



Writing against the asylum: Psychiatric discourse and narrative subversion in Janet Frame's *Faces in the Water*

Farhana Tabassum¹, Bibhash Choudhury²

¹ Research Scholar, Department of English, Gauhati University, Assam, India

² Professor, Department of English, Gauhati University, Assam, India

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Abstract

Narratives like *Faces in the Water* (1961) offer a biting revelation of the dangerous chasm between psychiatric discourse and experiential data. The novel is a powerful literary account of life within psychiatric institutions, depicting both the emotional and visceral consequences of diagnostic labeling, surveillance, and incautious invasive treatments (ECTs and the like). Drawing on Michel Foucault's theory of discourse, the paper examines how medical discourse often exercises epistemological hegemony to produce, as well as, regulate identities labelled "mad". Much like the Foucauldian "panopticon", inmates are subjected to constant, virulent surveillance that pierces through every aspect of their daily lives, so as to empty them of any residual sense of identity. "I did not know my own identity. I was burgled of body and hung in the sky like a woman of straw" (Frame 49). The paper revisits the novel through the conceptual framework of the "wounded storyteller" —a theory forwarded by Arthur W. Frank in his work, *The Wounded Storyteller* (1995). Building on contemporary scholarship on narrative psychiatry, it also problematizes the idea of "narrative repair"—a process through which experiences of illness are reshaped into meaningful storytelling. The paper, thus positions *Faces in the Water*, as a counter-narrative that foregrounds the personal, experiential voice of the institutionalized subject.

Keywords: Chaos narrative, narrative repair, life writing, counter narrative, Janet Frame

Introduction

A systematic and detailed assessment of the history of madness and its various interpretations reveals the evolution of humanity's understanding of the mind and its complexities. The ancient understanding of it was rooted in culture and religion—thus, attributing it to divine causes. Even in the middle-ages it was considered to be inspired by the wrath of gods and goddesses. It later came to be associated with sin and retribution: the sinner is deprived of reason and given to satanic possession. With the growing understanding of the human mind during the Enlightenment, madness began to be classified not as a consequence of one's sins, but as an illness that needed medical intervention. Foucault's influential work, *Madness and Civilization* (1961), highlights the beginning of the institutionalization of these people who were considered unfit for rational society. This marked the beginning of the modern asylum—a systematized control apparatus to confine the mentally challenged. Even in the 21st century the awareness regarding mental disorders is patchy and rudimentary. Janet Frame's misdiagnosis as a schizophrenic, and the resulting institutionalization, offers a striking case of this limitation of understanding in the 20th century. Through her case, one can look into the ways diagnosis of mental disorders functioned in the mid-20th century, and also explore the social stigmas appended to it. Frame's case is significant, as it also exemplifies the issue of gender bias in madness narratives. Her identity as a woman presents itself as an instrumental factor in her diagnosis. The 20th century's propensity to "over-diagnose women as psychotic" bears the reflection of a similar tendency in the preceding century. On one of his many visits to mental institutions, Dickens remarks "The experience of this asylum did not differ, I

found, from that of similar establishments, in proving that insanity is more prevalent among women than among men". In literature, the figure of the madwoman is only a portrayal of this Victorian inclination to label any woman who dares to defy the norms imposed by society as mad. Feminist scholars like Sandra Gilbert and Susan Gubar in their work, *The Madwoman in the Attic* (1979), argue that female madness, as represented in literature, is nothing but a response to the patriarchal structures imposed by the society. Examples such as Bertha Mason in *Jane Eyre*, illustrate how the madwoman is in fact a symbol of resistance. It also exemplifies the unwarranted institutionalization of women displaying their inner turmoil as hysterical.

In her book *The Female Malady: Women, Madness and English Culture 1830-1980* [1], Showalter, in the introduction section indulges in an exposition of the gendered nature of madness and its unjust association with one gender. She dwells on a painting by Tony Robert-Fleury, in which he commemorates Philippe Pinel, a psychiatrist during the 1790s in Paris. Touched by the inhumane treatment of asylum inmates in Parisian madhouses, Pinel obtained permission to unchain the patients—an act symbolic both politically and socially. Out of this humanitarian act came Robert-Fleury's painting, "Pinel Freeing the Insane". While as harmless as this commemoration seemed, Showalter reads it with a more gender-conscious and critical eye. Although Pinel frees male inmates much before the females, the painting conveniently focuses only on the latter. The lunatics depicted in the painting are all female, with the men sharing Pinel's side, the side of rationality and authority. Thus, such "harmless" representations contribute to the already

pervasive understanding of madness as the prerogative of one particular gender. The association at one point in history became so persistent that “madness, even when experienced by men, is metaphorically and symbolically represented as feminine...” (Showalter 4).

Moving on to a more inclusive idea of madness, psychiatric authority in the 18th and 19th centuries point towards a “total institution”. The asylum functioned not only to isolate the mad from the society, but also to regulate their behaviour through constant surveillance, routine tasks, invasive treatments. Thus, psychiatric authority was deeply intertwined with spatial practices of confinement. The architectures of confinement—the impenetrable walls, the different wards, the obfuscation of the outside world etc. functioned more and less as the physical extension of psychiatric hegemony. This facilitated and reinforced medical authority’s discourse on madness, one that defined and reduced madness to a malady requiring institutional confinement, epistemic violence, and invasive procedures.

When reading the novel *Faces in the Water* (1961), it becomes imperative on the part of the context-hungry reader/ reviewer to look at it as an indispensable part of Frame’s autobiography, *An Angel at My Table* (1984). The novel reads as a fragment of Frame’s life story, involving an extensive narration of her years of incarceration at various mental institutions across New Zealand. Chronologically it precedes the autobiography, almost as a prequel to what she discloses in her later trilogy. Although clarifications and assertions regarding the true generic nature of the novel abounds in interviews and prologues by the author herself, the work is widely read not as a story, but as a factual account of her sufferings throughout her confinement years. Whilst Janet Frame begins the novel with “Although this book is written in documentary form it is a work of fiction”, it is widely acknowledged that the novel occupies a liminal space between autobiography and fiction, which interestingly allows Frame to converge her personal experience with a collective narrative of psychiatric oppression. Brown writes “Frame’s own history of institutionalisation fuelled autobiographical readings of these novels in early criticism, much to her displeasure” (106). The tension between what is fact and what fiction is mitigated as the authorial voice gains credibility with its exact descriptions and its subjective tone. Hence, its attribution to the genre of autobiographical fiction. It is a text that dwindle in the in-between spaces of testimony, ethnography, and defiance. Frame’s narrative introduces the readers to a period in New Zealand history that was heavily under the hangover of the Mental Defectives Act of 1928. During this period people who were diagnosed with any kind of psychiatric disorder, or displayed any kind of peculiarity in their disposition were confined to mental institutions, without requiring any kind of consent. These people were then stripped of their voice, basic rights, and even denied the human right to reproduce. Asylums functioned more as prisons to confine and isolate the “unwanted”.

Istina in the novel plays a dual role. One, of the omniscient narrator, and the other of the compliant, disenfranchised patient. She is both the object of the medical gaze, and the subject of her narrative testimony against that gaze. This double position mirrors the conundrum of mental patients who inhabit a paradoxical position within the institution. Despite being the most intimate observer and confidant of

their own experiences, they are themselves positioned as the ones who are least qualified to speak about it. Hence, the readers find themselves in a quandary between both competing claims to knowledge. The patients rarely find themselves in a position to relate their issues, or their experiences to those in charge. They are often spoken for, their ailments expressed by others in their presence, and their voices left unheard by the same people who are supposed to “care” for them. So, it is only the resounding voices of the authorities that form a part of psychiatric knowledge and discourse. The testimonies of the patients are thus reduced to simple anecdotes with no epistemological substance.

The Institutional Gaze and the Confined Body

Janet Frame in the novel lingers on the contours of mental asylums as spaces that facilitate surveillance and immobilization. Here spaces are looked at as not passive, but active structures that aim to contain and discipline the mad. Descriptions of daily life behind the impenetrable walls of the asylum abound in the chapters. A regular day at Cliffhaven includes queuing for meals, being chaperoned to different places of work (the laundry room, the sewing room, the nurses’ homes etc.), regular baths, and a myriad of inconsequential activities orchestrated to keep the patients from falling into the “dangerous” practice of self-discovery. With the absence of clear demarcations of temporal and spatial distinctions, time becomes stagnant inside the asylum. This state of narrative stasis could be read as an integral element of Frame’s project. In Part II, Istina finds herself re-admitted to another hospital, Treecroft, after being on probation for some time. Although Treecroft presents itself as less morbid than her former institution, the grasp of institutional control persists. The windows do not have “crudely nailed boards”, but everything else, including the condition of those admitted seem surprisingly similar. Although the asylum appears to be one big unit, it is divided into different wards, and rooms. Ward four housed the “almost normal” patients—patients who had a chance at recovery. While ward two belonged to the uncooperative, distant, and less submissive patients. Istina remarks how the “permanent” patients live there. There’s also a different building for the men with no floral bedsheets like the women’s wards. In one of her weekly walks around the campus, Istina notices the bareness of the men’s building. “When we passed their dining room...I wanted to go in the dining room and put a white cloth and flowers on the long tables” (Frame 39).

These variations in the living conditions of the different wards point towards a systematized control apparatus that functions to make the patients more compliant, and easy to confine. Different wards mean different stages of containment. Ward four allows a bit more movement and autonomy than the sinister ward two. But what scares them the most is the prospect of a whole room to themselves when found uncooperative. For instance, Istina constantly frets over being assigned a single room. What to others seem an opportune reward, for the like of Istina, appear more as a punishment. “I feared the prospect of a single room. Although all the small rooms were ‘single’ rooms the use of the phrase single room served to make a threat more terrifying” (Frame 31). ‘Single rooms’ meant more visibility, which directly translates to more stringent surveillance. The “gaze” is constant and unforgiving. They

are watched even when they are bathing, eating, and sleeping. Only a few patients are allowed to wash themselves in the bathtub. Rules dictate them to be accompanied by staff at all times.

"...no patient might take a bath unless an attendant were present, that six inches only of water should be run into the bath, the cold water first, that no brush of any kind should be employed in bathing a patient ... So we bathed, one in each bath, without screens, gazing curiously at one another's bodies, at the pendulous bellies and tired breasts, the faded wisps of body hair, the unwieldy and the supple shapes that form to women the nagging and perpetual 'withness' of their flesh'. (Frame 32)

For them, their bodies are confined to the extent that they no longer belong to them. They move, eat, wash, and live in their bodies as temporary lodgers waiting for their permanent accommodation.

Between the Asylum and the Self

To read Janet Frame is to come close to the deep chasm that divides the authoritarian voice of psychiatric institutions and the feeble testimonies of the patients living within these architectures of confinement. In *Faces in the Water*, Janet Frame constructs a powerful tension between psychiatric discourse and lived experience, exposing the epistemic violence embedded within institutional definitions of madness. The novel, narrated through the authorial voice of Istina Mavet, offers an interior perspective that resists and destabilizes the authority of psychiatric knowledge. But she holds herself from dramatizing her "peril", and instead sticks to a very formal, documentary-like tonal character. There is seldom self-pity, except for when her name gets taken down for an ECT. Even then, the objectivity of the narrator masks the trembling voice of the subject/patient. She looks at her experiences from a distance, in the manner of the medical professionals who visit the patients routinely without any display of empathy or even the willingness to know them intimately. These short visits are further curtailed by the censoring presence of the matrons and nurses who would cut them short saying "now doctor's too busy to listen to that..." (Frame 24). These minute incursions add to the already overbearing hegemony of psychiatric epistemology. As such, medical discourse and mechanisms operate in the novel through systems of diagnosis, labelling, segregation, incursion and observation that align closely with what Foucault calls the "medical gaze". Within the institutional boundaries the patients are treated as objects, stripping them of their identities. They are reduced to case histories, requiring constant surveillance. "I was for shock treatment, the new and fashionable means of quieting people and of making them realise that orders are to be obeyed and floors are to be polished without anyone protesting and faces are made to be fixed into smiles and weeping is a crime" (Frame 5). In one particular section, Istina talks about the administration of ECTs liberally on patients, and also the randomness of it all. Although the medical discourse of the time regarded these measures as indispensable to the treatment of mentally challenged patients, the trauma that such treatments left on the patients' mind is often overlooked. In the 1930s and 1940s shock therapy was promoted as an efficient and cost-effective treatment for psychiatric patients, which later drew criticism for its use on institutionalized patients, especially women. The administration of such invasive procedures also

reflected power imbalances in the way doctors prescribed it liberally, while patients, with the inability to resist it, had to suffer both its bodily and psychological consequences.

Through her account of her time in mental institutions (Cliffhaven and Treecroft) which she calls "the season of peril" (Frame 1), one can get an intimate insight into such establishments, and witness the unimaginable trauma that they are subjected to, mostly without their consent. Istina's diagnosis strips her of her identity and agency. She is immediately transformed to a non-person, who cannot be trusted with her own life—an excuse often offered for taking away the agency of mentally ill patients. The diagnosis re-replaces her identity with that of an imposed one. She loses hold on her life, and is placed at the mercy of everyone else, but her. She becomes a third person, a 'non-person' even. Her presence is overlooked, and only acknowledged when referred to as a patient suffering from schizophrenia. As the narrator reflects on these insignificant-looking instances, she finds in them a deep sense of poignancy, a sense of loss of identity. This process of limiting her agency and identity renders her experience illegible. Her emotions, fears, and perceptions are either dismissed as symptoms or appropriated as evidence of her insanity. The authority to define madness thus resides entirely within the institution, leaving no room for the patient's own narrative. In the novel, this epistemological hegemony is countered by foregrounding the affective, sensory, and deeply subjective dimensions of institutional life.

"I try to find a pair of grey woollen socks for if my feet are cold I know that I shall die. One patient is careful to put on her pants 'in case I kick up my legs in front of the doctor'. At the last minute, as the feel of nine o'clock surrounds us and we sit in the hard chairs, our heads tipped back, the soaked cotton wool being rubbed on our temples until the skin tears and stings and the dregs of the spirits run down into our ears making sudden blockages of sound, there is a final outbreak of screaming and panicking, attempts by some to grab leftover food from the bed patients, and as a nurse calls 'Lavatory, Ladies', and the dormitory door is opened for a brief supervised visit to the doorless lavatories, with guards set in the corridor to prevent escape, there are bursts of fighting and kicking as some attempt to get past, yet realising almost at once that there is nowhere to run to. The doors to the outside world are locked. You can only be followed and dragged back and if Matron Glass catches you she will speak angrily, 'It's for your own good. Pull yourself together. You've been difficult long enough.'" (Frame 19)

These experiences exceed the explanatory capacity of psychiatric discourse, which remains solely invested in categorization, rather than comprehension. The asylum, as depicted in the novel, becomes a site where meaning is imposed from above, while lived reality unfolds in ways that resist containment within diagnostic language. The patients are often reduced to objects that do not have a sense of discernment, and are incapable of thinking and feeling. But Istina's experience, related in her own voice takes control of the narrative. She re-positions herself as a thinking, feeling subject capable of telling her own story in her own terms. Her literary testament also gestures towards the possibility of a tension between two competing truths—the authoritative, clinical discourse of psychiatry that is impenetrable, and the fragile, yet persistent voice of lived experiences. Frame exposes the limitations of psychiatric

understanding and reasserts the significance of narrative in reclaiming one's agency. Istina's voice disrupts the hegemonic structures of medical knowledge by exposing its gaps, contradictions, and systemic oppressions.

Site of Reclamation/ Narrative Repair

In *The Wounded Storyteller* (1995) [7], Arthur W. Frank posits that serious illness can fracture the coherence of identity in patients. But, in many cases, it can also generate new narrative resources for the constitution of the self. The concept is further refined by Hilde Lindemann in *Damaged Identities, Narrative Repair* (2001) [9]. As such, counter-narratives become a medium of reclaiming identity that was compromised either due to prolonged illness, or oppressive, cultural narratives, hence "narrative repair". What Frame does in her autobiographical fiction is an excellent example in this regard. Her narrative counters the totalising clinical perspective of madness and its treatment, thereby seizing back the agency to tell her story. Her account acts as a testimony to the cruelties inflicted on her, during her internment at Cliffhaven, and Treecroft—an experience focused on erasing her identity forever. Her experience in multiple asylums across New Zealand reveals the pervasive nature of the "clinical gaze" that constantly dictated her actions and words. This illustrates what Arthur Frank terms the "chaos narrative", where "the teller of chaos stories is, pre-eminently the wounded storyteller" (Frank 117). It focuses on life never getting better, and suffering appears meaningless, threatening to erase selfhood. These narratives resist coherence, and are marked by fragmentation, distortion, and accompanies a sense of hopelessness. In *Faces in the Water*, Istina's account of institutional life reflects this mode of narration: it does not follow any linear progression, and is marked by moments of temporal distortion. The randomness of institutional routine and treatments creates an environment where there is no beginning, and no definite resolution to be found. "There is no past present or future. Using tenses to divide time is like making chalk marks on water. I do not know if my experiences at Cliffhaven happened years ago, are happening now, or lie in wait for me in what is called the future" (Frame 30). This aligns well with Arthur Frank's idea of chaos narratives being counter-narratives that resist the conventions of narrative, much like illness and suffering which themselves lack any structure. Yet, Frame takes her chaos narrative and transforms it into a form of "restitution narrative". This transformative project allows Frame to reconstruct her lost selfhood after years of systemic violence. Lindemann's idea of "narrative repair" is evident in the way Frame holds her former self in a new light, replacing the oppressive narrative of incurable madness, with a story of survival and agency. Simultaneously, her narrative also embodies what Frank calls "quest narrative". She meets her suffering head on, and uses it to yield something greater. The act of narration, in Istina's case, pushes against institutional silencing to produce a powerful counter-discourse. Her narrative thus operates as testimony—remembering, naming, writing, while contesting the authority of psychiatry and repairing the wounds it inflicted. In doing so, Frame exposes the rigid nature of psychiatric language that is deeply categorical and systematic, leaving no space for exceptions. Istina, the narrator, subverts this rigidity and questions the veracity of such a tightly-bound structural narrative that is in its very

nature oppressive and discriminatory. Although her prose is in its essence a language under pressure, it is nonetheless a language originating from experience—unlike psychiatric discourse that originates from interpretation. The counter-discursiveness of her narrative is most evident in the way she uses language to resist and subvert. Frame frequently uses quotation marks when talking about the words used by the hospital staff to describe patients' behaviour. The ones who do not accept the ways of the institution are labelled "uncooperative", or "difficult". While the others who obey without any resistance are seen as showing signs of "improvement", or "sobriety". She almost parodies the language, and by doing so, questions the claims and assertions made by the nurses and the doctors. "The act of 'settling in' was surrounded with approval: 'the sooner you 'settle' the sooner you'll be allowed home' was the ruling logic; and 'if you can't adapt yourself to living in a mental hospital how do you expect to be able to live 'out in the world'?' How indeed?" (Frame 33). The rebuttal is subtle but impactful. Arguments of the authorities are followed by counter-arguments of the patient-narrator. Thus, the subversion of narrative, or the reclaiming of agency happens in calculated ways, and not in grand pronouncements. The narrative structure, as a result, undermines the credibility of clinical interpretation even as the text nominally presents it.

Conclusion

In conclusion, Janet Frame in the novel does not only recount the experiences of incarceration, but dismantles the very structures that sustain psychiatric discourse. Out of which emerges an incoherent, fractured, and often overwhelming exploration of what Arthur W. Frank terms the "chaos narrative". Frame's formal achievement is to have found a narrative language adequate to take up a task as complex, and as novelistic as this. Her protagonist speaks with the authority of being a subject, while simultaneously juggling the objective character of the narrator. Pairing it with the constant presence of the Foucauldian "gaze", Frame exposes the gaps in institutional discourse that seldom takes into account patient testimonies and experiences. Her prose itself becomes a kind of counter-institution. It becomes a space governed not by diagnostic authority but by the authority of individual experience. Thus, the implications of such a reading of Frame's novel extends to the fields of mad studies, as well as narrative psychiatry. It offers a powerful literary corroboration of how the knowledge produced from lived experience of patients is not merely anecdotal, but carries with it epistemological significance.

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