House*, 1.

¹¹⁰ Michael T. Wilson, ““Absolute Reality” and the Role of the Ineffable in Shirley Jackson's *The Haunting of Hill House*,” *The Journal of Popular Culture* 48, no. 1 (2015): 114-123, <https://doi-org.ru.idm.oclc.org/10.1111/jpcu.12237>

¹¹¹ Jackson, 76.

¹¹² Jackson, 149.

¹¹³ Jackson, 68.

¹¹⁴ Jackson, 107.

¹¹⁵ Jackson, 109.

¹¹⁶ Jackson, 145.

¹¹⁷ Jackson, 162.

because she has been there for too long. Yet inside Hill House itself, she never shows any harmful behaviour. The worst thing that happens is that Eleanor forms a threat to herself by climbing a rusty staircase, something which finally convinces the doctor to properly send her home. He believes that it is best for Eleanor to “forget everything about [Hill] House as soon as she can,” believing that “[o]nce away from [Hill House], she will be herself again”¹¹⁸ He interprets Eleanor’s condition in his own way, not taking her opinion into account when he prescribes something closely resembling the ‘rest cure’. He does not realise that it is precisely the lack of a proper home which caused Eleanor’s mental deterioration in the first place and, by sending her away from what she has come to see as her “home,”¹¹⁹ he only makes it worse.

In a sense, the environment which has caused Eleanor to lose her mind is safer for her to be than anywhere else, because it is this final push away from the House which causes Eleanor to turn to proper harmful behaviour and drive her car into a tree (defying the doctor and never leaving the House at all). Until then, there is no actual proof of Eleanor being harmful, apart from her occasional violent thoughts and wish to “watch [Theodora] dying.”¹²⁰ Yet, like Merricat, Eleanor never acts on these thoughts. At least not consciously. It is increasingly unclear whether the hauntings are real or whether Eleanor has something to do with them, as Theo often implies that “Maybe [Eleanor] wrote [the text on the wall] [her]self?”¹²¹ Yet this would not explain the hauntings that happen to Eleanor herself unless they all take place inside her own mind, which would only help establish her mental illness.

We Have Always Lived in the Castle

In Jackson’s last novel we see orphans Mary Katherine (Merricat) and Constance Blackwood living with their ailing uncle Julian after Merricat poisoned the rest of the family. Despite the constant hate from the villagers they live a secluded but happy life, which ends when cousin Charles comes to visit and tries to take Constance away. From then on Merricat tries everything to chase him away.

Although it is only cousin Charles who ever voices it out loud, Merricat’s behaviour in *We Have Always Lived in the Castle*, at least according to Wakefield and Wilkinson’s definition, could be considered mad. The fact that Merricat kills almost her entire family and sets fire to her house is, without a doubt, harmful. However, when looking at the first and third

¹¹⁸ Jackson, 227.

¹¹⁹ Jackson, 219.

¹²⁰ Jackson, 148.

¹²¹ Jackson, 134.

point given by Brülde, it is unclear whether Merricat can actually be called a “crazy kid.”¹²² Merricat, as well as her sister, repeatedly announce that they are “so happy,”¹²³ implying that they either choose to ignore or are completely unaware of any harm to their person. Merricat, for example, does not seem to think any harm will come of shoving a burning pipe into a basket of papers. Her actions are simply described as: “I brushed the saucer and the pipe off the table into the wastebasket and they fell softly onto the newspapers he had brought into the house.”¹²⁴ That Uncle Julian might die also hadn’t occurred to her, since she sincerely believed that “Uncle Julian could manage his chair well enough to get out the back door.”¹²⁵ Her harmful behaviour is therefore completely unintentional, absolving her of any direct blame. Moreover, the only accusation made is by Charles, who asks the doctor whether “she kill[ed] him?”¹²⁶ referring not to Merricat but to Constance who everyone believes to be the poisoner in the first place. Although Merricat does often express the wish to “see [the villagers] all lying there crying with pain and dying,”¹²⁷ she only states she will actually take action after their house has burned down, when she acknowledges the poisoning of her family and says: “I am going to put death in all their food and watch them die.”¹²⁸ However, at least within the boundaries of the novel, she never follows up on this threat.

Yet Merricat is far from a reliable narrator, as illustrated by Helen Clarke, who states that “they misunderstood the people” and that “nobody meant any harm”¹²⁹ after the villagers threw rocks at the Blackwood house. Either Helen Clarke is utterly blind to what is going on in the village, or everything described in the novel is distorted by Merricat’s imagination. The latter might seem a more viable option, since Merricat’s behaviour could be characterised as childish. She is already in this state when we first meet her, making a “game”¹³⁰ of her weekly trip to the supermarket and repeatedly sharing her fantasies about “having a winged horse”¹³¹ and flying “to the moon”¹³² and having “powerful day[s]”¹³³ and “magic words.”¹³⁴ She also

¹²² Shirley Jackson, *We Have Always Lived in the Castle* (New York: Penguin Books Ltd., 2006), 88.

¹²³ Jackson, *We Have Always Lived in the Castle*, 146.

¹²⁴ Jackson, 99.

¹²⁵ Jackson, 103.

¹²⁶ Jackson, 109.

¹²⁷ Jackson, 9.

¹²⁸ Jackson, 110.

¹²⁹ Jackson, 122.

¹³⁰ Jackson, 4.

¹³¹ Jackson, 44.

¹³² Jackson, 59.

¹³³ Jackson, 86.

¹³⁴ Jackson, 51.

occasionally “likes to bury things”¹³⁵ or “nail [things] to tree[s],”¹³⁶ which has been stimulated by Constance as well. This active imagination does not disclose the possibility that Merricat is exaggerating when describing the events that take place.

On the other hand, to take the question of what is real and what isn't into account would undermine the entire story. Uncle Julian, for example, even claims that “[His] niece Mary Katherine has been long time dead [...] [S]he died in an orphanage, of neglect, during her sister's trial for murder.”¹³⁷ In addition to this, the people around Merricat do not seem to think her behaviour is particularly abnormal or exaggerated. (Although, arguably, this could also be an effect of her limiting perspective.)

Furthermore, when disregarding the definition of madness which purely hinges on the concept of ‘harm’ and instead turning to Varelius' idea of madness being measured in terms of autonomy, we see that Merricat is not the most childish person in the novel at all. Of the three inhabitants of Blackwood House, it is Merricat who shows the most freedom and independence in her actions. She is the one who protects the others and visits the village to go grocery shopping, while Constance and Julian remain at the house. Yet at the same time she imposes rules on herself which limit her autonomy, in this sense establishing herself as mad in Fulford's view. The extent to which these rules are limiting, however, remains a point of debate, since Merricat herself does not seem to consider them as such, and, eventually, she still succeeds in chasing Charles away.

Constance does often call Merricat “silly”¹³⁸, which could be read as an euphemism and is even given as a possible explanation for mad in the *Longman Dictionary*, but when Charles expresses his anger at Merricat after she wrecked his room he is baffled to find that Constance does not see any harm in it, asking him: “Merricat? Why should anything be done?”¹³⁹ when he asks her to reprimand Merricat. While Charles thus seems to think that Merricat is crazy, Constance is convinced of the opposite. This immediately calls the third point given by Brülde into question. When Charles calls his cousins and uncle Julian part of “a crazy house”¹⁴⁰ he is, in fact, part of the minority. Within the literary boundaries of Jackson's novel, ‘the norm’ is the village and not Charles Blackwood, and the villagers never condemn the Blackwoods in that regard. As a matter of fact, the villagers themselves also cause the Blackwoods harm when they

¹³⁵ Jackson, 88.

¹³⁶ Jackson, 41.

¹³⁷ Jackson, 93.

¹³⁸ Jackson, 45.

¹³⁹ Jackson, 94.

¹⁴⁰ Jackson, 92.

throw rocks at their house and destroy their property after the fire, making them, in this sense, just as mad as Merricat. (Although, as illustrated in chapter 2, the minority-majority theory remains a tricky one.)

Comparison

Although there are not that many direct references to mental health in the three novels (the most obvious ones being in *The Bird's Nest*), all three novels contain a considerable amount of implicit references to (a lack of) mental development which are quite similar across the three novels. In a sense, therefore, Joan Wylie Hall was not incorrect when she listed the numerous similarities between Jackson's work. The mad characters are all women and they all behave (or end up behaving) more juvenile than they actually are. Yet it is these similarities which create a unified image of madness. Disregarding the question of whether the three main characters actually are mad or not – which, as seen, remains debatable depending on the various definitions given by different medical professionals – the image given by Jackson is one of childish behaviour accompanied by violent tendencies and an active imagination/delusions. Above all, her depictions imply that women are mentally weaker than men. In this regard she could be said to perpetuate the ideas surrounding madness and the treatment of it dominant in her time and before. Especially since in all three novels it is a man (or multiple men) who tries to impose order or a certain form of treatment onto the female patient. It is only the debatable failure of all three men to subject the women to their will completely which could be read as feminist.

Taking the above-mentioned characteristics to be the symptoms of madness, Jackson also hints at a similar cause for all three of the characters. Although arguably it is a remnant of Jackson's own relationship with her mother, all three characters are part of a broken/'abnormal' family (possibly all three through matricide). Merricat and Eleanor actively express their dislike towards their mother and Elizabeth/Betsy goes looking for hers. It is this lack which, apparently, causes mental breakdown in the daughters. Yet this lack of the mother can also be seen as a mere projection of a more general lack of love. The broader idea of isolation from society, which happens in all three novels (in both *We Have Always Lived in the Castle* and *The Haunting of Hill House* by being physically separated from society in a secluded mansion, and in *The Bird's Nest* by being mentally separated through multiple personalities) causes the main characters to lose their sense of self, escaping into fantasy to try and construct an idea of their own identity. What Jackson implies by having the three characters fail, is that a person can only maintain their sense of identity in relation to others (the mother). In line with Robert D. Laing's

definition of madness, it is the character's position within the world in general which causes confusion and consequently mental regression.

Yet Jackson's description of madness is not the only reference to mental illness she makes. She also mentions other works of popular culture dealing with mental illness. These references are at the same time more direct and more implicit in that they would only make sense to those readers who know about them (although, arguably, it would be hard to imagine anyone *not* familiar with them). In *The Haunting of Hill House*, for example, Eleanor mentions the Cheshire Cat,¹⁴¹ a famous character from *Alice in Wonderland*. This reference to a children's story at the same time establishes Eleanor's childishness and associates Jackson's work with Lewis' ideas about sanity and madness. In *The Bird's Nest* these references are even more specific, for example when Aunt Morgen characterises herself as having a "Jekyll-and-brandy personality,"¹⁴² referring to the dual personality in *The Strange Case of Dr Jekyll and Mr Hyde* by Robert Louis Stevenson (1886). Earlier on in the novel Doctor Wright also likens himself to Dr Frankenstein¹⁴³ from the eponymous novel by Mary Shelley (1818), a comparison which already foreshadows failure.

While the previous chapter thus revealed the wide range of various manifestations of mental illness in literature, this close reading has shown that, at least in Jackson's last three novels, there is a rather unified definition of madness.

¹⁴¹ Jackson, 28.

¹⁴² Jackson, 199.

¹⁴³ Jackson, 143.

Conclusion

As has been described in this analysis, mental illness has been a popular subject in culture for many years. Either as a point of ridicule, or as the ‘Other’ to identify the ‘Self’ against. Jackson seems to waver between various depictions of mental illness, on the one hand perpetuating old-fashioned ideas about madness and on the other hand subverting them for a more modern (and philosophical) approach.

In all three novels, it are women who either have already gone mad or are slowly descending into madness, and it are the men around them who try to ‘fix’ them through outdated methods or sheer willpower. Neither of these solutions really take the female condition into account. It could be argued that by showing these methods to be ineffective in her novels, Jackson refutes them, but it still creates the ‘romantic image’ of the woman as mentally weaker than the man. She further perpetuates this image through the considerable resemblance of her depictions of madness to the three romantic stereotypes given by Showalter. The suicidal tendency of Ophelia is reflected in Eleanor in *The Haunting of Hill House*; Crazy Jane who, “abandoned by her lover or bereft of him through death, goes mad as a result,”¹⁴⁴ is present in *The Bird’s Nest*’s Eleanor; and Violent Lucia finds an obvious doppelganger in *We Have Always Lived in the Castle*’s Merricat, who depicts the “melancholia, the delirium, the suicides and murders, and the coloratura ravings of genteel male-dominated women.”¹⁴⁵

These similarities with the romantic ideas about female madness either imply at a larger pattern in literary representations of mental illness which Jackson has unconsciously been influenced by, causing her to adopt the ‘classical’ characteristics of madness in her writing, or Jackson has made the conscious choice to incorporate these popular (negative) images. The latter would seem a more viable option, as would be supported by her word choice. By using terms such as ‘childish’, ‘crazy’, ‘wicked’, and even ‘evil’, she implicitly evaluates mental illness. Moreover, there is a strong contrast between the use of positive and negative terms, since the negative terms far outnumber the positive terms (which are sparse, if present at all). While the connotations attached to “childish” or “baby” might be debatable, those attached to “crazy” or “cruel” are undeniably negative.

Whether this was an active choice by Jackson or not, the constant categorisation of madness as ‘childish’ and ‘evil’ somewhat undermines the concept of mental illness and

¹⁴⁴ Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, 11.

¹⁴⁵ Showalter, 15.

connects negative connotations to both madness and childish behaviour. The image of madness presented to the reader can therefore be said to be a derisory one.

However, in all three novels Jackson seems to use childish behaviour not merely as a sign of madness, but as a protective barrier against both the outside world and further mental deterioration as well. All three characters create their own world in order to prevent themselves from breaking down completely. This might imply that the defence mechanism itself is not part of mental illness but merely a means to an end. A means which Jackson might very well have used to convey some kind of message either about madness itself, or about society as a whole. If this is the case, Jackson, along with many authors before her, can be ‘accused’ of shaping madness to her own advantage.

Yet this is not necessarily a wrong thing to do. Authors have the honour of (a certain extent of) creative freedom, allowing them to give meaning to something (still) meaningless and even change public opinion for the better with regard to something popularly regarded as negative. Just as the psychiatrists discussed in chapter two, Jackson – albeit at a less academic level – increasingly approaches the concept of madness more philosophically. From calling it out in *The Bird’s Nest*, through concealing it behind gothic elements in *The Haunting of Hill House*, to, ultimately, almost normalising it in *We Have Always Lived in the Castle*. It is this process of downplaying mental illness as something peculiar or singular which makes Jackson’s portrayal of madness more modern than some of her peers’.

Take, for example, the stereotypes in portraying madness identified by Susanne Rohr: Jackson’s characters don’t fit into any of the three. On the contrary, Jackson almost completely opposes these images by focussing more on what normal behaviour entails, than by foregrounding mad behaviour. This is most apparent in *We Have Always Lived in the Castle*, where normal behaviour apparently is to throw rocks at orphans. In *The Haunting of Hill House* there is also a clear discrepancy between what we would generally distinguish as mad and normal. Here, the behaviour of the four main characters seems very logical in the face of the hauntings they are subjected to. Yet when Mrs Montague and Arthur arrive at the house, the ‘order’ or ‘norm’ of life in a haunted house established by the four main characters is ridiculed. What is normal for them, such as, for example, staying together at all times and not going outside after dark, is abnormal for Mrs Montague and Arthur. Their deviance would thus see them named mad. To the reader, however, it is the Doctor and his entourage which seems normal, because we have ‘experienced’ the hauntings with them. On the other hand, the scepticism portrayed by the others starkly resembles the initial scepticism felt by both the four

main characters and the reader. The ‘norm’ has thus changed for them and the reader, and if the ‘norm’ can change, than this term is just as elusive as ‘madness’.

The Bird's Nest, in this sense, is perpendicular to Jackson's last two novels. Although she herself stated that Elizabeth was not a lunatic, within the novel itself she is categorised as mentally ill and consequently treated as a patient. The alternating points of view presented in the novel add to this ‘victimisation’. While in *We Have Always Lived in the Castle* and *The Haunting of Hill House* we only experience events from the perspective of the (‘crazy’) main character, thereby immediately creating a sense of doubt within the reader, in *The Bird's Nest* we have three different perspectives (four if you include Betsy as a separate perspective), arguably making the events described more reliable. Especially considering that one of the perspectives is that of a doctor, someone who is usually automatically regarded as being more truthful. The events described in *The Bird's Nest* could therefore feel more objective to the reader, and thus how madness is defined could be accepted as a fact more easily.

Yet the (predominant) unreliability of the main characters, together with the (arguable) unreliability of the characters around them, make it difficult to decide whether we can even speak of an effect on the reader's opinion on madness as such. Especially since the categorisation of Jackson's work as ‘ghost stories’ or ‘horror’ automatically asserts anything she writes as mere fiction only. If the reader is not able to pick up the subtle criticism surrounding depictions of madness through the characters' unreliability, then at least they cannot deny the genre Jackson's work has been categorised into since the very beginning.

Jackson's mentioning of other instances of popular culture dealing with mental illness adds to this downplaying of madness. In a sense she trivialises her work by comparing it with other *fictional* works, showing how certain instances of madness have been similar across various works of literature, but at the same time asserting it as fiction only. The definition of madness given in Jackson's last three novels could thus be argued to be a sarcastic hyperbole that is not meant to be taken seriously.

Disregarding what Jackson might have meant with her work, however, it is clear that the image of madness given in her last three novels is misogynistic in its one-sided manifestation in women and derisory in its constant association with childishness. The main (and arguably the only) positive note appears to be the fact that, despite the three women's respective (negative) fate, they do eventually attain or retain a certain measure of independence from the male characters around them who try to impose order on their ‘disorder’.

Recommendations for Further Research

While this research has attempted to show how madness is defined in (popular 'contemporary') literature, in particular in Shirley Jackson's last three novels, it is precisely this focus which makes it rather limited. To take Jackson's description of madness as representative of the entire 20th century would be an overgeneralisation. Further research might be done into works by other authors of her time to be able to compare the different representations of madness. Emphasis might also be placed on more specific forms of madness, since I have taken all categorisations under the same all-encompassing term of 'madness'. Lastly, it would be interesting to look at newer works as well for comparison, especially since 'madness' has proven to be an ever-changing concept and is constantly being re-assessed with the aim to, eventually, normalise it. Whether a consensus will ever be reached remains to be seen, but, as this research has pointed out, 'madness' is no longer an intangible concept.

Bibliography

- Bailey, Dale. *American Nightmares, The Haunted House Formula in American Popular Fiction*. Madison: University of Wisconsin Press, 2011.
- Barthes, Roland. "The Death of the Author." Accessed May 23 2019. www.tbook.constantvzw.org/wp-content/death_authorbarthes.pdf
- Branson, Stephanie. "Review of *Shirley Jackson's American Gothic* by Darryl Hattenhauer." *Tulsa Studies in Women's Literature* 22, no. 2 (2003): 416-417. <https://www-jstor-org.ru.idm.oclc.org/stable/20059162>
- Brontë, Charlotte. *Jane Eyre*. Hertfordshire: Wordsworth Editions Limited, 1992.
- Brülde, Bengt. "Mental Disorder and Values." *Philosophy, Psychiatry, & Psychology* 14, no. 2 (2007): 93-102. <http://muse.jhu.edu.ru.idm.oclc.org/article/239166>
- Carroll, Lewis. *Alice's Adventures in Wonderland*. Chicago: Volume One Publishing, 1998. https://www.adobe.com/be_en/active-use/pdf/Alice_in_Wonderland.pdf.
- Chakravarti, Paromita. "Natural Fools and the Historiography of Renaissance folly." *Renaissance Studies* 25, no. 2 (2011): 208-227. doi: 10.1111/j.1477-4658.2010.00674.x
- Craig, Leigh Ann. "The History of Madness and Mental Illness in the Middle Ages: Directions and Questions." *History Compass* 12, no. 9 (2014): 729-744. doi: 10.1111/hic3.12187.
- "Diagnostic and Statistical Manual of Mental Disorders (DSM-5)." Accessed May 26, 2019. <https://www.psychiatry.org/psychiatrists/practice/dsm>
- Dombeck, Mark. "Coping Strategies and Defense Mechanisms: Basic And Intermediate Defenses." American Addiction Centers Inc. Accessed May 1, 2019.

<https://www.mentalhelp.net/articles/coping-strategies-and-defense-mechanisms-basic-and-intermediate-defenses/>

Duck, Paul. "Making Sense of Close Reading." *Changing English, Studies in Culture and Education* 25, no. 1 (2018): 14-28. <https://doi-org.ru.idm.oclc.org/10.1080/1358684X.2017.1400375>

Eagleton, Terry. *How to Read Literature*. New Haven: Yale University Press, 2013.

Foucault, Michel. *History of Madness*. Translated by Jonathan Murphy and Jean Khalfa. Edited by Jean Khalfa. Oxford: Routledge, 2006.

Franklin, Ruth. *Shirley Jackson: A Rather Haunted Life*. New York: Liveright Publishing Corporation, 2016.

Fulford, K.W.M. "Teleology without Tears: Naturalism, Neo-Naturalism, and Evaluationism in the Analysis of Function Statements in Biology (and a Bet on the Twenty-First Century)." *Philosophy, Psychiatry, & Psychology* 7, no. 1 (2000): 77-94. <https://muse.jhu.edu/article/28330>

Gilbert, Sandra M. and Susan Gubar. "*The Madwoman In The Attic*" *The Woman Writer and the Nineteenth-Century Literary imagination*. New Haven: Yale University Press, 1979. http://www.ricorso.net/tx/Courses/LEM2014/Critics/Gilbert_Gubar/Madwoman_full.pdf

Gilman, Charlotte Perkins. *The Yellow Wallpaper and Selected Writings*. London: Virago, 2009.

Goethe, Johann Wolfgang von. *The Sorrows of Young Werther*. Translated by R.D. Boylan. Edited by Nathen Haskell Dole. Last modified January 25, 2013. <https://www.gutenberg.org/files/2527/2527-h/2527-h.htm>

Hague, Angela. "A Faithful Anatomy of Our Times': Reassessing Shirley Jackson." *Frontiers* 26, no. 2 (2005): 73-96. <https://www-jstor-org.ru.idm.oclc.org/stable/4137397> (accessed 5 March 2019)

Hall, Joan Wylie. *Shirley Jackson: A Study of the Short Fiction*. New York: Twayne, 1993.

Hardin, Ashleigh. "'Listening to what she had almost said': Containment and duality in Shirley Jackson's *We Have Always Lived in the Castle*" In *Shirley Jackson, Influences and Confluences*, edited by Melanie R. Anderson, 111-122. New York: Routledge, 2016. <https://www.vlebooks.com/vleweb/Product/Index/848870?page=0>

Hattenhauer, Darryl. *Shirley Jackson's American Gothic*. Albany: State University of New York Press, 2003.

"ICD-11 for Mortality and Morbidity Statistics." Last modified April, 2019. <https://icd.who.int/browse11/1-m/en>

Jackson, Shirley. *The Bird's Nest*. London: Penguin Books Ltd., 2014.

Jackson, Shirley. *We Have Always Lived in the Castle*. New York: Penguin Books Ltd., 2006.

Jackson, Shirley. *The Haunting of Hill House*. New York: Penguin Books Ltd., 2016.

Laing, Ronald D. *The Divided Self: An Existential Study in Sanity and Madness*. Oxford: Penguin Books, 1960. [http://centrebombe.org/Ronald.D.Laing-The.Divided.Self.\(1960\).pdf](http://centrebombe.org/Ronald.D.Laing-The.Divided.Self.(1960).pdf)

Lockett, Michael. "Close Reading: A synergistic Approach to the (Post)Modern Divide." *Changing English, Studies in Culture and Education* 17, no. 4 (2010): 399-409. <https://doi-org.ru.idm.oclc.org/10.1080/1358684X.2010.528874>

Lootens, Tricia. "Review of *Shirley Jackson: A Study of the Short Fiction* by Joan Wylie Hall." *South Atlantic Review* 59, no. 1 (1994): 160-162. <https://www.jstor.org/stable/3200963>

- Loughran, Tracey. "A Crisis of Masculinity? Re-writing the History of Shell-shock and Gender in First World War Britain," *History Compass* 11, no. 9 (2013): 727-738. <https://doi-org.ru.idm.oclc.org/10.1111/hic3.12082>
- McKnight, Christopher. "On Defining Illness." *Journal of Applied Philosophy* 15, no. 2 (1998): 195-198. <https://onlinelibrary-wiley-com.ru.idm.oclc.org/doi/epdf/10.1111/1468-5930.00086>
- Moritz, Steffen, Liz Rietschel, Ruth Veckenstedt, Francesca Bohn, Brooke C. Schneider, Tania M. Lincoln, and Anne Karow. "The other side of "madness": frequencies of positive and ambivalent attitudes towards prominent positive symptoms in psychosis." *Psychosis* 7, no. 1 (2013): 14-24. <http://dx.doi.org/10.1080/17522439.2013.865137>
- Parekh, Gillian. "A conversation on madness: Foucault and Ripa." *Disability & Society* 27, no. 6 (2012): 869-878. doi: 10.1080/09687599.2012.679024.
- Powell, Jeffrey L. "An Enlightened Madness." *Human Studies* 25 (2002): 311-316. <https://link-springer-com.ru.idm.oclc.org/content/pdf/10.1023%2FA%3A1020179420806.pdf>
- Rohr, Susanne. "Screening Madness in American Culture." *Journal of Medical Humanities*, 36, no. 3 (2015): 231-240. <https://link-springer-com.ru.idm.oclc.org/article/10.1007%2Fs10912-014-9287-3>
- Rubenstein, Roberta. "House Mothers and Haunted Daughters: Shirley Jackson and Female Gothic." *Tulsa Studies in Women's Literature* 15, no. 2 (1996): 309-331. <https://www-jstor-org.bathspa.idm.oclc.org/stable/464139>
- Savoy, Eric. "Between *as if* and *is*: On Shirley Jackson." *Women's Studies* 46, no. 8 (2017): 827-844. <https://doi-org.ru.idm.oclc.org/10.1080/00497878.2017.1392797>
- Shapse, Steven N. "The Diagnostic and Statistical Manual of Mental Disorders." Last modified 2008. <http://shapse.com/articles/dsm.pdf>

Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830 – 1980*. New York: Pantheon Books, 1985.

The Romance of Tristan and Isolde. (Adapted by Student Handouts from the Version of M. Joseph Bédier, 1913). <https://www.studenthandouts.com/00/201509/romance-of-tristan-and-isolde-ebook-PDF.pdf>.

Varelius, Jukka. “Defining Mental Disorder in Terms of Our Goals for Demarcating Mental Disorder.” *Philosophy, Psychiatry, & Psychology* 16, no. 1 (2009): 35-52. <http://muse.jhu.edu.ru.idm.oclc.org/article/316645>

Wakefield, J. C. “The concept of mental disorder. On the boundary between biological facts and social values.” *American Psychologist* 47, no. 3 (1992): 373-388. doi: 10.1037/0003-066X.47.3.373

Wallace, Dianna, and Andrew Smith. *The Female Gothic: New Directions*. Basingstoke: Palgrave Macmillan, 2009. <https://link-springer-com.ru.idm.oclc.org/content/pdf/10.1057%2F9780230245457.pdf>

Wilkinson, Stephen. “Is ‘normal grief’ a mental disorder?” *The Philosophical Quarterly* 50, no. 200 (2000): 289-304. <https://doi-org.ru.idm.oclc.org/10.1111/j.0031-8094.2000.00186.x>

Wilson, Michael T. ““Absolute Reality” and the Role of the Ineffable in Shirley Jackson’s *The Haunting of Hill House*.” *The Journal of Popular Culture* 48, no. 1 (2015): 114-123. <https://doi-org.bathspa.idm.oclc.org/10.1111/jpcu.12237>