

Melancholia in Janet Frame's *Faces in the Water*

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New Zealand author Janet Frame was initially diagnosed with schizophrenia in 1945, during her stay in Seacliff Mental Hospital, Dunedin, following a mental breakdown. She spent eight years in and out of psychiatric institutions in New Zealand. The diagnosis of schizophrenia was reversed in her late 30s. In 1956, she left New Zealand on a literary grant to travel Europe. While in London, she voluntarily attended psychiatric assessment at the Maudsley Hospital to re-appraise her mental difficulties. In 1957 she was declared "sane" and told that she had never suffered from schizophrenia. Her mental difficulties were believed to be the result of years of "treatment" undergone in New Zealand. Frame's psychiatrist, Dr. Robert Hugh Cawley, suggested she write about her experience to gain some form of cathartic closure. The result was *Faces in the Water*, first published in 1961, in which she narrated her experience of the psychiatric establishment. She also wrote about that experience in the second volume of her autobiography *An Angel at My Table*, first published in 1984. Both novel and autobiography share a common story line. Not surprisingly, clarifying the relationship between fiction and fact in Frame's work has preoccupied most of her readers and critics.

In fact, it is difficult to separate Frame's writing from her life. This is nowhere more evident than in her personal account of internment that she describes in *Faces in the Water*. The novel recalls Frame's experience of psychiatric treatment through the eyes of the main character, Istina. The narrative has this peculiarity: it is written like a documentary but is, Frame insisted, a work of fiction. The narrator creates a tension between realism and fiction by situating herself at once in and out of the asylum experience, at once the madwoman and the observer of the mad. This article will focus on the manner in which madness is constructed as something that can realistically be documented while at the same time suggesting that documenting

itself is the very root of mad-making. I thus aim to make clear what I see as Frame's intentional depiction of a conflict between madness as observable fact and the establishment of facts as participating in the making of madness.

It is fair to say that psychotherapeutic catharsis motivated the creation of *Faces in the Water*. But the novel is also much more than this and fulfils several other functions for Frame. First, it acts as biographical supplement and becomes the place where Frame was able to recapture a sense of agency of which her psychiatric diagnosis had robbed her. Readers of *Faces in the Water* find an uncanny resemblance between narrator and author in the sense that Istina's journey recalls much of Frame's biography. Both are interned following an episode of mental breakdown. Both are scheduled for a lobotomy. Both are suddenly discharged days before the surgery. Although in her autobiography Frame finds a "reason" for her release (she won a literary prize, so her psychiatrists had a change of mind), Istina gives no rationale for her discharge, making of psychiatric "release" a sham. Beyond biographical supplement, the characters of the novel enable the author to successfully unpack the dynamics of social viability and the social significance, or more accurately insignificance, of marginal experience, something the autobiography does not do. *Faces in the Water* is then a multi-layered tale, at once the author's therapeutic homework and the literary treatment of madness, a treatment in which her autobiographical work did not allow Frame to engage. It is not a defense of "the mad" or a political pamphlet. But it is a successful literary exercise through which Frame critiques narratives of sanity/insanity.

Faces in the Water has traditionally called for biographical, feminist and post-colonial interpretations. Indeed, the novel belongs to a literary tradition that became popular from the 1940s onwards when an increasing number of women started writing asylum stories.¹ In the wake of 1980s Anglo-American feminist literary criticism, women's narratives of madness became a literary genre. Not only did they deal with the particular thematic of mental illness, but they could be interpreted along the same lines: they were phenomenological descriptions tagged "mad" because of the intrinsic association between female bodies and madness;² or they challenged conventional (patriarchal) epistemic understandings of experience.³ *Faces in the Water* can easily be inserted in this critical feminist tradition, since inmates do become the site of de-masculinisation/feminisation, but this is not the most obvious reading of the novel.

Authors like Susan Schwartz have rightly preferred to tone down the gendered interpretation of *Faces in the Water* and put forward the novel as a more political and literary resistance against dominant discourses.⁴ Schwartz (but also Williams and Brown)⁵ builds an image of Frame as a typical New Zealand author who pitches her work against the colonial (European) literary hegemony of her time and challenges colonialist influences. Schwartz thus conveys a more politicised image of Frame and suggests that she belongs to a tradition of authors whose narratives claim post-colonialist literary autonomy, if not authenticity. In many ways she is right, but I will disagree with colonialist readings and the suggestion that *Faces in the Water* can be interpreted as a political novel.

One of the most recent accounts introduces what I see as a crucial but neglected theme in Frame's work: her "disturbing conception of death as a positive experience, which makes it possible to recover a sense of community with eclipsed aspects of humanity."⁶ Indeed, an understanding of how the author utilizes the themes of "death" (not solely in the sense of "cessation of life" but also more widely in the sense of "bereavement," "loss," etc.) is key to defining a social critique of Frame's literary practice. Many have noted that her strategy to recover "eclipsed humanity" as Delrez puts it, rests partly on the author's formidable memory of past events and partly on her ability to bring to life those areas of experience most would deem invisible or lost. Yet, few have pondered the author's own critical framework, preferring to construct her strategy as the consequence of personal or semi-biographical circumstances. Those, like Delrez, who rightly insists on the importance of accounting for Frame's *transformative* literary tactics, eventually appear to fall back upon a unified vision of Frame's work where she "conducts an exploration of alternative ontologies [. . . that] coalesce into a coherent vision of eclipsed reality/humanity."⁷

It seems to me that such a unity and coherence of vision cannot be extrapolated from Frame's transformative skills. Indeed, through *Faces in the Water*, Frame fictionalizes a kind of *indeterminate* experience by which she critiques the very idea of the unified subject and her experience. Frame's narrator, Istina, is presented as having a foot in both camps; she is the voice of narratorial omniscience and the voice of the inmate. Because she is both, Istina appears to us undecided, divided between different allegiances: how can she "own" her psychiatric experience and re-appropriate her "madness"? And prove her sanity? And show loyalty to the sufferings she witnessed in other inmates? And own up to her disgust toward madness and her repulsion for the institutional torment she went through?

Indeterminacy and the Performances of Mental Health

Istina's split allegiance is confided to the reader through the multiple narrative voices she uses. One voice is that of Istina the empathic observer of mad behavior who shares with us the thought processes and conclusions she draws from her observations. Her voice cuts through the dismissive statements that justify internment ("so far gone they don't really suffer," "happy in their own way," "nothing makes any difference to them,")⁸ and wonders about the possibility of making sense of madness. She asks the question: if one were to recuperate the "meaning of the gifts or rejects which they [inmates] threw over the park and yard fences—pieces of cloth, crusts, faeces, shoes," (38) could one recast their mad behavior as a socially motivated "barrage of love and hate for what lay beyond" (38)? This is certainly what Istina is implying. But while she, as narrator, makes herself into a skilled, intuitive, and moving interpreter of madness, she also recoils from making madness, or the observation of madness, into any kind of enlightening experience. During a visit from the ward psychiatrist, she observes the intense emotions his presence triggers in patients. "I saw the spellbound gaze of the Ward Two patients and I recoiled from the facts of illness and hospitals that make the comings and goings of an ordinary human being seem like prodigious events"(221). She explains in elaborate images the fascination that sanity exerts on patients and talks of a kind of "starvation" for that normalcy that cannot be satisfied. Istina's emotional documentation of patient reality is undercut by another narratorial voice that regularly declares allegiance to sanity by rejecting inmates and their alien behavior. In short, the indeterminacy signified by the narration of one's attraction to *and* repulsion from both insanity *and* sanity becomes the driving force behind the narrative.

The central character, Istina, finds herself confronted with psychiatric codes of behavior and required to integrate those social codes she is believed to have lost. Frame presents us with a puzzle where her narrator's obvious efforts at being sane do not lead to cure but to increased levels of "madness." The author seems to suggest a direct correlation between the performance of sanity, the absurdity of that performance, and mis-behavior (madness). But she never states the point outright. Instead, the structure and content of the narrative chronicle a sense of groundless defiance: her narrator repeatedly invokes feelings of utter loss for what is missing from the social structures she is desperately trying to integrate, at the very point of integration. To illustrate this, the main character's experience is framed as

a confrontation between two interlaced narratives: on the one hand, a *parodic* narrative points the reader to the performativity of sanity, and on the other, the “crazy-making” effect of its practice points us to “mad” narrative. In emphasising the performative aspects of mental health, Frame gives representation to the constraints that underlie performances of sanity and to those other (mad) performances constraint denies. Istina’s attempt to “do sanity” goes hand in hand with the loss of other possibilities that the performance of sanity requires. Yet Istina refuses to lose anything. This is what gives Frame’s narrative a melancholic tone.

I am using “melancholia” in the sense that Freud gave it in “Mourning and Melancholia.”⁹ In that work, Freud laid out one established understanding of melancholia by suggesting that in the experience of grief, the loss of a loved object causes the individual to feel aggrieved. In the case of mourning, the individual severs the link with the lost object and chooses other objects to fill the place left vacant. In cases of melancholia, some individuals appear incapable of letting go of the object of loss. The melancholic would be the one who holds on to the lost object, in spite of the fact that holding onto the object is the source of his/her unhappiness. While the affect associated with the lost object is known (inhibition and loss of interest, low self-esteem, emptiness of self, shame),¹⁰ the actual nature of the melancholic’s object is more difficult to define. The loss of a punctual object may trigger the melancholic episode, but there is a discrepancy between the nature of the object the melancholic names as lost and the affective response the loss triggers. In one’s healthy response to loss, inhibition and loss of interest are pre-established affects expected as temporary responses to mourning. The presence of other affects (low self-esteem, emptiness of self and shame) defines the mourning experience as atypical and motivates the decision to categorize the mourner as melancholic. If we follow Freud, melancholia becomes the sign of a failure to embrace a certain dynamic of being whereby the individual should be able to “switch objects” and to aim for well-being. The failure to “move on” from the object now lost and to exchange it for a happier one thus typifies illness. The melancholic refuses to complete the mourning process, actively seeks grief as his/her preferred object, in short, chooses a permanent state of unhappiness.

While I am not suggesting that Frame’s novel is a critique of Freud (there is little doubt that the author would have been *au fait* of psychoanalytic theory, having studied Freudian theory at university), against the theory of melancholia proposed by Freud, Frame puts

forward a literary treatment of melancholia. Through Istina and her multiple narratorial voices, Frame effectively stages melancholia as a powerful agent of resistance to psychiatric codes of sanity. In support of this assertion, I now turn to several formations this staging takes in the novel: the use of electro-convulsive therapy (ECT), leucotomy as the ultimate treatment, the novel's narrative organization, and Istina's observations on psychiatric nursing.

Two forms of treatment, ECT and leucotomy, stand out as methods of rehabilitation through which Istina will re-learn the "skill" of object-switching or mourning. Istina's resistance to rehabilitation is evident in the manner she reports on both. In fact, the two events stand as key moments of conflict between the narrator and the psychiatric establishment. The more Istina misbehaves, the more treatment she receives; the more treatment she receives, the more she misbehaves. The joust comes to an end only when Istina is released. But the form of treatment and the release appear incidental to the more fundamental question of what "treatment" means.

Staff promote ECT as treatment for the patient's own good (15). Istina's assessment of ECT is not as treatment but as "the new and fashionable means of quieting people and of making them realise that orders are to be obeyed"(9). Patients in general perceive ECT as punishment for crimes. For example, protesting against having to polish the floor, failing to smile, or weeping are reasons for receiving ECT. To all, ECT is the means by which one regulates behavior, thoughts and emotions, and arrests their fluctuations in exchange for more permanent states. To some extent, Istina's desperate attempt to keep herself in check to avoid treatment points to some achievement of ECT. It is occasionally successful as a coercive force against "criminal" behavior and/or as a means to provoke the momentary exhaustion of the patients' physical and mental resistance. But ECT can also have the opposite effect. Istina reports that "the fear leads in some patients to more madness" (16), to misbehavior. The association of ECT with loss pervades the entire novel. Istina perceives the bed she must lie on to receive treatment as a "coffin"; the electric current induces in her sensations of disembodiment and dropping into darkness; ECT causes the loss of cognitive perception (the sense of time, space, and self) and arouses feelings of grief the narrator cannot name; finally, ECT impairs Istina's capacity to reconstruct any sense of self (17-18). She could not more clearly tell us that ECT causes her madness. Indeed, Istina's condition worsens under the effect of ECT treatment. Instead of increasing her "submission and prompt obedience to orders" (32),

the promise of loss held by ECT causes her uncontrollable anxiety and is expressed through misbehavior. Consequently, she is demoted to a lesser ward, and the hope for rehabilitation via ECT is abandoned. Istina's panic response at any attempt to "make her still" is even more evident with the use of leucotomy as treatment.

Surgical intervention upon Istina's brain is clearly promoted by the staff as the ultimate step towards complete cure. "Now that my personality had been condemned, like a slum dwelling, the planners were at work. The nurses were given permission to talk to me, and they and Sister Bridge, even Matron Glass, moved into my 'changed' personality like immigrants to a new land staking their claim" (191). Istina reports the opposite. In leucotomised patients, she notices symptoms that point to further damage to their ability to regulate themselves, with symptoms (incontinence, vacant look, etc.) invariably evoking those patients' loss of something (bodily fluids, presence, etc.). Leucotomy thus fails to deliver the promised sanity: "I will wake and have no control over myself. I have seen others, how they wet the bed, how their faces are vague and loose with a supply of unreal smiles for which there is no real demand. [. . .] I will wear a scarf over my head, with a butterfly bow at the top, [. . .] it will be a leucotomy scarf—they have a supply of them—the joyous advertisement of changed personalities" (192). It is through Istina's panicked pleas to keep her brain intact that Frame is most eloquent about her literary design. To Istina, leucotomy will mean loss of intellect, loss of self, loss of agency, disability, and disempowerment. Leucotomy would make permanent the feeling and effects that Istina has already endured with ECT. She concludes that "much of living is an attempt to preserve oneself by annexing and occupying others" (193).

In the context of *Faces in the Water*, this conclusion sounds like an accusation and translates the wish to resist other (psychiatric) interventions upon her body and mind. But the statement can also be read as a critique of the narrator's own strategy. For what else has Istina been doing but herself annexing and occupying the other (insane) world she observes for her own agenda? Istina asks whether one needs to lose her (insane) self to find a (sane) self. That the narrator is released from care at the end of the novel would suggest that in spite of her unconventional journey through the experience of internment, she indeed achieves some measure of success. But we would be mistaken in seeing Istina as triumphant heroine in the traditional sense. Rather, the narrator is the vehicle through which an aesthetic conception of madness is offered. Indeed, literary resistance to pre-

established conceptions of insanity leads the narrator to find madness in unexpected places.

Where Is Madness?

I have suggested that *Faces in the Water* supplements in a literary way Frame's autobiographical account of her psychiatric experience. The style used marks the novel as autobiographical. Yet, the absence of a storyline also prevents us from simply seeing it as autobiography. The autobiographical texts that *Faces in the Water* supplements clearly give us a sense of progression, of "story"¹¹ about Frame's experiences. There is a legible organization of the narrative aiming to convey a sense of individual development towards personal and literary maturity.¹² Frame's autobiography follows a familiar pattern: in the quest for personal harmony, the auto-biographer as the central character encounters many obstacles (poverty, family conflicts, psychiatric internment) but also finds help (literature, psychiatric help) and matures through her experiences; Frame's quest ends in a harmonious denouement when she passes both literary and psychiatric tests (literary fame and diagnosis reversal) and returns home declared sane and a writer.

Faces in the Water has none of that narrative pattern: there is evident disharmony (mental illness) but there is no quest, no sense of purpose, only a confusion between what constitutes friendly and inimical encounters, and even if the narrator got out to tell the tale, there is no resolution of inner conflict, no salvation: we simply do not know why she was interned nor why she is discharged. While interned, staff perform their duties, and these duties become what regulate the narrator's sense of personal history: waking, showering, getting dressed, mealtimes, treatments, the day room, the occasional "special days" doing sports, the evening dance, etc. In each of these moments, what should be the extra-ordinary narrative of life in a psychiatric unit becomes the humdrum of daily routine on the ward. But this only serves to magnify the question Frame is asking in *Faces in the Water*: where is madness?

There is an aspect of madness which is seldom mentioned in fiction because it would damage the romantic popular idea of the insane as a person whose speech appeals as immediately poetic; but it is seldom the easy Opheliana recited like the pages of a seed catalogue or the outpourings of Crazy Janes who provide, in fiction, an outlet

for poetic abandon. Few of the people who roamed the dayroom would have qualified as acceptable heroines, in popular taste; few were charmingly uninhibited eccentrics. The mass provoked mostly irritation, hostility and impatience. Their behavior affronted, caused uneasiness; they wept and moaned; they quarrelled and complained. They were a nuisance and were treated as such. It was forgotten that they too possessed a prized humanity which needed care and love, that a tiny poetic essence could be distilled from their overflowing squalid truth (96).

Schwartz notes that the narratorial intervention is intentional and prevents the reader from seeing the novel as any kind of genuine confession of one's madness or the narrator Istina as any kind of romantic heroine. Against "stereotyping of the insane as heroic or 'charmingly' eccentric," Schwartz asserts that Frame puts Istina forward as the anti-hero.¹³ She thus removes autobiographical details that might contribute to building a popular image of madness: the reason behind her internment, her diagnosis, the psychiatric grounds behind treatment choice, her progress, and the rationale behind the decision to end it are simply absent from the text. Instead, she gives us clues to her condition that are framed in metaphoric terms connoting the sense of loss. She describes herself, before internment, sitting "in the cemetery among the chrysanthemums bunched in their brownish water inside slime-coated jam jars" (4), hiding used sanitary towels and left-over food in her room: "I did not know where to put them therefore I hid them in the drawer of the landlady's walnut dressing table, in the top drawer, the middle draw and the bottom drawer; everywhere was the stench of dried blood, of stale food thrown from the shelves of an internal house that was without tenants or furniture or hope of future lease" (5). Istina's predilection for surrounding herself with objects indicating loss (death, decay, and loss of bodily fluids) is construed by her entourage as insanity. Istina's assessment of the reasons behind her perceived insanity points to two existential difficulties: one is a misunderstanding, on the part of others, regarding her attachment to particular objects and events connoting loss ("a great gap opened in the ice floe [sic] between myself and the other people whom I watched" (4); and the other is her own failure to demonstrate sanity through "good work and conduct excellent" (6). Returning to the question of where madness might be, Istina's story suggests that behavioral oddity and breakdown of performance are the reasons for internment.

What is striking in Frame's depiction is the way she molds Istina not so much as the victim of a misunderstanding but rather as a consciousness whose life choices are not recognised as valid choices. Or to put it differently, Istina's life choices are misrecognised as invalid. Through the flurry of metaphors, Frame suggests that sanity may be founded on the integration of measures whereby the individual learns from an early age the rules that will keep her safe from insanity: "Never sleep in the snow. Hide the scissors. Beware of strangers. Lost in a foreign land take your time from the sun and your position from the creeks flowing towards the sea. Don't struggle if you would be rescued from drowning. Suck the snake bite from the wound" (3). The scrambling of injunctions, some from childhood, some pointing to a later phase of her education, are part of what Istina calls her "allegiance to Safety" (3). She believes that her failure to show allegiance to safety will take her towards subjective doom: "the final day of destruction when 'those that look from the windows shall be darkened'" (3). The connection between one's allegiance to the social rules of safety and the dangers in not following them is announced by Frame's choice of "Istina Mavet" for a narrator, since the very name is meant to evoke some form of expertise. In the introduction to the 2009 edition of *Faces in the Water*, Hilary Mantel recalls that "Istina, Janet Frame said, 'is Serbo-Croatian for truth, Mavet is Hebrew for Death'" (xii). Madness is thus defined as the incapacity to follow social measures, and Istina is positioned as the teller of some truth about subjective death and as our guide towards madness's preclusion. Madness is thus the capacity to keep death (in the metaphorical sense) at bay.

So, where is madness? For the largest part, the novel becomes the site of a conflict between two conceptions of sanity/insanity; it becomes a critical record of the psychiatric means employed to enforce sanity upon Istina and of her strategies to resist them. Yet it is not an objective critique of psychiatric care. Rather it is a critique of the parodic performance Istina perceives in narratives of sanity inside the institution. Frame denies Istina knowledge of her condition. The narrator punctually discovers information held about her (when she surreptitiously glances at her file and finds she is described as "impulsive and dangerous" [16] for example), but these descriptions do not constitute an objective psychiatric assessment of her condition and neither do they read like an attempt at fictional realism. Frame's description of Istina as "impulsive and dangerous" shifts the reader's attention away from psychiatric understandings of madness and towards a literary construction of insanity. The character is stripped of the conventional markers

that would allow the reader to categorize her if psychiatric authority had, for example, declared Istina "schizophrenic" or "psychotic." The only description of madness is found in Istina's literary description of facts, of affects, and the conclusions she draws from observation. The narrative thus destabilizes the reader's expectations of the mad text. As a narrator, Istina proves a skilled reporter, imparting precision and logic to an extra-ordinary setting. But she drowns her readers with an overload of information—cognitive, sensorial, emotional, affective, and factual. Madness is found in the discrepancy between the non-sense of content (the extra-ordinary events she describes, the overabundance of details) on the one hand and the accuracy of style and incisive conclusions on the other. The narrative thus becomes a site of tension between parody (expression respects pre-existing linguistic rules, facts appear correct) and excess (affective and sensory overload). In many ways, Treecroft and Cliffhaven hospitals are caricatures of traditional "madhouses," with patients doing the things one expects of "lunatics" and staff doing the things one expects of psychiatric staff. But the parodic excess with which Istina saturates her narrative, creates an impression of spilt-over "matter" that is misrecognised as madness because it finds no adequate form of signification. It is this "too much detail," this excess of documentation that no amount of institutional or narrative structuring can restore to order, that sows the seeds of doubt in the reader's mind with regards the accepted configuration of sanity. Istina tells us that "[w]e all see faces in the water. We smother our memory of them, even our belief in their reality, and become calm people of the world; or we can neither forget nor help them. Sometimes by a trick of circumstances or dream or a hostile neighbourhood of light we see our own faces" (131).

The Epistemic Values of Sanity/Insanity

Istina's description of the "mad self" comes down to issues of self-control, or lack thereof. One's demonstrable sovereignty over the self, that is the capacity to navigate the structures of meaning and to make the correct choices, qualifies sanity. In reverse, the incapacity to make the correct choices, to be selective, and to regulate oneself qualifies as insanity. Istina's rehabilitation into the world of sanity rests on her integration of particular social skills that signify mental health. For example, by controlling tears, obeying staff orders, or performing well at social functions, inmates demonstrate sanity. On the contrary,

showing fear of electro-convulsive therapy, flicking food at staff and at each other in the canteen, or the desire to isolate are displays of insanity. In *Faces in the Water*, it quickly becomes apparent that the narrator lacks knowledge of how the particular psychiatric events she describes are socially coded and how she is herself meant to behave. Given her initial unfamiliarity with psychiatric experience, Istina's survival during internment rests on listening attentively to comments made by inmates and medical staff and on integrating the associated meanings embedded in those comments (for example that ECT will make her better or that flicking food signals madness). Istina's "failure" to respond to treatment and to adopt pre-established norms of sanity becomes the material from which Frame draws a narrative of resistance to cultural constraint. Frame's literary performance thereby critiques an unchallenged adherence to predetermined meaning, especially the embedded principles that regulate it.

In *Faces in the Water*, psychiatric treatment protocol appears to be the target of Istina's critique. As we have seen, the description of the narrator's experience takes vivid forms in the novel, and there is no doubt that what makes *Faces in the Water* such a powerful account lies in the way Frame captures the oppression experienced by her narrator. Yet, Frame's critique goes beyond merely narrating inmates' helpless victimization at the hands of the bad psychiatric establishment. The novel is more than a dramatic testimony; it is also the material through which she critiques the epistemic values of sanity/insanity. Istina's incapacity to "do" sane is partly motivated by her lucid account of the arbitrariness of the doing. Beyond the sensational account of the extra-ordinary routine on psychiatric wards, social organization in Istina's world is not that different from social organization outside psychiatric units. "Madness" and "sanity," in effect, are signified in very similar ways.

During her internment, the narrator becomes an inmate at two mental institutions: Treecroft Mental Hospital and Cliffhaven hospital. In the two psychiatric hospitals described by Istina, regulation is made visible through hierarchy and treatment. Both are regulated by the "hierarchisation" of madness perceptible in the manner patients are classified and distributed into wards according to the "level of madness." Both hospitals have the same pattern. First, the admissions wards, the points of entry into and exit from institutional life, are the most highly regarded. There, patients are "gentle patients" (74), showing a docility of character rather than kindness. Their good behavior is promoted as the consequence of psychiatric care, but also of good

patient performance. When these patients discuss current affairs, consider their diagnoses and treatments, and make future plans, they are "doing well." Second in hierarchy come the "disturbed" wards, where patients are identified by their odd look or delusional behavior. Thus "the jackets," the Queen of Norway, and the midget woman (77–79) become colorful characters whose behavior disturbs the principles of "doing sane." Finally, on the lowest tier of the hierarchy, patients with no hope of re-insertion into society, "so far gone they don't really suffer" (37), are treated with contempt, disgust, or pity by staff and inmates from "better" wards. Deemed untreatable, their remediation is discontinued, and care is focused on ensuring their lifelong survival in the institution (feeding, cleaning, and safety). Istina is eventually transferred to one such ward, Lawn Lodge, having lost all control of herself following a course of ECT treatment.

The organization of madness according to severity is not explained to Istina, nor is she informed that levels of madness are decided according to patient behavior. She discovers hierarchy through observation and deduction. To the reader, the management of "madness" is not immediately obvious as the narrative jumps backwards and forwards between events Istina witnesses and personally experiences. The narrative becomes a melting-pot of misbehaviors—the institutional management of misbehavior counter-balanced by what appears to be Istina's effort to make sense of it all. The confusion and disorientation imparted by the narrative and the reader's need to impose a sense of order on it mirrors Istina's experience of institutional life. But the moment Istina attempts to comply with this sense of order or meaning is also the moment she feels most intensely the utter loss of other possibilities given up to achieve that ordering. Hence, "good" behavior becomes the performance through which she becomes aware of what is missing from the social structures she is desperately trying to integrate. Her feeling of loss is translated into misbehavior, in the sense of missed-behavior, behavior that fails to display "something."

Misbehavior becomes the way Istina finds to express her sense that something is lost. It is the way she displays resistance to "good" behavior because she perceives "good" behavior as a personal loss. "Good" behavior, where something is lost, is harmful to her. Misbehavior, where loss is resisted, is safe (or at least safer) for her. The particular form her misbehavior takes is a virtually parodic performance of the insane behavior she observes around her and which was not part of Istina's behavioral pattern prior to internment. Under Frame's pen, "mad behavior" is then *the* form of behavior available to Istina and

through which inmates show non-cooperation. Mad behavior becomes the means to protest the loss that sane behavior entails.

In *Faces in the Water*, inmates are not the only ones who resist loss through misbehavior. Resistance to loss is also evident in staff. In several places, Istina tells us that some members of the medical staff intentionally resort to behavior that is known to elicit mad performance in patients. Many are reported teasing patients to the breaking point, for example, by confiscating an object the patient is attached to or by showing a vulnerable patient kindness and abruptly withdrawing when trust is established. Such cruelty arouses high levels of violence on both sides. The patients taunted respond with aggressive behavior that the staff crushes through physical restraint and patient isolation. Hence, Istina sees patient misbehavior as significant for *both* patients and staff. We can explore this further with the example of one of the psychiatric nurses, Sister Bridge.

Sister Bridge, Istina tells us, shared “the secrets of our real or *imagined* frailties” (121, emphasis mine). Through the literary treatment of the character, Istina shows clearly that if she construes madness as a sign of loss of possibilities, it is the same loss that she sees manifested in the experience of sanity. To be clear, Istina proposes that both sanity and insanity are contingent experiences that cannot be separated, as they both point to the loss of potential experiences. This loss is dealt with differently by inmates and nurses. To nurses like Sister Bridge, mentally ill patients are the living proof of those other possibilities, of the contingent doings that could have been hers. She rejects the possibility of those other performances for herself, but acknowledges their possibility in the misbehavior of her patients. Istina observes that Sister Bridge’s “moment of confidence [. . .] she always regretted and [. . .] caused her to show me [. . .] antagonism” (121). It is regretted not because Sister Bridge reveals her own “face in the water” to a patient but because she is admitting to being part of an ideology of sanity that guarantees Istina’s relegation to madness. Her antagonism against patients points to Sister Bridge’s resentment against having to lose the possibility of misbehavior for herself. She envies patients who, she *imagines*, have preserved their claim to misbehavior but immediately defends against desiring their misbehavior for herself by showing *them* hostility. Her wish to bring patients’ misbehavior into line translates into what Freud would have referred to as projected desire to keep her own desire to misbehave in check.¹⁴

Sister Bridge yearned to “see what was wrong with [patients] and prepare a neat dressing with ointment and clean white bandages

to soothe and heal, and with no difficulty keep the patient quietly trapped in bed"(121). Instead, she has become "a female butcher, red haired, freckle faced, fat, blowsy [. . .] so much like that of other domineering, insensitive mental nurses" (121). The slip between good nursing care and malpractice is treated by the narrator not so much as an erosion of Sister Bridge's good intentions, but rather as the nurse's confrontation with loss. The nurse's inability to "fix" mental illness, in her terms to achieve diagnosis, disinfection, cleanliness, and stillness, is equal to personal failure. As she fails to display correct behavior for "care," the nurse falls into depression. In adopting a depressive position, the nurse resorts to some form of mis-behavior, which points to the sense of personal loss I have suggested, and can be interpreted as a form of protest against her predicament. But the difference between Sister Bridge and Istina is the nurse's subsequent capacity to let go of her melancholia and to opt to "forget that patients are people" (121). The advantages of forgetfulness, of loss are clear, since the nurse can reconfigure her behavior along the familiar clichés of nursing: diagnosis, disinfection, cleanliness, and containment of ills. Patients like Istina who invite others to reveal misbehavior are resignified as "impulsive and dangerous." Impulsivity and dangerousness hardly befit Istina, since her misbehavior comes down to crying and retreating from social exchange. The "diagnosis" is not meant as realistic representation of Istina's condition. More likely, the diagnosis "impulsive and dangerous" is Istina's conclusion of what she thinks one's "face in the water" evokes. But while the capacity to lose and forget offers Sister Bridge an escape from depression, the same cannot be said for Istina, who opts to hold on to what should be forsaken. This typifies Istina as melancholic. The loss of human-ness is clearly the cost she believes she would pay for sanity and the reason why the narrator "chooses" melancholia.

Melancholia as Literary Strategy

The character of Istina becomes the quintessential illustration of Janet Frame's self-proclaimed preference for certain literary subjects: those events and people that point to misbehavior, to loss of possibilities. By her own admission, the author shied away from situations where she felt that a collective acquiescence to consensual ideologies of selfhood was required of her.¹⁵ On the contrary, she actively sought those events connoting the experience of "loss." To one familiar with

Janet Frame's life, her description of Istina sitting "in the cemetery among the chrysanthemums bunched in their brownish water inside slime-coated jam jars"(4), hiding used sanitary towels and leftover food in her room, is a vivid depiction of Frame's own experience with, and predilection for, surrounding herself with items that signify loss. But the parallel goes far beyond the simple conflation of author and narrator. Frame's work contains many examples where the author's penchant for dwelling on descriptions of dull events (*To the Is-land*¹⁶ with numerous long descriptions of agricultural chores, for example, or the short story, "The Reservoir," which appears to be nothing more than the very detailed journey of three children walking along a river), may seem uninspiring and pointless. Indeed, critics either "express disappointment over the author's ostensibly laconic and impassive" rendering of event, or frame her experience in terms of "dysphoric symptoms characteristic of post-traumatic stress disorder."¹⁷ But such critiques do not capture Frame's literary strategy. Her entire oeuvre can be read as a literary puzzle dealing with resistance to loss and preservation of experience. So, the fact that the inmates of *Faces in the Water* misbehave, as a mode of resistance against loss of possibilities, is but one configuration of Frame's narrative technique of misbehavior. More widely, Frame's propensity for melancholic attachment to content that signifies loss, in *Faces in the Water* and in other work, is a form of authorial resistance against the loss of possibilities that "good" literature underlies.

In the novel, Frame clearly petitions her reader to move away from established accounts of madness. First, as I mentioned earlier, Frame's presentation of the "truth" about madness departs from romantic literary treatments of the mad hero. She also acknowledges the governance of psychiatric narratives, of madness pathologized, but only to request that her reader remember that something else she calls "prized humanity" and "poetic essence" lurks behind romanticised or medicalised constructions of madness. By this she is obviously not referring to romantic images of the mad poet. Rather, "poetic essence" refers to what Tettenborn calls a "form of mental difference as a source of political empowerment."¹⁸ Tettenborn's essay aims to recuperate (African American) narratives to political aims, and there is an uncanny resemblance between the experiences described by authors she cites (Toni Morrison and Audre Lorde for example) and those described by Frame, even though their narrative contexts are radically different. Tettenborn's coining of a mental difference that could become resistance to "dominant versions of memory and

historiography"¹⁹ echoes Frame's "tiny poetic essence," intrinsic to the construction of self. Mental difference would be less a by-product of local socio-political ideologies than a response to events which, beyond national specificities, are experienced as traumatic. To suggest that *Faces in the Water* might be recast as an example of trauma fiction rather than madness fiction partly ties in with Cawley's initial assessment that Frame did not suffer from mental illness but with what we would now term "post traumatic stress disorder." Anne Whitehead notes how the field of "trauma theory" which, since its emergence in the 1990s had relied on psychiatric/psychoanalytic explanations, has recently shifted its emphasis towards literary interest because literature appears to be the only medium by which the un-narratable might get narrated: "Trauma emerges as that which, at the very moment of its reception, registers as a non-experience, causing conventional epistemologies to falter."²⁰ Frame's overt use of melancholic experience as the literary material where she finds alternative narratives of human experience points to a common interest in the un-nameable also described by trauma authors. I have suggested that Frame's alternative expression of human experience is enacted through misbehavior or resistance to loss. Frame intentionally adopts a melancholic position as a challenge to conventional ideas about loss (psychoanalysis for example). But where melancholia is conventionally presented as failure to integrate the codes of socialization, Frame proposes the opposite, that melancholic structures can be used to oppose conventions and point to the possibility of a re-capture of experience. While I would guard against generalizing about Frame's mission, (political, social, or literary), I am nevertheless suggesting that her tactics have much to offer toward an understanding of how literature can be used as a platform to re-think melancholic structures.

Conclusion

Istina's initial rationale behind her internment, that she did not know where to put objects connoting loss (cemetery, chrysanthemums, corpses, slime, blood, rotting food) and that she needed to hide them, has changed by the end of the novel. She has refused to forgo objects of loss, actively seeks their proximity in order to annex them, and imposes a "literary occupancy" upon them, acknowledging that her "allegiance to Safety" lies in literary performance. Frame is not making a stand for the right of mentally ill patients to be given pen

and paper so they can join the pantheon of asylum narrators. Neither is she putting her writing forward as exemplary. In a 1975 interview, Michael Noonan asked Frame, "Have you ever considered the proposition that you might be the greatest writer of the 20th century?" to which she answered: "that doesn't reach me; it is out of my province." Her reply should not be understood as false modesty (Frame candidly admitted her need for critical praise in her autobiography). Rather, her comment expresses a reluctance to carry the literary flame of an entire generation beyond the more provincial boundaries of singular experience. Frame's work is not about "good behavior" and this also goes for her literary treatment of madness. Rather, through melancholic expression, she confronts whatever expectations her readers may have of narratives of madness and retains the melancholic object as the means to achieve literary resistance.

NOTES

1. See Caminero-Santangelo, *The Madwoman Can't Speak*, 4.
2. See Showalter, *The Female Malady* and Ussher, *Women's Madness*.
3. See McNaughton, "Abjection, Melancholy, and the End Notes."
4. Schwartz, "Dancing in the Asylum."
5. Williams, *Leaving the Highway*. Brown, "Owls Do Cry."
6. Delrez, *Manifold Utopia*, xxvii.
7. *Ibid.*, xxx-xxxi.
8. Frame, *Faces In the Water*, 37; hereafter cited in the text. Page numbers associated with all other references will appear in the notes section.
9. In Freud, *On Metapsychology*.
10. *Ibid.*, 254-55.
11. I am using Jonathan Culler's distinction between "story" and "discourse": "'story', a sequence of actions or events conceived as independent of their manifestation in discourse, and 'discourse', the discursive presentation or narration of events." (*The Pursuit of Signs*, 189).
12. I am thinking of narratives in which the central character follows a path the reader would immediately recognize. I am thinking in particular of the Russian formalist Vladimir Propp, who concentrated his academic work on defining the elements that constitute folktales. See also Freud, *The Uncanny*, and Rank who put forward a similar conception of a model narrative of self the individual is encouraged to follow from an early age.
13. Schwartz, 121.
14. *On Metapsychology*, 133.
15. Frame, "Three New-Zealanders: Janet Frame."
16. First part of *An Autobiography*.
17. Henke, "Jane Campion Frames Janet Frame," 652.
18. "Melancholia as Resistance in Contemporary African American Literature," 102.
19. *Ibid.*
20. *Trauma Fiction*, 5.

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