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Final Master's Portfolio

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A Final Portfolio

Submitted to the English Department of Bowling Green
State University in partial fulfillment of
the requirements for the degree of

Master of Arts in the field of English

April 26 2021

Dr. Kimberly Coates, First Reader
Ms. Kimberly Spallinger, Second Reader

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Analytical Narrative

When I applied to Bowling Green State University (BGSU), it was after taking one full year off from academia. I had missed researching and learning and I wanted to learn more about how to fully engage with literature and theory. While I had worked critically with literature in past schooling, much of my work was expected to be base-level to showcase that I had a basic understanding of how to perform close-readings. In pursing my MA in Literary and Textual Studies, I wanted to do more than show that I have a basic understanding of literature; I wanted to learn how to engage with texts at a more advanced level. I believe I have done this. Each paper included in this portfolio was written during my first year at BGSU, the most recent being written in the summer of 2020. My ability to research and engage with literature has evolved as I now know how to frame my voice against the voices of other scholars, and that is what I want this portfolio to highlight.

Throughout my entire academic career, I have struggled with finding my own voice and pushing my ideas to the forefront of my work. I show this within each of the papers I have included in this portfolio. Much of my revision has been centering myself in my work, and I believe my revised versions of each paper show that I can prioritize my own voice, rather than the voices of other scholars. I have re-worked each paper to highlight that my work is important, rather than letting my thoughts fall to the side in lieu of thoughts from other scholars.

The first paper that I have included is titled "'My Entire Body Becomes Language': *Sharp Objects,* Trauma, and the Body". It examines Gillian Flynn's 2006 book *Sharp Objects*. In this essay I explore the motivations of the primary character through the lenses of Hélène Cixous's *The Laugh of the Medusa*, Cixous's collaboration with Catherine Clement: *The Newly Born Woman*, and Elaine Scarry's *The Body in Pain: The Making and Unmaking of the World*.

This paper was written for Dr. Labbie's English 6070: Theory and Methods of Literary Criticism in the Spring semester of 2020. Dr. Labbie's comments on this paper were slim, simply telling me that I needed to delve deeper into trauma theory and the works from Cixous, Clement, and Scarry. Per Dr. Labbie's comments, I dug deeper into each of my primary texts. Despite the lack of concrete feedback, my goal is to highlight how I can engage in rich discussion with the works from each theorist. As I have struggled with engaging in theory beyond a surface-level of understanding, my primary goal with this paper is to showcase that I can utilize different theories in a close-reading of literature.

Looking further at each of my primary texts allowed to more thoroughly examine the way the body reacts to trauma. By tracking the primary character's motivations, this is what allowed me to see how she has responded to the violence and abuse wrought against her. Her reaction was so self-harm, she cuts words into her skin. As the works from Cixous, Clement, and Scarry are focused on language and pain, this provided me with theoretical frameworks to examine Flynn's novel. I argue that Flynn's narrator uses her body as a memorial to both her pain and her recovery, and that is what I have ultimately worked to show in my work. By considering *Sharp Objects* through several theoretical frameworks, it allowed for me to explore theories from Cixous, Clement, and Scarry that I was interested in, but ultimately had not fully understood when I had written my first version of this paper. Per instruction from Dr. Coates, my first reader, I needed to focus on putting each theorist into conversation with one another, and further explore what they each have to say about both the female body and the way trauma can affect the body.

The physical body as the home of trauma is something that I also explore in my second paper "One Size Fits All: A Look into Jia Tolentino's "The Age of Instagram Face" and Social

Media's Conformity Problem". This paper explores Jia Tolentino's "The Age of Instagram Face", an article written for *The New Yorker* in 2019. This paper was written for ENG 6800: Raging Women in the 2020 Spring semester. That class was focused on women's anger, something that has long been ignored by the general public. While looking at women's anger, subjects that can lead to women feeling anger often came into discussion in class. One primary source of anger that was discussed is the societal expectations that are placed upon women. Women are expected to be calm and collected, motherly, feminine, and loyal. When women stray from these markers, they are shamed for failing. The rich discussion in this class is what helped me learn that I am interested in researching the beauty standards placed upon women.

Social media's role as a tool of influence cannot be ignored, and this is what I argue in this paper. Social media causes women to believe they must look and act a certain way to have value, which is both troubling and problematic. Tolentino's work explores the way social media has encouraged young women to explore specific standards of beauty. In exploring Tolentino's work, I posit that current beauty fads are more detrimental to those that have existed in the past. My initial draft of this paper was successful in explaining my thoughts, but Dr. Coates suggested additional research to ensure my argument was as thorough as possible. Per her instruction, I included works from Peggy Orenstein, who has published several books about the male gaze and the over-sexualization of young women. This provided me with more knowledge about how deeply-rooted misogyny is within Western society, and allowed me to convincingly convey how important the study of social media's influence on young women is.

While social media was not a tool that could be utilized in the 1960's and 1970's, women's bodies were still commodified during this period in time. The commodification of women's bodies and the larger Women's Health Movement is what I examine in my third paper

"Body Problems: Examining the Ways Women's Bodies are Both Ignored and Shamed". This paper was written for WS 6200: Contemporary Feminist Theory with Dr. Rainey during the Summer 2020 semester. Throughout the semester, we had touched upon influential women within the modern feminist movement and broader ideas about body positivity. As I am interested in the modern body positivity movement, I wanted to examine the larger health movement that the body positivity movement stemmed from.

Learning more about the history of the 1960's and 1970's Women's Health Movement has allowed me to understand the way the modern feminism movement more fully has come into existence. Beyond that, learning about the Women's Health Movement has shown me how necessary this movement still is. The Women's Health Movement was not focused only on providing women with necessary information about their bodies, but also acted as a catalyst for women to fight towards having full autonomy over themselves. In revising this paper, I aimed to focus more on women's voices. My initial draft relied on a close-reading method of a male scholar's work, which felt inauthentic as I have learned that my true academic interests reside in the female voice. In making that shift, the revised version of this paper offers a more comprehensive understanding of both the Women's Health Movement and its importance in ensuring women have a shared understanding of their bodies to promote women having full ownership over themselves.

Women having a chance to own themselves, and their narratives, is what brings me to my final paper. Titled "What Do We Deserve?: Examining the Correlation Between Life Writing, Abuse, and Fatness" was written for Dr. Sheffer's English 6750: Life Writing and the Racial Memoir during the 2020 Spring semester. In this paper I examine Carmen Maria Machado's *In the Dream House*, a 2019 memoir, in which Machado explores the trauma of an abusive

relationship. My initial version of this paper examined the way that Machado wrote about her body. This version was unsuccessful as I struggled to engage with both scholars and Machado's work, so that was my primary focus when revising this. Rather, I center this version on the way the form of the memoir allows for Machado to explore the ramifications of her relationship and explore the ways that speaking about an abusive queer relationship is beneficial to the overall community.

My revised thesis has allowed me to engage more critically with Machado's memoir, as it provided an opportunity to let my voice come through in the finished product. While I bring in several secondary sources to further explain life-writing, queerness, and abuse, the primary focus falls on Machado's work. As Machado is the one who is creating space for people and relationships that are often overlooked in the mainstream, it seemed necessary to ensure that her narrative was the one highlighted in the revised version of this paper. The memoir is a tool utilized to create space for oneself and one's story, so centering Machado's thoughts within this paper became a necessity upon revision. I wanted to know why the memoir was a useful tool to her, so I needed to re-center my focus on this paper to instead look at why it was necessary to utilize the memoir to center a story about a queer abusive relationship. Why did it need to be non-fiction? To answer this, I explore the memoir as a tool utilized to ensure one's audience does not overlook an author's vulnerability and honesty, and I explored the way queer relationships are sidelined by mainstream popular culture. Abusive queer relationships are not talked about as both queerness and abuse are seen as failings, so Machado creating space for these stories to be told needed to be the focus.

Each paper that was chosen for this portfolio was chosen as I believe them to represent the full range of my academic interests. My primary focus is on the female body, but I am also

interested in the way the female body reacts to trauma and how one regains agency over their bodies. Before my time at BGSU, I had been unable to focus on what I wanted to learn and write about. Working on my Master's degree and this portfolio has helped me learn what I am interested in and has provided me with the necessary skills to pursue further education focused on both the female body and trauma. Despite only having one full semester of in-person learning and connection, I have been given the tools necessary to lead and contribute to my fields of interest. I now have the ability to center my own academic voice in my work, I can engage critically and thoughtfully with theorists, and my clarity of expression has improved. In providing me with the knowledge of how to critically engage in my topics of interest, the English Department has helped me to learn how to better market myself within the English Literature field should I wish either to pursue a career in academia or further my education.

"My Entire Body Becomes Language":

Sharp Objects, Trauma, and the Body

The human body is home to many things: theories, ideas, traumas. The body houses an

entire life. In Gillian Flynn's *Sharp Objects*, the body serves as a memorial. Camille, the

protagonist and narrator, self-harms. She carves words into her skin as an act of remembrance.

Her skin is riddled with scars, many of which Camille will often interact with to suppress

emotional responses that she undergoes throughout the text. The words on her skin act both as a

memorial to her past, but also as a tool to name her trauma. In naming the traumatic events of her

past, this allows for Camille to compartmentalize her past and attempt to move forward with her

life, the words on her skin serving as reminders rather than actively continuing to harm her. As

we see in *Sharp Objects*, this is not always successful. To fully examine Camille and her

relationship with her trauma, I will be using Hélène Cixous's *The Laugh of the Medusa* to

showcase the way language is utilized by women to tell their stories and ensure their lives are

documented, Elaine Scarry's *The Body in Pain: The Making and Unmaking of the World* to

explore how Camille reacts when confronted with her traumatic childhood and how she attempts

to heal from it, and finally Cixous's collaboration with Catherine Clement: *The Newly Born*

Woman to inspect Camille's relationship with her mother. By using these theorists, I will be

showcasing how Camille's continued self-harm is an act of reclaiming agency that had been

denied to her throughout much of her life.

As history has largely been shaped by men, there is a need for women to ensure their

words are not forgotten. In *The Laugh of the Medusa*, Hélène Cixous begins by saying: "I shall

speak about women's writing: about *what it will do*. Women must write her self: must write

about women and bring women to writing, from which they have been driven away as violently

as from their bodies — for the same reasons, by the same law, with the same fatal goal. Women must put herself into the text — as into the world and into history — by her own movement" (875). Cixous makes her point clear to her readers: women must write, as they will not be written about. Women are suppressed and ignored, so women need to make spaces for themselves and their words. While Flynn's *Sharp Objects* is not focused on the ways that men have silenced women, there is a distinct play of power between Camille and her mother, Adora, who believes women are not to be publicly vocal about their problems. As the suppressed power within *Sharp Objects,* Camille finds it necessary to write her story onto her body. This acts both as a way of preserving her history, and to directly fight against the power her mother holds over her:

> I am a cutter, you see. Also a snipper, a slicer, a carver, a jabber. I am a very special case. I have a purpose. My skin, you see, screams. It's covered with words—cook, cupcake, kitty, curls—as if a knife-wielding first-grader learned to write on my flesh. I sometimes, but only sometimes, laugh. […] Why these words? Thousands of hours of therapy have yielded a few ideas from the good doctors. They are often feminine, […] Or they're flat-out negative. [...] The one thing I know for sure is that at the time, it was crucial to see these letters on me, and not just see them, but feel them (64).

Camille states that she has a purpose behind her self-mutilation, which makes her case special. Per scholars Scolier, Portzky, et. al, they have found that: "With regard to lifetime prevalence, females significantly more often reported the following reasons for their last episode of self-harm: 'to show how desperate they were feeling', 'to die', and 'get relief from a terrible state of mind'" (603). In contrast, Camille does not seem to actively wish to die, though she does seem to get relief when she cuts herself. Camille also does not want others to see her cuts, keeping them hidden as much as she can.

While Camille attempts to keep her body hidden, she is not always successful. *Sharp Objects* contains a scene in which Adora is forcing Camille to try on dresses for an event, and in this scene, we see Camille confront the idea that others will see the words etched in her skin:

> In the little mirrored room, with my mother perched on a chair outside, I surveyed my options. Strapless, spaghetti straps, cap sleeves. My mother was punishing me. I found a pink dress with three-quarter sleeves and, quickly doffing my pants and shirt, pulled it on. The neckline was lower than I'd thought: The words on my chest looked swollen in the fluorescent light, like worms tunneled beneath my skin (127).

Camille does not want others to see the words on her skin, does not want to open herself up to having others witness the trauma she has documented on herself.

Despite Camille working to document her trauma privately, the act of documentation ensures that her story cannot be ignored. While she does not let others see her marked skin, the words that are carved onto her serve as a reminder of her trauma. Cixous's *The Laugh of the Medusa* is centered on women documenting their histories and their stories, ensuring that those stories are not forgotten to time and that they are not silenced. In explaining herself, Cixous says that: "Censor the body and you censor breath and speech at the same time. Write your self. Your body must be heard. Only then will the immense resources of the unconscious spring forth" (880). As Camille grows up in a tense home environment: "For a while I convinced myself that Adora's distance was a defense constructed after Marian. But in truth, I think she's always had more problems with children than she'd ever admit: (102). Any relationship shared between Camille and Adora is essentially non-existent, which leaves Camille alone.

Camille's isolation is likely the reason that her skin becomes the canvas for her thoughts. Camille needs somewhere to document her thoughts and her feelings, but she does not have

another person that she can speak to about her feelings. As she is completely alone, her skin

becomes the canvas for her story. As the documentation takes place with Camille physically

altering her body, this ensures that the words are hidden from public consumption. What Camille

cuts into herself stays hidden, and so it stays wholly hers. Her mother cannot touch the narrative

on her body, and as she wears long-sleeved shirts and long pants, the documentation cannot be

seen by anyone but herself. As Cixous says in *The Laugh of the Medusa*: "Censor the body and

you censor breath and speech at the same time. Write your self. Your body must be heard" (880).

Camille may censor herself from those around her, but she is open with herself. Her body

becomes the words she cannot say out loud, the ones she keeps to herself. As Cixous explores in

Explorations, her body becomes language:

> That I write bodily, with from through thanks to my body with the help of my entire body
>
> and all my bodies, is essential. Starting from the feeling/sensation that the exercise of
>
> writing is extremely physical, athletic sportive—and requires being in perfect "shape," as
>
> we say of athletes, that is, demands a perfect animal-like poise, balance, harmony of
>
> muscles nerves respiration brain.... My entire body becomes language, and my thinking
>
> head makes use of my entire body (122).

While Cixous is speaking of traditional writing, Camille is quite literally making use of her entire

body. Her body literally, rather than figuratively, becomes language. The reasoning behind

Camille's compulsion to cut her body is clear when looking at how she needed an emotional

release, but the obsession and history behind this is explored in *Sharp Objects.* As a child,

Camille obsessed over language:

> By eleven, I was compulsively writing down everything anyone ever said to me in a tiny

blue notepad, a mini reporter already. Every phrase had to be captured on paper or it

wasn't real, it slipped away. I'd see the words hanging in midair—Camille, pass the

milk—and anxiety coiled up in me as they began to fade, like jet exhaust. Writing them

down, though, I had them. No worries that they'd become extinct. I was a lingual

conservationist (65).

Camille needed to write everything down, needed to document every word and feeling that she

could. She simply moved from paper to her body.

By moving from writing in a journal to writing on her body, Camille makes the choice to

directly associate her physical body with the trauma she is working to process. Her words cannot

be taken from her if they are on her body, so there is no way for her trauma to be taken from her.

The cutting is an act of agency by Camille – she is actively working to ensure her feelings are

her own and cannot be stolen by her abusive mother or those around her. Despite the agency

shown in continuously performing the act of cutting her skin, she still feels the need to ensure her

words are concealed and that they are kept away from public consumption. As the relationship

with her mother is tenuous at best, Camille struggles to make herself heard. As Camille explains:

"We hurt each other awfully quickly in this family" (Flynn 233). If one is afraid of being

harmed, they are less likely to feel safe enough to open up. Despite the fear of being open with

her mother, Camille's acts of self-mutilation shows the audience that she still refuses to be silent,

that she will still write down her truth, even if no one will bear witness to it.

Throughout *Sharp Objects*, Camille only willingly shows her body to another person

once. Despite there being several scenes in which characters get glimpses of the words covering

her skin, her entire body is only shown to another person one time: "He read me. Said the words

out loud, angry and nonsensical both: *oven, queasy, castle*. He took off his own clothes, as if he

sensed an unevenness, threw them in a ball on the floor, and read more. *Bun, spiteful, tangle, brush*. He unhooked my bra in front with a quick flick of his fingers, peeled it off me. *Blossom, dosage, bottle, salt*" (218). While Camille has not shown herself to be ashamed of her body, her body is personal - it is only hers to witness. As Cixous says in *The Laugh of the Medusa*: "We've been turned away from our bodies, shamefully taught to ignore them [...] so few women have as yet won back their body. Women must write through their bodies" (885-886). Women are expected to feel shame over their bodies and over their narratives and for Camille her body has become the narrative. This should indicate that she feels shame in someone witnessing her body, but *Sharp Objects* fights back against this. Camille does not feel shame as someone looks at her entire body, instead she feels seen.

Camille finds relief in someone witnessing her body and the story written on her skin. She does not feel shame, instead allowing someone to see all of her provides her with relief. In *The Body in Pain*, Elaine Scarry states that: "Whatever pain achieves, it archives in part through its unshareability" (4), and *Sharp Objects* seems to agree with Scarry's theory. Camille explains that allowing another person to see her body helped her, saying, "I felt exorcised" (218). The morning after, she briefly examines the way that she feels now that another person has witnessed her, explaining that: "I felt safe and good. Pretty and clean" (219). This raises the question of whether Camille's pain has then been healed; if allowing another person to witness the trauma she had kept to herself has helped her.

Not only is Camille's body seen, but it is also consumed. She is allowing another person the chance to read the words on her body, and thus she is allowing the story of her life to be read. Even if the words are scattered, and the meanings may not be obvious, Cixous' work is apt here. In *The Laugh of the Medusa,* Cixous explains that: "Because so few women have as yet won

back their body. Women must write through their bodies" (886). Camille had spent years writing on her body, writing the story of her trauma on her skin. But she had kept her body private; she had kept her trauma private, making the conscious choice to not share it with another person. Upon sharing her body, and thus her trauma, she wins her body back. Camille is given a chance at owning her body, by allowing another person to witness her.

While Scarry believes that pain can only achieve anything by remaining unshareable, Camille proves this to be incorrect. She shares her pain, and while there is relief, the pain continues to persist. Per scholar Smadar Bustan, "Whenever pain cannot be adequately expressed, we turn to its linguistic agents in order to unveil the felt experience but in terms of what we take to be the ''meaning'' of this experience, the alternative of clinging to the referents of pain may still keep us in the dark" (6). The aspect of pain being unshareable causes individuals to find reasons for their pain, rather than to find closure or methods of dealing with said pain. As is seen with Camille, despite allowing another to see the direct result of her trauma, she is still actively dealing with that trauma. Sharing one's pain does not erase the pain. While Camille feels initial relief from sharing herself with another person, it does not ultimately fix all that she dealt with. In an interview with Elizabeth Irene Smith, Scarry stated that: "when one is suddenly put in pain: language not only disappears, but you can actually chart its disappearance across the sudden reaching for monosyllables or for the kinds of cries and whispers that one made before one learned language" (224), which I believe holds true for Camille. The words on her body are short, they are succinct, they are to the point. Additionally, as Scarry describes, the pain Camille faces does remove her ability to physically speak - instead she writes. Camille reacts to the pain and trauma she has faced, but she does not speak about it.

Sharp Objects begins with Camille inadvertently making herself vulnerable to her boss when she is assigned a job back in her hometown: "I still didn't want to go. So much so, apparently, that I'd wrapped my hands around the arms of my hair, as if Curry might try to pry me out [...] 'Look, kiddo, if you can't do this, you can't do this. But I think it might be good for you. Flush some stuff out'" (7). At the very beginning of the book, Curry knows her well enough to recognize that Camille is traumatized and that her home life has been problematic. While she is hiding the details of why she does not wish to go home, and she has not yet allowed another person to see the words written on her skin, she has still been open enough that her boss is aware that she is processing something difficult. The entirety of *Sharp Objects* is about Camille confronting her pain, and being as open about it as she can. While she struggles to talk about it, or to show the actual trauma she has written on her skin, the processing of it happens throughout, not just when she exposes her body to another.

The real first step that Camille takes towards dealing with her trauma is going home on assignment, where she sees her mother for the first time in years. Camille arrives at Adora's home without warning: "She opened the door and stood in the doorway, didn't seem surprised, and didn't offer a hug at all, not even the limp one I'd expected. "Is something the matter?"" (27). Camille does not receive any greeting, Adora immediately gets to business. This allows the audience to see that something is awry between the two, that there is something unresolved between them. As the scene continues, the audience gets their first inkling into Adora's influence upon Camille: "'Oh, Camille.' My mother hushed me, looking away. When my mother is piqued, she has a peculiar tell: She pulls at her eyelashes. Sometimes they come out. During some particularly difficult years when I was a child, she had no lashes at all, and her eyes were a constant gluey pink, vulnerable as a lab rabbit's. In winter time, they leaked streaks of tears

whenever she went outdoors. Which wasn't often" (29). Adora also self-mutilates, though she does it differently than Camille. Adora does not leave a trace of her distress, does not leave anything behind that could indicate that she was ever upset. Adora's pain is wholly private. But, as her eyes are left bare and pink, the pain is still visible, despite Adora's best efforts. As it becomes clear that Adora has Munchausen's by proxy, which "prompts sufferers to feign or self-inflict illness in order to gain attention or sympathy" (Robinson), her version of self-mutilation makes more sense to the audience. She wants others to feel sympathy for her, but she keeps the intricacies of her own pain private to whatever degree she can.

Camille does not want outside influence in her life. Her goal is to be isolated from those who shaped her past, and to do so, that often requires her to be completely alone in her adulthood. In *The Newly Born Woman*, Cixous explains that: "the suffering is not originally hers: it is the other's, which is returned to her, by projection" (34). The suffering that Camille experiences is not wholly hers, it is a shared trauma between herself and Adora, with each person processing differently. Adora does not fully heal from the death of her daughter, nor does she acknowledge the problem that is her Munchausen's by proxy. Additionally, Adora's experiences with self-mutilation have, in a sense, been passed down onto Camille. They both find a release through marking their bodies in some way, and similarly, they do not process actual trauma in a way that can ensure healing.

While Camille's acts of self-harm are typically done in response to the harm she faces from Adora, they both self-mutilate as a way to process their traumas. Cixous posits in *The Newly Born Woman* that: "Everything expresses itself, comes out of the body: cathartic expulsion cannot possibly fail" (17). Looking further at the shared acts of self-harm between both Camille and Adora, it does seem that Camille's cutting and Adora's eyelash plucking could

be attempts at erasing trauma, anger, aggression, and irritation. Both acts of self-harm are associated with negative emotions, and so committing the act of mutilation could be a seemingly cathartic act for both women.

If we look further at the fractured relationship between Adora and Camille, it becomes necessary to further examine the continued compulsion Camille feels towards self-mutilation. *The Newly Born Woman* explains that: "The hysteric, whose body is transformed into a theater for forgotten scenes, relives the past, bearing witness to a lost childhood that survives in suffering" (Cixous 5). As Camille grew up seeing the way her mother was affected by Munchausen's by proxy and how it ultimately led to the death of her younger sister, it is clear that Camille's trauma then stems from her childhood. Camille's cutting then serves as a tether back to her childhood, further connecting her to her trauma. As is explained in Bessel Van Der Kolk's *The Body Keeps the Score*: "traumatized people become stuck, stopped in their growth because they can't integrate new experiences into their lives. [...] After trauma the world is experienced with a different nervous system. The survivor's energy now becomes focused on suppressing inner chaos, at the expense of spontaneous involvement in their life" (53). Camille's cutting began as a way to control something, to suppress inner turmoil and express what she was feeling. The scars stay with her, and the feelings stay with her, further tying her both to her childhood and to her trauma.

As the memories are forever on her skin in the form of scars, it is pertinent to examine the way Camille, cutting, and memory interact with one another. Once again looking at *The Newly Born Woman*, Cixous explains the following:

> The hysteric is in ignorance, perhaps in innocence; but it is a matter of a *refusal*, an
> escape, a *rejection*, and this innocence will soon be denounced as guilty, except that it is

unconscious. Conquering, forcing, or adopting other measures, insisting: the work of

those two cathartics Breuer and Freud has still not left the magic circle. Freud calls these

practices 'a little technical device': 'I inform my patient that in a moment, I am going to

put pressure on her forehead, and I assure her that, while I am pressing, a memory will

arise as in image or else an idea will come to mind.' (14).

The pressure that will trigger a memory, which Freud utilized, is similar to that of cutting. While

the details of a memory may fade over time, Camille's scars will be ever-present. Unlike Freud's

method of pressing to remember, Camille presses on her skin to quiet the memories: "I pressed

the tines of a fork into the palm of my hand. My skin began to quiet down" (130). Camille is in

the role of the hysteric, but rather than acting as a reminder, the touch and pressure becomes

associated with silence and peace.

While Camille will apply pressure onto her skin to silence the urge to cut or to remember,

it is imperative to remember that Camille began cutting words into her skin as an act of

remembrance. She wrote down every word she could on paper, before that compulsion

transferred to her skin. As Cixous explains in *The Newly Born Woman*: "The repressed past

survives in woman: woman, more than anyone else, is dedicated to reminiscence" (5). Camille's

body is dedicated to her past. Her skin is covered in memories. Her past will survive as long as

Camille does. Looking briefly at Scarry's *The Body in Pain*, she states that: "The prisoner is in

overwhelming physical pain while the torturer is utterly without pain [...] He is so without human

recognition of or identification with the pain that he is not only able to bear its presence but able

to bring it continually into the present, inflict it, sustain it, minute after minute, hour after hour"

(36). Camille, in using her body as a place of memorialization, has become both the torturer and

the victim. While much of her trauma stems from her mother's actions, Camille is ultimately the one who chose how to try to cope.

By using her body as a memorialization of the past, she has asserted ownership over her body. While she cannot process her trauma and thus cannot claim ownership over the pain she has suffered, her body is her own. Despite this, Adora struggles to accept that she cannot claim ownership over Camille. Camille has used her body to remember; it serves as a journal of her feelings, her thoughts, her pain. It is hers. Adora cannot accept that: "My mother lunged then, grabbed me by both arms. Then she reached behind me and, with one fingernail, circled the spot on my back that had no scars. 'The only place you have left,' she whispered to me […] 'Someday I'll carve my name there'" (157). Adora is trying to claim ownership over the final unmarred space of Camille's body. Looking once again to *The Newly Born Woman*, Cixous posits the following: "That is why women, who are still savages, still close to childhood, need good manners – conventions that keep them under control. They have to be *taught how to live*" (29). Adore is a violent figure; in her relationship with Camille there is an undercurrent of violence, which shapes both of their lives.

Camille internalized that violence, which further explains her relationship with cutting and self-mutilation. Looking at this further, Camille conflates violence with non-violent emotions: "Hurt as a form of flirtation. Pain as intimacy, like my mother jabbing her tweezers into my wounds" (258). Every positive emotion — flirtation, intimacy — is associated with pain of some kind. Adora's own aggression and violence has colored Camille's life, and Adora has forced herself and her trauma onto Camille, and, as she also holds the role of the mother, she believes that what she says and does is correct. Even though Camille is an adult, Adora still wants to shape Camille's identity.

Despite Adora's attempts to claim ownership over Camille, Camille does not allow anyone to impose themselves upon her. Camille assesses herself, her situation, and her trauma consistently throughout *Sharp Objects*. Being back at home, in close proximity to her mother makes her look into her old coping mechanisms: "I wanted to cut: *sugar* flared on my thigh, *nasty* burned near my knee. I wanted to slice *barren* into my skin" (142). Camille's skin buzzes, signaling that she wants to revert back into her old habits, but she does not. She remains steadfast throughout, proving to both herself and the audience that she has become a person who is no longer reliant on reliving pain and trauma in order to cope with her circumstances.

Camille's relationships with her body and with her trauma are complicated. Her body is a place where the past has been compulsively documented, but it also serves as a reminder of her deepest traumas. By examining her relationship with her body, her relationship with her mother, and finally the impact that memory holds over her, it shows the way that pain can persist and how it can be managed. Reading Flynn's *Sharp Objects* through the lenses of Scarry and Cixous, allows for an in-depth look at how trauma and pain can persist despite one's best attempts to heal.

Works Cited

Bustan, Smadar. "Voicing pain and suffering through linguistic agents: Nuancing Elaine Scarry's view on the inability to express pain." Subjectivity, Vol. 9, Issue 4. 2016.

Cixous, Hélène, and Catherine Clément. The Newly Born Woman. Vol. 24, University of Minnesota Press, 1986.

Cixous, Hélène, and Frédéric-Yves Jeannet. Encounters: Conversations on life and writing. Polity, 2013.

Cixous, Hélène, Keith Cohen, and Paula Cohen. "The Laugh of the Medusa." Signs 1, no. 4 (1976): 875-93. www.jstor.org/stable/3173239.

Flynn, Gillian. Sharp Objects. e-Book. Broadway Books, 2006.

Kolk, Bessel Van Der. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books, 2016.

Robinson, Joanna. "*Sharp Objects* Star Patricia Clarkson Explains Adora's Troubling Disorder" *Vanity Fair,* 2018.

Scarry, Elaine. The Body in Pain: The Making and Unmaking of the World. Oxford University Press, 1985.

Scarry, Elaine. "The Body in Pain: An Interview with Elaine Scarry". Interview by Elizabeth Irene Smith. *Concentric: Literary and Cultural Studies,* 2006.

Scoliers, Gerrit and Gwendolyn Portzky, et al. "Reasons for Adolescent Deliberate Self-Harm: A Cry of Pain and/or a Cry for Help?" *Social Psychiatry & Psychiatric Epidemiology,* 2008.

One Size Fits All: A Look into Jia Tolentino's "The Age of Instagram Face"

and Social Media's Conformity Problem

In her 2019 article for *The New Yorker*, Jia Tolentino takes an in-depth look at the modern phenomenon known as 'The Instagram Face'. The Instagram Face is one that has become increasingly recognizable; Tolentino describes it as a "young face, of course, with poreless skin and plump, high cheekbones. It has catlike eyes and long, cartoonish lashes; it has a small, neat nose and full, lush lips. […] The Face is distinctly white but ambiguously ethnic". The Instagram Face is immediately recognizable as it has fully saturated the platform, so much so that many Instagram influences have begun infiltrating other social media platforms and, of course, reality. Tolentino quotes celebrity makeup artist Colby Smith, who describes the uniform look as: "It's Instagram Face, duh. It's like an unrealistic sculpture. Volume on volume. A face that looks like it's made out of clay". The Instagram Face feels fake - it is an illusion. The Face is one that does not exist naturally but is instead a face that many covet and pursue. While beauty fads have always existed, the rise of social media and its influence on young women shows that modern beauty fads can be more detrimental than those of the past as they a culture of extreme body surveillance and shows young girls that they must rely on external validation to prove their worth.

The rise of social media complicates our knowledge of beauty fads and how they function. Social media is available at any time of the day, any day of the year. Instagram is accessible to young people at any given moment, available through their phones or their computers. While beauty standards of the past were popular through print media, magazines and tabloids could be put down and thrown away. Now, with how social media has become so ingrained within society, it is almost impossible to fully separate oneself from the internet and

social media. One can put down their phone or turn their computer off, but they will be required

to pick their devices back up at some point. In *Psychology Today*, Abigail Fagan explores what

makes social media so different from print media:

> Society and scholars have been grappling with unrealistic beauty ideals forever. What
>
> makes photo-editing different? In the past, those ideals were propagated by celebrities.
>
> We can grasp that those standards are attainable because of the colossal distance between
>
> stars and everyday people; celebrity, after all, is defined by a professional commitment to
>
> appearance through regimented exercise, controlled diet, and a team of makeup, hair, and
>
> fashion experts. But now that gap is narrowing, if not outright disappearing. FaceTune
>
> and other editing applications are so widely available that unrealistic beauty ideals are
>
> invoked by classmates, coworkers, neighbors, and friends (29).

The most beautiful faces that we see are no longer just The Faces of untouchable celebrities, but

instead are those of our friends. We must now compete with those around us, who are also

placed into this impossible situation. If our friends can achieve The Instagram Face, then there is

no excuse as to why we cannot do the same.

With The Face becoming more popular, it seems that the expectation that women adhere

to strict guidelines of beauty that is associated with The Instagram Face. Scholar Maria Jose

Camacho-Minano examines the new issues that have arisen with the rise of social media and

everyone's ability to constantly see and interact with their peers: "Women are particularly

subject to observation, scrutiny and regulation in our digital environments, […] Whilst

surveillance is especially prominent in media and celebrity culture, this is frequently emulated in

social relationships through peer surveillance or a 'girlfriend gaze' […] by which young women

surveille each other's appearance. This gaze is then also internalized by the girls themselves

through continuous self-scrutiny and self-improvement" (654). If Minano is to be believed, the surveillance culture associated with social media has become, in part, the reason that young women have become so susceptible to The Instagram Face and other damaging beauty trends.

The pressure to look a specific way is mirrored in the way that Instagram's algorithm works. The algorithm relies on engagement, so for people to want to engage, the posted photo must be appealing to them. If someone is posting a photo of their face, their face must be worth engaging with. The rush of excitement associated with the engagement is likely one part of why The Instagram Face has become so appealing to young women. In her article "I Tried 'Instagram Face' for a Week and Here's What Happened…" journalist Alexandra Jones states that, after posting a photo to her Instagram in make-up meant to mirror the surgically modified Instagram Face: "The next day I feel bouncy from the reaction The Face has gotten on the 'gram - more than a hundred likes, so many comments of praise. Fire emojis, "you look amazings", and almost 20 new followers. All from one picture". This shows us that there is an immediate gratification that one gets from adhering to the aesthetic standards that are needed to succeed on social media.

Looking further at the way that social media creates the need for instant validation, Ashraf Sadat Ahadzadeh led a study that examines exactly how self-image can be molded by social media. In reference specifically to Instagram: "Instagram provides a platform for selfpresentation which is defined as any behavior to create, modify, or maintain an impression of ourselves in the minds of others" (9). The platform is used to amplify an idealized image. Ahadzadeh continues, stating that:

> SNS [Social Networking Sites] users have a selective selfpresentation through which they
> display their best and most attractive photos including idealized body. Indeed, SNSs have

provided an interactive environment through which not only users are allowed to selectively present their own physical images, but also experience an increased perceived social pressure to do so. This leads to the likelihood that users portray idealized images of their physical appearance on their profiles, hoping that others are impressed by their aesthetically display of photos (9).

While research on the long-term exposure of the Internet on one's body image is, as Ahadzadeh says, 'limited', the results of his study had shown that, "Internet exposure was significantly correlated distinctively with internalization, body surveillance, and drive for thinness. […] They showed symptoms of body image avoidance and disordered eating" (9). The pressure to look one specific way is damaging to young girls who are on social media and, as discussed previously, one almost needs to be on at least one social media platform – both for professional and personal purposes. There is no reprieve from The Face on other social media platforms, further ensuring that young girls are exposed to these unrealistic expectations. Robert Cristel explains that: "The term "Snapchat dysmorphia" has been being used over the last several years for the phenomenon of patients requesting procedures to look like their selfie or filtered selfie (2). Snapchat, similarly, to Instagram, promotes the usage of filters, which edit one's facial structure. Snapchat also promotes The Instagram Face, even if they are separate platforms, as they continually profit off of young people and their insecurities.

However, social media's expectations are not that different from the expectations that are placed upon women and young girls in reality. As Tolentino explains in "The Instagram Face":

It wasn't lost on me that when I put on a lot of makeup I am essentially trying to create a version of this face. And it wasn't hard for me to understand why millennial women who were born within spitting distance of Instagram Face would want to keep drawing closer

to it. In a world where women are rewarded for youth and beauty in a way that they are

rewarded for nothing else—and where a strain of mainstream feminism teaches women

that self-objectification is progressive, because it's profitable—cosmetic work might

seem like one of the few guaranteed high-yield projects that a woman could undertake.

While the above-mentioned Alexandra Jones article shows us that makeup can be utilized to

achieve The Instagram Face temporarily, it seems as though the real ideal is to have The Face

permanently. Makeup can be removed and a person's apparent flaws come back into existence,

cosmetic surgery alters the person's perceived flaws altogether, which can either permanently or

temporarily remove the flaws entirely, allowing individuals to match the version of themselves in

their edited photos.

Looking again at Abigail Fagan's Psychology Today article in which she explores the

effects of photo-editing and how it can alter one's self-esteem, she posits that:

photo-editing may exacerbate disordered body image in vulnerable individuals. People

with body dysmorphic disorder (BDD) are preoccupied with an imagined or real physical

flaw that an observer might not even notice. They constantly monitor and try to fix or

hide the perceived flaw. […] A lot of factors are working together, but social media may

play a role in making people more vulnerable […]. People with BDD represent 2.4

percent of the population but 13 percent of cosmetic surgery patients (30).

From Fagain's work, we can see that those who are dealing with body dysmorphic disorder are

more likely to pursue cosmetic surgery. We can also see that Fagan believes it to be likely that

social media is playing a noticeable role in the development of body dysmorphic disorder. As is

explained in "The Instagram Face" article, " The human body is an unusual sort of Instagram

subject: it can be adjusted, with the right kind of effort, to perform better and better over time.

Art directors at magazines have long edited photos of celebrities to better match unrealistic

beauty standards; now you can do that to pictures of yourself with just a few taps on your phone"

(Tolentino). Social media allows for individuals to internalize beauty standards more than ever

before as, not only can individuals see their peers edited to perfection, now we can alter our own

photos until we are wholly content with the version of ourselves that we are putting forward.

This removes any distance between the regular, everyday person and unrealistic beauty standards

seen in films, television, and magazines.

While idealized beauty standards affect everyone, research shows that women are directly

impacted by this more than their male counterparts. As Tolentino notes: "According to the

American Society of Plastic Surgeons, Americans received more than seven million neurotoxin

injections in 2018, and more than two and a half million filler injections. That year, Americans

spent $16.5 billion on cosmetic surgery; ninety-two per cent of these procedures were performed

on women." Women are disproportionately affected by the expectation that they pursue cosmetic

surgery to look a certain way. Not only are women affected at a higher rate, but as Mariska

Kleemans examines in an article for Media Psychology: "Adolescent girls are often found to be

particularly vulnerable for being influenced by media images because of the psychosocial

development that is characteristic for this phase" (95). So, it seems that, while all women can be

affected by the ever-present Instagram Face, it is young girls who are especially vulnerable. By

consuming media saturated by beauty filters, touch-ups, and cosmetic surgeries they are learning

what they are expected to look like as they age in order to fit into this unrealistic mold.

As young girls are likely most affected by social media's influence, they are the ones

directly targeted by societally held beauty standards. But, due to their young age and lack of

experience, they are not fully knowledgeable about how detrimental social media's influence can

be. Again, from Tolentino's article, she says: "On Instagram, I checked up on the accounts of the plastic surgeons I had visited, watching comments roll in: "this is what I need! I need to come see you ASAP!", "want want want," "what is the youngest you could perform this procedure?"." Young people, young girls specifically, have constant access to the way that faces look after they have received cosmetic surgery. They are able to see the way one successfully achieves the desired Instagram Face and, without thinking of long-term consequences, can also achieve the ideal look. Per Robert Cristel in the Aesthetic Surgery Journal:

> According to the 2017 Annual American Academy of Facial Plastic and Reconstructive Surgery Survey, 55% of the surgeons reported patients seeking improvement in their appearance in selfies. The 2018 American Academy of Facial Plastic and Reconstructive Surgery Annual Survey further supports the increasing role of selfies in facial plastic surgery, particularly nonsurgical procedures, with the desire to look better in selfie as a primary motivator (2).

This statistic shows that the desire to achieve The Instagram Face is often wholly superficial, the primary motivator being that one wants to look good in photographs that they take of themselves or photos taken of them by others, from any angle. Those who covet The Instagram Face feel a need to control how they always look; they do not want to let go of the illusion of perfection that does not truly exist in reality. Mimi Montgomery, Associate editor at the Washingtonian, raises an interesting question: "Are we getting The Faces we actually want or The Faces Instagram tells us to want?" (125). It is possible that The Instagram Face was partially crafted by Instagram due to the promotion of those who have achieved The Face, as the algorithmic nature of the app promotes engagement, and The Face consistently receives engagement based on aesthetic appeal.

All of this raises the question as to why young women fall victim to The Instagram Face, and why extreme measures to uphold beauty standards are the norm. As explained by Annukka Lindell: "Engagement is a driving force in social media. Brands, marketers, and social media influencers all gauge users' interest in and approval of their social media content by measuring engagement, with greater engagement indexing greater popularity. 'Likes' and comments are currency in the social media economy: the number of likes directly signals users' liking of the content" (1). Many social media influencers are solely influencers, they do not need to have traditional day jobs as they market their online persona efficiently. As is explained in *Girls & Sex*: "I also worry about the incessant drumbeat of self-objectification: the pressure on young women to reduce their worth to their bodies and to see those bodies as a collection of parts that exist for others' pleasure; to continuously monitor their appearance; to perform rather than to feel sensuality" (Orenstein 17). Cosmetic surgery to achieve The Instagram Face seems only natural when one is marketing their entire life online. As Jia Tolentino says in her "The Instagram Face":

> Ideals of female beauty that can only be met through painful processes of physical
>
> manipulation have always been with us, from tiny feet in imperial China to wasp waists
>
> in nineteenth-century Europe. But contemporary systems of continual visual self-
>
> broadcasting—reality TV, social media—have created new disciplines of continual visual
>
> self-improvement. Social media has supercharged the propensity to regard one's personal
>
> identity as a potential source of profit—and, especially for young women, to regard one's
>
> body this way, too.

While The Instagram Face may be a modern phenomenon, the forces behind it are not new. Women have always been expected to go above and beyond for aesthetic purposes. At least

social media provides one with engagement and, sometimes, validation. If one has The Instagram Face and markets themselves properly, they likely get comments and likes from friends, peers, strangers, and family that are positive in nature and that help in boosting their self-esteem.

As Alexandra Jones, a journalist for the BBC writes, "[our brains get] dopamine-drunk; the neurochemical is released whenever we have a positive social interaction, it makes us feel good and reinforces our desire to do whatever we just did again". Jones spent a week maintaining The Instagram Face through using cosmetics for a week for her article, explaining her thoughts and how others reacted to her look throughout the duration of her experiment. An interesting reaction is highlighted in the article: "In the office my colleague, Vicky, turns to me: "I keep forgetting this is an experiment and seeing you fully made-up in the morning is making me feel like really anxious. I feel like I need to make more effort."", here we can see that once one woman's peer begins to look like an idealized version of themselves, then the pressure falls back on other women to put the extra effort in and to ensure that they do not fall behind in the ever-present beauty competition. As is explained in Soraya Chemaly's *Rage Becomes Her*: "Studies show that the positive emotions experienced by women who self-sexualize in social media, for example, are not actually correlated to the degree of self-sexualization but to a specific motivation: being admired, attracting attention—the likes and followers of social media" (58). Young women crave the validation that Jones mentions in her BBC article, which Chemaly mirrors. As is also shown in Jones' article, women feel they are not performing enough when they are in the company of someone who is performing The Face to its fullest extent.

The performance aspect of The Instagram Face is also worth noting. As Simone de Beauvoir states in *The Second Sex*: "One is not born, but rather becomes, woman" (364). In performing to such a high degree, this could explain how The Face has become so closely

associated with femininity. Womanhood, especially in a digital age, often becomes a competition of who can perform femininity the best. If one performs well enough, they then receive validation on social media. Because they have received that validation, they will want to continue performing to such a high standard. The validation is a reward, which serves as proof that they have successfully performed femininity. As Jia Tolentino explains in her 2019 book *Trick Mirror: Reflections on Self-Delusion*: "The self is not a fixed, organic thing, but a dramatic effect that emerges from a performance. This effect can be believed or disbelieved at will." (20). The Face can become tied with the self, despite the performativity associated with it.

The act of upholding The Face becomes almost normal, as well. As Tolentino offers in her article: "You get the feeling that these women, or their assistants, alter photos out of a simple defensive reflex, as if FaceTurning your jawline were the Instagram equivalent of checking your eyeliner in the bathroom of the bar". Checking one's makeup is such a standard practice that it is barely noticeable that someone is doing that. Tolentino believe that those who are upholding the beauty standard associated with The Face also believe that editing oneself on social media is also just as normal. Per the International Society of Aesthetic Plastic surgery, 12 million people had non-surgical injectable procedures in 2018, so it may be true that altering one's face is becoming just as normalized.

All of this raises the most pressing issue: how The Instagram Face has become the current standard of beauty? Looking back at the article from Jones: "I'm surprised at how often people comment throughout the week. Twice men make lewd comments to me on the street. I've dealt with my share of catcalling but in just a few days, this is much more interaction than usual. […] Maybe it's the fact that The Face is a male fantasy version of how a woman should look? Those big lips, those doe eyes – one friend likens it to a sex doll", she posits that the reason The

Instagram Face is so popular and that it looks as it does, is because it is The Face that men find to be the most appealing. So, rather than simply creating a uniform look that is attractive, The Face that exists needed to be one that men would find attractive.

In her book *Girls & Sex: Navigating the Complicated New Landscape*, Peggy Orenstein examines the way male perception affects women's beauty standards. She explains: "When we've defined femininity for their generation so narrowly, in such a sexualized, commercialized, heteroeroticized way, where is the space, the vision, the celebration of other ways to be a girl?" (164). Social media helps to shape young women's perception of themselves, and shapes the way society perceives them. Orenstein also explores this idea in *Don't Call Me Princess: Essays on Girls, Women, Sex, and Life.* Orenstein explains that: "It's not surprising that young women feel powerful when they feel 'hot'. It's presented to them over and over as a precondition to success. But the truth is that 'hot' tells girls that appearing sexually confident is more important than actually being confident" (328). The Instagram Face is meant to portray perfection: those who have it are confident, attractive from every angle, and often those who achieve The Face experience confidence when they experience direct success from The Face.

Even when one is aware of the performance behind The Face and has prepared for it, the confidence that comes from correctly performing for an online audience still presents itself. For example: Alexandra Jones comments on this almost directly in her BBC News article. After getting her face professionally made-up to mirror The Face she states that: "In pictures I looked flawless - I'd just spent more than an hour photographing myself and from every angle, flawless. Picture after picture, no matter the lighting, my face was reflected back: chiseled and oddly doll-like. I looked sultry, sexy. I. Looked. Hot". Jones experiences confidence, but this is not true

confidence. It stems directly from the way her face was artificially shaped by makeup. She is hot so long as her face is altered, she is confident so long as she has achieved The Face.

There is almost an incessant need for women to be viewed as attractive to men, even when not directly looking for male approval. The expectation placed upon women is that they must be always both attractive and available, which Soraya Chemaly examines in *Rage Becomes Her: The Power of Women's Anger*. In her essay "Smile, Baby" Chemaly discusses when: "a man passed his hand along my upper arm and whispered the classic chestnut, 'You'd be prettier if you smiled.' I was forty-eight at the time and could not remember a time or place where I hadn't experienced intrusions like this, many of which were far more threatening. What if I didn't smile? What would he do? Would he mutter 'Bitch' as he brushes by? Or scream 'Fucking cunt!' at the top of his lungs?" (124). While many young women who have The Instagram Face may not have actively changed their features to appeal to men, the appeal is still there. This mirrors the way that Jones noticed that men commented more on her appearance; The Face very much is a fantasy, and men are at least slightly aware of this. The Face appeals to men as it is a fantasy, and thus men feel more comfortable being publicly lewd or cruel, as women are playing into their ideal fantasy.

Why would women need to have a uniform face? Considering that The Face is uniquely attractive to men, Chemaly explains that: "Everywhere, we learn to adapt to boys and men hissing obscenities, making sexual suggestions, touching us intimately, lurking on stoops, staring from benches, following us on foot and in cars, and generally refusing to keep their hands, thoughts, and desires to themselves" (122). Because of this, it would make sense for women to develop something to please men but provide them distance so that they do not have to deal with harassment from men in-person. If The Instagram Face is always available online, then men

would presumably focus their attention on seeing attractive women online, rather than go out of their way to find them in-person. As Tolentino explains in *Trick Mirror*, there are perks to apparently winning at the desirability game:

>Women are genuinely trapped at the intersection of capitalism and patriarchy—two systems that, at their extremes, ensure that individual success comes at the expense of collective morality. And yet there is enormous pleasure in individual success. It can feel like license and agency to approach an ideal, to find yourself—in a good picture, on your wedding day, in a flash of identical movement—exemplifying a prototype. There are rewards for succeeding under capitalism and patriarchy; there are rewards even for being willing to work on its terms. There are nothing but rewards, at the surface level. The trap looks beautiful. It's well-lit. It welcomes you in (104).

Tolentino explains why women may work to achieve The Face, and explains the perks. If women change themselves, it provides an upper-hand. They are desirable, they receive validation from their peers, they have achieved success.

If we consider that the socially mandated ideal face is meant to please men, it makes sense that women are the ones that The Instagram Face is primarily targeted to. Women are the ones meant to be aesthetically appealing, at all costs, because societally women offer less value than their male counterparts. Women need to perform The Instagram Face, and other idealized versions of beauty, as women are the ones who need to compensate to be considered equal to men. While there are people of other genders who also fall victim to the need to have the idealized face, it is primarily women who are required to be critical of their features at every turn. Tolentino's "The Instagram Face" provides troubling insight into the way social media affects young women and their sense of self by bombarding them with images of women with

idealized bodies and faces. Because of the way social media functions, these images are available

at all times, which is what makes these beauty fads so dangerous.

Works Cited

Ahadzadeh, Ashraf Sadat, et al. "Self-schema and self-discrepancy mediate the influence of

> Instagram usage on body image satisfaction among youth." *Computers in Human*

> *Behavior*, vol. 68, 2016.

Beauvoir, Simone de. The Second Sex. Vintage Classics, 2015.

Carmacho-Minano, Maria Jose, et al. "Postfeminist Biopedagogies of Instagram: Young Women

> Learning about Bodies, Health, and Fitness." *Sport, Education and Society*, vol. 24, 2019.

Chemaly, Soraya. *Rage Becomes Her: The Power of Women's Anger*. Atria, 2018.

Cristel, Robert, et al. "Evaluation of Selfies and Filtered Selfie and Effects on First Impressions."

> *Aesthetic Surgery Journal*, vol. 40, 2020.

Fagan, Abigail. "Body Image: Immersed in Perfection." *Psychology Today*. 2020.

Jones, Alexandra. "'I Tried 'Instagram Face' for a Week and Here's What Happened...'." *BBC*

> *Three*, BBC, 17 Aug. 2018, www.bbc.co.uk/bbcthree/article/5c237a34-7a47-4deb-a5b4-

> a23e77cc88f7.

Kleemans, Mariska, et al. "Picture Perfect: The Direct Effect of Manipulated Instagram Photos

> on Body Image in Adolescent Girls." *Media Psychology*, vol. 21, 2018.

Lindell, Annukka. "Left Cheek Poses Garner More Likes: The Effect of Pose Orientation on

> Instagram Engagement." *Laterality: Asymmetries of Body, Brain and Cognition*, 2018.

Montgomery, Mimi. "Insta Gratification." *Washington Magazine,* 2020.

Orenstein, Peggy. *Don't Call Me Princess: Essays on Girls, Women, Sex, and Life*. Harper

> Paperbacks, 2018.

Orenstein, Peggy. *Girls & Sex: Navigating the Complicated New Landscape*. Harper Paperbacks,

> 2017.

Tolentino, Jia. "The Age of Instagram Face." *The New Yorker*, 12 Dec. 2019,

www.newyorker.com/culture/decade-in-review/the-age-of-instagram-face.

Tolentino, Jia. *Trick Mirror: Reflections on Self-Delusion*. Random House, 2019.

Body Problems,

Examining the Ways Women's Bodies are Both Ignored and Shamed

It was Carol Hanisch who said, "personal problems are political problems" (4). Women's

bodies have historically been policed by those around them and they are scrutinized and held to

unrealistic standards. However, despite the constant surveillance placed upon their bodies,

women have been denied the ability to care for their bodies and have been denied the knowledge

to understand their bodies. These problems are indicative of larger, systemic issues. While

women have become more knowledgeable about their bodies in recent years, they are still

systematically denied the proper care that they require. To properly examine the way women

have been stripped of authority over their bodies, I will be examining the women's health

movement of the 1960's and 1970's. I argue that this movement came into being not only to

provide women with knowledge about their bodies, but also to ensure women could have true

autonomy over themselves.

When the women's health movement first began to take shape, the primary struggle was

finding a way that ensured all women would be able to have access to proper knowledge about

their bodies. Barbara Ehrenreich provides a first-person account of her experience, near the

infancy of the Women's Movement, "I remember the relief in the room when a group of women,

meeting in the old Cleveland Women's Liberation Center, discovered that every one of us had

been told, at one time or another, that her uterus was under- sized, misshapen, or misplaced. How

could every woman's body be somehow abnormal and pathological?". She raises a question that

is often recurring throughout many first-person accounts, how is it possible that every single

woman's body is somehow wrong? Dr. Kate Young explores this throughout her research. She

explains that, "As with most forms of authoritative knowledge, Medicine can be understood as

masculinised knowledge [...]. The institution of medicine is predominantly the product of privileged men who have thus produced androcentric knowledge and practice" (4). As medicine is masculinized this can partially explain why women have been so consistently failed within medical practices. The female body differs from the male body, and so healing the female body would be different than healing the male body. This tells us that every woman's body is wrong simply because it is not a male body.

Not all women were able to go to in-person meetings as Ehrenreich was able to. This then raises the question of how knowledge was spread for other women. Ehrenreich explains that, "we engendered a minor cultural revolution, Detailed information on women's health issues is no longer a kind of contraband, spread through the underground press or by word of mouth". Women would pass along notes, pamphlets, anything that they could to share with their peers. Because information was only being spread from person-to-person, it shows us how women needed to work together to share knowledge with each other. As Ehrenreich states, "The lesson of our victories, and they are minor, is that we can win when we work together. In a society that seems more committed to death than to health, sisterhood could save our lives". This shows that, because women's health was largely ignored, women had to take care of each other, in whatever way they could.

There is a long history of women's thoughts and feelings being ignored as their bodies and health have been examined. This continued avoidance of properly treating women is what has allowed for the Women's Health Movement to exist. As is explained by scholar Matthew Sobnosky, "Women's health activism in the United States has a long history that goes back to at least the early nineteenth century" (223). Despite this, the 1960's and 1970's act as the primary catalyst in making tangible change and ripples within healthcare at large. Per Sobnosky:

In the late 1960's and 1970's women began challenging the way they were treated by

health professionals and institutions, as well as the health care system itself. Women

began calling for changes in almost every aspect of health care. Women questioned the

way they were defined and treated by physicians, especially obstetrician-gynecologists,

and called for major changes in office procedures. Women demanded more access to

abortion and contraception in order to gain control over the decision of whether and when

to have children. Women also began to critique the structure of the health care system

and the ways it denigrated women through involuntary sterilization, unnecessary surgery,

and inadequately tested pharmaceuticals (218).

This raises the question of *why* women are continuously systematically ignored within the

healthcare system.

In contrast to their male counterparts, women have been refused even the most basic

treatment and care. Matthew Sobnosky offers an explanation as to why this may be the case,

"women were strangely absent or marginal in medicine that was supposedly for women. Men

dominated gynecology, as they did medicine generally. In 1972, 93% of gynecologists were

men. Not surprisingly, this influenced the way that medicine was practiced" (225). This helps us

to understand why women's health has been either dismissed or actively ignored. If there are no

women within the field, or if there are only a handful of them, it allows for women's voices to be

wholly erased. Per Dr. Kate Young, a public health researcher based out of Monash University,

this is the norm across all medical fields. Young explains that, "For much of documented history,

women have been excluded from medical and science knowledge production, so essentially

we've ended up with a healthcare system, among other things in society, that has been made by

men for men". The active exclusion of women from the medical field is what has allowed for women's knowledge of their own health to falter.

Women have been historically ostracized from the medical field because that is what primarily benefits male health practitioners. In *Witches, Midwives, and Nurses*, a book which examines the way women-led healthcare has been actively invalidated in support of masculinized healthcare, this is further examined, "the suppression of women health workers and the rise to dominance of male professionals was not a 'natural' process, resulting automatically from changes in medical science, nor was it the result of women's failure to take on healing work. It was an active takeover by male professionals" (Ehrenreich and English, 23). Ehrenreich and English highlight an important idea here, men actively wanted to be the ones in control. Men, in ensuring they are allowed a seat at the table, actively worked to ensure that women were not allowed to hold the same roles, and thus were denied the same knowledgeability that men were able to achieve. It is interesting to consider that many of the long-standing problems with women's health are, in a way, man-made problems.

It is because of their systematic exclusion from the medical field that women's health activism has become a necessity. As Sobnosky explains, "Experiences and stories were not just shared in discussion groups, however. Often, these stories were written down and shared more widely, through the books, pamphlets, newsletters, and other materials that circulated among women's health activists. As a result, they formed the substance out of which much of the movement's rhetoric was formed" (218). It is through grassroots movements that information and knowledge was shared amongst women — despite being kept uninformed and silent, these women found a way to ensure that there was camaraderie and shared information, wanting only to share knowledge with their peers.

Considering the women's health movement was so personally driven and focused on women's own narratives and stories, it allowed for the movement to be rooted in the person versus the inherently political. As Carol Hanisch says in her essay The Personal is Political, "personal problems are political problems. There are no personal solutions at this time. There is only collective action for a collective solution". In sharing their stories about how their doctors had failed them, the women were acting against the medical field and were performing acts of solidarity with one another instead. As Sobnosky explains, "Only when activists created forums in which women were able to relate their experiences and listen to the experiences of others did the medical profession begin to change" (234-235). Sharing information and stories was beneficial to the larger movement but did not always work to ensure that those sharing their first-person testimonies were listened to.

Despite how compelling personal stories are, they are not always beneficial to the larger cause. As women are often ruled as being overly emotional, their personal testimonies were often utilized against them. People want to engage with others, and so people want to know what someone else experienced. However, women's accounts were easily ignored or devalued. Rather than care about the ways women have spoken about the medical field that failed them, women were labelled as too emotional, which mirrors the oft-diagnosed hysteria in women. Dr. Kate Young tells us that, "Hysteria is perhaps the best known example of what happens when women and their bodies become 'uncontrollable' by Medicine" (6). If a woman were to get upset, that is a perfect reason to keep them in the dark. Further explaining this is Sobnosky, who pushes this further, "Because women were thought to be highly emotional and suggestible, doctors often kept information from them. Doctors believed that warning women about possible symptoms might lead them to experience those symptoms" (226). Women were not trusted with the

knowledge of their bodies and anything that was going on with their bodies, instead they were

provided information that was either false, or they were only told about parts of what was

happening to them. They were not told the full truth, or their pain was not viewed as a true

problem, an issue that still exists within the medical field. Per Laura Keisel, a contributor for

Harvard's Health Blog, "our pain is often abruptly dismissed as psychological – a physical

manifestation of stress, anxiety, or depression". As women are viewed as more emotional than

men, there is this insidious idea within healthcare that women will break under the weight of a

true medical diagnosis. Worse, is that women's symptoms are viewed as dramatics and are not

treated as real issues.

Despite the belief that women's health problems are viewed as excessive and dramatic,

women's health issues are legitimate. In fact, the delegitimization of women's health problems is

what can often lead to women's health problems getting worse. As Laura Keisel tells us:

> gender biases in our medical system can have serious and sometimes fatal repercussions.
>
> For instance, a 2000 study published in The New England Journal of Medicine found that
>
> women are seven times more likely than men to be misdiagnosed and discharged in the
>
> middle of having a heart attack. Why? Because the medical concepts of most diseases are
>
> based on understandings of male physiology, and women have altogether different
>
> symptoms than men when having a heart attack.

This shows us how harmful the bias against women can be. If women are systematically ignored,

this can lead to them no longer pursuing help, and it can also lead to longer-term health issues or

even death. Women are frequently ignored or dismissed by healthcare workers. Per Dr. Tia

Powell, "It's a huge issue in medicine. [...] Health care providers may have implicit biases that

affect the way women are heard, understood and treated". This testimony, especially as it is from

a medical professional, shows us that women are fundamentally not taken seriously by those within the field.

Not only are women's problems ignored, they are also treated with less care than they require. In her article "When Doctors Downplay Women's Health Concerns", which was written for the *New York Times*, Camille Noe Pagan cites her own exploration into the way healthcare has devalued and dismissed women. She states that,

Research shows that both doctors and nurses prescribe less pain medication to women than men after surgery, even though women report more frequent and severe pain levels. And a University of Pennsylvania study found that women waited 16 minutes longer than men to receive pain medication when they visited an emergency room. Women are also more likely to be told their pain is "psychosomatic," or influenced by emotional distress. And in a survey of more than 2,400 women with chronic pain, 83 percent said they felt they had experienced gender discrimination from their health care providers.

Those numbers are shocking, even when one has researched implicit medical biases against women. This does help to explain the larger issue at hand, and how it has become necessary for women to become knowledgeable about their own bodies and the bodies of their peers to ensure that they are properly taken care of.

It is not only that women have been neglected by the healthcare system. It is also that the healthcare system is primarily comprised of men. In an article for *The Atlantic,* Gabrielle Jackson discusses how thoroughly women have been excluded:

Not only have doctors, scientists and researchers mostly been men, but most of the cells, animals and humans studied in medical science have also been male, most of the

advances we have seen in medicine have come from the study of male biology [...] For much of documented history, women have been excluded from medical and science knowledge production, so essentially we've ended up with a healthcare system, among other things in society, that has been made by men for men.

The male-oriented focus is absolutely part of the reason women have been kept from knowing about their own health and bodies. This allows for women to become more susceptible to misinformation as well, which can then lead to more harm being done against them.

Women, in sharing information and first-hand accounts, have managed to reclaim some ownership over their bodies and general health. While the women's health movement of the 1960's and 1970's was not wholly successful, it shined light on the larger issue — that the health industry was created for men, by men; and that in creating the industry that way, it ensured that women's health issues would not be treated as diligently as their male counterparts'. Per Dr. Kate Young, "Knowledge and power are inextricably connected" (4), and while women are still struggling to catch up to men within the healthcare field, there is power in the sharing of knowledge. The Women's Health Movement allowed for personal accounts and personal knowledge to be shared amongst women, thus ensuring women could hold actual autonomy over themselves, even as the larger industry failed them.

Works Cited

Ehrenreich, Barbara. "From the Vault, Body Politic, The Growth of the Women's Health

    Movement". *MS. Magazine*. May 1984.

Ehrenreich, Barbara and Deirdre English. *Witches, Midwives, and Nurses, A History of Women*

    Healers. The Feminist Press. 2010.

Jackson, Gabrielle. "The Female Problem, How Male Bias in Medical Trials Ruined Women's

    Health". *The Guardian*. 2019.

Keisel, Laura. "Women and Pain, Disparities in Experience and Treatment." *Harvard*. 2017.

Hanisch, Carol. "The Personal is Political." *Notes from the Second Year, Women's Liberation,*
1970.

Pagan, Camille Noe. "When Doctors Downplay Women's Health Concerns." New York Times.

    2018.

Sobnosky, Matthew J. "Experience, Testimony, and the Women's Health Movement". *Women's*

    Studies in Communication. Volume 36, Issue 3. 2013.

Young, Kate et al. ""Do Mad People Get Endo or does Endo Make You Mad?", Clinicians'

    Discursive Constructions of Medicine and Women with Endometriosis". *Feminism &*

    Psychology. Vol. 29, Issue 3, 2019.

What Do We Deserve?: Examining the Correlation between

Life Writing and Abuse in Carmen Maria Machado's *In the Dream House*

Carmen Maria Machado's *In the Dream House* is a 2019 memoir, in which Machado reclaims ownership over herself and her narrative by recounting the abuse she suffered in a past relationship. As there are few memoirs that detail abusive relationships within the queer community, Machado takes it upon herself to tell her story, providing a space for these stories to be told. In doing this, Machado also provides interesting commentary on narrative structure, the way abuse unfolds, and how memoirs are meant to end as the writer continues living after their story is wrapped up. This paper examines the reasons why Machado may have chosen to utilize the personal memoir to best showcase her relationship, its effects on her, and the ways that talking about queer relationships that have gone wrong is useful to the larger community.

To begin, it becomes necessary to understand why Machado wanted to write a memoir. In an interview with Nick Levine, Machado states: "There are a lot of memoirs about abuse, but I was like, 'Why do we have so little about queer people who go through this experience?' It really bothered me and that was definitely part of my motivation". She is straight-forward: dialogue in queer communities about abusive relationships is lacking. There is very little dialogue about abusive relationships within the queer community, as Machado continues to explain to Levine:

> We as a culture aren't super interested in queer people's stories, in the same way we're not super interested in women's stories. Queerness and abuse are both subjects that are typically thought of as shameful and not worth committing to the page or the archive. I think there's also a pressure that queer people feel to kind of 'perform virtue'. Because we're constantly fighting for rights of various kinds, there's this desire to be, like, 'Look

how good I am. Queer relationships are great – they're just as great as straight

relationships!' So I think there's a lot of pressure coming from all sides (Machado).

If those within the queer community come forward about their experiences with abusive

relationships, it allows for those outside of the community to pass judgement. As queer couples

have struggled for societal acceptance, admitting there are flaws within relationships - just as

there are within straight relationships - would allow for undue judgement to be cast for the entire

community. However, as Machado explains: "we are human: some of us are unkind and some of

us are confused and some of us sleep with the wrong people and some of us make bad decisions

and some of us are murderers. And it sounds terrible but it is, in fact, freeing: the idea that queer

does not equal good or pure or right" (60). The fear of judgement cannot be the reason that those

within the community are silent - speaking about queer abusive relationships does not condemn

the community, it just allows for a space where those within the community can actually speak

about their real relationships. According to Machado, this ability to speak about one's existence

without fear is what makes us human.

Abuse within the queer community is often ignored. Machado touches upon this within *In

the Dream House*: "It's not being radical to point out that people on the fringe have to be better

than people in the mainstream, that they have twice as much to prove. In trying to get people to

see your humanity, you reveal just that: your humanity. Your fundamentally problematic nature.

All the unique and terrible ways in which people can, and do, fail" (250). Human beings fail, but

those who are part of communities who are held to a higher degree are not allowed to be human.

If a queer relationship fails, it is because there is something wrong within the community, not

because queer people are human; instead, it means there is something fundamentally wrong with

the community, thus harming everyone.

While Machado does at times speak to the queer community, it is clear throughout *In the Dream House* that she is speaking only for herself, rather than the community at large: "But this story? This one's mine" (21) to ensure that there is no way that her narrative can be co-opted, leading to undue judgement for the rest of the community. This is simply one person's story; it is one person talking about an abusive relationship and their survival throughout. Per Smith and Watson in *Reading Autobiography*: *A Guide for Interpreting Life Narratives*: "In autobiographical narratives, imaginative acts of remembering always intersect with such rhetorical acts as assertion, justification, judgment, conviction, and interrogation. That is, life narrators address readers whom they want to persuade of their version of experience" (6). Machado creates a dialogue between herself and her readers: Machado is making sure her audience understands that she is not speaking for a larger community, ensuring they understand that this story is hers, and hers alone.

By affirming that her memoir is wholly hers, this allows her to reclaim agency that was stripped from her. The memoir provides Machado a space to speak about her life, and as is explained by Smith and Watson: "For life narrators [...] personal memoirs are the primary archival source" (7), and so Machado is the primary source of her experiences. By exploring what happened to her, it gives her a chance to hold true agency over the narrative of her relationship. She controls the way the audience gets to experience her relationship, and so Machado structures her text in fragments. By writing her own story, she gets to dictate how scenes are presented to her readers. If her memory of an event happens only in bursts, it allows for her to present her experiences in fragmented memories and emotions. Machado discusses the fragmentation of memory and emotion, "This is how emotions work, right? They get tangled and complicated? They take on their own life? Trying to control them is like trying to control a wild

animal: no matter how much you think you've taught them, they're willful. They have minds of their own. That's the beauty of wildness." (149). Machado recognizes that emotions are messy, and the messiness is what contributes to the fractured structure of *In the Dream House*. However, in her interview with Emma Brockes, she comments: "The book's take on genre – each short section appears under a subhead framing it through a different literary device, for example "Dream House as Soap Opera", or "Dream House as Comedy of Errors" – speaks to Machado's desperate efforts to fit her experiences into a pre-existing narrative". Machado wanted there to be a clear narrative, despite the structure of the memoir being fractured. But, as Machado says in the interview with Brockes: "there is no narrative for this" (Machado), highlighting how there is no clear way to fit her own story into a pre-existing, clear-cut narrative or shape.

Machado also uses the memoir to take control of her narrative. While the structure of the memoir allows for Machado to explore the emotional toll the relationship took on her, the actual memoir functions as a way for Machado to reclaim her story. In their text *Reading Autobiography*, Smith and Watson explore the ways life writing can be utilized: "What could be simpler to understand than the act of people representing what they know best, their own lives? Yet this act is anything but simple, for the teller of his or her own story becomes, in the act of narration, both the observing subject and the object of investigation, remembrance, and contemplation" (1). This reaffirms that Machado was able to take on several roles in writing her memoir - she was the narrator, but she was also who she had written about. She was also the subject of the violence done to her that she describes. In writing about herself, Machado took back power that had been stripped from her. Machado is both the powerful narrator and vulnerable as the subject of the memoir. Scholar Stephen Spender breaks down the duality of Machado's dynamic:

Yet unless one is to oneself entirely public, it seems that the problem of an

autobiographer, when he considers the material of his own past, is that he is confronted

not by one life—which he sees from the outside—but by two. One of these lives is

himself as others see him—his social or historic personality—the sum of his

achievements, his appearances, his personal relationships. All these are real to him as,

say, his own image in a mirror. But there is also himself known only to himself, himself

seen from the inside of his own existence. This inside self has a history that may have no

significance in any objective "history of his time." It is the history of himself observing

the observer, not the history of himself observed by others. (116).

Detains can become muddled as each involved party looks back at a past abusive relationship.

Each party may remember details differently. In *In the Dream House,* Machado acts both as the

subject and as the narrator. In doing so, she is able to take her experiences and present them in a

way that showcases both what she went through and also how she felt about it. She makes a

conscious choice not to try to understand her abuser within the text, being clear to only write

about her experiences from her point of view. In her interview with Emma Brockes, Machado

comments on this: "The sobering thing, [Machado] says, is that while writing the book she

would occasionally catch sight of herself through the lens of her ex's perspective. "Vestigial

trauma," she calls it. "Places where I could catch myself thinking in a way that I could tell she

was shaping, from the past. Which was really disturbing"". Machado is clear here: she was

consciously aware of the ways her abuser's point of view may have been entering the narrative,

and with that awareness, she could then ensure that her ex's perspective was not present within

the final version.

When looking at *In the Dream House*, it is important to examine the role of the Dream House within the memoir, and its role in housing Machado's story. She is the author of this, but the Dream House is where the story lies. In her memoir, Machado explains the following: "The house is not essential for domestic abuse, but hell, it helps: a private space where private dramas are enacted behind, as cliche goes, closed doors; but also windows sealed against the sound, drawn curtains, silent phones. A house is never apolitical. It is conceived, constructed, occupied, and policed by people with power, needs, and fears" (91). The Dream House was not the reason the abuse happened, but the Dream House provided a private space for Machado's relationship to exist.

The role of the Dream House as a physical space is something that is repeated throughout. Machado further explains that:

What does it mean for something to be haunted, exactly? You know the formula instinctually: a place steeped in tragedy. [...]In this way, the Dream House was a haunted house. You were the sudden, inadvertent occupant of a place where bad things had happened. And then it occurs to you one day, standing in the living room, that you are this house's ghost: you are the one wandering from room to room with no purpose, gaping at the moving boxes that are never unpacked, never certain what you're supposed to do. After all, you don't need to die to leave a mark of psychic pain. If anyone is living in the Dream House now, he or she might be seeing the echo of you (144).

She is explaining that the Dream House, while initially the idealized home where her relationship should have prospered, became a place where ghosts resided. In the above passage, Machado herself has become the ghost within the home. She is the one who haunts the Dream House, not

her abusive partner. Her partner, the one living in the dream house, is witnessing the 'echo' of

Machado, rather than the fully realized version of herself.

After Machado leaves the relationship and the Dream House, it becomes pivotal that she

speaks about endings and what they mean. As a person coming out of an abusive relationship,

she says the following:

> It is hard to describe the space that yawns open in your life after she is gone. You have to
>
> make yourself leave your phone at home; you have to practice ignoring it. You keep
>
> reminding yourself that you are accountable to no one. You try to imagine sex with other
>
> people and struggle to visualize it; masturbation is near impossible. You wonder if you
>
> will ever be able to let someone touch you; if you will ever be able to reconnect your
>
> brain and body or if they will forever sit on opposite sides of this new and terrible ravine
>
> (229).

There is an adjustment period. The Dream House, and thus the relationship, have become part of

Machado. While she does not say that she has ever left them behind, there is still an ending. The

relationship has ended, Machado has a life after the relationship. But is there a real ending? How

can one end a memoir if they are still living their life with the memories of the relationship? Per

Machado, there likely is not a true ending for readers to see: "That there's a real ending to

anything is, I'm pretty sure, the lie of all autobiographical writing. You have to choose to stop

somewhere. You have to let the reader go. [...] There is a Panamanian folktale that ends with:

"My tale goes only to here; it ends, and the wind carries it off." It's the only true kind of ending.

Sometimes you have to tell a story, and somewhere, you have to stop" (264). Machado seems to

not believe that there is a true ending to this, but it is difficult to imagine an ending to a life that

one is still living. Because of this Machado does not provide a true ending, just wraps her story

up; "My tale goes only to here; it ends, and the wind carries it to you" (267). She lets her audience know how her life has developed after leaving the Dream House, but makes the conscious choice to avoid a clear ending.

In ending *In the Dream House* as she does, she is leaving her full narrative unfinished. In his book *The Memoir and the Memoirist: Reading and Writing Personal Narrative*, Thomas Larson raises the question: "Here is one of the memoirist's many enigmas: if what I experienced was so vivid and yet so slow to materialize in memory, how do I construct the story to satisfy the reader's desire for narrative and how do I reveal the effects the construction of that narrative is having on me as I'm writing the book?" (73). Readers are able to witness Machado's emotional journey - we see the beginning of her relationship, when she believed things were ideal. We also see the way her relationship breaks down and how, in turn, this breaks her down. Finally, we are able to see the way Machado's life comes back together - this is where Machado chooses to end her story. She has been able to begin the reparative process and heal from the abuse, but her readers are not allowed to know the intricacies of her life afterwards. She shows her audience how she was affected throughout, before providing an ending where her readers are allowed to know that she is okay, but nothing more.

In her first novel, *Her Body and Other Parties*, Machado says that: "Many people live and die without ever confronting themselves in the darkness" (209). While not a memoir, this idea holds true when examining *In the Dream House*. Machado uses her memoir to examine herself, her failed relationship, and her larger relationship with the queer community. She also examines the role of the Dream House, both as a physical home, but also as a place where she mentally endured trauma and abuse, needing to deal with her own feelings about her failed relationship and how to grow past it. She leaves the Dream House, thus wrapping her memoir up,

providing a narrative that is often ignored. By writing about a queer abusive relationship,

Machado is creating space for a story that is often ignored.

Works Cited

Larson, Thomas. *The Memoir and the Memoirist: Reading and Writing Personal Narrative*.

    Swallow Press, 2007.

Machado, Carmen Maria. *Her Body and Other Parties.* Graywolf Press, 2017.

Machado, Carmen Maria. *In the Dream House*. Graywolf Press, 2019.

Machado, Carmen Maria. "Interview: Carmen Maria Machado: 'I Wish That I Had a Police

    Report, or a Black Eye." Interview by Emma Brockes. *The Guardian*, 2020.

    https://www.theguardian.com/books/2020/jan/10/carmen-maria-machado-fiction-feels-

    like-play

Machado, Carmen Maria. "Why Carmen Maria Machado Wrote a Memoir of Queer Domestic

    Abuse." Interview by Nick Levine. *AnOther Magazine*, 2020.

    https://www.anothermag.com/design-living/12174/carmen-maria-machado-in-the-dream-

    house-memoir-interview

Smith, Sidonie and Julia Watson. *Reading Autobiography: A Guide for Interpreting Life

    Narratives.* University of Minnesota Press, 2001.

Spender, Stephen. *Confessions and Autobiography*. Princeton University Press, 1980.