

LIFE IN AIRLESS SPACES: AN AUTOBIOGRAPHICAL NARRATIVE OF INSTITUTIONALIZATION BY SHULAMITH FIRESTONE

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RESUMO: Em *Airless Spaces* (1998), Shulamith Firestone, autora de *A Dialética do Sexo* (1970), narra a sua experiência como paciente de uma instituição de saúde mental e os primeiros meses depois de sua internação. Diferentemente da narrativa autobiográfica tradicional, a narrativa é construída por pequenos relatos interconectados com o foco em diferentes pessoas com as quais a narradora tem contato no hospital. Não há coincidência de identificação entre o nome na capa, o narrador e o personagem principal, como é proposto por Lejeune no “pacto autobiográfico”, mas referências sutis às experiências da autora são perceptíveis no decorrer da narrativa. O objetivo desse trabalho é investigar tanto a construção da narrativa autobiográfica quanto refletir sobre a narrativa de uma mulher internada e o seu entendimento acerca do status dos pacientes mentais no século vinte levando em consideração conceitos como classe, gênero e raça. Esta análise é baseada nos trabalhos de Lejeune (2008), Smith e Watson (2010), Souza (2011) e Miranda (1992).

PALAVRAS-CHAVE: Escritas de si; doença mental; Shulamith Firestone.

ABSTRACT: *In Airless Spaces (1998), Shulamith Firestone, author of The Dialectic of Sex (1970), narrates her experience as an in-patient in a mental institution and the first months after the institutionalization. Unlike the traditional autobiographical account, the narrative is constructed by interconnected short-stories focusing on different people the narrator had contact with in the hospital. There is no direct identification between the name on the cover, the narrator and the main character, as posed by Lejeune in the “autobiographical contract”, but subtle references to the author’s experiences are noticeable throughout the narrative. The aim of this paper is to investigate both the construction of the autobiographical narrative and to reflect on the account of an institutionalized woman and her understanding of the status of mental patients in the 20th century in regards to class, gender and race. This analysis is based on the works of Lejeune (2008), Arfuch (2010), Smith & Watson (2010) and Kirk and Okazawa-Rey (2010).*

KEYWORDS: *Life writing; mental disease; Shulamith Firestone*

Introduction

Most life narratives are centered on the subject, and it could even be argued that this is one of the genre’s main characteristics. However, in *Airless Spaces* (1998), by Shulamith Firestone, the narrator’s trajectory as an individual is not the main focus; the attention falls, instead, on her position within society and on the status of mental patients in and outside mental institutions. Accordingly, the narrative is built by several interconnected chapters with different themes and characters, and narration varying from first to third person.

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Life writing has been a source of investigation within literary studies for decades, and one of the critique's main concerns related to these narratives is the delimitation of boundaries between fact and fiction, the novel and the autobiography (LEJEUNE, 2008, p. 82); theme to which Philippe Lejeune has dedicated his career and his most celebrated work *The Autobiographical Pact* (2008). In this work, Lejeune identifies one of the most important features that would differentiate the autobiographical narrative from other narrative modes: the autobiographical pact, in which the author assures the reader of the intention to narrate his/her life in an honest and trustworthy way. Another distinctive aspect of the autobiographical narrative would be the identity coincidence between author, narrator and main character marked by the proper name.

Initially, Lejeune follows in the elitist path of his predecessors, such as Wilhelm Dilthey and Georg Mish, when he argues that only a person with literary experience would be able to write an autobiography. Mish would only validate as autobiographies works by "great man" who were considered representative of their times (SMITH; WATSON, 2010, p. 195). If these restrictions were to be followed, most life narratives would be formally excluded from "legitimate" autobiographical literature.

After much criticism, Lejeune, in a series of revisions and reformulations of his initial texts such as *The Autobiographical Pact (Bis)*(2008), and *The Autobiographical Pact 25 Years Later* (2008), rectifies some of his assertions and includes several kinds of accounts to his corpus, expanding his comprehension of the pact and admitting that it could be implicit or even omitted.

Following the distinct developments within autobiography theory brought about by several scholars who entered this fertile field of study, life narratives of ordinary people and of numerous members of society formerly marginalized were accepted as authentic objects of study in the academic world. One of the groups benefited in this time of expansion was that of women, known for keeping personal and family journals previously considered irrelevant and of no literary value. More recently, accounts of man and women in traumatic situations—such as wars, rapes, terminal diseases, imprisonment, and institutionalization—have been widely published and studied.

Living in Airless Spaces

According to Wander Melo Miranda, "apparently, there is not enough reason for an autobiography unless there is an intervention, in the previous life of the individual, of a transformation or radical change that stimulates or justifies it" (MIRANDA, 1992, p.3. translation mine). *Airless Spaces'* narrative is divided into two main periods of the narrator's life, as the titles of the first two parts indicate: "Hospital" and "Post-Hospital". Therefore, the institutionalization experience—triggered by the narrator's breakdown after her closest brother's suicide—is, perhaps, the radical and traumatic change that justifies the narration.

Trauma is, therefore, the starting point of the narrative, but once institutionalized, the narrator notices that her experience is not unique; she shares this condition with the other patients in the hospital and with every person who has been stigmatized as a "mental patient". This insight shifts the focus of the narrative from the individual experience to the collective picture, to the denunciation of the dehumanizing treatment received by those in vulnerable positions. Textually, the choice of the larger picture over the individual

experience is evident in the number of chapters narrated in third person: from fifty-two stories, only fourteen are narrated in first person.

The narrator is never named, but common characteristics demonstrate it is always the same throughout the stories. As well as the narrator, Firestone was born into an orthodox Jewish family, took part in several radical feminist movements and published a radical feminist book very early in life. There are countless references to *The Dialectic of Sex*, written in 1970, in *Airless Spaces* both directly and in the themes it develops. In *The Dialectic of Sex*, Firestone argues that gender equity would only be achieved if women could be free from childbearing. She idealizes a future in which children are raised by groups of people in a household, thus extinguishing the nuclear family. Her arguments are based on reinterpretations of both Freud and Marx and draw on the implication of race and class to the oppression of women.

Although there are clear references that link the narrator to Firestone, the most important feature of an autobiographical narrative is not the certification of the authenticity of the event itself, but the fictionalization of experience, as Eneida de Souza (2011) argues. In relation to the autobiographical “I”, the propositions of Sidonie Smith and Julia Watson are very convenient. According to these authors, in an autobiographical narrative four “I”s can be identified: the “real” or historical “I”, the narrating “I”, the narrated “I”, and the ideological “I” (SMITH; WATSON, 2010, p.72). Firestone is the historical person whose life might give the readers some clues on how to understand the narrative. She is, for example, a radical feminist whose concerns with class, race and gender are notorious, and the reader might use this information to understand how the ideological “I”s in the narrative are constructed, but the reader has access exclusively to the claims of the narrating and/or narrated I.

The book begins with a dedication and a frontispiece that, together, paint a very hopeless and catastrophic picture. The dedication reads: “For Lourdes Cintron—as promised in the hospital” (FIRESTONE, 1998, p.4), setting the environment in which most of the story takes place. The frontispiece is the description of a dream, or, one could say, of a nightmare: “I dreamed I was on a sinking ship. [...] the water was slowly seeping up from below, and the people aboard the ship knew they were doomed” and, although authorities knew that it had disappeared, “no attempt would be made to find the ship” (FIRESTONE, 1998, p.5). The ship is a secluded place where the narrator and her fellows are destined to disaster, the people on land know it, but won’t do anything to prevent or remedy it. It is possible to assume that this ship is an allegory of the hospital and the practices associated with psychological treatments that, according to the author, are aimed at merely managing the patients, making sure they do not cause trouble, instead of helping them.

The narrative of a person diagnosed with a mental disorder who has been institutionalized more than once is problematic, for “the life narrator describing a breakdown from an asserted position of recovery is always suspect” (SMITH; WATSON, 2010, p.145). The narrator describes her situation and that of the other patients with vivid detail, and although she says she tries to forget the hospital and the people in it as soon as she goes home, she mentions names, hometowns, diagnoses, and the medication her fellows were prescribed. The other patients’ behavior is analyzed in detail, what could be read as an attempt to differentiate herself from them, to show that she looks at them critically from an outsider point of view. The narrator’s identity is constructed in contrast

to them, but the identification is also evident because they share a condition and a status inside the hospital and in relation to the society outside.

To the narrator, the hospital, as well as other institutions, welfare agents, social service agents and so on are involved in a game. For the patient, the goal in this game is not to be cured, but discharged; people on welfare did not expect to be accepted in society, but only to be able to go through another month. To do so, they should know the rules of the game and play along. The narrator considers herself an expert at this game; her only flaw is she is always brought into the hospital “involuntarily”, an act of rebellion against the oppressive system she is denouncing in her narrative.

Inside the hospital, as pointed out before, the narrator’s identity is constructed in relation to other patients, but outside the hospital all patients have to build another identity. The titles of the last three parts, that describe life outside the hospital, are *Losers*, *Obits*, and *Suicides I have Known*. These parts tell the events that led to her friends’ and her own institutionalization or, ultimately, to their deaths. All together, these stories are emblems of the shared condition of these people around which the work as a whole revolves, and to which the narrator’s life is intrinsically connected.

Smith and Watson describe the characteristics of several kinds of life narratives; two of them are of great relevance to the comprehension of *Airless Spaces: Breakdown and Breakthrough Lives* (2010, p.145), and *Prison Narratives* (2010, p.277). The problematic of a post-breakdown narrative has been examined throughout this paper, but when combined to the problematic of prison narratives, other points of tension emerge. The main characters in Firestone’s narrative are not only facing a breakdown situation, they are also confined inside the hospital because most of them are involuntary patients, and, unlike people in penitentiaries, they do not have a set date of release. Smith and Watson describe prison narratives as

a mode of captivity narrative written during or after incarceration, writings from prison often become occasions for prisoners to inscribe themselves as fully human in the midst of a system designed to dehumanize them and render them anonymous and passive. (SMITH; WATSON, 2010, p.277)

Inside the hospital, the patients are treated as prisoners: they have a fixed time for eating, sleeping, watching television, and to the so called “activities”, in which they are supposed to participate cheerfully. This makes them rather passive and incapable of making any kind of decision, which makes their rehabilitation much harder when they go home. Many chapters of Firestone’s book are dedicated to the clumsiness and discomfort ex-patients go through once they are out of the hospital—added to the numbness caused by their medication. An aggravator of their passivity is the assumption that they are not capable of clear thinking, as opposed to the positivist constructed ideal of the rational being, the “normal” person. Whenever they complain about something, they are dismissed as paranoid or compulsive people who would never be satisfied anyway.

Two of the narrator’s most frequent complaints are about her appearance, and how different she “knows” she is from “normal” people. The titles of the first five paragraphs of part two, *Post Hospital*, are representative of this discomfort with the appearance: *Patched*; *Passable, Not Presentable*; *Emotional Paralysis*; *Well-Nourished White Female*; and

Stabilized, Yes. In which the characters stress not only their difficulty fitting into the accepted social behavior, but also the awareness that they are excluded and regarded in contempt.

To overcome these problems, they try to build new identities, to reconstruct themselves according to the new rules because the old ones do not apply anymore. This necessity highlights the intrinsically relational character of identity. The chapter *The Jumpsuit* expresses this passage from the inside to the "real world". Ana, after a lot of trouble, got a white jumpsuit from the hospital staff and wore it proudly on special occasions—it made her stand out between the grayness of the other patients' robes—, but when she wore it outside the hospital "she looked like an escapee from a loony bin rather than a high-fashion model" (FIRESTONE, 1998, p.44).

Losers, the third part of the book, portrays the "scum of society": people on welfare, unemployed, the elderly, the sick, the disabled, psychiatric patients, addicts, alcoholics, etc. Those people depended on government support and had to play the same games the patients played in the hospital. One group of people usually not associated with the "losers" but who is counted as such by Firestone are *The Caregivers*. These middle-aged women have dedicated their lives to other people and ended up all by themselves, she includes professional caregivers as well as women who have dedicated their lives to raising their own children to this group. They are neglected by their families and also expected to be completely devoid of sexuality, for, in society, an unmarried old woman is seen as an asexual being, as also comparable to mental patients, the disabled, etc.

These outcasts are the people who populate Firestone's narrative from beginning to end, and one of the most important ones is her brother, Danny. Smith and Watson argue that

the self-inquiry and self-knowing of many autobiographical acts is relational, routed through others [...] This concept of relationality, implying that one's story is bound up with that of another, suggests that the boundaries of the 'I' are often shifting and permeable (SMITH; WATSON, 2010, p.86)

Many "others" are present in the narrative, shaping the narrators experience and functioning as figures around which or against which the narrator constructs her own image. Danny is, on the other hand, a kind of double gone wrong. Like the narrator, Danny abandoned their family and religion to join a Buddhist communal farm. He became deeply depressed and ended up shooting himself in a secluded spot in the farm. Danny is more than a figure in the narrative; he is what Smith and Watson call a "significant other", "those whose stories are deeply implicated in the narrator's and through whom the narrator understands her or his self-formation" (SMITH; WATSON, 2010, p.86). His death "contributed to my own [the narrator's] growing madness—which led to my hospitalization, medication, and a shattering nervous breakdown" (FIRESTONE, 1998, p.160).

Airless Spaces is a work in which the narrator's story itself is mingled with those of many other people who are in the same suffocating condition in life. Although there are many characters, places, and intrigues in the narrative—some whose existence can be confirmed extra-textually—there are no truth claims or pacts, there is nothing that indicates

it is a true story, or even explicitly an autobiography. This lack of concern regarding the facts themselves can be read as a statement that what matters is not the individual lives of the characters, but what they represent in the narrative and in society.

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