

POLITICAL ASYLUMS: LOCATING MENTAL
ILLNESS IN LATIN AMERICAN LITERATURE (1980-2000)

By

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ABSTRACT

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This study contemplates the representation of asylums and psychiatric hospitals in a diverse selection of late twentieth-century Latin American texts, finding that these literary spaces are involved in contemporary mental health care reform movements and changing social conceptualizations of mental illnesses. A disability studies approach illuminates the interdependence and mutability of both the human body and subjectivity. Postulating that all people undergo variations in mental functioning that can be accommodated within society, I advocate replacing essentialist categories with a fluid model of mental experience. Through their portrayals of mental health care institutions, the selected literary texts examine where to place mental illness in relationship to other aspects of human existence.

The first chapter uses Michel De Certeau's *Practice of Everyday Life* to look at the tactical negotiation or “reading” of asylum spaces in the historical novel *Nadie me verá llorar* (Cristina Rivera-Garza, Mexico) and the work of text and photography *El infarto del alma* (Diamela Eltit and Paz Errázuriz, Chile). Chapter two examines how the novels *Exilio* (Lya Luft, Brazil) and *El portero* (Reinaldo Arenas, Cuba/United States) utilize a liminal genre—the fantastic—to explore the liminal spaces and subject positions associated with

the states of mental illness and exile. The final chapter analyzes the concepts of mental illness at work in two literary representations of psychiatric hospitals within the context of a life experience– the play *La mujer que cayó del cielo* (Víctor Hugo Rascón Banda, Mexico) and *The Ladies' Gallery: A Memoir of Family Secrets* (Irene Vilar, Puerto Rico)-- and in written reader responses to these two pieces.

Although the individual works vary greatly, I find that they all highlight multiple possibilities for interpreting mental illness and for negotiating or reconfiguring established structures. Through the innovative combination of a disability studies approach with a focus on mental illnesses and the Latin American context, my study contributes to our understanding of the individual texts, representational and interpretive strategies, and the interconnected questions of the body and subjectivity.

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This project is dedicated to the memory of my brother, Ryan Kanost, who would also have been a May 2007 graduate of the University of Kansas.

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Introduction

An asylum is a structure designed to separate mentally ill people from the rest of society. It is, then, a physical space that corresponds to a rigid approach to the relationship between mental health and subjectivity. Although notions of identity in the late twentieth century were shaped by deconstruction, anti-essentialism, and advancements in civil rights for many marginalized groups, people with mental illnesses continued to be relegated to objectifying physical and social spaces. As Latin America began to respond to the worldwide movement away from the institutionalization of mentally ill people, many centuries-old Latin American asylums were still in use, and although they had often been renamed and reconfigured, their original associations persisted. Latin American literature from the 1980s and 1990s records— and participates in— both the history of marginalization and the contemporary potential for change in the concepts and practices associated with mental illness. The present study focuses in on late twentieth-century Latin American literary representations of asylums and psychiatric hospitals in order to identify cultural meanings assigned to and acted out by these spaces and their occupants.

Traditionally, literary depictions of the enclosed space of the asylum have often served to symbolize oppressive governments or social structures,

and this stigmatizing approach continues to influence the representation of asylums in late twentieth-century Latin American literature. Yet mental health care reform movements in Latin America during this time period are evidence of and an impetus for change in the physical and social spaces open to mentally ill people in the region. Contemporary literary texts that deal with mental illness participate in this productive instability. Using disability studies as a framework, I approach literary portrayals of asylums and psychiatric hospitals as sites of negotiation that simultaneously reiterate, challenge, and work to reconfigure traditional social and intellectual concepts of mental illness. With this approach, I sidestep the tendencies to read mental illness as social defiance or as unbridled creativity. Instead, my disability studies approach views mental illnesses and differences as a constant in the human experience, and advocates replacing stigmatizing and inaccurate essentialist categories with a fluid model that recognizes that all people experience variations in mental health that can be accommodated within society.

My literary explorations of Latin American asylums are intended, then, to both reveal and propel a moment of potential for much-needed change in the concepts of mental illness, disability, and subjectivity. Such a disability studies approach has remained on the margins of major critical discussions of identity and subjectivity in late twentieth-century Latin American literature, and yet, as I aim to demonstrate, disability studies promises to enrich the field significantly, particularly through its emphasis on the universal instability of the

human body. Furthermore, given that work combining Latin American literary studies and disability studies is scarce, my study seeks to bridge and thereby enrich both fields.¹ In particular, I focus on an aspect of Latin American literature that has not been studied at length– the representation of mental illness– and, conversely, I consider the representation of mental illness within a historical and cultural context– late twentieth-century Latin America– that has not been examined widely in studies of mental illness in literature, which tend to emphasize French, British, and North American contexts.² This angle also yields new readings that add to the critical discussion of the individual literary texts being considered, which I have selected to represent a variety of representational strategies and cultural-political contexts: *Nadie me verá llorar* (Mexico, 1999) by Cristina Rivera-Garza, *El infarto del alma* (Chile, 1994) by Diamela Eltit and Paz Errázuriz, *Exilio* (Brazil, 1987) by Lya Luft, *El portero* (Cuba/United States, 1988) by Reinaldo Arenas, *La mujer que cayó del cielo* (Mexico, 1999) by Víctor Hugo Rascón Banda, and *The Ladies' Gallery: A Memoir of Family Secrets* (Puerto Rico/United States, 1996) by Irene Vilar. Before outlining my approaches to these texts, I must establish in detail the relationship between my study and existing critical approaches to the Latin American postboom period and to global literary representations of mental illness and disability.

While critics generally agree that Latin American literary output of the late twentieth century differed from the works of the 1960s Boom, they

interpret these changes in varying ways. In *The Post-Boom in Spanish American Fiction*, Donald Shaw provides evidence for a coherent movement of young writers reacting against what they perceived as an elitist, politically detached Boom generation. Beginning in the 1970s, Shaw contends, these postboom writers countered the Boom's self-consciously experimental and cosmopolitan bent with a renewed emphasis on direct political engagement through popular and local form, language, and subject matter (4-9). Shaw recognizes that during the last decades of the twentieth century, Spanish American writers also produced highly experimental, anti-mimetic works, and suggests that such production is more closely linked to global postmodern culture than to the postboom movement.

Considering these same trends, Raymond Williams finds in *The Modern Latin American Novel* that the "postboom" label is an inadequate descriptor, and argues that the diverse body of literature produced in Latin America during the late twentieth century is better characterized as "postmodern" (117-18). Although Williams recognizes that many scholars have questioned the viability of the concept of the postmodern condition in the context of the unevenly developed Latin American nations, he observes that the region has indeed experienced the postmodern "crisis of truth" that has been articulated in various ways by a host of theorists (120-21). Latin American postmodern literature in its various manifestations questions how best to know and represent a reality, exploring the dynamics of once-rigid

oppositions between popular and elite, local and cosmopolitan, political and aesthetic, and history and fiction. The tendency that Shaw calls postboom fiction might be considered as one Latin American reaction to the postmodern crisis of truth.³

Considering the bewildering variety of theoretical conceptualizations of late twentieth-century literary production, I am reluctant to use “postmodern” as a periodizing term in the present study. Nor is the more local and slightly more stable term, “postboom,” an adequate descriptor for the diverse group of texts considered here. Perhaps, regardless of how they are categorized, the various tendencies in late twentieth-century Latin American literature could all be considered an increasingly fractured and self-aware continuation of the avant garde reaction to modernity. At present, it must suffice to recognize that the diverse body of work discussed here consciously participates in an ongoing reconfiguration of our understanding of the dynamics of reality and representation, nature and construction, and margins and center. In its own way, each of the pieces in question here also participates in a larger Latin American and global debate on the politics of mental health care by examining— and often resituating— concepts of subjectivity, normality, ethics, and representation.

These same issues are at the heart of theoretical conceptualizations of mental illness, which have shifted at the turn of the twenty-first century, reflecting (at least ostensibly) a growing acceptance of hybridity and

multiplicity, and a recognition of each individual's potential for agency. Simultaneously, some disability rights advocates have rejected the terms "mental illness" and "mentally ill" on the grounds that they project a medicalizing view, a perspective that assumes that differences are defects, often valuing the agency of the medical authority more highly than that of the individual judged to be ill. A spectrum of alternative phrases have been suggested to replace the term "mentally ill." "People with psychiatric disabilities" has the benefit of stressing that mental illnesses are disabilities, but through the use of the word "psychiatric" it maintains the medicalizing function. Similarly, the phrase "mental health consumers" emphasizes the agency of some individuals in participating in treatment, but the medicalizing undertones persist, and the high value implicitly placed on consumerism here raises other ethical questions. The words "madness" and "mad" have been reappropriated by some individuals who have suffered human rights violations in the mental health care system, and also by some who view their mental differences as a positive identity. Even as I respect this position, I consider it equally important to recognize that many people suffer due to differences in mental and emotional functioning and feel great relief when they learn to cope with these differences through psychotherapy, medication, or a combination. An inclusive and non-medicalizing descriptor such as "people who experience differences in mental and emotional functioning" would perhaps be best, but the length of the phrase makes it impractical.

Thus, throughout this study, I use the term “mental illness,” remaining aware of the difficulties inherent in using one broad term to describe experiences that vary greatly in mode, severity, duration, and perception.⁴ Whenever practical, I strive to use phrases such as “people with mental illnesses,” responding to Otto Wahl’s critique that “broad references to ‘the mentally ill’ convey a [...] lack of appreciation for the basic human character of *individuals* with psychiatric disorders. Such terminology also communicates that ‘the mentally ill’ are a special and distinct group who are, implicitly, unlike the rest of ‘us’” (43). Although I recognize the reappropriation of the word “madness,” the essentializing and dehumanizing connotations of this term persist in other contexts— particularly, as I will argue, in the context of literary studies.

As we shall see momentarily, discussions of the cultural meanings of “madness” or “insanity” often approach this state as a fixed identity of otherness far removed from normal subjectivity. This position on the margins of language may be perceived as an extraordinary ability to transgress sociocultural norms and tap into otherwise inaccessible sources of creativity. Simultaneously, this same unconventional mode of perception and expression may manifest itself as the ultimate inability to speak and be heard. This essentializing model of madness does not lend itself to considerations of mental illness as a variable state that is indeed likely to be experienced by many speaking subjects. 1980s and 1990s Latin American literature, with its

decentering impulse, particularly begs a critical approach that consciously seeks to avoid the pitfall of essentializing mental illness. I seek out the strengths and weaknesses of major studies by Lillian Feder, Sander Gilman, Michel Foucault, Shoshana Felman, and Marta Caminero-Santangelo in order to then construct my own approach as I consider the political implications of postboom Latin American literary representations of mental illness and asylums.

Feder and Gilman are two examples of a tendency to apply a psychoanalytic approach to the study of madness in literature, perhaps the most conservative approach of the group. This framework casts literary representations of mental illness as manifestations of writers' psyches; thus, in different ways, Feder and Gilman acknowledge the impact of culture on a writer's imagination of mental illness. Yet, as we shall see, both scholars also subtly reiterate the psychoanalytic power dynamic of the analyst and patient, the latter always dependent on the former. So while a psychoanalytic approach is helpful in uncovering ways in which literary representations of mental illness are bound up in public and individual conceptualizations of mental illness, this approach is also founded on a rigid distinction between sane/self/subject and insane/other/object.

Feder's 1980 study *Madness in Literature* examines "representative literary explorations of the deranged mind" in Western literature from the fifth century B.C. to the twentieth century A.D., emphasizing "the psychological

revelations inherent in the continuity, variation, and changes in the theme of madness” in order to reveal “some of the discoveries regarding mental functioning and aberration that imaginative writers have made in their very depictions of madness” (xii). That is to say, Feder (psycho)analyzes literary representations of madness in an attempt to discover underlying patterns that reveal truths about the human mind, its cultural context, and the mutual interaction between them. Although Feder herself defines the concept of madness as dependent on its cultural context, her study, true to its theoretical milieu, seeks out universal patterns or structures within these cultural constructions. In Feder’s view, writers reiterate these patterns but can also have the special gift of acting as mediators between madness and sanity: “Since the literary artist employs structures– myth, metaphor, symbol– which continually mediate between unconscious and conscious processes, he is often a gifted explorer of what have been called the ‘*unlabeled* metaphors’ of the schizophrenic, an interpreter of the madman’s apparently indecipherable ‘messages’” (7). Feder apparently views the “mad” as absolute Others in their thoughts, language, and behavior, and even though she purports to consider the impact of cultural and historical contexts on the perception and representation of madness, she is interested in revealing patterns, not differences.

Like Feder, Gilman wavers between focusing on particularity and universality in his 1988 analysis of the representation of madness in art,

Seeing the Insane. Universally, Gilman interprets art as humans' way of controlling fearsome reality, so that a depiction of a diseased person is also a depiction of the disease, inscribing it safely within a boundary: "the frame of the painting, the finite limits of the stage, the covers of the book, the perspective of the photograph, or in the narrative form of the novel" (2). In his broad study of visual (artistic and "scientific") representations of madness from the Middle Ages through the development of photography and into the twentieth century, Gilman concludes that "the tradition of visually representing madness in the form of various icons" points to society's need to "localize and confine the mad, if only visually, in order to create a separation between the sane and the insane" (48). Gilman's outlook on art as a coping mechanism presupposes a universal, timeless, strongly negative concept of mental and other illnesses and differences, but it does allow for variety in particular artistic manifestations of this concept. He emphasizes that such texts are always created and read within the conventions and background of an interpretive community, and that readings of representations of mental illness affect its actual manifestations: "the *idea* of mental illness structures both the perception of the disease and its form" (19). Like Feder, then, Gilman seems to be caught in a dilemma between essentialism (people have always feared mental illness) and constructivism (mental illness is a continually evolving, culturally bound concept and experience).

Throughout the study, Gilman's language manifests a tension between

breaking down and maintaining the essentializing distinction between mad and sane. Gilman frequently writes in the first person plural in such a way as to imply that both the reader and writer of this book are not mentally ill. In the following quote, Gilman's use of this sane "we" implicitly contradicts his expressed intention to deny the essential negative difference of people with mental illness:

The banality of real mental illness comes into conflict with our need to have the mad be identifiable, different from ourselves. Our shock is always that they are really just like us. [...] We want— no, we need— the "mad" to be different, so we create out of the stuff of their reality myths that make them different. (13)

Similarly, a few pages later, Gilman again struggles between explicitly advocating a pluralistic approach to viewing mentally ill people, and implying, through the use of an "us versus them" opposition, that it is ultimately possible to make such a sweeping distinction:

[Mental illness] has many possible manifestations, many causes, many outcomes. But society does not respond to this differentiation. The mentally ill are simply "mad," and the stereotype of madness dominates and shapes their realities since they must live in our world, no matter if we say that they live in their own world. (16-17)

Even as Gilman criticizes society for thinking in this way, he himself denies

mentally ill people the position of subject by his very use of language to make this criticism. Ironically, Gilman's own "us versus them" language implicitly supports his claim that the "center of our popular understanding of madness" is that "madness must express itself in a way that is inherently different" (14). Both Gilman and Feder, then, manifest a strong tension between dissolving and reinforcing rigid categories of power and difference in their own conceptualizations of mental illness.

Madness and Civilization, Foucault's influential "archaeology" of the ideas and practices associated with madness in Europe from the Middle Ages through the nineteenth century, also evidences a profound ambivalence about the status of mad people as subjects.⁵ Although *Madness and Civilization* predates Feder and Gilman's studies, I discuss them first because Foucault's approach is less conventional in that it conveys a much stronger intent to study madness not as a human constant but as a cultural construct bound up in socioeconomic and political power dynamics. In defining madness as a pathology of language, Foucault seems to reject an essentializing concept of mental illness: "madness, in the classical sense, does not designate so much a specific change in the mind or in the body, as the existence, under the body's alterations, under the oddity of conduct and conversation, of a *delirious discourse*" (99, emphasis in the original). "*Language is the first and last structure of madness, its constituent form*" (100, emphasis in the original). Near the end of the book, however, Foucault crushes any progressive

potential of this seemingly constructivist definition by stipulating that “the language of delirium can be answered only by an absence of language, for delirium is not a fragment of dialogue with reason, it is not a language at all; it refers, in an ultimately silent awareness, only to transgression” (262). That is, madness exists through discourse only in the sense that madness is a discursive vacuum, an utter lack of linguistic subjectivity. *Madness and Civilization* thus concludes on a decidedly essentialist note.

For the most part, however, Foucault’s intent seems to be to examine mental illness neither as a fixed identity nor a constructed human experience, but as part of a greater system of socioeconomic control, as he declares that “the madman is not the first and the most innocent victim of confinement, but the most obscure and the most visible, the most insistent of the symbols of the confining power” (225). The asylum, then, is an institution of physical and ideological control that contains and effectively silences mad discourse (or non-discourse), converting would-be mad speakers into a spectacle of otherness. Foucault signals the seventeenth century as the beginning of the confinement and institutional control of the mad and other people who, by their unemployment, posed a threat to the socioeconomic order and were thus considered immoral (39-40). Because in the classical age madness was not considered an illness but rather “man in immediate relation to his animality,” the mad, once confined, were brought back into the orderly fold of humanity through “*discipline and brutalizing*” and forced labor (74-75, emphasis in the

original). The nineteenth-century asylum took the different strategy of mimicking and enforcing the power structure and values of the family; “now the asylum must represent the great continuity of social morality. The values of family and work, all the acknowledged virtues, now reign in the asylum” (Foucault 257). With the substantial exception of the essentializing turn near its conclusion, *Madness and Civilization* consistently argues that madness is a cultural construct that has served to reinforce the socioeconomic norms of the historical moment.

Of particular interest for my study of literary representations of mental illness is Foucault’s discussion of a centuries-old European tradition of displaying the insane; the author claims that this tradition of spectacle took on an institutionalized quality with the development of the asylum (68). Until the nineteenth century, according to Foucault,

madmen remained monsters— that is, etymologically, beings or things to be shown [...] Madness had become a thing to look at: no longer a monster inside oneself, but an animal with strange mechanisms, a bestiality from which man had long since been suppressed. (70)

In the asylum, Foucault posits, the mad are organized and observed; they are denied the subject’s ability to communicate through their “delirious discourse,” and even psychoanalysis with its emphasis on language does not foster a two-way conversation (250). Although being confined in an institution and

having one's speech be dismissed as the raving of a lunatic is most certainly a disempowering situation, I must add that it is necessary to recognize the mentally ill individual's agency in negotiating how exactly to perform this role. Likewise, although the institution of literature also has always participated to some degree in "displaying the insane," it is a known fact that many successful writers have experienced mental illnesses. Literary depictions of mental illness are often disempowering in that they repeat and reinforce essentializing, negative stereotypes, but it is imperative also to recognize the agency that many mentally ill writers have asserted through language. Although Foucault's discussion of the display of madmen illuminates a major aspect of the stigmatization of mentally ill people, it also participates in the very objectification it describes by failing to consider the individual's potential for agency.

Foucault's conclusion to *Madness and Civilization* does directly address the relationship between madness and art, although this discussion is tantalizingly ambiguous:

through madness, a work that seems to drown in the world, to reveal there its non-sense, and to transfigure itself with the features of pathology alone, actually engages within itself the world's time, masters it, and leads it; by the madness which interrupts it, a work of art opens a void, a moment of silence, a question without answer, provokes a breach without

reconciliation where the world is forced to question itself [...]
[T]he work endlessly drives madness to its limits; *where there is a work of art, there is no madness*; and yet madness is contemporary with the work of art, since it inaugurates the time of its truth. (288-89, emphasis in the original)

Foucault's conclusion implies that madness and its discourse are the driving force behind art, yet also states that, by definition, madness never operates within the work itself. By ending with this definition that relegates madness to an artistic and discursive non-space, *Madness and Civilization* reenacts and perpetuates the confinement and silencing of the insane, even as it has worked to expose madness as a culturally constructed mechanism of social control.

Both suggestive and frustrating, *Madness and Civilization* has sparked decades of dialogue on mental illness as a construction and the asylum as an instrument of control, and remains a key intertext for every subsequent study of cultural representations of mental illness. Felman, for one, seems to take Foucault's mysterious concluding moment as her point of departure in her study of the relationship between madness and literature. According to Felman, in *Writing and Madness* (originally published in French in 1978 and in English in 1985), the language of literature reclaims the language of madness, and is defined by its contradictions. Felman observes that literary language closely resembles the discourse labeled as mad and therefore equivalent to

silence, describing it as “nonsense, alienating strangeness, a transgressive excess, an illusion, a delusion, a disease” (2). When it is taken up in literature, however, Felman claims that the discourse of madness gains cultural legitimacy and is no longer considered a form of silence. Felman even goes so far as to suggest that “literature becomes the only recourse for the self-expression and the self-representation of the mad” (4). Indeed, for Felman, the special discourse of madness lies at the heart of literature: “this reclaiming of the margins both of knowledge and of power come[s] to represent the *literary* claim par excellence” (2-3). At times, Felman’s concept of literature seems promisingly subversive: “In asking what it means to be mad, the literary texts destabilize the boundary line between this ‘inside’ and this ‘outside,’ subvert this clear-cut opposition between the other and the same” (4). Yet Felman’s book, like Foucault’s, concludes on a much more ambiguous note: “It is somewhere *between* their affirmation and their denial of madness that these texts about madness *act*, and that they act themselves out as madness, i.e., as *unrepresentable*” (252, emphasis in the original). Felman cannot completely abandon the conception of madness as essentially different from sanity, and its mad discourse as essentially silent. Literature may resemble the discourse of madness, but ultimately Felman maintains that literature is not itself a discourse of madness.

In her 1998 study, *The Madwoman Can’t Speak, Or, Why Insanity Is Not Subversive*, Marta Caminero-Santangelo exposes the hypocrisy inherent

to such attempts to rehabilitate the concept of madness as a form of subversive speech, focusing particularly on the ubiquitous studies of the figure of the madwoman. She observes that since Sandra Gilbert and Susan Gubar's influential *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Imagination*, madness in women's writing has been read as a metaphorical rage and protest against the patriarchy, and in extreme forms, as a willful choice preferable to sanity (1). French feminism promoted a variation on this idea, proposing that since men have long claimed ownership of the language of rationality, women could subversively use the language of irrationality that had been relegated to them, appropriating it as a special feminine power (1). Caminero-Santangelo counters convincingly that in order for this idea of madness to be empowering, it must be understood completely figuratively, not as mental illness as actually experienced: so, she asks, why use it at all? (2). In fact, she argues, the figure of the madwoman is detrimental in that it offers the illusion of power, a symbolic resolution of a problem that persists in reality (3).

Caminero-Santangelo points to a body of post-World War II United States narrative texts that in fact consider madness the ultimate surrender to dominant discourses because madness "is characterized by the (dis)ability to produce meaning— that is, to produce representations recognizable as meaningful within society" (11). Unlike Foucault or Felman, Caminero-Santangelo does not find any sort of potential for empowerment in the

madwoman's speech. On the contrary, Caminero-Santangelo reads in her case studies a shared "interpretation of madness as an illusory self-representation of power that offers an *imaginary* solution to the impasse. As an illusion of power that masks powerlessness, madness is thus the final removal of the madwoman from any field of agency" (11-12). Caminero-Santangelo further destroys this illusion by recognizing that, while throughout history women have indeed been pronounced mad because of "unfeminine" behavior, the texts she studies in fact represent the experience of madness "as something more than a label attached to difference," and while this experience "can be understood as a last protest against the world [...] it inevitably surpassed its causes, overshadowed them, and rendered helpless the women within its grasp" (50-51). Caminero-Santangelo observes that narrators who have recovered from mental illness never "long for the protest, the creativity, the rage of madness" as would be expected if madness really were a viable mode of expression and resistance for oppressed women (50-51).

Moreover, Caminero-Santangelo makes the case that "madness is not simply personally disabling; it is absolutely antithetical, at a fundamental level, to feminism" because the madwoman's inability to conceive of herself as a subject "preempts not just individual subjectivity but the building of collective resistance as well" (179). Caminero-Santangelo adds a final deconstructive blow by pointing out the hypocrisy inherent in feminist celebrations of the

subversive power of the madwoman: “Every time [feminist scholars] write another article or book about the emancipatory power of madness, they demonstrate just how fully they themselves can engage in public, rational forms of discourse” (180). Thus Caminero-Santangelo devastatingly dismantles the illusion of madness as a form of subversive speech, but her conclusion that the madwoman absolutely cannot speak rests on the essentializing definition of madness as an absolute inability to speak or be heard at all. Only by abandoning this rigid concept of madness can we sidestep this impasse and recognize that people with mental illnesses can and do speak.

Similarly, Paul Smith in *Discerning the Subject* (1988) argues for the need for theory to avoid the tendency to limit the subject to a purely abstract concept that does not correspond to concrete political realities. Playing on an archaic word “cern” as a verb meaning “to limit,” to “discern the subject” means to identify it and also to free it from the limitations imposed by traditional theoretical discourse; a dis-cerned concept of the subject would open the category of subject by recognizing the capacity of the individual to actively resist, negotiate, and maneuver (Smith xxx). I argue that this empowering flexibility in the concept of the subject is key to a shift in cultural concepts of mental illness that is manifested in literature through unstable representations of the spaces traditionally assigned to mental illness: asylums and psychiatric hospitals.

In a twenty-first century theoretical climate founded on an epistemology of constructivism and a respectful recognition of diversity, the discourse of madness in literary studies is anachronistic and defunct. I propose “discerning” the idea of madness in order to recognize a dynamic spectrum of mental health and illness, informed by an awareness that socioeconomic and cultural factors necessarily have an impact on how such a spectrum is perceived. Our inherited discourse on madness constitutes one such cultural factor. Rejecting the simplistic opposition between mad and sane— favoring instead a view in which all people deal directly and indirectly with mental illnesses of varying severity at various moments in life and always within particular cultural, socioeconomic and historical contexts— offers the advantage of counteracting the tendency to dehumanize and disenfranchise people who are coping with mental illness, thereby working against one of the last lingering socially acceptable targets for hateful discrimination. Similarly, we do not generally categorize people essentially as either physically healthy or physically ill, but rather, we recognize that all people experience times of health and illness of varying degrees. Such a reconfiguration is currently taking place at varying rates throughout the world, and in many late twentieth-century Latin American works of literature and literary criticism, the tensions involved in this shift are housed in the physical space of the asylum.

This changing understanding of mental illness is part of the wider civil rights movement for people with all sorts of disabilities, which has given rise to

the field of disability studies in literature. Two foundational anthologies offer definitions of this growing field that suggest how disability studies would approach mental illness. Lennard Davis's introduction to *The Disability Studies Reader* defines disability studies as an academic discipline and an area of political activity that seeks the recognition of the oppression of disabled people and works to gather a "body of knowledge owned by the disability community as opposed to one written about that community by 'normals'" (1). This unified community of people with a variety of disabilities has only formed in the late twentieth century, according to Davis (3). Davis observes that "disability has been seen as eccentric, therapeutically oriented, out-of-the-mainstream, and certainly not representative of the human condition— not as race, class, or gender seem representative of that condition" (2). He asks, "What is more representative of the human condition than the body and its vicissitudes?," and suggests that disability studies, following a path similar to theoretical explorations of concepts of race, class and gender, will open cultural studies to new areas of inquiry in the body, perception, physical space, and difference (2-3). This project, like my own, depends upon a rejection of essentialism: "Since we can no longer essentialize the body, we can no longer essentialize its differences, its eccentricities, its transgressions" (5). Yet the status of mental illness as a disability remains ambiguous in Davis's introduction.

The introduction co-authored by the editors of *Disability Studies:*

Enabling the Humanities explicitly includes psychological disorders in its definition of disability as “naturally occurring or acquired bodily variations that accrue as we move through history and across cultures,” asserting that “many of us will become disabled if we live long enough” and that, indeed, disability can be considered “the fundamental aspect of human embodiment” (2). Although disability is in actuality a central image and concept in our lives, language and literature, it is perceived as a taboo subject, and when it is represented in literature, it is as a marginal experience or as a metaphor for something else (1-2). According to this introduction, the field of disability studies seeks to understand the many ways in which disability has been relegated to the margins of literary and critical activity, and is committed to opening up these areas to recognizing disabled people as active subjects with a shared culture or community identity, and whose life experiences are central, not marginal, to human experience. Such change will, as the title of the anthology indicates, “enable the humanities” by opening it up to new understandings of the body and society which have been obscured by the prevalence of metaphorical uses of disability.

Although both anthologies include mental illness in their definitions of disability, neither addresses any psychological disability at length, suggesting that at present mental illness occupies a marginal position within the disability studies movement. This may be due partly to the fact that mental illness is often not as visible as other disabilities, and although it is a disability of the

brain, many people do not think of mental illness as a disorder of the body. And yet, according to the World Health Organization's World Health Report 2001, psychiatric disorders currently "represent four of the ten leading causes of disability worldwide." Mental illness must be a central, not peripheral, concern of a strong disability studies field.

Moreover, discussions of disability in the humanities will be greatly enriched by the inclusion of a broader spectrum of cultural perspectives. The current paucity of studies considering disability issues in non-Anglophone literatures stands as a serious barrier to the development of a complex understanding of how culture mediates perceptions of bodily variation. It appears, however, that change of this nature is gathering momentum: while in early 2007 my MLA Database search for the term "disability" yielded only some fifty MLA citations for articles addressing non-Anglophone contexts, nearly half of these were published in 2004 through 2006, and the number of such citations doubled from 2005 to 2006. Still, the much needed international dimension of disability studies in the humanities is only just beginning to form, and the present project is directed in part toward strengthening this effort.

In my study I ally myself with the disability studies movement in its emphasis on the centrality of disability to human experience, in its insistence on the ethical and intellectual benefits of integrating disability perspectives into our study and teaching of literature, and in its recognition of the limitations and

pitfalls of metaphorical renderings of disability. While recognizing mentally ill people (or disabled people in general) as a community or culture may be useful for some purposes, it also seems to detract from the powerful claim that disability is not a marginal position but a major, even universal, human experience. Just as, thanks to gender theorists, we now identify a flexible relationship between biological sex, on the one hand, and gender as a culturally constructed set of norms that every individual negotiates, on the other, I argue that it will be just as useful to replace an essentializing and marginalizing concept of disability with one that recognizes that every human body has abilities and disabilities that change over time. Furthermore, an individual's perception of the state of being physically or mentally disabled comes from a dialectical relationship between his or her immediate experiences with disability and wider cultural traditions of representing such experiences.

In the first chapter of *Bending Over Backwards: Disability, Dismodernism and Other Difficult Positions* (2002), Lennard Davis advocates just such a concept of the body when he postulates a "dismodern" ethic of the body. Davis argues that postmodern identity politics have reached a dead end because, even as they favored constructivist and performative models for identity, deep down they "have been directed toward making all identities equal under a model of the rights of the dominant, often white, male, "normal" subject" (30).⁶ This concept of the subject, Davis argues, is rooted in a

eugenic approach to the body, one that considers any person who is not white, male, heterosexual, and able-bodied, to be defective and not a fully human subject. Davis posits that disability studies, in its focus on how supposedly non-standard bodies act and are represented in culture, is in a position to unite all of the other, more established identity politics movements; by reconceptualizing the body and the subject, disability studies can provide a useful new path that these other movements can follow. Davis promotes not a postmodern but a “dismodern” ethic, which entails rejecting the rigid Enlightenment model of subjectivity in favor of a flexible concept of “the partial, incomplete subject whose realization is not autonomy and independence but dependency and interdependence” (30). Davis’s concept of interdependent subjects offers a useful approach to the decentering action present in much late twentieth-century Latin American narrative, as exemplified by the complex interaction between writer-advocates and marginalized speaking subjects in the *testimonio* genre. However, the idea that physical “impairment is the rule, and normalcy is the fantasy” (Davis 31) is at best a subject of controversy in late twentieth-century Latin American texts and life experience. My analysis focuses on these intellectual and societal tensions surrounding psychiatric disorders.

I believe that in academia and in society at large, we can do away with the harmful stigma attached to mental illness by adopting what I will term, following Davis, a dismodern ethic of the mind, which would recognize that

mental illnesses and differences, like physical ones, are a constant in the human experience. Fixed, essentialist categories such as mad/sane, then, are not only inaccurate, but are harmful to everyone, and must be abandoned in favor of a model that accepts that all people move through times of relative mental health and illness, and that variations in mental functioning are to be accommodated rather than hidden away. Therefore, a dismodern ethic of the mind and body informs my study of contemporary Latin American literary representations of asylums and mental illnesses.

These literary portrayals have political implications with respect to the subjectivity of mentally ill people and also in their use of the asylum as a metaphor for national political turmoil. Disability scholars and writers like Marta Caminero-Santangelo have argued convincingly that the tradition of using physical and mental disabilities as metaphors in literature masks the reality that representation of disability as an authentic human experience is actually a palpable absence in literature. Susan Sontag and Elaine Scarry take opposing approaches to the use of metaphors involving illness, and by reconciling the two, I extract a perspective on the dangers and the possibilities of literary representations of asylums and their residents.

Sontag's *Illness as Metaphor* argues that, by using certain "loaded" illnesses such as tuberculosis, cancer, and insanity as metaphors and by using metaphors to speak of these illnesses, not only do we avoid truly speaking of the human experience of being ill, but we perpetuate the

stigmatization and oppression of ill people. When such metaphors become a commonplace, a synecdochical substitution takes place, equating the person with the negative associations we have with the illness: "My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill— is one most purified of, most resistant to, metaphoric thinking" (3). This would suggest that literary language is not suited to the disability rights movement. Indeed, disability scholars have shown that literature has almost exclusively used disability as a metaphor, rather than as a common human experience worthy of representation in its own right.

Scarry expresses a very different view when she maintains in *The Body in Pain* (1985) that physical pain cannot be directly expressed through referential language, but instead must be expressed figuratively, by comparing or relating the pain to something outside the body feeling the pain: "it is precisely because it takes no object that [pain], more than any other phenomenon, resists objectification in language" (5). Thus, people have no choice but to describe internal feelings of pain as "burning," "crushing," "pounding," and so on, always implicitly referring to either a weapon or some sort of visible bodily damage (15). A powerful component of Scarry's argument is the observation that "the act of verbally expressing pain is a necessary prelude to the collective task of diminishing pain," and that, therefore, developing a vocabulary for speaking about pain in medical, legal,

testimonial, and literary and artistic contexts will provide the means to verbally represent, and by extension, politically represent, physical suffering (9).

Scarry finds that because pain resists representation through language, it is rarely represented in literature, and she finds this absence troubling, because “the failure to express pain [...] will always work to allow its appropriation and conflation with debased forms of power; conversely, the successful expression of pain will always work to expose and make impossible that appropriation and conflation” (14). According to Scarry, then, literary representations of pain can work to destabilize the power relationships so intricately bound up in conceptions and practices involving pain.

Scarry is careful to limit her argument to pain that is clearly physical. I suggest, however, that Scarry’s theoretical and ethical position is a promising approach to the study of literary representations of mental illness, because many psychiatric disorders involve mental stress and emotional pain, and a large part of the stigma attached to these illnesses is related to the social taboo about discussing them. Scarry claims that emotional pain is not resistant to language, because unlike physical pain, emotional pain does have an external referent: “we do not simply ‘have feelings’ but have feelings *for* somebody or something”; “love is love of x, fear is fear of y, ambivalence is ambivalence about z” (5). Scarry continues: “*psychological* suffering, though often difficult for any one person to express, *does* have referential content, is susceptible to verbal objectification” (10). Yet, I argue, a person who suffers

from severe anxiety may feel extreme mental and physical distress that does not correspond to a clear referent outside of the body, just as a person with major depression feels an overwhelming and generalized emotional pain that truly is not “sadness about x.” Moreover, Scarry’s clear distinction between physical and emotional pain is too rigid to hold up to scrutiny; in reality, physical and emotional pain are often difficult to distinguish, and in many cases, mental suffering can in fact be seen as having a physiological cause (a chemical imbalance in the brain) with no clear external referent. Furthermore, mental suffering is often part and parcel of other physical conditions: insomnia, weight gain or loss, sexual dysfunction, drug addiction, and so on. By doing away with, or at least muddling, this problematic mind/body distinction, it is possible to open up Scarry’s theory to promising applications in the literary representation of mental illness. Mental illness is often marginalized within disability studies precisely because of this persistence of the Cartesian mind/body distinction, and the potential for expanding Scarry’s theory is just one example of the possibility to enhance disability studies by including mental illness consistently in the concept of disability.

Literature is made up of extended, complex, layered metaphors about various facets of human existence, and my study is informed by an awareness of the potential of these metaphors to both harm and benefit the disability rights movement. With Scarry, I believe that we cannot avoid using metaphors to speak about internal physical experiences, but I agree with

Sontag that we should be as conscious as possible of the baggage we load onto specific illnesses and the resulting impact on real people's lives.

Although some would be quick to dismiss literature as an elite cultural product with no real bearing on the lives of the majority, and even inaccessible to many of the mentally ill people it represents, I believe that literary representations do matter in that they register often conflicting conceptions of mental illness and also work in dialogue with other cultural products, thus participating in the evolution of these constructions. This dynamic is particularly pronounced in a Spanish American context in the conscious postboom drive to represent and change complex sociopolitical realities, and to participate in the reconfiguration of ingrained concepts of identity and subjectivity. I believe that the contentious dialogue on mental illness being carried out in late twentieth-century Latin American literature indicates and is an impetus for positive change in the public imagination of mental illness. All participants have a personal stake in this discussion, because, directly or indirectly, we are all affected by mental health issues.

The World Health Organization's World Health Report 2001 recognizes that barriers of stigma, discrimination, and inadequate services prevent millions of people worldwide from receiving treatment for mental illnesses, and it advocates public education and the development of community care systems that will integrate mentally ill people into society. Promoting a definition of health as "a state of complete physical, mental and social well-

being,” and recognizing that “most illnesses, mental and physical, are influenced by a combination of biological, psychological, and social factors,” the World Health Organization asserts in this report published on its website that “surveys conducted in developed as well as developing countries have shown that, during their entire lifetime, more than 25% of individuals develop one or more mental or behavioural disorders.” In keeping with this understanding of mental illness as a common human experience, the report demands that governments shut down existing mental asylums and replace them with “well-organized community-based care and psychiatric beds in general hospitals. The days of locking up people with mental or behavioural disorders in grim prison-like psychiatric institutions must end.” The World Health Organization in this report clearly signals and promotes a paradigm shift in the concept of mental illness, a shift that I see embodied in the representation of the asylum in Latin American texts from the 1980s and 1990s. In Latin America, as in the rest of the world, many asylums are still in use, and regardless of whether they have been reconfigured as psychiatric hospitals, they still stand, at the very least, as collective symbols of the old paradigm of madness that has segregated mentally ill people both physically and conceptually from the rest of society.

I find that contemporary Latin American literature often represents the asylum as a problematic and contested space, signaling a crisis in the concept of mental illness that may also become a metaphor for a situation of national

or international political tension. If the function of the asylum is to partition mentally ill people off from the rest of society, thereby emphasizing their otherness, a literary or real-life crisis in the structure or role of the asylum denotes a crisis in that society's conception of mentally ill people; an asylum that is permeable or crumbling is a structure that does not neatly contain mental illness as a mark of inherent otherness. At the same time, the asylum as a physically decaying structure of social and physical control offers itself to a wide variety of metaphorical meanings with respect to other political struggles.

My approach to reading late twentieth-century literary asylums differs greatly from most other studies of this space, and my work is unique in its focus on Latin America and its grounding in disability studies. Foucault's characterization of the asylum as an instrument of socioeconomic control in *Madness and Civilization* has been highly influential in studies of asylum literature. Another key intertext for such studies is sociologist Erving Goffman's concept of the asylum as a "total institution," one that principally is characterized by its built-in barriers that prevent inhabitants from leaving and from interacting with the outside (*Asylums* 4). Goffman lists various types of such institutions: "homes for the blind, the aged, the orphaned, and the indigent," "TB sanitarium, mental hospitals, and leprosaria," "jails, penitentiaries, P.O.W. camps, and concentration camps," "army barracks, ships, boarding schools, work camps, colonial compounds, and large mansions," and "abbeys,

monasteries, convents, and other cloisters” (4-5). According to Goffman, total institutions force their inmates to give up their individual identities, because they are obliged to always act collectively and at the command of a supervising authority (6). Such “forcing houses for changing persons” destroy the boundaries between the self and the environment, ultimately resulting in the “mortification of the self” (12). The asylum as total institution is a physical structure that not only confines people, but obliterates individual subjectivity.

Existing studies of the asylum in literature focus overwhelmingly on women in England, the United States, and France, and they adopt Goffman’s concept of the asylum and the similar one expressed by Foucault in *Madness and Civilization* to take one of two related approaches. Studies such as Mary Elene Wood’s *The Writing on the Wall: Women’s Autobiography and the Asylum* examine how autobiographical accounts of life inside an asylum simultaneously act as counterhistories to bear witness to this institutionalized objectification, and also use the power of narration to reassert the survivor’s own agency. The other common approach, taken by Barbara Tapa Lupack in *Insanity as Redemption in Contemporary American Fiction: Inmates Running the Asylum*, is to consider the political resonance of fictional depictions of asylums as oppressive systems of power within their historical contexts. Elaine Showalter combines the two tendencies effectively in *The Female Malady: Women, Madness, and English Culture, 1830-1980*.

Studies in other fields offer innovative approaches to conceptualizing these structures. In his social history, *The Eclipse of the State Mental Hospital: Policy, Stigma, and Organization*, George W. Dowdall characterizes the state mental hospital in the United States as a “maximalist organization”—one with extraordinary longevity and resistance to change (1). Such organizations are inflexible and costly, guarantee their own resources, and are not subject to competition (23-24). Unlike Goffman, whom Dowdall criticizes for conceiving of the asylum as total institution as a timeless, ahistorical entity (12), Dowdall maintains that state mental hospitals have in fact changed in the United States along with trends in mental health care and policy-making. Dowdall emphasizes that it is imperative for policy-makers to understand how these institutions have persisted in spite of their overall failure to achieve their original humanitarian goals (6). Like Dowdall, I approach the asylum, with all its cultural baggage, as a persistent institution which is nonetheless subject to change and which cannot be isolated from its social, political and historical context. This concept informs my examination of mental health care reform in 1990s Latin America and contemporary literary works.

The field of human geography, with its emphasis on the interaction between people and places, offers another useful perspective on the space of the asylum. In “Mapping ‘Mad’ Identities,” mental health geographers Hester Parr and Chris Philo examine English case studies of how “mad” people have interacted with various institutional and noninstitutional spaces. Parr and

Philo argue that people with mental illnesses negotiate their identities as they occupy a range of spaces that each bring them into contact with specific discourses and practices. The geographers map out connections between physical places and the experiences of individuals with psychiatric disorders. Analogously, my study seeks to draw connections between literary places and concepts of mental illness, bearing in mind the relationship of these thought patterns to real mental health experiences in Latin America.

In doing so, I follow Foucault's approach to reading marked spaces that are distinctly fraught with cultural significance, which he calls "heterotopias." In "Of Other Spaces," an article written in the late 1960s and published in English translation in 1986, Foucault defines the heterotopia as a real place that functions as a counter-site "in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted" (24). These spaces are not freely accessible like most spaces, but rather "presuppose a system of opening and closing that both isolates them and makes them penetrable" (26). Heterotopias fulfill a particular function in relation to all other space: either they "create a space of illusion that exposes every real space, all the sites inside of which human life is partitioned, as still more illusory" or they "create a space that is other, another real space, as perfect, as meticulous, as well arranged as ours is messy, ill constructed, and jumbled" (27). Foucault's list of these peculiar places that act as heterotopias begins with the surface of a mirror, and,

curiously, grows throughout the article to include: boarding schools, military barracks, honeymoon suites, trains, psychiatric hospitals, prisons, retirement homes, cemeteries, theaters, gardens, museums, libraries, fairgrounds, “primitive” vacation “villages,” the Islamic hamman, the Scandinavian sauna, guest bedrooms on the great farms of South America, NoTell Motels, brothels, religious colonies, and boats. The accumulation of so many spaces within the category may suggest that indeed most places can be viewed as heterotopias, but even so, Foucault presents a useful meditation on the ways in which particular spaces embody meanings relating both to what they contain and what they exclude.

This meditation is especially revealing in its consideration of the asylum. Foucault identifies a subset of heterotopias called “crisis heterotopias” which house people such as “adolescents, menstruating women, pregnant women, the elderly, etc.” who are considered to be in a state of crisis, and observes that such spaces are currently “persistently disappearing,” to be replaced by “heterotopias of deviation” which enclose people whose behavior is considered abnormal (24-25). It is in this latter category that Foucault places the psychiatric hospital. Here Foucault remains consistent with his position in *Madness and Civilization* that mental illness is not a physical crisis but a type of deviant behavior, and the asylum is meant to control its inmates, not rehabilitate them.

Rather than emphasizing this aspect of Foucault’s discussion, I am

more interested in Foucault's subsequent postulation that heterotopias "are most often linked to slices in time"; that is, they begin "to function at full capacity when men arrive at a sort of absolute break with their traditional time" (26). A heterotopia is a space that signals and enacts a rupture, then, such as the change in the conventional understanding of mental illness that I see textualized in Latin American literature at the turn of the twenty-first century. This change is part of a shift in the concept of the self, an ongoing transition from a model of subjectivity founded on a myth of bodily perfection, to a subjectivity relying on a concept of the body as constantly changing, adapting, and interacting with its surroundings in complex ways. Not coincidentally, a parallel shift is evident in the postboom rejection of the totalizing Boom text in favor of works that are self-consciously porous and incomplete. These reconceptualizations are evident in the extremely brief overview of the changing role of the asylum in nineteenth- and twentieth-century Latin America that follows. Here I synthesize the information doled out in the many national histories in *La psiquiatría en América Latina*, edited by Javier Mariátegui, and interject my own observations on the literary manifestations of these changes.

Mariátegui's book stresses chronic lack of funding as a major obstacle to the development of psychiatry in Latin America from the colonial period through the late twentieth century. Although in the colonial era only the centers of Spanish rule constructed mental asylums, by the mid-nineteenth

century asylums had been built in major cities throughout Latin America. Their main function at this time was to house mentally ill people, keeping them separate from the rest of society and providing them with an often minimal level of food, shelter and supervision. These asylums maintained a rigid physical boundary between the sane and the insane. Extreme but revealing examples of the high degree of structure in these asylums are the Mazorra asylum in La Habana which was built in 1855 by a military architect as though it were a barracks (91), and even later, the Dominican Republic's Manicomio, which was moved in 1939 to a building that had been originally built as a jail by United States occupiers and had subsequently been used as a torture center under the Trujillo dictatorship (204). Accordingly, nineteenth-century Latin American literature often represents asylums as places of permanent imprisonment for people whose incurable insanity is linked to their sociocultural transgressions. In Cirilo Villaverde's *Cecilia Valdés* (1889), for example, Cecilia and her mother Charo, who are *mulatas*, each go insane and are confined to an asylum immediately after giving birth to a baby fathered by a white man. Likewise, Juana Manuela Gorriti's short story "Una visita al manicomio" (1876) contains the account of a man who lost his mind after his love for a nun compelled him to set foot in the exclusively feminine space of a convent.

In the early twentieth century the experience and portrayal of asylum patients began to change with the development of new physical treatments

such as electroshock therapy, and also the spread of psychoanalysis with its emphasis on understanding the mind through allegories and symbols. The concurrent vanguard movements, linked to European surrealism, took interest in the subconscious as a way to move beyond the limits of rational thought in an alienating modern world, and popularized the literary depiction of madness as a special form of creativity and as a rebellious expression of alienation.

Los siete locos by Roberto Arlt (1929) is one obvious example of this tendency. The Boom of the 1960s, associated with high Modernism, often took a similarly aesthetic and metaphysical approach to madness; the ludic fragmentation in *Rayuela* by Julio Cortázar (1963), for example, finds expression in the space of the asylum. The associations between mental illness and social transgression, on the one hand, and unusual creativity, on the other, would persist in literary depictions throughout the twentieth century.

The second half of the twentieth century brought great improvements in psychiatric training and the establishment of professional organizations and publications. With the development of drug treatments and a shift toward a focus on the social aspects of mental illness, mentally ill people were more widely considered to be curable individuals who could be reincorporated into society. Many asylums were closed, and there was an emphasis on training physicians in mental health care so that people could be treated within their communities. Recalling the advances in mental health care at political and ideological turning-points such as the French Revolution and the Kennedy

administration, Itzhak Levav and colleagues suggest that “in Latin America, the demise of the dictatorships in a number of countries at the end of the last decade brought about a renaissance of mental health issues in general and societal concern for human rights” (75). Sixteen Latin American countries joined the initiative set forth at the groundbreaking Regional Conference for the Restructuring of Psychiatric Care held in Caracas in 1990 (Levav et al 80). The participating countries agreed on the need to update mental health legislation and replace centralized psychiatric hospitals with “community-based services as the chief means to attain accessible, decentralized, comprehensive, continuous and preventive care” (Levav et al 71).

The Caracas meeting recognized that the nineteenth-century model of the asylum is presently obsolete, and yet many of those outdated buildings, such as the Mazorra asylum, continued to function as central psychiatric hospitals. Julio Arboleda-Flórez and David N. Weisstub observe that even after the Caracas initiative, Latin American mental health care continued to revolve around large, deteriorating institutions, and they assert that in the region “dependence on psychiatric hospitals has brought the development of psychiatric thinking to a standstill” (38). Arboleda-Flórez and Weisstub observe that mental health care has been a relatively low priority in Latin America because of more immediate concerns of violence and political instability, and they argue that Latin American psychiatric professionals must engage in activism for improvements in legislation and increased community-

based resources (40).

At the same time, I argue, the conventional concept of madness persists but is being reconfigured in contemporary Latin American literature. In contrast to the tendencies of earlier periods, literature from the 1980s and 1990s focuses on mental illness and the space of the asylum as issues of concern in and of themselves. Many of the works considered here refer to specific real-world hospitals and individuals, reinforcing Shaw's observation of postboom literature as politically engaged and focused on the local. At the same time, these late twentieth-century literary representations of asylums are often characteristically postmodern in their self-conscious indeterminacy as they vacillate between confining mentally ill people to the dehumanizing category of madness, and opening up the concept of subjectivity to include variations in mental functioning. Such texts sometimes repeat conventional notions of people with mental illness as transgressors or geniuses, and of asylums as total institutions, but this repetition often calls attention to the failures and incoherence of such conventions. To varying degrees, the texts in question attack stigmatizing and essentializing concepts of madness of which the asylum is emblematic, and open the door for mentally ill people to be integrated into society and into the position of subject.

My study, then, enriches existing discussions of the engagement of 1980s and 1990s Latin American literature with national political situations as well as identity politics movements. It creates connections between critical

work on literary representations of space, the body, and the subject. Moreover, this project adds to the cultural diversity of disability studies by demonstrating how these issues play out in a Latin American context, and helps to establish disability studies as a fruitful and necessary approach within Latin American literary criticism. Furthermore, by focusing on the portrayal of the asylum and its residents, I develop new readings of individual literary works, and I bring out a dialogue among the works that would otherwise go unnoticed. Produced in the context of mental health care reform coinciding with the destabilizing impulse of postmodernism, the literary works that I analyze utilize a variety of representational approaches that create uncertainty, critical distance, and instability in relation to the space of the asylum and the subjectivity of mentally ill people.

I approach each selection by examining the physical and discursive spaces that mentally ill characters occupy, and by identifying ways in which the work carries on a dialogue with conventional and contemporary literary representations of such people and spaces. The first chapter, "Wandering the Halls: Asylums and Asylum Narratives as Spaces," follows Michel de Certeau's *Practice of Everyday Life* to look at the tactical negotiation of asylum spaces in *Nadie me verá llorar* and *El infarto del alma*. The historical novel *Nadie me verá llorar* by Rivera-Garza reconstructs a historical Mexican asylum, La Castañeda, which no longer exists. It approaches the early twentieth-century asylum and other government institutions— and their modes

of representation— as Foucauldian instruments of social control, but within them the novel's mentally ill protagonists find room for maneuver to act and speak as subjects. Eltit and Errázuriz's *El infarto del alma* portrays couples living in the psychiatric hospital in Putaendo Chile through photographs and a mutable text that juxtapose contradictory clichés about madness and love, thereby inviting readers to question received notions of what it means to be mentally ill. It has been the subject of articles and chapters by critics such as Julio Ramos (2000), Nelly Richard (1998), Mary Beth Tierney-Tello (1999), and Gareth Williams (2002), who have focused principally on the text's relationship with the contexts of Chilean neoliberalism, Eltit's other literary output, and the *testimonio* genre. Both texts ultimately register a marked ambivalence regarding the asylum's status as a total institution and the relationship between mental illness and subjectivity. Throughout my study I argue that this fluctuating ambivalence is characteristic of 1980s and 1990s Latin American literary representations of asylums and mentally ill people, which coincide with ongoing reconfigurations both of the intellectual category of subject and of the social spaces open to people with mental illnesses in Latin America.

Chapter 2, "Asylum as Exile: Liminality in Genre, Space, and Subjectivity," examines how the novels *Exilio* and *El portero* utilize a liminal genre— the fantastic— to explore the liminal spaces and subject positions associated with the states of mental illness and exile. Both works associate a

state of exile with mental illness and an asylum-like space, but because both can be characterized as fantastic texts (as defined by Tzvetan Todorov), *Exilio* and *El portero* maintain a sense of uncertainty regarding their protagonists' situations. I argue that the fantastic mode works to place the reader in a liminal interpretive space that parallels the subject position of the mentally ill protagonist, and also functions as a distancing mechanism that prevents a facile identification between the reader and protagonist. Furthermore, I consider the politically charged space of exile as a heterotopia, and point to the implications in Luft and Arenas of associating exile with the mental asylum.

In telling the story of a woman who takes up residence in an asylum-like boardinghouse to escape the stressful combination of her obstetrics practice, conflicting obligations to her own family and her lover, and haunting memories of the loss of her mother, Luft's novel does not deal with exile in the conventional sense. If exile is defined as a prolonged state of displacement brought on by political strife, then Luft's protagonist experiences a physical and mental exile related to a crisis in the social role of women. Indeed, in the only study of this novel yet published, Eva Paulino Bueno (2000) examines the problematic role of motherhood in *Exilio* and four other novels by Luft. *Exilio* participates in the cliché of representing mental illness as a particularly feminine state, but because of the novel's fantastic elements, this association remains perpetually suspended in uncertainty.

In contrast, *El portero* deals with a specific historical instance of political exile. Like many mentally ill people, homosexuals, criminals, and other “undesirables,” including Arenas himself, the doorman left Cuba for the United States in the Mariel exodus in 1980. The doorman’s utopian visions—or delusions—complicate his interactions with the variety of quirky people whom he lets in and out of a New York apartment building every day, until finally the apartment residents have the doorman committed to a mental institution. Studies of this novel, such as the ones by Adolfo Cacheiro (2002), William Luis (1997), and Francisco Soto (1991), have focused mainly on its relationship to the fable genre, to Arenas’s life and literary production, and to the Cuban-American political context. My own reading notes that in its representation of a (possibly) mentally ill character, *El portero* emphasizes liminal spaces: the boatlift, doorways, and finally, a search for a new, utopian home. Yet, like *Exilio*, *El portero* suspends the protagonist’s situation of mental illness and exile in fantastic uncertainty that is never resolved, thus emphasizing the dynamic nature of both states.

Finally, in “Asylum Life-writing: Individual Stories and Cultural Conversations,” I analyze the concepts of mental illness at work in two literary representations of psychiatric hospitals within the context of a life experience—*La mujer que cayó del cielo* and *The Ladies’ Gallery: A Memoir of Family Secrets*-- and in written reader responses to these two pieces. I consider life-writing as a genre with a strong potential to represent individual experiences

of mental illness within the context of a lifetime, and thus to represent the person with the mental illness as a fully human subject. In its account of the true story of a Tarahumara woman named Rita who inexplicably turned up in western Kansas and was placed in a state psychiatric hospital due to her unusual appearance and behavior, *La mujer que cayó del cielo* only partially fulfills this potential. Rascón Banda reverts to cliché in pointing to language as the nucleus of the woman's diagnosis and in painting an extreme picture of the psychiatric hospital as a total institution. This, coupled with the exaggerated ignorance and brutality of the North American characters, would at first seem to create little more than a simplistic allegory about the destructive forces of U.S. cultural imperialism. On one level, then, *La mujer que cayó del cielo* manifests the staying power of conventional representations (and misrepresentations) of mental illness and asylums. The clichés at work in the play are complicated, however, by the revelation that Rita had previously served a prison sentence for the murder of her husband, and the condemnation of conditions in Mexican mental institutions that concludes the play. Nonetheless, *La mujer que cayó del cielo* is conservative in that while it does devote its attention to the experiences of a woman in a psychiatric hospital, it is mainly concerned with what these experiences can be made to represent on a larger political level, and it does not appear to be based on the woman's own accounts. Although the play presents Rita's story, in doing so it often relegates Rita to an exoticized and objectified position;

Giner, a bilingual male character who acts as Rita's advocate, plays a much more active role.

Vilar's memoir is a powerful counterexample. *The Ladies' Gallery: A Memoir of Family Secrets* contextualizes experiences of mental illness within the life stories of three generations of Puerto Rican women. For all three women, mental illness is related to family problems and Puerto Rican political struggles, but this text does not merely use mental illness as a metaphor for social and political strife. Rather, all three levels of struggle coexist and are interrelated, and all present challenges that Vilar negotiates throughout her life and its narration. Through the act of writing, Vilar asserts her subjectivity before, during and after her stays in a psychiatric hospital. Vilar portrays herself as a patient who is fully capable of critically analyzing her own situation and her surroundings, often to the chagrin of her doctors. By definition, as Caminero-Santangelo has shown, the madwoman cannot speak— but Vilar does not fit the antiquated category of madwoman. Her memoir has been gaining attention from scholars in the fields of life-writing, Latina literature, and the representation of Puerto Rican history and politics. As the masterful expression through language of mental illness as a fluctuating human experience, *The Ladies' Gallery* embodies the dismodern conceptualization of mental illness that I argue was gradually taking hold in Latin American literature of the late twentieth century.

My study of representations of the asylum in late twentieth-century

Latin American literature brings together a body of work and its criticism, studies of the representation of mental illness in literature, and disability studies. In addition to articulating new readings of the literary texts in question, this dissertation aims to help integrate cultural studies of mental illness, disability studies, and Latin American literary studies, thereby strengthening all three fields. In the late twentieth century, postmodernism coincides with Latin American mental health care reform movements, and as I will show, contemporary literature dealing with the culturally loaded space of the asylum registers this moment of instability and of potential for positive social change.

Notes

1. At the time of this writing, a search of the MLA Bibliography for the term “disability” brought up approximately 800 citations; of these, about fifty dealt with non-English-language contexts, which included just two articles discussing Latin American texts (see Antebi and Díaz Zambrana).

2. Studies of the representation of mental illness in Latin American literature are relatively scarce, consisting mainly of articles considering individual texts, and compilations of such articles, such as the ones edited by Gladys Illárregui and Joaquín Manzi. Attention to how mental illness figures in single texts does generate innovative and relevant readings of the individual texts, but extended studies are needed in order to explore the connections between these texts and their contexts. For example, there is an extraordinarily well-developed critical discussion of madness in the life and work of the Argentine poet Jacobo Fijman: see Raúl Gustavo Aguirre, Juan-Jacobo Bajaría, Daniel Calmels, Ruth Fernández, Francine Masiello, Melanie Nicholson, Eliahu Toker, Vicente Zito Lema. Similarly, Marina Guntsche’s *Entre la locura y la cordura* stands out as a book-length study devoted to a coherent argument about the representation of mental illness in Latin American texts. Guntsche examines cases of a “buena locura argentina” in five twentieth-century novels from Argentina, arguing that this fictional madness “parodia irreverentemente la verdad oficial burguesa, mientras que proclama una utopía anticotidiana, antilógica, antimercantil” (16).

3. John Beverly and José Ovieda, Roberto González Echevarría, Naomi Lindstrom, María Eugenia Mudrovic, and Doris Sommer and George Yudice provide additional useful overviews of the debates regarding issues of the postboom and the postmodern in Latin American narrative.

4. Commenting on the multiplicity of terms and his own decision to use the phrase “persons with psychiatric disabilities,” Peter Stastny remarks that “this new polyvocality subverts the traditional psychiatric nomenclature by affirming a right to name personal experiences as one chooses” (68-69).

5. My discussion of *Madness and Civilization* is limited to precisely this text, which is Richard Howard’s notoriously problematic English translation of Foucault’s own abridgement (1964) of his doctoral dissertation (1961). See Still and Velody for detailed discussions of the differences between *Madness and Civilization* and the unabridged 1972 text known as *Histoire de la folie*.

6. Davis’s critique of identity politics is reminiscent of Wendy Brown’s assertion (1995) that identity politics are defined by their exclusion from a humanist ideal that is implicitly white, male, and middle class, and therefore identity politics cannot actually conceive of a model in which such an ideal is not privileged (65-74). Brown suggests that this impasse can be neutralized by replacing statements of “I am” with statements of “I want” (75).

Wandering the Halls: Asylums and Asylum Narratives as Spaces

“To read is to wander through an imposed system,” writes Michel de Certeau in *The Practice of Everyday Life* (1984). The writers and photographer considered in the present chapter act first and foremost as readers, making their way through the imposing physical and discursive structures of real asylums. Cristina Rivera-Garza explores the long closed La Castañeda asylum on the outskirts of Mexico City through extensive archival and historical research. Diamela Eltit and Paz Errázuriz literally journey to Putaendo, Chile to visit its anachronistic yet fully operational psychiatric hospital. Both asylums are remote, highly structured institutional places, founded on a medical model of mental illness that depends upon rigid distinctions between sane subjects and insane objects. Through their persistence— whether historical, discursive or physical— these institutions serve to perpetuate this disabling model. Yet, as Rivera-Garza, Eltit, and Errázuriz “read” and subsequently represent these places, de Certeau might suggest, they inevitably take unexpected detours and drift away from established pathways.

Rivera-Garza’s historical novel, *Nadie me verá llorar*, and Eltit and Errázuriz’s work of text and photography, *El infarto del alma*, can be considered— again following de Certeau— as “stories” based on these artists’ readings of the asylums and of the associated discourses of mental illness

and subjectivity. The present chapter utilizes de Certeau's framework in order to scrutinize the wanderings at work in these texts, questioning to what extent they diverge from the ingrained, interdependent structures of the medical model of disability and the Enlightenment model of subjectivity. I investigate how these texts negotiate existing discourses of mental illness, and how they represent the corresponding physical and discursive moves of asylum residents. Both texts depict asylums as indeterminate spaces, inscribing multiple possibilities for interaction between individuals, physical structures, and discourses, thus promoting, to some extent, a "dismodern" approach to subjectivity. While the asylum portrayed in *Nadie me verá llorar* all but requires unconventional readerly "practices," the psychiatric hospital represented in *El infarto del alma* permits both worn and innovative paths through the space and the concepts it embodies.

The Practice of Everyday Life articulates an approach to appreciating the creative potential of the unexpected ways in which individuals navigate existing spaces, texts, and structures. De Certeau adopts the speech act as a theoretical model, since "speaking effects an appropriation, or reappropriation, of language by its speakers; it establishes a *present* relative to a time and place; and it posits a *contract with the other*, (the interlocutor) in a network of places and relations" (xiii). In de Certeau's view, then, cultural consumption—reading, in a broad sense—is actually a subtle yet pervasive form of production that takes part in a web of relationships. In everyday life,

consumers trace out “‘indirect’ or ‘errant’ trajectories obeying their own logic,” forming “unforeseeable sentences, partly unreadable paths across a space” that “are neither determined nor captured by the systems in which they develop” (xviii). Rather than following the prescribed “strategies” that correspond to controlled, rational “places,” consumers often resort to improvisational “tactics.” This element of indeterminacy transforms the place into a “space,” a complex network of variables of direction, velocity, time, and the interaction between its various changeable elements. A text, then, is a place, but reading puts that place into practice, producing a space (117). Thus, “stories” inscribe a constantly changing pattern of relationships between places and spaces, strategies and tactics (118). It is impossible to think of a text – or a place– in isolation from the context of a reading (170). In practice, then, there are no fixed places, only maneuverable spaces.

As artists and as outsiders, Rivera-Garza, Eltit, and Errázuriz are not likely to consume or represent the place of the asylum purely according to the existing “strategies” prescribed for patients or mental health workers. *Nadie me verá llorar* and *El infarto del alma* represent readings of the asylum and its discourses, readings practiced by the artists and by the people they encounter within the asylums. To varying degrees, both parties oscillate between adhering to set strategies and diverging into tactical wanderings. As we shall see, while *Nadie me verá llorar* more directly models and encourages a tactical consumption of the asylum through its narrative devices, the striking

juxtapositions in *El infarto del alma* create opportunities for divergent readings. Even in this difference, both works dovetail with concurrent efforts to reconfigure the physical and subjective spaces open to people with mental illnesses in Latin America.

Pasillos sin luz

As a historian and as a literary writer, Rivera-Garza has approached the asylum not as a monolithic mechanism of rigid control and silence, but as a dynamic and continual negotiation of bodies and words. She argues that the former view, popularized in part by the antipsychiatry movement of the 1960s, does not correspond to the real conditions within asylums, which typically lacked the resources necessary to enforce such control. Rather, Rivera-Garza's historical research investigates the tactics at work within the La Castañeda asylum: "together, crossing frail bridges fraught with misgivings and mistrust, asylum doctors and inmates authored polysemic, multivocal, and heteroglot narratives with which they captured the fluid reality of mental illness, however fleetingly or fragmentarily" ("Beyond Medicalization" 269). Rivera-Garza's novel, *Nadie me verá llorar*, takes its narrative cues from this historical dialogue, representing La Castañeda as a mutable site of exchange amongst dismodern subjects.

Accordingly, Rivera-Garza's doctoral dissertation and other historical

publications are crucial intertexts for *Nadie me verá llorar*.¹ The dissertation, titled *The Masters of the Streets. Bodies, Power and Modernity in Mexico, 1867-1930*, studies the state's attempts to confine and control the bodies of prostitutes and the mentally ill who threatened and negotiated the positivist discourse of modernization in late nineteenth-century and early twentieth-century Mexico.² This study contains most of the "ingredients" that would later form *Nadie me verá llorar*. Rivera-Garza's characters are adaptations and composites of real-life people studied in her dissertation, the key setting of the La Castañeda insane asylum on the outskirts of Mexico City is a major focus of the dissertation chapter on the insane, and the novel's temporal span of roughly the 1880s to the early 1920s corresponds to the dissertation's scope of 1867-1930. Furthermore, the novel delves into thematic issues central to the dissertation, such as the sociopolitical implications of how mentally ill people are represented and represent themselves. The dissertation's reading of verbal exchanges between psychiatrists and patients recorded in the patients' files is an attempt to listen to the remnants of disenfranchised voices with new ears, a project that continues through Rivera-Garza's novel and her subsequent historical research.

Nadie me verá llorar takes its title from the character Matilda Burgos's repeatedly expressed determination to remain strong and outwardly stoic in the face of numerous hardships throughout a long and difficult life. Throughout the novel, bits and pieces of Matilda's life story accumulate,

mainly through analepses branching out from a moment in which Matilda is living in La Castañeda. Although the reliability of some of the information provided in the analepses is questionable, the following seems to be Matilda's story. As a teenager, she is uprooted from her rural, indigenous community when her alcoholic parents send her to live with her uncle in Mexico City, who uses her to test his theories of hygiene as a social panacea. As a young adult, Matilda becomes involved in a political resistance movement, works as a prostitute and performer, and becomes romantically involved with a client who is a foreign engineer involved in the mining business. After losing him to suicide, she is to spend the remaining decades of her life in La Castañeda, where she becomes the obsession of asylum photographer Joaquín Buitrago.

Throughout the novel, readers are also challenged to piece together the life story of Joaquín, a young, upper-middle-class art photographer who becomes addicted to morphine and, cut off financially by his parents, degenerates to photographing corpses, prostitutes— including young Matilda— and prison inmates. Finally, he settles in as the resident photographer at La Castañeda, where he reunites with Matilda and becomes obsessed with shedding light on her mysterious past and inner life. The stories of these two main characters merge for a brief period in 1921 when Joaquín and Matilda live together in Joaquín's newly inherited family home, but Matilda soon tires of Joaquín's persistent efforts to know her innermost thoughts and take care of her, and she retreats back into a hermetic inner world and the protective

walls of the asylum. Parallel to and influencing the stories of these characters is the backdrop of the great events of late nineteenth and early twentieth-century Mexican history, from the Porfirian era through the aftermath of the Revolution, and the ongoing processes of modernization, foreign political and economic intervention, and a changing socioeconomic structure.

In addition to these interwoven personal and national histories, *Nadie me verá llorar* intensely contemplates how such stories can be narrated. The novel's narrative style is non-chronological, leaves unresolved ellipses, and carefully avoids the first person. Over the course of the seven chapters, the third-person narration is most frequently focalized through Joaquín, but also Matilda, the psychiatrist Eduardo Oligochea, and, even more briefly, a few minor characters. At times, the narration seems filtered through an outside observer with a historical perspective. In addition to the multiple focalizers, the novel draws in epigraphs from a variety of sources, and intercalates actual medical file excerpts, passages from history books, Matilda's own letters, and fragments of period literary, scientific and popular texts. These multiple narrative strategies point to and reinforce a central preoccupation at work on many levels in the novel: the ethical problem of how one person can access and represent another person's private history and perspective. The narrator— ambiguously focalized— asserts at one point:

En los edificios del lenguaje siempre hay pasillos sin luz,
escaleras imprevistas, sótanos escondidos detrás de las

puertas cerradas cuyas llaves se pierden en los bolsillos
agujereados del único dueño, el soberano rey de los
significados. (110-11)

Through de Certeau, the present chapter fleshes out this relationship between space, language, and subjectivity in *Nadie me verá llorar*.

De Certeau's ideas about spaces and tactics provide a fruitful approach to considering ways of "reading" in the broadest sense. Rivera-Garza reads *La Castañeda* and its occupants through the documentation that remains— the official files and records left by the medical authorities. This reading process is evidenced implicitly by the novel as a whole, and is documented more directly through the "Notas finales" on sources and acknowledgments following the novel's conclusion. While asylum authorities used writing and photography as a means to diagnose, classify, and impose a degree of control on residents, Rivera-Garza reads these records against the grain, seeking instead what patterns in the doctors' use of language and management of information can tell about their own participation in discourses of gender and modernity. The novelist does not use the official documents in an attempt to reconstruct the patients' lost voices— this would only reinforce the doctors' privileged claim to authority— but to document and meditate on the loss itself.

Whereas Rivera-Garza's reading of the asylum is shaped but not dictated by the textual structures of its historical records, her characters also

make some use of tactics in their daily lives within the formidable constraints of the asylum walls and procedures. *Nadie me verá llorar* represents the asylum as a multidimensional space that acts and is acted upon by the range of complex subjects who occupy it. The novel projects no hope of recovering these subjects' voices, lost forever because they were almost never conceded the authority to be recorded. Rather, just as the characters find some degree of tactical leeway within the oppressive structures of the asylum, the space of the novel includes narrative "pasillos sin luz" that purposefully introduce indeterminacy into the representation, mirroring the author's own readerly experience. Like Rivera-Garza herself, readers have no choice but to accept the darkened passageways and wander through the novel's maze of voices and silences. *Nadie me verá llorar* thus predisposes readers to view and experience the asylum and the lives of its occupants through tactics that challenge the subject/object dynamic inherent in conventional concepts of madness.

Together, the characters' varying readings of the space of La Castañeda provide readers of the novel with a multifaceted and open-ended tour of the asylum. It is represented as a marginal and hermetic enclosure that can also be a refuge, and as a highly structured space that is nevertheless negotiated by consumers through tactical variations. The external narrator with the historical perspective emphasizes that the marginality of La Castañeda as a Mexican institution replicates the isolation of

its occupants from the rest of society: Matilda's writings, filed away, "se quedan en los márgenes de los días y del lenguaje, como Joaquín, como el manicomio mismo" (27). After the fanfare of its inauguration by Porfirio Díaz, the asylum, meant to be a beacon of progress and modernization, has been neglected over the course of the Revolution, and has become "el bote de basura de los tiempos modernos y de todos los tiempos por venir. Éste era el lugar donde se acababa el futuro, [Eduardo y Joaquín] estaban conscientes de este hecho" (29). While making his night rounds, Eduardo observes that the asylum seems "tan pequeño y tan hermético como el interior de un nuez" (96). For Joaquín, at least, this sense of enclosure offers security; returning from his five days of research in the Biblioteca Nacional in the city, he realizes for the first time that the asylum "es su santuario. La guerra perpetua de la ciudad lo cerca entero" (85). The physical and social isolation of the asylum is thus presented as both disempowering and therapeutic.

Likewise, individual trajectories are limited but not controlled by the highly ordered structure and regulations of La Castañeda. Repeatedly, Joaquín and Matilda forge their own paths within the asylum, moving in ways that are supposedly forbidden. In one instance, Joaquín approaches Matilda, who is out in the gardens near the gate: "Ella no debería estar ahí; ninguno de los dos debería estarlo. Los internos necesitan un permiso especial para cruzar los patios del plantel y los fotógrafos no tienen pretexto alguno para acercarse a ellos. De cualquier manera ocurre: la encuentra" (27). Similarly,

Matilda knowingly defies the institution's rules by spending several nights in Joaquín's room (120). In practice, these consumers of the asylum space find room for improvisation in their limited everyday trajectories.

In one significant passage, the novel takes readers on an extended tour of La Castañeda, quickly diverging from the conventional representation of the asylum as a rigidly structured "place." Eduardo has invited Joaquín to join him for a walk around the asylum, yet the description that follows does not seem to come from either of them. Rather, its source is a narrator resembling Rivera-Garza herself: an external narrating agent with a historical perspective and a detailed knowledge of La Castañeda. This orientation to the asylum begins by focusing on the technical aspects of its structure: "El manicomio tiene veinticinco edificios diseminados en 141.662 metros cuadrados. Dentro, protegidos por altos muros y rejas de hierro, los locos y los castaños proyectan sus sombras sobre lugares apartados del tiempo" (37). Even here, the technical discourse meanders off into reflective imagery. Still, the asylum is presented first as a large, exact, distinct, place marked by a fixed boundary.

The tour continues as the external historian narrating agent goes on to describe how La Castañeda is divided and how its residents specialize in various activities. Again, the presentation wavers between a Foucauldian view of the asylum as an instrument of socioeconomic discipline and, alternately, a concept of the asylum as a dynamic space that is interpreted in varying ways by its occupants. Thus, while the men and women inmates are

made to work without pay in separate workshops, the asylum also houses “poetas escribiéndole cartas a Dios; mecánicos, farmacéuticos, policías, ladrones, anarquistas que han renunciado a la violencia. Ocurren historias de amor” (37-38). And although the imposing and symmetrical building is meant to divide patients neatly by sex, class, and condition, the people also interact with this structure in unforeseeable ways: “algunos cuerpos se mueven con nerviosismo, chocando contra los muros; otros permanecen inmóviles sobre las bancas de madera observando hacia dentro las planicies púrpura de la melancolía. Sus ojos hablan con fantasmas sepultados en las paredes, con las voces diáfanas del aire” (38-39). Despite the rigidity of its structures, then, La Castañeda is presented as a negotiable space that can be experienced or consumed actively in diverse and unexpected ways.

This degree of flexibility is also apparent in the representation of the voices of asylum residents. Repeatedly, the asylum is described as a noisy place, but individual utterances typically blend together in what Joaquín considers a “griterío incesante,” and their distinct meanings are lost (28). Through the use of narrative techniques, the novel enacts an extended and partially successful attempt to make out the individual voices of Joaquín, Matilda, and Eduardo. Just as Rivera-Garza’s historical research resists the illusory goal of distilling intact voices of historical asylum residents, her novel confronts readers with prominent narrative filters that feature the indeterminacy and tactical potential inherent to the asylum itself and its

representations. Readers may struggle in vain to shed light on these narrative dark spots, but ultimately, they are obliged to wander, mirroring the tactical readings that the characters carry out within the space of La Castañeda.

Further reinforcing the necessity and usefulness of this indeterminate mode of reading, the novel explores the counterexamples of frustrated, inflexible readers, Joaquín, and to a lesser extent, Eduardo. Although only Joaquín's reading process is narrated at length, both characters fail in their attempts to read and represent Matilda's identity because they are incapable of accepting "pasillos sin luz," and instead strive to impose external systems of narration. In other words, using de Certeau's vocabulary, Joaquín and Eduardo attempt to fit a complex and dynamic *space* into the fixed structures of a *place*. It is through the narration of these frustrated efforts that the majority of the plot unfolds; readers receive Matilda's story principally through narrated accounts of how Joaquín and Eduardo construct their markedly limited versions.

Motivated by a fascination with Matilda and a sincere desire to take care of her, Joaquín strives to fill every gap in his understanding of Matilda's identity, resorting to representation systems ranging from photography to historical and medical narratives to, finally, Matilda's own autobiographical narrative. Throughout the novel, Joaquín undergoes a learning process that improves his understanding of Matilda and also of how best to gain access to

Matilda's thoughts and memories. Joaquín never realizes that his goal of a perfect representation of Matilda's identity is doomed to fail, however, because he is unable to conceive of listening to her narration without smoothing out the patchy areas with his own interpretive systems. Joaquín ultimately fails at reading Matilda because he relies too heavily on strategies rather than tactics.

Nevertheless, Joaquín's development as a reader and writer throughout the course of the novel is considerable. Before meeting Matilda, Joaquín has complete faith in his own ability as a photographer to capture a person's innermost identity and thoughts from outside. He firmly believes that he can perfectly and accurately represent a woman's true nature without any participation on her part: "las mujeres se volvían hacia adentro, hacia donde se veían como ellas mismas querían verse. Y ése era precisamente el lugar que el fotógrafo anhelaba conocer y detener para siempre. El lugar en que una mujer se acepta a sí misma" (19). Joaquín still believes "en lo imposible" when he photographs Matilda for the first time, in the brothel. As she will later do in the asylum, Matilda returns Joaquín's authoritative gaze, not only asking him how he became a "fotógrafo de putas" but also "buscando sus ojos tras la lente" (19).³ Although it is suggested that this first encounter with Matilda profoundly affects Joaquín, his reaction to Matilda's behavior when they meet in the asylum does not evidence such a change.

Joaquín remembers being surprised that Matilda spoke to him as he

took her picture: "--¿Cómo se convierte uno en fotógrafo de locos?-- le había preguntado. Joaquín, desacostumbrado a oír la voz de los sujetos que fotografiaba, pensó que se trataba de su propia conciencia" (15). Joaquín still expects his subjects to accept passively the visual representation he creates of them without asserting their own agency and voice. By verbally turning the focus back on Joaquín, Matilda destabilizes his approach. This effect is heightened by Matilda's active participation in shaping the story that the picture will tell about her, in contrast with Joaquín's customary control:

Ahí, frente a él, sentada sobre el banquillo de los locos, vistiendo un uniforme azul, la mujer que debería haber estado inmóvil y asustada, con los ojos perdidos y una hilerilla de baba cayendo por la comisura de los labios, se comportaba en cambio con la socarronería y altivez de una señorita de alcurnia posando para su primera tarjeta de visita. [...] En lugar de recargarse sobre la pared y mirar en silencio el vacío, ella se había inclinado hacia la cámara, y acomodándose el largo cabello de caoba con gestos seductores, formuló la única pregunta que le recordaba la muerte. La suya. (15-16)

Joaquín's reaction to Matilda's demeanor and question clearly shows that he has been deeply disturbed by this experience, because it so directly challenges his basic understanding of his role as a reader and writer.

When he subsequently becomes obsessed with understanding and

taking care of Matilda, Joaquín shows a changed way of thinking by asking Matilda to tell him about her life from her own perspective, thereby relinquishing part of his interpretive control and inviting Matilda to participate in her own representation. Yet Matilda's fragmentary style of speaking and her frequent use of ellipsis-- notably, also characteristics of the novel itself-- do not meet Joaquín's expectation for a coherent narrative: "sus pocas charlas carecen de sentido. Matilda se escapa a mitad de la conversación y luego se confunde entre las otras internas" (27). Unsatisfied, Joaquín seeks to fill in these gaps and impose order by researching secondary sources. After obtaining Matilda's diagnostic file from Eduardo, Joaquín goes to the Biblioteca Nacional and spends days poring over historical documents to reconstruct a coherent, contextualized narration of Matilda's life. It begins objectively, with excerpts from a reference book describing Matilda's place of origin (62-65). Yet as the novel's narration shifts between Joaquín reading in the library and detailed, intimate descriptions of the lives of Matilda's parents and Matilda herself, there is no clear indication as to Joaquín's sources-- library books? the file? Matilda?-- or the extent to which the narrative has been filtered by Joaquín's own drug-addled imagination. At the very least, Joaquín's several appearances or interventions in the story he reconstructs make it clear that he does in fact project his feelings about Matilda onto his interpretation of her life. At times, Joaquín seems to be "watching" as Matilda's story plays out according to his expectations, and occasionally, he

goes so far as to literally insert himself into the story:

Justo como lo quiso Joaquín, Matilda bajó las escalinatas sola, todavía llena de energía, curiosidad. [...] La soledad, por primera vez, la tomó de las manos y le dio un cariz de fingido valor a su rostro. Nadie la vería llorar. [...] Entonces, sin darse cuenta, empezó a llorar. *Una sombra baja de lo lejos y le ofrece, a través del tiempo, un pañuelo blanco, immaculado.*
J.B. (76, italics in the original)

Scenes such as this one indicate that, although Joaquín does not realize it, the personal motivations and expectations of the biographer inevitably become a part of the biography. As Joaquín struggles to execute a coherent reading of Matilda's life, readers of the resulting ambiguous narration must also grapple with their own strategic or tactical approaches.

Joaquín's development as a reader peaks when he seeks out Matilda's own narration of her life story. While the two live together in the asylum, Joaquín

noche a noche transcribe algunas sombras de la vida de Matilda. Su afección mental. Su condición. Son apuntes escritos a toda velocidad, garabatos sin puntuación, frases entrecortadas y fragmentos organizados sin método alguno que sólo él será capaz de entender después. (122)

Ironically, then, Joaquín's written narrative is just as hermetic as Matilda's

spoken words. Prompting her with questions, “¿Qué pasó entonces, Matilda? ¿Qué nos pasó?”, Joaquín again reveals that his own life story and perspective are inextricable from his documentation of Matilda’s (122, emphasis added). Kind as his intentions may seem, Joaquín’s inability to relinquish control over Matilda’s narration is an inability to conceive of her as a speaking subject, and Matilda therefore eventually shuts him out completely, emphasizing her own ultimate authority through her silence. Although, as we have seen, Joaquín makes use of tactics in his consumption of the space of the asylum, he is unable to extend this flexible approach to his reading of Matilda.

Eduardo stands as an additional example of the limitations inherent in a strategic reading. He does not realize that his faith in his own (pseudo)scientific authority and his unquestioning acceptance of contemporary gender norms make it impossible for him to access or represent Matilda’s inner life objectively, accurately, or respectfully. Pointing to the true instability of the ostensibly fixed system of scientific representation, the novel stresses the narrative and aesthetic qualities of Eduardo’s clinical writing: “Hay vocablos por los que Eduardo Oligochea siente especial predilección. El adjetivo implacable, por ejemplo; las sílabas de la palabra delirio que, pronunciadas una tras otra, le recuerdan las perlas artificiales de un collar” (102). Given Eduardo’s pleasure in the manipulation of language, it is significant that his written assessment of Matilda’s symptoms focuses on what

he deems inappropriate language use:

La interna es sarcástica y grosera. Habla demasiado. Hace discursos incoherentes e interminables acerca de su pasado. [...] Sufre de una imaginación excéntrica y tiene una tendencia clara a inventar historias que nunca se cansa de contar. Pasa de un asunto a otro sin parar. Proclividad a usar términos rebuscados a los cuales pretende dar otro significado. [...] (110)

This file excerpt makes it clear that Eduardo's adherence to strategy leaves him unable to find meaning in Matilda's tactical approach to language.

Together, Eduardo and Joaquín serve as examples of the failed narrating and reading strategies that the novel hopes to avoid and discourage.

Nadie me verá llorar juxtaposes these problematic outward narrations of Matilda's inner life with the novel's own tactical approach to representing the unconventional perspectives of both Joaquín and Matilda. Through its focalization, the novel confers upon the drug addict and the asylum inmate the ability to tell their own stories, and yet, the consistent use of third-person narration remains a constant reminder that Matilda and Joaquín are not truly speaking for themselves. For readers of the novel, this unresolved narrative tension promotes a tactical reading approach that acknowledges the necessary instability of the space of the text.

Although much of the novel's narration is focalized through Joaquín, a morphine addict, the perspective conveyed is rather conventional, aside from

its lack of chronological order. The high degree of filtration involved in conveying Joaquín's perspective occasionally becomes clear when the novel hints at his true way of speaking or thinking. Eduardo's assessment of Joaquín's narrative style is one of those key moments:

Hablar, para Joaquín, es desvariar. Confunde el tiempo de los verbos y los pronombres. Omite fechas. 'El,' dice refiriéndose a sí mismo, describiendo a otro. El pasado lo refiere en tercera persona. Eduardo Oligohchea lo escucha en silencio, tratando de organizar el marasmo de las palabras, los cabos sueltos de sus relatos. (33-34)

Curiously, Eduardo's observation that Joaquín uses the third person instead of the first person opens up the possibility that all of the third person narration focalized by Joaquín is actually directly narrated by him. The novel never clarifies this narrative ambiguity, but by leaving it unresolved, it calls attention to these multiple possibilities for representation.

The novel gives another glimpse of Joaquín's perceptions by presenting his thoughts directly before and after a morphine fix. Immediately beforehand, Joaquín's thoughts are at their most fragmentary and unstable: "hay sucesos que no puede olvidar, calles que permanecerán en su memoria para siempre. Agujeros luminosos. Diamantina Vicario. Un ataque súbito de nervios lo hace tartamudear. Mesones 35" (141). Subsequently, under the influence of the drug, Joaquín can literally see Matilda's verbal narration:

“Mientras la voz de Matilda sigue cayendo pausada y neutra sobre la habitación a oscuras, Joaquín efectivamente logra verlas. En la pantalla de sus paredes aparece la imagen de Matilda caminando de la casa de los Burgos a la casa de Columba” (141). This scene hints at Joaquín’s unconventional modes of perceiving, but the novel limits this type of direct insight into Joaquín’s thought patterns.

Similarly, the style of the narration focalized through Matilda does not correspond to other characters’ assessments of her thought processes. This discrepancy suggests an unresolved difficulty in how to represent a mentally ill individual’s potentially unstable or unconventional mode of perception.

Matilda focalizes much of the narration, especially the narration of her life before entering the asylum, but these passages do not typically display the hallmarks of Matilda’s voice— fragmentation, disorder, playful use of language, and profanity— observed by Joaquín and Eduardo. One of the few instances of an apparently direct insight into Matilda’s thoughts challenges Joaquín and Eduardo’s view of Matilda by presenting her deteriorating mental health as a logical and conscious decision. Through Matilda’s focalization, her return to an impenetrable inner world and to the asylum is an intentional act, a way of exerting authority over her own life and withdrawing from a society that will not cease to see her as an object:

Ante sus miradas inquisitivas y amorosas, Matilda añora más que nunca vivir en un universo sin ojos, un lugar donde lo único

importante sean las historias relatadas de noche. El silencio. Las miradas masculinas la han perseguido toda la vida. Con deseo o con exhaustividad, animadas por la lujuria o por el afán científico, los ojos de los hombres han visto, medido y evaluado su cuerpo primero, y después su mente, hasta el hartazgo. En la luz húmeda de julio, lo único que desea es volverse invisible.

(236)

Here the novel makes literal the commonly held notion that insanity is a way in which people, particularly women, protect themselves and also gain freedom from the constraints of sociocultural norms. And yet, Matilda's retreat into madness constitutes not an empowering way of speaking freely, but a real silence: the events of the remaining decades of her life are a gaping ellipsis in the novel capped only by news of her death.

It is not until the very end that the novel presents Matilda's thoughts directly, in the form of letters she has written during her confinement in the asylum. These hermetic letters do not adhere to conventions of order or structure, and thus display the characteristics that Joaquín and Eduardo have observed about Matilda's speech all along. Significantly, the letters are not accompanied by any externally imposed interpretation, but are allowed simply to speak for themselves. Because Matilda's words are placed near the end of the novel, readers confront these "pasillos sin luz" as a culmination of the novel's exploration of strategic and tactical modes of consumption.⁴ Matilda

has created a dark textual space, and it is the readers' task to find a way to negotiate it.

Both Matilda and Joaquín act as writers, then, at some point in the novel, but only Matilda's written text is presented directly to the readers of the novel. The two do, however, collaborate in the creation of a performance observed by Eduardo and, indirectly, the readers of the novel. As they are both considered mentally ill by their contemporaries, Matilda and Joaquín are constantly being diagnosed and read by powerful others, and they demonstrate an awareness of this process by creating a parodic performance of insanity. By exaggeratedly playing out Eduardo's own interpretations of them as mentally ill, they flaunt their authority not only to execute the same reading, but to criticize and mock its inaccuracies. During the brief time they live in Joaquín's family home, Matilda and Joaquín transform the place into an artistic, performative space:

han comprado máscaras y maquillaje, papel de china y un fonógrafo, copal. [...] Todas las fotografías de Joaquín están prendidas a las paredes con tachuelas. Mujeres y ausencias se reparten de manera desigual en la sala y la biblioteca, la cocina y el baño. [...] Matilda ha fabricado hileras de flores con el papel de china para adornar los cuartos comunes de la casa. Pedazos de seda cubren las lámparas para cambiar los tonos de la atmósfera. (230-31)

The two cross-dress and put on a show of insanity, with the sole visitor Eduardo as their audience. Dancing grotesquely, they taunt him: “es que estamos muy locos, Doctor [...] ¿no vas a tomar notas, Eduardo? [...] Somos todo un caso” (231). Ultimately, only Joaquín and Matilda have access to their individual thoughts and perceptions, and their performance ridicules any attempt by Eduardo-- and even, by extension, the novel itself-- to represent them fully.

Although *Nadie me verá llorar* does not arrive at any easy conclusions about its complex problems of representation, the novel itself reaches closure with the death of Matilda. Readers learn of her death through an official document, but this externally imposed narrative is quickly displaced by the final words of the novel, a sort of self-written epitaph through which Matilda forcefully commands everyone-- the novel and its readers included-- “déjenme descansar en paz” (251). Finally in the first person, Matilda takes the last word to assert her subjectivity and to resist being represented by others. By closing in this way, the novel reasserts its claim for tactical modes of reading adapted to the indeterminacy inherent in the dynamic spaces and subjects that make up any story.

Rivera-Garza has directly and persuasively advocated just such an approach to historical reading and writing on her blog in an entry titled “Di no a la voz dada”:

Dar-voz implica borrar la voz que está, la voz que es. / Dar-voz

esconde una voluntad imperialista y sorda. / Dar-voz transforma en mudo a alguien que sólo habla otra cosa. / Dar-voz refuerza el yo del dador. / Dar-voz incluso le otorga una calidad moral, sin prueba alguna, al dador. / Dar-voz multiplica la voz del dador.

Rather, she calls for historians to admit, honestly and humbly, “que lo que hacemos es escuchar/leer cuidadosamente, poner la atención adecuada y, entonces, traducir eso que viene de atrás del tiempo o se dice en otras latitudes.” Through the interactions of its characters and its tactical narrative techniques, *Nadie me verá llorar* elicits just such a mode of listening and reading. Characters’ trajectories through the space of the asylum are just as varied and indeterminate as readers’ paths through the novel, manifesting a relationship not of reading and writing subjects and voiceless objects, but of interdependent dismodern subjects.

Diario de viaje

By way of contrast, *El infarto del alma* has been praised precisely for the way Diamela Eltit and Paz Errázuriz “se valen de sus propios medios artísticos (visual y textual) para llenar la falta de lenguaje del marginado y restituirle un relato” (Medina-Sancho 230).⁵ Nelly Richard considers the text a manifestation of solidarity achieved “por la retoricidad de una palabra tan

extraña y desviada, en relación al standard práctico de la verbalidad ordinaria, como la mente de quienes convocan y justifican esta extravagancia de la letra” (257); likewise, Mary Beth Tierney-Tello has argued that the work “foregrounds the aesthetic to confer a human dignity that these subjects’ stories in themselves (incoherent and incomplete as they are) might not confer” (81). Although Gloria Medina-Sancho affirms that in this testimonial impulse, “la incorporación del amor y la locura en el lenguaje textual y visual de las autoras implica también una desestabilización de los límites que existen entre (sujeto) observante y (objeto) observado” (224), Gareth Williams finds that, quite to the contrary, the photographs are spaced and composed in such a way as to relegate their subjects to a sphere of absolute otherness and deny them any form of community (298-300). Readers navigating the turbulent textual space of *El infarto del alma* have produced multiple and contradictory readings, evidence of the tensions inherent in the drive to “dar-voz.”

This multigeneric representation of the contentious physical and conceptual space of the psychiatric hospital in Putaendo, Chile, displays its internal conflicts boldly on its cover. Readers are likely to feel unsettled before even opening the book, as their gaze is returned intensely by the prominent eyes of a slightly larger-than-life photograph of a face that exceeds the boundaries of the cover, or, as Richard puts it, “desborda sus límites confinatorios” (245). In this respect, the person on the cover— who is in fact a

female patient pictured later in the book— projects a strong sense of agency: as a human being, she is too complex to be easily contained within the neat box of a photograph, and her gaze meets the photographer's as if to assert her own authority and her willing participation in the portrait. Yet, the woman on the cover is also blatantly objectified, because she wears the title of the book and the names of the authors and publisher rather crudely stamped on her forehead, calling to mind a cattle brand or a concentration camp tattoo. This aspect of the cover suggests that the woman on the cover is a voiceless object, a blank slate on which members of the intellectual elite may write. The placement of these words seems to put the photographed woman in her place as an object, and yet it does not cancel out her piercing gaze. The severely clashing impulses encapsulated in the cover announce a persistent tension in *El infarto del alma* regarding the degree of agency attributable to the residents of the Putaendo psychiatric hospital in their roles as patients and as photographic and textual subjects.

As it proceeds, *El infarto del alma* does not allow its readers to settle into a comfortable position regarding the status of its protagonists. The black-and-white photographs on every left-hand page send mixed visual signals, all of them combining the familiar codes of posed photographs of a couple with unsettling details pointing to the socioeconomic marginalization of the couples and the shabby institutional setting that confines them. The text on each right-hand page— printed, as Richard observes, in a typewriter-like font

reminiscent of “la redacción del informe médico” (259)— wanders through a dizzying array of discourses and narrative voices: hermetic letters from a woman to an absent male beloved, Eltit’s supposed travel diary narrating her first trip with Errázuriz to the hospital in Putaendo, poem-like fragments expressing drawn-out hunger and longing, intellectual essays on the history of the hospital in a greater Chilean context and on the relationship between selfhood and otherness, and an apparent transcription of a patient’s narration of a dream. *El infarto del alma* refuses to be consumed passively, and perhaps for that reason it has proven so attractive to literary critics.⁶

More explicitly and more problematically than *Nadie me verá llorar*, *El infarto del alma* documents its creators’ spatial and discursive readings of a specific asylum, while also itself serving as a space to be consumed. Errázuriz’s photographs and Eltit’s text directly represent the artists’ physical and intellectual interaction with the Putaendo hospital and its occupants, tracing out their particular wanderings through the ostensibly closed systems of the psychiatric hospital and the discourses conventionally used to represent asylums and people with mental illnesses. Likewise, *El infarto del alma* draws its consumers through a fixed series of largely conventional visual and verbal discourses, but these juxtapositions introduce a degree of indeterminacy into individual readers’ trajectories. Whereas the narrative techniques in *Nadie me verá llorar* create an unstable textual space that all but requires a tactical reading approach, the discursive multiplicity of *El infarto del alma* readily lends

itself to both strategic and tactical modes of consumption.

As a register of Eltit's and Errázuriz's interaction with the Putaendo hospital, *El infarto del alma* documents an approach to negotiating the uneven power dynamic inherent to conventional representations of asylums and their residents. As Foucault discusses in *Madness and Civilization*, early asylums literally put mentally ill people on display as a public spectacle of entertainment (68). Because of their relative privateness and fixity, visual representations tend to replicate and exaggerate such objectification; as Rosemarie Garland-Thompson explains, photography authorizes, stylizes, and intensifies the stare typically directed at disabled people, thereby giving the viewer of a photograph a special "license" to view disability as "a state of absolute difference" (58). Similarly, Gilman argues that paintings and photographs of the "mad" act rather like miniature asylums to contain mentally ill people within the limited space of the frame or shot, thereby keeping them comfortably separate from the sane subjects who view them and fear the illness and metaphorical death they represent (*Seeing* 225). Elaine Showalter observes that nineteenth-century European psychiatrists Hugh Welch Diamond and Jean-Martin Charcot embraced photography as a method of objectively recording and diagnosing women patients, and also as a therapeutic tool for encouraging them to conform to norms for feminine appearance (86-97, 149-54). Although *Nadie me verá llorar* imagines a counterexample in Matilda's interaction with Joaquín, Showalter finds that, in

the Diamond and Charcot photographs, the female patients “sit at the doctor’s bidding; they surrender to his lens; they are at his service” (97). Just as asylum photography tends to authorize an objectifying mode of viewing, then, it also conventionally documents an uneven power relationship in which the photographer flaunts the agency to control the process of representation. A late twentieth-century South American manifestation of these conventions cited by Gilman (*Disease* 47) is *Humanario* (1976), a collaboration of Sara Facio, Alicia D’Amicio, and Julio Cortázar that portrays an Argentine asylum through photographs and text. *Humanario* depicts psychiatric patients who very clearly are not participating in their own visual representation— many cover their faces with their hands, or are sprawled out on the floor, apparently asleep.

For the most part, Errázuriz’s photographs veer sharply from this established path, depicting a collaborative relationship with the hospital residents. The majority of the photographs portray loving couples who choose to participate in the photograph by posing, many times looking back at the photographer/camera/viewer. Rather than isolating individual “madmen” as objectified Others, Errázuriz’s photographs show mentally ill people engaging in very human interactions in spite of their separation from the rest of society. Richard considers this view as highly subversive, because it replaces “las expectativas baratas de un público atraído por los clichés del expresionismo trágico de la locura” with a vision of “algo muy *personal* (el amor) con lo cual

los reclusos burlan el castigo de la despersonalización que hace pesar sobre ellos la institución social” to affirm that “no hay sujeto definitivamente cautivo de las prisiones del orden” (248, 246; emphasis in the original). Indeed, this reading holds throughout the majority of the work.

Occasionally, however, the photographs suddenly fall back in line with a more conventional, objectifying mode of asylum photography. A sequence of photographs depicting a nude woman and her fully-clothed male companion in an outdoor setting is striking, even troubling, because, unlike all the other photographs of posed couples, these photographs seem to intrude on what should have been a private moment (60-64).⁷ It is unclear whether the man is attempting to help the woman take her clothes off or put them back on, but the woman does not appear to be aware of the camera and the very public gaze to which her body is exposed. These photographs are unsettling in their ambiguity: is the woman a victim of the man’s, Errázuriz’s, and the viewer’s objectifying gazes? Or, alternately, is she asserting her freedom from the constraints of the asylum walls, her own clothing, and sociocultural norms? Eltit and Errázuriz offer no explanations to relieve readers of the discomfort of this ambivalence, and the degree to which this series of photographs differs from the others only intensifies its impact.

A second notable rupture in the photographic narrative comes at the very end of the book, where the photographs suddenly foreground the space of the asylum itself, for the first time completely devoid of people (72).

Viewers' eyes may be drawn to the angular lines and the play of light and shadow in the space, so that in the final photograph one is likely not to notice the return of human figures right away. In contrast with the other photographs of the asylum residents, this last photograph depicts them not in pairs but as spatially isolated, and rather than intentionally posing and looking at the camera, these people are slumped over on the ground, apparently oblivious to the presence of the photographer. Like the series of nude photographs, this final image is reminiscent of conventional, objectifying asylum photography that does not recognize the mental patients' agency, but rather, treats them as voiceless objects. Ending the book with this image draws attention to the tactical and strategic aspects of Errázuriz's readerly trajectory. Readers, in turn, are forced to return to the questions posed by the nude photographs and even the cover image, continuing to struggle to pinpoint the book's agenda regarding the status of mentally ill people as subjects. As is the case with the book as a whole, this final photograph does not offer any easy solution; in fact, these issues are only complicated and intensified by the accompanying text.

Like the photographs, the text of *El infarto del alma* traces and invites an ambivalent reading of the asylum as a physical and discursive space. Through its marked self-consciousness, the text inscribes Eltit's consumption of the Putaendo hospital, while foregrounding its own ambiguous position within literary and intellectual tradition. The juxtaposition of discourses— from

the genres of *crónica* and *testimonio* to an assortment of literalized metaphors of madness—lays bare the logical and ethical shortcomings of conventional representations of mentally ill subjects, but falls far short of promoting an alternative conceptualization. While the text's veritable catalogue of conventional, objectifying modes of asylum representation repeats and thus legitimizes those discourses, it also exposes jarring inconsistencies amongst them and displays their culturally constructed nature. Through its generic and discursive multiplicity, then, Eltit's text simultaneously constitutes and potentially elicits both strategic and tactical readings of the asylum.

By alluding to the genres of the *crónica de descubrimiento* and *testimonio*, the text situates itself within a broad Latin American intellectual tradition concerned with issues of subjectivity and power in representations of marginalized others. The incorporation of these genres suggests an acute awareness of such problems, even as the text itself exudes a sharp imbalance of power in Eltit's and Errázuriz's interactions with and representations of the patients.

Like an explorer of the New World, the textual version of Errázuriz has the power to enter a very different land and capture specimens of its inhabitants to document their existence upon her return: "Cuando captura sus poses, les confirma la relevancia de sus figuras" (21); "les toma fotografías que prueban, aún a ellos mismos, que están vivos" (9). In contrast to the photographs themselves, which primarily emphasize the asylum residents'

active role in their portraiture, the text downplays the patients' agency and emphasizes Errázuriz's authority: "Paz, con extrema delicadeza, va de grupo en grupo, responde a las más diversas solicitudes, permite el flujo de las múltiples inesperadas poses" (21).

Likewise, this text segment, titled "Diario de viaje," portrays the writer as an intermediary with a special ability to interpret and represent the patients' reality on their behalf. The narrator, identified as Eltit, tells of her first voyage into the markedly different space of the asylum at Putaendo, casting the asylum residents as a childlike, almost subhuman tribe that rejoices wildly upon the arrival of Errázuriz, their bridge to the civilized outside world:

Cuando atravesamos la reja veo a los asilados. No me resultan inesperados sus cuerpos ni sus rostros (no me resultan inesperados pues ya dije que días antes he visto las fotografías), sólo me desconcierta la alegría que los recorre cuando gritan: "Tía Paz". "Llegó la tía Paz". Una y otra vez como si ellos mismos no lo pudieran creer y más la besan y más la abrazan y a mí también me besan y me abrazan hombres y mujeres ante los cuales debo disimular la profunda conmoción que me provoca la precariedad de sus destinos. (9)

This travel narrative particularly resembles the *crónica* genre in the overwhelming exuberance conveyed by the accumulation of details strung together in this last sentence, and also in Eltit-narrator's struggle for words to

describe the alien bodies of the asylum patients: “¿Qué sería describir con palabras la visualidad muda de esas figuras deformadas por los fármacos, sus difíciles manías corporales, el brillo ávido de esos ojos que nos miran, nos traspasan y dejan entrever unas pupilas cuyo horizonte está bifurcado?”

(9). Like a conquistador or a colonist, Eltit-narrator recovers from her initial culture shock to condescend to the parental role that the asylum residents apparently expect her to play: “el ‘mamita’ se me vuelve cada vez más cotidiano, cada vez más natural” (19). In this vision of the asylum, the patients are childlike, subhuman creatures, radically different from the verbally and visually articulate subjects, Eltit and Errázuriz. Rivera-Garza’s blog entry sustaining that “dar-voz esconde una voluntad imperialista” is played out here almost literally. The exaggerated similarities to the *crónica* suggest that this segment could be read as a parody, but there is no referent elsewhere in the book to support such an interpretation; this is the only segment of text in which “Eltit” is clearly identified as the narrator.

The issue of the roles of Eltit and Errázuriz as mediators is further problematized by the text’s allusions to the *testimonio* genre, allusions that are so strong that critics such as Tierney-Tello and Medina-Sancho have argued that *El infarto del alma* indeed can be read as a true *testimonio*. However, just as the echoes of the *crónica* seem to lend themselves more fully to a parodic interpretation, Richard reads *El infarto del alma* as a defiant “perversión simbólico-literaria [que] desfigura el habla referencial del

testimonio" (257-58). Indeed, I find that Eltit's hybrid text exaggerates the dilemmas of representation and subjectivity central to *testimonio* by limiting the direct participation of the patients while combining fictitious and apparently authentic narratives. Only one fragment of Eltit's text— "El sueño imposible"—purports to directly quote an asylum resident's words at any length (49). Two other threads in the text, however, seem as though perhaps they could have been written by one of the patients, thus calling attention to the problem of veracity versus verisimilitude in *testimonio*.

The hermetic letters that begin and end the book could be read as the voice of an apparently fictitious mentally ill woman. If these letters are read as the words of a mentally ill person, they can be interpreted as a "pseudotestimonial" gesture that affirms her authority as a literary voice and challenges readers to struggle to understand its obscure meaning. At the same time, however, the letters reaffirm the privileged mediator's power in relaying the *testimonio*; whereas a mediator always exerts a problematic degree of influence over the presentation of the speaker's words, in this particular case the mediator (Eltit) is actually the *source* of the words. The letters only create the effect of letting a psychiatric patient speak. Similarly, the hermetic fragments titled "La falta" also seem to voice directly the experience of the patients, but as with the letters, there is no identification of a source other than Eltit. The combination of truly testimonial elements with apparently fictionalized, pseudotestimonial texts likely calls attention to

readers' own expectations about how mentally ill people use language and exaggerates the ethical problem of *testimonio* authorship.

Just as Eltit's nearly parodic exaggeration of the discourses of the *crónica* and *testimonio* serves both to reiterate and problematize the objectification of the asylum residents, the added juxtaposition of several conventional metaphorical discourses of madness has a double effect. By bringing together and making literal the metaphorical equations of madness and love, madness and resistance, and the asylum and social control, the text exposes their constructed nature and inherent flaws. However, the text may just as easily be read as reinforcing these discourses and the associated objectification of people with mental illnesses.

El infarto del alma portrays cases in which the metaphorical equation of madness and love is truly made literal. The "Diario de viaje" section articulates the cliché that "después de todo los seres humanos se enamoran como locos" (17). The idea is discussed at length in a subsequent textual segment, "El otro, mi otro," in which an unidentified intellectual narrator contemplates the relationship between Self and Other by considering exceptional cases in which this distinction is obscured or lost: mother and fetus, conjoined twins, love, and insanity (29-41). This narrator reiterates the cliché that being insane is like being in love, reasoning that in both cases, people lose the ability to separate Self from Other. The difference, the narrator claims, is that insane people do not lose themselves in another, but

rather, just lose themselves. A striking omission in this analysis is that this narrator does not consider a case of an insane person being in love— a logical next step, considering the context of the photographs. One possible readerly trajectory would be to notice this omission and to extrapolate the text's logic about Self and Other in an attempt to fill in the gap: if insanity means losing one's Self, and being in love is defined as losing oneself in another, how is it possible that the patients at Putaendo are insane *and* in love? If they are indeed in love, then the concepts of madness and love, Self and Other must be reexamined. It becomes necessary to “discern” or open up the idea of the subject (Smith), perhaps adopting a “dismodern” approach (Davis) that would acknowledge the constant dynamic interplay between the Self and its environment. The gap in logic creates an opportunity for readers to follow such a “discerning” line of thought, but this textual segment itself does the opposite by repeating a cliché that denies mentally ill people the position of subject outright.

Juxtaposed with this denial of subjectivity is the just as common metaphorical cliché equating mental illness with political resistance, implying that mentally ill people occupy a uniquely subversive subject position related to their unconventional speech, thoughts, and behavior. Again, *El infarto del alma* pushes the metaphor to its limits by suggesting, in a section titled “El amor a la enfermedad,” that the asylum is literally a political apparatus: the Putaendo inmates are the poorest of the poor, unable to participate in Chile's

neoliberal economic policies because of their disabilities, and in order to prevent this disruptive tendency from spreading, the State has confined them in a rural location and has prevented them from reproducing (55-69). The patients in the hospital at Putaendo subvert the State-imposed control exerted by the asylum on their bodies in the form of forced sterilization and isolation from society by forming loving and sexual couples anyway. Richard has identified this “deseo de querer” in *El infarto del alma* as “lo que su poética anti-neoliberal del gasto y del exceso, de la incertidumbre, contrapone a los mercados lingüísticos que sólo buscan significaciones contabilizables” (245).

Like the cliché comparison of madness and love, the metaphor of madness as resistance rings hollow when scrutinized. The cliché of resistance through madness only creates an illusion of a uniquely subversive subjectivity, and this illusion ultimately draws attention away from the actual living conditions of the individuals in the hospital. Just as “the madwoman cannot speak,” in part, Caminero-Santangelo has argued, because society in general hears only an unintelligible rant, the patients in Putaendo cannot actually have children or interact with society. Their love is effective as political resistance only symbolically and through the powerful intermediaries, Eltit and Errázuriz. Through the book, the portraits do circulate outside of the asylum’s walls, but not freely; ironically, the very book that portrays mad love as a political and economic struggle of the poor and oppressed would be prohibitively expensive.⁸ Ultimately, then, the indigent mentally ill people

whom *El infarto del alma* represents cannot buy it, but many of the book's elite consumers do have the economic and intellectual capital to afford the book, analyze it, and, perhaps, effect social change.

Although critics have focused their political readings of *El infarto del alma* on its anti-neoliberal bent, the work also contains numerous possible references to the previous epoch in Chilean politics. Even though Pinochet's regime was no longer an immediate concern when *El infarto del alma* was created, it is difficult to read about "chilenos, olvidados de la mano de Dios, entregados a la caridad rígida del Estado" (13), stripped of their civil identities, taken from view, and forgotten, without thinking of the *desaparecidos* and the human rights violations of the Pinochet dictatorship. Moreover, *El infarto del alma* repeatedly uses military language to describe the hospital: "Quedaron pues como los rebeldes militantes del movimiento anarquista de la pasión y fueron confinados ¿para siempre? a su propia desordenada orgánica" (41). Gisela Norat even goes so far as to suggest a connection between mental illness and the dictatorship: "as wards of the state, the patients in Putaendo [...] metaphorically elicit memory of forced incarceration by a military regime that stripped detainees of all rights and through abusive practices catapulted many into madness" (60). Norat further points out that "madness, more than a stigmatizing label stamped on citizens, became a combat weapon for Latin American state officials anxious to elude explaining human rights violations committed by paramilitary units" (61). The fact that the representation of the

asylum in *El infarto del alma* evokes both the Pinochet regime and its neoliberal successor is in itself a vehement indictment of human rights abuses that continue in a different guise. And yet, as Sontag would point out, by metaphorically associating mentally ill people with political victims and the psychiatric hospital with an oppressive regime, we risk losing sight of the hospital and patients as worth considering on their own terms, and synecdochically we tend to ascribe to them permanently negative and disempowering connotations.

Along with these ambivalent literal explorations of the metaphorical discourses associating madness with love and resistance, *El infarto del alma* alludes to two specific, well-known theoretical works on the subject: Foucault's *Madness and Civilization* and Sontag's *Illness as Metaphor*. *El infarto del alma* projects an image of the hospital at Putaendo as the living incarnation of Foucault's and Sontag's words. In this way, Eltit's text highlights its own ambiguous position within an ongoing international theoretical dialogue on the discursively mediated nature of the concepts of mental illness and subjectivity.

Echoing Foucault's *Madness and Civilization*, Eltit presents the Putaendo asylum as a structure meant to impose social and particularly economic control on the rogue citizens who threaten the public order by not participating in the work force: the hospital functions as "una maniobra fiscal para alcanzar la propiedad sobre los otros cuerpos ya del todo públicos por su falla mayor ante el salario, por su indigencia ante el consumo" (63). The

passage on “Juana la Loca” further literalizes this interpretation of the function of the asylum by suggesting that at least one of the patients was swallowed up by the asylum in childhood, never to emerge, for no other reason than extreme poverty (51). The fact that *El infarto del alma* does not depict any sort of rehabilitative or therapeutic treatment taking place in this hospital gives even more force to this boiled-down Foucauldian vision of the asylum as a structure of socioeconomic control. This consistency leaves little room for an ironic or detached reading. In this sense, *El infarto del alma* itself participates in the metaphorization of mental illness: it “empties out” the concepts of mental illness and psychiatric hospital, leaving only by synecdoche the concepts of poverty and social control.

This is exactly the sort of substitution that Sontag rejects in *Illness as Metaphor*, and so it is ironic, even unsettling, that *El infarto del alma* contains a strong (even if unintentional) allusion to this work.⁹ Just as Foucault’s theory of the asylum plays out literally in Eltit’s text, the hospital at Putaendo is portrayed as the embodiment of Sontag’s abstract discussion of the meanings ascribed to illnesses. Whereas Sontag examines the ways in which twentieth-century insanity has replaced nineteenth-century tuberculosis as the illness associated with superior sensitivity, Eltit discusses how psychiatric patients literally replaced tuberculosis patients at the sanitarium in Putaendo. Eltit’s text reads this substitution within its Chilean political context to expose and denounce the continuous socioeconomic injustice of which the Putaendo

hospital is emblematic. Its tuberculosis patients, according to the text, were bodies at leisure, passionate and privileged. In the late twentieth century, however, sickness is seen as a stigma, and incompatible with love or sex. The leisure class has been displaced by the opposite end of the class spectrum, since the sanitarium now contains people who are mentally unable to work and therefore are a threat to the social order (55-63). By making literal Sontag's discussion of the meanings metaphorically associated with tuberculosis and then mental illness, Eltit certainly seems to read *Illness as Metaphor* violently against the grain.

Like *El infarto del alma* as a whole, this section of the text performs a complex readerly maneuver that is difficult to identify as either strategic or tactical. In effect, the text strategically perpetuates the metaphorical "emptying out" of mental illness and the asylum, but does so by executing a tactical literal reading of Sontag. Filled with such contrary impulses, the photographs and text of *El infarto del alma* reiterate objectifying discourses of mental illness even as they expose their weaknesses and inconsistencies. As a spatial and discursive reading of the asylum, this work follows the established path while manifesting an awareness of the many detours and alternate passageways that one might choose instead.¹⁰

Photographic Space and Dismodern Subjectivity

This chapter has approached two texts involving photography through de Certeau's spatial framework in order to discern the power relationships surrounding asylum spaces. Photography as a theme and a medium in *Nadie me verá llorar* and *El infarto del alma* bears witness to the disabling Cartesian model of subjectivity that underlies conventional concepts of mental illness, but the destabilizing twists performed on photographic space in both works open up the possibility for a more complex view of the power dynamics at work in the asylum and in society at large— a dismodern view, taking into account the interdependence, incompleteness, and mutability of all subjects. Because of its history, photography necessarily recalls the conventional models, making the moments of instability all the more salient. From its incipience as a technology, photography has been associated with modernity and progress. In the context of the asylum, it was originally considered a form of scientific, objective documentation, in which sane subjects— the photographer, the clinician— seemed to control both the “writing” and “reading” of a representation of insane objects— the asylum residents.

Indeed, much more literally than other types of texts, a photograph enacts as spatial relationship that implicates its readers. Thus, viewers of an asylum photograph are placed in a particular position in relationship to the space and subjects depicted. Although they are situated beyond the space

and time of the photograph's creation, viewers are involved in a power relationship that includes the people portrayed, the space, and the photographer. Especially in an asylum photograph, the viewers and photographer often seem to dominate the processes of creation and interpretation, but, as we have seen, *Nadie me verá llorar* and *El infarto del alma* draw attention to the inherent instability of this relationship. Matilda's repeated statement that no one will see her cry is not only a determined vow, but an enactment of her subjectivity through a successful refusal to reveal certain aspects of her being to any viewer.¹¹ Along similar lines, in many images in *El infarto del alma*, it is impossible to ascertain whether the asylum residents willingly participated in their portrayal, or to what degree they have intentionally influenced the way they would be seen. As de Certeau's framework makes clear, even from a controlled vantage point or pose, unforeseen trajectories are inevitable. Visually and verbally, *Nadie me verá llorar* and *El infarto del alma* draw readers in to a fixed yet unstable asylum space where diverse dismodern subjects perpetually wander the halls.

No/mad Subject?

Although they are known for their rigid structures and are associated with the culturally ingrained objectification of people with mental illnesses, both La Castañeda and the Putaendo hospital are dynamic places that have

been negotiated, read, and represented in various creative ways by their inhabitants as well as by literal and figurative visitors. That *Nadie me verá llorar* and *El infarto del alma* strongly project such a view of these asylums points both to their poststructural intellectual context and to the contemporary Latin American mental health care reform movement. De Certeau's approach to cultural consumption is not the only perspective utilizing spatial imagery to envision the subject's inherent flexibility and creativity. As mentioned earlier in this chapter, Smith advocates "discerning" the subject, opening up the concept by acknowledging the subtleties of agency, while Davis argues for a "dismodern" subjectivity modeled after the fluctuating and porous reality of human embodiment. In addition, particularly relevant here is Rosi Braidotti's approach, given its emphasis on movement.

Braidotti has proposed the flexible concept of the nomadic subject, referring to "the kind of critical consciousness that resists settling into socially coded modes of thought and behavior" (5). She looks to the creative potential of "spaces of transit" (16), specifying that nomadism "is not fluidity without borders but rather an acute awareness of the nonfixity of boundaries" (36). A nomadic style of writing, exemplified by Braidotti's *Nomadic Subjects* itself, mixes modes, registers, and tones, disregards disciplinary boundaries and academic conventions, and incorporates quotations of other voices (37). Indeed, one of the first voices to speak in Braidotti's book is that of historian Bertheke Waaldijk in the epigraph to the introduction: "There are no/mad

women in *this attic*" (1). Similarly, the present study of consumers' modes of negotiating the physical and intellectual structures associated with La Castañeda and Putaendo rejects the commonplace that there is "no mad subject," suggesting instead that asylum residents as well as other readers function in the role of the "nomad subject." As *Nadie me verá llorar* and *El infarto del alma* attest, the changing meanings ascribed to mental illness in late twentieth-century Latin America constitute a "space of transit" that allows for multiple and unforeseen routes through literary representations of the asylum.

While Braidotti's approach is provocative in its focus on the subject's ability to move through and across, de Certeau's conceptualization also includes the effective tactic of inhabiting the interstices: "without leaving the place where [the consumer] has no choice but to live and which lays down its law for him, he establishes within it a degree of *plurality* and creativity. By an art of being in between, he draws unexpected results from his situation" (de Certeau 30). In no small part, Rivera-Garza, Eltit, and Errázuriz achieve profoundly complex representations of asylums through this "art of being in between": *Nadie me verá llorar* lies in between history and fiction, and reads between the lines of official documents, while *El infarto del alma* creates in-between interpretive spaces through the juxtaposition of images and discourses. Chapter two will consider at length the possibilities of liminality as a tactic for negotiating, conceptualizing, and representing mental illness and

the asylum.

Notes

1. These intertexts are especially important because, to date, very few critical studies (Rodríguez, Irwin) have been published dealing with Rivera-Garza's works of narrative and poetry. This may be changing, as *Nadie me verá llorar* has been included in some recent Ph.D. dissertations (see, for example, Roberts and Jenkins). Rivera-Garza has gained recognition by winning several national literary prizes in Mexico-- the Premio Nacional de Cuento (1987), the Premio Nacional de Novela José Rubén Romero (1997), and the Premio Sor Juana Inés de la Cruz (2002)-- and has participated in various published interviews dealing with her work.

2. Rivera-Garza's studies participate in the "new cultural history" of Mexico, which examines the intersections of culture, politics, and power. For an overview of this contentious trend, see *Mexico's New Cultural History: Una Lucha Libre*, a special issue of *Hispanic American Historical Review*.

3. As Rivera-Garza acknowledges in her "Notas finales," Joaquín's photographs of the prostitutes correspond in many ways to the images compiled by Ava Vargas in *La Casa de Cita: Mexican Photographs from the Belle Epoque*. These stereoscopic plates were apparently created during the Porfirian era by a photographer with the initials J.B. in collaboration with the workers in a high-class brothel. Curiously, subsequent research (Sánchez Arteché) has suggested that the photographs do not portray a brothel, but rather, a private residence.

4. Matilda's letters are a verbatim reproduction of letters written by historical La Castañeda inmate Modesta Burgos, cited and analyzed in Rivera-Garza's dissertation (324-328). To her credit, Rivera-Garza does not impose her dissertation's reading of these letters on readers of the novel, but rather, leaves each reader to find a way to approach them.

5. Moreover, in their other works, both artists have explored representations of marginal subjectivities. See, for example, Elit's *El padre mío*, based on a transcription of a recording of a homeless man who may have been affected by a mental illness, or Errázuriz's collaboration with Claudia Donoso, *La manzana de Adán*, a multigeneric work of text and photographs dealing with transvestites and the sex industry.

6. As Jaqueline Loss puts it, *El infarto del alma* may have been a "minoritarian cultural object" that resisted local commodification through its difficult aesthetic, but it has become a "celebrated artifact" on the "global and academic marketplaces" ("Portraits" 78-79).

7. The pages in *El infarto del alma* are not numbered. For the sake of convenience, I include page numbers for my citations, referring to the title page as page 1, the first photograph as page 2, and so on.

8. Tierney-Tello remarks, "the beautiful presentation of the book, the high quality of its materials, and even the volume's price all tend to dignify these subjects rather than recall their denigration," and although she does not specify the volume's original price, she notes that the book "is printed on high-quality glossy paper, making the reproduction of the photographs especially

fine” (92,95).

9. Jo Labanyi, for one, believes that “Eltit se basa evidentemente en el libro famoso de Sontag, *Illness as Metaphor*” (86). The following brief summary extracts some key excerpts from Sontag’s comparison of tuberculosis and insanity. In the late nineteenth century, “sadness made one ‘interesting.’ It was a mark of refinement, of sensibility, to be sad. That is, to be powerless” (31). And sadness was associated with tuberculosis. “But it takes a sensitive person to feel such sadness or, by implication, to contract tuberculosis” (32). “In the twentieth century, the repellent, harrowing disease that is made the index of a superior sensitivity, the vehicle of ‘spiritual’ feelings and ‘critical’ discontent, is insanity” (35). Other parallels between tuberculosis and insanity are the confinement to a sanatorium, “a kind of exile,” a “psychic voyage,” and “the notion of the sufferer as a hectic, reckless creature of passionate extremes, someone too sensitive to bear the horrors of the vulgar, everyday world” (35).

10. In its ambivalence, *El infarto del alma* registers the climate regarding mental health in Chile in the 1990s. During this decade, the Chilean government undertook a process of mental health care reform, and although the changes were a significant step, they did not eliminate regional inequities and persistent stigma. A national survey conducted in Chile in the 1990s revealed that a majority of mental disorders still went untreated, and although the government instituted improvements in the national mental health care

system during that time, rural communities and the working class still had markedly lower access to treatment for mental illness (Saldivia et al 71-72). This study also indicated that, in addition to the lack of facilities, poor understanding of mental illness and a fear of being identified as mentally ill were major obstacles that prevented Chilean people from seeking mental health care (74-75). Nevertheless, Chile certainly has made progress since the first half of the twentieth century, when for more than five decades its government repeatedly refused funding for a new national psychiatric hospital to replace the poor facilities in its seriously overcrowded, understaffed Casa de Orates (Medina 78-80).

11. *Nadie me verá llorar* includes a further example of the potential for agency through photography in the character Alberta Mascardelli, Joaquín's lover while he is studying in Italy. After Joaquín abandons Alberta in order to pursue his photography career back in Mexico, Alberta appropriates the photographic medium herself in order to assert power over him; as Joaquín puts it, "lo que ella me mandaba desde Roma eran mis propios ojos" (228). Alberta takes erotic photographs, first of her own body, then of others, and mails the photographs to Joaquín at unpredictable intervals. As Alberta hones her technique as a photographer, Joaquín becomes increasingly dependent on her photographs and obsessed with her memory, and this effect is amplified when Alberta's letters abruptly stop. Joaquín's debilitating morphine addiction develops as his only escape from

the powerful hold Alberta has gained over him through his own medium of expertise (228-29).

Asylum as Exile: Liminality in Genre, Space, and Subjectivity

The states of exile and mental illness have been conceptually linked through metaphor for centuries, most extensively through the icon of the ship of fools. Foucault's *Madness and Civilization* begins with a discussion of documented instances in which "madmen" were expelled from medieval European cities and placed on ships to wander the seas (8-11). Contemplating the symbolic resonance of this practice and its visual representations, Foucault muses:

In one sense, it simply develops, across a half-real, half-imaginary geography, the madman's *liminal* position on the horizon of medieval concern [...] A highly symbolic position, which will doubtless remain his until our own day, if we are willing to admit that what was formerly a visible fortress of order has now become the castle of our conscience. (11, emphasis in the original)

Similarly, Gilman examines the systems of meanings encapsulated in medieval ship of fools imagery, emphasizing that "what matters is not whether the ship is moored or adrift, but the sense of enclosure and the literal separation of the madman from the observer" (*Seeing* 47). This particular exile has the potential to represent either a flexible, liminal position, as Foucault first suggests, or a prison- or asylum-like enclosure, as Gilman

affirms and as Foucault implies with his later references to a “fortress” and “castle.”

Just as exile has been used to represent mental illness, mental and physical disabilities are often employed as metaphors for the state of exile. A revealing set of such examples can be found in Isabel Alvarez Borland's studies of Cuban-American literature. In an article about Cubans who were exiled to the U.S. as children, Alvarez Borland quotes writer Gustavo Pérez Firmat's description of his personal experience: “En lugar de fundir Cuba y Estados Unidos, oscilo sin cesar entre el uno y el otro. Mi vida no es síntesis sino vaivén” (19). Alvarez Borland goes on to characterize the liminal experience of writers from this *generación una y media* as “la locura de vivir a medio camino entre un mundo y otro” (19, emphasis added). In *Cuban-American Literature of Exile: From Person to Persona*, Alvarez Borland uses other disability metaphors to describe the experience of exile: speaking of Reinaldo Arenas's generation, who were exiled after being educated entirely in Cuba, Alvarez Borland states that “by virtue of their exile, these writers feel unearthed and in a sense ‘amputated’ from their place of birth” (18). Both comparisons of Cuban exiles and disabled people emphasize a shared sense of not being in any one place, of being neither here nor there.

The present chapter examines how Lya Luft's *Exílio* (1987, Brazil) and Reinaldo Arenas's *El portero* (1988, Cuba/United States) utilize a liminal genre—the fantastic—to explore the liminal spaces and subject positions

associated with the states of mental illness and exile. The reader, suspended in the defining uncertainty of the fantastic, is made to occupy a liminal subjective space that mirrors that of these novels' (possibly) mentally ill protagonists. The same unrelenting fantastic uncertainty, however, ultimately prevents the reader from identifying completely with the protagonists, because it underscores the impossibility of ever truly understanding them. In *Exilio* and *El portero*, the exile, the mentally ill person, and the reader are all neither here nor there; if one thing is certain, it is that they occupy mutable identities and subject positions. True to their postmodern cultural milieu, these novels shift the clichés of madness and exile, and destabilize the power relationships between reader and text. In that sense, these novels imply, we are all passengers on wandering ships.

Liminal Positions and the Fantastic Genre

Appropriately enough, the very concept of liminality is difficult to pin down. Many poststructural theorists have celebrated the productive flexibility of blurred boundaries and hybrid states. As just one salient example of this tendency, Homi K. Bhabha postulates “a contentious *internal* liminality providing a place from which to speak both of, and as, the minority, the exile, the marginal and the emergent” (*Location* 149, emphasis in the original). He elaborates: “it is by living on the borderline of history and language, on the

limits of race and gender, that we are in a position to translate the differences between them into a kind of solidarity” (170). Whereas Bhabha seems to view liminality as a universal human condition that allows us to negotiate culture and individuality, disability scholars have identified many negative aspects of being confined to the interstices of society.

Jeffrey Willett and Mary Jo Deegan, for example, recognize that the liminal position offers a vantage point from which to envision and enact positive social change, but the change they envision involves removing physical and sociocultural barriers that trap people with disabilities in the interstices. Willett and Deegan refer specifically to the concept of liminality as the middle stage of a rite of passage, an idea developed by French ethnographer Arnold van Gennep in the early twentieth century. In a rite of passage, the theory goes, a person is first separated symbolically from the community, then passes through a liminal transition, and finally is reincorporated into the group. Willett and Deegan extend social scientist Victor Turner’s characterization of the liminal phase of traditional rites of passage, arguing that, like the traditional liminal figure, people with disabilities often experience a lack of a clear social or gender role, social invisibility or literal seclusion, symbolic association with death and contamination, and socioeconomic outsiderhood (139-40). Despite this multitude of hardships, the authors believe that “the liminal status has the power to redefine and reshape the disabling society” because a liminal person “is forced to think

about the established social structure as they prepare to re-enter that structure,” and thus “the arbitrariness and hostility of the disabling society can be revealed and shattered” (147). I contend that by placing its reader on a threshold, fantastic literature has the potential to catalyze similar changes in perspective.

My discussion of the fantastic is grounded in the most widely-referenced definition of the genre, articulated by Tzvetan Todorov in *The Fantastic: A Structural Approach to a Literary Genre*.¹ Todorov’s concept of the fantastic hinges on the reader’s projected response to the imaginary world of the text, for a fantastic text “must oblige the reader to consider the world of the characters as a world of living persons and to hesitate between a natural and a supernatural explanation of the events described” (33). Although Todorov states that at the end of the story the reader “opts for one solution or the other, and thereby emerges from the fantastic” (41), perhaps a well-trained postmodern reader would be satisfied with the now commonplace ending that leaves such mysteries unresolved. At any rate, Todorov stipulates that if the “laws of reality” can explain the phenomena, then the work is classified in the uncanny genre, whereas if “new laws of nature” must be adopted, the work belongs to the marvelous (41).

Because the fantastic exists on the border between the uncanny and the marvelous, it has an affinity for themes of liminality. Todorov identifies a cluster of themes in fantastic literature called “themes of the self,” which

include madness and relate to “the fragility of the limit between matter and mind”: “a special causality, pan-determinism; multiplication of the personality; collapse of the limit between subject and object; and lastly, the transformation of time and space” (120). I extend this observation to argue that the fantastic is a genre particularly suited to representing a “dismodern” subjectivity based on an understanding of the human self as a mutable site that is constantly interacting with its environment. The fantastic may be effective in representing a character’s mental illness as a fluctuating or transitory experience rather than a fixed otherness, precisely because it does not allow for an easy categorization of people as either sane or insane.

A fantastic text that represents a character as occupying a liminal space between sanity and insanity or reality and fantasy also creates a parallel interpretive space for the reader, who is made to vacillate between rational and marvelous explanations for the phenomena presented. Thus, I argue, the fantastic can position a character who may be mentally ill and the reader in analogous liminal spaces, and therefore create an identification between the two as subjects. At the same time, however, because in a true fantastic text the reader may never fully know or clearly understand the world of the story, the fantastic also works to distance the reader. The reader may occupy a space that is parallel to that of a character, but never the same space.

Doris Sommer identifies comparable distancing mechanisms in her

studies of particularist or minority writing. In "Attitude, Its Rhetoric," she observes: "particularist writing interrupts intimacy with unfriendly noises and identifies itself through announcements of limited intimacy and access, through gaps in communication that tell a reader where to stop" (205). Thus, Sommer outlines a variety of distancing rhetorical figures and tropes in particularist writing, which she considers imperative because "universalists who mistake their setting for the universe need obstacles to notice the boundaries, perhaps to stumble, and then to step more carefully" (209).² Sommer's framework can be extended to the specific case of disability, revealing that particularist textual maneuvers can work to remind readers that the perfect, self-sufficient universal subject is an inadequate and harmful model because all human beings interface with the world through imperfect, mutable bodies. While Sommer does not include the fantastic in her discussion of the distancing mechanisms of particularist writing, this genre indeed has an inherent ability to "detain [readers] at the boundary between contact and conquest" (201-02). The present chapter explores at length how the fantastic texts *Exilio* and *El portero* both elicit and evade identification by placing the reader in a liminal position akin to the asylum-like spaces inhabited by the protagonists.

You Can't Go Home Again

The once-grand Casa Vermelha is surrounded by forest on one side and, on the other, a sharp cliff overlooking an unnamed seaside city. It functions simultaneously as a boarding house, an asylum, a hospice, and a fairytale castle, and it is inhabited by a cast of dysfunctional yet very human characters who are living with a variety of severe mental and physical illnesses. In its own hybrid identity, and in the diversity of its human occupants, this house is a space of multiplicity. Through this setting, Lya Luft's 1987 novel *Exílio* explores the intricate workings of memory and the imagination, and projects a deeply ambivalent picture of the family and the role of women in contemporary society. The memories and perceptions of the unnamed narrator/protagonist gradually reveal how she, an obstetrician, mother, and wife, has abandoned her former life to take up residence in this bleak place, but the novel's hermetic, lyrical closing leaves her future fate uncertain.

In her long career as a prolific novelist, poet and translator, Luft has been considered a major figure in contemporary Brazilian literature, but *Exílio* has received almost no attention from literary critics. In fact, *Exílio* has apparently been addressed at length by only one published critical study to date. Eva Paulino Bueno includes *Exílio* in her study of the portrayal of motherhood as a problematic yet inescapable role for contemporary women in

five novels by Luft. Through all five novels, this critic traces the problem of the “profunda contradição entre esta ‘maternidade necessária’ e os outros desejos e aspirações de uma mulher,” finding that throughout Luft’s work, “esta contradição se resolve– ou é exposta– com a morte do filho” (604). Bueno observes in passing that, for many of Luft’s characters, “a loucura se transforma no substituto do papel de esposa e mãe” (606).

The present study further interrogates the complex relationship in *Exílio* between mental illness, gender, and also exile and liminality. After examining the concept of exile at work in this novel and exploring the Casa Vermelha as a liminal, asylum-like space, I analyze how *Exílio* manifests a dynamic subjectivity by maintaining a tension– reminiscent of Sommer’s particularist rhetoric– between intimately expressing an experience of mental illness and distancing the reader through fantastic uncertainty.

The topic of exile is clearly prominent in Luft’s novel, with that single word representing the entire work as its title. What sort of exile is this, though, when the novel takes place in a vague geographical and historical context, and the only physical displacement involved is the narrator’s decision to leave her husband and move to her lover’s city of residence? As my analysis of *Exílio* demonstrates, exile in this novel invokes states of liminality with a political edge. The narrator’s “exile” in the Casa Vermelha represents her separation from both her traditional feminine role as long-suffering wife and mother, as well as her somewhat less conventional roles as a lover and a

successful professional. Unable to negotiate these contradictory roles and lacking any social or familial support, she is stranded in a state of gender “rolelessness.” At the same time, and not coincidentally, she is experiencing a state of profound emotional alienation that she herself identifies as depression. In her inability to conform to a socially recognized gender role, and in her liminality related to disability, the narrator’s “exile” in the Casa Vermelha does carry a political charge. Carla Cristina Garcia identifies a similar dynamic in her 1995 study of women and mental illness in Brazil. Noting that more women than men seek psychiatric treatment, Garcia suggests:

Esse fato pode ser interpretado como uma das conseqüências do peso de ter que arcar com múltiplas funções, muitas vezes incompatíveis. Os trabalhos fora do lar, os cuidados com a casa e a família e os inúmeros partos perigosos que consomem a saúde tanto física quanto mental, fazem que as mulheres estejam sob tensões de ordem muito diferente das masculinas.

(115)

Likewise, by linking the narrator’s difficult negotiation of feminine roles with her experiences of social and emotional exile, Luft’s novel implies a strong connection between gender and disability oppression.

As I seek to unravel the tangled conceptual relationships between exile, gender, and disability in *Exílio*, I remain mindful of the often unethical

metaphorical overuse of these very experiences. Amy K. Kaminsky expresses deep reservations about “the evacuation of meaning of the term ‘exile’” due to its frequent use as a metaphor for other states of marginalization (*After Exile* xi). In the introduction to *Women’s Writing in Exile*, a volume that Kaminsky cites as an example of this troubling metaphoric use, Angela Ingram recognizes that the essays in that collection “explore varieties of exile women have experienced” and that often this exile is “as much metaphor as it is material circumstance” (4). For example, Ingram continues, some women writers “are exiled less by geography than according to received literary criteria” (4). In her study, on the other hand, Kaminsky insists on a concept of exile that “contains as its principal elements forced separation and a politically construed place of origin whose governing institutions have the ability to impose that separation” (22). Any metaphorical use of such a concrete personal and political condition as exile carries ethical implications— just as the comparable overuse of mental illness and disability as metaphors tends to empty these human experiences of their contextualized specificity.

Exilio is not beyond this risk, but it resists such “evacuation of meaning” through its focus on exploring the social and spatial liminality common to these diverse experiences. The narrator is an exile only because she cannot go home again in any sense. Because she has left her unfaithful husband as well as their son, intending to move in with her new lover, she has

abandoned her prescribed feminine roles as wife and mother. The narrator withdraws into depression, and a complete lack of social support turns this state into a disability. Her deep emotional distress prevents her from performing her professional role as an obstetrician, which, although untraditional in one sense, ultimately revolves around motherhood.

In her individual experiences of gender inequality and disability, the narrator is “exiled” into the lonely space of liminality epitomized by the Casa Vermelha, temporary home to a variety of people who are confined to liminal social spaces because of physical and mental disabilities. The narrator reflects on her exile-like experience:

Talvez eu deva enfim compreender minha mãe. Mal equipada para a vida. O que são dois filhos quando o abismo nos convoca tão insistente? É possível que para ela a vida tenha sido como esta Casa Vermelha: um lugar onde se reúnem os errantes, os desgarrados, uma ligação fortuita e sem raízes. Tudo o que minha mãe queria era poder voltar, voltar como eu, hoje, quero voltar para minha casa. Duro exílio. (108-109)

A complex parallel is thus established between the absent mother’s long struggle with alcoholism and eventual suicide, the narrator’s abandonment of her feminine roles and experiences of alienation and depression, and the Casa Vermelha as a space populated by a shifting and disparate group of misfits. The lonely social space of liminality is common to them all, and as a

vantage point it works in the novel both to isolate characters and to create empathy among them. By extension, the reader, too, uneasily inhabits an exile-like position due to the novel's use of the fantastic.

In *Exílio*, gender identity, mental illness, and the act of reading all defy categorization and subjectification. The “exile” of liminality for the novel's characters is bleak if not unbearable, but their unstable positions of political or mental “asylum” in the Casa Vermelha also entail a capacity for agency to enact positive change. Whereas a conventional mental asylum is a well-defined space that acts to confine mentally ill people, the Casa Vermelha is an ambiguous, hybrid space, a space of multiple potentials. The experiences of its occupants range from that of the narrator's brother Gabriel, who is confined to his room indefinitely and is allowed almost no contact with other human beings, to that of the narrator, who moves about the house freely and also leaves the grounds to go to work or visit her boyfriend. All of the residents, however, have some sort of illness or disability, and none of them are being accommodated or rehabilitated.

If the Casa Vermelha is viewed as an asylum— and its occupants do refer to it as such on several occasions— it is a structure that allows for some degree of multiplicity, but ultimately confines everyone to the liminal category of disability. The book *Saúde mental e cidadania*, published by São Paulo mental health workers the same year as *Exílio*, directly condemns the conditions in Brazilian psychiatric institutions and calls for a more socially

integrated approach to mental health care. The economic, political and social difficulties that this reform project has faced are evident in the fact that Carla Cristina Garcia's book, published nearly a decade later, still observes that "A hospitalização, no Brasil, está mais voltada para o controle e o confinamento do paciente, sem quase nenhum compromisso com o tratamento e a cura" (98). The Casa Vermelha at once represents and interrogates both the traditional asylum and the more fluid approaches that were being considered in Brazil in the 1980s.

Participating in these new ways of conceptualizing mental illness, *Exílio* registers an impulse to promote a dynamic concept of subjectivity. The characters and the reader in *Exílio* occupy a variety of indeterminate spaces that correspond to their range of experiences as dismodern subjects, subjects whose agency and self-definition are always necessarily negotiated through their interactions with their environment. Although these inner experiences of subjectivity always remain separate— a fact underscored by the constant distancing mechanism of the fantastic— they do mirror one another in their liminality, perhaps stimulating a respectful solidarity. A salient example of this impulse in the novel is its depiction of the narrator's experiences with depression. By creatively verbalizing what is often considered an ineffable emotional pain, the novel invites the reader to identify with the narrator as a fellow human subject rather than an alien other. Because of the persistent use of fantastic uncertainty, however, the narrator's inner life is never fully

exposed, which prevents her from becoming an object to be known and controlled by the reader.

Exílio successfully evokes the pain of depression through imagery involving the liminal spaces of the body, the Casa Vermelha, and the forest. Elaine Scarry has argued that in order to express the deeply personal feeling of pain, it is rhetorically necessary to refer to some object outside of the body that acts to inflict the pain upon the body, even though the pain may come entirely from within. As I have argued previously, Scarry's observation can be extended to include psychological distress as a type of pain. Furthermore, the strategies at work in *Exílio* demonstrate that pain may also be effectively verbalized by displacing the wound metonymically onto a space beyond the body. The narrator expresses the pain, alienation and liminality of depression by referring to her own body, as well as to the house and forest that surround her. The spaces of liminality thus become a means of empowerment, as the narrator uses them to communicate intensely personal and internal sensations that might otherwise be impossible to convey at all. Scarry insists on the profound political implications of verbalizing pain, and *Exílio* is particularly effective in this sense because it uses the position of liminality— so often assumed to be voiceless— as a tool for communication.

The emotional pain of depression is necessarily experienced through the body, and the narrator often verbalizes this overwhelming state by referring to extreme types of physical pain. The persistent sadness of losing

her parents and brother is likened to an insidious infection: "Perdas antigas: quase esquecidas, mas agora reavivadas, e cheias de pus; o tempo as infeccionou, e eu nem sabia" (21). Similarly: "A saudade de meu filho, de minha casa, de meu trabalho, das coisas mais insignificantes da vida que levei, é como um grande tumor roendo meu coração, minha mente" (56). Alternately, the relentless anguish of depression finds expression through metaphors of bodily mutilation: "As lágrimas correm livres; estou sensível como alguém a quem tivessem arrancado a pele, tudo dói imensamente" (31); she describes a "sensação de ter as pernas amputadas, o coração um torrão grosso de sal numa ferida aberta" (80). In a third strategy, external spaces stand in for the body. "Tive perdas demasiadas, estou de raízes expostas e barriga aberta," the narrator says, comparing her feelings to a nearby tree that was blown down and had to be cut into pieces to be cleared away, "mutilada" (17). The forest floor is likened to the narrator's inner feelings of decay and uneasiness: "Contemplo a mata, que me fascina; rastejo dentro de mim num chão igual ao dela: ramos caídos, madeiras podres, silenciosos vermes, cogumelos; tudo tão longe das copas do sonho" (14). Architectural spaces also represent the narrator's body and mind: "O pânico disparando nos meus labirintos com a sua cauda interminável" (19). "Sem ele [Lucas], fiquei uma casa abandonada, portas abertas, assoalho carcomido onde correm sinistras ratazanas" (112). This last comparison suggests a strong tie between the narrator's emotional state and the structure of the Casa Vermelha. This rat-

infested, neglected old building is more than an unpleasant place of temporary shelter for the narrator– it is a metonymical extension of her inner life during her experience of isolation and distress.

The Casa Vermelha embodies crisis, housing a variety of people who are stranded in the process of difficult life transitions, but also exuding a sense of pain through its own decaying structures. Inhabited by an elderly woman who is both in mourning and awaiting death, a woman who is dying of cancer and her partner who must adjust to her absence, a young man who is considered too insane to be in contact with society, and the uprooted and depressed narrator, this boarding house perfectly fits Foucault's definition of the crisis heterotopia. Like all heterotopias, these are well-defined, controlled areas that have a special ability to reflect and interrogate other spaces within a culture. As we saw in the introduction to this study, the crisis heterotopia is a place assigned to "adolescents, menstruating women, pregnant women, the elderly, etc." ("Of Other Spaces" 24). Clearly, given the examples, "liminality" is a synonym for this sort of "crisis." Foucault points mainly to temporary states in which people are considered to be in-between roles, but the Casa Vermelha groups these experiences with the prolonged liminality experienced by the narrator and her brother due to disability. As a crisis heterotopia, the Casa Vermelha embodies the sociocultural structures that place people in temporary or permanent liminal positions. Its state of disrepair simultaneously signals the anguished experience of being held within these structures, as

well as the potential for them to break down.

Through its physical structures, the Casa Vermelha evokes liminality. The house itself is a liminal space, located at a point where the sea, the forest, and the city converge, but not belonging to any of these spaces. Thus, when the narrator describes feeling “*fora do mundo*,” she simultaneously alludes to the multiple liminal positions of her emotional withdrawal, her physical withdrawal from her normal environment, and the remote and peculiar space of the Casa Vermelha (56). The narrator’s alienation within the boardinghouse is underscored by the contrast between names of the characters who live within the house and of those on the outside. She refers to the people she knew before entering the Casa Vermelha by their names— Gabriel, Lucas, Irmã Cândida— but only uses labels— a Velha, as Moças, a Menina Gorda— to identify those she has met on the inside. This subtle difference suggests detachment, and also contributes to the otherworldly ambience of the Casa Vermelha, mimicking the conventions of a fairytale or fable, in which the characters are often not named, but labeled.

A metonymical relationship is established between the Casa Vermelha and the narrator’s painful liminality: the condition of the decaying old house worsens throughout the novel as the narrator’s depression and alienation grow more excruciating. At several points, the dilapidated, rat-infested house is likened to an ailing body: “*lascas de tinta saindo por toda parte como pele velha revelando feridas mais velhas ainda*” (32); “*a parede vaza como se a*

velha Casa apodrecesse e largasse gosma e pus" (116). The entire house is compared to one large wound: "De longe, a Casa Vermelha parece um ferimento no morro" (32). This decaying structure of isolation can be read as a figure for the changes to come with deinstitutionalization, but also as a faithful representation of the living situation in many Brazilian psychiatric institutions. In his contribution to *Saúde mental e cidadania*, Jurandir Freire Costa expresses outrage that "As pessoas morrem feito ratos nesses locais malcheirosos e horrorosos" (55). As a heterotopia, the Casa Vermelha simultaneously criticizes these conditions and suggests the potential—however distant—for the collapse of the structures that perpetuate them.

The protected forest beyond the boardinghouse is a third space that works to express aspects of the narrator's experience. This forbidden space continually beckons to the narrator throughout the novel until she finally follows its call. Because of its close associations in the narrator's language with her suicidal mother, her psychologically disabled brother, and the possibly nonexistent Anão, the forest becomes a spatial embodiment of mental illness, which in turn is closely associated in the novel's language with death. Gabriel is described as being in a living death, devoured by the all-consuming forest (21-2). "Gabriel vegeta numa floresta sem saídas; e eu deparo com uma floresta para a qual não vejo entradas" (31). The narrator admired her alcoholic and suicidal mother "como a uma floresta de sonhos numa montanha" (59), and declares her a "floresta de enigmas" (194). The narrator

is drawn to the forest but is also afraid of it, at night, with its “bichos gritando, macacos, os gatos que vêm para os telhados” (64). The Anão is the one who finally leads her through the boundary into the forest, and from that point on, the narration becomes more hermetic and lyrical, difficult to interpret logically. The frightening yet alluring space of the forest comes to represent severe psychological distress as well as suicide.

Exílio successfully appropriates liminal spaces in order to verbalize the painful experiences of occupying them. Thus, liminality is used as a rhetorical device to break down the very boundaries that perpetuate it. Scarry argues that “the act of verbally expressing pain is a necessary prelude to the collective task of diminishing pain” (9), and in the case of *Exílio*, this means that articulating an experience of depression works against the all-too-common silence on the subject, as well as the notion that people with mental illnesses are unable to communicate with others. This rhetoric of liminality is complemented by the novel’s use of the fantastic genre, which works to confine the reader to an uncomfortable liminal interpretive space. The fantastic vacillation in *Exílio* arises from the constant tension between revealing and concealing in the novel’s narration and character development.

The first person narration in *Exílio* presents the entire plot through the perspective of a character who may be considered mentally ill. A series of distancing mechanisms constantly remind the reader that access to the narrator’s subjectivity is only partial. The style of the narration can be likened

to a mental diary, given mostly in the present tense in short installments that document the narrator's experiences, moving forward in time. Since these experiences include remembering events from the past, the reader must struggle to remain oriented, fill in gaps, and reconstruct a sequence of events, while always aware of the incompleteness and indeterminacy of such guesswork.

This active yet frustrated role of the reader begins with the very first sentence in the novel. *Exílio* opens with the voice of the Anão comparing the narrator to the Rainha, and it is not until several pages later that the reader learns that this "queen" is the narrator's mother. More information is gradually revealed about the mother and the Anão, until finally the reader learns that the Anão first appeared to the narrator on the day she found out that her mother was an alcoholic (57). The account of the mother's suicide, another key event, is withheld until the end of the second chapter. Similarly, Gabriel is mentioned early in the first chapter as the narrator's brother, "a quem a mata que tudo engole já devorou," but only late in the second chapter, with the narration of the mother's suicide, does the narration make explicit the meaning of this reference to the "mata" and explain how Gabriel came to be in his present mental state (22). A comparable pattern holds for the revelation of information about the narrator, as well as other key characters such as the Velha and the Moças.

Yet, although the novel does follow a pattern of gradually explaining its

initial mysteries, *Exílio* ultimately refuses to give away all its secrets. The nature of the narrator's relationship with Irmã Cândida is one salient example of an element that remains ambiguous throughout the novel. Certain words used to describe their interaction hint that the relationship was sexual. The narrator remembers, for example, an earlier encounter when the nun's lap effused an "odor de panejamentos e *armários fechados*," and "nossas respirações se fundiam; minha alma soltava burbulhas de inquietação e prazer" (38, emphasis added). Furthermore, the narrator recalls, "tive por ela essa paixão difusa e confusa das adolescentes por uma mulher idealizada" and remembers fantasizing about Irmã Cândida's possible love life (137). Irmã Cândida was subsequently transferred to another area because of their relationship, suggesting that the authorities considered it inappropriate. Although these hints point to a lesbian relationship, the narration never makes it clear whether this closeness went beyond that of a motherly spiritual mentor and her love-starved, orphaned, mystically devoted Christian protege.

In this way, *Exílio* toys with the conventions of the realist novel, teasing the reader with information on the narrator's personal history, promising to explain how she became the person she is and to allow the reader to predict how she will act in the future, when it ultimately becomes apparent that we can never know enough about her to understand her present state nor her future actions. The ambiguous ending represents one final blow to any desire to know completely and thereby objectify the narrator. *Exílio* concludes not

with the prose that has consistently communicated the narrator's thoughts in a seemingly straightforward way throughout the novel, but with fragmented and hermetic poetic language that further frustrates a reader's desire to understand and control the narrator's fate: "ah solidão de exílio ah frios grotões / ah musgo de sustos ah trilha de nostalgia/ ah orfandade ah cálidas fezes / ah caudas inquietas / ah vida esquartejada / ah chão de passarinhos mortos / ah maldita / ah venerada / enfim" (201). Even within this final poetic installment, the language breaks down further, as the narrator does not finish her thoughts; there are no referents for the adjectives "maldita" and "venerada." Thus, while the communication of liminality is an important effect of this novel, *Exílio* begins and ends by highlighting the narrator's complexity as a subject, defying any impulse on the reader's part to fully know or "diagnose" her. The uneven dynamic of powerful reading subject versus object of knowledge, which would parallel the social injustices faced by the narrator as a woman and as a person with a mental illness, is thus avoided. Although a reader's impulse to know the narrator is frustrated through ambiguity, the use of the fantastic creates a liminal position for the reader that parallels that of the narrator.

The general uncertainty created for the reader by the narration supplements the fantastic uncertainty surrounding several of the characters, who are associated with phenomena that cannot be satisfactorily explained by a psychological cause or a supernatural force. The Anão, whose presence

seems to be intimately connected to the narrator's psychological or emotional state and who does not seem to elicit the attention of any other character, is one such fantastic element.

From the beginning, we know that "nem se percebe quando [o Anão] vai ou vem," but he often appears right after the narrator thinks about him (14). The Anão can read the narrator's thoughts, and never shuts doors behind him, suggesting, perhaps, his immateriality (22-3). He always wears exactly the same clothes, and has not visibly aged over the course of several decades (30). When the narrator asks the Criadas if they have seen the Anão, they respond in a way that suggests that he does not exist to them: "deram risadinhas, acotovelaram-se, me olharam como se eu fosse louca" (33). The narrator's father also laughs when she mentions the Anão (61). Indeed, the Anão rarely speaks to the narrator in public (91). The narrator never knows for sure where exactly he lives in the Casa Vermelha, and similarly, she is unsure about the validity of her memory of finding the Anão's room in her childhood home (168). When he dies, she reflects on his being "parte de mim," verbalizing what the reader may be suspecting, that the Anão is a projection of part of the narrator's own psyche; however, this reference does not confirm this suspicion, because it could also be understood as an expression of how close their long relationship was (198).

The Voz who periodically calls the narrator on the phone and berates her is similarly mysterious. The narrator herself does not understand who the

Voz is or why she calls to verbally abuse her, but can only question, “Por quê? Quem seria?” (24). The fact that it is a “voz de bêbada” suggests a possible connection with the narrator’s mother (24). At one point, however, the narrator notes that the Anão’s voice closely resembles the Voz on the telephone (92). In similar fashion, the ghostly quality of the Madame, who supposedly runs the Casa Vermelha but whom no one ever sees, is never explained away. Nor does the reader figure out why the narrator’s brother, Gabriel, seems able to read her mind. An image of the narrator’s mother haunts her dresser mirror, but it is unclear whether this is a magical occurrence related to the fairytale elements in the novel, whether it has a psychological explanation as a hallucination, or whether it should simply be interpreted as figurative language expressing the daughter’s physical resemblance to her mother or the lingering effects of their troubled relationship. None of these many mysteries in the novel is ever neutralized by a clear psychological or supernatural explanation, leaving the reader suspended in the limbo of the fantastic.

Related to these fantastic elements is the unanswerable question of whether or not the narrator is actually insane. Because it is impossible to decide securely on either a psychological or a supernatural explanation for the strange qualities of the Anão, the Voz, the Madame, Gabriel, and the narrator’s mother, it is also impossible for the reader to “diagnose” or categorize the narrator with any certainty. The novel does present an

accumulating body of evidence that may lead the reader to conclude that the narrator suffers from depression— a condition which, alone, would not suffice as a psychological explanation for the narrator's unusual perceptions of those around her. Early in the novel she thinks "talvez eu só estivesse deprimida" (15). "Onde a energia de antes, o otimismo, a vontade de viver, a alegria de fazer nascer?" (21). She wonders, "terei sempre essa sensação de estar mutilada, fora do mundo, dos segredos e do afeto alheio?" (56). The use of the word "deprimida" in conjunction with these symptoms of loss of energy, despair, and alienation, encourages the reader to conclude that the narrator does indeed suffer from depression.

While she may be mentally ill, the narrator certainly does not consider herself to be crazy. She is, however, surrounded by a variety of people in the Casa Vermelha to whom she does refer throughout the novel as "louco" or "doido": Gabriel, the Velha, the Anão, the Voz, the upstairs neighbor, and the Menina Gorda. The boardinghouse itself is repeatedly compared to an asylum. The narrator calls the Casa Vermelha a "casa de lunáticos" (116). Soon after, the Moça Morena remarks that "Isto aqui é um hospício," to which the narrator replies, "O mundo é um hospício" (120). The house is even likened to a ship of fools:

Chove forte sobre a Casa Vermelha, que carrega na noite seu fardo de sofrimento e loucura, vidas desconectadas, sem raiz... mas de certa forma unidas entre si pela falta de um destino, de

um sentido. Precário barco: quem é o timoneiro? (153)

In her grief over the death of the Anão, the narrator describes herself as “como louca,” and reflects on the “noite neste asilo de lunáticos, do qual faço parte” (197-98). The extended comparison between the Casa Vermelha and an asylum points to a possible psychological explanation for the fantastic elements in the novel.

Reading the house as an asylum and some of the narrator’s perceptions as hallucinations would certainly provide a coherent interpretation of the novel’s inexplicable moments. Yet the novel does not sustain a psychological reading. Although the boardinghouse is directly compared to an asylum, and most of its occupants are referred to as insane, these comparisons make use of an ambiguous rhetoric that could just as easily be interpreted as common figures of speech. Other characters’ perceptions of the house and its residents are all filtered through the narrator, so that there is ultimately no reliable evidence to confirm or deny that the Casa Vermelha is an asylum. This psychological interpretation of the novel remains only a wavering possibility, as would be any supernatural explanation.

Throughout the novel, this fantastic uncertainty is a constant reminder that the narrator and her experiences cannot be controlled or categorized, nor made the object of a powerful reader’s knowledge. This distancing mechanism is heightened at the novel’s conclusion, when the narrator’s language becomes much more fragmentary and private. Although

Exílio utilizes liminal spaces and a liminal genre to communicate to a certain extent the narrator's painful and alienating experiences of depression and social isolation, the fantastic uncertainty simultaneously forces the reader to maintain a respectful distance that recognizes the narrator's autonomy as a subject.

Given the context of Brazilian literature, it is difficult to read about the Casa Vermelha without recalling its nineteenth-century predecessor, the Casa Verde in *O Alienista* (1882) by Joaquim Maria Machado de Assis. This novella satirizes the exuberant contemporary faith in the nascent psychiatric science and the new doctors' enthusiastic drive to diagnose and categorize their objects of study. It portrays an alienist who builds an asylum to house and organize his quickly growing number of patients. As the asylum becomes crowded with his numerous diagnoses, the doctor concludes that being mentally unbalanced is the norm, and begins to "treat" only those townspeople who are untroubled, with such success that, in the end, he himself is the only incurable patient remaining in the Casa Verde. As a late twentieth-century reincarnation of the Casa Verde, the Casa Vermelha reiterates the futility of the urge to observe, categorize and control human subjects. Much like the alienist, the reader of *Exílio* may attempt to "diagnose" the narrator and explain away her experiences and perceptions, but ultimately these efforts are doomed to failure. Instead of reinforcing a subject-object power dynamic mirroring the oppression of disability, *Exílio* trains its readers to temporarily

inhabit the painful position of liminality, and thus to imagine or even pursue possible alternatives.

Many readers might agree that *Exilio* is not a pleasant book to read. While brief in length, it seems to drag on and on as the narrator and other characters become increasingly mired in an unrelenting succession of traumas and crises. A reader who suffers along in this literary liminality may catch a glimpse of the experience of living with major depression. Ironically, a reader who has depression may find this novel unbearable. On one level, the novel presents a hopelessly bleak picture of life with a mental illness: the narrator never “returns home” from her exile in depression and social liminality. Only the reader has the potential to emerge from the position of liminality— limited and indirect as it may be— and to make positive use of the resulting change in perspective. Although *Exilio* relentlessly confines the narrator, the novel as a reading experience may actively work to open liminal social spaces.

Inhabiting the Threshold

The ship of fools set sail once again in the Mariel boatlift of 1980. Among this exodus of 124,776 Cuban dissidents and criminals (García 46) were a number of patients from psychiatric hospitals, making literal the longstanding metaphorical association between mental illness and exile. In

fact, according to María Cristina García, the port of Mariel became known as the “Bay of Fools” (60). García discusses the widespread perception in the United States that the Cuban government had used the boatlift as a way of purging the island of criminals and people with disabilities. Twenty-six thousand of the refugees were labeled as criminals, while “an estimated fifteen hundred had mental health problems or were mentally retarded”— a telling lack of distinction— and another “sixteen hundred had chronic medical problems such as drug and alcohol abuse, tuberculosis, or cardiovascular disease” (García 64). Approximately 2.5% of the Mariel immigrants had disabilities, then, and about half of these were developmental or psychiatric disabilities.

This small number of mentally disabled Cubans were met in the United States with near panic, and were often lumped together with violent criminals in the public imagination. Thus, García notes the exaggeratedly negative media coverage, in which “the television and film industries capitalized on anger and resentment, portraying Cubans as drug dealers, pimps, and psychopaths” (77-78). As a further example, in a 1984 immigration accord between the Reagan and Castro governments, the United States agreed to allow up to 20,000 Cuban immigrants per year, provided that the Cuban government “take back 2,746 criminals and mentally ill detainees of the Mariel boatlift” (García 74). Compounding the liminal status of the disabled immigrants was what García calls a “state of limbo” (75) that resulted because

the United States denied the Mariel Cubans official refugee status and housed them in processing camps; “the government labeled the Cubans with the rather ambiguous term ‘entrant,’ which allowed them to remain temporarily in the United States until a more permanent status—if any—could be defined” (García 69). Long after setting foot on United States soil, the “marielitos” remained adrift in terms of political and social status, and the public widely perceived their bodies as morally, physically, and mentally defective.

It is against this sociopolitical backdrop that Reinaldo Arenas, a Mariel exile himself, constructs the tale of *El portero*. The doorman, Juan, is a liminal figure in terms of his occupation, his Mariel exile identity, and his possible mental health problems. The plot of the first half of the novel revolves around Juan’s failed attempts to show his New York apartment building’s quirky tenants to another door, one that leads to another plane of existence. In the second half, Juan suddenly is able to converse with the tenants’ various pets. Together they plan to escape the building and go in search of utopia. When the tenants have Juan committed to a psychiatric hospital, the animals rescue him and, apparently, they succeed in carrying out their planned exodus.

Just as Juan is constantly relegated to various thresholds throughout the novel, the reader of this fantastic text is caught between explanations for Juan’s extraordinary perceptions of the world. In his memoir, *Antes que anochezca*, Arenas describes Cuban identity as an experience of liminality:

Y nosotros los cubanos, los que sufrimos por veinte años aquella persecución, aquel mundo terrible, somos personas que *no podemos encontrar sosiego en ningún lugar*, el sufrimiento nos marcó para siempre y sólo con las personas que han padecido lo mismo, tal vez podemos encontrar cierta comunicación. (330, emphasis added)

According to Arenas, then, common ground is necessary in order for communication about Cuban identity to be effective, in part because of its interstitial nature. My reading of *El portero* argues that through its fantastic elements, this novel creates an apt space for communication by compelling its readers to inhabit, albeit only indirectly and temporarily, the thresholds that Juan occupies both as a Mariel exile and as a person who is perceived as mentally ill. An overview of the existing critical dialogue on this work orients my analysis.

Although critics of *El portero* have not examined at length the topics of liminality, mental illness, or the fantastic, several studies discuss the book's genre and many relate it to the political context of Arenas's life. Francisco Soto considers "cómo esta novela asimila, subvierte y dilata los elementos principales de la fábula tradicional para articular una historia que provoca la reflexión sobre los supuestos avances y progreso de la sociedad contemporánea" (106). Soto argues that unlike a traditional fable, which serves to teach a moral, *El portero* "no supone ni revela ningún tipo de

explicación fácil a los problemas que aquejan la vida contemporánea” (109). As we shall see, this element of indeterminacy can also be related to the fantastic genre.

Alvarez Borland (1998) suggests that in *El portero* Arenas does not wish to integrate reader and text, but rather he “wants his readers to experience otherness in the act of reading itself” (39). She proposes an existentialist reading of the novel, observing that “the author’s stark prose and lifeless characters” support “the novel’s Sartrean desire to create distance in order to promote reflection that causes the reader’s separation from the characters and from the action” (41). I, too, identify a distancing mechanism in *El portero*, but I consider it in light of Sommer’s rhetorical techniques for particularist writing.

A distancing effect is also implicit in the allegorical interpretations of *El portero* by William Luis and Adolfo Cacheiro. Luis examines *El portero* as a text of Caribbean displacement. He notes that Juan leads the animals in their exodus towards a magical mountain, which to Luis is an allusion to the Sierra Maestra that sheltered the Cuban revolutionary forces in 1959 (58). Luis underscores Juan’s potentiality: “Juan simboliza la esperanza y la venganza; es poseedor de una arma secreta, es el mediador entre los animales y las cosas. La libertad que Juan desea no se encuentra en este mundo sino en el otro” (60). Cacheiro, on the other hand, considers *El portero* as an affirmation of Marxism, an inversion of George Orwell’s *Animal Farm* (195). According to

this complex allegorical reading, Juan is confined to the asylum when the humans (the bourgeoisie) discover that he has been talking to the animals (the proletariat). The threat of imprisonment is the impetus for the animals' exodus (revolution) (210). Juan is unable to accompany the animals in their utopian society, just as Arenas was obliged to distance himself from Marxism as an exile in the United States (211).

My reading of *El portero* contributes to this existing critical dialogue by examining the novel's representation of the liminal states of exile and mental illness, specifically analyzing the narration, the uses of space, and elements of the fantastic. I argue that the trope of uncertainty pervading this novel's narration, plot and genre extends to its readers, who may temporarily inhabit a liminal space of fantastic vacillation.

The limitations and potential of Juan's liminal status are suggested by his relationship to the narrators and his interactions with interstitial spaces. *El portero* is narrated with a peculiar mix of omnipresent surveillance and persistent uncertainty, implying that the reader, who performs a secondary sort of surveillance over the world of the novel, is likewise limited in the ability to make Juan an object of knowledge. The first-person plural narration, told in anglicized Spanish through the collective voice of the pre-Mariel Cuban exile community, is presented as testimony about Juan's failure to integrate into United States society correctly. The case study, presented in the year 1992 (postdating the novel itself), is based on evidence gathered through a

comprehensive system of surveillance, as well as Juan's own writings. Juan is initially introduced as "un joven que se moría de penas," a mental condition that the narrating agent cannot explain or even adequately describe, and immediately thereafter as a Cuban exile living in the United States, thus establishing from the very beginning of the novel an association between the state of psychiatric distress and that of exile from Cuba (11).³

The panoptical presence of the narrators recalls Arenas's accounts in his memoir, *Antes que anochezca*, of the Castro regime's omnipresent surveillance network. Juan is subjected first to this control mechanism, and later to confinement in the physical structure of a psychiatric hospital. Yet, although the narrators— and in turn, the reader— see and hear all, they are ultimately unable to make any firm conclusions about Juan. Likewise, Juan soon escapes from the hospital, in spite of all the obstacles meant to control him. This indirect association between government surveillance and mental health care facilities has direct referents in the context of Cuban politics. *The Politics of Psychiatry in Revolutionary Cuba* by Charles J. Brown and Armando M. Lago documents some twenty-seven cases, mainly from the 1970s and 1980s, in which the Cuban government used its psychiatric facilities to confine and torture political dissidents. Furthermore, under the Castro government it has become a commonplace to liken the entire island to an insane asylum that holds its occupants by force.⁴ The doorman cannot be confined by the Cuban government, the Cuban exile community, or the New

York psychiatric hospital. His social liminality brings him great loneliness, but it also allows him to slip between the cracks of oppressive apparatuses with his subjectivity intact.

Further underscoring Juan's liminality is the fact that he constantly occupies interstitial physical spaces— the boat, various doorways, the apartment building, the psychiatric hospital, and the unresolved final journey— and, not coincidentally, also experiences interstitial mental states and social positions. The narrators present him as a person who, “a diferencia de nosotros, no pudo (o no quiso) adaptarse a este mundo práctico; al contrario, exploró caminos absurdos y desesperados y, lo que es peor, quiso llevar por esos caminos a cuanta persona conoció” (12). Upon arrival in the United States, Juan is unsuccessful in his new job as a construction worker because of frequent spells in which his body is in one place and his mind in another. Apparently, he begins to suffer from headaches, during which he stops working and mentally drifts away in what the narrators call a “visitación o locura” (13): “se quedaba, de pie, absorto, mirando a ningún sitio o a todos los sitios, como si una misteriosa revelación en ese mismo instante lo deslumbrase” (12). After moving from job to job due to his idiosyncracies, Juan finally settles in as a doorman at a luxurious New York apartment building; appropriately, the job that Juan finally is able to hold down is one that requires him to occupy the threshold between inside and outside. In addition to his conventional duties as a doorman, Juan feels called to show the tenants the way through another sort of door, a door leading out of the constricted

spaces of everyday life to another plane of existence, to “regiones sin tiempo ni límites materiales” (14).

After establishing this situation, the first half of the novel focuses on Juan's series of attempts to gain the tenants' trust so that he can steer them toward this special door. As the tenants are introduced one by one, it becomes apparent that this apartment building is home to an unusual number of liminal people: many of the tenants are Cuban exiles, and all of them are quirky if not mentally disturbed: obsessive, addictive, delusional, suicidal. In fact, the narrators refer to almost all the tenants as crazy at one point or another, and throughout the first part of the novel, Juan does not stand out as any more unconventional than anyone else in the building. Like Juan, the tenants each have latched on to an ideology or metanarrative through which to navigate life, and many of them are obsessed with converting others. John Lockpez, for example, is a fervent proponent of the "Iglesia del Amor a Cristo Mediante el Contacto Amistoso e Incesante," while Mary Avilés is obsessed with finally carrying out a successful suicide after a long string of failed attempts. Thus, Juan is unsuccessful in his proselytizing, but just as he sinks into despair, the pets that live in the building begin to speak to him, and the second half of the novel deals with their democratic discussions of how to escape from the tenants and set out on a journey.

The tenants spy on Juan's now increasingly bizarre behavior, and decide to have him committed to a psychiatric hospital. Ironically, Juan's interactions with the other patients parallel his previous interactions with the

tenants. In the hospital, each patient is known by a number instead of a name, and drugs often impede interaction, but, like the tenants, the patients are a series of obsessive, quirky personalities who won't listen to Juan. Each patient is characterized through a defining mania, perhaps the most striking being "el profesor," who believes that the hospital is actually a ship that has run aground. This catalogue of sorts is contained within one extraordinarily long paragraph (three and one-half pages), mirroring the group living conditions in the psychiatric institution. Indeed, the hospital is unequivocally portrayed as a total institution, where the patients are expected to surrender all control over their bodies, minds, and identities: they are physically restrained, given large doses of sedatives, and renamed with numbers like prisoners.

Although the novel clearly denounces the total institution, it also seems to suggest that Juan's very liminality allows him to escape its clutches: the animals from the apartment building rescue him, and they all set off on a journey. Thus, the end of the novel finds Juan yet again in a liminal position, in search of his destination, an idyllic mountain. The group travels across the United States, arriving at the Pacific coast. As they continue south along the coastline, searching for the mountain, the travelers are joined by more and more animals. The narrators continue their surveillance, using binoculars to observe from afar, until the group reaches the equator (153-54). There, they shrewdly break off the narration, announcing that Juan is their secret weapon, because "un pueblo expulsado y perseguido, un pueblo en exilio y por lo tanto

ultrajado y discriminado, vive para el día de la venganza" (155). The narrators' menacing conclusion thus leaves Juan stranded in a state of potentiality at an imprecise geographical location.

Yet *El portero* extends two pages beyond the ending of this official narrative. Immediately following the narrators' conclusion is a section titled "La puerta" which apparently is narrated by Juan himself– the only time in the novel that Juan speaks directly without his words being italicized. A paragraph narrated entirely in the conditional tense describes how each of the animals would pass through a door to a perfect habitat, a place where "nadie los espíase con catalejos o pudiese perseguirlos disimuladamente con hombres disfrazados" (156). Following this paragraph is a single sentence, now in the future tense: "Todos menos yo, el portero, que desde afuera los veré alejarse definitivamente" (156). These verb tenses underscore the sense of potentiality surrounding Juan's fate, and leave the novel suspended, even at its conclusion, in the liminal realm of the fantastic. The last page of the novel presents a lost dog ad that seems to confirm that, at very least, the dog Cleopatra has disappeared without a trace.

Thus, even at its conclusion, *El portero* refuses to release the reader from fantastic suspension; consistently indeterminate narration and focalization rule out any coherent psychological, supernatural or allegorical interpretation of Juan's experiences. Although the narrators somehow manage to observe Juan's every move, they also highlight their own inability

(or refusal) to interpret the cause of the phenomena. The narrators claim, for example, to know that on the (liminal) night of New Year's Eve, Juan concluded that his life was meaningless and he needed to abandon the universe, but they explicitly do not decide whether this was a moment of lucidity or insanity (90). Similarly, when the dog Cleopatra first speaks to Juan, the narrators interrupt to tell the reader directly not to expect a neat explanation of any kind (91-92).

At the same time, the novel's narration maintains fantastic vacillation on a more subtle level, using focalization to limit the reader's access to evidence that would explain away Juan's adventures. Although the narrators seem to watch Juan's every move, most of the novel is focalized through Juan himself, thus removing the outside perspectives that might corroborate or contradict Juan's perceptions. Even when the narrators do present an outside perspective, it is not clear whether Juan's behavior can be considered pathological. We are told that Juan is always jotting things down in his notebook and muttering to himself, and that he likes to give speeches to the mirror in the lobby (85). Although one tenant, Mr. Friedman, commends Juan for writing in his free moments (17), others have filed complaints as Juan's "extraños discursos solitarios [...] se hicieron cada vez más periódicos e incoherentes" (84-85). Yet the narrators almost never provide further details on the nature of these musings.

The one speech that the narrators quote directly is the one improvised while, unbeknownst to Juan, Mary Avilés finally succeeds in committing

suicide. The narrators deem this speech Juan's strangest, and indeed it is highly unconventional if not incoherent, marked by an apocalyptic and messianic tone, and by juxtapositions reminiscent of vanguard poetry (85-86). When Juan repeats a very similar speech in the psychiatric hospital, it only reinforces the doctors' belief in "la total y enigmática locura del portero," but the narrators admit now that "para nosotros algunas partes de aquel discurso de Juan estaban hasta cierto punto claras [...] Se trataba de esa necesidad, para nosotros ineludible, de regresar a nuestro mundo" (137). Yet again, Juan's liminal state as a Cuban exile is inextricably linked to his experience of being identified as mentally ill, and it is impossible to ascertain whether this identification is correct.

The crux of the fantastic vacillation in *El portero* is the question of whether or not Juan's interactions with the animals can be attributed to mental illness. Excluding the narrators, the other characters in the book seem never to entertain any other explanation. Clearly, the tenants decide that Juan requires urgent mental health care, because they call an ambulance to take him to a psychiatric hospital. Confronted with surveillance video of the conversations between Juan and the animals— which has picked up the various voices— the psychiatrists go to the extreme of diagnosing Juan with a brand new disease, "ventriloquismo magnético" (134-35). This diagnosis is later changed to schizophrenia because the original symptoms do not reappear now that Juan is in the hospital, separated from the animals (135).

If the change in Juan's "symptoms" in the absence of the animals is not enough evidence for a supernatural explanation, magic certainly seems to be at work when the animals rescue Juan from the hospital. The narrators state that, through their "vigilancia discreta," "sí sabemos cómo sucedieron los hechos" surrounding Juan's escape (144). High above the city streets, a throng of animals work together to remove the bars from Juan's hospital window, and they all escape through it, the monkey carrying Juan as though he were its baby (144-45). Yet at least one critic has offered a persuasive psychological reading of this incident.

Alina Camacho-Gingerich points out Juan escapes from the psychiatric hospital immediately after falling into a deep, medication-induced sleep, and therefore his subsequent waking and escape may be read as only a dream (84). This is a compelling suggestion, but it is difficult to fully accept such a drastic change in the narration without more textual evidence. The narrators have consistently limited their observations to what information could be gleaned from their omnipresent surveillance. As vigilant as their unblinking gaze may be, it cannot read Juan's inner thoughts or dreams. The surveillance network does, however, claim to be able to reconstruct Juan's mental states, "estados anímicos que nuestros sicólogos (entre paréntesis, los mejores de Norteamérica) con base en nuestros informes han descifrado" (92). The fact that the narrators remain at a loss to explain Juan's interactions with the animals reveals, however, that they are unable to decipher Juan completely.

This novel's persistent fantastic uncertainty may have contributed to the critical tendency to read *El portero* as a fable or allegory, thereby removing the need to make sense of the plot itself and instead focusing on what the plot teaches or represents. As Cacheiro, Luis, and Soto have all demonstrated, such fruitful readings can be supported by the novel's many flat characters, who are defined only by their salient obsessions, and the use of formulaic, repetitive structures. Todorov's definition of the fantastic stipulates that a text is only fantastic if the reader accepts the fictional world as "a world of living persons" and rejects allegorical interpretations of the text (33). I suggest, however, that the large number of concrete real-world referents in *El portero* make it difficult to place this novel securely in the realm of fable or allegory.

Arenas himself writes in his memoir that Juan's character is based on his good friend Lázaro Gómez Carriles, a fellow Mariel exile who truly worked as a doorman and spent some time in a New York psychiatric hospital.⁵ Even without this intertext, *El portero* is firmly grounded in the historical and social context of the Mariel exodus, and in particular places in New York City such as the Bellevue hospital. In a playful reference to the novel's context in Cuban exile literature, the narrators declare that Guillermo Cabrera Infante, Heberto Padilla, Severo Sarduy, and even Reinaldo Arenas are all unacceptable potential authors for this text because of their individual styles (97-98). Ultimately, although several critics have pointed out allegorical or

fable-like aspects of *El portero*, these readings all disagree on the meaning or lesson behind the doorman's adventures. This is an unstable novel that yields multiple interpretations and refuses to conform perfectly to any genre category.

The fantastic genre is defined by the hypothetical vacillating response of an imagined reader, and textual evidence indicates that *El portero* indeed has the potential to create such hesitation. As we have seen, however, actual readers have documented a variety of other responses to this novel. The published analysis of *El portero* that comes closest to suggesting a fantastic reading may be, ironically, Soto's discussion of *El portero* as an unusual sort of fable. This critic observes that "la novela se estructura a base de una oscilación entre el delirio (la búsqueda por la puerta, símbolo de la esperanza y una añoranza por la verdadera libertad) y la razón (la desesperación de todo hombre al enfrentarse a las incertidumbres de la vida)" and that "este vaivén subversivo produce una festividad atroz que le da a la novela su singularidad y resonancia" (112). Interestingly, in a subsequent article, Soto examines another work by Arenas, "Mona," as a text that uses the fantastic genre to represent the subject of homosexuality in the context of the AIDS crisis in the 1980s (179).

In its unstable genre and its indeterminate plot, *El portero* defies rigid classifications, and compels its reader to do the same by exploring liminality on various levels. The doorman, keeper of the threshold, also occupies a

liminal sociopolitical space as an exile and as a person with unconventional mental processes. The complex nature of Juan's liminality is encapsulated in his confinement to the psychiatric hospital; his liminality causes him to be placed in a dehumanizing total institution, but it is also the reason why Juan ultimately cannot be restrained or objectified. The reader, too, experiences a sort of liminality through the novel's unwavering fantastic uncertainty. Unable to know for certain whether Juan's experiences can be explained by psychology or magic, or perhaps a little of both, the reader may feel uncomfortably powerless, but may also open up to more complex perspectives on the experiences of mental illness and exile.

Similarly, as Willett and Deegan have argued, the liminal spaces of disability entail both alienation and the potential for radical social change. Although exile is a different kind of displacement, it has been described in similar terms. Amy Kaminsky remarks that exile "carries something of the place departed and of the historical circumstance of that place at the moment of departure, making the exiled person no longer present in the place departed, but not a part of the new place either" (30). Kaminsky, like Willett and Deegan, points to the potential for change inherent in the liminal state, asserting that "the departure into absence of exile contains and fosters a will to return into presence," and observing, "not immediately constrained by the cultural norms of their adopted lands, exile writers are freed into a perspective of universality from which to contemplate their now-distant homes" (32-33). This "universality" may best be read as a liminal state of not belonging to any

particular nation. Likewise, Arenas himself writes in *Antes que anochezca*:

Desde luego, diez años después de aquello, me doy cuenta de que para un desterrado no hay ningún sitio donde se pueda vivir; que no existe sitio, porque aquél donde soñamos, donde descubrimos un paisaje, leímos el primer libro, tuvimos la primera aventura amorosa, sigue siendo el lugar soñado; en el exilio uno no es más que un fantasma, una sombra de alguien que nunca llega a alcanzar su completa realidad; yo no existo desde que llegué al exilio; desde entonces comencé a huir de mí mismo. (314)

Yet by writing and publishing his life story in exile, Arenas creates a textual space all his own, and simultaneously works against the political conditions that forced him to leave home. The anguish of liminal subjectivity carries with it a unique vantage point from which to envision and catalyze otherwise unfathomable social and cultural change. By placing a reader in a liminal position, *El portero* offers a special perspective on exile and mental illness, which may well lead the reader to question or even work to change the sociopolitical conditions that shape these experiences.

Ports

This chapter has made frequent reference to the ship of fools icon as a

reminder that, for centuries, the distinct human experiences of exile and mental illness have been unethically conflated and hollowed out as metaphors for other conditions. Both *Exilio* and *El portero* contain clear references to the ship of fools, and they simultaneously participate in and alter this tradition by exploring and projecting the state of liminality common to exile and mental illness. These novels further interrogate— and to an extent, reinforce— the cliché association by representing concrete sociohistorical instances in Brazil and Cuba in which states identified as exile and mental illness truly have coincided.

In both novels, the objectifying structures of asylums are reimagined as liminal spaces that offer an extraordinary potential for agency. Likewise, Foucault observes:

Confined on the ship, from which there is no escape, the madman is delivered to the river with its thousand arms, the sea with its thousand roads, to that great uncertainty external to everything. He is a prisoner in the midst of what is the freest, the openest of routes [...] (11).

The ship of fools does not roam the seas indefinitely, however. Just as the ship must leave from and eventually arrive at a port, the very concept of liminality is defined by a past separation from society and the potential for future reintegration. Thus, through their liminal qualities, the physical and conceptual asylums in *Exilio* and *El portero* necessarily point toward future

change in the social positions of people with mental illnesses. The ambiguous nature of this change is evident in the final situations of both protagonists: the narrator of *Exilio* emerges from her exile-like state in the Casa Vermelha to embrace total freedom and possibly death in the surrounding no-man's land of the forest, while Juan escapes the constraints of the hospital, the apartment building, and human society to participate in yet another exodus, his final destination uncertain. In short, both characters finally break free of their respective asylums, but remain in liminal states, isolated from society.

The novels thus project the potential for social integration for mentally ill people, but are hesitant to represent the realization of this potential. In this sense, they are emblematic of their sociohistorical contexts, registering the discussions of mental health care reform in late twentieth-century Latin America which had translated into very few concrete changes in the physical and ideological structures influencing the experiences of individuals with mental illnesses. In projecting the liminality of mental illness, then, these novels manifest a criticism of the status quo embodied by the asylum, coupled with the potential for change in an ambiguous future.

Implicitly, only the reader, whose agency extends beyond the confines of the novel, has the ability to catalyze such future change. I have argued that in both *Exilio* and *El portero*, fantastic uncertainty engages the reader in the novels' explorations of the liminal social spaces afforded to people with mental illnesses and people in exile. Given that critical studies of both novels tend to

focus on other textual aspects, it is valid to question to what extent this mechanism is successful. In both cases, liminality through gender, sexuality and political exile have received greater attention than has the liminal state of disability, revealing a tendency towards readings that focus on social spaces directly related to the lives of Luft and Arenas. Although both novels are fictional, they are rightly seen, in part, as artistic representations of situations with which the authors are familiar in some way through their own life experiences. Such autobiographically-oriented readings do tend to obscure these novels' prominent themes of mental illness and asylum spaces. In contrast, the next chapter examines works that explicitly utilize the genres of life-writing in order to create textual records of real experiences with mental illness.

Notes

1. Of the extensive bibliography on the fantastic genre (e.g. Akrabova, Beleván, Bessière, Caillois, Chanady, Rabkin, Risco), I find that Todorov's definition lends itself most readily to my spatial approach.

2. Sommer discusses these tropes at greater length in her 1999 book, *Proceed with Caution, When Engaged by Minority Writing in the Americas*.

3. All quotations from *El portero* refer to the 1990 Universal edition. The novel was written in New York from 1984 to 1986, was published first in French in 1988, and was subsequently published in Spanish in Barcelona in 1989 and in Miami in 1990.

4. An internet search of the terms "Cuba" and "manicomio" or "madhouse" turns up pages and pages of examples of this rhetoric. An early instance comes from a 1963 *Time* magazine article: "Last week a new boatload of 750 refugees landed in Miami with reports of ever higher prices, tighter rations and lower wages. 'Cuba is a madhouse,' said one bitter arrival" ("Becoming Destructive"). More recently, during Castro's severe illness in late 2006 and early 2007, reflections on the legacy and future of the revolution have reiterated the madhouse imagery. For *BBC Mundo*, Carlos Alberto Montaner questions, "¿por qué ha durado tanto tiempo en el poder un tipo tan excéntrico y disparatado[?]", answering that it is because Castro "ha creado una hermética jaula institucional de la que no hay escape posible." Montaner goes on to speculate that when Castro dies, "ése será el momento en que los reformistas del régimen -la inmensa mayoría- y los demócratas de la

oposición, organizada y pacíficamente comenzarán a dismantelar ese anacrónico manicomio” (“Fidel Castro: Palabras mayores”).

5. *Antes que anochezca* is thus a key intertext for *El portero*. In the memoir, Arenas writes:

Lázaro terminó ingresado por varios meses en la sala psiquiátrica del hospital público de la ciudad; yo iba a verlo todas las semanas cuando tenía visita. Aquella sala ofrecía un espectáculo dantesco en el peor sentido del término; había allí todos los tipos de locos posible, que se pasaban el día y la noche gritando. Cuando yo llegaba a aquel edificio, sentía un enorme sentimiento de desconcierto y desasosiego. (329)

He continues, “Así estuvo un tiempo pero luego consiguió un trabajo de portero. Ya no éramos los mismos; habíamos visto el horror de un hospital en Nueva York; la locura, la miseria, el maltrato, la discriminación” (330).

Asylum Life-writing: Individual Stories and Cultural Conversations

Mexican Rita Quintero was confined to the state psychiatric hospital in Larned, Kansas for over a decade, the perception of her psychiatric symptoms compounded by the locals' ignorance of her indigenous Tarahumara (Rarámuri) language and culture. Whether or not she was mentally ill before entering the hospital in 1983, by 1995, when advocates identified her language and ethnicity and concluded that she could be released from the hospital, years of antipsychotic medication and cultural-linguistic isolation had taken a severe toll on her mind and body. Although Quintero receives some financial support from the proceeds of the internationally successful play written about her by fellow Chihuahua native Víctor Hugo Rascón Banda, the now aged and frail woman is reportedly unaware of the play's existence or its portrayal of her life as "la mujer que cayó del cielo."¹

At about the same time, a young intellectual and suicide survivor, Puerto Rican Irene Vilar, drew on her literary and liberal arts studies to write a memoir meditating on the roles of personal, family and national wounds in her own life and in those of her mother and her grandmother, legendary nationalist Lolita Lebrón. This thematically and temporally complex text is held together by a narrative strand chronicling Vilar's experiences and reflections as a psychiatric inpatient in Syracuse, New York in 1988. Vilar has since continued to write and has worked in the field of literary publishing.

Both Rascón Banda's *La mujer que cayó del cielo* (1999) and Vilar's *The Ladies' Gallery: A Memoir of Family Secrets* (1996) center on the space of the psychiatric hospital as they explore not only the relationship between personal and political dimensions of mental illness in the life of a real individual, but also how such experiences can be represented through literature.² My analysis of these dynamics in both texts centers on their interdependent portrayals of the space of the hospital, the individual's body, the individual's subjectivity or agency, and the wider political and literary contexts. Through their depictions of the spaces of the hospital and the body, and their negotiation of literary conventions, these texts communicate a concept of mental illness as a bodily disability, a politically charged condition that is always perceived through the filter of a particular sociocultural context.

As they manifest various tensions associated with this disability approach to the role and literary representation of mental illness in an individual's life, *La mujer que cayó del cielo* and *The Ladies' Gallery* engage broader contemporary cultural conversations. I follow Steven Mailloux's approach to interpreting the rhetoric and ideology of a cultural artifact through an analysis of its role as both an agent and an object in contemporary and subsequent cultural debates (57-61). The two works considered here bridge parallel discussions developing in the Americas in the 1980s and 1990s: the Latin American mental health care reform movement and the Anglophone-dominant field of disability studies. While both works portray the lives of Latin

American protagonists, and were originally written entirely or mostly in Spanish by Latin American authors, both focus on their subjects' experiences in psychiatric hospitals located in the United States, and have circulated widely among English-speaking audiences. These two life stories provide a continuing impetus for a complex international web of viewer and reader responses integrating issues of mental illness, disability, subjectivity, and cultural representation. The final section of this chapter examines the differing ways in which reviewers of *La mujer que cayó del cielo* and *The Ladies' Gallery* have negotiated their participation in these transnational cultural conversations, alternately registering reluctance and acceptance with regard to changing concepts of mental illness, subjectivity, and literary genre.

Defining Disability Life-writing

The broad term "life-writing" best describes the literary genre common to the two very different works studied in this chapter. Marlene Kadar explains that this Anglo-Saxon term dates back to the origins of the genre in English-language writing in the eighteenth century, and has been used as an alternative to the term "biography," which historically has referred specifically to a type of life-writing striving for objectivity. Life-writing is generally understood to include biography and its subcategory autobiography, but also less "objective" or canonical forms such as letters and diaries (Kadar 3).

Kadar notes that feminist critics have expanded this definition even further to include oral narratives and other works considered to be “non-high culture” (5).

Likewise, disability scholars such as G. Thomas Couser have been drawn to works of life-writing due to “a sense that, located on the borders of the literary, they are particularly accessible to marginalized individuals” (*Recovering Bodies* 4). Couser notes that, despite this apparent openness, life-writing has not actually been accessible to all subjects, and in reality has tended to be dominated by privileged individuals. Couser and others (see Arthur W. Frank, Anne Hunsaker Hawkins) have observed a late-twentieth-century surge in the production of English-language illness and disability narratives, which may be considered as a reflection of and catalyst for concurrent gains in disability rights and the rise of disability studies in the humanities. At the same time, the reception of these texts magnifies the already ambivalent acceptance of life-writing as a literary genre. As Couser observes, personal narratives of illness written by established writers and public figures are typically received as autobiography, while such works by new or “non-literary” writers are often placed in the health section of bookstores and libraries, categorized by condition (8). Couser suggests that this late-twentieth-century body of work represents a new subcategory of life-writing, given that “traditional biographers usually treat illness as an interruption of the life that is their proper concern, except when it threatens life

or ends it" (5).

Illness and disability complicate even further the relationship between the writing subject and the subject of the life narrative. As Couser recognizes, bodily variations may bring greater self-awareness and drive a person to record life experiences creatively, or, alternately, they may actually prevent a person from being able to write (5). The literary (re)construction of the writing self is thus problematized in disability narrative even more than in traditional life-writing. Like Lennard Davis, Couser sees in disability the potential to integrate and expand existing discourses of corporeality and identity, because disability life-writing "promises to foreground somatic experience in a new way by treating the body's form and function (apart from race or gender) as fundamental constituents of identity. The effects of disease on identity and self-perception may be most fundamental and troubling in the case of mental illness" (12). As a problematic subset of disability life-writing, mental illness narratives such as the ones considered here highlight even further the issues of representation and subjectivity that are at the core of (auto)biography and, indeed, all literature.

Couser's study sets forth new terminology in order to facilitate critical discussions of disability life-writing. A parallel critical vocabulary in Spanish has yet to arise. "Autopathography" refers to the autobiographical narrative of illness or disability, which may also include journals, essays, and full-life narratives (5-6). In contrast to an "illness narrative" which focuses on an

episode of illness, a “full-life narrative” discusses an illness as one part of a larger life story (6). Couser points out that illness narratives tend to “disengage the body from the self in the way that medical discourse often tends to do,” whereas full-life narratives integrate “illness narrative into a larger life narrative chronologically, by linear extension, or simultaneously, by conflation of other issues with the somatic” (14). I explore the implications and limitations of this distinction between illness narrative and full-life narrative in my analyses of Rascón Banda’s play and Vilar’s memoir.³

Dis-placing Mental Illness

La mujer que cayó del cielo brings to the forefront additional questions surrounding disability life-writing as a genre. Theater is not typically considered in discussions of life-writing, but it makes a particularly rich vehicle for representing the role of disability in life experience, due to its necessary emphasis on the corporeal presences of actors and spectators in specific spaces. Through the performance of mental illness, a disability with less visually obvious physical manifestations, theater has a special potential to explore notions of corporeality and impairment. Aside from its nontraditional genre, *La mujer que cayó del cielo* is a striking disability narrative in that it focuses on Rita Quintero’s experience of a mental illness linked to a perceived brain impairment that may or may not actually exist. Thus, while typical illness

narratives run the risk of medicalizing disability experiences, Rascón Banda's play represents body and culture as central, sometimes problematic, mediators in the perception of disability as well as any other life experience. The play toys with the notion that Rita's mental illness may be literally nothing but a cultural construction, and, as we shall see, its lack of resolution in this respect proves thought-provoking but unsettling for many viewers.

Rascón Banda, a lawyer by training and one of the so-called New Dramatists who emerged in Mexico in the late 1970s, is known for mixing realist, documentary, and anti-realist elements in order to represent and denounce social injustices.⁴ *La mujer que cayó del cielo* continues in this vein. The play consists of a string of thirty-eight scenes following the progression of Rita's cultural, linguistic and physical isolation, her mistreatment at the hands of oafish gringo police officers and mental health care workers, and her belated, partial salvation by intermediary and narrator, Miguel Ángel Giner. Interspersed with this tragicomic downward spiral are scenes in which Rita recounts Tarahumara legends or sings traditional songs, all of which are ostensibly incomprehensible to the other characters but are actually conveyed in Spanish. The play constantly shifts between Spanish, English, and to a lesser extent, Tarahumara, in order to "hacer sentir al público el conflicto y la tortura por la incomunicación" (Rascón Banda 9). Thus, in the "petición del autor" that precedes the published script, the playwright requests that directors respect this linguistic dynamic and forgo

translation of scenes that might be linguistically inaccessible to their audiences (9). My discussion of this play refers to the Escenología publication of the script, and, occasionally, to details of the Costa Rican cast's 2003 Lawrence, Kansas performance directed by and starring María Bonilla.

Rascón Banda's play provokes audiences to reflect— often uncomfortably— upon the ways in which language and culture filter our perceptions. Both denouncing and reiterating Rita's objectification, while also destabilizing and reinforcing dehumanizing clichés about mental illness, *La mujer que cayó del cielo* draws together Anglophone discussions of disability and Latin American conversations on mental health care reform. This complex dynamic develops on stage as the characters interact through movement, gaze, and language, and as the play's narrative structure unfolds. As a work of disability life-writing, *La mujer que cayó del cielo* takes advantage of the physicality and immediacy unique to the theater genre.

Through the use of space, visual dynamics, language, and narrative technique, *La mujer que cayó del cielo* portrays the Larned psychiatric hospital as an extreme "total institution" (Goffman) whose imposing structures inevitably disempower and dehumanize Rita, leaving little or no room for her to maneuver as a subject. The relationship between the space of the hospital and that of Rita's body is represented as objectifying and disabling, a dynamic that is compounded by the power structure implicit in the play's verbal and narrative components. The play thus condemns physical and sociocultural

structures that transform differences into disabilities and subjects into objects, but simultaneously replicates that mechanism through its own internal structures. It projects a concept of mental illness as a socially constructed disability, while also reinforcing the dynamics that propel that construction. Despite this conflict—indeed, because of it—*La mujer que cayó del cielo* represents a striking Mexican contribution to the predominantly Anglophone cultural conversation on disability studies.

Spatially, *La mujer que cayó del cielo* unequivocally presents the physical structure of the psychiatric hospital as a total institution that acts to objectify and dehumanize its occupants. The stage directions give scant instructions for the visual configuration of the space of the hospital. In the first scene, the playwright specifies that Rita should be surrounded by “una atmósfera de irrealidad por la niebla y la luz,” signaling an unusual physical location or internal state (24). The first visual clue that the setting is a psychiatric hospital is the entrance of two “celadores o enfermeros de un manicomio.” Movement and gaze both serve to establish Rita’s position as object: as she remains stationary, the nurses “observan fijamente a la mujer, mientras caminan en su derredor.” The audience, too, is meant to participate in this dynamic: “Vemos mejor a la mujer. Viste un atuendo tarahumara blanco, con varias faldas encima una de otra y una coyera en el cabello” (24). Rita is on display for spectators within the world of the play as well as those looking in on it.

The stage directions continue this spatial and optical relationship throughout the play by indicating various ways in which the hospital restricts Rita's movement and makes her a visual object. Scene VII indicates that Rita is housed in a "jaula" which her doctors circle as they observe her, a situation repeated in scene XIX (38, 60). In the 2003 Lawrence, Kansas performance of this play, this "jaula" resembled a metal dog kennel or oversized birdcage, and the lighting cast a shadow of the bars on the stage floor surrounding the cage, exaggerating its dimensions. Certainly this structure is not a realistic representation of the actual conditions in late twentieth-century United States psychiatric hospitals, but it connotes the history of asylums and suggests that such oppression of mentally ill people persists in other forms. The cage confines Rita yet also exposes her to the constant gaze of the hospital workers and the audience. Recalling even further the historical tradition of making a public visual spectacle of the "mad" (Foucault, Gilman), scene XIV places Rita "de pie arriba de una mesa, iluminada como una estatua"; in stark contrast to Rita's visual objectification and physical immobility, the doctor describes her test results, flaunting his authority to interpret her body (49). Starting in scene XV, Rita's physical range of motion becomes even more restricted, as she is confined to a straightjacket, another classic icon of the asylum. In the Lawrence performance, Rita's bound arms were tied not behind her back but to the cage above her head, exaggerating the restriction imposed by the straightjacket.

In addition to these physical restraints, Rita is subjected to a heavy regimen of psychotropic drugs that leave her body devastated by the uncontrollable muscular tics of tardive dyskinesia. María Bonilla's performance of this condition featured increasingly severe tremors of the hands and forearms, as well as difficulty walking. Throughout the play, Bonilla's Rita used movements and gestures of the hands, arms, and legs to express her frustration, punctuate important points, and illustrate her Tarahumara songs and legends. As a constant visual reminder of how the Kansas mental health care system has silenced and restrained Rita against her will, the tremors and unsteadiness add another layer of expression to her physical presence and efforts to communicate. Rita's once confident, smooth dance movements, a personal affirmation of cultural identity, now also increasingly testify to a corporeal experience of marginalization.

Although the physical and visual negotiation of space in the play overwhelmingly projects the mechanisms associated with the total institution and the social oppression of mentally ill people, there are a few moments that suggest that Rita is sometimes able to negotiate her position as a patient. The perception of Rita's agency could vary significantly depending on the interpretive choices of individual directors and actors. In the 2003 Lawrence performance, for example, from the opening scene onward, Rita frequently shook the metal bars of her cage, producing a loud clanging noise and causing the cage to move noticeably back and forth. She would alternate

between shrinking back against the wall fearfully or warily, and moving forward energetically and gesturing urgently in her increasingly frustrated attempts to communicate. While tied to the cage by the straightjacket, Rita would strain forwards and sway back and forth. In Bonilla's interpretation, Rita used her body to express her violent rejection of the physical restraints and the cultural and linguistic barriers that confined her in the psychiatric hospital.

In addition, Rascón Banda's text accounts for specific moments that highlight Rita's agency. In scene XVI, Rita asserts her ability to gaze back at her doctors, in contrast to her usual role as visual object: "Rita los mira de soslayo, desconfiada y espera inquieta, aunque finge cierta tranquilidad" (52). Scene XX indicates that, within her cage, she chooses not to sleep on her bed, but rather, on a mattress placed on the floor (60). In scene XXIII, Rita apparently has been allowed outside of her cage, for the purpose of finally talking, via telephone, to someone who speaks her native language (63). Moreover, scene XXVIII reveals that she has tried to escape from the hospital several times, with near success (76). At the end of the play, Rita leaves the Larned hospital for good and returns to Chihuahua, thanks to the intervention of her advocates. These salient moments of agency in Rita's movement and gaze disrupt the otherwise cohesive portrayal of the hospital as an objectifying space, and hint at Rita's ability to maneuver her situation through an assortment of spatial tactics. Nevertheless, such occasions are scarce in

comparison with the crushing structures of physical and verbal control that persist throughout the play.

Linguistically, too, the play largely maintains Rita's position as a mute object in relation to her powerful and articulate caretakers and advocates. Rita is unable to communicate verbally with her English-speaking doctors, who rely on a rudimentary knowledge of Spanish in their attempts to speak with Rita. These exchanges are often painfully comical. The disastrous English lesson in scene X, for example, is somewhat reminiscent of Abbott and Costello's classic "Who's on First" comedy routine in its quickly alternating rhythm and mounting frustration level (41-45). The dark humor of such miscommunication is not apparent to the characters involved, but only to bilingual audience members, who, through their laughter, demonstrate their own superior power to maneuver cultural and linguistic codes.

Unless they also understand Tarahumara, however, spectators are bound—just like every character in the play—to temporarily experience the discomfort of being confronted with an unfamiliar code. This position of inaccessibility is most closely associated in the play with Rita's marginal status as an indigenous person, an undocumented immigrant, and a person who may be mentally unstable, but, to varying degrees, all the characters as well as the audience experience linguistic disempowerment and agency. Although Rita's Spanish proficiency is limited, she uses it to carry out basic communication with Giner. Rita does fully exert the power to speak at length

in scene XIII, an extensive phone conversation with a Tarahumara speaker, unique in the play because it is performed exclusively in the Tarahumara language with no Spanish interpretation (and noticeably absent from the 2003 Lawrence performance). While Rita's ability to speak to all the other characters is severely limited due to their ignorance of her native language, Rascón Banda extends her ability to speak to the audience by "interpreting" her speeches into Spanish through the use of voiceovers. These speeches serve as a reminder that Rita is a subject even though she is treated as an object, an effect epitomized by scene XXXII, which juxtaposes the doctors' interpretations of Rita's illness with her own culturally-mediated explanation of the causes of illness (82).

Still, throughout the play, Rita remains for the most part a silent object, unable to speak to the other characters or the audience. In part, this dynamic results from the play's self-consciously literal reiteration and interrogation of the conventional concept of mental illness as a pathology of language (Foucault). The play at first seems to suggest that Rita's unidentified language and culturally-bound behavior may have been the only "symptoms" that led to her diagnosis and confinement at the hands of ethnocentric Kansas hicks. In scenes XXIX and XXX, however, this position is complicated by the revelation that, before arriving in Kansas, Rita escaped from a Chihuahua prison. She had been serving a sentence for murdering her husband, possibly while in a hallucinatory state and in an effort to keep him from

stealing her livestock. Through this detail, the play hints that Rita's mental health may have truly been problematic even before her ordeal in Kansas. Thus, while the play casts mental illness as a label attached to unconventional use of language and culturally unacceptable behavior, it does not promote this definition unequivocally. The mention of Rita's mysterious murder conviction undercuts what would seem to be one of the primary messages of the play.

Even as it condemns the locals for the ignorance and intolerance that made them unable to listen to Rita, *La mujer que cayó del cielo* reproduces the same mechanisms that effectively silenced her during her time in Kansas. The play's very design— its use of the three languages, the scope of its plot, and its use of Giner as narrator— reiterates Rita's objectification. Because she speaks almost entirely in Tarahumara, a language assumed to be unfamiliar to the majority of spectators, Rita's direct speech in the play is limited to a somewhat exoticized and linguistically remote role. This may be considered an effective technique for representing Rita's fate, given that she is said to be unable or unwilling to communicate about her experience in Kansas. Nevertheless, this silencing conflicts with the play's otherwise firm denunciation of the objectification of Rita based on her unfamiliar language and culture.

Likewise, the narrative focus and structure of *La mujer que cayó del cielo* serve to exoticize, confine and silence Rita. The play is a true illness narrative: it narrows in on Rita's experience of being treated as mentally ill,

and does little to contextualize this time within the wider arc of her life. Beginning with her arrest and continuing through her hospitalization and heavy medication regimen, Rita is portrayed as a helpless victim throughout the play, and any other aspects of her identity before or after this time are not directly included. Although there are some hints as to Rita's family life in Chihuahua, and Rita often speaks or sings about her cultural traditions and beliefs, the play does not actually show Rita living in these contexts before or after her ordeal in Kansas. Thus, through its focus, in addition to the spatial and verbal aspects discussed above, the play itself subtly repeats the objectifying view of Rita as a mentally ill person or a person from an exotic culture, rather than as an individual with a complex life story.

In the decision to bestow the power to narrate Rita's story upon a contrastingly powerful male intermediary, the play accurately reflects the reality of its own creation: Rita took no part in the creation of the play based on her experiences. The Giner character, who exercises the power to tell Rita's story, is a composite of many real-life advocates who worked on her behalf. In contrast to Rita, who is physically confined and is unable to communicate on a basic level with the other characters in the play or the audience, Giner moves freely about the theater, converses with the various characters and the audience, and comments extensively on the meaning of Rita's predicament. Indeed, the Costa Rican production further underscored Giner's power to do exactly what Rita cannot by choosing to have Giner enter

Rita's cage, sit reflectively, and then freely emerge during his verbal confrontation with the psychiatrists in scene XXXI (79).

The paternalistic character of the relationship is encapsulated in scene XVIII. Rita, desperately repeating in Tarahumara "Tami arewe machinia" ("Déjenme salir"), wrestles with Giner, until "Poco a poco, Giner la va dominando" and Rita's protests dissolve into painful cries. The physical interaction was interpreted as playful roughhousing in the Lawrence performance, intensifying the futility of Rita's struggles. As Giner restrains Rita, he soothes her by reiterating "Confía en mí" while, father-like, he embraces her "y la acaricia suavemente para que se calme" (74). This power dynamic between Giner and Rita in the play is perhaps a faithful representation of reality; indeed, Rita's confinement was brought to an end only because of the active intervention of caring individuals who were able to wield the leverage she lacked. Yet *La mujer que cayó del cielo* perpetuates that same uneven reality through the theatrical roles it assigns to Rita and Giner.

In its many facets, this play simultaneously literalizes, reinforces and partially destabilizes the culturally ingrained clichés that mental illness is an utter lack of subjectivity or a pathology of language. Through this complex representation, the play participates in the still widely Anglophone cultural conversation on disability, while also making a case for extending Latin American discussions on mental health care reform to include North America.

A pervasive aspect of this mechanism is the play's reappropriation of the cliché use of madness and the asylum as metaphors for political turmoil. This association has long registered and perpetuated the dehumanization of people with mental illnesses, but in *La mujer que cayó del cielo*, Rascón Banda reconfigures the trope by focusing on an individual whose experience in the mental health care system was truly inextricable from her larger political context. Rita's confinement in the psychiatric hospital can be read as a figure for the oppression of Mexican immigrants in the United States, as well as the marginalization of indigenous people within Mexico. Yet Rita literally was institutionalized due to these very sociopolitical conditions— they are integral forces at work in her life, not merely ideas she is made to represent. Similarly, Rita's release from the hospital and the subsequent lawsuit were true international political situations. Reemphasizing the political significance of the asylum, Rascón Banda ends the play with Giner's statement: "Si quieres conocer realmente un país, visita sus manicomios" (94). Giner refers not only to the well-worn trope of the asylum as microcosm, but also, given the context of the play, to how the literal conditions in real psychiatric hospitals participate in the social, cultural and political characteristics of a nation. In this respect, the play's exploration of cultural and political dimensions of disability resonates with contemporary cultural conversations on mental health care reform and the field of disability studies.

At the same time, my analysis has shown that *La mujer que cayó del*

cielo both represents and replicates the power dynamics and cultural mechanisms that turned Rita's differences into a disability; in short, the play participates in the disabling of Rita, and invites the audience to do the same. This play is not, then, an ideal text for promoting a complex understanding of the subjectivity of people with disabilities, but it is nonetheless outstanding in its extensive engagement of cultural discussions of disability that have mainly been limited to Anglophone contexts. Even as the play relegates Rita to the position of object, it projects an implicit definition of disability as a politically-charged cultural construct with a complex relationship to perceived physical differences, rather than reiterating a conventional medicalized concept of disability as a fixed essential difference. Furthermore, the play manifests the ongoing international conversation on mental illness in its firm representation of Rita's condition as a disability, a physical difference perceived through cultural discourse.

By emphasizing the primary role of cultural and linguistic differences in Rita's perception as mentally ill, and by drawing parallels between mentally ill people and other socially oppressed groups, *La mujer que cayó del cielo* projects an implicit definition of mental illness as a disability mediated through culture rather than a fixed essence. The play suggests—almost consistently—that Rita is identified as mentally ill in Kansas because her behavior and language do not conform to the local cultural expectations. The “symptoms” that support the doctors' diagnosis of Rita's illness are, to the audience,

obviously attributable to cultural differences. Speaking perhaps of her mountainous homeland, Rita claims in her broken Spanish to have come from “arriba” and “cielo,” which the doctors interpret as delusions of grandeur (32-33). When she claims to have two different surnames, the doctors conclude that she has multiple personalities and is therefore schizophrenic (perpetuating the common popular conflation of these distinct disorders) (36-37). By the Kansans’ cultural standards, Rita seems disoriented with regards to time, has disorganized thoughts and hallucinations, and does not practice good hygiene standards (38-39). When questioned in English whether she has 6,000 sons, Rita confusedly answers “yes” (55). All of these “symptoms” can be interpreted as cultural and linguistic misunderstandings.

This cultural view of disability is strengthened by the play’s omission of some facts about Rita’s situation that suggest that her hospitalization was based on more than simple gringo ethnocentricity. A 1995 series of reports by journalist Mary Sánchez of the *Kansas City Star* state that “an assessment conducted in Spanish by a Cuban doctor determined she was schizophrenic” (“Group Brings Hope”), and eleven years later, an evaluation conducted in her native language “found her to be delusional” (“Aged Indian Woman”). As mentioned earlier, however, Rascón Banda does complicate the portrayal of Rita’s mental illness to some extent near the end of the play by including a reference to her murder conviction.

In addition to the depiction of the cultural mediation of the characters’

perception of mental illness, the play participates in disability discourse by contextualizing mental illness within the human body and its physical surroundings. The field of disability studies includes mental illness, but because its discourse has focused so strongly on visible physical differences, outwardly invisible mental illness has tended to occupy a marginal position. *La mujer que cayó del cielo* features a strong visual component that calls attention to the increasingly debilitating physical experience of Rita's treatment for mental illness: "Los doctores observan a Rita, que muestra abatimiento. Ha envejecido. Se ve cansada y su cuerpo se mueve con tics y con temblores" (75). The dialogue goes on to explain that the psychotropic medication has caused tardive dyskinesia, which is "permanente e irreversible": "Han aumentado sus conductas extrañas, tiene dolores de cabeza, trae la lengua fuera de la boca, no controla sus movimientos y camina sin estabilidad" (75). As discussed above, the change in the rhythms of Rita's movements becomes an integral component of her expression of her experience. The medium of performance allows for a corporeal immediacy that would not be possible with more conventional forms of disability life-writing. In its portrayal of mental illness as a culturally mediated disability experienced through the body, this play represents a Mexican articulation of some of the key principles of the disability studies movement dominated by the United States and United Kingdom.

Moreover, by vehemently denouncing Rita's diagnosis and her

treatment in the Kansas state mental health system, Rascón Banda points to the potential benefit for the United States in joining the discussions of mental health care reform gaining momentum throughout Latin America. He ends the play, however, with a strong reminder of Mexico's need for reform. In the final scene, Giner tells the audience:

La Navidad pasada fui a Camargo a visitar a mi familia. En el Heraldo de Chihuahua leí un gran reportaje acerca de cómo pasaron su Nochebuena los internos del manicomio local. Venían fotos de viejos y viejas de mirada extraviada. Fui a verlos. El Psiquiátrico de Chihuahua no es el Hospital Larned de Kansas. ¿Así será el infierno? Si quieres conocer realmente un país, visita sus manicomios. Ahí, en medio del abandono, la suciedad y la tristeza, estaba Rita. Sola, ausente, perdida. (94)

Further enhancing the play's contribution to an international dialogue on disability and mental health care reform is the fact that it has been performed with success throughout the United States, Latin America, and Europe. Moreover, many of the various productions have featured collaborations between North American, Mexican, and Central American artists. These performances are often followed by group discussion sessions, and have catalyzed international conversations on the subjects of mental illness, disability, and mental health care reform. The final portion of this chapter

examines a sample of written audience responses in order to evaluate the reception of *La mujer que cayó del cielo* as disability life-writing.

Appropriating the Literary

The Ladies' Gallery: A Memoir of Family Secrets is prefaced by a telling epigraph from "The Siren" by Franz Kafka: "The Sirens, too, sang that way. It would be doing them an injustice to think that they wanted to seduce; they knew they had claws and sterile wombs, and they lamented this aloud" (xviii). The epigraph bears witness to the existence of a rather disembodied original Spanish text; only Gregory Rabassa's English translation of Vilar's text has been published, but her Spanish title was *También las sirenas cantaban así*. This quotation also serves as a warning to the reader: the sailors met their death because they misread the Sirens' song, hearing seduction where there was only a futile and destructive lament. The epigraph establishes the book's central themes of reading, writing, vicious cycles, and the lure of death, and it prefigures Vilar's frequent and self-conscious use of intertextuality.

Vilar concludes her memoir with an epilogue that expands on the Kafka quotation, noting that there were three Sirens, each one enfolding three stages of life, and they built their nests out of the bones of the doomed sailors who followed their song (319-20). The parallel to Irene⁵ and her mother and

grandmother is clear, and by this point has already been explored throughout the book. Vilar closes the epilogue with another warning to the reader:

The song of the Sirens is the great paradox that suicides and madmen know. It is the paradox, too, of every book on suicide written by suicides: they make their nests from the skeletons of dead authors. It's contagious— beware. (323)

The Sirens' song thus can be read as an impulse to self-destruction or disintegration that some people, like the sailors, cannot help but follow. At the same time, however, Vilar compares herself as a suicide survivor and memoir writer to a Siren whose act of singing perpetuates itself through its readers even as it rests on the reconfigured remains of literary precursors. Within a cycle of death and destruction there is also life and creativity. This use of the Siren imagery, like Vilar's book as a whole, brings together issues of mental illness, family relationships, and literary creation and consumption.

These components are interwoven in *The Ladies' Gallery* with reflections on the lives of Irene Vilar, her mother, Gladys Mirna Méndez Lebrón, and her maternal grandmother, Lolita Lebrón, an icon of Puerto Rican independence activism known for her participation in a 1954 attack on the U.S. House of Representatives. The work begins with and repeatedly returns to an italicized chronological narrative strand that follows Irene's Syracuse psychiatric hospital stays and concurrent pregnancy. This strand, too, finally brings the memoir to a close— with Irene's release from the hospital, a

miscarriage, and her beginnings as a writer. Resembling the *Künstlerroman*, the text as a whole tells the story of Irene's development as a young artist and intellectual. With its intricate structure, copious intertextual references, and keen observation of the texts at work in everyday life, Vilar's memoir demands to be read as literature. Through this self-consciously literary approach to disability life-writing, *The Ladies' Gallery* asserts the subjectivity of the life-writer and the mentally ill person, implicitly taking part in cultural conversations on literariness, disability, and subjectivity, as well as contributing a unique representation of the psychiatric hospital.

The broad term "life-writing" is particularly apt in describing *The Ladies' Gallery*, since, even more than a conventional memoir, it represents a combination of autobiography, biography, and literary and political reflection. Moreover, this text challenges conventional categories of autopathography by interweaving a self-contained illness narrative— the chronological strand following Irene's hospitalization— within a full-life narrative. The illness narrative portion of the memoir is visually marked as separate through the use of italics, and yet through its persistent recurrence it structures the entire work, thus signaling the interconnected relationship between the illness experience and all the other strands of the memoir. A reader expecting a conventionally self-contained illness narrative— such as *La mujer que cayó del cielo*— will be continually interrupted as the hospital strand alternates with a nonchronological, kaleidoscopic view of Vilar's identity filtered through her

family, her country, and her literary activity. Similarly, although the epilogue ultimately refers to *The Ladies' Gallery* as "a book on suicide," the suicide attempt that results in Irene's hospital stay is not included in the illness narrative strand, and its full recounting is delayed until the very end of the memoir. Likewise, the narration of Irene's mother's suicide is withheld until midway through the book. By contextualizing her hospitalization within her own life story as well as the stories of her mother and grandmother, Vilar represents mental illness as one pivotal life experience among many. The constant interplay between illness narrative and full-life narrative produces a form of disability life-writing that fosters a firm awareness of the centrality of the body to identity, along with a recognition of the convention of treating experiences of bodily variation as interruptions or exceptions to a life story.

This effect works in tandem with the memoir's insistent intertextuality and self-referentiality, emphasizing the writer's awareness of her participation in literary and intellectual tradition. Vilar thus stakes a claim for her book as literature, despite the reluctance of literary scholars to include life-writing in the canon. Perhaps even more significantly, Vilar positions herself as a self-aware intellectual and literary author while simultaneously highlighting her experience as a woman with a mental illness. This combination forms a powerful statement, considering that the conventional association of madness with uniquely unfettered artistic creativity does not include such calculated intellectual activity, nor does the view of women's madness as a raging

symptom or desperate protest of gender oppression. The marked literariness of Vilar's memoir is established from the outset with the Kafka epigraph evoking the perils of reading, and it is strengthened throughout with numerous references to other literary texts and constant discussion of themes of reading and writing.

Vilar's frequent literary references suggest that her understanding and expression of her life experiences are mediated through cultural discourse, and thus underscore her own participation in cultural discourse as the author of *The Ladies' Gallery*. In order to interpret and communicate her range of experiences, Vilar calls on a broad knowledge of world literature. Whereas in *La mujer que cayó del cielo* the audience's presumed facility with the Spanish and English languages reinforces the power imbalance in Rita's situation, Vilar constantly asserts her own domination of literary codes and invites her readers to do the same. The following are but a few examples of this tendency. Irene explains, "In college one has the Borgesian sense that it is possible to be many without even trying to be one (since everything is there for you to choose)" (8). When the hospital has a Valentine's Day decoration contest, Irene observes, "In my room there are so many hearts on the floor already that all that's left is for them to start beating, as in a Cortázar story" (115). As a little girl, Irene read *The Lives of the Saints*; looking back, she reflects, "I wasn't devout, I was only a girl searching for the key to something in books, even though I didn't know quite what: nostalgic, a mini-Madame

Bovary with no object in mind and, to top it off, from the Caribbean” (199). Recalling her childhood travels and role models, Irene comments that she was “like one of those characters in the Spanish picaresque novel: educated en route, so to speak, the missing one, the adapted or adopted one...” (210). In addition to comparisons such as these, the memoir mentions numerous other writers, often in the context of Irene’s literary coursework, among them: Woolf, Joyce, García Márquez, Homer, Chuang Tzu, Cervantes, Barthes, Kristeva, Nabokov, Sontag, Paoli, Santa Teresa, Kierkegaard, and Gordimer. In particular, Irene identifies with “women writers at war with life”— Pamela Djerassi Bush, Sylvia Plath, Julia de Burgos, Alfonsina Storni, Virginia Woolf, and Violeta Parra— saying, “Irene was there all the time, before Irene had been born, and, as Borges would say, behind the mask of other names” (37). By explicitly comparing herself to both literary characters and writers, Vilar flouts the marginality of life-writing within the literary canon and the objectification of people with mental illnesses.

The noticeable accumulation of literary references throughout *The Ladies’ Gallery* firmly positions Irene Vilar as a subject who exercises the authority to read and write within and about a literary tradition. Even as she struggles with depression and suicide, Irene is writing a diary, taking copious notes for a future book, and reading and writing about literature, psychology, and other subjects for her university classes and in her leisure time. Quite literally, she refuses to cede her place as a literary scholar:

The last few times I went to the library, I went to the fourth floor, to the PQ section where the Latin American and Spanish literature collection was shelved. I read haphazardly, and if I found some interesting phrase, I would memorize it, or try to, because it was very hot in those cubicles on the fourth floor, and that voice of mine would begin to babble, and it would be as if they'd put my head in an oven and it had exploded, like an eggplant you bake without perforating the skin. (81)

As a literary disability narrative, Vilar's self-portrayal boldly contradicts the conventional concept of madness as a pathology of language or a space removed from language altogether.

This resistance is particularly prominent in the chronological strand of the memoir that narrates Irene's experiences while being treated for psychosis in two Syracuse psychiatric hospitals. Mostly using the present tense, this illness narrative seems to be taken from a journal kept during that time. Sometimes presenting a sense of helplessness or disorientation, and other times expressing shrewd analytical observation of her surroundings, the hospital narrative is consistently articulate, self-aware, and critical. Irene constantly calls on her literary competency to analyze and "read" the social dynamics and power structures of the hospital; as she notes upon arrival, "I was slowly becoming a spectator of my own fable" (15). When she meets her first doctor, Irene observes her taking notes, and wonders, "What about? My

silence, certainly. Well? What does my silence mean to her? She's waiting for me to tell her I'm in love. Should I play the adolescent, sick Juliet they imagine me to be?" (16). Just as Irene reads others, she is clearly aware that others are interpreting her, always through the lens of cultural discourse:

[Irene] becomes a patient, an unfinished being. The doctors know it; and from the first day, Dr. O. knows that I read novels and psychology books. She didn't like me to read Melanie Klein. (What would she have preferred? Romances of chivalry?) They know a lot about me, they have it written down in a file with my whole history, and when I am finally able to see it, I am startled to read the things I'd said and the things they'd heard. They didn't know what name to give me: *Hispanic female, senior at SU, functioning with HX of maternal suicide.* (38)

During an evaluation, she considers representing herself as a patient to be a conscious act of creativity on her part: "Hell, I know quite well what he expects of me and I'm ready to help him. I see myself inventing a diagnosis of my soul for him, as if it were a matter of literary composition" (276). As a psychiatric in-patient, Irene is keenly aware of her participation in a network of readers, writers, and texts.

Along with this unconventional representation of the psychiatric patient as self-conscious reader and writer, Vilar also diverges from tradition in her portrayal of the psychiatric hospital as a dismodern subjective space

interfacing with mutable individual bodies and cultural discourses. *The Ladies' Gallery* presents a complex portrayal of several psychiatric hospitals, which changes with time and according to the situation. When Irene first arrives at Hutchings Psychiatric Hospital, the primary characteristics of the place seem to be a sense of enclosure and detachment, qualities typically associated with the asylum:

We all go about half-bewildered by all the sun pouring in through the window. Last night it was the moon that bewildered us. We move along corridors that lead through rectangular parlors into yet other corridors. The sound of steps on the white tiles is loud, along with the squeak of litters and wheelchairs, but nothing from outside can be heard [...] these walls enclosing us are hermetic. (14-15)

Later, en route from Hutchings to University Hospital, Irene wonders, "How does someone come back from a mental hospital?", again evoking physical and social isolation (34). She finds, however, that at University Hospital, "the people are less crazy, more sad. Hutchings was closer to an asylum, with restraints everywhere," (62) whereas "at University Hospital the contrasts are not so great. The patients are anorexics, manic-depressives, an occasional drug addict, all generally middle- or upper-middle class, awash in social tedium [...] But contrasts or no contrasts, they all look as if asleep" (64). These early impressions of Hutchings and University Hospital reveal an

awareness of and partial identification with the conventional portrayal (Goffman) of the asylum as a closed and controlling space, removed from society.

As Irene's hospital stay continues, however, the emphasis shifts to a strategic view of the hospital as a permeable space providing needed, temporary shelter. Upon leaving the hospital for the first time, she remembers, "I wasn't frightened. You can always come back, I told myself. And leave again" (84). Later, she reflects, "Sometimes (as in my case) being hospitalized is a great comfort. The empty monastery walls and the silence invite rest. [...] I wonder if Mama could have been saved by something like this, an empty place, a 'peaceful house'" (175). Viewed in this light, the ability to take up residence in the psychiatric hospital is a flexible coping mechanism rather than a loss of agency. Considering the utility of this vantage point, Irene notes: "Noah's ark: Proust said of Noah that probably he never saw the world so clearly as from inside the ark, though it was closed and there was darkness on the earth" (257). Ultimately, in Irene's experience, the psychiatric hospital can be a hermetic enclosure full of restraints— as portrayed in *La mujer que cayó del cielo*— but also a temporary respite and window of perception.

To these facets, Vilar adds the contrasting experience of her grandmother Lolita, for whom the psychiatric hospital was a dehumanizing place of politically-motivated torture.⁶ Vilar recounts how, after sending the

prophetic "Message from God in the Atomic Age" to President Eisenhower, Lolita was abruptly removed from her Alderson, West Virginia prison cell and transported to St. Elizabeth's Hospital in Washington, D.C.:

Orderlies and guards dragged her into a room, shoved her onto a platform in the center, and seated her on a chair. All around her were people sitting in easy chairs, as if in a theater. They stood up in a threatening way. Were they going to burn her?

'Well, it was a circus, and it was my job to amuse them.' (263)

The comparison recalls the medieval tradition of displaying asylum residents for public entertainment. For Lolita, the asylum-as-spectacle blends with the asylum-as-political-apparatus as she undergoes interrogation and is subsequently subjected repeatedly to what she calls "electric torture" (264). When her daughter Gladys comes to visit her, Lolita is angry to be seen in this position by an adult daughter she hardly knows, and tells Gladys repeatedly "how they were trying to drive her crazy but hadn't succeeded. They were making her hear 'electronic voices,' injecting her, experimenting with her" (266). In contrast to Irene, then, Lolita experiences the psychiatric hospital as a nightmarish total institution and instrument of political oppression. *The Ladies' Gallery* juxtaposes St. Elizabeth's, a monolithic structure that ruthlessly strips its occupants of identity and agency, with University Hospital, a structured yet maneuverable space that can be utilized as a coping mechanism.

Central to this flexible representation of Irene's hospital experience are references to her body. As we have seen, in Rascón Banda's play, Rita's physical movements convey identity and resistance but also manifest the pervasiveness of the hospital control mechanisms. In contrast, Vilar's memoir reflects on hospitalization as one among many life events that she experiences both physically and intellectually. Irene's corporeal perception of mental illness highlights the spatial negotiation of the psychiatric hospital and contributes to the book's overall implicit concept of mental illness as a disability.

Physicality is salient in the memoir's opening paragraphs, as Irene awakens in the hospital to a sensation of overwhelming depression:

Face up, the beginning of another day is unbearable. You feel that nothing is ending and nothing is beginning. Maybe if you close your eyes and get away from the light of day you can put an end to that anguish. I tried to move. Starting with my arms and then my hips, back, and head. Finally, I managed to move my legs and, with the greatest effort, I succeeded in turning onto my side. (10)

Clearly, as Irene describes it, this intense anguish of depression is a bodily experience as much as a mental and emotional one. As the narration continues, the strange sense of bodily disconnect becomes the focus:

I got a good grip on the edge of the bed so I wouldn't slip and

lose the position that it had taken me so long to reach. Yes, I would stay in that position with my nose pressed against the wall and my right wrist bent under the weight of my thigh. [...] For some reason my body took on grotesque postures, as if challenging me or mocking my clumsiness. Whose huge foot was that hanging from the light? (10-11)

A similar physical disorientation is prominent in Irene's narration of her arrival at the hospital. She explains having a "larval feeling," an understanding that "something in my body had broken down. The orderlies straightened up the bent thing; it walked. I thought they were taking me to an operating room, to cure me, to remove death from inside me" (12). Irene's emotional crisis and physical displacement are experienced as a sense of partial disembodiment or corporeal distress, as evidenced by the shift here between internal and external perspectives.

Just as Irene experiences mental illness through her body, she is aware that her mental illness influences how her body is perceived by others.⁷ Throughout her hospital stay, Irene notes how the psychiatric patients' bodies are viewed as different. She herself observes the altered physical presence of her fellow patients, "young people full of lethargy, turning about and shuffling along the corridor" (15). She feels as though others approach her body differently now that she occupies the role of patient: on Irene's first morning in Hutchings, "the nurse arrived from the end of the hall and, with a

tug, pulled off the blanket, leaving me uncovered. Get up, she said, as if she were talking to an insect, or a corpse" (11). Similarly, Irene observes upon arrival at University Hospital that the nurses "don't look at me, or they look through me as if I were transparent, or just an idiot" (61). The self-inflicted wounds marking Irene's wrists as she reenters University Hospital are yet another physical manifestation of her mental illness. In general, Vilar's frequent use of sensory imagery throughout the book contributes to the sense that every aspect of life— including mental illness— is experienced through the body.

Despite the limits that the hospital often places on her physical agency, Irene constantly affirms her subjectivity and exerts her intellectual power by critically analyzing her situation within the hospital dynamics. Irene narrates the beginning of her first hospital stay as an experience of powerlessness:

Two orderlies come out of nowhere, take me by the arms, and escort me to the room of the day before. They give me a small glass full of shiny pills and another with orange juice. The lithium journey was about to start. Vilar! I walk toward where the voice is coming from, slowly. Two orderlies take me to a room with a lot of machines, another orderly connects me to a dozen cables. They disconnect the machines, fill out a form that was lying on top of a pile of papers. You're okay. You're normal. They take me to another ward. (16)

By placing herself as the grammatical object in much of this section, Irene emphasizes the ways in which hospital procedures objectify patients.

Much more frequently, however, Irene narrates her experiences in the hospital with a more overtly critical approach that asserts her own intellectual agency. In one scene, for example, the narration presents Irene's thoughts during an evaluation, which focus on her own assessment of the hospital's procedures and structures: "Why do they need seven people for a psychological evaluation? This room has a problem with its design. They forgot to put in windows. Besides, how ridiculous it is to make me sit in a chair, just me, in the middle of the room" (154). On another occasion, Irene returns her doctors' analytical gaze with her own, observing and thus neutralizing the uneven visual power dynamic – exemplified in *La mujer que cayó del cielo*– implicit in clinical observation:

Among psychiatrists, psychologists, and social workers there is a game of looking: seeing who can be the most intense. It's the same game we used to play as girls in school, sitting face-to-face, staring at each other to see who could hold her look the longest without laughing or blinking. (173)

She goes on to observe that, after several therapy sessions, the typical patient soon "takes on that insistent doctor's stare, which gives the same look to a table as to a person, since everything is equally suspicious" (174).

Not only is the doctor's authoritative gaze demystified by being likened to a

common child's game, it is also appropriated not just by Irene but other patients as well.

Irene's study of psychology books is another means by which she exerts her intellectual agency in the hospital. She repeatedly states that her doctors disapprove of these readings, and their multiple requests that she stop suggest that she continues her studies throughout her hospitalization. Irene's familiarity with psychological discourse allows her to read and negotiate her doctors' recommendations. She senses, for example, that her doctor believes it would be therapeutic for her to complete her pregnancy rather than aborting it, and she recognizes the underlying nineteenth-century rationale : "for Dr. O. motherhood must have been the antidote for sadness. Underneath it all, the old version of hysteria" (314). Armed with this knowledge, Irene decides to lie about her intentions in order to be discharged from the hospital: "I left like Odysseus, the way one always leaves a labyrinth, traps, encirclements: by means of a subterfuge. I said I was going to have the child" (317). The classical reference further underscores Irene's intellectual agency.

This complex representation of the physical and intellectual power dynamics of the psychiatric hospital extends to the book's political dimension. Like *La mujer que cayó del cielo*, *The Ladies' Gallery* reinterprets the cliché metaphorical use of the insane asylum as a political microcosm by exploring the details of instances in which international politics truly were intertwined

with an individual's psychiatric hospital stay. Irene's multifaceted experience of hospitalization stands in stark contrast to Lolita's confinement at St. Elizabeth's decades before, in which psychiatric treatment was literally inextricable from the larger political and punitive contexts. And although the motherless and homesick Irene's hospitalization in New York could certainly be read as an allegory about the dysfunctional neocolonial status of Puerto Rico, the extended discussion of all aspects of Irene's childhood and young adulthood complicates this interpretation and prevents it from overshadowing the life narrative in its entirety. Representing mental illness as a disability, *The Ladies' Gallery* avoids using madness and the asylum as abstract, essentializing metaphors detached from the contexts of cultural discourse and individual experiences.

Vilar's literary appropriation of the genre of autopathography contextualizes a mental illness within a life story, and situates it within a network of fluctuating physical, spatial and intellectual planes. *The Ladies' Gallery* contributes a nuanced dismodern view of mental illness and the psychiatric hospital to cultural conversations on disability and mental health care reform. Vilar stakes a powerful claim for the literary legitimacy of life-writing and for the integrity of subjectivity throughout a mental illness. Although these stances are apparent given the focus of the present study, other readers have developed varying cultural dialogues in response to Vilar's memoir. The reception of *La mujer que cayó del cielo* and *The Ladies' Gallery*

adds layers to the texts' participation in debates on disability and mental health care reform in the United States and Latin America.

Cultural Conversations and Silences

As Mailloux demonstrates, literary texts are both agents and objects in complex cultural conversations. *La mujer que cayó del cielo* and *The Ladies' Gallery* function as catalysts for and topics of ongoing transnational discussions relating mental health to issues of disability, subjectivity, and literary genre. By analyzing how a selection of reviewers describe these works and assess their quality, I observe which aspects of the works have been assigned greater importance and I draw out the expectations and implicit criteria driving the responses.⁸ As we shall see, reviewers' descriptions and assessments of these two works constitute two very different contributions to international discussions on mental illness, subjectivity, and disability life-writing. While reviews of *La mujer que cayó del cielo* tend to participate in this conversation mainly through their reticence, responses to *The Ladies' Gallery* engage it directly. To varying degrees, both sets of reactions register the challenges as well as the possibilities surrounding the reconfiguration of the physical, social, and cultural spaces open to individuals experiencing mental illnesses.

In order to orient their readers, reviewers typically present brief plot and

thematic overviews of the works in question. My study of how these responses engage mental health and disability issues begins by examining the details that these writers elect to include and exclude in their presentations, as well as the linguistic patterns utilized in structuring them. In general, the issues in question play a conspicuously minor role in reviews of Rascón Banda's play, but represent a central focus of attention in reactions to Vilar's memoir.

The selected plot overviews of *La mujer que cayó del cielo* are remarkably similar in their tendency to emphasize themes of ethnocentrism and the context of Mexican immigration to the United States. These reviewers approach Rita's situation not from a disability perspective, but as a lamentable yet emblematic case of United States xenophobia and cultural-linguistic ignorance. In a representative example, Carlos Paul writes:

Rita es una mujer tarahumara que estuvo recluida en un hospital siquiátrico de Kansas City, Estados Unidos, cerca de 12 años, sólo porque su idioma y sus actitudes eran desconocidos y causaron alarma en esa sociedad. Durante ese tiempo sufrió una destrucción progresiva en nombre de asistencia social, pues los médicos la saturaron de medicamentos al no entender su lengua, pues pensaban que estaba loca.⁹

In this and the other reviews, details related to Rita's identification and treatment as a psychiatric patient are included, but for the purpose of

illustrating the injustice arising from such lack of tolerance for cultural differences. Thus, these readers denounce Rita's treatment and living conditions in the Larned hospital, but their harshest criticisms are directed towards the ignorance of the Kansans: "Rita is endangered not only by her doctors' slavish devotion to psychiatric dogma, but by their willful ignorance of different world views. In Kansas, Dorothy notwithstanding, it's not OK to drop out of the sky" (Regan). Perhaps the unique convergence of circumstances in Rita's case prevents viewers from considering aspects of mental health care on their own merit. Aside from the mention of the Mexican psychiatric facility at the conclusion of the play, the work focuses so tightly on the specifics of Rita's confinement that audience members may not be compelled to consider the mental health care experiences of other individuals even within the same hospital.

Major themes identified by reviewers heavily emphasize the treatment of undocumented immigrants in the United States and the plight of the Tarahumara or Rarámuri people in Mexico. Many writers broaden this reading to include themes of oppression based on differences of all kinds. Egon Friedler quotes the program notes for a Uruguayan performance of the play, which characterize it as "una conmovedora alegoría del forastero, una eficaz representación del horror ante la extrañeza, la fragilidad del distinto entre los que se reconocen iguales y la vulnerabilidad de una cultura periférica bajo una forma hegemónica y depredadora de ver el mundo." Silvia Peláez

articulates a still more abstract interpretation, arguing that the play compels its audience to question the very meaning of identity in relation to culture, nationality, language, time, and otherness. Kathleen Allen includes a mental health care issue in her list of thematic strands in the play, but places it last: “how we try to destroy what we don’t understand; Tarahumara myths; Rita’s stories of growing up; the evils of psychotropic drugs.” For these spectators, questions of difference and identity pervade the play, but the specific themes of mental health and disability do not seem to call much attention.

Although the audience members studied here do not respond to issues of disability or mental illness directly, a few of the articles do utilize disability metaphors and refer to Rita’s body in order to communicate her victimization. Describing Rita’s victimization as an indigenous person, Manuel Osbaldo writes, “su futuro *se desfigura* en manos de quienes la enajenan al pisotear su cultura, todo su pasado, todo su ser” (emphasis added). For Peláez, a theme of the play is “la enfermedad del cuerpo como consecuencia de la pérdida del alma,” again linking bodily disability to other forms of oppression. Although relatively rare in the articles studied here, such language points to an implicit recognition of disability, whether mental or physical, as a form of social injustice parallel to— and sometimes inextricable from— racism, intolerance of cultural difference, and the oppression of indigenous people. At the same time, however, disability is not addressed explicitly in the writers’ discussions of these latter injustices, suggesting that it is not readily identified as a

pressing social concern.

Through their use of grammatical structures, several of these writers implicitly recognize and reiterate the objectification that Rita experiences as an indigenous person and as an unwilling patient in the psychiatric hospital.

Araceli Otamendi's article exemplifies the structures typical in the reviews studied, which place Rita almost exclusively in the position of object:

"Atrapada en la calle cuando está hurgando en la basura, es encerrada en la cárcel y posteriormente en un establecimiento psiquiátrico. Ahí, es sometida a pericias médicas, medicada durante años y encerrada hasta que un mexicano la rescata y Rita es llevada de vuelta a México." Such language suggests that not only is Rita's objectification perceived as a major theme of the play, but it is also a self-perpetuating function that continues beyond the confines of the stage. While reviewers do not highlight mental illness and disability issues directly in their presentations of the play, they do stress, directly and indirectly, a need to address social injustices and to broaden conventional definitions of subjectivity.

In contrast to these overviews of *La mujer que cayó del cielo*, the reviewers of *The Ladies' Gallery* studied here actually underscore issues of mental illness in their presentations of the memoir, often implicitly embracing a disability approach to Vilar's life narrative. *The Ladies' Gallery* is classified in the Library of Congress call number system under the psychiatry category, and in the Dewey Decimal system it is grouped with books on diseases,

supporting Couser's observation that works of disability life-writing by unestablished authors are usually placed in the health section of libraries and bookstores. Yet the reviews studied here break with the approach implicit in the official classifications of Vilar's memoir, and instead tend to present the illness narrative as one important component of a complex work.

In their overviews of the book, reviewers stress that Vilar's disability experience is represented as an integral aspect of her life story and identity. Aurora Levins Morales writes, "Vilar's exploration of the anguish and alienation that led to her own suicide attempt is embedded in the history of her family, and her family's place in the history of Puerto Rico." Judy Rose calls Vilar's book a "stunning memoir that splices her family epic and a part of Puerto Rican history around the strange, small scenes of a mental hospital." For Carolyn See, the book deals with "what it means to be part of a 'colonized society,' forgotten, marginalized, Puerto Rican; what it means to be a woman in a society that prizes machismo above all else; and what it means to be cosmically depressed. Irene Vilar suggests that all these things might be related." As these general characterizations show, reviewers tend to highlight the interconnectedness of Vilar's illness narrative and the other elements of her memoir, often remarking on the effectiveness of this quality. The difference in reviewers' perceptions of Rita's and Irene's hospital experiences is to be expected, perhaps, given that Rascón Banda's work limits its representation of Rita's life to the time she is hospitalized, while Vilar's memoir

weaves the illness narrative with many other strands. The contrast points to the ineffectiveness of pure illness narrative in rendering a complex representation of disability as a life experience.

As reviewers discuss the thematic content of *The Ladies' Gallery*, they tend to expand on their characterizations of the plot as multi-stranded. Although focuses vary, the most commonly identified themes are Puerto Rican politics and culture, motherhood and family, and suicide. Reviewers' use of active grammatical structures implicitly reinforces their approach to Vilar's memoir as an exploration of the self and its contexts. By emphasizing Vilar's agency in representing her own multifaceted identity, these reviewers help to invigorate broader cultural conversations on the shifting concepts of mental illness, disability, and subjectivity. They approach Vilar as a full-fledged, dynamic subject whose effectiveness is evidenced by her admirable ability to negotiate and articulate various forms of marginalization. In contrast, the overviews of *La mujer que cayó del cielo* signal only the potential to engage the cultural conversations that propel such a dismodern approach to subjectivity.

This context of sociocultural flux is even more apparent in the reviewers' assessments of the artistic quality of the two works. As they critique the works' aesthetic merits and failures, reviewers reveal expectations for how Rita's and Irene's respective stories can be represented successfully. These expectations are grounded in underlying concepts of disability life-

writing as a genre and of the subjectivity of people with mental illnesses.

Expressing a range of reactions to these two works as literature, reviewers contribute to the complexity of the cultural debates related to mental illness.

Assessments of the artistic quality of *La mujer que cayó del cielo* diverge greatly, revealing a range of expectations about the purpose of representing Rita's life through literature. Generally positive reviews (Valdés Medellín; Saavedra) express admiration for Rascón Banda's documentary-style approach to representing this case of social injustice. They consider the play a thought-provoking work of art that publicizes Rita's particular situation and also spurs broader social change.

The reaction to Luisa Huertas's portrayal of Rita is overwhelmingly positive, often identified as one of the most outstanding aspects of the production. Many writers call attention to Huertas's effective use of her body in conveying Rita's personality, cultural identity, mental instability, and emotional state, implicitly suggesting that these components of the self are interrelated. In their praise of the performance, reviewers highlight Huertas's ability to project what they consider Rita's challengingly complex character traits, which for them seem to lie in her otherness as an indigenous person and as a psychiatric patient. The emphasis on physicality in their assessments tends not to promote a view of mental illness as a fluctuating condition of human embodiment, but as an identity of extreme difference. Margaret Regan, for one, calls Huertas "a wonder in the role of Rita," her

“eminently expressive face” aptly portraying “this spirited woman.” Gonzalo Valdés Medellín observes that Huertas “ha hecho suya absolutamente a esta frágil criatura, Rita, dotándola de ternura y furia ancestral,” while Mario Saavedra credits both Huertas and the director with successfully expressing Rita’s “diversidad de tonos, personalidad mística y manifestaciones de desequilibrio mental y emocional.” For Kathleen Allen, Huertas is “riveting as Rita. Her exquisite face is a flood of terror, frustration, anger and innocence. Her body moves with purpose and grace. And her husky voice and expressive eyes are so packed with emotion that it’s easy to determine what she’s saying even when one doesn’t speak Rarámuri.” Whether they perceive Rita as spirited or fragile, unbalanced or graceful, these reviewers all agree that an effective representation of Rita hinges on a versatile range of powerful, nonverbal emotional expression. Indeed, emotional impact seems for many to be a crucial element in the successful representation of Rita’s story.

Critics who find the play artistically lacking tend to perceive an ineffective balance between the emotional and political components. In Allen’s view, the play is “less interested in the subtleties and more concerned with the political, so it has a tendency to be more didactic, and less powerful, than it should have been.” Friedler, too, finds the work “maniquea y simplista. De un lado está la inocente ‘salvaje’ que no es tal y del otro lado están los ‘gringos’, tontos y arrogantes, que sólo son capaces de darle nocivos

remedios que la enloquecen realmente.” At the same time, however, Friedler notes that the play also characterizes Rita as a convicted murderer, which for him means that “la propia obra se encarga de desmentir su idea básica.” Finding the play thus both simplistic and contradictory, this reviewer concludes that it is a “pieza sumamente floja extrañamente sobrevalorada.” The play does not meet these reviewers’ expectations for a nuanced yet cohesive message.

Like several critics, Regan expresses dissatisfaction at the play’s narrative structure, revealing an expectation that the work should build consistently and poetically towards an emotional climax upon Rita’s release from the hospital. Thus, “playwright Rascón has inexplicably squandered much of the emotional capital of Rita’s gripping story” because the episodic structure does not build toward a climax and “curiously avoids putting the story’s greatest moments on stage”— moments such as Rita learning of her impending release and subsequently emerging from the hospital. Although Regan considers the writing “rather pedestrian,” she believes that it “does rise up to a few poetic moments”: “Rita is transformed when she chants an ancient song and performs a ritual dance, and when she watches ducks and butterflies flying by her hospital window.” According to Couser, these very elements of triumph over adversity, longing, and spiritual compensation are among the most familiar (and stigmatizing) conventions of pathography (“Signifying Bodies” 111). Regan is unsatisfied when the play delivers these

qualities inconsistently; likewise, as Couser observes, the publishing industry has regarded unconventional works of disability life-writing with hesitance (111).

In general, then, whether their appraisal of *La mujer que cayó del cielo* is positive or negative, reviewers have critiqued the play based on contrasting expectations for a coherent expression of a political message and an emotional story arc depicting a personal triumph over the hardships of otherness. Because this play instead offers a troubling combination of both elements, the response as a whole has been ambivalent. Although these reviewers have not directly discussed Rascón Banda's play as a disability narrative, their implicit criteria do seem to mirror the conventions of pathography as described by Couser. As they debate the play's artistic and social merits, reviewers are also indirectly discussing their discomfort with a breakdown in the conventional and stigmatizing mode of representing disability. Their conversations speak to the enduring challenges of reconfiguring the objectifying model of mental illness, the social spaces open to people with mental illnesses, and the cultural forms available for their representation.

Responses to *The Ladies' Gallery* participate in this same dialogue. In their range of positive reactions to the book, reviewers demonstrate a degree of acceptance of the sociocultural shift in ideas and practices related to disability and subjectivity. At the same time, however, their underlying criteria

reveal tensions in the perception of Vilar's place within standards of genre and literariness. Syracuse journalist Walt Shepperd writes that, overall, "Vilar is disappointed that critics are not dealing with her work from a literary point of view. The *Washington Post* examined the psychological side, for instance, while the *Chicago Tribune* treated it politically and the *Village Voice* took the Latin angle." In their own conflicting ways, however, all of the reviewers considered here do deal with Vilar's work from a literary perspective.

When considering the literary qualities of this text, a common response among reviewers is an expectation that the memoir would conform to the conventions of the illness narrative or the self-help book, along with admiration that Vilar pushes far beyond those genre boundaries. In contrast to assessments of *La mujer que cayó del cielo*, reactions to *The Ladies' Gallery* often welcome Vilar's deviations from convention as successful literary innovations. Thus, praising the book as "intense, evocative," Ellen Clegg observes: "It is a mark of Vilar's art that her story seems warm and alive, not clinical." Jan Garden Castro notes that the work "can liberate readers, yet this is more than a self-help book," in that it "reads like a good novel," with "rhythmic prose and concise, riveting scenes." Similarly, Suzanne Ruta considers Vilar's memoir a form of self-therapy, but one that finds its effectiveness in its departure from self-help discourse: "She writes about her troubled family without rancor and without jargon. 'Machismo' and 'recovery' are two words you won't find here." In pointing out that Vilar's book is

“ferociously depressing” (See) and would perhaps best “be avoided by people prone to depression” (Rose), two reviewers reveal an awareness that this memoir does not conform to the expectations associated with the inspirational triumph-over-adversity convention of illness narrative. Reviewers’ praise for Vilar’s genre-bending suggests that readers are becoming more receptive of disability life-writing as a rich and varied genre of literature.

Despite this apparent openness, the reviewers here seldom address in detail the memoir’s self-conscious engagement of literary discourse. Any discussions of the book’s literary qualities tend to concentrate on identifying the author’s apparent role models. Ruta lists “Gabriel Garcia Marquez, Julio Cortazar and Eduardo Galeano” as Vilar’s literary influences, while Garden Castro observes: “Adapting myths from varied writers, Vilar parallels the women in her family with the three Sirens in Homer’s ‘Odyssey.’ She mulls over female suicides from Virginia Woolf to Madame Bovary” and incorporates “Julio Cortazar’s aesthetic into her own erotic landscapes.” While many of the readers considered here express admiration for Vilar’s divergence from the conventions of the sub-literary genres of pathography and self-help, they do not discuss her book as a full-fledged work of literature. It may be that such commentary is beyond the scope and purpose of the reviews.

Levins Morales provides one notable exception, departing sharply from the majority of reviewers by directly addressing the text’s self-conscious literariness. Her assessment is decidedly negative, because she finds literary

aspirations to be incompatible with the book's political content:

[Vilar's] writing is psychologically astute, starkly honest and poetic, sometimes even luminous. It is that clear and urgent language that comes from those who quite literally write for their lives. It is all the more annoying when Vilar drops into a self-consciously literary style, passages that are overwritten and obscure. It is as if she feels the need to cover up her testimony, the clarity of her revelations, to tone down and distance the raw truth by putting it into a fancy dress.

This reviewer apparently expects Vilar's book to adhere to the conventions of *testimonio*, considering Vilar's strength to be her ability to bear witness to the political struggle of Puerto Rican women in an immediate and candid fashion. Although she greatly admires Vilar's effectiveness as a political writer who has exposed "the complicity of her own culture with the destruction of women," Levins Morales ultimately denies Vilar the authority to participate in the literary canon.

Exceptional among the reviews is Carmen Hernández's piece for the San Juan newspaper *El Nuevo Día*. From the outset, Hernández clearly engages Vilar's memoir as an original and effective work of literature that constructs a multifaceted identity. In the opening paragraph, the review characterizes Vilar's work as a therapeutic rather than merely representational modality of writing, signaling the active relationship between the text and its

world. As it continues, the review expresses appreciation for the interconnectedness of the narration, its subjects, and its contexts: “esta escritura busca exponer y explicar varios mundos. [...] El acto mismo de narrarlos les va confiriendo sentido y forjando lazos, a veces sorprendentes, entre ellos.” Through this dynamic quality, Hernández writes, “se intima lo inefable: la composición diversa y misteriosa de la personalidad humana.” Remarking, “si se escribe, se sobrevive,” this reviewer surmises, “dice mucho esto del lugar que ocupa– o debería ocupar– la literatura en nuestras vidas y en la de nuestro país.” As a complex negotiation of identity, Vilar’s text is not only valued, but embraced as a model for a national literature. The underlying appreciation for a dismodern approach to subjectivity is evident.

Even so, the literary qualities of Vilar’s work are not the primary focus of the majority of reviews, and *The Ladies’ Gallery* has garnered scarce attention from literary critics to date. A study by José Sanjinés focuses on its thematic and stylistic attributes as a memoir, while Douglas Unger has addressed the work’s themes of immigration. Benigno Trigo discusses Vilar’s work in his book exploring issues of the maternal, melancholy, and memory in Latina and Latin American writing by women. Literary discussions of *The Ladies’ Gallery* will likely continue to expand along with the growing interest in disability life-writing in United States literary studies.

As unconventional works of disability life-writing, *La mujer que cayó del cielo* and *The Ladies’ Gallery* both engage cultural scripts regarding mental

illness in challenging ways, and have drawn ambivalent responses that sometimes speak most loudly through their silences. Rascón Banda's play juxtaposes a conventional portrayal of the psychiatric hospital with a disability-oriented representation of mental illness as a construction mediated through culture and the body. The play seems designed to elicit the familiar allegorical reading of the psychiatric hospital as a political microcosm, but this interpretation is destabilized by the inclusion of details from the protagonist's former life. Perhaps even more troubling, the play is structured in a way that replicates Rita's confinement and objectification, even as it works to denounce her treatment and educate the public about her case in international forums. The reviews considered here tend not to respond directly to the play's representation of mental illness, focusing their attention instead on issues of ethnicity and culture. *La mujer que cayó del cielo* and its secondary cultural texts register the continued international marginality of mental illness and disability, but also the potential for discussion of these issues to make a profound social and intellectual impact.

Vilar's memoir is, in many ways, the more revolutionary of the two works. By intertwining an intellectually self-aware asylum narrative with three full-life narratives, all the while engaging literary and political discourses, Vilar destroys the entrenched notion that mental illness is an essential otherness removed from subjectivity. She portrays the psychiatric hospital as a space that has the potential to objectify its occupants but also to be negotiated and

appropriated as a therapeutic tool. Likewise, mental illness is represented in the memoir as a disability: a culturally encoded, physically mediated, fluctuating state that is intertwined with all other aspects of identity and subjectivity. The reviews studied were consistently receptive to Vilar's transgressions of convention, often praising them as innovative and promising. Although responses to *The Ladies' Gallery* have not focused extensively on its literary elements, this dialogue is likely to develop more in the near future as disability issues and the life-writing genre continue to gain legitimacy within literary criticism. In general, studies of Latin American life-writing have coalesced around the topics of *testimonio* and women's writing, and an added focus on disability would shed new light on issues of the body, culture, and subjectivity.

By situating individual life stories within the confines of United States psychiatric hospitals, *La mujer que cayó del cielo* and *The Ladies' Gallery* explore how specific experiences with mental illness are structured, represented, and interpreted in the late twentieth-century Americas. For both Rita and Irene, mental illness is a variable state mediated through culture and the body, inseparable from other aspects of sociopolitical interaction and personal identity. Through the dramatization of Rita's mistreatment, Rascón Banda emphasizes the need for psychiatric care to be reformed both in the United States and in Mexico, and situates this project within a broader call for greater understanding and acceptance of human differences. Vilar places

psychiatric hospitalization as the core narrative impetus for her intricately woven *Künstlerroman*, constantly affirming the dynamic relationship between the body, identity, and subjectivity through her very exercise of creative intellectual activity. In short, both works project a disability approach to mental illness, and promote the opening of the restrictive physical and sociocultural structures associated with traditional psychiatric hospitals and asylums. As disability life-writing, these pieces transgress the conventional structures that have confined pathography to a fixed set of stigmatizing cultural scripts and a sub-literary status.

Judging from the variety and number of public reactions to these two works, the overlapping international dialogues on reconfiguring mental health care, disability, and subjectivity will continue to enrich and propel one another in the twenty-first century. A dismodern concept of the subject has by no means become accepted as a standard, but it certainly lies at the heart of the contentious cultural conversations generated by *La mujer que cayó del cielo* and *The Ladies' Gallery*. As discussions of the interconnectedness of body, culture, identity, and subjectivity continue to develop in Latin American literary studies, disability approaches will become increasingly necessary and productive. The emergence of disability life-writing as a literary genre fosters fruitful interaction between specific individual stories and broad international conversations.

Notes

1. This update on Rita's situation came from her advocate, Miguel Giner, who spoke during an audience question and answer session following the April 4, 2003 performance of the play in Lawrence, Kansas by the Teatro Universitario de Costa Rica, directed by and starring María Bonilla.

2. Vilar's memoir was originally published by Pantheon in 1996 as *A Message from God in the Atomic Age*. It was released in paperback by Vintage in 1998 as *The Ladies' Gallery: A Memoir of Family Secrets*.

Translator Gregory Rabassa surmises, "Evidently, the first title smacked too much of a devotional homily from the likes of Billy Graham or some other bible-whacker" (*If This Be Treason* 152).

3. Apparently idiosyncratically, Couser uses the term "memoir" to refer specifically to non-autobiographical life narratives that are written by the subject's family or friends (6). I use "memoir" in the more widely accepted sense as a subset of autobiography.

4. Jacqueline E. Bixler and Stuart A. Day have edited a volume that explores various aspects of this arc throughout Rascón Banda's production, while Frank Dauster and Myra S. Gann have debated the playwright's relative utilization of realist and anti-realist techniques in achieving social commentary.

5. Although in an autobiographical text it is not always possible to make a clear distinction between author and character, throughout this study I strive to refer to the author of the memoir as "Vilar" and her literary construction as "Irene."

6. In addition to Vilar's account of her grandmother's life, a substantial bibliography exists on Lolita Lebrón's historical and continued involvement in Puerto Rican politics. See, for example, Ribes Tovar and Roig-Franzia. Lebrón's poetry and political writings have also been published and anthologized.

7. For discussion of the perception of the bodies of mentally ill people, see Gilman (*Seeing the Insane*) and Wahl.

8. My selection of reviews is by no means intended to be exhaustive, but rather, reflects the variety of commentary available via the internet. Reviews of *La mujer que cayó del cielo* considered here were originally published between 2000 and 2005 and refer to performances of the play given in Argentina, Mexico, El Salvador, the United States, and Uruguay, most of them under the direction of Barclay Goldsmith. Not surprisingly, given that Vilar's original Spanish text remains unpublished, the reviews of *The Ladies' Gallery* included in my study were all published in the United States and in English, except for the one that appeared in the San Juan paper *El Nuevo Día*. Because the reviews were gathered via internet, page numbers for quotations are often unavailable.

9. The misinformation that Rita was arrested in Kansas City has been repeated throughout the international media. The actual location was Johnson City in western Kansas.

Conclusions

Asylums and central psychiatric hospitals are political spaces because within them the physical and social marginalization of people with mental illnesses has been most blatantly enacted. The movement to replace these institutions with community-based mental health care seeks to address violations of the civil rights of people who are experiencing mental illnesses. In a broader sense, this effort is related to a growing acceptance and understanding of mental illnesses and disabilities as a part of human experience rather than as states of otherness. The representation of asylums and psychiatric hospitals in literature registers both the lingering social injustices and the general shift in approach to mental illnesses. The Latin American literary works considered here take part in a transnational dialogue on how to situate people with mental illnesses; as we have seen with *La mujer que cayó del cielo* and, to a lesser extent, *The Ladies' Gallery*, the shift is far from complete in the United States. The pieces studied here necessarily involve readers in this political dialogue in some way.

The selected texts “locate” mental illness in asylums and psychiatric hospitals that are unstable spaces in which patients find unexpected ways to assert their agency despite the real limits that surround them. As we have seen throughout the three chapters, the asylum and its texts may be perceived as: a network of interacting variables and unforeseeable trajectories; an indeterminate narration; a juxtaposition of clashing discourses;

an uncomfortable position of liminality that also yields a unique perspective on society; or an ongoing, contentious cultural conversation about the relationships between mental health, subjectivity, the uses of language and cultural codes, and what is considered literary. Throughout all of the pieces is a strong questioning of how the experience of receiving mental health care can be represented in literature.

Half of the selected texts (*El portero*, *La mujer que cayó del cielo*, *The Ladies' Gallery*) happen to portray psychiatric hospitals located in the United States. Although these situations may be read as allegories of the liminal social role of Latin American immigrants and the dysfunctional legacy of United States imperialism in Puerto Rico, they all also refer directly to real-life individuals for whom mental health problems were inextricable from the situation of being a Latin American exile or immigrant arriving in the United States. In real individuals' lives, the stressful experience of leaving one's family, social support network, and culture certainly can contribute to mental health difficulties, and financial, cultural, and linguistic barriers are likely to prevent many from accessing available resources. To varying degrees, the three texts in question here all bring to light the continuing need for mental health care reform in the United States. Together, they indirectly suggest that the relationship between mental health and immigrant status is a subject that might bear further consideration in literature and beyond.

The focus on the space of the asylum in this study, while illuminating in

many respects, is also a limitation. It is beyond the scope of this project to examine what other spaces are afforded to mentally ill people in Latin American literature from the late twentieth century, but further research along this line would complement my study. Future projects examining other literary spaces occupied by mentally ill people could reveal whether these spaces resemble the asylum in its instability and liminality. The position of homelessness of the speaker in Diamela Eltit's *El padre mío* comes to mind, as does the day clinic visited by the protagonist of *Corazón de Skitalietz* by Antonio José Ponte. As central psychiatric hospitals continue to be phased out in the years to come, it will be interesting to see how alternatives such as the day clinic are represented in literature.

Another potential limitation of my study lies in its emphasis on the asylum as the decaying embodiment of an essentializing and marginalizing view of mental illness, an oppressive space in which the occupants nonetheless assert their agency. Although I believe that human beings are capable of acting as subjects and agents in any situation, the multiple control mechanisms of a psychiatric hospital could come close to divesting an individual of these capacities. Rita in *La mujer que cayó del cielo*, unable to speak the language and heavily influenced by medication, approaches this extreme state of "mortification of the self" (Goffman's term). By focusing on a mutable, interactive subjectivity as a universal human trait, my study may tend to downplay the potential for an asylum to deeply disempower and silence an

individual. On the other hand, my approach to the psychiatric hospital as generally an archaic and dehumanizing institution also may result in an inability to see the potential for an individual to want to “seek asylum,” to find safety and recovery there during a personal crisis. Although Irene in *The Ladies’ Gallery* is critical of some aspects of her treatment in the hospital, she also finds it to be a life-saving and recuperative experience that allows her to reflect on her identity in writings that eventually form the backbone of an extraordinarily rich memoir. In seeking out patterns of representation, I run the risk of overlooking exceptions.

Aside from these specific issues related to twentieth century Latin American literature and mental health care reform, this project questions the meanings of mental illness and disability, and, even more broadly, examines ways in which people interact with spaces and texts. Differences in mental health—like disabilities in general— influence the life experience of every person, directly or indirectly. I have argued all along that a person’s mental health— including aspects of mood, perception, thoughts, and behavior— is likely to fluctuate throughout life, just as every other aspect of one’s body is subject to change. An increasing appreciation of the complexity and vulnerability of the human body may be a universal type of learning that all people acquire at varying rates throughout life. Each individual has the agency to negotiate the experience of disability in his or her own way, and thus the desire of some to appropriate the identity of “madness” should be

respected as highly as others' wish to become mentally healthy once again through the use of therapy, medication, and/or alternative treatments.

Even as the state of mental ill health has the potential to be unbearably painful, lonely, and confusing, it is important to recognize that it also allows an individual to develop a unique sort of wisdom about human existence. This is not the cliché of madness as an ability to access hidden realms of creativity and perception touted by the surrealists and some 1960s anti-psychiatry proponents. Rather, I refer to specialized knowledge that can only be acquired experientially. Aside from an intimate understanding of the experience of the particular disorder, a person also may become familiar with an unusual intensity of emotion or sensation, the position of social liminality, or the process of identifying and then learning to alter patterns of thought and feeling. The development of unparalleled insight into the intricacies of human experience may well be a general characteristic of disability.

By considering mental illness as a disability, we are able to discern how culture mediates each person's perception of mental illness. We can identify that mental illness shares with disability in general the characteristics of universality, marginality, and mutability. Like people with other disabilities, people with mental illnesses have been silenced and isolated, feared and construed as Others, and flattened into negative metaphors in figures of speech and in literature. Scrutinizing the perception that mental illnesses are fundamentally different from more obviously corporeal disabilities brings to

light not only the physical component of mental illness, but also the perhaps overlooked role of thoughts, perceptions, and emotions in all physical experiences. The substantial differences between mental illnesses and other disabilities, as well as between specific mental disorders, are a constant reminder of the need to value multiplicity and individual experience within disability studies.

Although the broad question of how we interact with spaces and texts may well be the foundation of this study, it was not a conscious line of inquiry, but rather, emerged through the textual analyses. Each chapter in this study has dealt in large part with a spatial relationship between reading and subjectivity: de Certeau's concept of reading spaces as dynamic and unpredictable networks; the interpretive and ethical threshold on which fantastic texts place the reader; and the ways in which readers perceive narratives of disability within the context of a life story and, through ongoing conversation, extend texts beyond their boundaries. I have emphasized that the vicissitudes of embodiment are a universal component of human existence, but it may be useful to see this characteristic as part of a broader mode of spatiality that seems to be a fundamental aspect of human perception. This concept might seem obvious, but it is a condition of humanity that thinkers from René Descartes to Katherine Hayles have attempted to cast aside.

At the same time, the prominence of issues of textuality and

interpretation in the wide variety of texts considered here suggests that reading in its many forms pervades human experience. Perhaps if the capacity to speak defines the subject, the capacity to read defines the agent. Although people all too often find themselves in situations that severely limit their ability to speak, it is difficult to imagine a situation that would inhibit the ability to read (in a broad sense). Perhaps the trajectory traced by an act of reading— or, in de Certeau’s vocabulary, “consuming”— is itself a form of speech. Viewing readings of all kinds as a form of speech may be an effective method of “dis-cerning the subject”.

This dissertation points to many directions for future investigation. The issues of how we conceptualize subjectivity in relationship to bodies, spaces, and texts will doubtless continue to reward further inquiry in many contexts. The nascent dialogue between disability studies and Latin American literary studies promises to enrich both fields as it develops. In the specific question of how psychiatric hospitals are represented in late twentieth-century Latin American literature, my focus on three specific aspects of literary representation— texts as spaces, liminality and the fantastic, and life-writing as part of a cultural conversation— should be expanded to include other modalities. Likewise, countries in addition to Chile, Mexico, Brazil, Cuba, and Puerto Rico should be considered, and other genres in addition to the novel, play, and memoir should be explored. At the time of this writing, two of the selections— *Nadie me verá llorar* and *La mujer que cayó del cielo*— are being

adapted into films, which will add new dimensions to their representation of asylums and participation in cultural conversations. In addition to mode, genre, and geography, my study also points to expansion in terms of chronology. No thorough study has been done of the representation of mental illness in nineteenth-century and early twentieth-century Latin American literature, and undertaking such a study would help to situate the present analysis in its cultural context and thus strengthen my arguments about the late twentieth century as a moment of flux. Future assessments of early twenty-first century Latin American literature will evaluate the subsequent development of this potential for change in the social roles and literary representations of people with mental illnesses.

It is my hope that such future studies will find that with continued progress in mental health care reform and education, the spaces associated with mental illness in Latin American society and literature will become increasingly more open. The asylum attests to the persistence of the Cartesian model of subjectivity, an intellectual vestige that excludes all but those who have “standard” bodies— white, non-disabled, heterosexual males. As it gains ground in Latin American literary criticism, disability studies will continue to call attention to the reality that if anyone does meet these requirements for subjectivity, it is only fleetingly. Likewise, it will become apparent that perpetuation of such rigid constructions of subjectivity imprisons us all, intellectually and politically. A more flexible and pragmatic dismodern

model would open discussions of subjectivity to more accurately reflect the richness of human possibility. The rigid distinction between mad objects and sane subjects, embodied by the structure of the asylum, must be broken down in recognition of the fact that temporary and fluctuating experiences of psychiatric disorders and other bodily variations are a universal aspect of human subjectivity. Literary texts such as the ones addressed here play a part in tearing down the asylum, both by registering their social and intellectual contexts, and by altering these contexts as an impetus for many levels of conversation.

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